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Credibility of Animal Health Service Providers in Some Selected Areas of Bangladesh

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Abstract

The study was undertaken to determine the credibility of different animal health service providers under MFTS project areas. The study was conducted in four upazilas of four districts. The four upazilas were Companyganj under Sylhet district, Modhukhali under Faridpur district, Mathbaria under Perojpur district and Mithamoin under Kishoreganj district. Data were collected from a sample of 549 farmers from March to August 2010. Four types of common veterinary service providers were found the study areas, namely ULO/VS of DLS, VFA of DLS, local private practitioner and LTA under PKSF-POs. A four point rated scale was used to determine the credibility of different animal health service providers. It was found that the local private practitioners of the four types of veterinary service providers had the highest credibility among all categories of the respondents. The ULO/VSs had significantly higher credibility among the villagers living near UVH than the villagers living in remote areas. Credibility of VFA and LTA were substantially low.

Key words: Credibility, animal health service providers, MFTS project

Introduction

Livestock is the second most important sub-sector of agriculture in Bangladesh. Next to crop sub-sector, the contribution of the livestock sub-sector to the nation's agricultural gross domestic product is about 15.6 percent (AIS, 2010). The total production of this sub-sector is around 15,000 crore Taka and employs about 25 percent of the total labour force. Livestock produces such as meat, milk and eggs provide protein to a large number of populations. With the growth rate of 3.46 percent (2008-09), livestock is regarded as the most important activity of the small and poor farmers for creation of employment and generation of income (Alam, 2008).

Livestock is an important component of the traditional farming system practiced in Bangladesh for centuries. Although an integral part of agriculture and rural livelihoods, most of our animals are unhealthy, emaciated and their productive performances are not satisfactory due to mainly low productive capacity of local breed, malnutrition and diseases. It has been estimated that about 10 percent animal die annually due to diseases (Rahman and Jahan, 2003).

Department of Livestock Services (DLS) under the Ministry of Fisheries and Livestock is the major public sector agency of the country that deals with livestock development. DLS provides services on livestock sector through its nationwide infrastructures and skilled human resources. At the grassroots level, the department operates a Upazila Veterinary Hospital (UVH) for dealing with health and insemination related issues. The UVH functions as nucleus of DLS' activities at

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grassroots level. The treatment of livestock is carried out at both UVH and farm houses by competent veterinary surgeons. Around 40 sick animals are attended daily in the UVH and around 10 are attended at the farmhouses (Rahman and Jahan, 2003). Each of these UVH are staffed with one Upazila Livestock Officer (ULO), one Veterinary Surgeon (VS), one Compounder and 3-5 Veterinary Field Assistant (VFA) (Rahman and Jahan, 2003). Animal health service is important for maintaining good productivity of animals of a country. In Bangladesh the service is provided by the Department of Livestock Services (DLS) under the Ministry of Fisheries and Livestock. The Government of Bangladesh is committed to take necessary steps to achieve self sufficiency in milk, chicken and livestock production with a view to meet the protein demand of the nation (Bangladesh Economic Review, 2010). For such a goal to be materialized, proper importance should be given on the issues of animal health management and associated issues. At the same time it is important to increase the credibility of animal health service providers to the farmers. So it needs to know the credibility of animal health service providers. Therefore, keeping this issue in view, the present study investigated the credibility of animal health service providers.

Methodology

Location of the Study: The study was conducted four districts of Bangladesh, where at least one partner organizations (PO) of PKSF were involved in livestock development programmes under the MFTS project. The responsibilities of the POs included disbursement of micro-credit among group members, providing technical support through Livestock Technical Assistant (LTA) and monitoring the situation regarding livestock development situation among the beneficiaries. One upazila under each district was purposively selected as the study location. The four upazilas were Companyganj under Sylhet district, Modhukhali under Faridpur district, Mathbaria under Perojpur district and Mithamoin under Kishoreganj district. The upazilas were selected as per advice of Livestock Coordinator of MFTS Project and the decision was finalized after preliminary visit and consultation with the officials of the concerned NGOs (POs). In each upazila, two locations were selected for data collection, one was around the upazila headquarter, where official animal health service was easily available to the villagers. The other areas was far from the upazila headquarter, where the villagers could not easily go to take any types of service from the Upazila Livestock Office. In most of the cases such remote villages were considered as distant study locations which has less communication infrastructure (road connections) to the upazila headquarters and difficult to reach in short time.

