

Final report



UGANDA: Epidemics

Final report

Emergency appeal n°
MDRUG010

GLIDE n° EP-2008-000101-UGA

1 September 2009

Period covered by this Final Report: 10 July to 9 December 2008

Appeal target: CHF 947,079

Final Appeal coverage: 16%;

[<click here to go directly to the final financial report or here to view the contact details>](#)

Appeal history:

- This Emergency Appeal was initially launched on 10 July 2008 for CHF 947,079 (USD 910,653 or EUR 586,427) for 6 months to assist 425,095 beneficiaries (85,019 households).
- CHF 273,059 was initially allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the National Society in responding by delivering assistance.



URCS WatSan Officer tries out the efficiency of a hand washing facility in Agoro IDP camp

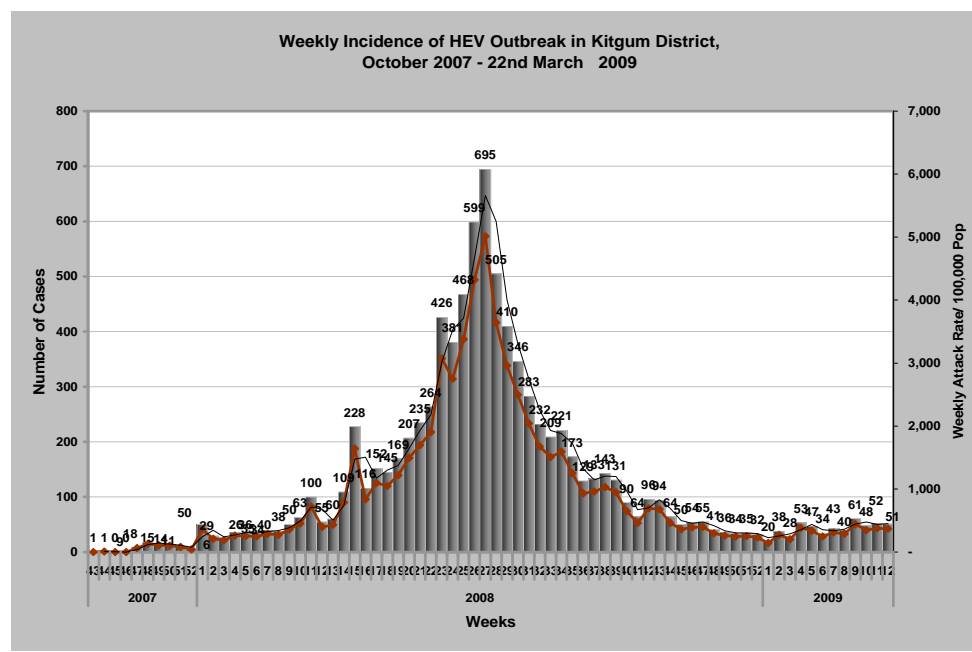
Summary: This operation was implemented over 6 months starting July 2008 and completed by December 2008. During this period the Uganda Red Cross Society (URCS) was involved in key activities in collaboration with other implementing partners as well as the Government of Uganda. These interventions contributed to the containment of the cholera outbreaks in Mbale, Manafwa, Pallisa, Tororo and Butaleja by August 2008 with a cumulative total number of cases registered during the epidemic standing at 535 with 31 deaths (CFR 5.9 percent). However, case management and community mobilization and/or sensitization continued until December 2008 when predisposing factors (environmental hygiene conditions) were all improved.

Besides the cholera interventions, the heightened control activities against hepatitis E contributed to a marked reduction in infection rates and mortality whereby, by 22 March 2009, only 51 suspected new cases with one death were registered in the 20 affected sub-counties in Kitgum district. This brings the cumulative number of cases since the onset of the disease in October 2007 to 9,721 with 149 deaths (CFR 1.5 percent).

