

# Kenya: the development of private services and the role of the Kenya Veterinary Association

S. Chema <sup>(1)</sup> & J.M. Gathuma <sup>(2)</sup>

(1) Agricultural Research Foundation (AGREF), P.O. Box 39198, Nairobi, Kenya

(2) Faculty of Veterinary Medicine, University of Nairobi, P.O. Box 29053, Nairobi, Kenya

## Summary

Private veterinary practice has existed in Kenya for more than half a century. Between the early 1930s and the mid-1960s, provision of clinical and advisory services almost entirely involved servicing commercial ranches and dairy farms. The Department of Veterinary Services (VSD) was mainly responsible for providing regulatory services in these areas.

Until the mid-1960s, public sector veterinary responsibilities were predominantly associated with the prevention of notifiable diseases outside the commercial farming areas.

In a major agrarian reform programme initiated in 1954, Kenya initiated an aggressive campaign promoting the dairy industry in the wetter areas of the country among small-scale farmers. In an effort to encourage dairy development, the VSD decided to provide some services, mainly tick control and subsidised artificial insemination. This support had a great positive impact on the 'smallholder' dairy industry.

After the end of the colonial administration in 1963, most private practitioners left the country. A decision was therefore taken to transfer the responsibility of providing services of a 'private goods' nature, such as clinical services, temporarily to the public sector through the VSD. This was accompanied by significant expansion of training and the deployment of both professional veterinarians and para-professionals. By 1988, personnel costs had escalated to over 80% of the recurrent budget, leaving little for operational costs. This necessitated a policy change, which led to decreased government involvement in the delivery of animal health services. The private sector, as expected, responded appropriately to the change in policy.

The Kenya Veterinary Association (KVA) launched a privatisation scheme (the Kenya Veterinary Association Privatisation Scheme) in 1994 to provide members with credit to set up private practices. The first phase of the scheme (1994-1996) was rated a success, with 100% loan repayments.

The second phase of the project (from 1997) was characterised by a low number of loan applications, which increased the cost of loan administration per unit. There was some defaulting in loan repayments during this phase.

While private veterinary practice took root in the high rainfall, intensive farming areas, this was not the case in the arid and semi-arid lands (ASAL), where community-based animal health workers (CAHWs) played a prominent role in providing animal health services. The lack of uniformity in the training of these workers denied them recognition by the Kenya Veterinary Board (KVB). An agreement has now been reached between the KVB, the Director of Veterinary Services and the KVA to discontinue the training of CAHWs and to retain and retrain existing workers for disease surveillance and reporting in ASAL areas.

In conclusion, private veterinary practice has been successful in areas of high agricultural potential. Expansion to more marginal areas, however, would require incentives or subsidies.

## Keywords

Animal health provider – Arid – Artificial insemination – Clinical service – Community-based animal health worker – Disease control – Kenya – Kenya Veterinary Association – Kenya Veterinary Board – Private Veterinary Service – Privatisation scheme – Semi-arid.

# Historical background of private veterinary practice in Kenya

## Professional private services in Kenya

Private veterinary practice has existed in Kenya for more than half a century and was legitimised in the Veterinary Surgeons Ordinance (chapter 366 of the Laws of Kenya [3]), first enacted in 1951, through which the Kenya Veterinary Board (KVB) was established to regulate veterinary practice. Until the mid-1970s, only registered or licensed individuals in private practice could charge for veterinary services. Public sector employees were not permitted to provide and charge for clinical or associated advisory services.

The expansion of private veterinary practice in Kenya is closely linked to the development of the commercial livestock industry. From the early 1930s to the mid-1960s, two distinct livestock systems could be distinguished. The first was a minority-dominated, but politically powerful, commercial beef and dairy system that developed strong marketing structures with ambitions of ultimately establishing export outlets, while the second was a 'traditional', subsistence-orientated livestock system with a large component of pastoralism. Private veterinary practice, involving the provision of clinical and advisory services, was almost entirely concerned with servicing the commercial ranches and dairy farms located in an area of the country designated as the 'White Highlands'. A small clientele was also located in urban centres.

Kenya possesses twenty laws with a veterinary content (Appendix I) and these are overwhelmingly regulatory (3). The laws were drafted in a manner which gives the government minister in charge of livestock services and the Director of Veterinary Services (DVS) authority to regulate, while providing flexibility about the implementation of regulatory services. Even for the Department of Veterinary Services (VSD), whose primary role under the Animal Disease Act is disease prevention, the practice in the commercial farming sector, up to the mid-1960s, was to sub-contract vaccination against epizootics to private practitioners. The DVS was also empowered to appoint a private individual as a 'veterinary inspector' for purposes of disease control and could designate any competent laboratory, including a private one, for performing required statutory analyses.

