

THANK YOU EUROPEAN UNION



Health Africa has contributed to achieving of the sanitation MDG 4, 5, 6 and 7 through reducing the prevalence of water, sanitation and hygiene related diseases.

A total of 300 stance water borne/pour flush toilets have been constructed and are in use. These have been constructed in public A total of 52 rain water harvesting systems of places such as markets, public institutions like schools and health facilities. This has greatly contributed to increased respective coverage taraeted

Through your support and funding, Amref | municipalities and town councils. For instance, Gulu sanitation coverage has increased from 62% in the past two years from 2011 to 71% to date the Principal Municipal Health Inspector mentioned Amref's contribution being key towards this increment.

> 20.000 litres ferro cement tank each have been installed in schools as back up water sanitation storage facilities while 120 hand-washing facilities were provided for schools and

public places. As a result over 20,000 pupils have improved access to water and sanitation.

The PHASE package has been scaled-up in 52 schools supported by the project. Each package consists of a reference manual, Flash Cards to be used by teachers to promote PHASE in classrooms and a Flip Chart to empower School Health Clubs to disseminate PHASE messages through drama and poems.

A total of 52 school health clubs (SHCs) were established and supported to promote PHASE through poems, songs and drama competitions. The SHCs were also supported to develop school sanitation plans with budgets to guide implementation of activities. As a result, the empowered SHCs have been: disseminating messages through weekly health parades; training children to wash hands after latrine use / before eating food and; participating neighborhood clean-up campaians.

Amref Health Africa has been keen to scale-up improved menstrual hyaiene management services in the target schools. This has been done through provision of space for a girl's WASH room during construction of toilets, training school women and senior male teachers, provision of basic essentials (basins, jerrycans, clothes line, waste bin, cotton wool and paracetamols). Other activities have included promotion of dialogue with parents of adolescent girls and supporting airls to advocate for their menstrual hygiene needs.

A total of 20 skips were procured and distributed 13 in Gulu district, 6 in Kitaum and 01 in Kawempe Division for management of waste. This has reduced on littering in targeted communities and once the skips are filled up, they are transported and disposed of to agzetted dumping sites. A total of 32 women's groups have been identified and trained in improved waste management practices and supported to develop a business plan for at least one Income Generating Activities (IGA) to be supported through a revolving seed fund.

In Kawempe Division, development of a Community-based Waste Management Strategy to streamline management of waste at community level has also been initiated.

Further more, the project facilitated establishment of WASH Coordination Committees to oversee implementation of activities by NGO Partners. The committee consists of KCCA technical staff, Parish Councilors, Representatives of LCI Chairmen from 02 underserved zones and. Development partners (Amref Health Africa, CIDI, AEE, Action AID, Plan International and NWSC). Key activities include sharing annual work plans, quarterly reports, organizing support supervision visits and carrying out learning journeys. Similar committees were established to coordinate activities in Gulu/ Kitgum municipalities and Pader Township.

Together we have committed to our vision of Better Health for Africa

