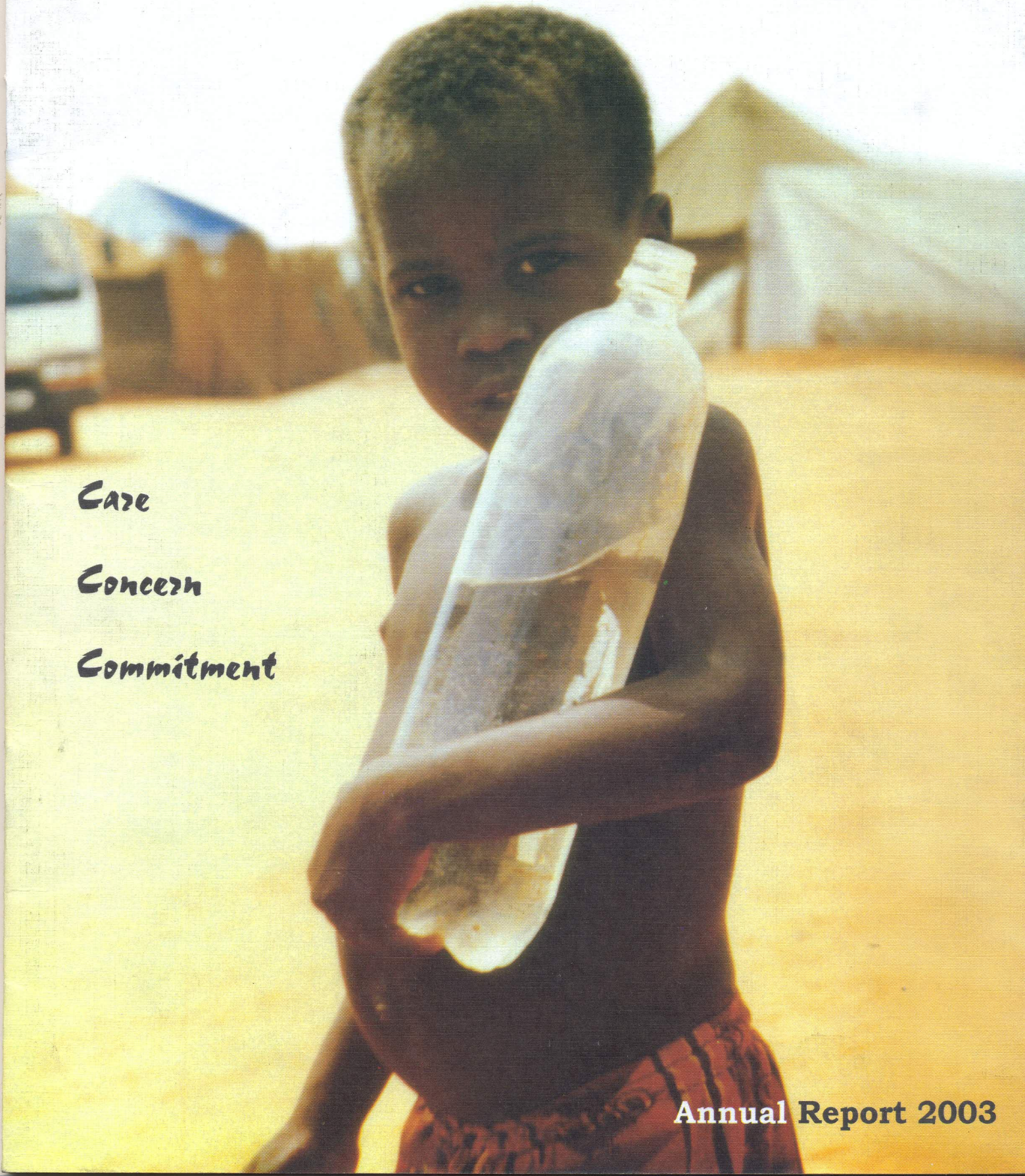
Africa Humanitarian Action



Care

Concern

Commitment

Annual Report 2003

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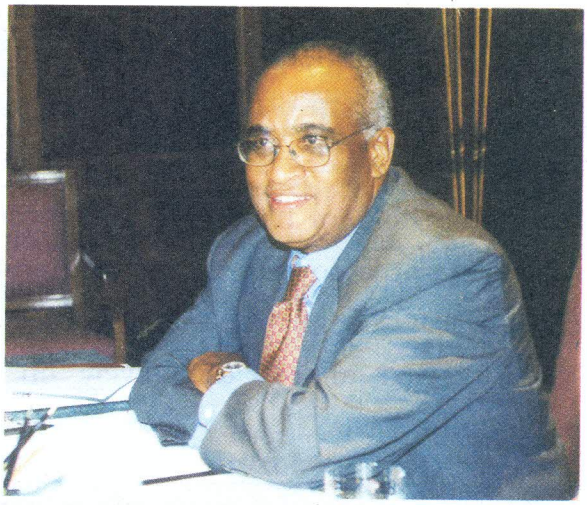
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African Synergy

Africa has taken two firm steps forward with the transformation of the OAU into the *African Union* and the initiative on the *New Partnership for Africa's Development* (NEPAD). These moves have inspired *Africa Humanitarian Action* (AHA) to re-think its own role and contribution to African development.



Salim A. Salim
Chairman

The many efforts to strengthen African civil society by the *UN Economic Commission for Africa* (UNECA) and other continental institutions have also been a source of stimulation and a challenge to us.

In 2001, AHA conducted a detailed analysis of what it must do to achieve its full potential - to become an independent and empowered African organisation with a strategic overview of the humanitarian issues confronting the continent and the capacity to provide appropriate African solutions and responses. Its conclusions were applicable not only to its own case, but reflected the needs of most if not all African NGOs.

Since then, AHA has consistently encouraged UN agencies and other institutions to take action that will reinforce the institutional capacity of African humanitarian and development organisations.

African NGOs are important programme partners for the UN and international agencies and organisations. They play a key role in spanning the cultural differences between local and international actors. When programmes are ended or reduced, it is regional and local NGOs who must take up the tasks of sustaining communities and individuals.

External partner institutions have therefore a *direct* interest in strengthening the institutional capacity of regional and national civil society organisations in Africa at all levels.

African governments and institutions have a similar interest in strengthening African civil society organisations. They are the essential force in mobilising the active participation of the African peoples in breaking the cycle of turmoil and poverty.

Most stakeholders have long called for African-designed and African-driven solutions to the poverty and conflict problems that plague the continent. Many African NGOs point out that capacity development and technical assistance have focused almost exclusively on strengthening their operational and programme skills.