Outside the commercial farming areas, until the mid-1960s, the veterinary responsibilities of the public sector were predominantly associated with the prevention of notifiable diseases. Unlike many other countries on the continent, no public veterinary clinics were established in Kenya nor did the Veterinary Department stock or sell drugs for routine clinical treatment (except trypanocidal drugs, with treatment being provided by public officers to minimise the development of drug resistance. In addition, some County Councils,

independently, used veterinary scouts seconded to them for a range of clinical services for which they charged. The DVS was also responsible for the quality control of drugs used to treat animals). During most of this time, the indigenous population was not permitted to own 'exotic' or imported dairy cattle breeds and because the local breeds were relatively hardy, the fact that private veterinary services were not economically viable and that government veterinarians did not provide clinical services was not judged to be too harmful to livestock keepers.

In a major agrarian reform programme (6), the indigenous population of Kenya was gradually permitted to own dairy cattle. With the end of colonial rule in 1963, the country initiated an aggressive programme promoting a dairy industry in the wetter areas of the country among a new category of semi-commercial farmers referred to as 'smallholders', primarily because their land holdings were generally one hectare or less. The dairy cattle breeds that smallholders were finally allowed to keep were, unlike indigenous cattle, highly susceptible to many diseases. Although the VSD still did not provide clinical services, certain measures were taken to encourage dairy development among the smallholders. The measures provided by the VSD until the Structural Adjustment Programme (SAP) came fully into force in 1992, consisted mainly of tick control through the establishment and supervised operation of a network of acaricide dips and a subsidised artificial insemination (AI) service.

The successful transfer of the commercial dairy sector to the indigenous smallholder was made possible due to a combination of these subsidies and the aggressive promotion of co-operatives and credit. By the time the SAP was imposed in 1990, smallholders produced 70%-75% of all commercial milk and the dairy co-operative movement was second only to coffee in membership and investment.

## Impetus for the re-emergence of private veterinary practice

The entry of the indigenous population into commercial agriculture at independence, spurred by agrarian reform associated with land redistribution and the emergence of a growing smallholder dairy sub-sector, coincided with the flight of a high percentage of former residents and expatriates of the 'White Highlands'. Most of the private practitioners who used to provide services also left the country. A decision was therefore taken to give the public sector, through the VSD, responsibilities beyond the basic statutory obligations. The provision of clinical services by the Department was not intended to be a permanent feature and was to last until the output of veterinary graduates destined for private practice was adequate. The VSD thus became a provider of veterinary clinical services in 1974. To play this expanded role, the

government invested heavily in the training of both professional veterinarians and sub-professional staff. A ten-fold expansion in the output of veterinarians from the national veterinary faculty and a corresponding increase in para-veterinarians (diploma and certificate holders) from lower level institutions were thus observed. The latter would work under the supervision of veterinarians. Given a deficit in the numbers of veterinarians, the government undertook to employ all veterinarians from Kenya who graduated locally or from foreign universities accredited by the KVB.

However, the output of veterinary graduates remained high (the average annual output of graduates from Kenya for 1981-1993 was 74) even after the deficit was eliminated, but because of political pressure from farmers the government maintained the employment policy. By the mid-1980s, projections showed that the policy was financially unsustainable. When the policy was abandoned in 1988, personnel costs had escalated from approximately 60% of the recurrent budget in the mid-1970s to over 80%, leaving little for operational costs.

### **The Structural Adjustment Programme and removal of subsidies for agriculture**

With the creation of a veterinary epidemiology and economics unit by the VSD and a micro-computerisation facility in 1981, analyses soon showed that the government could not continue to employ all veterinarians given the financial trends over the past decade. As a result, alternate employment avenues for these veterinarians were sought. This led to the prototype privatisation project in 1986. The Kenya Veterinary Association (KVA) was offered responsibility for the project.

