Africa Humanitarian Action

# ANNUAL REPORT • 2006



Kiziba Refugee Camp-Rwanda

AFRICAN IN SPIRIT | CONCEPT & COMPOSITION

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# MESSAGE FROM THE PRESIDENT

## RACE AGAINST THE CLOCK OR AN ENDANGERED SPECIES



Threats to peace and stability, increasing vulnerability, population growth and irregular movement of people are some of the daily challenges we meet as a humanitarian organisation. 2006 has seen us working tirelessly to meet such challenges, providing support and assistance to vulnerable populations in eleven countries across Africa.

As this years highlights demonstrate, much has been achieved by our dedicated staff and the people we seek to assist. However, there is one field where we continue to struggle. AHA, as an independent African actor, is at an ever-increasing disadvantage in the competition over funds. Handicapped by economically weak constituencies; African governments are in the same predicament as we are.

To compound the situation, our chief international partner and sponsor over the years - the UNHCR - is itself struggling to mobilise resources, thus putting financial and other demands on their NGO partners, pushing out most Africa-made organisations. Having endured a 19% drop in income during 2006, our human and financial reserves are beginning to dry up. We have become an endangered species. Our very survival is a race against the clock.

Restricted resources in research, development and communication have made the task of advocating solutions all the more cumbersome and time consuming. Yet our resolve has remained and we have tried both old and new ways of seeking funds, sadly to little avail. Programme funding yes, but the essential funds that enable institutional capacity development, that give flexibility and sustainability and makes choices possible, these seem to elude African agencies.

Not willing to accept this as the status quo, we remain determined to continue our mission to develop African Solutions to African Problems. In this light, 2007 will see us taking a shot at capitalising on the widely proffered statements about international aid focussing on Africa. We will propose the creation of a special fund for institutional and structural support, for independent African humanitarian organisations with records of accomplishment in the international arena.

For nearly 15 years we have maintained a positive and energetic voice wherever our presence has been called upon - in the bush, at the camp, in workshops and meetings. During 2007 we will continue to strive forward in this manner, to achieve the best possible assistance for the vulnerable populations whom we support.

Finally, last year we benefited tremendously from a number of devoted volunteers, whose hard work helped keep us going. To all of you I extend a sincere and appreciative heartfelt thanks, from those who you served but who do not necessarily know you, from AHA, and from myself.

Dawit Zawde
President & CEO

# ABOUT US

## OUR MISSION

### What

***AHA provides humanitarian protection and assistance to refugees, returnees, internally displaced persons and local communities***

### Where

***AHA currently works in 11 countries across Africa***

### Who

***AHA employs more than 1,400 staff, 85% of whom are from local and affected populations***

AHA is a pan-African non-governmental organisation (NGO) providing effective humanitarian assistance to alleviate human suffering, building on the strength of African people to solve African problems. Founded in 1994 in response to the Rwandan genocide, we have supported more than 9 million people in 16 African countries, to regain their health, dignity and wellbeing.

At the heart of our work is a firm commitment to reducing poverty through addressing crisis-related suffering and laying the foundations for recovery and sustained development. From protecting IDPs in Darfur, to repatriating refugees in the DR Congo and to raising awareness of HIV/AIDS in Ethiopia, we deliver a wide range of life-saving services to suit complex and varying needs.

We work in partnership with local populations, listening and responding to peoples needs and empowering them to make lasting differences to their own lives. We believe that it is only through building on the capacities existant within a community and giving people ownership of their future, that real change can be achieved. We place a special focus on promoting the rights and interests of disadvantaged and excluded groups, working to empower people with HIV/AIDS, women, children, orphans, elderly and those with disabilities.

AHA employs more than 1,400 staff, 85% of whom are recruited from local communities and affected populations. They bring the knowledge, experience and community ties that are so important to successful humanitarian work.




By recruiting and training staff from within a community we are better able to ensure a continuum between humanitarian assistance and development.

African in spirit, concept and composition, AHA is confident that African people have the necessary skills and resources to address the challenges facing the continent. In our work we contribute towards and advocate for the furthering of an African rennaissance. In all of our efforts we aim to be holistic and sustainable, in order to best serve the affected populations to whom we are accountable.

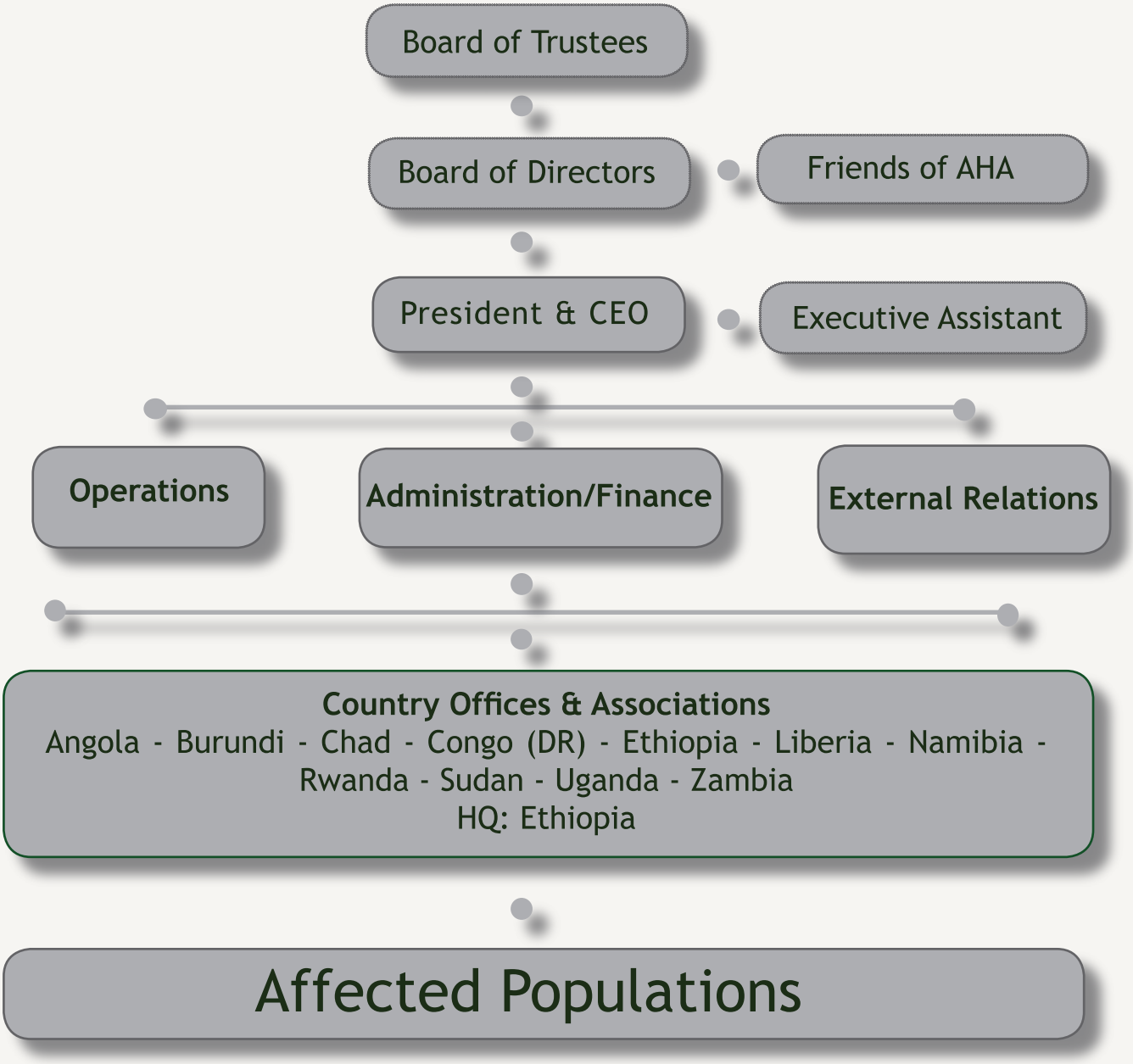
## OUR PROGRAMMES

*AHA is currently working in 11 African countries, in programmes which include:*



| | | |
|---|---|---|
| **Capacity Development** | • Community empowerment and participation<br>• Information, education and communication<br>• Livelihood protection and income generation | • Reconstruction and rehabilitation<br>• Support of community and government structures and services<br>• Sustainable development<br>• Training |
| **Health Care** | • Capacity development<br>• Health education and training<br>• HIV/AIDS<br>• Malaria<br>• Maternal and child health care | • Mental health care<br>• Nutrition services<br>• Primary health care<br>• Reproductive health care<br>• Water and sanitation |
| **HIV/AIDS** | • Capacity development<br>• Care and support<br>• Information, education and communication | • Prevention and community mobilisation |
| **Public Advocacy** | • Acknowledgement and integration of African CSO's agendas and strategies<br>• Increased capacity development for African CSOs | • Fairer funding strategies<br>• Genuine partnerships<br>• Participatory approach<br>• Quality |
| **Relief & Recovery** | • Camp management<br>• Community development<br>• Health care<br>• Food distribution and nutrition<br>• Protection | • Rehabilitation and reconstruction<br>• Shelter provision<br>• Transport and logistics<br>• Water and sanitation |
| **Sexual & Gender Based Violence** | • Care, treatment and support of survivors<br>• Preventing SGBV<br>• Reducing stigma and discrimination | • Strengthening collaboration and co-ordination with stakeholders<br>• Safe and ethical data collection |

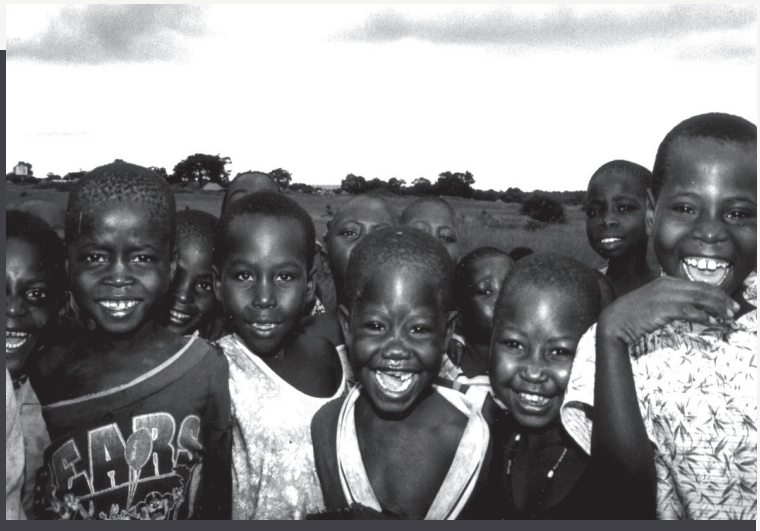
## *OUR STRUCTURE*




AHA is governed by a Board of Trustees, whose members determine AHA's general policy and ensure quality and accountability both to affected populations and to donors. The Trustees appoint a Board of Directors, which sets strategic priorities and monitors and evaluates performance, standards and results. The 'Friends of AHA' provide, on an ad hoc basis, information, advice and support for development and resource mobilization.