Building viable and sustainable institutions - the fundamental issue - has received far less attention.

If African NGOs are to come into their own, they must acquire the capacity to conduct research; to formulate policy and strategy; to develop leadership and human resources; to market their organisation and to mobilise resources; to measure organisational performance; and to develop systems and procedures appropriate to the cultural environment.

Without these competencies, African NGOs cannot become empowered institutions and will not be able to participate and take responsibility in humanitarian and other actions on an equal footing with their international partners.

Organisations, however, cost money. While some overhead costs can be built into operational budgets, most of the corporate costs described above cannot be covered in this way. And, because of the difficulties in mobilising any kind of funding in Africa, African NGOs are at a particular disadvantage in financing such costs.

In other words, funding will come from outside, at least in the foreseeable future. This means that African organisations must ensure that such support is limited to what they can meaningfully absorb and use effectively. They have to earn it by critically reviewing their own performance and adjusting their ambitions accordingly.

African NGOs have been wrestling with these issues on an individual basis for some years. Now the time has come to move forward, together, towards a solution.

In 2004, AHA intends, in co-operation with the AU, the UNECA and other African NGOs, to convene an international symposium on *"Building the Capacity and Resources of African Non-Governmental Organisations"*.

The purpose of the symposium is threefold: to *strengthen* the role of African NGOs in initiating, planning and implementing humanitarian and development action on the continent; *to develop* strategies for securing longer-term financial resources for them; and *to set up* an effective and efficient mechanism for partnership and co-operation among themselves.

We envisage that the symposium will lead to a network of well established, regional and national African NGOs, which will interact with the NEPAD enterprise, and again show African determination to tackle concertedly its responsibilities towards its citizens and their future.

We believe the time has come for *all* stakeholders to rationalise policies and procedures, and translate them into concerted and focussed action to improve and expand the capacity and resources of African NGOs.