The Kenya Government abandoned the 'full government employment policy for veterinarians' in 1988 and this was followed by full implementation of the donor-decreed SAP in 1990. This led to decreased government involvement in the provision of goods and services, which the private sector was, in theory, better suited to undertake. Although the eventual withdrawal from clinical services had been anticipated since being planned in the mid-1960s, this was not the case for AI and tick control. Experience since 1992 shows that smallholder farmers have coped well with private clinical services. However, neither private practitioners nor other potential providers have been able to offer AI or tick control services. The result has been an almost total collapse of the dairy breeding programme and high mortalities, particularly from East Coast fever. This is illustrated by the fact that the average annual number of inseminations between 1969 and 1993 was 408,000, while in 1993, the number of inseminations reached only about one third of the average and was only 25% of the insemination peak (548,700) in 1979. By 1994, the number of inseminations had declined to 100,000 (Ministry of Agriculture, Livestock Development and Marketing, 1995, unpublished report). Farmers resorted to using low quality bulls, resulting in the loss of genetic potential and milk. Since 1993, public sector

provision of AI has continued to decline steadily from 135,000 to 5,431 in 2002. While private sector inseminations increased from 20,000 in 1993 to a peak of 147,264 in 2001, this number decreased to 73,786 in 2002. The rise in private AI, averaging a mean of about 5,700 per year, has not compensated for the average decline of over 13,000 inseminations per year from the public AI service. The overall picture is one of a decline of approximately 7,400 inseminations per year (Veterinary Department, 2003, unpublished data).

Simultaneously, cases of East Coast fever increased from an average of 2,700 per year between 1977 and 1984 to an average of 4,500 per year between 1985 and 1991. The number rose to 6,826 cases in 1991 and 13,771 cases in 1993 (Ministry of Agriculture, Livestock Development and Marketing, 1995, unpublished report). Between 1996 and 2001, the number of reported cases has fluctuated from 23,834 per year to a high of 27,546 with a mean of 26,442 (Veterinary Department, 2003, unpublished data).

The consequences of the simultaneous decline of both AI and tick control services on the national dairy herd are expected to be clearer within the coming decade. A gradual and more systematic withdrawal of government services, coupled with capacity building of the communities would have been more appropriate.

## **New alternative providers of veterinary services**

### **The role of co-operatives in the provision of private veterinary services**

The powerful dairy industry, vibrant in the early 1990s, was the first to react to the changes. The dairy co-operatives, led by the Kenya Co-operative Creameries, which at that time marketed about 1 million litres of milk a day, took measures to provide a range of services. These included the provision of drugs, acaricides, feeds and a wide range of supplies, AI and clinical services and credit for farm and domestic use. A survey of thirty dairy co-operatives in the country, (Agricultural Research Foundation, Nairobi, 1996, unpublished report), showed that twenty-two provided AI services and thirteen stocked and sold non-prescription veterinary drugs. Of the thirty, five employed veterinarians whose primary function was to provide clinical services, although they also supervised services provided by sub-professionals. Costs for all services were recovered from the monthly dues.

### **Spontaneous Private Veterinary Services Programme**

In response to the cessation of government employment opportunities in 1988, there was a rapid increase in the number

of private veterinary practices. By 1995, over 150 private veterinary practices had been established in Kenya, almost exclusively in rural farming areas where dairy cattle, pigs and poultry were kept and where the demand was highest (5). Only a few new practices were established in urban or periurban areas where mixed farm animals and pets can be found; virtually all were in areas with high agricultural potential. None were established in the arid and semi-arid (ASAL) districts, which constitute nearly 80% of the country and more than 50% of the livestock units thereof.

### Sources of funding and amount required to establish a practice

In a 1995 sample study covering 45 private veterinary practices, about half (23 of 45) were found to have been established with personal savings (excluding the European Union sponsored loan programme) (Table I), while contributions from family or friends and bank loans accounted for 22% each (5). Bank loans included personal commercial loans and special loans (the graduate loan scheme) organised by the government to help university graduates from all disciplines and professions to set themselves up following the SAP. Only two practices were assisted by the pharmaceutical industry, largely through the extension of generous credit for drugs and other chemicals.

**Table I**  
**Sources of finance used to establish private veterinary practices in Kenya as part of the Spontaneous Private Veterinary Services Programme (1988-1995) (a sample of 45 practices)**

Source	Number of veterinary practices
Personal savings	23
Commercial loans	10
Family and friends	10
Pharmaceutical companies	2
<b>Total</b>	<b>45</b>

Source: (5)

The amounts of money veterinarians used to establish practices (Table II) varied from a very modest US\$11 to a maximum of US\$10,909 (5), with the median being US\$1,683.