The situation

Hepatitis E

Kitgum, one of the districts of Acholi sub-region in Northern Uganda, started reporting suspected cases of Hepatitis E on 25 October 2007. An outbreak investigation conducted by the District Rapid Response Team (RRT) revealed that the index case was a 40 year old pregnant woman who presented to the health facility on 25 October 2007 with symptoms fitting the case definition of Hepatitis E. Lab confirmation was made in mid December 2007 after samples sent to Uganda Virus Research Institute (UVRI) were referred to Centres for Disease Control (CDC) Atlanta for testing. From November 2007 to 22 March 2009 the outbreak had spread to 21 sub-counties and affected 9,721 people and 149 deaths (CFR 1.5 percent) in the district alone. Females were most affected, with the disease very severe in pregnant women, resulting in abortions, still births and/or maternal deaths. Over 70 percent of deaths were among women. The outbreak also spread to neighboring districts, of Pader and Gulu. Earlier on, a total of 23 cases (3 cases confirmed) were reported in a refugee camp in Odravu sub-county in Yumbe district on 9 February 2008, but there are no new cases which have been reported since April 2008.



Extremely poor living conditions in the internally displaced persons (IDP) camps due to overcrowding, poverty, low literacy levels, inadequate access to safe water and sanitation facilities are among the key risk factors which have sustained the transmission of the disease for such a long period of time. The poor personal and household hygiene; notably poor hand washing practices, use of wide mouth water storage vessels, communal hand washing, drinking water from streams, open defecations and lack of community ownership of community-based epidemic response activities further compounds the problem. These risk factors predispose these communities to Hepatitis E, cholera and polio as these diseases are transmitted in the same way. Outbreaks due to these diseases are ongoing in the country (Hepatitis E / cholera) and in neighbouring countries of Democratic Republic of Congo (DRC) and Southern Sudan (Polio).

Cholera

Cholera outbreak started in Manafwa district on 26 April 2008 and subsequently spread to Mbale, Butaleja, Pallisa and Tororo districts over the months of May and June 2008. The causative organism for the outbreaks in the affected districts was confirmed to be *Vibrio Cholerae 01 El Tor Inaba*. All the affected districts are located along river Manafwa, which starts its course in Manafwa district and moves through Mbale, Butaleja, and Pallisa district before draining into Lake Kyoga. The epidemic started in late April 2007 in Manafwa district, where the contamination of the river occurred and the disease spread to the other districts that were located along the river. Outbreak investigation revealed that the index case occurred on 26 April 2008 in Sikomosi village, Bukhaweka Parish, Nababya sub-county, in Manafwa district.

The predisposing risk factors in this area were low latrine coverage and lack of safe drinking water as the main water source is river Manafwa which traverses the sub-county. The communities along the river in the affected districts engage in rice growing, many areas of which are water logged and/or swampy and some distance away from dwelling places and were without latrines. Open defecation in this area quickly contaminated rivers and streams and predisposed more people downstream to the outbreak.

The disease subsequently spread to Mbale, Butaleja and neighbouring Pallisa and Tororo districts. By 27 August 2008, a total of 535 cases with 31 deaths (CFR 5.9 percent) had been reported in the region. Out of the 31 deaths, 19 (62 percent) death occurred in the community. The outbreak affected 1 to 7 sub-counties that are proximal to the river in each of the districts. This region has not had a cholera outbreak in the recent past.

In a well coordinated response, the Uganda Red Cross Society (URCS) worked with other partners to control the two epidemics in the affected districts of Northern and Eastern Uganda through intensive hygiene and sanitation promotion and improved access to safe water supply that have contributed to bring the cholera situation under control and notable decline in the hepatitis E infection and mortality rates.

Red Cross and Red Crescent action

Overview

The National Society has been part of National and District Cholera Task forces in coordination meetings with other partners chaired by World Health Organization (WHO) and Ministry of Health (MoH) at Kampala level and the branch at district levels with District Health Officers. Volunteers were mobilized to intensify community based activities and assist in the control of the two water-borne disease outbreaks in the country. The operation focused on measures to improve utilization of safe water, as well as good hygiene and sanitation practises that contributed to the prevention of further transmission and control of the diseases.