The Symposium is open to all. So far, some fifty organisations are expected to take part. More detailed information is available from our Head Office and we look forward to discuss it further with all those interested in participating in this event.



LOOKING BACK - AND AHEAD



Dr. Dawit Zawde
President & CEO

AHA has delivered comprehensive health and related services to African communities and refugee populations for nine years. It is time for us to take stock of our achievements and then look ahead.

As an organisation, we have grown from a one-country project-handling agent to a regional non-governmental organisation. We now provide assistance and services to people affected by instability, crises and disasters across the African continent.

In 2003, AHA continued its advocacy and response services to refugees, internally displaced persons and returnees in *Angola, Burundi, Ethiopia, Namibia, Rwanda, Uganda and Zambia.*

We also maintained our partnership with UNHCR, and our co-operation with the AU, UNECA, OCHA, Pathfinders International, and other African and international institutions. We thank them for their confidence, understanding and support.

I would like to point out that, for the ninth consecutive year, we have received a stamp of approval for all our programmes from our partners and auditors alike.

But above all, in 2003, we analysed the experience gained and the pointers that emerged from our service delivery and our institutional development efforts.

Shifting focus

We asked ourselves: how can AHA make a difference to the health of vulnerable communities in Africa? What can AHA do to improve the quality of life of the people it serves?

Over the years, one clear lesson to emerge is the direct link between food security and delivery of successful health services. We will therefore consider how to become more directly involved in food-related issues in the future.

More fundamentally, we asked how AHA could promote durable solutions to the underlying predicaments and problems of refugees that have been left to fester for so long.

Here the critical issue is what the refugee populations would like to see happen and *not* what others would like the solution to be.

In 2003, AHA devoted time and resources, to providing not just technical skills, but also life-skills to our clients. We endeavoured to enhance their human rights and promote equal opportunities. To this effect, we addressed the problematic issues of refugee status and citizenship. We also tried to improve the economic potential of our target populations, and, by reducing their economic dependency, limit further migration.

AHA has completed a decade of services to African refugees and local communities. *We are committed to continue providing such services in the future.*

Most importantly, we have decided that the issue of reducing, and finally eliminating the number of *protracted refugee situations* will be added to our priorities in the coming years.

Protracted refugee situations contain the essence of all that is frustrating about working with refugees - they give rise to an endless provision of *minimum* assistance whose main effect is to thwart any resolution of the situation.

We believe that the issue of protracted refugee situations calls for new initiatives, and that Africa must take up the challenge to identify and deliver them.

We therefore propose that the AU, the UNECA, and the UNHCR start an accelerated process of reducing the "back-log" of protracted refugee situations, using African civil society organisations as vehicles.

In line with NEPAD and other initiatives, they should transfer more responsibility to African civil society institutions, making it easier for them to seize opportunities, take initiatives, and secure results.

Institutional development

We made great strides in 2003 in strengthening AHA and its country associations. We were able to increase our corporate staff resources, improve our self-assessment, self-monitoring and learning capabilities, and enhance the perception of our organisation.

Many of the challenges and problems facing African civil society institutions are common to all - and the most acute is the development of a diversified and sustainable financial resource base.

In 2003, we stepped up the dialogue with our partners, adopting a more aggressive agenda on capacity development and resource mobilisation in the African context.

A communication and resource gap has kept African NGOs apart for too long, preventing us from being aware of our common interests and realising our combined powers.

African NGOs have always tended to act independently. But, what unites us is vastly more important than what divides us. We need urgently to make common cause.

We all need to recognise that if the desire for efficient African NGOs is stronger in the international community than among Africans themselves, efforts are doomed to fail. We must also abandon short sighted, tactical decisions that are contrary to our strategic interests.

Conclusions

Now we are taking our commitment to a higher level. AHA intends, in cooperation with the African Union and the UNECA, to organise an international symposium on *"Building the Capacity and Resources of African Non-Governmental Organisations"* in 2004. It will address the chief impediments to realising the full potential of African civil society organisations and partnerships.

In 2004, the Third Assembly of International Trustees will consider AHA's results and the lessons gained in the first ten years of services to our fellow Africans and their communities. The Assembly will set the strategic direction for AHA's action in its second decade.

PURPOSE

Africa Humanitarian Action is African in spirit, concept and composition. Its mission is to restore Africa's self-esteem - to change its image from that of a global backwater to a continent capable of dealing with crisis through a credible, African designed agenda.