### Private veterinary practices: income levels, main activities and challenges

In the period covered by the Spontaneous Private Veterinary Services Programme (SPVSP) review (1989-1994) (5), the national economy performed relatively well, with a gross domestic product (GDP) annual growth rate of about 5%. The dairy sub-sector, on which most private practitioners depended, was healthy. Professional activities (clinical work including drug sales, breeding through AI and herd health advisory services) constituted 85% of the business while non-

**Table II**  
**Capital used to establish private veterinary practices in Kenya as part of the Spontaneous Private Veterinary Services Programme (1988-1995) (a sample of 45 practices)**

Cost category (US\$)	Number of veterinary practices
< \$182	9
\$183-\$900	19
\$901-\$1,818	5
\$1,819-\$9,091	11
> \$9,091	1
Median \$1,683	Range \$11 to \$10,909
<b>Total practices</b>	<b>45</b>

Adapted from: (5)

veterinary work (mainly sale of feeds, fertiliser and other activities generically described as 'agrovet') accounted for only 15% of the business. The initial principal challenges were all associated with lack of start-up capital and included the inability to afford attractive premises in reputable localities and severe restrictions in mobility because of a lack of suitable transport. This in turn restricted the range of clients that practitioners could serve as they could only visit clients that were reachable on foot, bicycle or motorcycle. Initially, cars were a rarity. Richer clients occasionally offered transport and some animals or samples were brought to the clinic. Problems associated with the inability of farmers to clear their debts became prominent as the economy deteriorated later. The main reason for the collapse of the economy was the political upheaval associated with the disputed national elections of 1997, which was followed by the withdrawal of major donors.

Judging by the profitability of their practices (Table III) and despite the fact that the majority of veterinarians venturing into private practice had had no formal training in business management, they generally appear to have made rational business decisions by using their resources for items likely to generate revenue (Table IV).

**Table III**  
**Median annual gross income (US\$) for practitioners in private practice in Kenya (1988-1995)**

	Years of practice			
	Year 1	Year 2	Year 3	Year 4
Median gross income	5,636	10,909	17,455	34,691
Median expenditure	2,727	4,773	6,546	15,273
Medium net income	2,909	6,136	10,909	19,418
Medium net income as a percentage of median gross income	51	56	63	56
Number of respondents	10	6	11	12

Adapted from: (5)

**Table IV**  
**Expenditure of veterinary practices established between 1988 and 1995**

Item	Expenditure (% of total financial resources)
Stock	66.5
Salaries	18.0
Transport	5.4
Licences and loan repayments	5.2
Rent	2.6
Telephone and electricity	2.3

Source: (5)

During the first year of practice, the income of private veterinarians was equivalent to the earnings of their colleagues in the public sector. However, these earnings doubled by the second year and continued to grow at a mean rate of US\$5,430 per year. At the end of the fourth year of practice, the incomes of private veterinarians were close to, or higher than, those of the highest paid officials in the VSD.

### Competition from other animal health providers

Almost all private practitioners encountered what they considered to be unfair competition from government veterinarians and para-veterinarians (5). However, they were even more concerned about the dispensing of veterinary drugs by pharmacists and unqualified individuals. The KVB appeared powerless to prevent what were essentially illegal practices. Despite orders from the DVS in the mid-1990s prohibiting private practice by government veterinarians, the order was not enforced. The steady erosion of the purchasing power of the local currency was partly responsible for this. The result was that most public veterinarians could not earn decent wages and supplementation through outside work, including paid clinical practice, was and still is, condoned. Nevertheless, at a time of economic prosperity in the dairy sub-sector, private practitioners were not unduly worried because the demand for services was still strong.

### Community-based animal health workers

These workers were not an important source of competition in areas of high and medium agricultural potential. In fact, the expressed feeling was that donors, through non-governmental organisations (NGOs), many of whom employed salaried veterinarians, should expand the delivery of services to livestock keepers in areas where private practice is not economically viable, namely, the ASAL areas, through properly trained and supervised community-based animal health workers (CAHWs).

### Veterinary practices under the Kenya Veterinary Association Privatisation Scheme

Although designed in 1986, various factors delayed the launch of the Kenya Veterinary Association Privatisation Scheme

(KVAPS) by eight years. The scheme did not, in fact, begin to take effect until 1995. The project had two fairly distinct phases. The first was between 1994 and 1996 and shared many of the successes of the SPVSP since the thirty-two practices supported during that phase had been initiated under very similar circumstances (4). An important positive feature was the credit available to successful applicants. This was set at a maximum of US\$22,000. The problems related to being able to afford suitable rental premises and transport, although not eliminated, were improved. In practice, the average loan was less than half of the total available at US\$11,007 for the intensive areas and US\$10,161 for the less intensive farming areas. The catchment area covered by each private veterinarian was still limited, estimated to have an average radius of 23 km and a mean coverage area of 1,324 km<sup>2</sup>.

