UDAINAGAR PRAGATI SAMITI FILLS THE CRITICAL GAP IN ANIMAL HEALTHCARE SERVICES

Quality and affordable animal healthcare is difficult to imagine in areas still struggling for human healthcare services. Despite recent gains made due to improved road connectivity and electricity in this part of the Dewas District in Madhya Pradesh, it still remains relatively remote. This story is from the Bagli block in Dewas which is geographically spread across the Nimar and Malwa regions.

In a journey of about 20 kilometers in the block, to cross the Ghats (hills), one leaves behind Malwa which is Ghat upar (above the hills) and reaches Nimar which is Ghat Neeche (below the hills)!

Malwa and Nimar are distinct culturally and agro-climatically.

Hence, Bagli with 118 Gram Panchayats is a fairly large area to govern. Not just for animal healthcare but for general administration. Within the block itself, there are agro-climatic and socio-economic diversities which result in inequities in service delivery. Politically and socially less influential Scheduled Tribe communities of Ghat Neeche viz. Gonds, Korkus, Barelas, Bhils and Bhilalas, receive lesser or poorer services.

There is a primary animal healthcare centre in Bagli, the block headquarter which is Ghat upar, the farthest village Ghat Neeche being at least 50 kilometers away.

Udainagar, the major town Ghat Neeche is the only place that has a Veterinary Assistant Surgeon (VAS), a trevis, a fridge to stock medicines and two Assistant Veterinary Field Officers (AVFOs). There are two other dispensaries in the area but they are manned only with the AVFOs.

The department has also trained local youth in every Panchayat called the Gausevaks for larger coverage but most of them discontinue practice, partly due to inferior skills and partly because they don’t receive any salary or honorarium from the department. Most of them end up taking other jobs.

Thus, by the department capacities, assured treatment and large scale vaccination is nearly impossible to deliver.

Also, the official charges for treatment and vaccination by the department staff are nominal, but the actual charges from livestock rearers are high. The price is determined on the basis of the terms with the family and the distance travelled to reach the village. In most cases, it is difficult for a tribal family to save an animal during serious disease, with the formal system being far and not so affordable.

Samaj Pragati Sahayog (SPS) has been engaging with the tribal communities in precisely this region since the past 25 years. The foundation of all the work on rights and livelihoods is based on the federations of women’s SHGs that have evolved during this period. One such federation, the

<table>
<thead>
<tr>
<th>OFFICIAL DEPARTMENT CHARGES FOR SERVICES*</th>
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<tr>
<td>• Treatment of large animals- Rs. 5</td>
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<tr>
<td>• Each dose of vaccine- Rs. 1</td>
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<tr>
<td>• Artificial Insemination charges- Rs. 40</td>
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*Govt workers are not authorized to collect charges for vaccination.
Udainagar Pragati Samiti (UPS), among its various initiatives, has undertaken the provision and management of basic animal healthcare services.

This was possible after Dr. Gopal Barapatre, a committed veterinary doctor joined the organization in 2007 to provide basic treatment services and build general awareness on animal healthcare. He now leads a team of 10 para veterinary workers, called as “Paravets” in the area, who provide these services on call and work hand in hand with the department staff during vaccination campaigns and health camps.

The paravets have been trained on the following aspects:

a. General diseases in animals (Bacterial and Viral), causes, symptoms and cure
b. Generic and brand names of medicines for these diseases, their dosage and method of administration
c. Pregnancy related disorders and its prevention, eg. Dystochia, Prolapse, Abortion, Infertility and medicines and equipment needed to diagnose and treat these
d. Parasital disorders
e. Castration in large and small ruminants
f. Vaccination of large and small ruminants
g. Fodder and nutrition
h. Artificial Insemination

They provide the following services:

i. On-call treatment for diseases in cattle and goats
ii. Preventive vaccination and deworming for large ruminants and goats
iii. Animal health camps for infertility
iv. Artificial Insemination services
v. Awareness programmes embedded with SHG platform- use of film screenings through pico-projectors as per season
vi. Insurance for milch cattle purchased via SHG special loans

The paravets are mobile workers moving from one village to the other, equipped with medicines and basic equipment for animal treatment. The quality and impact of their work is such that while they are paravets in the organization’s language, they are called “Dr. Saab” in the villages. Paravets are paid a fixed salary of Rs. 4000-8000 per month plus Rs. 1000 per month for travel. Each paravet covers an area of about 3-5 Gram Panchayats.

**Vaccination drives- lost and found**

While treatment of animals goes year round, vaccination campaigns at critical periods for major diseases like Foot and Mouth Disease (FMD), Haemorrhagic Septicaemia (HS), Black Quarter (BQ) and Enterotoxaemia (ET) & Peste des Petits Ruminantes (PPR) are events in themselves. Vaccines are procured from the Department of Animal Husbandry, which charges Rs. 1 per vaccine for HS, BQ and FMD.

**CHARGES OF SERVICES FROM UPS**

- **Treatment of animals**
  - SHG members- Rs. 70/HH/Visit
  - Non-SHG members- Rs. 90/HH/Visit
- **Vaccination and deworming**
  - Large animals- Rs. 10/animal
  - Goats- Rs 5/animal
- **Artificial Insemination**
  - Per animal- Rs.