Alleviating crisis and poverty in Africa is, first and foremost, the responsibility of Africans. They must be seen not just working alongside their international colleagues, but taking a lead role in assisting fellow Africans.

AHA was founded in 1994. It is an international humanitarian and development organisation with a commitment to the development of African civil society.

AHA delivers humanitarian and development assistance and services to African communities, in particular refugee populations, affected by instability and disasters.

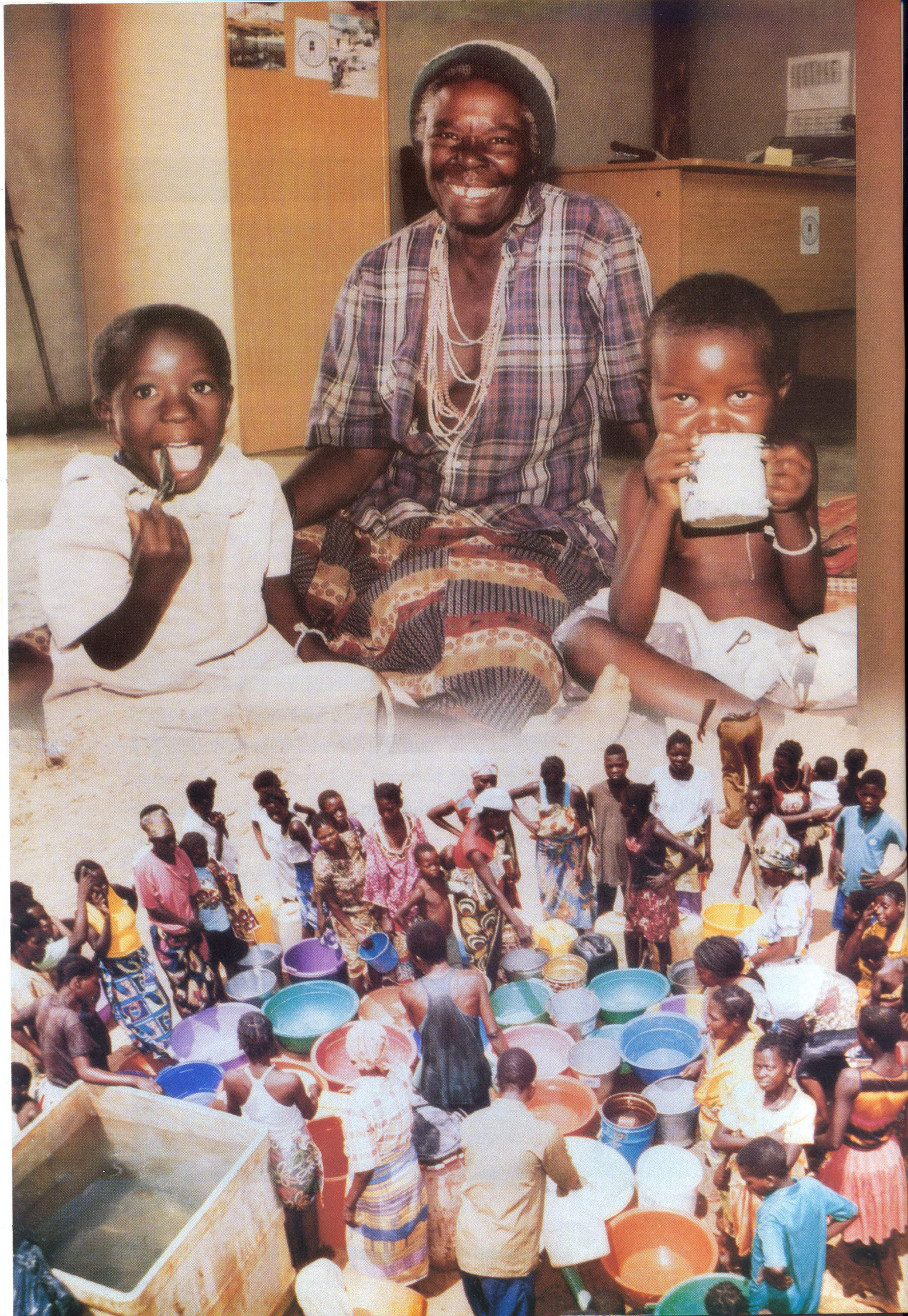
AHA seeks to strengthen the capacity of local communities by empowering them through education, information, and technical assistance.