Population and sample of the study: Data were collected from two different groups of farmers: MFTS beneficiaries and members of PKSF-PO and neighbours of the beneficiaries (hereinafter non-beneficiaries). Therefore, the MFTS project beneficiaries of a specific upazila and their neighbours were the population of the study. However, as mentioned earlier, the data were collected from two geographical locations of an upazila, around upazila headquarter and far from headquarter. Members of one or more PO groups were purposively selected for

data collection. The total sample list has been presented in Table 1 below.

Table 1 The study locations and sample size for data collection

Upazila and District with PKSF-PO	Study locations (villages and unions)	Sample size	
		Beneficiaries	Non-beneficiaries
Companyganj, Sylhet (VARD)	Near: Kathalbari, Burdeo and Chanpur under Islampur union Far: North Rajnagar, Shimultala and Diskibari under Ranikhali and East Islampur unions	60	90
Modhukhali, Faridpur (PPSS)	Near: Raipur and Brahmankanda under Raipur union Far: Jahapur, Narikhali and Bakhsichadpur under Jahapur union	54	45
Mathbaria, Perojpur (DDJ)	Near: Sabujnagar and Tikikata under Mathbaria union Far: Amragachia and Jhalapar under Sapleja and Natunhat unions	95	55
Mithamoin, Kishoreganj (POPI)	Near: Islampur and Kalipur under Mithamoin union Far: Gopdighi and Dhobajora under Gupdighi and Gahghra unions	100	50
Total (549)		**309**	**240**

Measurement of credibility: Credibility is a vital factor of any successful communication regarding technology transfer and technology related services. On principle, a veterinary service provider is supposed won the trust and confidence of the client when health services to the cattle and poultry is provided. Lack of credibility of a designated service provider (e.g. ULO/VS) would lead the farmers to resort to other alternative service provider that is not expected. Therefore, credibility of a service provider is very much important factor for receiving service by a farmer (Rahman, 1991). In the present study, credibility of the service providers were determined by four factors of credibility as used by Kashem *et. al.* (1992) which included skill, effectiveness of service, sincerity and satisfaction on service. Each respondent was asked to judge a service provider by indicating the credibility assigned in a four point continuum such as "highly credible", "moderately credible", "less credible" or "no credible at all". The respondent made the judgment by considering the four factors of credibility while the scores were assigned as to 3, 2, 1 or 0 respectively for those responses. The mean credibility score was computed to have a clear understanding of the situation and to make comparison among the service providers. As before, the mean credibility value could be interpreted in the following way:

Ranges of mean credibility score	General interpretation
0	No credibility at all
0.1 to 1.0	Low credible to the villagers in providing animal health service
1.1 to 2.0	Moderately credible to the villagers in providing animal health service
2.1 to 3.0	Highly credible to the villagers in providing animal health service

Data collection: Both qualitative and quantitative means of data collection procedures were used in the study. Although the major part of the data were collected through survey by using a pre-tested interview schedule (questionnaire), other necessary data and situational information were collected by conducting Focus Group Discussion (FGD) sessions. In order to collect relevant data, a structured interview schedule was carefully prepared keeping the objectives of the study in mind. The schedule was pre-tested before final data collection and necessary modifications were made on the basis of pre-testing experience. Data were collected from the selected farmers by using the interview schedule during March to August, 2010.

Result and Discussion

Credibility of Animal Health Service Providers: Source credibility is an important criterion for having high degree efficiency of any technical service concerning agricultural and rural development (Rahman, 1991). Success of technical services like agricultural extension, veterinary health service, dairy and poultry development and aquaculture extension greatly depends on credibility of field level staff (change agents), the main messengers of the development communication process. The present study made an effort to understand the level of credibility of different animal health service providers as assessed by the client villagers. Four dimensions of credibility such as skill, effectiveness of service, sincerity and satisfaction of clients on the performance of the service providers were considered. The average credibility score was measured by a 4-point rated scale (0 for no credibility and 3 for high level credibility) and the results are presented in the Tables 2 and 3.

