

---

# Pashusakhi Model: A Structural and Functional Perspective of Community Animal Health Workers in North-Eastern Part of Uttar Pradesh

Tarun Kumar<sup>1</sup>, Mahesh Chander<sup>2</sup>, Umashankar Rawat<sup>3</sup> and Salam Prabex<sup>3</sup>

## ABSTRACT

*The Pashusakhi model is a women-led community-based animal healthcare intervention to provide grass root veterinary service delivery in rural India. The present study conducted in 2025 analysed the structural and functional mechanisms of the Pashusakhi model in the Chitaura block of Bahraich district, Uttar Pradesh. Analysis of primary data from 20 randomly selected Pashusakhis revealed that they predominantly belong to young to middle-aged women from socially disadvantaged backgrounds, with adequate educational levels and field experience. The structural mechanism of the model was characterized by a community-driven selection process, free skill-based training, provision of standardized Pashusakhi kits, an incentive-based financial structure transitioning to a fee-for-service system, and continuous institutional backstopping through regular reporting and technical supervision. Functionally, Pashusakhis primarily delivered preventive and primary animal healthcare services, including vaccination, deworming, first aid, castration, and livestock management advice, with a strong focus on small ruminants, particularly goats. The study concludes that the Pashusakhi model functions as a complementary mechanism to the public veterinary system and underscores the importance of sustained institutional support for its long-term effectiveness and scalability.*

## Introduction

The Pashusakhi Model is an innovative scheme launched in the year 2013 by the Jharkhand government under the Jharkhand Opportunities for Harnessing Rural Growth Program (JOHAR), with support from the World Bank. It is proved to be one of the most pioneering initiative focusing on enhancing the livestock health and production in rural India. Since the success of this model in Jharkhand in bringing down the mortality rate of goats from 50% to 15% approximately,

- 
1. M.V.Sc Scholar, Div. of Extension Education, ICAR- Indian Veterinary Research Institute, Izatnagar-243122 (UP)
  2. Principal Scientist, Div. of Extension Education, ICAR- Indian Veterinary Research Institute, Izatnagar-243122 (UP)
  3. PhD Scholar, Div. of Extension Education, ICAR- Indian Veterinary Research Institute, Izatnagar-243122 (UP)

Corresponding author: tarunmailme@gmail.com

Article Received Date: 25-09-2025

Article Accepted Date: 09-03-2026

 <https://doi.org/10.56093/JAEM.v26i2.7>

Government of India (GOI) has been supporting the expansion of this model on Pan India level. Now, this model is being expanded in almost every region of the country. Some of the states where this model is being implemented and working effectively include Maharashtra, Haryana, Telangana, Odisha, Punjab, Uttar Pradesh, Madhya Pradesh, Rajasthan, Kerala, Bihar and Assam. More than 60,000 (Pathak, 2024) women have been trained across the country to provide primary animal health care services at the doorstep of rural livestock farmers with support from the Government of India (GOI), the Bill & Melinda Gates Foundation, the World Bank, and numerous other organizations. This has resulted in significantly increasing the number of small ruminants in many states of the country especially when the public veterinary services are inadequate in terms of staff to deliver last mile animal care services across the country.

### **Materials and Methods**

The present study was conducted in Chitaura block of Bahraich district located in the Devipatan division in north-eastern part of Uttar Pradesh during May 2025 to June 2025. A structured interview schedule was used to collect data from 20 randomly selected Pashusakhis to study the structural and functional mechanism of the Pasahusakhi model. In addition, discussions were also conducted with the training officers and district livestock coordinators associated with these Pashusakhis in the region of study. Data analysis using frequency, mean and percentage was performed with the collected data.

### **Results and discussions**

The socio-demographic profile of the Pashusakhis indicated that a majority (65%) of the Pashusakhis were in the middle age group of 29–35 years, reflecting their physical ability and sustained engagement in community-based animal health services. With respect to religion, the results revealed that most of the Pashusakhis were Hindus (90%), while 10% belonged to the Muslim community. In terms of caste composition, more than half of the respondents (55%) belonged to Other Backward Classes (OBCs), followed by Scheduled Castes (45%), highlighting that the Pashusakhi model in engaging women from socially disadvantaged groups. The educational background of the Pashusakhis showed that a majority (60%) had completed secondary education (6th–10th standard), followed by higher secondary education (20%). This level of education was found to be adequate for understanding training inputs related to primary animal health care delivery. The experience profile revealed that the Pashusakhis had relatively uniform exposure to the programme, with a mean experience of  $2.25 \pm 0.79$  years. Half of the respondents had been working as CAHWs for about two years, while 30% had three years of experience, suggesting adequate field exposure to perform their roles as CAHWs effectively.