AHA promotes the rights, interests and empowerment of groups that are economically, socially and culturally disadvantaged or excluded, i.e. people living with HIV/AIDS, women, children, orphans, elderly and disabled persons.

AHA is results-oriented with an effective and economic response-capacity. It regularly improves its performance and standards by using experience and lessons gained to advance *its competencies, resources, relationships, and learning abilities.*

AHA has four *objectives*, which guide its engagements and activities.

- *To deliver emergency and recovery health care and related services to communities affected by conflict and disaster.*
- *To fight against AIDS, tuberculosis and malaria, and other communicable diseases of poverty.*
- *To build local capacities in conflict prevention and disaster preparedness by equipping communities with the knowledge and skills required to deal with such situations.*
- *To promote African civil society organisations and the development of their institutional capacity.*





Assistace and Services

AHA provides *emergency and rehabilitation health services* to refugees/returnees, internally displaced persons, and local communities. Its response comprises preventive and community-based health care, promotion and advocacy services, and the rehabilitation of local capacity and structures.

AHA includes information and education about HIV/AIDS, Tuberculosis, Malaria, and Sexually Transmitted Infections in all its interventions.

It provides counselling, care and other support services for people living with AIDS, and actively involves them in its work. It advocates with and for communities and people, and promotes their rights. *AHA* opposes all forms of discrimination.

AHA carries out *immunisation*, targeting preventable children's diseases. It participates in national and local campaigns to control outbreaks of *vaccine-preventable diseases and epidemics*.

AHA targets *children and pregnant and lactating women*, and provides a *nutrition* package in all its health services. It teaches families prevention and treatment of diarrhoea, and instructs mothers in pre- and post-natal care, *breastfeeding, sanitation and hygiene.*

AHA provides *reproductive health* information, education and communication services adapted to local values. Its work includes birth spacing, counselling on sexual behaviour, and contraceptive services.

AHA teaches *accident and injury* prevention and treatment.

AHA provides low-cost *pharmaceutical drugs* and health equipment and *supplies* to local health facilities.

AHA introduces *health information systems* so that health status data including morbidity and mortality patterns can be recorded. *AHA* trains local personnel to sustain the systems after its withdrawal.

AHA provides *clean water and environmental sanitation* and builds small-scale latrines, refuse-pits, drainage, and bath shelters, and teaches *hygiene*.

AHA restores public health services in areas where civil authority has collapsed and carries out the *physical rehabilitation* of destroyed facilities. *AHA* undertakes shelter and house construction and builds access roads.

AHA contributes to the *prevention of landmine casualties* through information and education campaigns and courses. It participates in the demining of essential locations.

AHA promotes the re-integration of *child soldiers* and *ex-soldiers* into civilian life, and assists *victims of torture and violence.*

AHA keeps a *database of African professionals* available for humanitarian and development work.

AHA solicits indigenous knowledge and local resources when designing and implementing projects. It promotes local capacity building and coping mechanisms, and uses local resources to ensure sustainable recovery. AHA trains local health and community workers and traditional practitioners

AHA Beneficiaries 1995-2004

Country/ Year	1995-2001	2002	2003	2004
Angola	316,000	48,000	43,500	45,000
Burundi	-	100,000	125,000	28,500
Congo, DR	-	-	-	18,000
Ethiopia	336,000	440,000	635,000	800,000
Guinea, Rep.	-	-	-	5,000
Liberia	12,000	-	-	41,000
Namibia	27,000	28,000	17,000	17,500
Rwanda	320,000	31,000	16,000	15,000
S. Leone	20,000	-	-	-
Uganda	585,000	100,000	122,000	100,000
Zambia	65,000	27,000	59,000	40,000
Total	**1,681,000**	**774,000**	**1,017,500**	**1'110,000**

1995-2003 Actual figures - 2004 Programmed figures - All figures nearest thousand

Activities 2003

This section is a summary of *AHA*'s activities in 2003. It is based on individual reports and documents, submitted to the Board of Directors, partners and sponsors, and the auditors on a regular basis. More detailed information is available from the Head Office in Addis Abeba.

