## Pastoralists' Preferences For Livestock Disease Reporting And Response In Northern Kenya: A Participatory Study Torget

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### Background

- Pastoral systems in Africa are heavily plagued with livestock diseases
- Livestock disease surveillance is important for early detection and control of diseases.
- Within pastoral settings in Africa where communities are resource constrained, passive surveillance is predominantly utilized.
- Passive surveillance is a system that relies heavily on the community to share information on livestock disease events for eventual response by relevant stakeholders.

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**←** To understand pastoralists' preferences and reasons for choosing methods or stakeholders for reporting or responding to livestock disease occurrences

# Study sites

Fig 1: Map showing Kenya and the study sites

### Materials and methods



Fig 2: Pastoralists scoring using various participatory epidemiology tools

- Participatory epidemiology tools utilized in 27 FGDs for pastoralists to share on:
- > Prioritization of stakeholders and methods (pairwise ranking); observing trends of these overtime (timelines with proportional piling)
- > Reasons for choice of a stakeholder or method used for reporting and response for disease occurrence (matrix scoring)
- > Level of agreement among groups determined by Kendall's coefficient of concordance (W) where: W < / = 0.3 (Weak), W > 0.3 < 0.5 (Moderate), W > 0.3 < 0.5> 0.5 (Strong), (n = 9).