The staff and volunteers also assisted the government and other health agencies in the early detection and referral of suspected cases of hepatitis E and cholera (as per the developed community case definitions) outbreaks in the affected communities.

Emergency health and care	
Specific Objective: To reduce the impact of diseases on affected families through early and appropriate treatment of patients.	
Expected results	Activities planned
Health services are supported to meet the health needs of the population.	<ul style="list-style-type: none"> Active case finding by community volunteers and referral to health facilities for verification of diagnosis. Supply of non-food items (NFIs) to infected people at treatment centres. Procure and distribute essential supplies and drugs (cholera kits) to established cholera treatment centres (CTCs). Procurement and distribution of disinfectants and protective gear for health workers and volunteers.
The resilience of the community is improved through better health awareness, knowledge and behaviour.	<ul style="list-style-type: none"> Train at least 50 URCS volunteers in each of the affected branches in basic management of cholera epidemic. Print and distribute information, education and communication (IEC) materials for communities' consumption.

Impact

A total of 50 boxes of disposal gloves (2,500 pieces), were procured and distributed to the treatment centres, while 200 pairs of gumboots, 210 raincoats, 25 megaphones and 200 pinafores distributed to volunteers in Kitgum. These items provided the necessary protection for community activities and case management hence improved efficiency of the health workers and volunteers.

Assorted IEC materials of 25,000 posters (15,000 for cholera and 10,000 for Hepatitis E), 85,000 leaflets/brochures (50,000 Cholera and 35,000 Hepatitis E) and 1,000 T-shirts were procured and distributed to the cholera and hepatitis affected branches to promote community awareness. These items were distributed alongside the hygiene awareness sessions and/or promotions thus contributing to improved public awareness about the disease and prevention measures.

A total of five cholera kits, 200 blankets, 800,000 water purification tablets were received from Belgian Red Cross and 1,080 Kilograms of powder chlorine from International Committee of the Red Cross (ICRC) as in kind donation and distributed to established cholera treatment centres in Mbale, Pallisa and Butaleja. These boosted the capacity of case management of cholera treatment centres (CTCs) as well as provision of safe water supply for both the treatment centres and household use.

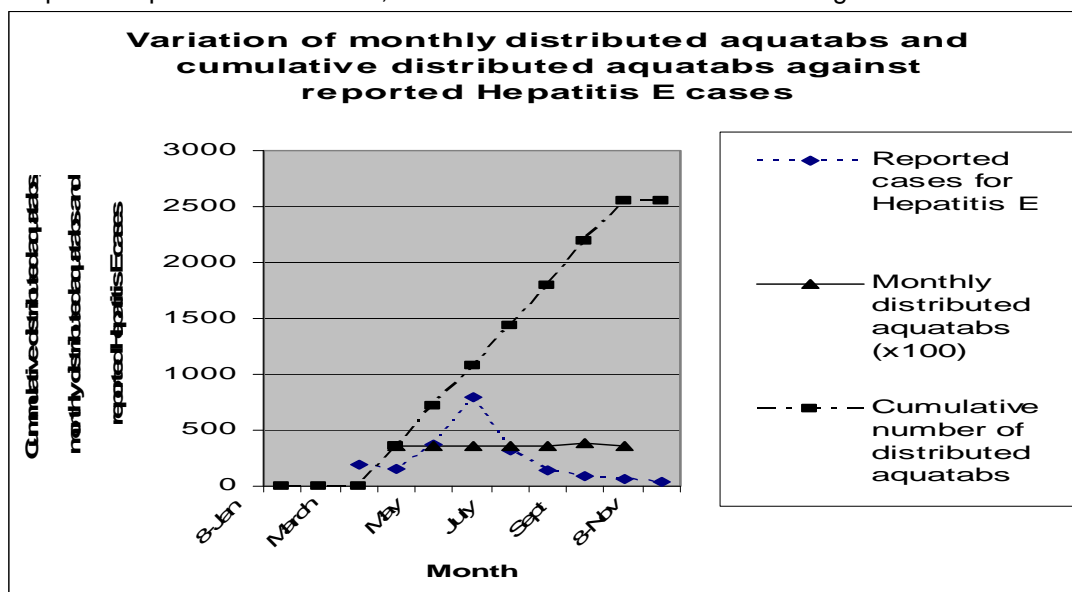
A total of 150 volunteers were trained, equipped and deployed in the cholera affected districts of Mbale, Manafwa, Pallisa, Tororo and Butaleja. The trained volunteers were tasked to conduct social mobilization, health education, hygiene promotion, active case search and referral of suspected cholera cases to the CTCs for early case managements. The trained volunteers have gained experience and knowledge thus providing residual capacities in community disease surveillance, and health education and/or promotion within their respective villages.