Head Office

AHA provided material assistance to the victims of the Algerian earthquake in May 2003 and established a Liaison Office for North Africa.

AHA was invited to make assessment missions to the Congo (DR), Guinea (Rep.), Liberia and Sierra Leone. Agreements were reached with various partners, and the Head Office prepared plans for their implementation in 2004.

AHA also opened a Liaison Office for East Africa in Nairobi, Kenya, which undertook assessment missions to Southern Sudan and Somalia.

AHA addressed several UNHCR, ICVA and ALNAP meetings, particularly on issues of capacity development, partnership relations, and programme evaluation.

AHA made a presentation at the *International Symposium on Refugees in Africa*, organised by the Japanese Government in Tokyo in June 2003.

AHA Head Office and European Liaison Office held regular consultations with its partners on programme matters, and conferred with African and international institutions on how to strengthen African civil society.

AHA Personnel 2003

Country/ Categories	*Int'l & Prof. staff*	*Nat. staff*	*Refugee staff*	*TOTAL*
Angola	8	75	51	134
Burundi	5	55	100	160
Ethiopia	30	575	-	605
Namibia	3	14	88	105
Rwanda	4	17	62	83
Uganda	1	64	106	171
Zambia	6	60	196	262
Head Office	5	8	-	13
Total	**62**	**867**	**603**	**1533**

NOTE: *Head Office personnel include two programme planners for Congo (DR), Guinea Conakry, Liberia and Sierra Leone in 2004, and three staff members based at the Liaison Offices in Nairobi, Geneva and Rabat respectively.*

Country Operation and Programmes 2003

AHA Angola

Programme starting date: October 1995

Location: Vianam and Kifangondo refugee camps in the Luanda Province; Mabanza Congo, Kiowa, Luvo Cuimba, DiaDia and Buela in the Zaire Province; Calunda, Canda, Cazombo and Lunachi in the Moxico Province.

Number and origin of refugees, IDPs, and local population: 13,000 - DR Congo (96%); Burundi, Chad, Liberia, Sierra Leone and Uganda (4%) assisted in the Luanda Province - Assisted returnee population 7,500 in the Zaire Province, and 23,000 in the Moxico Province

Main assistance and services: Health and Community services, Water & Sanitation, HIV/AIDS, and Primary Education, and local capacity building

Professional, refugee, and local staff:

Partners: UNHCR, OCHA, WHO, Chevron-Texaco, and the Angolan authorities

Budget: USD 1,100,000

AHA Burundi

Programme starting date: September 2002

Location: Gasorwe-Kinama camp in the Muyinga Province (refugees); and the Cankuzo, Makamba, Muyinga, Rutana, and Ruyigi Provinces (repatriation)

Number and origin of refugees, returnees, IDPs, and local population: 125,000 refugees from DR Congo (20%); and Burundi repatriates (80%)

Main assistance and services: Health and social services, food security, communicable diseases, primary and secondary education, income-generating enterprises, transportation, construction works, and camp management and co-ordination

Partners: UNHCR, WFP, WHO, UNICEF, and the Burundian authorities

Budget: USD 510,000

AHA Ethiopia

Programme starting date: March 1999

Location: 369 Peasant Associations in Arsi Negele and Shashemene woredas of the Oromia Regional State; and nine woredas of the Southern Nations, Nationalities People's Regional State

Number: 635,000 (Ethiopians)

Main assistance and services: Family planning, reproductive health, STDs/HIV/AIDS prevention, Information, Education and Communication interventions, training of community agents, and local capacity building

Partners: Pathfinders International, and the Ethiopian authorities

Budget: USD 190,000

AHA NAMBIA

Programme starting date: May 2001

Location: Ossire refugee camp in central Namibia, and the Kassava transit camp and clinic in northern Namibia

Number and origin of refugees, IDPs, and local population: 17,500 - Angolans (95%), other Africans and local population (5%)

Main assistance and services: Preventive and curative health care & promotion, water & sanitation, supplementary feeding, HIV/AIDS prevention, home-based care, community and social services, health indicators & data collection, construction, and repatriation assistance