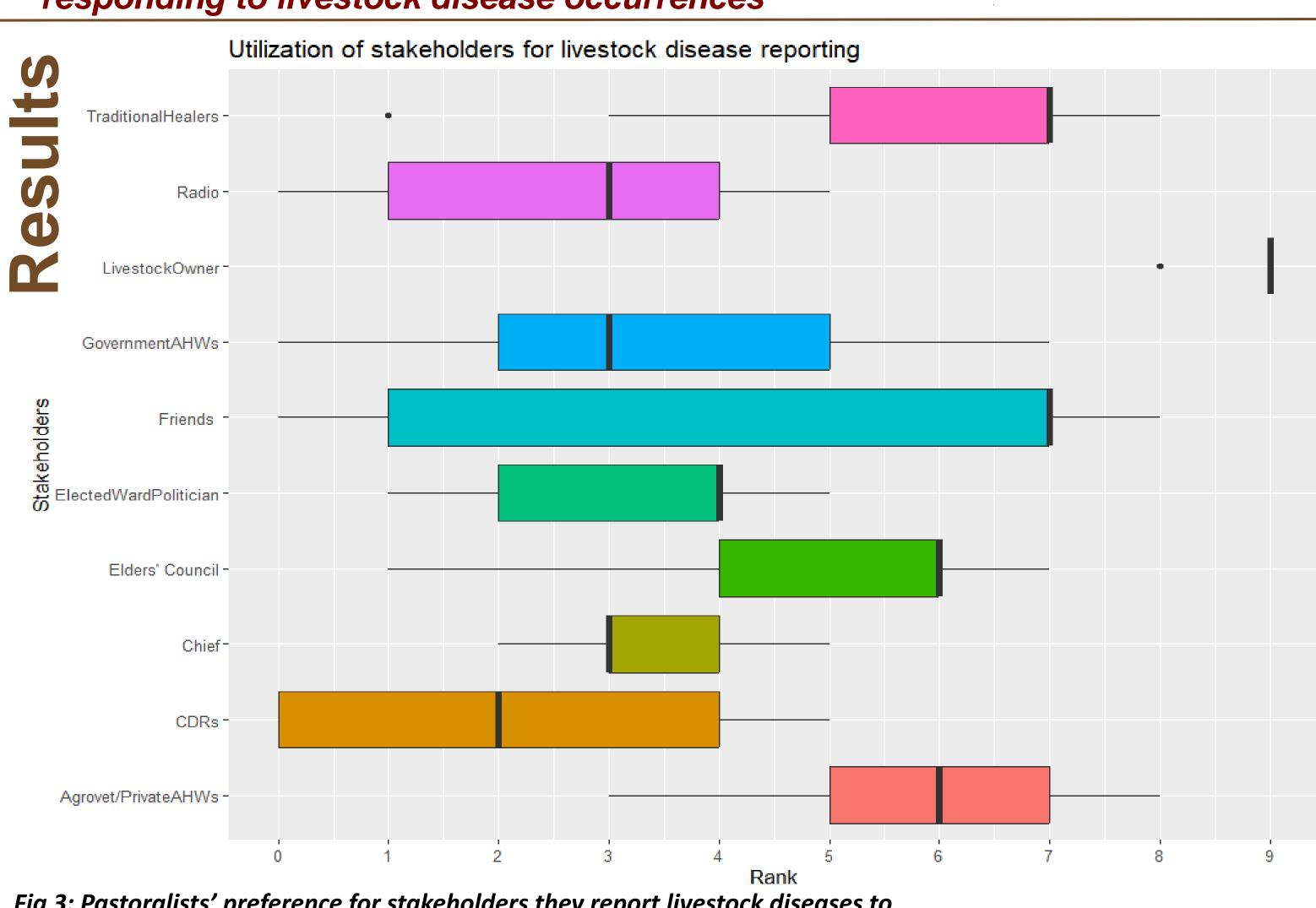


Fig 3: Pastoralists' preference for stakeholders they report livestock diseases to

expertise in synthetic medicine (W = 0.617\*\*), ability to spread information wide (W = 0.524\*\*)

Median scores show Livestock owners (9/10), traditional healers (7/10), agrovets and elders, both 6/10 were reported to most



Time period Fig 5: Trends of Utilization of livestock disease reporting methods between 1981 to 2024 Major reasons that guided choice of a reporting method included, whether the method was: affordable (W = 0.481\*\*), easy accessible (W = 0.783\*\*), could spread information wide (W = 0.755\*\*), was within pastoralists' control (W = 0.871\*\*)

2011\_2020

Between 1981 to 2024, disease reporting on foot has steadily decreased, motorbikes, motor vehicles and radio have experienced a gradual increase in comparison to phones whose use within the same period has been steeply risen