# AN EVENTFUL YEAR

- The safe and dignified repatriation of thousands of Angolan refugees, a successful and historic feat. ZAMBIA
- Lifesaving intervention of AHA Community Health Workers in the Tomboco Municipal Area, containing and preventing the spread of a serious cholera outbreak. ANGOLA
- An extensive Information, Education and Communication campaign in Osire Refugee Camp has delivered outstanding results, noticeably changing people's behaviour – thus 2006 saw no outbreaks of communicable diseases and fewer incidents of hospitalisation. NAMIBIA
- The establishment of more than 300 gardens, a camp nursery, training, seeds and new equipment, greatly complimenting the sustenance and economic prospects of refugees at Osire. NAMIBIA
- 5 new clinics, in addition to AHA's existing 2 health centers and 17 clinics, increasing access to essential healthcare services for returnees, ex-combatants and local residents in LIBERIA.
- The establishment of a multi-sectoral committee, increasing refugee participation and pro-activity in combating aids in Kiziba Camp. RWANDA
- Production and release of a popular anti-AIDS music album 'Wake Up', by the Kiziba Camp youth group, widely disseminating important messages about the disease. RWANDA
- Implementation of an innovative protection programme, 'The Enhancement of Civilian Protection from Physical Atrocities', safeguarding IDPs from imminent harm and averting recurring harm. SUDAN
- The massive vaccination of approximately 23,000 livestock, saving the lives of thousands of animals, mitigating disease outbreaks, reducing the burden of livestock watering, assisting better IDP-local community relations and securing an essential nutritional and economic asset. SUDAN
- The successful operation of 19 Health Centers throughout Northern Uganda, servicing the needs of 99% of the assisted population, lowering malnutrition and mortality rates. UGANDA
- Progress in developing the capacities of assisted communities in Southern Ethiopia, with the training of around 1,000 Community Based Reproductive Health Agents, along with many other staff. ETHIOPIA
- ACHA delivered its first programme; 'Developing African Civil Society Organisations Capacity in Alternative Conflict Management', funded by the African Development Bank. Activities saw us working with humanitarian workers, academics and officials from 13 African countries, to develop knowledge and skills in capacity development.
- Increased international advocacy, advising and influencing global humanitarian policy, often as the only southern based representative: including participating in the Global Humanitarian Platform and the Inter Agency Standing Committee Global Health Cluster.



Successful volunteer/intern programme based at AHA's Head Office, with staff coming from across the globe to bring an array of different skills, knowledge and perspectives, whilst they in turn are able to deepen their knowledge and understanding of humanitarian assistance and development, from the unique perspective of a pan-African non-governmental organisation.

# REFUGEES, IDPs & RETURNEES

## A Refugee

is a person who "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country". 1951 Convention relating to the Status of Refugees

## Internally Displaced Persons

often referred to as IDPs, are civilians, mostly women and children, who have been forced to leave their homes because of crisis, be it conflict, persecution or natural disaster, to seek safety. Their reasons for fleeing may be very similar to refugees, but unlike the former, IDPs stay within the boundaries of their own country and thus are afforded few of the safeguards and assistance given to refugees.

## A Returnee

(in this context) is a refugee or IDP, who is returning to their place/country of origin/citizenship, following a period of crisis. Although the situation may have stabilised, facilitating their return, there can often be many hurdles to resettlement, including scarce resources, a lack of basic amenities and destroyed infrastructures. No less daunting can be the journey home, with increased risks to health, dignity and well-being.

## Challenges

Imagine losing your home, your possessions and worst of all your family and friends. Displacement in whatever guise poses huge challenges to a person; disrupting social norms, exposing people to increased risks and leaving them without the basic necessary resources and amenities to live. To be displaced can quite literally be life threatening. Such challenges face hundreds of thousands of people across the continent everyday, along with the agencies/organisations and Governments who work to assist them. To compound the situation, displacement is generally the result of crisis, be it war, violence or natural disaster, all of which present their own risks and complexities.

## Empowerment

Too often people have been reduced to numbers and statistics – victims of circumstance, a description which totally fails to acknowledge their strengths, abilities and self-esteem. In distinct contrast refugees, IDPs and returnees can be found throughout Africa being resourceful and innovative in working to improve their circumstances and overcome the challenges they face. It is now widely accepted that a participatory approach holds the key to long-term development and to this ends much humanitarian work now focuses on capacity development. Common terms used include, 'grass roots development', 'community driven change', 'self reliance' and 'sustainable solutions'.



# *IN AFRICA*

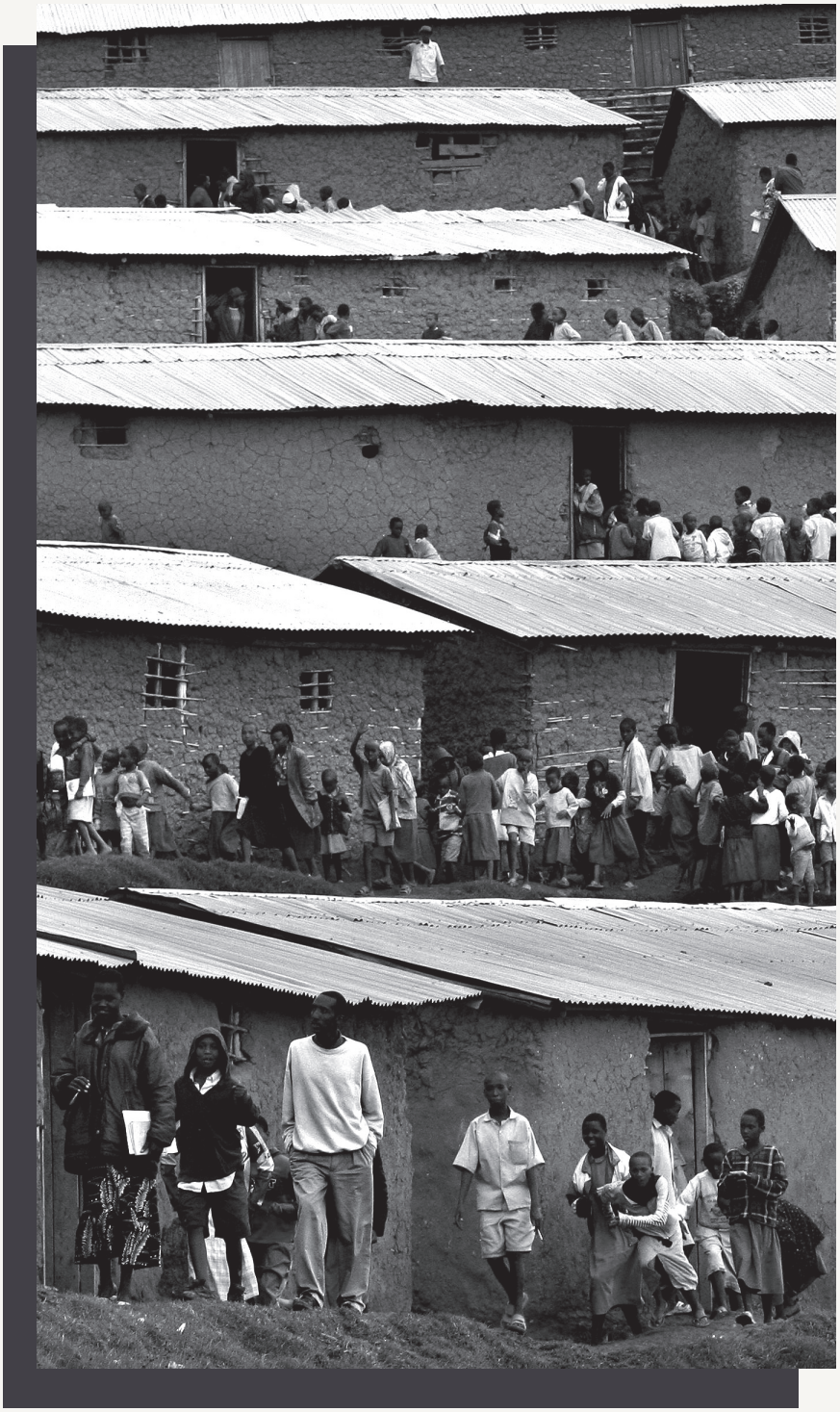
### *Estimated number of refugees: 5,000,000*

### *Estimated number of IDPs : 17,000,000*

Africa has a long history and culture of assisting refugees, returnees and internally displaced persons, enshrined in the 1969 OAU Convention Governing the Specific Aspects of Refugee Problems in Africa. Since then African Nations have continued to protect, care and find durable solutions for vulnerable populations across the continent.

People are forcibly displaced from their homes and countries for many different reasons, the most common being conflict and/or natural disaster related. Whilst some African countries are currently emerging from crisis, others remain in the throws of violence, causing thousands to flee and seek safety. Elsewhere in the continent, populations continue to suffer the devastating results of natural disasters such as droughts and floods. On a positive note, the ongoing efforts of African civil society, the African Union and determined leadership of certain individuals, along with continued international support, has contributed to new found peace in a number of countries. In this context millions of displaced persons are now able to experience a voluntary, safe and dignified return home.

However, with an estimated 17 million people remaining forcibly displaced across the continent, the challenges still faced are many. A substantial proportion of these populations have now been in displacement for years and in some cases decades, as a result of protracted crisis. Whilst the need for assistance remains paramount, donor fatigue is placing vulnerable populations at risk of dwindling support. The protection and assistance that people receive is already very basic, a drop in which would be catastrophic. Therefore it is essential that adequate funds are secured to ensure the necessary support and protection, and empower assisted populations in positively contributing to achieving durable solutions to the challenges they face.




Africa
Humanitarian
Action
KIZIBA CAMP
USIWE A THE
GISOVU



Angola

Burundi

Chad

Congo (DR)

Ethiopia

Liberia

Namibia

Rwanda

Sudan

Uganda

Zambia

# OUR WORK IN AFRICA IN 2006



# Angola

Total population: 14,500,000
UNHCR estimated refugee population: 14,000
UNHCR estimated IDP population: 62,000
Estimated number of AHA assisted population: 150,000




***AHA Programmes***
Capacity Development
Health Care
HIV/AIDS
Relief and Recovery

***Context***

Angola is slowly recovering from almost three decades of armed conflict that displaced more than 4 million people. However, many of the displaced have now returned home in response to a signed ceasefire agreement.

Yet, destroyed infrastructure, lack of transportation, poor conditions in the areas of return, the presence of Angolan armed forces in Cabinda and approximately 6 to 7 million landmines scattered throughout Angola are major impediments for returnees.

With severley limited basic services, particularly in rural areas, humanitarian assistance remains essential to the lives of thousands of people, in order to bridge the transition from humanitarian crisis to post-conflict recovery.

## Protection and Assistance

AHA began work in Angola in 1996 and today continue to have a presence in the country, working predominantly in the provinces of Uige and Zaire. Our programmes see us working together with Angolan returnees and local communities to provide essential services in health, education, recovery and reconstruction.