Partners: UNHCR, and the Namibian authorities

Budget: USD 950,000

AHA RWANDA

Programme starting date: August 1994

Location: Kiziba Refugee camp, and the Surgical Unit, Kibuye Hospital

Number and origin of refugees, IDPs, and local population: 16,000 - DR Congo

Main assistance and services: Health services, family planning and reproductive health, nutrition, STD/HIV/AIDS and tuberculosis, laboratory services, surgery and training of local staff training and community capacity building

Partners: UNHCR, WFP, and the Rwandan authorities

Budget: USD 390,000

AHA UGANDA

Programme starting date: May 1995

Location: Adjumani district in Northern Uganda

Number and origin of refugees, IDPs, and local population: 122,000 - Sudanese refugees (50%), and the surrounding local population (50%)

Main assistance and services: Integrated health service package in accordance with Uganda national health services guidelines

Partners: UNHCR, MADI, and the Ugandan authorities

Budget: USD 430,000

AHA ZAMBIA

Programme starting date: January 2000

Location: Mayukwayukwa, Meheba, Nangweshi, and Ukwimi settlements

Number and origin of refugees, returnees, IDPs, and local population: 65,000 - Angolan refugees (99%, and Congo (DR), Rwanda and the Sudan (1%)

Main assistance and services: Strengthening of HIV/AIDS programmes for refugees in Zambia (CM/267); Local integration of Angolan refugees (LS/401); and repatriation of Angolan Refugees from Zambia (RP/330)

Partners: UNHCR, UNICEF, WFP, Care and the Zambian authorities

Budget: USD 915,000

Partners and Sponsors

Action Against Hunger - ACF - USA

Africa Education Fund

Africa Refugee Foundation (AREF)

African Union, The (AU)

African Women in Crises Umbrella Programme (UNIFEM - AFWIC)

ALNAP

American Joint Distribution Committee (AJDC)

Angolan Government

Burundian Government

Chevron - Texaco

Danish Red Cross Society

Danish Refugee Council

ECHO

Environment and Development Society of Ethiopia

Ethiopian Government

Euro Health Group

Friends of AHA

German Technical Cooperation (GTZ)

Guinea Government, Republic of

Health of Adolescent Project (HAP)

Individuel Maniskohjalp (IM)

International Council of Voluntary Agencies (ICVA)

International Federation of Red Cross and Red Crescent Societies (IFRCS)

International Planned Parenthood Federation (IPPF)

Japanese Government

LEM Ethiopia

Liberian Red Cross Society

Madi Aids Control Institution (MACI)

Namibian Government

Namibian Red Cross Society

Norwegian Refugee Council

Office for the Coordination of Humanitarian Affairs (OCHA)

Operation USA

Oxfam

PARINAC

Pathfinders International

Poverty Alleviation Fund, The (PAF)

Rwandan Government

Save The Children (SCF-UK)

Swedish International Development Agency (Sida)

Sierra Leonean Government

SPHERE Project, The

Swedish Refugee Aid (SWERA)

Ted Turner/UN Foundation

TROCAIRE

Ugandan Government

Ugandan Red Cross Society

Joint United Nations Program on HIV/AIDS (UNAIDS)

United Nations Development Programme (UNDP)

United Nations Economic Commission For Africa (UNECA)

United Nations Fund for Population Aid (UNFPA)

United Nations High Commissioner for Refugees (UNHCR)

United Nations Children's Fund (UNICEF)

UNIFEM

World Food Programme (WFP)

World Health Organisation (WHO)

World Bank, The

Zambian Government

FRIENDS OF AHA is a group of Africa-associated professionals, which promotes and supports AHA's mission and activities.

FINANCE (USD)

STATEMENT OF INCOME & EXPENDITURES 2003

INCOME	
ANGOLA	1,137,343
BURUNDI	508,240
ETHIOPIA	192,808
NAMIBIA	1,024,966
RWANDA	392,025
UGANDA	432,203
ZAMBIA	915,438
HEAD OFFICE	163,810
Total Income	**4,766,833**
INCOME OVER EXPENDITURE	**55,283**

EXPENDITURES		
ANGOLA	Programmes	643,624
	Operating costs	494,267
BURUNDI	Programmes	221,317
	Operating costs	274,256
ETHIOPIA	Programmes	119,647
	Operating costs	46,482
NAMIBIA	Programmes	686,348
	Operating costs	282,127
RWANDA	Programmes	297,863
	Operating costs	94,736
UGANDA	Programmes	317,162
	Operating costs	57,668
ZAMBIA	Programmes	710,619
	Operating costs	302,122
HEAD OFFICE	Operating costs	153,703
	Liaison Offices	9,609
TOTAL EXPENDITURE		**4,711,550**