*Paravets attend basic treatment cases on call and are guided by Dr. Gopal in complicated cases. He personally attends most of such cases. ** Charges for vaccination are common for SHG members and non-members.

**Figure 2. Planning process of vaccination and deworming campaign**

The department staff participates in the drives as well, but are not authorized to collect the membership fee and hence most of the times pull out of it. Allowing for collection of service charges officially or providing for a per vaccination charge to all those administering vaccines is a major advocacy agenda for the UPS and SPS, as implementing partners of the Revitalizing Rainfed Agriculture Network (RRAN).

Many a time, there have been issues with the quality of vaccines as well, which has led the UPS team to increasingly be dependent on the market for vaccine procurement. Although it ensures quality, the cost of vaccination increases considerably. The key gap has been lack of supply of ET and PPR vaccine for goats, for which the UPS relies solely on market procurement. As far as vaccination of large animals is concerned, the TrioVac vaccine provides protection against, HS, BQ and FMD in a single dose, while the government procures individual vaccines for all these diseases. People prefer
that their animals are vaccinated only once instead of thrice. These are some practical issues in collaboration with the Department in vaccination.

Nevertheless, through collective action led by the federation, about 12,000 animals (large and small ruminants) are vaccinated and dewormed in the 90 villages covered by the UPS annually.

**Pool of Vaccinators**

As the vaccination drives gained popularity, the demand for these services grew. A larger team of vaccinators hence became inevitable. The federation decided that they need more people to be working as vaccinators. Hence, local village youth, men and women were trained to vaccinate animals, fulfilling the key gap in achieving 100% vaccination for both large and small ruminants.

The paravets work with a team of 4-5 vaccinators, who cover as much as 70% of the animals in their villages. A pool of vaccinators has thus been equipped to provide the vaccination services. With increased capacities and more demand for these services, the vaccination coverage is expected to reach almost 90%.

**Collection of Charges**

All the services provided by the UPS are available for all rural households. Those who are SHG members are given a slight discount as the entire federation initiative runs on the surplus earned by individual SHGs, who make annual contributions to the Federation General Fund.  

Collection of charges from non-members is done in cash on the day of vaccination campaign in the village while from SHG members is done in cash at the next SHG monthly meeting by the SHG Mitra / SHG Community Resource person (Mitran is a Chhattisgarhi word that means ‘friend’). A ledger is maintained of the vaccine stock and charges collected at the UPS office. These accounts are audited by an external Chartered Accountant annually.

A receipt is provided to each member for vaccination or treatment service they availed of.

**PPR vaccination drive in Agra: Who let the goats out?**

"Tumhara ghar ketra bokda bokdi che?" (How many goats do you own?) asked Kaalu Singh and Ghudan Singh, while conducting a survey and publicizing the goat vaccination drive that was to take place in Agra. They insisted that every family got all their goats (except kid goats less than a month old and pregnant goats as these two categories cannot be vaccinated).

PPR is a viral disease that spreads very quickly. Its symptoms are difficulty in breathing, diarrhea and it eventually leads to goat mortality. The PPR vaccine bottle, once opened, must be administered within 3 hours or if becomes ineffective. Hence, doorstep delivery of the vaccine was not feasible and people were asked to gather with their goats at the chowk outside the Agra milk dairy. Kaalu Singh

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1 Please refer to the text box on page 3 to see charges for each service
and Ghudan Singh, paravets from Pankua and Imlipura villages, sincerely believe that prevention is better than cure.

Such were their commitment levels that at the end of the vaccination drive, they went door to door, requesting families that had not come, to get their goats vaccinated. In a span of 2 hours, 300 goats owned by about 100 households from two localities – Gobliyapura and Peepal Moholla in Agra were vaccinated and all these goats are now PPR resistant.

**Word from a Paravet**

Rajkumar Dewda, a paravet when asked about his work said, “Before moving permanently to my home in Pandatalab, I used to be a hammal (manual loading worker) in Indore. I was lucky to find a job at SPS as a paravet and get trained by some exceptional veterinary doctors. The area I cover is vast and sometimes, I cannot make it in time to treat an animal. There are hits and misses but the love, respect and gratitude of various families when I save an animal is great!”

Raju covers 23 villages that span across 23 kilometers and is found speeding on a bike from one village to another, answering calls, treating animals, going to dairy meetings, attending SPS review meetings, publicizing vaccination and disease treatment camps while being a son, husband and a father.

The Udainagar Pragati Samiti has a livestock development account, where its revenue from vaccination, treatment and other services is collated and the paravets continue to work. These accounts are audited annually by an external Chartered Accountant to maintain financial transparency.

**Way forward**

The paravet model, although successful, still needs formal recognition from the Department of Animal Husbandry. With the coverage ever growing, the organization plans to make a strong case for this with the State level administration.

The whole system of service charges has to be followed to maintain the revenue model working. However, the organization is aware that it is a public health issue and charges ought to be minimal. Through our experience, it is impossible without allocation for vaccinations by the government.

All said and done, the key learning from the effort on providing basic healthcare and vaccination services is that a community organization platform like the UPS, which people trust readily, is key to the success of such an initiative.

**Shubham, Ardra, Deendayal, Rajaram**

**SAMAJ PRAGATI SAHAYOG**