Water, sanitation and hygiene promotion

Specific Objective: To reduce the transmission of Hepatitis E and cholera in six districts through timely and effective water, sanitation and hygiene interventions.	
Expected results	Activities planned
Access to safe water is improved for 16,819 household through treatment of household and community level water supplies.	<ul style="list-style-type: none"> • Conduct water quality tests of water sources in the cholera and Hepatitis E affected sub-counties. • Water purification (using chlorine tablets and chlorine solution) at water points and households. • Provision of 16,819 clean water containers in each district to maintain safe water chain. • Establishment of emergency water supplies at camps and cholera treatment centres as necessary.
Appropriate sanitation, including excreta disposal, solid waste disposal and drainage, is provided to 85,019 households in Mbale, Pallisa, Manafwa Butaleja, Kitgum and Pader districts over the next six months.	<ul style="list-style-type: none"> • Construction of community latrines and installation of hand washing facilities.
Disease transmission is reduced through raised awareness of communities and improved hygiene behaviour.	<ul style="list-style-type: none"> • Mobilization and training of community-based volunteers. • Conduct door-to-door health education, hygiene promotion and home inspection (emphasizing on promotion of effective utilization of sanitation facilities, hand washing practices, maintaining safe water chain, food hygiene education and home hygiene education). • Printing of information, education and communication materials. • Media campaigns (radio spots and talk shows) to promote public awareness. • Provide logistical support to the backup and/or volunteer team. • Advocate for enforcement of Public Health Acts, Regulations and by-laws. • Procurement and/or distribution of soap for promoting hand washing after latrine use.
The scope and quality of the Uganda Red Cross Society water, sanitation and hygiene promotion services are improved.	<ul style="list-style-type: none"> • Technical guidance and oversight role by the URCS headquarter programme officers to the affected branches and field monitoring and support supervision of community-based volunteers in the affected sub-counties. • Joint inter-agency supervision and monitoring of cholera intervention. • Procurement and pre-positioning of WatSan and cholera emergency kits to improve NS preparedness and response.

Impact

A total of 58 VHTs/chlorine promoters were stationed in 24 boreholes on a daily basis for 12 hours a day to support water purification and/or bucket chlorination in Agoro IDP main camp and other satellite camps throughout the operation period. A total of 12,080 tablets of chlorine were used in Agoro and Potika camps.



Source: UNICEF- draft analysis of WASH interventions against HEP. E reported cases in Agoro sub-county; Nov 2007 – Dec. 2008

The volunteers' effort to chlorinate water for IDP communities contributed to the provision of safe drinking water hence reduced Hepatitis E infection rate as seen from the graphical analysis above.

