

Interviewer: have a look at these pictures, and do you know them also what will cause them?

Participant: this disease is caused by fungus. This one looks EZL, but we don't have confirmatory diagnosis here. Tentatively we say it EZL. But we don't have antifungal. But if it's on small animals we will send prescription for ketoconazole. We just give antibiotic for the secondary bacterial complications. And we give spray and also GV but there is no response. But when the [NGO] started working here there is a lot of changes. So I guess this is epizootic lymphangitis.

Translator: so its common here and we call it tentatively EZL, it's difficult to differentiate it from the ulcerative one. It's common and caused by the fungus since he is professional. He know it very well. Before the SPANA intervene here. We will use GV, to treat. It's so difficult to recover. But after SPANA come to here try to treat with that iodine. It's getting better.

Interviewer: if it's difficult to differentiate from the ulcerative one do they do any diagnostic test?

Participant: no

Translator: they will not do anything, there is no any confirmatory they will just diagnosis it tentatively.

Interviewer: so you will treat only by the clinical sign?

Participant: yes. Since we don't have any laboratory here. And we don't have a laboratory technician. We will do direct smear for the other cases from the feces.

Translator: we don't have laboratory equipment, reagent or technician like that to confirm such like disease. We just perform by our willing. We can do direct smear for other cases not this one.

Interviewer: the treatment provided by the [NGO] how effective does that is?

Participant: I have seen a lot of horses that are cured. The owners have told me that when I take the past history. They have a lot of equipment's. They will do that wound management perfectly by keeping the procedure. They will also give different medication, the tablets. That we don't have. What we have is the Penistrip, oxytetracycline and the sulpha. But they have a lot of drugs.

Translator: most of the time when we just contact the owners who get the [NGO] service their horse may recover even they say that we get service from the [NGO] and our horse get recovered. When they came to us for another case. And also a lot of other horses get recovered from that disease. He said that [NGO] had good facility than the government one. They have drug that is not available in our clinic. We have only oxytetracycline, penstrip and the sulpha drug. But [NGO] have a tab like Cotri and bacterin. They may give that drug to the horse. They just keep all procedure to keep the wound. And the horse will be recovered that is effective.

Interviewer: what drugs do the [NGO] uses?

Participant: they iodine tincture, they use cotri, also have the pencillin. They might also have other drugs other than this since I haven't worked with them. But we don't have all these drugs.

Translator: they have iodine tincture. Cotri and PPF they use this one. And I hope they also have other drugs.

Interviewer: why they only have these three drugs? Is it because of the cost? Is it the problem of availability?

Participant: we have taken them on the training. Some of these drugs are on the market. Like Griseofulvin. [Region name] is going to provide us these drugs only. We have no any role regarding the drug we just use what they bring. We are continuously raising these problems to the stake holders but there is no answer yet.

Translator: the problem is not about the training, we have taken the training regarding antifungal. The problem that we have is regarding the suppliers, the drug that they get is centrally procured by the [region name] state. The option that they have is just to get from the [region name] state. And the [region name] state have only these three drug in their stock. So they can't get another drug. You can't privately look for other drug it's not allowed. It's the matter of the policy they may fear corruption they raise this question so many times but they can't get the answer.

Interviewer: are these only three drugs that the [region name] stock always have. Or is it the matter of availability in the market.

Participant: the anthelmintic is there it's also two in number. There is also multivitamin. In the government house, even if we diagnose the disease. We may not have the drug and we will only give a drug that will treat secondary bacterial complications. If also its fungal case we will just give that.

Translator: he had 12 year work experience. In the government house. They can't bring more antibiotic than this. They also have only two anthelmintic. And also have multivitamin. They will also treat the fungal disease with the antibiotic for the purpose of secondary bacterial complication.

Interviewer: how long does the horses are treated with EZL for? How often will they come back at the [NGO]?

Participant: they will come and bring their horse also they will ask even their phone number? They will come every two week. They will give long rest for the horses. After they come here two to three times then they will give the drug that they will use at home. They will give them the drug in the bottle. Also they give injection. They come every two weeks here.

Translator: he said that the owner may bring their horse three time. [NGO] come here every two weeks. That means if the owner come here three times it's almost. Six weeks. Sometime less than that. They will also ask us to give them their phone number. The. [NGO] have different site in the rural areas.

Translator: the [NGO], branch that is here, will give different service. They will wash and add on the iodine tincture. Until the [NGO] workers come back here. They will wash and add on the iodine tincture. They will also give the oral tab to give it at the home. So they have option.

Interviewer: does the owner have good complaint regarding the treatment of the [NGO]?

Participant: they think it's very good. They will give advice. They will give the harness. The people will thank the [NGO] and also they have worked a lot to help the people.

Translator: [NGO] service is very good to the owner and they say that they will deliver a lot of service. [NGO] deliver bits and other harness materials which are improved. They will always thanks the [NGO].

Interviewer: does he know that the treatment that the [NGO] provide is available in human or animal pharmacy in this area?

Participant: there is cotri, pencillin also there is iodine. But I don't know it very well.

Translator: there are because cotri is there. And PPF is there sometimes the iodine is there. And also there is ketoconazole.