AHA OPERATIONS AND PROGRAMMES 1995-2004

Country/Year	*1995-2001*	*2002*	*2003*	*2004*	*TOTAL*
ANGOLA	3,365,599	1,195,493	1,137,343	896,202	6,594.637
BURUNDI	-	48,584	508,240	517,827	1,074,651
CONGO, DR	-	-	-	400,000	400,000
ETHIOPIA	268,717	222,793	192,808	581,290	1,265,608
GUINEA, REP.	-	-	-	115,246	115,246
LIBERIA	100,000	-	-	618,735	718,735
NAMIBIA	89,508	870,481	1,024,966	711,847	2,696,802
RWANDA	5,639,833	449,859	392,025	336,458	6,818,175
UGANDA	3,537,500	459,606	432,203	432,485	4,861,794
ZAMBIA	1,510,250	986,875	915,438	831,933	4,244,496
HEAD OFFICE	1,064,995	185,687	163,810	191,422	1,605,914
TOTAL	**15,576,402**	**4,419,378**	**4,766,833**	**5,633,445**	**30,396,058**

All figures in USD - 1995-2003 Audited figures - 2004 Budgeted figures

ORGANISATION

AHA is governed by an *Assembly of International Trustees*, whose members serve on a voluntary capacity. The Assembly elects a *Board of Directors*, which sets strategic objectives and oversees performance and results.

AHA conducts its activities through country-based structures. AHA is currently registered in *Angola, Burundi, Congo (DR), Ethiopia, Guinea (Rep.), Kenya, Liberia, Namibia, Rwanda, Sierra Leone, Uganda, and Zambia. Its Head Office* is in *Addis Abeba.*

AHA has strong links with African governments, the AU, OCHA, UNAIDS, UNECA, UNFPA, UNHCR, UNICEF and WHO.

AHA works in partnership with African and other non-governmental organisations, and is a member of the ALNAP, ICVA and SPHERE networks.

ORGANISATIONAL CHART

GENERAL ASSEMBLY
INTERNATIONAL TRUSTEES

BOARD OF DIRECTORS
PRESIDENT

⇩

HEAD OFFICE
CHIEF EXECUTIVE OFFICER
Statutory matters - Internal Audit
External Relations - Resource Mobilisation

OPEERATIONS & PROGRAMMES	FINANCE & ADMINISTRATION
Design & Formulation	*Finance & Control*
Technical Assistance	*Human Resources*
Capacity Development	*Logistic Services*
Monitoring & Evaluation	*General Services*

⇧

COUNTRY ASSOCIATIONS & OFFICES
ANGOLA - BURUNDI - CONGO (DR) - ETHIOPIA - GUINEA (REP.) - KENYA - LIBERIA - NAMIBIA - RWANDA - SIERRA LEONE - UGANDA - ZAMBIA

AFRICA HUMANITARIAN ACTION

IS AN INDEPENDENT, NON-PROFIT HUMANITARIAN ORGANISATION, WHICH DEPENDS ON INDIVIDUAL AND INSTITUTIONAL SUPPORT FOR ITS ACTIVITIES.

IF YOU WOULD LIKE TO SUPPORT US, PLEASE SEND YOUR CONTRIBUTION TO ONE OF OUR ACCOUNTS WITH THE *COMMERCIAL BANK OF ETHIOPIA, ADDIS ABEBA:*

AFRICA HALL BRANCH, ACC. NO.3712-609-6470-4
INTERNATIONAL BANKING DIV., ACC. NO.6050092-2

Further information and documentation can be obtained from AHA's Head Office, and are available on www.africahumanitarian.org

Trustees

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Sheikh M.H. Al-Amoudi
Saudi Arabia *(Co-Chair)*
Dr Dawit Zawde
Ethiopia *(President & CEO)*
Dr Costantinos Berhe-Tesfu
Ethiopia
Mr Nicholas Bwakira
South Africa
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Dr Costantinos Berhe-Tesfu
Mr Nicholas Bwakira

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Chartered Accountants
(Associates of KPMG)
PricewaterhouseCoopers

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