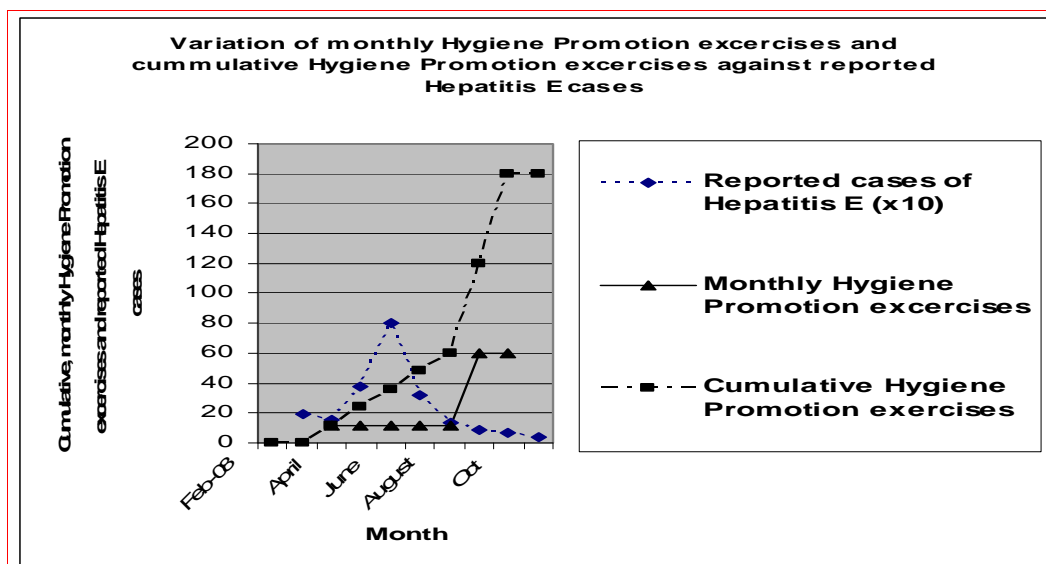
A total of 17,700 jerry cans that were received from Danish Red Cross and 11,523 from ICRC were distributed in Potika and Agoro IDP camps (see table 1 below).

Table 1: Jerry cans distributed to Potika and Agoro IDP camps

Sub-County	Number of Households	Population	Jerry Cans
Potika return site	2,439	9,195	2,439
Agoro mother camp	2,678	10,140	2,678
Layamo IDP camp	3,203	14,776	6,406
Total	8,320	34,111	11,523

These water containers provided alternative drinking water storage facilities that replaced the wide mouth clay pot that were found to be the main source of household infection.

Health and/or hygiene education and promotions were conducted in Agoro and Potika camps with topics covered including household hygiene inspection and hand washing practices. During the community hygiene promotion activities, the URCS' approach involved the camp residents and local leaders such as local council officials, opinion leaders that ensured that the community members take responsibility for the management and maintenance of the sanitation facilities like the latrines and hand washing facilities provided as appropriate, and all populations of the affected communities contributed equitably. These promotion activities contributed to the positive knowledge and behaviour change practices that eventually contributed to the reduction in new Hepatitis E infections in the target areas as evidenced by the draft analysis of WASH interventions against Hepatitis E reported cases in Agoro sub-county during the period of November 2007 to December 2008 in the graph below:



Source: UNICEF Uganda (WASH cluster)

A total of 100,000 bars of soap were received from Danish Red Cross and 18,125 from ICRC and are being distributed to Agoro, Layamo, Kitgum Matidi and Oromo sub-counties to support community hygiene promotion. By the end of the reporting period, so far the following quantities were distributed in the different target areas as detailed in the table below.

Table 2: Number of bars of soap distributed to the affected families

Sub county	No. of household	Population	Soap
Potika return site	2,439	9,195	7,317
Agoro camp	2,678	10,140	8,034
Layamo camp	3,203	14,776	9,609
Total	8,320	35,111	24,960

The trained volunteers were involved in door to door sensitization of the community, distribution of IEC materials and hygiene promotion activities such as distribution of soap and jerry cans as an incentive at household level to households that maintained safe water chain, good sanitation and hygiene practices.

A total of 50 T-shirts, 50 gumboots, 50 raincoats and 4 megaphones were distributed to volunteers as back-up support to facilitate implementation of cholera activities in Mbale, Pallisa and Butaleja.

Advocacy for enforcement of public health acts, regulations and by-laws were conducted during different forums with the policy makers, opinion leaders and household heads that led to improved sanitary situations in the cholera affected community. For example findings show that latrine coverage in Busiu sub-county alone improved from 40 percent (before intervention) to 80 percent (after intervention) and this was attributed to the intense enforcement of by-laws and continued sensitization in the communities. This led to effective control of cholera in the affected communities.