## Health Care

Active in the transit camps throughout the Uige and Zaire Provinces are AHA's community health workers, providing essential healthcare services and education. They work to sensitise Angolan returnees and local communities to the dangers of communicable diseases and health issues, including sexually transmitted infections, HIV/AIDS, waterborne diseases, malaria and landmines. Activities have seen them running campaigns, hosting educational workshops and distributing condoms, mosquito nets and educational materials.

The intervention of health workers can be critical in saving lives, as was the case during an outbreak of cholera in the Tomboco Municipal Area in 2006. AHA staff travelled to the area to educate local health workers and community members as to the safe treatment of water, preventative measures against waterborne diseases and disease management. With such assistance, the community was able to contain the epidemic, preventing its spread to Mbanza Congo and other areas in the province.

In order to meet the ongoing health needs of communities in Angola, AHA has taken the lead in the construction of 5 new health posts in Mbanza Congo, Lungezi, Lumoeni, Lucolo and Mbanza Zombo. In credit to our health teams, it is worth noting that the mortality rate in 2006 was minimal and kept within WHO accepted standards.

## Water and Sanitation

Complimentary to our efforts in healthcare, is our work in the provision of water and sanitation. In Zaire we have worked on the implementation of several new water services, including the Women's Training Centre Water Project, the construction of the Nkiende Water System and the Madimba Water Project. In addtion, in Uige the rehabilitation of the Beu water system has now been completed.

## Capacity Development

In 2006 we celebrated the opening of the Women's Training Centre in Mbanza Congo, comprising facilities for baking, carpentry, embroidery and catering. The centre now delivers training to Angolan returnees and IDPs, providing opportunities to those who have previously missed formal education. The ongoing success of AHA's operations relies on our qualified and expert medical and support staff, many of whom are recruited from the local community and given support and training. Through building upon the strengths and capacities within a community and empowering individuals within, we are better able to ensure the sustainability and accountability of our programmes.

## Challenges and Achievements

Working in Angola continues to present many challenges, the most recent of which has been the declaration of the UN Red Zone, which greatly restricts our movements. The rainy season has further added to logistical problems, causing many routes to become impassable. However AHA has persisted in finding practical and creative means of overcoming such obstacles and as a result has continued to achieve positive outcomes. During 2006 AHA attended more than 50,000 people at our health posts/centres and delivered health education to more than 100,000 people. During which time we were happy to record a minimal mortality rate, well within WHO accepted standards, clearly reflecting our achievements in providing timely and effective protection and assistance to the Angolan returnees and local communities whom we support.



Donors
UNHCR

Partners
UNHCR

# Burundi

Total population: 7,800,000
UNHCR estimated refugee population: 40,600
UNHCR estimated IDP population: 100,000
Estimate number of AHA assisted population: 160,000




***AHA Programmes***
Capacity Development
Health Care
HIV/AIDS
Relief and Recovery

***Context***

Since the early 1990s hundreds of thousands of Burundians fled their homes, escaping fighting between the government and Hutu rebel groups, who sought to put an end to the political dominance of the Tutsi minority. However, in spite of a peace agreement signed by opposition parties in 2000, it took a further 6 years to achieve a cease fire.

During 2006 the country enjoyed a marked improvement in security, despite some 100,000 people remaining displaced. Whilst some have become integrated within their host communities, many others now wish to return home. The aftermath of war has meant that the challenges facing returnees are plenty; destroyed homes and infrastructures, a lack of basic amenities, few economic prospects and distrust amongst communities.

In response to the prevailing situation the Burundian Government launched an emergency programme, addressing the country's post-war recovery needs, including measures to assist the return and resettlement of refugees and IDPs. However difficulties in co-ordination, implementation and adequate funding, have necessitated the ongoing assistance of humanitarian agencies.

## Protection and Assistance

AHA began work in Burundi in 2002 and today continues to assist returnees in experiencing a safe and dignified journey home. Working in transit camps, situated at a number of entry points along the Tanzanian and Rwandan borders, we assist in the provision of essential health and nutritional services, transport and general information, as well as working to mitigate the negative impact of HIV/AIDS and other communicable diseases.

## Health Care

Returnees can find themselves exposed to many increased health risks, with unpredictable conditions and an absence of basic services and amenities. Therefore AHA aims to facilitate people's safe return, ensuring that they experience no detrimental effect to their health and wellbeing. AHA's assistance begins at the borders, where returnees are provided with information about transit camps and available health care services, transportation is organised for those who need it, health teams sent to accompany convoys and initial medical screening performed. Vulnerable persons are identified and given the appropriate assistance before being escorted to a health centre or to Cankuzo hospital.

2006 has seen us building on the success of a previous pilot project, aimed at strengthening and maximising the medical assistance provided to returnees. AHA teams have organised and supervised the distribution and application of a 'minimum package of activity' (PMA) and a 'complementary package of activity' (PCA), to better address the health needs of individuals. Activities have included vaccination of children and pregnant mothers, post and pre-natal consultations, primary health care and distribution of medicine. Services have been extended to 5 further health centres, doubling the number of assisted persons.

The year has also seen AHA's Health Centres focusing on reducing the prevalence and impact of common diseases. Malaria remains the biggest killer in Burundi and other regular complaints include respiratory infections, sexually transmitted diseases and diarrhoea, the latter claiming the lives of many young children. Numerous measures have been put in place to counteract such trends, including; sensitisation campaigns, training, preventative methods (distribution of mosquito nets/condoms) and a focus on improved general hygiene. In addition a high coverage of vaccination has been achieved, thanks to a new control system incorporating the use of a vaccination calendar.

Reproductive health has continued to play a central role in our service provision, with measures to assist safe delivery and the ongoing health care of young mothers and newborn children. Efforts have entailed the distribution of delivery kits incorporating a basin, material and soap. In addition family planning services have included training in the use of condoms and contraceptives, consultations, advice and distribution of the fore mentioned.

## Nutrition

Complimentary to our efforts in health care has been our work in nutrition. Activities have included the systematic examination of children under 5 and expecting/young mothers, leading to identification and referral of malnourished persons to feeding stations, along with the supply of essential food and non-food items.

## Water and Sanitation

AHA ensured that a high standard of hygiene has been maintained in each transit camp; regularly chlorinating water supplies, disinfecting sanitation systems/latrines and regulating the general environmental hygiene within camps.

## Capacity Development

AHA programmes are designed to achieve sustainable solutions, building on the strengths of a community to realise self reliance and improved resilience. To this end, 2006 has seen AHA running numerous training sessions on issues such as the safe storage and distribution of medicine, good nutrition, HIV/AIDS, female contraception and reproductive/maternal health. Participants have included locally employed AHA staff and traditional birth attendants.

## Challenges and Achievements

Working in Burundi we have faced a number of challenges, not least a lack of qualified staff for our four newly built health centres which await opening, communication difficulties between transit camps and Cankuzo Hospital and petrol shortages, making transportation of arrivals, vulnerable people and emergency cases problematic. However 2006 has seen many achievements in our work with notably increased efforts in sensitisation and capacity development, along with an expansion in services to five further health centres.



Donors
UNHCR
Partners
UNHCR - WFP - WHO - MiniSanté
Province Sanitaire - UNICEF - IMC
MSF - GTZ

# Chad

Total population: 9,100,000
UNHCR estimated refugee population: 275,000
UNHCR estimated IDP population: 120,000 and rising




***AHA Programmes***
Capacity Development
Relief and Recovery

***Context***

The conflict in the Darfur region of Sudan has driven hundreds of thousands of refugees into eastern Chad, where they reside in isolated and poor regions, dependent upon international support for food, medicine and other basic supplies. Moreover thousands more refugees escaping armed groups in the Central African Republic now reside in Chad.

2006 saw the humanitarian situation in the country worsen due to an escalation in political tensions and a deterioration of the security environment in Chad, Sudan and the Central African Republic. As a result of the unsettled situation Chad has experienced an increase in atrocities with the Janjaweed Militia targeting civilian populations, clashes between Chadian security forces – rebels - Janjaweed Militia, the reported killing of civilians, banditry, rape, vehicle hijacking and attacks against humanitarian workers.

The deteriorating security environment has meant limited and sporadic access to affected areas, hugely hampering humanitarian efforts.

## Protection and Assistance

As the humanitarian situation in Chad worsens, AHA remains dedicated to assisting vulnerable populations with relief and recovery, providing programmes that will make a long lasting difference to people's lives. AHA began work in Hajer Jadid in 2005 and continues to work there today, providing capacity development and community aid services. In 2006 we began 5 community support projects, constructing 2 schools, 2 health centres and a water well for local communities.

## Relief & Recovery

The Hajer Jadid Water Supply Project has been successfully completed and is now ready to hand over to the local population. At Arangou a new school is nearing completion, but we must now await a change in the security conditions before we are able to finish the project. Likewise a surge in violence, insurgency and heavy rains are to blame for delays to other projects, including the building of a school at Dogdare and health centres in Abblelai and Bandikav.

## Capacity Development

The ongoing civil war has further taken its toll on the economy, causing a lack of employment opportunities for many skilled workers throughout the country. In response to this situation AHA launched 2 short term employment generation projects, in the area of Goz Beida. These have provided much needed work for a number of AHA trained staff from local communities, constructing buildings on behalf of the World Food Programme and Oxfam UK.



## Challenges and Achievements

During 2006 the numerous challenges which faced humanitarian work in Chad cannot be understated, with violence, corruption, insurgency and adverse weather conditions all taking their toll. However AHA has remained committed to delivering timely and effective assistance to those who need it most and look forward to developing our services within the country in the future. To this end we have continued to build upon our in-country capacities, developing a strong and effective organisational infrastructure, with offices in N'Djamena, Abeche and a workshop in Goz Beida. This places us in a capable position to deliver effective and sustainable humanitarian aid to affected populations in Chad in the future.

Donors
UNHCR
WFP

Partners
UNHCR
Oxfam UK
WFP

# DR Congo

Total population: 56,000,000
UNHCR estimated refugee population: 500,000
UNHCR estimated IDP population: 1,000,000
Estimate number of AHA assisted population: 9,000




***AHA Programmes***
Capacity Development
Relief and Recovery
Health Care
HIV/AIDS
SGBV

***Context***

In 2003 a peace deal between Government and rebels put pay to a devastating 5 years civil war, in which many neighbouring countries were involved. Since then a transitional Government has maintained a fragile peace, though the situation remains volatile, with the country playing host to the United Nations' largest peacekeeping force worldwide.

The decrease in violence opened the way home for hundreds of thousands of displaced Congolese, who continue to suffer the common spoils of war; hunger, disease and poverty. A lack of adequate resources and infrastructure, coupled with ongoing civilian attacks – predominantly in the East, see DR Congo in the midst of a protracted humanitarian crisis.

## Protection and Assistance

AHA began work in DR Congo in 2004 and today continues to provide lifesaving medical, SGBV and community aid services to many thousands of Congolese returnees and local populations. In doing so we work predominantly in the municipalities of Batanga, Dongo, Monzombo and Lyonda/Mbandaka, Gemena, Libenge, Zongo, Mbandaka, Mawuya, Gbadolite, Badjala and Kungu.

