



Need Assessment of Veterinary Services in Some Selected Rural Areas of Bangladesh

KEYWORDS

Need assessment, veterinary services, rural areas, Bangladesh

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ABSTRACT

The objective of the study was to determine the needs of the farmers for receiving a quality animal health service in rural areas of Bangladesh. The research was conducted in four selected districts of the country where data were collected by using a structured questionnaire from a sample of 480 farmers during the months of April to September, 2010. Need assessment was done by constructing a need scale using 4-point rated scale. The major needs of the respondents for ensuring effective veterinary services were: providing treatment by veterinarians in locality, round the hour doorstep service by professional veterinary service staff, availability of veterinary clinics at union level, supply of medicine at free of cost or at reduced price, regular vaccination programme from the official veterinary services, introducing community-based services by the local private practitioners, and training on pre-liminary health management and hygiene.

Introduction

Livestock is the second largest and 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 12% and 3% to national economy (MoFL, 2013). The sub-sector is also providing 15% of total employment in the economy (MoFL, 2007). Since the early 1990s, the sub-sector has been experiencing a strong growth with the introduction and expansion of modern production technologies like improved breeds, feeds and growth regulators, artificial insemination, extensive vaccination programmes and veterinary services coupled with supportive government policies and strong and steady internal market demand for livestock products. As a result, numerous small scale poultry and dairy farms have been established in vast and remote village areas of the country. As appropriate veterinary service is important for maintaining good productivity of livestock sector, the increased demand of such service too becomes a major constraint for the sustainability of the sector in Bangladesh.

Farmers faced many constraints in receiving quality animal health services especially in rural areas (Rahman & Rana, 2013). In India, some studies showed that veterinary services were not easily available to rural areas and the farmers needed a number of services for developing their enterprises (Kokate & Tyagi, 1991; Singh, 1995; Shivalingaiah & Veerabhadraiah, 1996). As there is no systematic study available in Bangladesh on this issue, the present paper focused on some crucial issues to have an understanding on what are the needs of rural people for ensuring quality animal health services.

Methodology

Study areas: In order to expand grassroots level veterinary health services to the rural peoples of Bangladesh, Palli-Karma Shayahak Foundation (PKSF), a national microcredit regulatory body, undertook a project entitled "Micro-Finance and Technical Support" (MFTS) with the help of International Fund for Agricultural Development (IFDC) in 2005. Grassroots level veterinary services were extended with the help of a number of partner non-government development

organizations (Partner NGOs) in 15 districts. Four upazilas (sub-district) under four districts of Bangladesh were the specific study locations. The upazilas were selected as per advice of the MFTS project experts. In each upazila, two locations were selected for data collection. One of them was around the upazila headquarters, where official animal health services were easily available to the villagers and the other was a locality far from the upazila headquarters, from where it was difficult for the villagers to avail any type of services from the Upazila Veterinary Hospitals. In the present study, such remote villages were considered as distant study locations, which had poor communication infrastructures (road connections) to reach the upazila headquarters making it difficult to reach the hospitals in a short time.

Population and sample of the study: Data were collected from two different groups of farmers: MFTS project beneficiaries and their neighbours, who did not receive any support from MFTS project (hereinafter termed as non-beneficiaries). Therefore, the MFTS project beneficiaries of a specific upazila and their neighbours were the population of the study. However, beneficiaries of only two unions (near and far from upazila headquarters) and their upazilas were purposively selected as the study sample. The list of MFTS beneficiaries were collected from the concerned PKSF-POs. The total sample size has been presented in Table 1.

Table 1: The study locations and sample size for data collection

Upazila and District	Study locations (villages)	Sample size	
		Near	Far
Companyganj, Sylhet	Near: Kathalbari, Burdeo and Chanpur Far: North Rajnagar, Shimultala and Diskibari	90	90
Modhukhali, Faridpur	Near: Raipur and Brahmankanda Far: Jahapur, Narikhali and Bakhshadpur	45	45
Mathbaria, Perojpur	Near: Sabujnagar and Tikikata Far: Amragachia and Jhalapar	55	55
Mithamoin, Kishoreganj	Near: Islampur and Kalipur Far: Gopdighi and Dhobajora	50	50
Total (480)		240	240

Need assessment of animal health service: A number of possible needs were identified from literature and consultation with the concerned experts and service providers that might be required by the villagers in receiving animal health services of expected standard. After proper scrutiny, ten needs were finally selected for the present study. The extent of a specific need by a respondent was determined through a 4-point rated scale. Following the scale used by Sharmin, Rahman, Rahman, and Akhter (2009), each respondent was asked to indicate the extent of need of an item regarding quality animal health services by indicating one of the four options such as "high need", "moderate need", "low need" and "no need". Scores were assigned to these responses as 3, 2, 1 and 0 respectively. The mean need score was computed to have a clear understanding of the situation and to make comparison among the needs. The obtained mean need scores could be interpreted in the following way:

