The Impact of Access to Animal Health Services on Donkey Health and Livelihoods in Ethiopia

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ABSTRACT

This study was carried out to assess the impact of animal healthcare services on poor donkey owners in Ethiopia. The services provided by the Donkey Sanctuary were used as a case study. A questionnaire survey was designed and carried out in the areas around Debre Zeit in the Highlands of Ethiopia. The staff carried out a survey at 10 sites. Six of these were in Donkey Sanctuary project areas and four were in control areas. The results showed that in project areas donkeys were significantly healthier and more productive than in non-project areas. Donkey owners in project sites felt better off for having access to animal healthcare services; donkey owners in non-project sites were less confident about their incomes and the health of their animals.

Keywords: donkey, Ethiopia, health services, livelihood

Abbreviations: DFID, Department of International Development; DS, Donkey Sanctuary

INTRODUCTION

This impact assessment of animal health services in Ethiopia was carried out as part of the research project ‘Use and management of donkeys by poor societies in peri-urban areas in Ethiopia’ funded by DFID’s Livestock Production Programme. The aim of the study was to assess how access to animal healthcare affected the livelihoods of poor donkey owners. The Donkey Sanctuary provides free healthcare for equids in rural and peri-urban areas of Ethiopia and it was decided to assess the impact of this service as an example of access to animal healthcare by poor donkey owners.

Since 1994, the Donkey Sanctuary (DS) has been working in four districts (Woredas) of the Oromiya National Regional State. These are Ada, Akaki, Bereh and Boset, located at distances of 15 km, 25 km, 100 km and 100 km, respectively, from Debre Zeit (Feseha and Mulugeta, 2001). In 1999 the staff began working in the grain market in Addis Ababa (40 km from Debre Zeit). Their work involves providing free clinical services to donkeys and mules. The services are provided through both fixed and mobile clinics. They also provide education and outreach work on health and welfare.
Table I provides a summary of data for the equine population of the working sites and the number of clinical cases attended by them.

The vast majority of animals were treated for helminthosis, followed by saddle sores, other wounds, respiratory problems, hoof problems, eye cases and miscellaneous.

MATERIALS AND METHODS

The impact assessment was carried out using a questionnaire survey. The consultant and the Donkey Sanctuary staff drew up the questionnaire. It was tested in the field and revised before the official survey started (see Annex for questionnaire).

The Donkey Sanctuary works in Woredas that are divisible into Kebeles (parishes). Ten kebeles were randomly selected as survey sites from the list of sites where the DS works. The sites were distributed over the four Woredas and the grain market. Four control sites were selected based on their ecological similarity with the project sites and on ease of access by road. Donkey owners living in the control sites should in theory have no previous knowledge of the DS’s activities. Fewer control sites were chosen because of the difficulties involved in working in an area where the DS was not known. The Kebele must grant permission and there is a certain amount of suspicion involved in allowing people to carry out surveys when little is known about the organization.

At each of the ten survey sites, 10 farmers were randomly selected to answer the questionnaire. At each of the four control sites, 25 farmers were randomly selected. The total number of responses totalled 200, divided equally between project and control sites. In lowland areas, people were mostly interviewed at waterpoints, where donkey owners gathered to collect water and load their animals. In the highland areas, where water was more abundant, interviews were held in open areas in the villages.