Interviewer: does he ever prescribed these drugs to the owners to buy from the human or animal pharmacy?

Participant: sometimes we just prescribe the ketoconazole, to the human pharmacy? If it's in small area.

Interviewer: why don't you order for the large animals?

Participant: the ointments that we order is very small. To cover the big space it will take a lot of money.

Translator: it's related with the price the owners can't afford that one. If it's small just one part, they can do that but for the big one it will not cover the whole body of the animal. Since it's expensive.

Interviewer: has he ever seen the horse treated with the traditional treatment at the clinic?

Participant: I haven't seen it but I have heard that a lot of times. The farmers say that there is a man who can treat traditionally. They will take it to [region name]. It's far from here around 30 to 40km.

Translator: the community say that there is a traditional healer man. Around [region name] which is 30 to 40km far from here. I hear they say that but I haven't seen it.

Interviewer: he has never seen that one?

Translator: the owner take it to [region name] they think it's healer.

Interviewer: is he concerned about side effect of the ketoconazole? To the owners and also to the animals?

Participant: no

Interviewer: what about the owners handling the horse having fungal diseases?

Participant: I haven't heard yet.

Translator: he said that the D and E one they tentatively diagnosis it is the dermatophytosis. Here but the F one he just come across one. The community calls it as "chechebsa" That means breaking down. It may come through breaking the bone. Sometimes it may complicate with trunk so were I was work, before he just come from another area. He know this one and its complicated case he said.

Interviewer: how would he treat this case?

Participant: we will give penstrip and manage the wound. We will give them rest. GB and cyclospray we use. Sometime it can get cured but sometimes it will have response but sometimes they will die. Most of the time it kills.

Translator: they just treat with antibiotic especially penistrip for the F one. And manage the wound sometimes get worse also we use the GB to dry the wound.

It's the blue one. The ketoconazole is effective for the D and E the dermatophytosis. It had a response.

Interviewer: is he concerned that any of this disease is risk to human?

Participant: dermatophytosis has zoonotic importance as the science says but we haven't got any problem with that yet. We don't have glove but we treat the animals having that.

Translator: we just wash our hand with the savlon after we wash the horse. We don't wear any gloves.

Interviewer: is the ketoconazole available at human pharmacy. Or is there any problem regarding the availability?

Participant: yes it's common.

Interviewer: have Look at these pictures and have you seen any of these problems on humans?

Participant: I have seen the "I" we call it "chitto" it's visible sometime on peoples.

Translator: what will cause the disease?

Participant: I don't know. The chitto is as such not causing huge impact on the animals. May be it could be called gifira sometime but I haven't given as such attentions.

Translator: I haven't given attention for human. Sometime he said he has seen the "I" one, he is not sure. Sometimes in local they call it as "gifira." And or sometimes "chitto" is "ikirk" in Amharic. The disease called "gifira" has the same appearance. The "chitto" covers the whole body sometime. Even though its nodule is not large. The J one is called "Robi" in the local name. And it's treated with ketoconazole and effective sometime. I can see it on humans. This is no as such common because it's effectively treated.

Interviewer: he has not seen G or H?

Participant: no.

Interviewer: does he think this is a problem for people?

Translator: is it transmissible to the other human?

Participant: yes.

Translator: how is it transmitted to human?

Participant: if somebody touched the wound of the chitto or any other fluid it will transmit. If there is any contact it will transmit. It can also be transmitted through the cloth the Robi one

Translator: the J one, The Robi can transmit through the cloth. It can transmit between people through the intact contact. When fluids of the nodule comes out and touch the healthy part it can transmit. To another.

Interviewer: if one of your family member develop this what will he do?

Participant: I will advise them to stop sharing their cloth. And secondly advise them to go to the clinic. And to follow-up the treatment that is given from the physicians. Till the course ends.

Translator: I will advise them to stop sharing their cloth, and also to stop contact. And secondly to go to the hospital and follow up the whole course of the treatment.

Interviewer: how does the EZL is transmitted between horses?

Participant: it will be transmitted through contact. If they are living together the affected one and the healthy one. If they share equipment like saddle and cart. Whip it may transfer it between the horses?

Interviewer: does he have anything to tell me about this fungal disease in human or animals? And its treatment?

Participant: we give most of the time sulpha but it's not effective. For coccidiosis Amprolium is also there but it will not give effective response. We most of the time use parallel drug. Two drugs at the same time. Since we only have these drugs, we just give only these drugs. There is a scarcity. The treatment that is available is not enough. The drugs are not enough.

Translator: do you think there are antifungal drugs like ketoconazole that will cause resistance?

Participant: we will not use ketoconazole we will just prescribe. What we use is the amprolium and sulpha but they are not effective. They will not give response.

Interviewer: do you have any recommendations regarding the availability of the drug?

Participant: if there is much drug choice, like that of different bacteria species. As also that of protozoa. We will just give the broad spectrum drug we will simply give these drugs. Also if there is much drug choice for the fungal case it will be effective. There is always budget

allocation and also there is treatment. But when there is no response to the disease and the society will be affected. And will not have confident on us.

Interviewer: do you have any question for me?

Participant: no