## Health Care

The provision of comprehensive and easily accessible healthcare has remained a priority for AHA, to which ends we have constructed and rehabilitated a number of health centres in the Equator Province. Each centre is fully equipped and provided with the necessary medical supplies and staff have been recruited from the local community and provided with ongoing training opportunities to develop their knowledge and skills. The centres provide a wide range of health services, including the medical screening of returnees. In addition, AHA co-ordinates a number of mobile health teams, opening access to essential health services for those in more remote areas. In 2006 alone our mobile health teams treated around 1,500 people.

With an emphasis on prevention, AHA has worked hard to raise awareness and sensitise communities to important health issues. Recent campaigns have seen us working to mitigate the impact of common killers such as malaria, HIV/AIDS and other communicable diseases.

## Nutrition

Complimentary to our efforts in healthcare has been our work in nutrition, ensuring that returnees are supplied with essential food and non-food items and providing nutritional support to children at the Libenge Nutritional Centre.

The centre was built as a result of a previous area wide survey performed by AHA, in partnership with the Congolese Government and FAO. Activities have promoted the survival, protection and development of child nutrition throughout the Equator Province.





## SGBV

Sexual and other forms of Gender Based Violence can feature heavily in conflict and post-conflict settings, as well as in crisis-affected populations. Therefore AHA has worked closely with the NGO, Actions et Interventions pour le Développement et l'Encadrement Social, to reduce the incidence of SGBV and ensure the wellbeing of survivors. Activities have included community awareness raising, training workshops, subject based recreational activities, psycho-social care and legal support for survivors. Motivated individuals have been recruited from within communities to work towards instigating long lasting change in people's understanding and behaviours.

## Capacity Development

AHA's programmes are designed to achieve sustainable solutions, building on the strengths of a community to realise self reliance and improved resilience. In DR Congo we have worked to do just that, providing affected populations with the necessary support, equipment, training and mechanisms to function independently. Thus AHA has typically stayed only 6 months to 1 year in a municipality, ensuring that improved health services are fully integrated into the community's infrastructure. Our success is in our leaving, when we are able to redirect our support to where else it is needed.

## Challenges and Achievements

Working in DR Congo we have faced a number of challenges, not least difficulties in communication, shortages in necessary construction materials and difficult transport conditions. This has resulted in a number of delays to certain programmes. However many achievements have been made, including the building of a new health centre, recruitment and training of local nurses and rehabilitation of the pharmaceutical depot in Buburu. We are further pleased to report plans for a new health centre in the village of Malanga, located on a route between Buburu and Bomongo which is easy to reach from both places.

Donors
UNHCR
Partners
UNHCR
WFP
FAO
Actions et Interventions pour le Développement et l'Encadrement Social
Government of DR Congo

# Ethiopia

Total population: 74,200,000
UNHCR estimated refugee population: 101,000
UNHCR estimated IDP population: 100,000 – 280,000
Estimated number of AHA assisted population: 2,800,000




***AHA Programmes***
Capacity Development
Health Care
HIV/AIDS
SGBV

***Context***

Although politically stable, Ethiopia remains one of Africa's poorest states, with the per capita gross domestic product remaining one of the lowest in the world and widespread resource shortages leading to chronic food insecurity. Susceptible to adverse weather conditions, both droughts and floods having caused devastating results, many Ethiopians experience nutritional inconsistency, damaging their health, agricultural production and the countries economic stability.

The Nations health and wellbeing is further compromised by the growing prevalence of HIV/AIDS, with 1 million current reported cases and nearly as many orphaned by the disease. Those most affected are young people, especially women and adolescent girls, living in urban areas. The situation is exacerbated by high levels of illiteracy and unemployment, widespread commercial sex work, gender disparity, population movement and harmful cultural and traditional practices. The country faces an ongoing battle against communicable and other diseases, poverty and sexual and gender based violence, as well as the necessity to secure access to adequate food, water and sanitation.



## Protection and Assistance

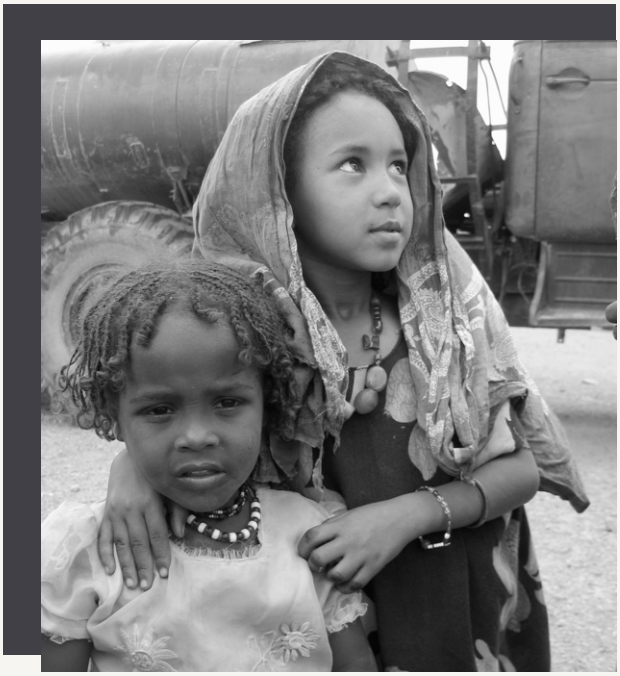
AHA started work in Ethiopia in 1997, where we also base our Head Office. In 2006 programmes continue to run in the Oromia Region and the South Nations Nationalities and Peoples Region, where we work closely with local communities to prevent and mitigate the impact of communicable diseases such as HIV/AIDS and reduce the negative effects of poverty. In our work we employ diverse and innovative methods in order to develop the capacities within a community, equipping people to achieve durable solutions to the challenges they face.

## Information, Education, Communication

Our IEC programme sees us reaching out to communities, delivering advice and information on important issues such as reproductive health, family planning, maternal and child health, child feeding and nutrition, post abortion care, sexually transmitted infections, HIV/AIDS, malaria prevention and environmental sanitation. Sensitisation work also aims to empower vulnerable populations against experiences such as harmful traditional practices (Female Genital Mutilation), tonsillectomy, abduction, rape, stigma and discrimination.

## Family Planning

Our Family Planning teams are especially active in Ethiopia, providing hundreds of thousands of clients with information, contraceptives (condoms and oral contraceptive pills) and referrals (for ante natal, safe delivery, post natal and child care services).



## Youth Programme

Aware that the key to prevention is education, AHA has supported the HIV/AIDS Youth Prevention Project, working closely with young people and peer educators. This programme saw us running numerous youth training sessions in subject matter such as life skills, female empowerment, community conversation and skills training for Anti-AIDS Clubs.

## Capacity Development

In order to best ensure long term gain from our programmes, AHA employs a participatory approach, building on the strengths and capacities within individuals, communities and local organisations. We run a rolling training programme, offering education and skills development to people throughout communities. In 2006 alone around 1,000 people were trained as Community Based Reproductive Health Agents and 100 People Living with HIV/AIDS educated in income generating activities, such as cattle fattening, poultry rearing, honeybee production, hair dressing and tailoring.

## Financial Support

In certain cases AHA has also provided financial aid to assist people in developing their capacities. Recently we have leant support to more than one hundred Aids orphaned children, in order to cover the costs of their basic needs, including school fees, food, clothing and related expenses. A number of AHA trained PLWAs have also been provided with financial assistance in setting up their own income generating businesses. Whilst some people chose to initiate individual projects, others opted to form an association run under a cooperative management system. In each case people have the opportunity to improve their future economic status and wellbeing.

## Sustainability

AHA takes special care that programmes are fully integrated into existing community structures, in order to promote ownership and longevity. The majority of our staff has been recruited from within the community and work closely with local leaders, religious heads, administrators, organisations and community groups. Their work sees them visiting people at home, market places, work places, schools, religious gatherings, social gatherings and coffee ceremonies, raising people's awareness on important issues and giving support where necessary.

## Challenges and Achievements

2006 has not been without its challenges, the most significant being financial, including donor withdrawal and a high attrition rate of skilled staff due to low available salaries. In response we have continued to seek additional diversified funding and build on the capacities within each project. However overall it has been a good year for our programmes in Ethiopia, with activities running largely to plan and modest achievements made throughout. Most importantly assisted communities have continued to take real ownership of projects and laid the foundations for ongoing and long term developments.

### Donors

Pathfinder International-Ethiopia (USAID)
UNICEF
HAPCO

### Partners

Pathfinder International-Ethiopia (USAID)
UNICEF

# Liberia

Total population: 3,600,000
UNHCR estimated refugee population: 10,000
UNHCR estimated IDP population: 240,000
Estimated number of AHA assisted population: 264,058




***AHA Programmes***
Capacity Development
Health Care
HIV/AIDS
SGBV

***Context***

Liberia's devastating civil war now behind them, the country has experienced a number of political, social and economic developments in 2006.The inauguration of President Ellen Johnson-Sirleaf, followed by the commencement of the Truth and Reconciliation Commission, the implementation of the Governance and Economic Management and Assistance Programme, the restoration and consolidation of State authority and the deployment of local government officials across the country. Such developments have further opened the way home for hundreds of thousands of returning IDPs and refugees. However numerous humanitarian challenges remain as a result of the previous war, the majority of Liberians living without adequate access to basic social amenities such as healthcare, potable water, shelter and education. The situation is compounded by meagre sustainable livelihoods, high levels of unemployment and poverty, especially among the young population.



## Protection and Assistance

AHA began work in Liberia in 2004 and today continues to provide lifesaving health services to returnees, resettling IDPs, ex-combatants and resident communities in the counties of Grand Cape Mount, Gbarpolu and Bomi. In all three areas the population figures continue to rise as Liberians return home to their localities.

## Health Care

Large population movements and resettlement often pose an increased risk to public health, especially to those who are vulnerable. Understanding this, AHA aims to improve access to health services for all, with special emphasis on improving reproductive health and combating major public health threats such as HIV/AIDS. In doing so we also seek to reduce excess mortality and morbidity rates, by working to prevent the diseases which present the most common killers. To ensure the maximum number of people have optimum access to health facilities, we run 2 health centres and 17 health clinics in strategic locations throughout the 3 counties. 2006 saw the addition of 5 further clinics all of which are now fully functional, having been rehabilitated by AHA. In the same year AHA staff performed around 160,000 medical consultations, most commonly for the treatment of malaria, respiratory tract infections, sexually transmitted infections and diarrhoea. A boom was seen in the numbers of people choosing to access services, predominantly in the areas of ante-natal and post-natal care, along with a steady rate in professionally overseen births. Equally busy have been the areas of family planning, immunization, laboratory services, health education and outreach.

## HIV/AIDS

HIV/AIDS remains a health crisis throughout the African continent and AHA works tirelessly to promote safer sexual behaviour, eliminate misconceptions, reduce stigma and discrimination and strengthen the provision of support given to infected/affected populations. We run 2 voluntary counselling and testing centres, 1 at Singe and the other at Bopolu, each offering counselling by trained nurses and rapid HIV testing by professional lab technicians.