---

## **Selection and recruitment process of Pashusakhis**

Out of the 20 Pashusakhis, a majority (70%) were selected by Non-Governmental Organizations (NGOs), followed by 20 percent who joined voluntarily, while the remaining 10 percent were nominated by community members. They were recruited by a not-for-profit organization, namely the Aga Khan Foundation, which conducted village-level surveys to identify suitable candidates. The selection followed a bottom-up, community-driven approach rather than a top-down mechanism, focusing on key criteria such as basic literacy, community acceptance, willingness to serve, and effective communication skills, which are essential for the role of Community Animal Health Workers (CAHWs).

## **Training and Skill Development of Pashusakhis**

All the Pashusakhis were trained free of cost. The training was provided by Aga Khan Foundation suggests that NGOs are the primary facilitators of skill development within the Pashusakhi model. The training was mainly focussed on small ruminant health and management mainly goats. This is particularly relevant for the Pashusakhis role, as it aligns with the needs of those rural livestock farmers rearing small livestock. The finding that all Pashusakhis (100%) received free training from the Aga Khan Foundation is consistent with the literature, which notes that projects involving CAHWs are often organized and funded by NGOs to reach underserved areas (McCorkle, 2002). The training of Pashusakhis focused on ethno-veterinary practices, which are traditional remedies that are often more accessible and cost-effective for rural communities. For instance, herbal mixture of various plants like nirgundi, Aloe vera, and neem seeds are recommended as a dewormer for adult and young goats. The training also covered treatments for common disease conditions like fever, diarrhoea or respiratory illnesses by using ingredients like turmeric, coconut kernel, neem leaves and garlic.

## **Logistical support and input provision**

The Pashusakhi model successfully ensures that the trainee Pashusakhis are equipped with a standardized kit for essential animal healthcare after completion of their training. Every single Pashusakhi in the survey had received a first aid kit, vaccines, deworming medicines, syringes, record books, a thermometer, gloves, burdizzo castrator, hoof cutter, and a facemask. This indicates that the program's structural framework is highly effective at providing the most critical resources needed for basic animal healthcare, including preventive care (vaccines, deworming) and sanitation (gloves, masks).

## **Financial structure**

The first initial two years, the Pashusakhi model worked on the incentive-based

approach where all the Pashuskhis had received a fixed honorarium of ₹2000 per month for the starting 1st year. After 1st year, the incentives are reduced to ₹1500 per month and from 3rd year onwards, Pashusakhi had to self-sustain on the service fees they charged from the livestock farmers for services like vaccination, deworming, castration etc. Out of 20 Pashusakhis, 17 had received and 3 were still receiving this honorarium ₹2000 at the time of the survey. The Pashusakhi model's financial structure, beginning with a fixed honorarium and transitioning to a service-based fee system, is a common strategy for achieving long-term sustainability. The literature suggests that CAHW models are often accompanied by initial financial support, grants, or incentives (Das, 2002; John, 2002; Tiwari, 2002). The shift to a fee-for-service model ensures that the Pashusakhi's role becomes economically self-sustaining and not dependent on perpetual grant funding. This aligns with the principle of "client payment for services" as discussed by Huttner et al. (2001) and is a key factor in ensuring the model's viability in the longer run (Ponnusamy et al., 2016).

### **Institutional backstopping and Reporting Structure**

All the 20 Pashusakhis maintained a regular contact with a veterinary doctor or a para-vet assigned to guide them by their associated organization. All of them reported their progress on a monthly basis to their respective supervisors. The continuous institutional support from the Aga Khan Foundation and the monthly reporting requirement to their livestock coordinator along with guidance and support by a qualified veterinary doctor or para-vet directly addresses the need for "hand-holding support" identified in the literature as crucial for preventing high dropout rates among female CAHWs (Ponnusamy et al., 2016).

### **Functional Mechanism of Pashusakhi Model**

#### **Services provided**

The main services provided by Pashusakhis included vaccination, deworming and primary animal health care (Table 1). The data highlights that Pashusakhis primarily focus on preventive and primary animal healthcare services, with limited engagement in specialized or market-linked activities. This focus on fundamental dimensions of animal health is consistent with the primary roles of CAHWs globally, who are expected to organize vaccination campaigns and regular deworming of livestock. The involvement of Pashusakhis in specialized services like heat detection (15%) and animal sale/purchase support (10%) was lower which indicates the prioritization of immediate healthcare needs over more complex market-related activities.

**Table 1: Services delivered by Pashusakhi (N=20)**

S.No	Services provided by Pashusakhi	Frequency (%)
1	Vaccination	20 (100.00)
2	Deworming	20(100.00)
3	First-aid	20(100.00)
4	Primary animal health care	20(100.00)
5	Reporting emergency cases	20(100.00)
6	Heat detection	03(15.00)
7	Mineral Mixtures Distribution	03(15.00)
8	Livestock management advice	14(70.00)
9	Castration	19(95.00)
10	Animal Sale and Purchase support	02(10.00)
11	Emergency case handling	04(20.00)

