



# Policy Brief

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<http://kdfug.org>

## **MOBILE VETERINARY CLINICS: A PROPOSAL FOR LIVESTOCK DISEASE MANAGEMENT IN KARAMOJA**

Karamoja region of northeastern Uganda is home to a number of pastoralist and agro-pastoralist peoples relying traditionally on mobile livestock production and small-scale agriculture for their livelihoods. Karamoja also holds about 20% of Uganda's cattle population, 16% of goat, 50% of sheep, and 90% of the donkey population, as well as all camels present in Uganda.<sup>1</sup> Given the harsh climatic conditions prevailing in Karamoja, the region's pastoralists depend on high levels of herd mobility and extensive use of rangelands so as to tackle temporal and spatial variations in resource availability. Among the numerous challenges faced by herders in livestock production is the poor state of veterinary service delivery in the region.

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An NTV report published online on September 10, 2015 shows the most recent development in animal health management in Karamoja: the “Strategic Livestock Vaccination Programme”, a mass vaccination program said to target over one

million animals<sup>2</sup>. In the video<sup>3</sup>, the UN Food and Agriculture Organization (FAO) Country Representative talks of plans, besides vaccinating animals, to equip parts of the region with valley dams and other water containment facilities. FAO's own publication on the story claims a target of 2 million animals, with funding provided by UK's Department of International Development (DFID)<sup>4</sup>. The aim of the vaccination program is to protect against foot-and-mouth disease (FMD), Contagious Bovine Pleuropneumonia (CBPP), Contagious Caprine Pleuropneumonia (CCPP) and goat-sheep pox. The State Minister of Animal Husbandry Hon. Bright Rwamirama added: “This vaccination exercise is therefore extremely significant in ensuring prosperity and freedom of our people but most importantly for pastoralists whose only source of livelihood is animal keeping....We must fight livestock diseases and create resilient communities capable of meeting household income and food security needs amidst the effects of climate change.”

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<sup>1</sup>UBOS: The Uganda Livestock and Animal Census 2008.

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<sup>2</sup> All Africa's coverage of the story puts the number of animals at 6 million.

<http://allafrica.com/stories/201509090091.html>;

<sup>3</sup> <https://www.youtube.com/watch?v=0p6n-Xlh6DU>

<sup>4</sup> <http://www.fao.org/africa/news/detail-news/en/c/327820/>

With nearly 80% of the population dependent on their animals in one way or another, this appears to be a promising initiative. In truth, it is too little too late for a vast majority of herders who bore the direct brunt of the vicious FMD outbreak that ravaged the region last year. The outbreak allegedly cost the government 40 million Uganda shillings<sup>5</sup>. Yet, no concrete figures can be found on the number of heads of animals that were lost, along with estimates on the loss of income and aggravation of food security as a result of the outbreak. Needless to say, the large-scale disease outbreak also had cascading effects on development programs, particularly those targeting malnutrition. The question that arises then is: despite the presence of several veterinary service providers, how could an FMD outbreak spread to such an extent that cattle markets had to be shut down and a quarantine lasting over ten months had to be imposed?

One plausible explanation is the vastness of Karamoja, only made more expansive from the lack of proper roads. This inevitably leads to lack of good communication corridors for the fast and effective transmission of information. Worse still, areas inhabited by pastoralists have poor or no network coverage for mobile phones to work effectively. It could be hypothesized that the 2013-14 FMD outbreak, in fact, started much before it actually made the news. The issue was the transmission of this information from 'out in the bush' to the district headquarters where swift action

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<sup>5</sup> NTV [Low government spending on a sub national catastrophe such as the FMD outbreak signals limited government concern in addressing the crisis - KDF]

could be taken. Logic dictates that with an organized infrastructure, as would be expected after years of development work, the outbreak could have been nipped in the bud.

A second explanation could be the lack of a solid infrastructure to handle the demands of animal healthcare management. In order to isolate symptoms, pinpoint problems afflicting the animal, and then arrive at a sound diagnosis, the need for veterinary professionals is exceedingly high. Yet, Karamoja finds itself with few veterinary professionals in comparison to the wealth of livestock in the region. An informative article that appeared in The Observer earlier this year shed light on the Lolachat Community Animal Health Workers Association, which helps herders with animal vaccination, medicine, and sensitization on animal diseases. Although a noble effort, the activities of the Association are in direct violation of the Veterinary Surgeons Act of 1958, which "restricts the kind of work the animal health workers are engaging in to veterinary doctors"<sup>6</sup>.

It goes without saying that the issues of building efficient road and communication networks and of changing legislation in favor of uncertified health professionals are enormous undertakings. Not only do they require enthusiasm and commitment from the government and development partners, they also require a significant time investment. Further, despite there being Community Animal Health reporting, field visits by organizations, and coordination of

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<sup>6</sup> <http://www.observer.ug/business/38-business/37794-how-karamoja-s-wealth-is-sustained>

such activities as surveys, assessments and training, the reality is that the infrastructure in place was unable to handle the FMD outbreak in a timely fashion. Moreover, during a mass vaccination launch in Nadunget Sub County in Moroto, herders revealed that the CAHW are not effective due to their low level of expertise and knowledge about livestock health.