Prevention is of utmost importance in combating the prevalence of the disease, to which ends we have run extensive awareness campaigns reaching out to around 150,000 participants and distributed more than 10,000 condoms. Each year World AIDS Day presents an excellent opportunity to spread anti-AIDS messages and this year saw us hosting radio programmes, distributing t-shirts emblazoned with educational messages and promoting and supporting 6 youth and women run anti-AIDS clubs.

## SGBV

In recent years the humanitarian sphere has become increasingly aware of the prevalence of Sexual and Gender Based Violence, especially in the context of communities experiencing crisis. Sadly Liberia is no exception and the number of SGBV incidence reported at AHA health facilities has recently gone up. Acting swiftly in response we instigated mass community awareness programmes and delivered the relevant training to our staff. Reported cases have been carefully managed and the necessary support and follow up provided to survivors.

## Repatriation Health Team

The return of nearly 10,000 Liberians to the area in 2006 alone necessitated the creation of the AHA repatriation health team. This team worked to ensure that the health conditions of returnees is not undermined by the repatriation process and to ensure a continuation of basic health services is available during the initial stages of re-integration. Services included curative and promotive health care, along with an ambulance to safely escort moving populations from their point of entry in the country to the transit centre or drop off points.



## Capacity Development

Our work in Liberia aims to develop effective and long lasting health structures, building on the capacities within a community to empower people to impact positive change. To this ends we run an ongoing training and education programme, equipping staff, volunteers and community members with the necessary knowledge and skills to continue to develop sustainable solutions.

## Water, Sanitation and the Environment

Our health interventions have been supported by a number of complimentary activities such as ensuring access to safe water and sanitation facilities, promoting good personal and environmental hygiene and facilitating efficient supply lines. Health and hygiene facilities have been markedly improved by newly rehabilitated water points and family/communal pit latrines.

## Challenges and Achievements

In working in Liberia we face a number of ongoing challenges, most recently the unavailability of health staff (especially professional midwives), an ever increasing demand for the necessary logistical support and difficulties with transport, including bad roads and damaged vehicles. Despite this we continue to succeed in our objective of improving access to primary healthcare for all, and have expanded our provision of health services in all 3 of the counties in which we work. In 2006 AHA performed more than 150,000 medical consultations and treated over 1,000 returnees at transit sites. Our achievements are reflected in the recent decline in recorded fatality rates at AHA clinics and the marked improvement in public and reproductive health recorded since 2005. Such indicators serve to further encourage us in our mission to best serve the vulnerable populations to whom we are accountable.

Donors
UNHCR - WHO/CERF
Partners
UNHCR - Ministry of Health and Social Work
UNFPA - WHO/CERF - UNMIL-HCS - Mentor Initiative

# Namibia

Total population: 2,000,000
UNHCR estimated refugee population: 5,000
UNHCR estimated IDP population: 156,000
Estimated number of AHA assisted population: 6,500




***AHA Programmes***
Capacity Development
Health Care
HIV/AIDS
Relief and Recovery
SGBV

***Context***

Maintaining an open door policy for refugees from Angola, Burundi, DR Congo and Rwanda, Namibia received thousands of people during Angola's civil war, 95% of whom were Angolans. In April 2002 conditions in Angola improved, enabling refugees to begin the process of returning home. A peace accord between Angola and Namibia, along with a tripartite agreement with the UNHCR, has further paved the way for repatriating Angolans. However Namibia continues to face a number of humanitarian challenges, not least of which are adverse weather conditions, an increasing prevalance of HIV/AIDS and remaining tensions in the North East of the country.



## Protection and Assistance

Situated in central Namibia, Osire Refugee Camp currently accommodates 6,500 people, 75% of whom are Angolan. Since 2001 AHA has worked with refugees at Osire, providing comprehensive services in curative and preventive health, water and sanitation, logistics, HIV/AIDS, health promotion, hygiene education, shelter, food distribution and the development of social and community services.

## Health Care

At the heart of effective protection and assistance is good health care, providing open access to lifesaving services for all. With this objective in mind, AHA previously built the Osire Hospital and today continue to offer care in the areas of; preventive, promotional and curative health, HIV/AIDS, reproductive health, family planning, adolescent services, immunization, nutritional support and rehabilitation. In 2006 alone AHA performed more than 17,000 medical consultations and reached 90% of the population with our extended programme of immunisation.

## Information, Education, Communication

Even better than a cure is prevention, and to this ends AHA runs an active health education programme at Osire. We reach out to the community and greatly encourage their participation in awareness raising campaigns, educational sessions and sensitisation activities. Ongoing training is provided for staff, volunteers and community members, building upon the community's capacities and empowering them to affect long lasting change. The promotion, training and hard work of numerous community mobilisers has delivered outstanding results, noticeably changing people's behaviours and influencing healthier lifestyles. This is illustrated in the absence of any outbreaks in communicable diseases throughout 2006, leading to fewer incidents of hospitalisation.

## HIV/AIDS

This devastating disease remains a major concern at Osire, as does the stigma that is attached to it. To effectively address the situation AHA has taken a number of important measures; recruiting a refugee community taskforce, training an increased number of counselors, providing ongoing support for infected/affected people and running an extensive sensitization campaign. In addition condoms continue to be distributed in large numbers and HIV testing greatly encouraged. For people living with AIDS a holistic programme of care and treatment is provided, including the provision of supplementary food rations and ongoing support and encouragement.



## Nutrition

Refugees at Osire face ongoing challenges with nutrition and AHA works together with the World Food Programme to provide food and non-food items upon which so many camp residents depend. Commodities distributed include Corn Soya Blend, Vegetable Oil, Sugar, Salt, Maize meal, Kerosene for cooking and lighting, and other necessary supplies. Further nutritional support is provided through growth monitoring, educational sessions, supplementary feeding programmes, counseling services and home visits for the vulnerable. The continued assessment and management of people suffering malnutrition, coupled with effective health education, has recently led to a decrease in the number of resulting deaths and reduced morbidity rates to a minimum.

## Water, Sanitation and the Environment

Other activities see AHA working to improve water and sanitation in the camp, educating residents about economical water use, constructing new water points and supporting the construction of pit latrines. Adequate shelter provision is ensured for all new arrivals and when desired, families are assisted in successful resettlement/repatriation. An agro-forestry programme has delivered further success, with tree planting taking place throughout the camp, providing much needed shelter.

## Income Generation

Agricultural training and seed/equipment provision has led to the establishment of more than 300 gardens and a camp nursery, complementing people's individual sustenance and economic prospects. A number of residents have been further assisted by an income generating programme establishing micro-businesses, many of whom are women. Projects chosen for seed funding include animal breeding, cell phone repair services and fish and ice cream sales.

## Challenges and Achievements

We face numerous challenges at Osire, not least a steady increase in camp numbers, a growing number of medical referrals leading to greater transport costs, the continued prevalence of HIV/AIDS, old and worn vehicles and difficult access to necessary equipment/engineering parts for the water systems. However, many achievements continue to be made, as is reflected in the positive response of camp residents. The burden of diseases has been well controlled with no recent epidemics experienced, mortality and malnutrition rates have continued to decline, a greater number of community members have actively participated in programmes, access to health services has been increased and the basic needs of residents have been adequately met.

Donors

UNHCR - WFP

Partners

UNHCR - WFP - Ministry of Health - Ministry of Home Affairs

# Rwanda

Total population: 8,600,000
UNHCR estimated refugee population: 45,000
UNHCR estimated IDP population: Undetermined
Estimated number of AHA assisted population: 24,000




***AHA Programmes***
Advocacy
Capacity Development
Health Care
HIV/AIDS
Relief and Recovery
SGBV

***Context***

In 1994 Rwanda experienced Africa's worst genocide in modern times and more than 10 years on, the humanitarian situation in the country remains unsettled. While the country itself is largely at peace, its recovery has been marred by its intervention in the conflict in neighbouring Democratic Republic of Congo. To date many Congolese refugees remain living in settlements, camps and urban areas throughout Rwanda.

Now the Rwandan government faces the challenge of integrating large numbers of returning refugees, largely Hutu, including some who have been returned against their will by the governments of Burundi, the Democratic Republic of the Congo, Uganda and Tanzania. In addition, nearly 2/3 of the Rwandan population continues to live below the poverty line.

## Protection and Assistance

Since 1994 AHA has worked in several areas in Rwanda, most lately providing residents at Kiziba Refugee Camp and the surrounding communities with much needed support.

## Healthcare

During 2006 AHA has continued to deliver a high standard of curative and preventative health services, from our Health Centre in Kiziba Camp, Surgical Unit at Kibuye Hospital and consultation clinic in Kigali. We have worked vigorously to optimize our provision of care, ensuring that Reproductive Health Services and the Tuberculosis Control Programme are fully integrated into the health delivery system and to strengthen the existing Malaria Programme. Amongst other things we have also extended our services to include eye care, voluntary counseling and testing and preventing mother to child transmission – to address HIV/AIDS. Such efforts have been well rewarded with improved health standard indicators across the board, including reduced morbidity and mortality rates from common diseases. At the end of 2006 we launched a new 'Urban Refugee Programme' addressing the health needs of refugees in Kigali. AHA is happy to extend its services in prevention, care, treatment and capacity development to this community in the coming years.

## Nutrition

AHA's provision of nutritional services in Kiziba Camp and the surrounding areas has led to a marked improvement in the nutritional status of the population and in particular children. Our supplementary and therapeutic feeding centres have assisted malnourished children, pregnant women, breast feeding mothers and other identified vulnerable groups in gaining essential nutritional support. The under 5 clinic, established to monitor immunisation and screen for malnutrition, has been especially successful, achieving 100% vaccination coverage against measles and 99.7% against other antigens. Quick malnutrition status screening conducted by AHA during this period shows only 1.3% of children under 5 to be malnourished.

## HIV/AIDS

Since 2003 in Kiziba refugee camp 70 out of the 2,114 people tested for HIV/AIDS have proved to be positive. In this context AHA continues to provide people with a full spectrum of HIV/AIDS services, focusing on prevention, care and treatment, capacity development, advocacy and coordination. To ensure that these services are fully integrated throughout all sectors of the Kibiza camp, a multi-sectoral committee has been created, comprising of members from a cross section of the community, relevant organisations and interested parties.

For People Living With AIDS (PLWAs), AHA works to provide excellent health care and treatment, addressing people's needs in a holistic manner. Services include counseling, home visits, referral for treatment, follow up care and support. An income generating programme aims at motivating PLWAs to work towards ensuring food security, boosting self-reliance and adherence to anti retroviral-therapy. Further, an exchange visit with another refugee camp enabled PLWAs and AHA staff to discuss ideas and share best practice.

## Information, Education and Communication

Recent activities have seen us working hard to strengthen our provision of information, education and communication. Key to achieving this has been AHA's community health workers and peer educators, all of whom are elected from the local/camp populations. They work within their individual communities to raise awareness, sensitize and educate people on important issues. Activities have included campaigns, awareness sessions, workshops, focus groups, discussions, forums and educational entertainment. In addition we have produced outreach materials, opened a public resource centre and given support to a number of anti-AIDS clubs. In 2006 the youth anti-AIDS club 'Wake Up' was assisted in the creation of a music album, carrying important messages about the disease. The album was widely disseminated and popularly received.

