A survey of wildlife rehabilitation in South Africa: is there a need for improved management?

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Abstract

The focus of wildlife rehabilitation is the survival of the individual animal, often leading to rehabilitators being in conflict with government wildlife officials, who regulate the industry and whose focus is on the security of entire wildlife communities. In South Africa, wildlife rehabilitation has been the focus of recent attention from the general public, government and academics, due mostly to the development and adoption of norms and standards for the management of primates. Our study was initiated to provide the first survey of rehabilitation centres in South Africa. Questionnaires were returned by 65% known rehabilitation centres in South Africa, including all nine Provinces, through which several thousand injured, diseased and orphaned animals pass each year. It is clear there is a need for rehabilitation centres in South Africa. However, due to a lack of scientific research on the efficacy of rehabilitation methods for care and release, and minimal post-release monitoring, wildlife rehabilitation techniques and protocols have been based on work experience and subjective intuition. In conjunction with a lack of funds, there may be negative impacts on individual animal welfare and survival, as well as on conservation efforts for wildlife communities. Similar issues have been documented in other regions of the world. In the authors’ opinion, centralisation of wildlife rehabilitation to national or provincial government is a necessity. Furthermore, it is suggested that guidelines of minimum standards should be developed in consultation with experienced rehabilitators, veterinarians and conservation scientists; to be enforced by trained and dedicated conservation officials.

Keywords: animal welfare, conservation, government, minimum standards, South Africa, wildlife rehabilitation

Introduction

Wildlife rehabilitation is defined as the treatment of injured, ill and orphaned wild animals, under temporary care, with the goal of releasing them back into their natural habitat (Trendler 1995a; Anon 2008a). It is often seen as playing a vital role in conservation and increasing the public awareness of animal welfare issues (as reviewed by Kirkwood 1992; Trendler 1995a; Aitken 2004). Others, however, believe wildlife rehabilitation can have negative impacts on conservation. For example, it could divert money away from habitat protection (as reviewed by Kirkwood 1992) and when rehabilitated animals are released it could place wild populations at risk (eg disease and genetic pollution) (as reviewed by IUCN 2000; Measures 2004; Soorae 2005). Therefore, there is a dichotomy in opinion, whereby rehabilitators focus on the individual animal and government wildlife officials focus on the security of entire wildlife communities (Dubois 2003; Aitken 2004). Differences in perceptions between wildlife officials, who issue and enforce permits, and rehabilitators, were examined in Canada to determine whether this would prevent effective communication and co-operation between these groups (Dubois & Fraser 2003a). Both saw the main goals of rehabilitation as caring for injured and orphaned wildlife until release, or if necessary, euthanasia, as well as educating the public to prevent these problems in the future (Dubois & Fraser 2003a). However, additional contributions mentioned by rehabilitators (eg contributing to wildlife conservation and research), were not acknowledged by officials (Dubois & Fraser 2003a). Both groups stated that the main impediment to rehabilitation was a lack of funding, while only rehabilitators mentioned the lack of support and acknowledgement by government as an additional impediment (Dubois & Fraser 2003a). Contrasting views were also apparent in the role played by enforcement in rehabilitation, where rehabilitators believed that the issue and control of permits was not strict enough, while wildlife officials thought that there was enough enforcement, but agreed that some permit applications were approved without inspection, and officials were generally not qualified to assess quality of care at centres (Dubois & Fraser 2003b).