How is community contributing to the persistence of Foot-and-Mouth disease in Uganda? the case of Western Uganda

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Background
Foot-and-Mouth Disease (FMD) is one of the major epidemic transboundary animal diseases (TADS) affecting the cloven hoofed animals and undermining effective livestock productivity and marketing in Sub-Saharan Africa. FMD, mainly characterized with wounds/lesions in affected animals’ hooves and mouth, curtails movement and feeding. In Uganda, efforts to contain FMD have registered minimal success with the number and frequency of FMD outbreaks increasing (Ayebazibwe et al., 2010). Community through engagement with farming systems e.g. communal grazing, movement of animals and animal products from one place to another play a great role in the management and persistence of FMD. Little is known about community FMD management practices and their role in either alleviating or worsening the situation of FMD outbreaks. This study was designed to generate insights into understanding what the communities in the cattle corridor are doing in relation to management of FMD.

Methodology
This two-phased qualitative study is being conducted in Kasese (communal grazing), and Bushenyi (paddocking) districts with the largest heads of cattle. Data are being collected from cattle farmers, traders in animal and animal products (this includes milk vendors, butchers, and those selling live animals), local food kiosk proprietors and consumers. District technical officers are also respondents in the study. The first phase (exploratory and mainly focus group discussion oriented) with all the categories above has already been completed. Eight focus group discussions have been conducted in each district. Qualitative procedures (Silverman, 2009) were used to analyse the data. The second phase (detailed in-depth study) to get a deeper understanding of the practices and rationale at individual level, is yet to be done.

Preliminary findings
Community knowledge and perception of FMD: The communities, dealt with, knew and recognized FMD mainly by presence of lesions or wounds in the mouth and hooves, foam in the mouth (often drooling), reduced feed intake, general weakness, and cattle frequently resting in shades (lying position). FMD, though absent at the time of this study (in West Uganda), was perceived to be the most important cattle disease that affected cattle production in the study area. Its spread was mainly through trade activities, some deliberately done with the ‘greed’ of making money – quietly (violation of quarantine). In such cases, cattle and cattle products were sold cheaply. Live animals were moved with ‘fake’ permits and beef sold in hiding. This was confirmed by stories from abattoirs (in Kasese) where beef from FMD infected cattle was sold to the buyers/butcheries. Availability of market for FMD infected beef could be attributed to economic reasons as well as absence of visible effects on people’s health. Tanzania and DR Congo were reported to have been the major sources of FMD infected cattle. Some farmers believed wounds especially in the hooves (irrespective of the cause) were caused by FMD, which may note be scientifically right.

Response to government control measures: Although quarantine was often violated, most farmers responded to vaccination. However, vaccination was limited to cattle and other animals like pigs were left out. However, on-going preliminary molecular analysis of collected samples reveal pigs to have more than one FMD serotype.

Community FMD management: In the event of FMD outbreak, some farmers proactively informed the nearest veterinary office, and others created awareness among their colleagues (with the desire to save their cattle). Lesions or wounds (especially in the hooves) were treated with a range of substances: penicillin, gentamycine, spirit, petrol, power grease, concentrated saline and some local herbs. These substances reportedly dried the wounds and created some relief to the cattle. Although wounds were healed, little did the cattle farmers know that the once infected animals still harbour the FMD virus.

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References
Ayebazibwe et al., 2010. TropAnimal Health Prod. 42(7): 1547-1559