## Youth Work

Recognising that children hold the key to the future, AHA has developed a youth programme which specifically targets young people for sensitization. In the programme we address issues surrounding reproductive health; sexuality, the human body during puberty, sexually transmitted infections, HIV/AIDS, SGBV, abstinence and safe sex. Activities have brought young people together with their peers, anti-aids clubs and teachers to explore the subject matter through discussion, film, drama, song and poetry. 2006 saw us working especially closely with primary aged children, reaching out to more than 80 school classes.

## SGBV

AHA continues to work towards eradicating sexual and gender based violence, and together with UNHCR has established a work group tasked with evaluating needs, conducting campaigns, governing care provision and launching the Country Standard Operation Procedures for prevention and response.

## Challenges and Achievements

During the year we have encountered various constraints and overcome many challenges, including a high turn over of locally employed staff and budgetary limitations. However we continue to move forward in achieving many things, with improvements in health provision, increased clinical attendance rates, a remarkable growth in general knowledge about HIV/AIDS and resulting positive change in people's behavior. In 2006 alone AHA assisted around 18,000 Congolese refugees, 3,000 urban refugees and 3,000 local inhabitants. Most importantly the assisted population have themselves become active agents of change, developing, participating and leading activities, thus achieving effective and sustainable results.

Donors
UNHCR - OPEC Fund

Partners
UNHCR
Ministry of Local Government, Community Development and Social Affairs

# Sudan

Total population: 35,000,000
UNHCR estimated refugee population: 147,256
UNHCR estimated IDP population: 5,000,000+
Estimated number of AHA assisted population: 114,500




***AHA Programmes***
Capacity Development
Relief and Recovery

***Context***

Whilst Southern Sudan has established tentative peace following the end of a 21-year civil war, fighting continues to rage on in Darfur despite peace agreements between the Sudan Liberation Army (SLA) and the Government of National Unity (GNU). Sudan currently holds the world's largest population of internally displaced persons (IDPs), and current hostilities in Darfur will only continue displace entire populations.

Huge numbers of people continue to be displaced, facing exposure, starvation, and disease, in a country with scarce resources and infrastructure in tatters. With an estimated displaced population of over 5 million, reports suggest that up to 900,000 people cannot obtain access to relief agencies. Since the beginning of 2006, pockets of the population experienced an increase in food insecurity, and aid agencies reported outbreaks of disease such as cholera, an increased need for potable water, and an all around need for income generating activities. Regular attacks on rural villages in Darfur have again increased the number of refugees and IDPs, while marginalizing humanitarian actors in the area.

## Protection and Assistance

AHA began its activities in Sudan in 2004 and today continues to work in Darfur as the only continental African NGO in the area. Our current work sees us providing relief and recovery programmes for IDPs and war affected host communities in the El Fasher Town, El Fasher Rural and Daralsalalm administrative units of North Darfur State. Programmes include; protection, emergency general food distribution, improving quality and quantity of potable water, improving agricultural productivity/livelihood and emergency livestock asset protection.

## Protection

Spiralling violence and a scarcity of resources in El Fasher, North Darfur, has led to numerous attacks on the IDP population, predominantly women and girls, who are forced to travel far in search of sparse supplies of firewood. In response to this AHA has worked together with the affected population to implement an innovative protection programme. 'The Enhancement of Civilian Protection from Physical Atrocities', project puts into operation measures to safeguard vulnerable populations from imminent harm and avert recurring harm. These include; the training and implementation of Protection Officers, facilitated - dialogue, trust and confidence building exercises, increased co-ordination with external protection forces and methods to address resource scarcity.

## Nutrition

Working closely with the World Food Programme, AHA has assisted hundreds of thousands of people in gaining essential nutrition. Emergency general food distribution has provided a lifeline for people living in IDP camps, where insecurity and a scarcity of resources made cultivation impossible. Food items were also distributed to the local community to offset seasonal food shortages.

## Potable Water

A number of AHA programmes have worked to improve the quality and quantity of potable drinking water, most recently for the inhabitants of the Shengeltubayi and Gerewit Beshame localities. The Umshalova and Malam Al Widyan Dam rehabilitation projects have maximised the annual supply and efficient use of water for the surrounding communities, through increased dam capacity, improved access to water supply and the implementation of drainage systems and small scale irrigation. In addition numerous households received much needed agricultural tools and seeds, assisting people in their preparation for the next growing season.

## Capacity Devolepment

The participation and empowerment of the local community has been key to the success enjoyed by each project, with residents engaged at every stage, from design and implementation to ongoing management. Community discussion groups and water harvesting committees worked to mobilise and liaise with local populations, paying special attention to the inclusion of women. Training was given in water management, harvesting and dry land crop production in order to develop the capacities of the community, to better ensure long term gain from each project. The resulting improved supply of water has helped to alleviate the problem of chronic water shortage; reducing waterborne diseases, improving agricultural output and indirectly providing much needed protection to women and children, by reducing the long and dangerous walk to collect water.

## Asset Protection

During 2006 AHA also turned its hand to protecting livestock, in order to better secure one of the population's greatest resources. In the agro-pastoral area of Wadaah, livestock provides both food and economic opportunity for IDPs and the host community, in an area where both are sparse. However a shortage in pastures, ill animal health and a growth in demand due to an influx of new IDPs, has placed great pressure on the resource. In response AHA implemented an emergency animal treatment campaign, incorporating mass vaccinations, the training of community animal health workers, emergency animal feeding and providing necessary transport. As a result the lives of hundreds of thousands of livestock were saved, disease outbreaks mitigated, the burden of livestock watering reduced and tensions between host and IDP communities over such matters eased. Most importantly an essential community resource has been better secured, contributing to a long term improvement in the assisted populations health and wellbeing.

## Challenges and Achievements

Working in Sudan we continue to face numerous challenges, with ongoing threats to security as internal conflicts continue to rage in Darfur and shortages in necessary resources. Despite this we have continued to strive forward, working together with populations to achieve positive outcomes. In 2006 alone 2 dams have been rehabilitated, 250 people trained in water harvesting techniques and animal health care and nearly 23,000 livestock vaccinated. The ongoing success of the dam rehabilitation programmes demonstrates just how much can be achieved when a community is given ownership of a project, generating popular enthusiasm and participation. In addition we are happy to announce the commencement of 6 new income generating activities, working with IDPs throughout North Darfur as well as a protection project.



Donors: AU - AMIS- FAO - UNMIS - WFP  Partners: WFP - FAO

# Uganda

Total population: 27,600,000
UNHCR estimated returnee population: 257,000
UNHCR estimated IDP population: 1,200,000 – 1,700,000
Estimated number of AHA assisted population: 114,195




***AHA Programmes***
Capacity Development
Health Care
HIV/AIDS
Relief and Recovery

***Context***

Since the late 80's, Uganda has rebounded from the abyss of civil war and economic catastrophe to become relatively peaceful, stable and prosperous. In the North of Uganda the lives of hundreds of thousands of people have been blighted by one of Africa's most brutal rebellions, commandeered by the Lord's Resistance Army (LRA). However in 2006 the LRA signed a truce with the Government, aimed at ending the long-running conflicts.

The country remains home to hundreds of thousands of refugees, many of whom are Sudanese, as well as those from the Democratic Republic of Congo, Rwanda, Burundi, Somalia, Eritrea and Ethiopia. Rwandan refugees residing in Uganda form one of the largest groups of exiles still remaining outside their country.

## Protection and Assistance

AHA began running programmes in Northern Uganda in 1995 and today continues to provide quality, proximate, accessible and integrated health services within 33 settlements and a transit camp in the Adjumani District. In 2006 more than 50 thousand refugees and nationals accessed our services, assisting them in living a healthier and more economically productive life.

## Health Care & Nutrition

Both services play a key role in our work in Uganda, with a healthy and well nourished community leading to better protection and fewer problems. AHA currently operate 19 health centers in the region, each providing communities with access to essential medical services in; consultation and treatment, drug provision, laboratory testing, emergency response, reproductive health care, family planning, nutrition and therapeutic feeding and immunization. In 2006 the most common complaints treated were malaria, respiration/tract infection, intestinal worms, wound/trauma, skin and eye infections and diarrhea.

## HIV/AIDS

We have continued to work hard to raise awareness of HIV/AIDS and provide support and treatment to patients. Services have included sensitization campaigns, health education in schools and youth groups, condom distribution, ongoing training for community members, post test clubs, income generating activities for people living with Aids (PLWAs), RCT services and home care. We have closely supported the Health of Adolescent Project (HAP), which worked predominantly with girls to promote reproductive health and reduce/prevent sexually transmitted infections, HIV/AIDS and teenage pregnancies.

## Information, Education and Communication

Education and sensitization underpin all our efforts in health care delivery and we have worked tirelessly to raise the awareness of assisted populations on important health issues. Recent efforts have seen us focusing on improved sanitation and environmental hygiene, highlighting the interrelation between health and the environment. Campaigns have emphasised the need for good practice in waste disposal, homestead management, safe water use and cleanliness, to which the refugee community has responded positively.



## Equal Access

In servicing affected populations AHA takes special care to ensure gender equality, and has strongly promoted the inclusion of women, along with other marginalized/vulnerable groups, in all camp activities. We have specifically promoted a women's right to choose in relation to issues surrounding reproductive health and family planning.

## Challenges and Achievements

During 2006 we have continued to come up against a number of difficulties working in Uganda, including high staff turnover, inadequate equipment and ongoing insecurities. As a result a number of planned activities have suffered detrimentally. However, despite the challenges AHA has continued to meet the health needs of 99% of the affected populations and is proud to report a drop in malnutrition and mortality rates during the year.



### Donors

Government of Uganda
UNHCR
WFP

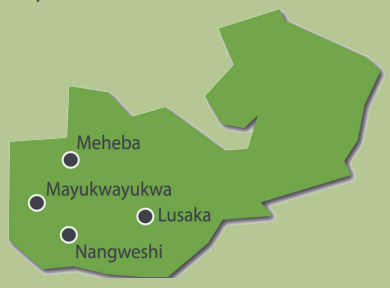
### Partners

Government of Uganda
UNEPI
UNICEF
WFP
UNFPA

# Zambia

Total population: 11,000,000
UNHCR estimated refugee population: 156,000
Estimated number of AHA assisted population: 15,000






***AHA Programmes***
Capacity Development
Health Care
HIV/AIDS
Relief and Recovery

***Context***

Zambia continues to play host to hundreds and thousands of refugees, the majority of whom were from Angola and many others from the Democratic Republic of Congo, Rwanda and Burundi. Ongoing fighting in the Democratic Republic of Congo has caused the most recent influx of refugees seeking safety in the country.

In 2003 an improved security situation in Angola, along with a tripartite agreement between the governments of Angola, Zambia and UNHCR, led to the launching of the Angolan Repatriation Programme. In this context thousands of Angolans now continue to safely return home.

However Zambia faces ongoing humanitarian challenges as one of the world's poorest countries, with the majority of the population living below the World Bank poverty threshold. Contributing factors are said to include the colonial legacy, mismanagement and debt and disease, with HIV/AIDS remaining an ever growing problem.