Ranges of mean need score	General interpretation
0	No need of the item as perceived by the respondents
0.1 to 1.0	Low need as perceived by the respondent
1.1 to 2.0	Moderate need as perceived by the respondent
2.1 to 3.0	High need as perceived by the respondent

Tools and Methods of Data Collection: Data were collected from the respondents by face to face interviewing using a structured questionnaire. Before developing the items of the need scale, a number of focus group discussions (FGD) was conducted to have a preliminary understanding of the issues of the research. These FGD sessions were helpful to finalise the questionnaire by collecting and confirming the items used in its different sections. In order to collect relevant data, a structured questionnaire 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. Face to face interviews were conducted from the selected farmers by two field enumerators.

Result and Discussion

Rural people's need for veterinary services was determined in this study. The results regarding need assessment have been presented in Table-2.

Table-2: Extents of needs for veterinary services as assessed by farmers of different localities in the study areas

Sl. No.	Needs related to veterinary services	Mean Need Scores (0-3 scale)			t-value
		All farmers (480)	Near (240)	Far (240)	
1	Providing treatment by veterinarians in locality (farm and home)	2.96	2.94	2.98	-2.112*
2	Round the hour doorstep service by Veterinary Field Assistant	2.93	2.89	2.97	-3.139**
3	Availability of veterinary hospital/clinic at union level, particularly in remote areas	2.92	2.86	2.97	-3.947***
4	Supply of medicine free of cost or at reduced price or by Upazila Livestock Office	2.89	2.86	2.91	-1.271
5	Regular vaccination programme and vaccination at emergency in remote areas	2.31	2.40	2.22	2.256*
6	Introducing community based services by local practitioners	2.25	2.21	2.29	-1.351
7	Training on health management (housing, sanitation and primary health care of livestock)	1.53	1.54	1.52	0.150
8	Insemination and other reproductive services at union level and securing doorstep service	1.25	1.26	1.24	0.132
9	Training on fodder and feeding (production, use and preservation)	1.14	1.10	1.17	-0.847
10	Technical advice on production aspects (fattening, selection of breeds etc)	0.90	0.82	0.97	-1.937

*, ** and *** t-value significant at 0.05, 0.01 and 0.001 levels of probability, respectively

From the scaling technique, it is clear that needs having mean scores higher than 2.0 indicated the needs those should be given priority in order to secure an efficient and demand-driven veterinary service. Data presented in the Table 2 show that among the ten selected needs, the first four could be considered as very strong needs which related to availability of service of veterinarians in remote areas, standard of services, doorstep services and receiving veterinary services at reduced costs. Regular vaccination came in the next order which is actually very important for good health management. Introduction of community based veterinary services for preliminary animal health care can be a way of incorporating the local private practitioners into the mainstream and public sector veterinary services. Although placed in lower position in the rank order, needs for training and artificial insemination service are also very important for maximization of benefits from livestock sector. However, these are more related to people's

awareness and strong motivational campaign will encourage the villagers to participate in those programmes. The same can be concluded for the last two needs in the rank order. It is also interesting to note that in all needs, the respondents of far from upazila headquarter faced stronger needs than those of the near located respondents.

Conclusion

It was also observed from the study of Rahman and Rana (2014) that the villagers living far from upazila headquarter usually do not go to the Upazila Veterinary Hospital (UVH) for any kind of veterinary services. They seldom go to the veterinary hospitals in upazila headquarters and in most cases contacted local private practitioners. Only negligible percentage of the respondents contacted to Veterinary Field Assistants and Livestock Technical Assistants for any kind of veterinary services. It is difficult to call a veterinarian to the remote areas and in many cases the Vet-

erinary Surgeons (VS) do not used to visit to those areas frequently. If a villager can manage a veterinarian he has to pay high charge for visit. Therefore, the treatment of animal disease becomes expensive. Therefore, a huge population of the country seems having no access to state run veterinary services. The distance of the locality from the UVH and absence of service in those areas were identified as the important problems by the respondents (Rahman & Rana, 2013). In need analysis, the villagers demanded services like doorstep service, clinic at union level, and availability of VS in their localities. Therefore, it could be concluded that providing veterinary service in remote areas through meeting important needs as indicated in the findings is key for livestock development in the rural areas of Bangladesh.

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