### Private veterinary practices: income levels, main activities and challenges

Net income levels for the first phase were very close to those of the veterinarians that established practices under the SPVSP, with a mean, over the two years, of US\$7,800 for the intensive high potential areas, which are dominated by stall-feeding of dairy cows, and US\$6,068 for the medium or extensive high potential areas, which have a mixture of grazing and stall feeding. Towards the end of this period, there appeared to be a deliberate switch to more non-veterinary activities, as professional pursuits appeared to be less profitable. Although veterinarians allocated 38% of their time to veterinary services, these generated only 21.5% of their income; they allocated 32% of their time to non-veterinary services and this provided 53.6% of their income.

### The second phase of the Kenya Veterinary Association Privatisation Scheme project

With the severe downturn of the national economy during and after the 1997 elections, the number of loan applications dropped drastically to nine in 1997 and four each in the three succeeding years. There was, however, some improvement in 2001 (twelve applications) and 2002 (eight applications). While GDP growth had dropped to 1.8% in 1998, that of the actual GDP (AGDP) had slowed down even more, to 1.5%. A combination of factors that led to the collapse of the organised dairy industry dealt a severe blow to private practice. While during the earlier phase of the KVAPS there had been 100% loan repayments, defaulting commenced after 1997. Tables V and VI show the effects of these events on the cost of administering the loan portfolio (2).

While the cost to loan ratio between 1994 and 1997 was favourable, in 1998 and 1999 more money was spent on administering the loans than on the disbursements. A similar escalation was observed in the cost of processing the few applications received. Taking the 1994-1996 period as the base, Table VI shows that costs escalated to 220% in 1997, 501% in 1998 and 604% in 1999.

**Table V**  
**Cost per loan of loans provided as part of the Kenya Veterinary Association Privatisation Scheme (1994-1999)**

Year	Number of loans	Cost ratio of loans
1994-1996	26	0.43
1997	9	0.65
1998	4	1.96
1999	4	2.97

*Adapted from: (2)*

**Table VI**  
**Increase in the cost of processing loan applications as part of the Kenya Veterinary Association Privatisation Scheme (1994-1996)**

Year	Number of applications received	Cost escalation from base level (1994-1996)
1994-1996	65	100%
1997	18	220%
1998	12	501%
1999	11	604%

*Adapted from: (2)*

The effect on the KVAPS was that when the first phase was reviewed in 1996 there was support for expanding the programme by another sixty loans, but after 1999 it was recommended that the programme be suspended while the assumption underlying the creation of the project was re-examined.

In a failing economy, there was a tendency during the second phase to be more conscious of competition from government veterinarians, para-veterinarians and quacks. Some even suggested that legislating in favour of private practice would be required, despite the fact that ample opportunity exists for private practice under all the veterinary-related laws and that it is illegal for veterinarians employed in the public sector to also work in private practice.

## Private veterinary services in the arid and semi-arid areas

The two main documented private practice programmes were confined to areas of high agricultural potential and were closely associated with dairy and monogastric farm animals. The arid areas have attracted little private practice interest from veterinarians. Even the semi-arid areas, which might be home to more than one third of the livestock biomass, have very few veterinarians. A 1994 study performed by the Faculty of Veterinary Medicine listed seven arid districts (Baringo, Garissa, Isiolo, Marsabit, Samburu, Turkana and West Pokot) and nine semi-arid districts (Busia, Kitui, Kuria, Kwale, Lamu, Migori,

Siaya, Taita-Taveta and Tana river) which had attracted no private veterinary practitioner. A system of alternative service providers, CAHWs, has therefore been developed to fill a need. The situation has changed slightly in recent years as a few veterinarians from the arid north have opted to retire or set up practices in that area. According to the most recent records from the KVB, four veterinary clinics are registered in the arid north, one each in the Garissa, Mandera, Samburu and Wajir Districts. Another is being set up in Turkana with the support of the African Medical Research Foundation, although the practice has yet to be registered. Although this is an improvement, the overall impact will be small (Kenya Veterinary Board, 2003, unpublished data).

## The role of community-based animal health workers

There are many sponsors for CAHWs in Kenya, the most prominent being NGOs. The first organisation present in the country was the Intermediate Technology Development Group (1986) and this organisation has probably contributed the most to the development of concepts and training. Religious organisations, namely the Catholic and Anglican churches and the Islamic Foundation, have also supported community-based animal health care projects. More recently, the donor push has been for direct funding of projects specifically aimed at supporting CAHWs, generally through international NGOs (5).

