Livestock disease challenges and gaps in delivery of animal health services

The East Africa Dairy Development (EADD) project is a regional industry development program implemented by a consortium of partners led by Heifer International. It is currently being piloted in 18 sites in Kenya, 8 in Rwanda and 27 in Uganda. The overall goal of the project is to transform the lives of 179,000 families, or about 1 million people, by doubling household dairy income in 10 years through integrated interventions in dairy production, market access and knowledge application.

This brief highlights key results of a baseline survey that was carried out with the objective of assessing the gaps in delivery of animal health services in Kenya, Rwanda and Uganda. Specifically, the survey assessed the main animal health problems; preventive and curative measures used to control animal diseases; livestock farmers’ access to veterinary and livestock extension services; and the cost of veterinary and livestock extension services. Details are available in the baseline survey report No. 4

Livestock disease challenges

East Coast fever was the most common livestock disease reported by dairy farmers in Uganda (62.6%) and Kenya (35.7%). On the other hand, anaplasmosis was the most important tick-borne disease reported by dairy farmers in Rwanda (31.4%) and the second most important animal health problem after diarrhoea which was reported by 43.2% of dairy farmers (Figure1). The survival rates from diseases mentioned were relatively high (62-100%) but costs incurred by farmers were significant (see section on Cost of animal health and livestock extension services).

Baseline survey methodology

Why: To assess the baseline situation of dairy farmers and their communities at the start of the project, and to identify key constraints dairy farmers and market agents face and opportunities for overcoming them through targeted project interventions.


Where: Three project sites in Rwanda and five each in Kenya and Uganda; two control sites in Kenya and one each in Rwanda and Uganda

What: Community, household and market agent surveys

How: 75 households and 20 market agents sampled per site. Focus group discussions for the community survey; structured questionnaire for the household and market agent surveys.

Figure 1: Common animal health problems in Kenya, Rwanda and Uganda.

Figure 2: Dairy households using various preventive and curative animal health services.
The main preventive disease control measures were deworming, tick control and vaccination. Except for vaccination in which was practised by 37% cattle keepers in Uganda, over 50% of the cattle keepers in the three countries reported undertaking disease preventive and curative measures (Figure 2).

**Figure 3:** Providers of curative animal health services in Kenya, Rwanda and Uganda.

### Access to veterinary and livestock extension services

In all countries, vaccination was mainly provided by the government while deworming and tick control were carried out by farmers themselves or by a neighbour acting on the advice of a professional. In Uganda and Rwanda, treatment was mainly done by farmers with professional advice, and in Kenya by private veterinarians. Figure 3 shows the proportion of cattle keepers that have access to various curative animal health services. Farmers in Kenya and Uganda reported good access to government-provided extension services, though these were limited to only one or two visits per year.

### Cost of animal health and livestock extension services

The annual cost per household of animal health services varied across all three countries. The cost of treatment per tropical livestock unit (TLU) was highest in Kenya (USD 10.4), followed by Rwanda (USD 9.0) and Uganda (USD 8.3), as reported by half of the sampled cattle keeping households. Half of the sampled cattle keepers reported no expense on livestock extension services.

### Challenges faced by livestock health service providers

The key challenges faced by providers of livestock health services included transport and storage constraints; low literacy and numeracy of farmers; long travel distances to farmers; unfavourable government regulations; and delayed payments.

### Conclusion

The increasing role of private practitioners in provision of animal health services in Kenya indicates that their role could be strengthened in other countries as well. The challenge in all countries is to create new opportunities that allow higher profitability of related business development services (BDS) where provision of animal health services alone is not profitable. One option that could be explored towards this is to encourage para-veterinarians and veterinarians to bundle the provision of health services with other input services like artificial insemination, feeds and/or training in milk quality assurance. The same BDS providers could also be contracted by the public sector to deliver public good health services (e.g. vaccination) to further enhance their profitability. The opportunity to make more profit through bundling of services and greater competition among service providers could contribute to improving access to cheaper animal health and other services by poorer cattle keepers who often live in areas with low market access and thus contribute to the project’s goal of impacting the poor.

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