### **Livestock covered**

At the time of survey, in the past 6 months majority of the Pashusakhis reported vaccinating and deworming 500–1000 animals, with nearly one-fourth managing vaccination for more than 1000 animals, reflecting their active involvement in large-scale preventive animal healthcare. A majority Pashusakhis (12 out of 20) carried out deworming in the range of 500–1000 animals, indicating that deworming was an equally significant service alongside vaccination. By contrast, castration was relatively less frequent, with 60 percent of Pashusakhis covering fewer than 100 animals and only a small proportion (25%) reporting more than 200 castrations. Overall, the findings suggest that vaccination and deworming constituted the core activities of Pashusakhis, whereas castration and other specialized services were comparatively limited. It is noteworthy that these interventions were carried out on goats mainly, including vaccinations for PPR and ET, as well as castrations, highlighting their significant impact on small ruminants and addressing the needs of small ruminant livestock farmers.

### **Households Covered**

The average number of households covered by Pashusakhis ranged from 100 to more than 300 households, reflecting their extensive outreach and the trust they enjoy at the community level. Among the respondents, 45 percent served 200–300 households, followed by those 35 percent covering more than 300 households. A smaller proportion that is 20 percent reported serving 100–200

households (Table 4). This extensive reach of the Pashusakhis demonstrates the high level of trust and acceptability they have within their communities, which is a fundamental requirement for any successful community-based model.

### **Communication channel**

The Pashusakhis communications network for animal healthcare is primarily driven by direct contact with livestock farmers. The main channels of contact are phone calls and farmers directly reaching out to them. They also collect information through scheduled visits to the households they serve and in some instances, through their affiliated organization or Self-Help Groups (SHGs).

### **Veterinary Supplies**

For the facilitation of vaccination services, Pashusakhis had formed small cooperative groups among themselves. Within these groups, one Pashusakhi is elected to receive and maintain deep freezer for storage provided by the NGOs, where vaccines are safely stored. Other Pashusakhis in the group then collect vaccines from this central storage unit to carry out their fieldwork. Regarding other veterinary supplies, Pashusakhis generally procure these on their own, purchasing directly from private vendors, and use them for delivering animal health services.

### **Conclusion**

The findings of this study reveal that the Pashusakhi model was systematic, with clearly defined processes for the selection, training, and deployment of Pashusakhis as community animal health workers. Standardized training followed by the provision of essential standard Pashusakhi kits enables Pashusakhis to effectively discharge their duties of animal healthcare service providers at the village level. The structural framework of the model plays a crucial role in translating acquired knowledge and skills into practice. The access to inputs such as vaccines, deworming medicines, and basic veterinary equipment ensures functional readiness and contributes to uniformity in service delivery across the study area. This alignment between institutional design and field-level execution strengthens last-mile veterinary service delivery, particularly in regions with limited access to formal veterinary services.

### **References**

Das, K. (2002) Poverty reduction in tribal community: Integrated Livestock Development Project in Koraput district of Orissa. In: livestock services and the poor. Paper, Proceedings and Presentations of the International Workshop, Bhubaneswar, India, pp, 102-110

Gates Notes. 2024. Heroes in the Field - Pashu-Sakhis. Date of visit: January

- 
- 29, 2025. Available at: <https://www.gatesnotes.com/Heroes-in-the-Field-pashu-sakhis>
- Huttner, K., Leidi, K., Pfeiffer, D.U., Jere, F.B.D., and Kasambara, D. (2001) Farm and personal characteristics of the clientele of a community - based animal health service programme in Northern Malawi, *Tropical Animal Health and Production*, 33, 201-218
- John, A.J. (2002) Integrated livestock service delivery system for promoting small holder livestock production. In: *Livestock services and the poor. Paper, Proceedings and Presentations of the International Workshop*, Bhubaneswar, India, pp, 141-155
- McCorkle, C.M. (2002) Community-based Animal Health workers: The story so far. In: The IDL group (eds). *Community-based Animal health workers - Threat or opportunity*, The IDL group, Crewkerne
- Pathak, S. (2024, September 25). As 'goat nurses,' Indian women fill gaps in rural vet care – and find respect. *The Christian Science Monitor*.  
<https://www.csmonitor.com/World/Asia-South-Central/2024/0925/rural-India-women-goat-nurses>
- Ponnusamy, K., Chauhan, A. K., & Meena, S. (2016). Testing the effectiveness of Pasu Sakhi: An innovation for resource-poor farm women in Rajasthan. *Indian Journal of Animal Sciences*, 87(2), 177-182. <https://doi.org/10.56093/ijans.v87i2.67758>
- Tiwari, N.K (2002) Diversified Agriculture Support Project: Uttar Pradesh. In: *Livestock services and the poor. Paper, Proceedings and Presentations of the International Workshop*, Bhubaneswar, India, pp, 200-210
- World Bank. (2022, December 13). Jharkhand's Pashu Sakhis: The community animal healthcare workers. World Bank. <https://www.worldbank.org/en/news/feature/2022/12/13/jharkhand-s-pashu-sakhis-the-community-animal-healthcare-workers>