Some CAHWs have developed along generally recognisable themes and tend to be based in recognised community centres, often referred to as community-based animal health centres, sometimes managed by a para-veterinarian (usually an animal health assistant [AHA]) who may or may not be a government employee. These workers undergo training to become CAHWs. Candidates for training are often selected by community elders based on their honesty, knowledge of animals and, where possible, literacy status. In many communities, CAHWs are designated as 'contact herders', i.e. individuals who are particularly respected on account of their skills as herders, their wealth, and, sometimes, their education, and who share information with other CAHWs regarding the health of livestock in their communities. The duration of training ranges from several weeks to several months. Various sponsors have developed different training curricula, some of which emphasise only animal health while others include animal production. A series of refresher courses are usually provided at a later stage. Following training, the contact herders are often provided with a kit containing an initial supply of drugs and equipment or instruments for administering drugs. They either operate from their own homes where they might set up drug shops or the shops might belong to a communal group.

Sponsoring groups generally provide credit and basic bookkeeping services to the CAHW or the communal group that operates a drug shop for an agreed period. In some cases, the contact herders are linked to the local government

veterinary office and help with vaccination campaigns for a fee paid by the sponsor. They also help with herd health programmes and extension work.

A long-standing cause of conflict with the KVB, the body that supervises veterinary training and practice in Kenya, has been a lack of uniformity in the training provided by NGOs, including churches and others, which tend to adopt their own curricula. An agreement has now been reached between the KVB, the DVS and the KVA that no new training for CAHWs should be conducted; current CAHWs will be retained and retrained and their services used for disease surveillance and reporting. Their work is expected to be supervised by qualified personnel (1).

The next step would be for the KVB to license para-veterinarians to perform certain veterinary tasks independently. This would accommodate animal health certificate and diploma holders and has already been undertaken in several countries in Africa. Together with retraining CAHWs, these measures should extend the reach of animal health providers to all pastoralists, including the poor.

The current view in the veterinary profession, including that of the VSD and KVB, is that given the level of literacy in Kenya, recruiting people with a certain level of education as animal health technicians should be encouraged. The VSD encourages training up to certificate level (as for government AHAs) of any qualified individuals sponsored by NGOs, religious groups or co-operatives, particularly for the ASALS, in government animal health training institutes. This will ensure that most private field workers will have certified training.

## Conclusion

Private veterinary practices have performed well in areas of high agricultural potential. Growth has been most rapid during times of good growth in the AGDP. The expansion of such practices to more marginal areas would require incentive, as shown by experience elsewhere in the world. Studies have indicated that the marginal areas which cover about 80% of the country do not even have access to adequate regulatory disease control coverage from the public sector. These areas also possess the bulk of the national livestock biomass and the greatest potential for both domestic and export livestock trade, but if livestock producers do not have access to disease control services the financial prospects for residents of these ASAL zones are not good. In addition, loss of public interest in organised livestock marketing has exacerbated poverty in pastoral areas at a time when the demand for meat and livestock products in the nation as a whole has been increasing.

Regretfully, while the progress of the donor-supported programme has been regularly reviewed, there has been no follow-up of the SPVSP under which much innovation was evident. Knowledge of how the SPVSP functioned might provide useful pointers for the future.

The withdrawal of public support for tick control and the cessation of guidance in the AI programme in 1992 are generally considered to have been premature and the long-term effects on the health and quality of the national dairy herd are expected to be significant.

## Appendix I

### Laws of Kenya with a veterinary content

1. Public Health Act, Chapter 242
2. Pharmacy and Poisons Act, Chapter 244
3. Dangerous Drugs Act, Chapter 245
4. Agriculture Act, Chapter 318
5. Crop Production and Livestock Act, Chapter 321
6. Dairy Industry Act, Chapter 336
7. Fertilizers and Animal Foodstuffs Act, Chapter 345
8. Stock and Produce Theft Act, Chapter 355
9. Meat Control Act, Chapter 356
10. Branding of Stock Act, Chapter 357
11. Cattle Cleansing Act, Chapter 358
12. Hides and Skins Trade Act, Chapter 359
13. Prevention of Cruelty to Animals Act, Chapter 360
14. Pig Industry Act, Chapter 361
15. Uplands Bacon Factory Act, Chapter 362
16. Kenya Meat Commission Act, Chapter 363
17. Animal Diseases Act, Chapter 364
18. Rabies Act, Chapter 365
19. Veterinary Surgeons Act, Chapter 366
20. Stock Traders Licensing Act, Chapter 498

## La mise en place de services privés et le rôle de l'Association vétérinaire au Kenya

S. Chema & J.M. Gathuma

### Résumé

Au Kenya, la médecine vétérinaire est exercée en pratique privée depuis plus d'un demi-siècle. Entre le début des années 1930 et le milieu des années 1960, l'offre de services cliniques et de conseils ne concernait pratiquement que les élevages et les établissements de production laitière à vocation commerciale. La Direction des services vétérinaires (VSD) avait pour mission principale d'apporter son appui officiel dans ces domaines.