## Protection and Assistance

For 8 years AHA has worked in Zambia, addressing the needs of more than 40 thousand refugees in the Meheba Settlement, Nangweshi Camp and Mayukwayukwa Settlement, as well as approximately 5 thousand nationals surrounding the refugee camps. Services have included healthcare, nutrition, HIV/AIDS, water and sanitation and community development.

## Relocation and Repatriation

2006 has been an especially significant year for AHA in Zambia, as we have managed the safe and dignified relocation and repatriation of an estimated 12,000 Angolan refugees. Our objective was to facilitate people's safe and dignified return home, ensuring that they experienced no detrimental effect to their health and nutritional status. In doing so it soon became apparent that a significant number of refugees in Nangweshi were not keen to return to Angola. For these people the government of Zambia kindly offered a relocation opportunity to the Mayukwayukwa Settlement. The operation was a huge success, free from any major health or public health incidence, communicable disease or deaths.

## Health Care

The provision of comprehensive and easily accessible health care has remained a priority for AHA in Zambia, where we have serviced the needs of the remaining refugees in Nangweshi camp and 5,000 nationals in the surrounding area.

Lifesaving health services have been provided by our 2 clinics, housing departments in; Inpatients, Outpatients, Laboratory Services, Pharmaceuticals, Labour, Antenatal, Delivery and Post Natal, Public Health, Reproductive Health, Health education, HIV/AIDS, Voluntary Counselling and Testing, Home Based Care, Expanded Programme for Immunization (EPI), Growth Monitoring and Referrals.

Our efforts have been rewarded by a marked improvement in the overall health and wellbeing of the affected population, with the proper management of patients locally resulting in a reduction in the number of referrals to other health establishments. To ensure the assisted population ongoing benefit from AHA services, we have been working with the Ministry of Health to manage a phased integration programme. In this way we seek to strengthen the capacities of the local community and achieve sustainable results.

## Nutrition

Complimentary to AHA's medical services has been our nutrition programme, offering supplementary feeding, therapeutic feeding and basket monitoring activities, to those who need support. Supplies are provided by the World Food Programme and distributed to the assisted population, whilst wet feeding is given daily at AHA's nutrition centre.

## Water and Sanitation

In Nangweshi Camp, AHA is also responsible for the provision of clean and adequate water and sanitation. In this area community participation has been greatly encouraged and residents sensitised to the necessity of good personal and environmental hygiene. The provision of quality water is closely monitored and adheres to World Health Organisation standards and recommendations, meeting the 15-20 litres per person per day minimum. An enthusiastic response by residents, along with extensive cleaning campaigns, the promotion of mosquito nets and proper drainage of stagnant water, have all contriuted to improved disease control, the absence of sanitation related epidemics and a low incidence of diarrhoea and skin disease during 2006.

## Challenges and Achievements

Working in Zambia we have faced a number of ongoing challenges, not least a scarcity in resources and ongoing budgetary constraints. However good management and implementation has enabled us to maintain an acceptable standard of practice and together with the assisted population, achieve many goals. To date accomplishments include a remarkable improvement in the health, sanitation, nutrition and socio - economic status of the assisted populations (both Angolan refugees and the surrounding Zambian communities). Most notable in 2006 was the historic feat of safely repatriating and relocating thousands of refugees.



Donors
UNHCR
IOM

Partners
UNHCR
IOM
WFP
Ministry of Health

# OUR ADVOCACY WORK

## BRINGING AFRICAN VOICES TO HUMANITARIANISM

AHA's breadth of experience, local knowledge and expertise has led us to play an ever increasing role in global advocacy. We regularly take part in international humanitarian meetings, workshops and conferences, regrettably more often than not as the only southern based representative.

We bring an all important African voice to the otherwise northern dominated international humanitarian field. Confident that Africans have what it takes to deal with the challenges facing the continent, we advocate for:

- ***Increased support and empowerment of indigenous organisations;***
- ***Flexible, timely, predictable, needs based funding;***
- ***Genuine partnerships based on equality, transparency, complementarity and shared-responsibility;***
- ***The acknowledgement and integration of African CSOs agenda and strategy;***
- ***International recognition of African CSOs value, contribution and expertise;***
- ***Continued improvement in humanitarian delivery through enhanced accountability, sustainability and use of the participatory approach;***
- ***Increased capacity development for African CSOs and vulnerable populations.***

The development of more equitable and mutually beneficial relations between north-south humanitarian actors can only serve to improve humanitarian assistance in Africa. Most importantly it is affected populations who are set to gain from locally sensitive and better able southern NGOs, with an emphasis on participation, sustainability and ownership.

This is especially important in the current context, as the international humanitarian community seeks to redefine itself, in order to better serve affected populations. With this in mind, AHA hopes to lay the foundations for an African-based response system, which we believe is essential to establishing efficient relief and sustained development.



Our efforts see us working closely together with many local and international partners, as well as participating in numerous global networks, forums and workshops, among others:

- ***The African Union***

Political Affairs Department - as a member of the AU Coordinating Committee on Assistance and Protection to Refugees and Internally Displaced Persons in Africa; a member of the PRC Sub-Committee on Refugees and part of the 2008 African Union Special Summit Task force.

African Citizens Directorate (CIDO) – as an active member of the Steering Committee of the African Civil Society Organisation's consultation on the AU/EU Joint Strategy .

Peace and Security Department – working on Post-Conflict Reconstruction/Development and the African Centre for Humanitarian Action .

- ***The United Nations High Commissioner for Refugees (UNHCR)***
- ***The Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP)***
- ***Overseas Development Institute-*** Civil Society Partnership Programme (CSPP)
- ***The International Council of Voluntary Agencies (ICVA)***
- ***SPHERE Project***
- ***People in Aid***
- ***International NGO Training and Research Centre (INTRAC)***
- ***The Global Humanitarian Platform***
- ***Inter-Agency Standing Committee Global Health Cluster***



**During 2006 we have paid special attention to the subject of accountability, working together with SPHERE, People in Aid and ALNAP. We remain dedicated to quality and optimum transparency, in order to best serve the assisted populations to whom we are ultimately accountable.**

# ACHA - African Centre for Humanitarian Action

## Local Choices - African Voices - Global Forces

2006 has seen great strides forward in the establishment of the African Centre for Humanitarian Action, with AHA taking the lead in configuring the organisation. Activities have seen us working to define and give form to the concept, determine the mission, outline programmes/activities and secure funds to enable the next steps to be taken.

### Background

While African CSOs endeavor to give substance to the concept of an African renaissance, it has become obvious that increased unity and co-ordination are necessary if we are to achieve greater recognition of African capabilities and agendas, equal north-south partnerships and increased influence in the humanitarian sphere.

In this light, key international and African humanitarian actors gathered in Addis Abeba in 2004 for the International Symposium on 'Building the Capacity and Resources of African Non-Governmental Organisation'. Together participants agreed upon the necessity of a platform/mechanism tasked with supporting, serving and representing African Humanitarian organisations. Henceforth AHA has been mandated with the role of establishing the African Centre for Humanitarian Action.

### Mission

***Building on existing knowledge and expertise, ACHA aims to unite and strengthen African CSOs, through stronger partnership, increased learning and improved advocacy, in order to achieve greater impact for vulnerable communities.***

### Programmes

- **Advocacy and Representation**

**Presenting African perceptions, concerns and priorities, and fostering humanitarian partnership**

- **Information and Knowledge Transfer**

**Enhancing capacities through learning and knowledge transfer**

- **Research and Dissemination**

**Activating ideas and improving quality**

- **Assistance and Service**

**Building on the skills and resources of African CSOs**

## *Developing African CSOs Capacity in Alternative Conflict Management*

In June 2006 ACHA delivered it's first programme; Training of Trainers and Field Work for 'Developing African Civil Society Organisations Capacity in Alternative Conflict Management', developing the knowledge and skills of humanitarian workers, academics and officials from Angola, Burundi, Chad, DR Congo, Ethiopia, Guinea, Liberia, Namibia, Rwanda, Sierra Leone, Sudan, Uganda and Zambia.

Funded by the African Development Bank this project sought to facilitate the definition of African ideas and systems, embodying and institutionalising good governance and political pluralism within the context of African cultural traditions, by promoting increased understanding of the process and requirements of democratic transition.

Training focused on capacity development; to increase the organisational effectiveness and advocacy, for rehabilitative area-based development for poverty alleviation, for community based psycho-social trauma management and for conflict management and preventive diplomacy. The event was well received and provided an excellent example of ACHA's raison d'être, boding well for future successes.



## *The Future*

ACHA is striving forward in further establishing itself as a leading international humanitarian body, securing funding, growing membership, increasing visibility and outreach, and initiating programmes. 2007 will see us continue to work closely with the African Development Bank and the African Union as well as international partners, to achieve common goals. Planned activities include research, needs assessments and recommendations for the continued capacity development of African NGOs, defining key knowledge management and learning tools.

# FINANCES

We would like to express our gratitude and thanks to all donors and partners in 2006, whose support and kindness have contributed to the fulfilment of our mission; to build on the strength of African people to solve African problems.

First and foremost we are accountable to the populations whom we assist and to the donors who entrust us with this task. As such we remain committed to transparency and excellent finances.

We ensure strict financial controls and independent auditors review the financial statements for each AHA Office. Once again we are happy to report that we have successfully balanced our accounts, with funds being put to optimum use and achieving maximum results in the field.

In 2006, we have endured a 19% drop in income driven by several factors. On one hand, in Zambia, we have completed our mission, and thus funds have not been renewed.

On the other hand, our partner UNCHR has disengaged us from certain programmes, such as in Angola. At head office level, facing this overall decrease, support and governance expenses have been cut from a 5% average to a 3% overall budget, putting us in a critical situation to assume our future challenges and enhance our institutional capacity.

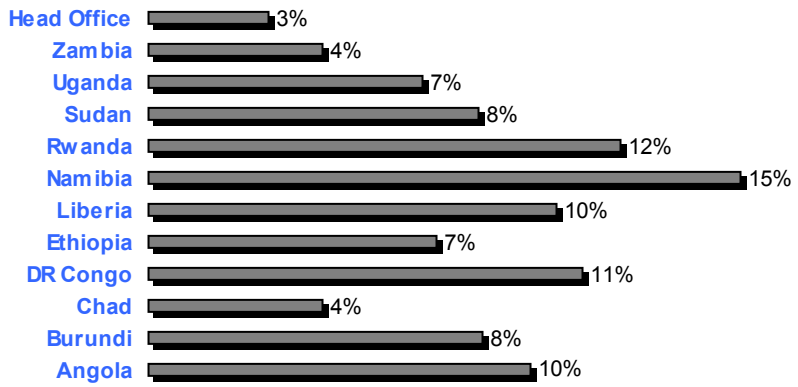
AHA continues to advocate for flexible, timely, predictable, needs based funding for indigenous NGOs like ourselves, to enable essential capacity development. Without such a change, locally based organisations will remain as vulnerable as the populations they work to assist.

