

## ANIMAL HEALTH SERVICES DELIVERY IN TWO DAIRY PRODUCTION SYSTEMS IN KENYA

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*A study to determine the status of animal health services delivery in Kenya was conducted between July and October 1996. Using a structured questionnaire, information was sought from a population of animal health practitioners in two dairy production systems in Kenya. Results indicated that despite the deliberate effort to promote private sector participation in delivery of animal health services, practitioners on government payroll were still dominant. Both the public and private sector practitioners charged for their services. Irrespective of their professional qualification, the practitioners dealt with all the clinical and prophylactic cases save for surgical ones which were handled exclusively by professional veterinarians. Cost of drugs and transportation were the main determinants of delivery cost of services. Barriers to entry such as, subsidy to practitioners on government payroll, level of initial capital investment and the high cost of capital still limit the number of participants in the animal health service delivery market.*

Kenya's agricultural sector, like others in the economy is undergoing reforms aimed at increasing productivity growth. By withdrawing from involvement in direct economic activities, the Kenya government is, therefore, concentrating on provision of enabling environment for private sector participation in economic activities. Animal health services in Kenya is one of the sub-sectors that has undergone reforms since 1986. Prior to this, animal health services were provided at subsidized rates by the government through the department of Veterinary Services. Gradually since 1986, the subsidies have been withdrawn and private practitioners encouraged to provide clinical and artificial insemination services.

### METHOD AND DATA

A study to determine the status of animal health services delivery in the wake of these reforms was conducted in two dairy production systems in Kenya; one at coastal semi-humid and another at the humid upper midland zones.

Between July and October 1996, key informant interviews and panel data collection was conducted among a population of animal health specialists offering clinical and artificial insemination services mainly to livestock owners.

### RESULTS AND POLICY IMPLICATIONS

Results obtained indicated public sector practitioners outnumbered those in the private practice. Clinical and prophylactic service delivery was done by both the professional veterinarians and veterinary auxiliary staff. Only specialized services such as difficult calving requiring cesarean section were provided exclusively by professional veterinarians. Practitioners in both the government and private practice charged a fee for their services. Although the fees charged per treatment varied within and between different cadres of animal health practitioners, the main determinants of delivery cost practitioners were; variable costs such as the cost of drugs and transport, apparent wealth status of the client and practitioner's professional qualification. Likewise, artificial insemination services were operated by public, private sector and cooperative sectors. Noteworthy though is the relatively low charges by private practitioners compared to the government and cooperative services. Level of capital investment in the clinics by both the private and public sector practitioners was far below the Kenya Veterinary board's recommendations. However, barriers to entry in the form of professional qualifications, subsidy to practitioners on government payroll, level of initial capital investment and the high cost of capital still limit the number of participants in the animal health service delivery market. An arrangement whereby the veterinary auxiliaries work under the supervision of a professional veterinarian is recommended. In addition, further research on quality of services received by farmers from different practitioners is necessary.

### BIBLIOGRAPHY

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