2001\_2010

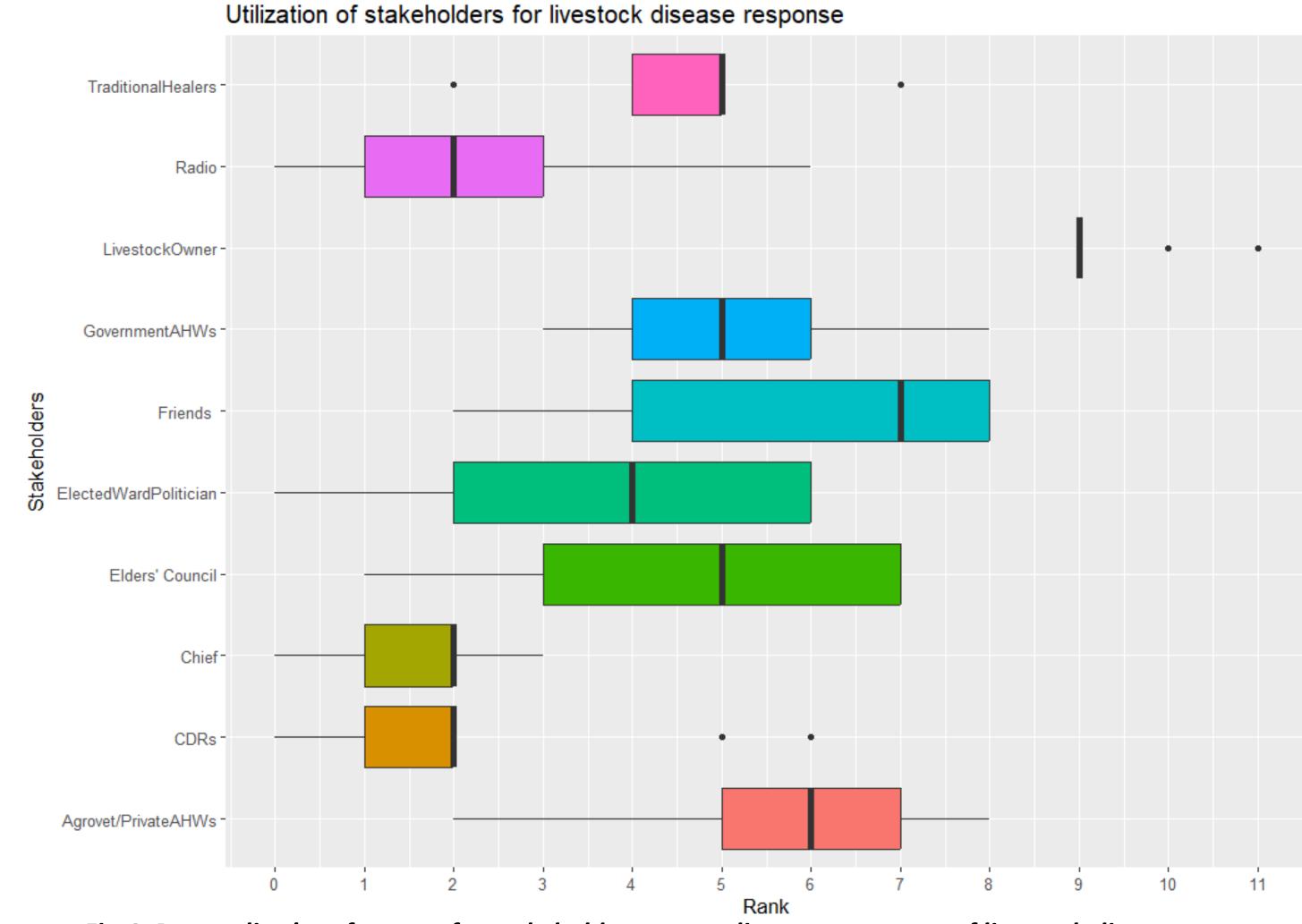


Fig 4: Pastoralists' preferences for stakeholders responding to occurrence of livestock diseases Major reasons that guided pastoralists to choose a stakeholder to respond included: Ability to provide quick response (W = 0.661\*\*), having indigenous/local animal health management knowledge (W = 0.802\*\*), ability to offer services on credit (W = 0.609\*\*)

Median scores show Livestock owners (8/10), traditional healers, agrovets (6/10), traditional healers, elders and Government AHWs, all 5/10, were preferred most for disease response