Therefore we appeal to the donor community to support African NGOs in realizing their full potential, as ultimately it is affected populations who are set to gain from stronger, better able and proximate organisations, with an emphasis on participation, sustainability and ownership.

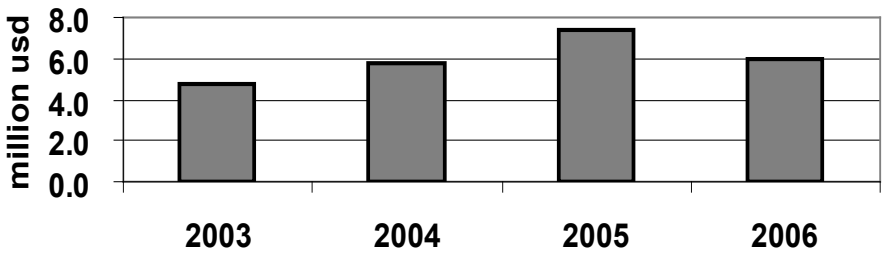
## INCOME & EXPENDITURES

| | *Income in USD* | *Expenditure in USD* |
|---|---|---|
| Angola | 576,343 | 575,645 |
| Burundi | 516,759 | 504,329 |
| Chad | 333,123 | 261,083 |
| DR Congo | 670,336 | 653,740 |
| Ethiopia | 446,661 | 433,287 |
| Liberia | 653,330 | 613,646 |
| Namibia | 917,529 | 893,188 |
| Rwanda | 715,398 | 711,709 |
| Sudan | 475,687 | 497,212 |
| Uganda | 428,864 | 411,599 |
| Zambia | 262,631 | 261,130 |
| Head Office | 169,816 | 179,418 |
| ***Total*** | ***6,166,478*** | ***5,995,986*** |

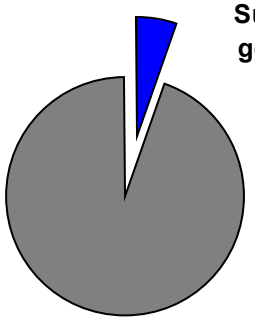
## AHA 2006 Expenditures per country




## AHA Income from 2003 to 2006




## For every 1$ given to AHA



5c is spent on Support and governance

95c is spent directly in our programs

Average spending 93-06

# AUDITORS' REPORTS

## AUDITORS' REPORT TO THE BOARD OF DIRECTORS OF AFRICA HUMANITARIAN ACTION (AHA)

We have audited the financial statements of AHA – Head Office on pages 1 to 4 which have been prepared under the historical cost convention and in accordance with the accounting policies referred to on page 3.

### RESPECTIVE RESPONSIBILITIES OF DIRECTORS AND AUDITORS

AHA's Directors are responsible for the preparation of the financial statements. It is our responsibility to form an independent opinion, based on our audit, on those statements and to report our opinion to you.

### BASIS OF OPINION

We conducted our audit in accordance with Generally Accepted Auditing Standards. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements.

We planned, and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance as to whether the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

We have relied on the representations of management that all income received by the Head Office during the year has been correctly reflected in the accounting records of AHA's Head Office as the completeness and accuracy of the income could not be ascertained by us from other independent sources.

We believe that our audit provides a reasonable basis for our opinion.

### OPINION

In our opinion the financial statements together with the notes thereon, which have been prepared under the historical cost convention present fairly under that convention the financial position of AHA – Head Office's affairs at 31 December 2006 and its income and expenditure for the year then ended and are in agreement with the financial records maintained at its Head Office in Addis Ababa.

A.A. Bromhead & Co.
Chartered Accountants
and U.K. Registered Auditors
Correspondent firm of *KPMG* International

P.O. Box 709
Addis Ababa
26 April 2007

A. A. BROMHEAD & Co.
Chartered Accountants
P.O. Box 709
ADDIS ABABA

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CHARTERED ACCOUNTANTS

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## AUDIT REPORT TO THE UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES ON THE FINAL SUB-PROJECT MONITORING REPORT IMPLEMENTED BY THE AFRICA HUMANITARIAN ACTION NAMIBIA FOR THE OPERATIONAL YEAR 1 JANUARY 2006 TO 31 DECEMBER 2006

*We have audited the final Sub-Project Monitoring Reports for sub-project Africa Humanitarian Action Namibia dated 31 December 2006, which has been prepared under the historical cost convention and in accordance with the accounting requirements set out in the Sub-Project Agreement. The Sub-Project is primarily responsible for humanitarian assistance to distressed communities in Africa, the pursuit of development in peace in the continent and to provide financial and technical assistance to the Namibia refugee camps.*

***Respective responsibilities of the Agency and the Auditors***

*As stated in the Sub-Project Agreement, the Agency is responsible for the maintenance of proper financial and project records and the preparation of the Sub-Project Monitoring Reports. It is our obligation to form an independent opinion, based on our audit, on those statements and reports the opinion to you.*

***Basis of opinion***

*We conducted our audit in accordance with generally accepted auditing standards. An audit includes examining, on a test basis, evidence relevant to the amounts and disclosures in the financial statements. An audit includes an assessment of whether the accounting policies used are appropriate, consistently applied and adequately disclosed.*

*We planned and performed our audit so as to obtain all the information and explanations which we consider necessary in order to provide us with sufficient evidence to give reasonable assurance that the Sub-Project Monitoring Reports are free from material misstatements, whether caused by fraud or other irregularity or error. In forming our opinion, we have also evaluated the overall adequacy of the presentation of information in the final Sub-Project Monitoring Report.*

***Qualification***

*As stated in note 1 to the annual financial statements, fixed assets are expensed in full in the period of acquisition and hence no depreciation is provided for.*

***Audit opinion***

*In our opinion the Sub-Project Monitoring Reports dated 31 December 2006, showing instalments received totaling N$ 6 035 510 gives a true and fair view of the state of affairs of the sub-project over the year in operation.*

STIER VENTE ASSOCIATES
CHARTERED ACCOUNTANTS

WINDHOEK
8 June 2007

Partners: Hans-Günther Stier, Bernhard Vente

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## AUDITORS' REPORT TO THE BOARD OF DIRECTORS OF AFRICA HUMANITARIAN ACTION (AHA) RWANDA OPERATION

We have audited the financial statements on pages 1 to 3, which have been prepared in accordance with the accounting policies referred to on page 3 of the financial statements.

### RESPECTIVE RESPONSIBILITIES OF DIRECTORS AND AUDITORS

AHA's Directors are responsible for the preparation of the financial statements. It is our responsibility to form an independent opinion, based on our audit, on those statements and to report our opinion to you.

### BASIS OF OPINION

We conducted our audit in accordance with Generally Accepted Auditing Standards. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements, except that we did not visit project sites in Rwanda.

We planned our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance as to whether the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion, we also evaluated the overall adequacy of the presentation of information in the financial statements.

We believe our audit provides a reasonable basis for our opinion.

### OPINION

In our opinion, the annexed Balance Sheet and Income and Expenditure Statement together with the notes thereon, which have been prepared under the historical cost convention, present fairly under that convention the financial position of Africa Humanitarian Action's Rwanda Operation at 31 December 2006 and the result of its operations for the year then ended and are in agreement with the financial records of AHA's – Rwanda Operation.

A.A. Bromhead & Co.
Chartered Accountants and
U.K. Registered Auditor
Correspondent firm of *KPMG* International

26 April 2007
Addis Ababa

A. A. BROMHEAD & Co.
Chartered Accountants
P.O. Box 709
ADDIS ABABA

# *A BIG THANK YOU*

In what has proved to be a highly eventful year, we would like to extend our gratitude to the many supporters who have made our work possible. It is thanks to our exceptional ***staff, volunteers, donors, Trustees, Friends of AHA and partners,*** along with the inspiring energy and resourcefulness of the populations whom we assist, that so much has been able to be achieved.

Our work is evidence that it is African people who have the strength and ability to solve African problems and to this ends we remain dedicated. 2006 has provided the perfect platform from which to launch into 2007, extending our programmes, developing our capacities and reaching out to new communities.



# *OUR DONORS AND PARTNERS*

## *Donors*

### United Nations High Commissioner for Refugees (UNHCR)

African Development Bank (AfDB)
African Union (AU) / African Union Mission in Sudan (AMIS)
Alliance for Direct Action against Rape in Conflicts and Crises (AllianceDarc)
Food and Agriculture Organization of the United Nations (FAO)
Government of Uganda
Great Lakes Initiative for Aids
HIV/AIDS Prevention and Control Office (HAPCO)
Pathfinder International – Ethiopia (USAID)
United Nations Children's Fund (UNICEF)
United Nations International Organization for Migration (IOM)
United Nations Mission in Sudan (UNMIS)
United Nations World Food Programme (WFP)
United Nations World Health Organisation (WHO)
United Nations World Health Organization (WHO) - CERF
United States Agency for International Development (USAID)

## *Partners*

### United Nations High Commissioner for Refugees (UNHCR)

Actions et Interventions pour le Développement et l'Encadrement Social
African Union (AU) / African Union Mission in Sudan (AMIS)
Alliance for Direct Action against Rape in Conflicts and Crises (AllianceDarc)
Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ)
Food and Agriculture Organization of the United Nations (FAO)
Genocide Intervention Network (GI-NET)
Government of Angola - Government of Burundi - Government of Chad - Government of DR Congo
Government of Ethiopia - Government of Liberia - Government of Namibia - Government of Rwanda
Government of Uganda - Government of Zambia
Humanitarian Aid Commission (HAC)
International Medical Corps (IMC) - Médecins Sans Frontières (MSF) - Mentor Initiative - MiniSanté
Oxfam UK - Pathfinder International, Ethiopia (USAID) - Province Sanitaire
Uganda National Expanded Program on Immunization (UNEPI)
United Nations Children's Fund (UNICEF)
United Nations International Organization for Migration (IOM)
United Nations International Organization for Migration (IOM)
United Nations Mission in Liberia – Humanitarian Co-ordination Section (UNMIL – HCS)
United Nations Mission in Liberia (UNMIL)
United Nations Mission in Sudan (UNMIS)
United Nations Population Fund (UNFPA)
United Nations World Food Programme (WFP)
United Nations World Health Organisation (WHO)

If you would like to support us, please send your contributions to:

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Acc. No. 0012008248001
Swift Code Dashetaa

UBS Geneva, Switzerland
Acc. No. 279/D71055620
IBAN: CH57 0027 9279 D710 5562 0

## *Volunteers*

Melanie Coyne
Maartje Vooijs
Melissa Krall


- ***Photographers***

Michael Tsegaye: cover and back photo and p. 2, 5, 8, 10, 19, 43
E. Compte Verdaguer/UNHCR: p. 4
Sergi Camara/WpN: p. 9
Carole Pittet: p 21
R. Ochlik/UNHCR: p. 23
L. Taylor/UNHCR: p. 25
S. Mann/UNHCR: p. 31
Manoocher Deghati/IRIN: p. 31

- ***Texts***

Naomi Pardington Green

- ***Finances***

Arnaud Guegan

- ***Layout & photo editing***

Susanne Döttling, Kelly Bradley and Desta Mahdere

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