The URCS officials participated in the National Epidemic Task force meetings, WASH cluster meetings, humanitarian coordination meetings as well as monthly district disaster management meetings. The URCS also participated in routine activity update meetings on issues such as health, nutrition, HIV and AIDS as well education.

Challenges

Due to financial constraint, the URCS did not undertake any media campaign as planned but shared this as a gap with other members in the task force. This task was eventually taken up by AMREF and OXFAM who sponsored radio talk shows on the 3 FM radio stations in Kitgum (Radio Pol, Kitti fm and Peace radio) using the local leaders from the affected sub-counties who were hosted to talk to their own people about hepatitis E. Radio spots are also ran in radio Mega, radio Pol and radio Kitti.

Inadequate funds hindered the implementation of some of the planned activities like provision of latrine digging tool kits that would have helped to promote community participation and increased latrine coverage could not be done.

There was general lack of will by the community members to construct latrines on their own since they are accustomed to freely distributed items and facilities.

Inadequate support from community leaders especially in Kitgum and in some places there was generally low level of functioning of these structures. These were evidenced by less participation in community mobilization, not leading by examples (some leaders lacked sanitation facilities), failure to implement by-laws, failure to supervise community activities and consistent complaints due to lack of motivation.

Slow behaviour change regarding hygiene behaviours and sanitation habits (open defecation, communal hand washing and lack of routine hand washing) was yet another challenge experienced during this operation.

Prolonged persistence of hepatitis E in Kitgum district led to complacency in that communities have accepted to live with the disease. General fatigue of key players also hindered the operation.

Recommendations

The Hepatitis E in Kitgum has persisted for a longer time than expected and soon becoming endemic and yet the resources to facilitate response activities have been exhausted across the board (within URCS, other agencies and the Government of Uganda). It is therefore recommended that all programmes and/or projects addressing resettlement and recovery of the IDP in northern Uganda integrates Hepatitis E control strategies so that the initial activities put in place through the DREF and epidemics appeal are sustained.

There is need to initiate water and sanitation and other environmental management interventions in the cholera affected areas in eastern Uganda as a risk reduction strategy, since they have been assessed and found to be at risk by serious flooding from River Manafwa.

Conclusion

The URCS intervention plus that of other partners has contributed to improved water, sanitation and hygiene improvement in the IDP camps. However, Hepatitis E epidemic still remains a big public health emergency and has the potential of escalating. It is therefore important for all partners to integrate Hepatitis E activities as part of the recovery programme in northern Uganda to provide a consistent intervention.

How we work

All International Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

For further information specifically related to this operation please contact:

- **In Uganda :** Dr. Baguma Bildard, Uganda Red Cross Society, Deputy Secretary General, phone: +256312260615/6; email: bbaguma@redcrossug.org;
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[< Final financial report below; click here to return to the title page>](#)

International Federation of Red Cross and Red Crescent Societies

MDRUG010 - Uganda - Epidemics

Final Financial Report

Selected Parameters	
Reporting Timeframe	2008/7-2009/8
Budget Timeframe	2008/7-2009/1
Appeal	MDRUG010
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
A. Budget	947,079					947,079
B. Opening Balance	0					0
Income						
<u>Cash contributions</u>						
<i>Belgium Red Cross (Flanders)</i>	2,144					2,144
<i>Japanese Red Cross</i>	31,605					31,605
<i>Sweden Red Cross</i>	68,395					68,395
C1. Cash contributions	102,144					102,144
<u>Inkind Goods & Transport</u>						
<i>Belgium Red Cross (Flanders)</i>	46,042					46,042
C3. Inkind Goods & Transport	46,042					46,042
C. Total Income = SUM(C1..C5)	148,186					148,186
D. Total Funding = B + C	148,186					148,186
Appeal Coverage	16%					16%

II. Balance of Funds

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	148,186					148,186
E. Expenditure	-148,186					-148,186
F. Closing Balance = (B + C + E)	0					0