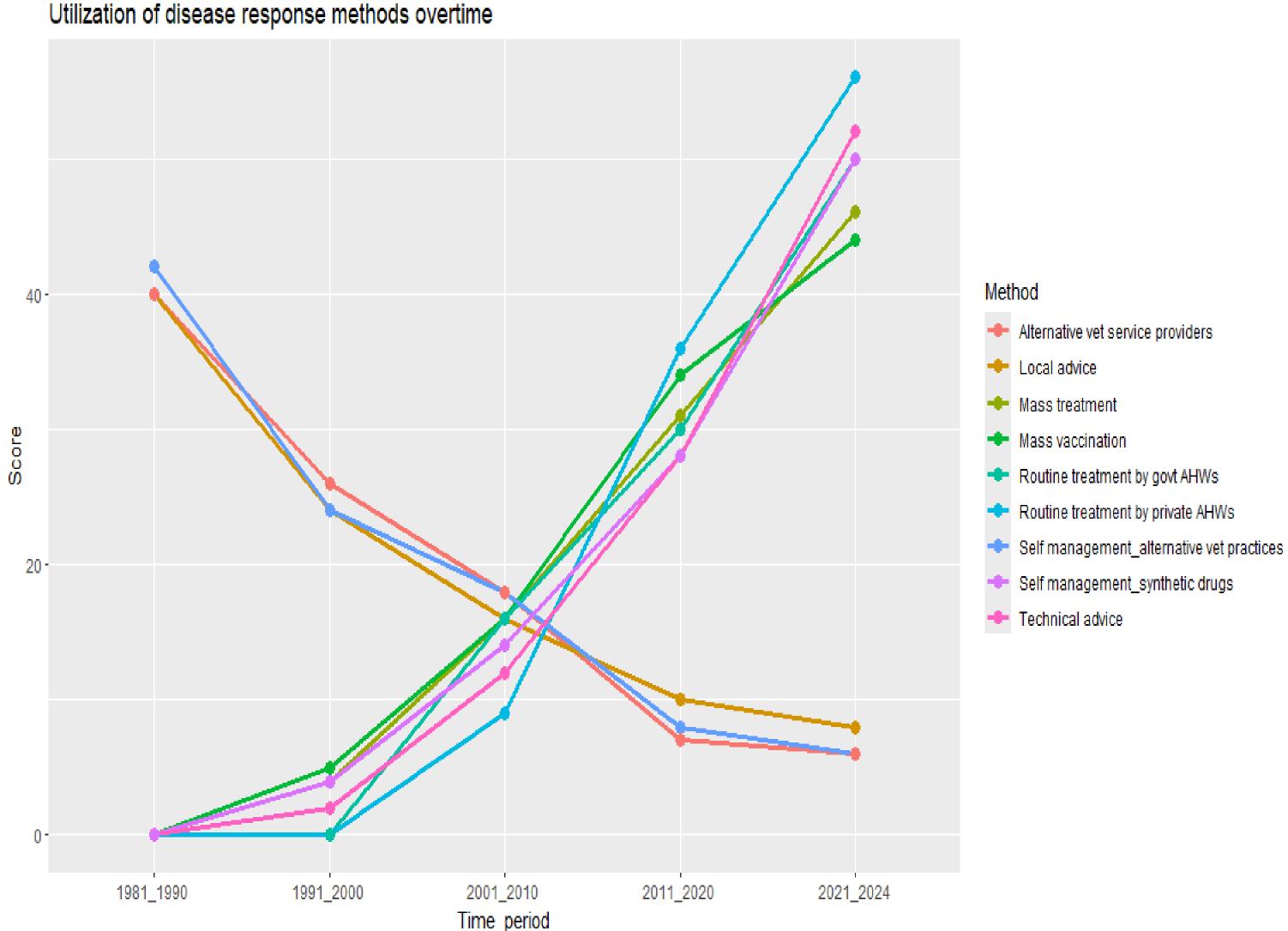


Fig 6: Trends of Utilization of livestock disease response methods between 1981 to 2024 Major reasons that guided choice of a response method included, whether the method was: affordable (W = 0.516 \*\*), based on local knowledge (W = 0.885 \*\*) or technical knowledge (W = 0.573 \*\*)

Between 1981 to 2024, use of alternative veterinary practices, traditional healers and local advice have decreased, all other methods including use of synthetic medicines, agrovets, mass treatments and vaccinations have increased

## Conclusion

1981\_1990

Thorough understanding of communities' behavioral influences and interactions is important in developing adoptable, sustainable and affordable surveillance systems. This approach can be considered by public and private efforts geared towards developing or improving systems.

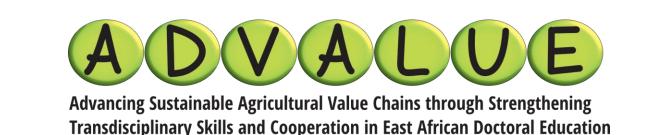
1991\_2000

 Legislative reforms and policies can streamline disease data collection through pastoral communities' reporting structures, this would strengthen existing disease surveillance systems in ASALs

### Recommendations

- Decisions on disease reporting by pastoralists were predominantly influenced by accessibility, proximity and affordability of available Animal health service provider or methods of delivery of the report.
- Choice of response was mainly influenced by response time, technical knowledge and affordability of responding Animal health service provider or the method of delivery of the service.





### **Acknowledgments:**

This study was conducted within the BMBF and FONA-funded project "Increasing efficiency in rangeland-based livestock value chains through machine learning and digital technologies " (InfoRange)









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