Jusqu'au milieu des années 1960, les vétérinaires du secteur public étaient essentiellement chargés de la prévention des maladies à déclaration obligatoire en dehors des zones de production agricole.

Dans le cadre d'un vaste programme de réforme agraire lancé en 1954, le Kenya a organisé une campagne volontariste visant à promouvoir la mise en place d'une industrie laitière au niveau des petits fermiers des zones humides du pays. Le VSD a décidé, dans les foulées des efforts déployés en faveur des laiteries, de fournir divers services, notamment des moyens de lutte contre les tiques et des subventions au profit de l'insémination artificielle. Cet appui a eu un impact positif considérable sur l'industrie laitière « artisanale ».

La fin de l'administration coloniale, en 1963, a été marquée par le départ de la plupart des praticiens du secteur privé. La décision a donc été prise d'attribuer provisoirement au service public, par l'intermédiaire du VSD, la responsabilité de la fourniture des services présentant le caractère de « biens à usage privé », comme les services cliniques, par exemple. Cette décision s'est accompagnée d'un renforcement de la formation et du déploiement sur le terrain de vétérinaires professionnels et paraprofessionnels. En 1988, les charges de personnel avaient atteint plus de 80 % du budget de fonctionnement, laissant une part congrue aux activités opérationnelles. La situation réclamait un changement de politiques, qui prit la forme d'un désengagement progressif des pouvoirs publics de la prestation de services de santé animale. Comme on l'avait escompté, le secteur privé a bien réagi à ce changement de cap.

En 1994, l'Association vétérinaire kenyane (KVA) lançait un programme de privatisation (Kenya Veterinary Association Privatisation Scheme) qui visait à offrir des facilités de crédit à ses membres désireux de s'installer à leur compte. Avec la totalité des prêts remboursés, la première phase du programme (1994-1996) a connu un franc succès.

La seconde phase du projet (à partir de 1997) s'est caractérisée par une demande d'emprunts anémique avec, pour corollaire, des frais administratifs plus élevés par dossier. Durant cette période, plusieurs remboursements n'ont pas été honorés.

Si un grand nombre de vétérinaires du secteur privé se sont installés dans les régions à forte pluviométrie et à agriculture intensive, la situation est radicalement différente dans les zones arides et semi-arides, où les Auxiliaires communautaires de santé animale (ACSA) ont joué un rôle déterminant dans la prestation des services de santé animale. Toutefois, ils n'ont pas été reconnus par le Conseil vétérinaire Kenyan (KVB), en raison du manque de cohérence de leur formation. Une convention signée entre le KVB, le directeur des Services vétérinaires et la KVA a mis un terme à la formation des ACSA. Les auxiliaires existants conserveront leur emploi et seront requalifiés à des fins de surveillance et de déclaration des maladies dans les zones arides et semi-arides.

En conclusion, la pratique privée de la médecine vétérinaire a remporté un vif succès dans les régions à potentiel agricole élevé. En revanche, l'installation des vétérinaires du secteur privé dans des zones moins hospitalières devra vraisemblablement être stimulée par des mesures d'incitation ou des subventions.

#### **Mots-clés**

Aride – Association vétérinaire kenyane – Auxiliaire communautaire de santé animale – Conseil vétérinaire kenyan – Insémination artificielle – Kenya – Prestataire de services de santé animale – Projet de privatisation – Prophylaxie – Semi-aride – Service clinique – Service vétérinaire privé.



## **La creación de servicios privados y el papel de la Asociación de Veterinarios en Kenia**

S. Chema & J.M. Gathuma

#### **Resumen**

En Kenia, la práctica veterinaria privada tiene más de medio siglo de existencia. Desde principios de los años treinta hasta mediados de los sesenta, los servicios clínicos y de asesoramiento estaban destinados casi exclusivamente a las explotaciones ganaderas industriales y de producción lechera. El Departamento de Servicios Veterinarios (VSD) se ocupaba sobre todo de prestar servicios reglamentarios en esas áreas.

Hasta mediados de los sesenta, las responsabilidades veterinarias del sector público tocaban principalmente a la prevención de enfermedades de declaración obligatoria fuera de las áreas de ganadería industrial.