International Federation of Red Cross and Red Crescent Societies

MDRUG010 - Uganda - Epidemics

Final Financial Report

Selected Parameters	
Reporting Timeframe	2008/7-2009/8
Budget Timeframe	2008/7-2009/1
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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		947,079					947,079	
Supplies								
Clothing & textiles	1,029	1,099				1,099	-70	
Water & Sanitation	283,157						283,157	
Medical & First Aid	53,436	31,890				31,890	21,546	
Teaching Materials	63,643						63,643	
Utensils & Tools	84,095						84,095	
Other Supplies & Services	99,148						99,148	
Total Supplies	584,507	32,989				32,989	551,519	
Transport & Storage								
Distribution & Monitoring		13,053				13,053	-13,053	
Transport & Vehicle Costs	68,075						68,075	
Total Transport & Storage	68,075	13,053				13,053	55,022	
Personnel								
Regionally Deployed Staff	107,785						107,785	
Consultants	10,000						10,000	
Total Personnel	117,785						117,785	
Workshops & Training								
Workshops & Training	11,286						11,286	
Total Workshops & Training	11,286						11,286	
General Expenditure								
Information & Public Relation	82,962						82,962	
Office Costs	11,332						11,332	
Communications	4,571						4,571	
Professional Fees	5,000						5,000	
Total General Expenditure	103,865						103,865	
Contributions & Transfers								
Cash Transfers National Societies		93,500				93,500	-93,500	
Total Contributions & Transfers		93,500				93,500	-93,500	
Programme Support								
Program Support	61,560	8,644				8,644	52,916	
Total Programme Support	61,560	8,644				8,644	52,916	
TOTAL EXPENDITURE (D)	947,079	148,186				148,186	798,893	
VARIANCE (C - D)		798,893				798,893		


Annex 1: Pictorial presentation of the operation

The operation in pictures

Be aware... Cholera kills

PROTECT YOURSELF FROM CONTRACTING CHOLERA IN THE FOLLOWING WAYS:

- Boil all drinking water or treat it with chlorine.
Avoid local packaged drinks
- Cook food thoroughly and eat it while still hot.
Avoid eating cold food or food sold on the road side.
- Wash hands with clean water and soap before handling food and after using a latrine
- Keep food and drinks in a safe place and covered all the time.
- Always use a latrine.
Dispose off children's faeces in a latrine.
Always keep your latrine clean.
Do not discharge latrine contents into drainage channels.
- Keep your home clean.



Hepatitis E in Pregnancy

Pregnant women who become infected with Hepatitis E are at a greater risk of death.

In order to prevent contracting Hepatitis E, make sure you;

- Remember to always attend antenatal.
- Wash your hands with soap and clean water before handling food, after using a latrine and after handling children's faeces.
- Cook food thoroughly and eat it while still hot.
Boil all drinking water or treat it with chlorine and store it in a clean container with a cover.
- Dispose of all faeces, including children's in a latrine.
Maintain a clean environment around your home.

Reduce the risk of Hepatitis E in pregnant women!

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- Always boil all drinking water or treat it with chlorine. Store it in a clean container (e.g jerrycan) with a cover.
- Always pour water from the storage container for drinking. Never dip the drinking cup into the storage container in order to avoid water contamination.
- Always use the latrine. Dispose of children's faeces into the latrine.
- Eat food when still hot.
- Food eaten raw such as fruits and vegetables should properly be washed and where possible peeled before eating.
- Cover all foods to avoid contamination by dust, flies or cockroaches.
- In case a person dies from Cholera, report immediately to the nearest health worker.
- Communal eating during burials should be avoided.
- Kill the Cholera germs by sprinkling germ-killing solutions such as Jik or Dettol on stool or vomitus and all other materials used by a person suffering from Cholera.

For more information, contact the District Health Officer or the nearest health unit

This leaflet was designed and produced by Health Promotion & Education - Ministry of Health

What is your role as an individual and community leader in preventing and controlling Cholera?