### **Mobile veterinary clinics as a possible solution**

To address the problems outlined above in a feasible way, we suggest the use of mobile veterinary clinics for the prevention and management of animal diseases in Karamoja. Households in Karamoja have had to decrease their nomadism due to various reasons including state-enforced rules and the draw towards alternative livelihoods. Regardless of changes in transhumance residence patterns, the majority of animals are still kept in kraals that are away from homesteads. People travel back and forth between their permanent homestead and the kraals for purposes of animal husbandry and other economic activities. Given the distances between homes and kraals, and kraals and town centers, the latest developments on disease surveillance in the rangelands can take weeks to reach the District Headquarters. The scarcity of CAHW in areas would worsen the problem as herders might not be able to handle the problem promptly.

A mobile veterinary clinic, much like ones that cater to humans<sup>7</sup>, would make great strides in solving some of the difficulties that the animal health management infrastructure faces today. In September 2015, KDF, through a needs based approach, supported Moroto district with a car to access the pastoralist communities in Kobebe for livestock vaccination in which 2800 animals were vaccinated in two days. This is the framework of the mobile veterinary clinic. For the next two years, KDF will work with three pastoralist cluster areas known as *ngalomarin* – areas where pastoralists migrate in groups for water and pasture for a given period of time. These *ngalomarin* include: Nakwakwa, where Matheniko pastoralists reside; Loburuk, Nabokor and Kobebe where Matheniko, Jie and Turkana pastoralists congregate; and Turtuko, inhabited by Jie and Bokora pastoralists. These are both permanent and semi permanent pastoralist settlements.

The mobile clinic would follow a weekly schedule and will supply drugs and other equipment in the three areas. Herders would be informed of the timing of this service through radio announcements and word-of-mouth information dissemination. KDF will aim to acquire subsidized drugs and offer them for sale at a reasonable and attractive price to the herders. A professional veterinarian and an assistant will aid in this endeavor by describing the use and proper administration of drugs for each specific

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<sup>7</sup> The Italian NGO CUAMM provided mobile medical services to communities between 2009 and 2012 in support to the Ministry of Health's Uganda Health's Strategic plan of the Peace, Recovery and Development Plan for Northern Uganda (PRDP)

Workers (CAHW) for disease surveillance and purpose – e.g. prevention or cure. CAHW in the areas will receive regular training and updates from the clinic staff.

The mobile clinic project will involve the expertise of such diverse groups as the District Veterinary Office, NGOs, and CAHW. These groups will be consulted in the conception of this project since all have worked in some capacity in improving the state of veterinary services in Karamoja. A discussion on the most vital services and types of drugs that herders need will allow KDF to plan for next steps vis-à-vis acquisition of drugs and recruitment of veterinary professionals. Critically, the mobile clinic will become a source of information on diseases, general animal health and demographics for the existent veterinary service providers. Besides the weekly clinic service, KDF will maintain contact with the three areas (*ngalomarin*) through its Pastoralist Information Center.

Of course, simply having a mobile clinic is not sufficient to recover from the decades of livestock loss, whether from the years of armed raiding, disarmament or rampant disease. It would, however, be a big step in reaching those herders who need the most help in saving their animals from preventable diseases. Although KDF is not a veterinary service provider, it seeks to invest in supporting stakeholders like the government, the private sector, aid organizations and individuals in providing these services to herders. With the help of the mobile clinic staff and other experts,

KDF will hold frequent training sessions to enable herders to stop animal diseases in their tracks and therefore help prevent devastating losses as experienced during the FMD outbreak. Whereas the set-up and operation of a mobile clinic might appear expensive at the outset, this project can save lives and livelihoods by preventing future outbreaks, and by equipping people with information about their most important livelihood: their animals.

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*A few years ago we dreamt of connecting the Karamojong in general but pastoralists in particular. So, last year, we thought of establishing a Pastoralist Information Center (PIC). One of its components is a phone connectivity platform for herders and the general community to share with us information. The information shared is analyzed, subjected to processing and communicated to relevant stakeholders as well as other herders in the region through an interactive phone system.*

*We have rolled out our Toll Free number, built on an Interactive Voice Response (IVR) system. Please call us on **0800200021** and let's get the conversation going.*

*For more information on the PIC, please visit the KDF office in Moroto or write us an email.*

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**Karamoja Development Forum is a Karamojong research and advocacy Non Governmental Organization (NGO) on Land, Pastoralism and Governance. KDF is setting up a Pastoralist Information Center in Moroto under the Open Society Institute of East Africa (OSIEA) funded project with the objective of improving information sharing amongst pastoralists to address food security issues in the region. Feedback to this Policy Brief is encouraged. Send to [karamojadf@gmail.com](mailto:karamojadf@gmail.com)**