A raíz de un gran programa de reforma agraria iniciado en 1954, Kenia puso en marcha una vigorosa campaña dirigida a agricultores minifundistas para promover la aparición de una industria lechera en las zonas más húmedas del país. En su afán de estimular el desarrollo del sector lechero, el VSD decidió dispensar algunos servicios, principalmente el control de garrapatas y la inseminación artificial subvencionada. Estas acciones de apoyo tuvieron gran influencia en el desarrollo de la industria lechera 'de minifundio'.

En 1963 tocó a su fin la administración colonial, y con ella dejaron el país la mayoría de los veterinarios privados. De ahí que se tomara la decisión de asignar temporalmente al sector público, y concretamente al VSD, la responsabilidad de prestar servicios de interés 'privado' como la práctica clínica, decisión que se acompañó de un importante esfuerzo de formación y despliegue de personal veterinario y paraveterinario. En 1988, los costos de personal ascendían ya a más de un 80% del presupuesto ordinario, lo que dejaba escaso margen para los gastos de funcionamiento. Ello impuso un cambio de orientación política, que se tradujo en una menor participación del sector público en la prestación de servicios de sanidad animal. Como se esperaba, el sector privado respondió adecuadamente a la nueva situación.

En 1994, la Asociación de Veterinarios de Kenia (KVA) puso en marcha un plan de privatización (denominado 'Kenya Veterinary Association Privatisation Scheme') por el cual ofrecía créditos a sus miembros para que se instalaran a título privado. La primera fase del plan (1994-1996) se saldó con éxito, y con un índice de reembolso de los préstamos del 100%.

La segunda fase del proyecto (que arrancó en 1997) vino marcada por un escaso número de solicitudes de préstamo, cosa que incrementó los costos de gestión por unidad de crédito. Durante esta fase se registraron además casos de impago de las cantidades adeudadas.

Mientras que en las zonas de alta pluviosidad y ganadería intensiva la práctica veterinaria privada llegó a arraigar, no ocurrió otro tanto en las regiones áridas y semiáridas, donde el personal zoonosanitario de ámbito comunitario desempeñó un papel destacado en la prestación de servicios de sanidad animal. La heterogénea formación de esas personas, sin embargo, impedía que fueran reconocidas por el Consejo Veterinario de Kenia (KVB). Ahora, sin embargo, el KVB, el Director de Servicios Veterinarios y la KVA han suscrito un acuerdo en virtud del cual se interrumpe la formación de personal zoonosanitario comunitario y se mantiene al personal existente, al que se dispensa nueva formación para que desempeñe labores de vigilancia y notificación de enfermedades en zonas áridas y semiáridas.

La práctica veterinaria privada, en definitiva, se ha implantado con éxito en las áreas de gran potencial agrícola. Para que esa dinámica se extendiera a zonas más marginales, en cambio, harían falta incentivos o subvenciones.

#### Palabras clave

Árido – Asociación de Veterinarios de Kenia – Consejo Veterinario de Kenia – Control de enfermedades – Inseminación artificial – Kenia – Personal zoonosanitario – Personal zoonosanitario de ámbito comunitario – Plan de privatización – Semiárido – Servicio clínico – Servicio veterinario privado.



## References

1. Kamau J.K., Otindo T.A., Kimani S.N., Mbugua S.W., Wanjohi C.W. & Mwaura P.K. (2003). – Veterinary practitioners bill 2002 and community-based animal health delivery systems. Proceedings of a workshop organised by the director of Veterinary Services and the Kenya Veterinary Board, in collaboration with the African Unity/Inter-African Bureau for Animal Resources Community-based Animal Health and Participatory Epidemiology Unit (AU/IBAR-CAPE), 6-7 March, Nakuru.
2. Ochola-Wilson B. & Blanc P. (2002). – Kenya Veterinary Privatisation Scheme (KVAPS) impact evaluation and market demand study. Consultancy report for the Government of Kenya and the delegation of the European Commission.
3. Republic of Kenya (1972). – Grey book. Laws of Kenya. Revised edition. Government Printer, Nairobi.
4. Tambi E.N., Mukhebi A.W., Maina O.W. & Solomon H.M. (1999). – Livestock producers' demand for private veterinary services in the high potential agricultural areas of Kenya. Consultancy report of the Organisation of African Unity/Inter-African Bureau for Animal Resources/Pan-African Rinderpest Campaign/International Livestock Research Institute (OAU/IBAR/PARC-ILRI).
5. Wamukoya J.P.O., Gathuma J.M. & Mutiga E.R. (1995). – Spontaneous private veterinary practices evolved in Kenya since 1988. Food and Agriculture Organization (FAO) Report. FAO, Rome.