- Ensure that every home has and uses a clean latrine.
- Ensure that household wastes are thrown into rubbish pits and covered.
- Mobilize, supervise, educate and advise the community on sanitation promotion and hygienic practices.
- Ensure that all foodstuffs sold in markets or restaurants are properly handled and covered.
- Help the sick to seek medical care.
- Set a good example in your home and community as a whole.

Key points to remember


- Everyone is at risk.
- Cholera is a serious disease but can be prevented.
- Washing hands with soap and water before eating and after using the latrine kills the germs and prevents the spread of Cholera.
- Boiling or chlorinating drinking water kills Cholera germs and prevents the spread of Cholera.
- Provide and maintain a clean latrine.

CHOLERA


What you need to know and do



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Lwoko nyigiyadi ki pot dek ma pud pe gicamo gi.
Gwoko kabedo murumu gag obed maleg.



Kare weg ony pii me amata aonya ki i lagwok pii.
Matwal pe ilut kikobo pii i lagwok pii.

In katala ni go i gejo two Hepatitis E? Kace omyero gigej two Hepatitis E, dano weg gitye ki katala me atima. Nen ni.

- Kare weg ilwoko cigi ki pii maleg ma pud pe imako cam, tje cito i coron ki tje geyo cet pa lutino.
- Cam gitedo ocek kwici kwici dok gicamo ma pud lyet.
- Pii amata weg gitedo onyo giketo iye yat ma gilwogo ni kulorin dok gigwoko i lagwok pii ma iye leg dok gin wiye tye.
- Kare weg ony pii me amata aonya ki i lagwok pii. Matwal pe ilut kikobo pii i lagwok pii.


- Cet weg wa pa lutino gibolo i coron.
- Nyigiyadi ki pot dek gilwoko gi kwici kwici ma pud pe gicamo gi.
- Gigwoko lego me kom ki gagji gigwoko gi maleg.
- Lutwo weg gitero gi i ot yat macok cutcut labogo galle.

Jami ma pir gi tego ma myero wic opoo iye

- Two Hepatitis E two marac ma neko dano ento romo geje.
- Two Hepatitis E obedo two ma negno ki i pii dok kobo ki i camo cam ki mato pii ma tye iye cet.
- Yat me gwero dano pi two Hepatitis E pud peke ci pi man gejo ne mako jat mo en aye yoo acel ma tiyo loyo me wenne ki two man.
- Kare weg gwok lego me kom maber dok igwok geg obed maleg.
- Dano weg giromo nojo two Hepatitis E. Ento kono, mon ma guyac rwom me too gi tye lamal kace two man omako gi.
- Two Hepatitis E romo kobo ki i kom lee i kom dano.
- Bolo cet weg wa pa lutino i coron.






Pi tje mukane mapol, cit bot ladit me yat i dictrik onyo ot yat macok loyo.


Katala tje: man depatmen ma ilo nwon me jat kom ki pwoyo, Minisit ma Yot Kom aye nyubo dok okato kade kamaleg.



LOGO UGANDA


tjeec I Kom Two Hepatitis E

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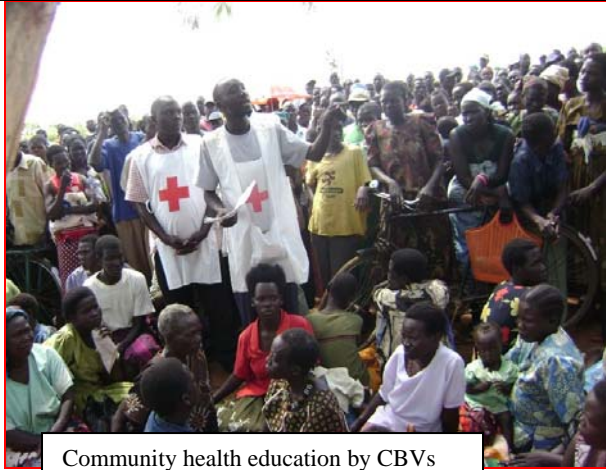
Cholera and Hepatitis E posters and brochures for health promotion and education.



Soap distribution for hygiene promotion



Jerry cans distribution for maintaining safe water chain



Community health education by CBVs



An improved homestead