A close look into the tables 2 and 3 show that, to the astonishment of the researchers, the local private practitioners had very high level credibility to the villagers, even higher than the professional veterinary doctors (ULO/VS). However, the farmers living near to the upazila headquarters found that the ULO/VS had high level credibility, albeit not more than the local private practitioners. It should be remembered here that credibility assessment of field level client does not necessarily mean that the performance of ULO/VSs are lesser than the local practitioners. Actually some reasons should be considered while making interpretations of this result. Firstly, majority of the respondents of the study were small farmers, who usually were not used to go to the ULO/UVH or did not call VS for treatment of their diseased animals. The respondents, who either did never call a VS for veterinary service or who did never went to UVH did not give good credibility score to the concerned ULO/VS. Secondly, data presented in table 1 clearly show that

the villagers far from upazila headquarter put very low credibility scores to the ULO/VS mainly due to aforementioned reason, and thus the average credibility score of the ULOs/VSs plunged down drastically. Thirdly, the local private practitioners are the members of the respondents' own social system (therefore, enjoy more trust and confidence of the local people), deliver service as and where necessary, and more importantly don't charge for their consultation services. On the other hand, it was found during FGD sessions that the villagers don't have good attitude towards the VSs, because they (respondents) thought that their doorstep service (visit and consultation in home and farm) should be free of charge (usually a villager has to pay at least Tk. 200 for each visit). Moreover, peoples thought that the VSs were responsible for different types of mal-practices in ULH (not giving medicine and vaccines free of cost, charging for treatment in and outside hospital premises etc.). All these factors should be properly addressed for securing better veterinary service to the villagers.

Table 2 Credibility of animal health service providers to the villagers of different locations

Animal health service providers	**Mean credibility score (possible range: 0 – 3)**			**t-value**
	All farmers	**Near location**	**Far location**	
DLS officials (ULO/VS)	1.18	2.06	0.37	16.811***
Veterinary Field Assistant/DLS staff	0.37	0.52	0.24	4.022***
Local private practitioner	2.37	2.21	2.52	-4.374***
Livestock Technical Assistant	0.36	0.33	0.38	-0.743

***t-value significant at 0.001 level of probability

Table 3 Credibility of animal health service providers among the MFTS project beneficiaries and non-beneficiaries

Animal health service providers	**Mean credibility score (possible range: 0 – 3)**			**t-value**
	All farmers	**MFTSP beneficiaries**	**Non-beneficiaries**	
DLS officials (ULO/VS)	1.18	1.04	1.35	-2.448*
Veterinary Field Assistant/DLS staff	0.37	0.23	0.56	-4.614***
Local private practitioner	2.37	2.42	2.31	1.474
Livestock Technical Assistant	0.36	0.62	0.02	8.306***

***t-value significant at 0.001 level of probability

Data presented in the tables show that the highest level credibility in both near and far areas was found among the local private practitioners. These local practitioners are apparently regarded as more credible than the DLS officers. Although the result is surprising to some extent, the causes should be considered for interpreting this outcome. As farmers living far from upazila headquarter do not usually receive service

from ULO or VS and as they are used to receive day to day veterinary service from the community based local practitioners, it was not irrational to find that they put their belief on those practitioners.

Conclusions

The results of the study indicated that the people living near upazila headquarters had relatively higher availability of veterinary services provided by DLS. The availability of services in remote localities was found very low. Majority of the small and marginal farmers received animal health services from the local private practitioners. It is difficult to call a veterinarian to the remote areas and as well as it is expensive. Therefore the local private practitioners had the highest credibility among all categories of respondents. It can be recommended that DLS should take appropriate measures to increase number of veterinarian, veterinary field assistant in upazila veterinary hospitals and make them credible to the farmers. The community based practitioners could be incorporated and properly utilized by the state run veterinary services and they can be termed as Community Animal Health Workers (CAHWs). These CAHWs are successfully working in many countries (Catley *et. al.* 2004).

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