Africa Humanitarian Action

ANNUAL REPORT

• 2007



African

IN SPIRIT CONCEPT & COMPOSITION



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Message from the President

2007 has proffered some hopeful images; community members in rural Ethiopia telling us how improved reproductive health has empowered women in the area; a victim of sexual and gender-based violence describing how refugee support groups in Rwanda have helped her to look positively to the future; an internally-displaced person in Liberia explaining what it feels like to finally return home. Whilst such achievements inspire our work, it is the ongoing needs of increasing numbers of affected populations throughout Africa which drives us onwards.

Our raison d'être remains stronger than ever; unprecedented levels of displacement, fuelled by numerous protracted and newly formed crises. The situation is all the more disquieting as the ever-growing spectres of climate change and the global food crisis loom. Whilst specific areas have posed an ongoing challenge - the Central African Republic, Chad, the Democratic Republic of Congo, Somalia and the Darfur region of Sudan, others have necessitated greater support in their efforts toward Post Conflict Recovery and Development - Southern Sudan and Uganda, to name but two, where returnees continue to flood home.

Thus, AHA has worked tirelessly throughout the year to deliver timely and effective humanitarian assistance to vulnerable populations in nine African countries. This report provides a clear outline of how much has been achieved, often against the odds. Our programmes have continued to perform to a high standard, delivering results above and beyond those expected, expanding our services where possible and diversifying efforts as needs have demanded. Great strides have been made in mainstreaming gender throughout all AHA programmes, including the appointment of a new programme officer and the development of a joint SGBV Prevention and Response Proposal with the International Medical Corps.

At Head Office a number of significant achievements have marked the year, including; vast improvements in information technology; much enhanced capacity – with due credit to our international volunteers programme; significant developments in communications – including an organizational re-brand and launch of a new website; and vigorous advocacy for southern based organizations - delivering a much under-represented point of view to the international humanitarian arena. The year was crowned by our Fourth Assembly of International Trustees who gathered from across Africa and beyond to offer their time and wealth of experience in support of AHA; laying the foundations for the organization's future development, in order that we can best respond to the mounting challenges facing the continent.

However, 2007 was not without its challenges, not least the ongoing repercussions of donor fatigue, UNHCR reforms and the resulting funding cuts. Consequentially, AHA has regrettably been forced to close two country programmes – AHA Angola and AHA Chad. Plagued by inadequate resources - financial, technical and human, our efforts continue to be stunted and our potential frustrated by the inconsistencies, inequalities and inadequacies rife in the global humanitarian status-quo. In response to which we have tirelessly fought for meaningful change; contributing towards the Global Humanitarian Platform's Principles of Partnership, representing African non-governmental partners during UNHCR's 58th Executive Committee Meeting and nurturing the development of the African Centre for Humanitarian Action, among other things.

Thus, we move into the future defiantly, resolute in our mission to build on the strength of African people to solve African problems and determined to employ innovative ways to develop our institutional capacity to do so. Measures will include an organizational re-structure, strengthened partnerships and greater support for the mobilization of regional resources and wealth. It is only together, hand in hand with our continental brothers and sisters and with the valuable support of our international friends that we can provide adequate, timely, effective and sustainable humanitarian assistance to the millions who continue to suffer.



AHA at a glance

About us

AHA is African in…

Spirit: Confident that African people have the necessary skills and resources to address the challenges facing the continent, we contribute toward and advocate for regional African-driven solutions to conflict and poverty.

Concept: Our proximity to affected populations and understanding of local contexts maximize the sustainability and accountability of the multi-sectoral programmes we deliver.

Composition: We draw on the commitment and expertise of more than 1,400 staff, 85% of whom are recruited from local communities, to better ensure a continuum between humanitarian assistance and development.

Africa Humanitarian Action is a pan-African non-governmental organisation (NGO) providing effective humanitarian assistance to alleviate human suffering in Africa. Founded in 1994 in response to the Rwandan genocide, we have supported millions of people in 16 African countries to regain their health, dignity and wellbeing.

Working throughout the continent, our work sees us delivering a wide range of lifesaving services to suit complex and varying needs; from protecting internally displaced persons in Darfur, to repatriating refugees in the Democratic Republic of Congo, to raising awareness of HIV/AIDS in Ethiopia, amongst others.

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 sustainable development. We especially focus on promoting the rights and interests of disadvantaged and excluded groups, working to empower people affected by and living with HIV/AIDS, women, children, orphans, elderly and those with disabilities.

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 existent within a community and giving people ownership of their future, that real change can be achieved.

Complementary to the assistance we provide is our work in advocacy, bringing a much needed southern perspective to the global humanitarian arena. Since inception we have striven to empower both African civil society organisations and communities to ensure that they have the opportunity, confidence and space to generate meaningful contributions to humanitarianism.

AHA Footprints…



Africa Humanitarian Action provides effective humanitarian assistance to alleviate human suffering, building on the strength of African people to solve African problems.

Programmes

AHA delivers a wide range of lifesaving services to suit complex and varying needs. The means of assistance provided differs according to the prevalent needs of a community. Whilst entirely complementary and often mutually supportive, the breadth of our work is divided into the following programme areas.

Capacity Development >>>

Community empowerment and participation
Information, education and communication
Livelihood protection and income generation
Reconstruction and rehabilitation
Support of community and government structures and services
Sustainable development
Training





<<< Health Care

Gender and sexual-based violence
Health education and training
HIV/AIDS
Malaria
Maternal and child health care
Mental health care
Nutrition services
Primary health care
Reproductive health care

HIV/AIDS >>>

Care and support
Information, education and communication
Prevention and community mobilization





<<< Public Advocacy

Support and empowerment of indigenous organisations
Flexible and timely needs based funding
Genuine partnerships
Acknowledgement and integration of African CSOs agenda and strategy
International recognition of African CSOs value, contribution and expertise
Enhanced accountability and sustainability
Increased capacity development for African CSOs and vulnerable populations

Relief & Recovery >>>

Camp management
Health care & support
Community development
Food distribution and nutrition
Protection
Rehabilitation and reconstruction
Shelter provision
Transport and logistics
Water and sanitation





<<< Sexual & Gender-based Violence

Care, treatment and support of survivors
Prevention
Reducing stigma and discrimination
Strengthening collaboration and co-ordination with stake-holders
Safe and ethical data collection

**note: certain programmes run as strands through all other programme areas, but for repetitions sake are not repeated in each list.*

Governance



Board of Directors

President: Dr. Dawit Zawde
Vice President: Dr. Costantinos Berhe-Tesfu
Director: Mr. Anders Wijkman
Director: Mr. Nicolas Bwakira

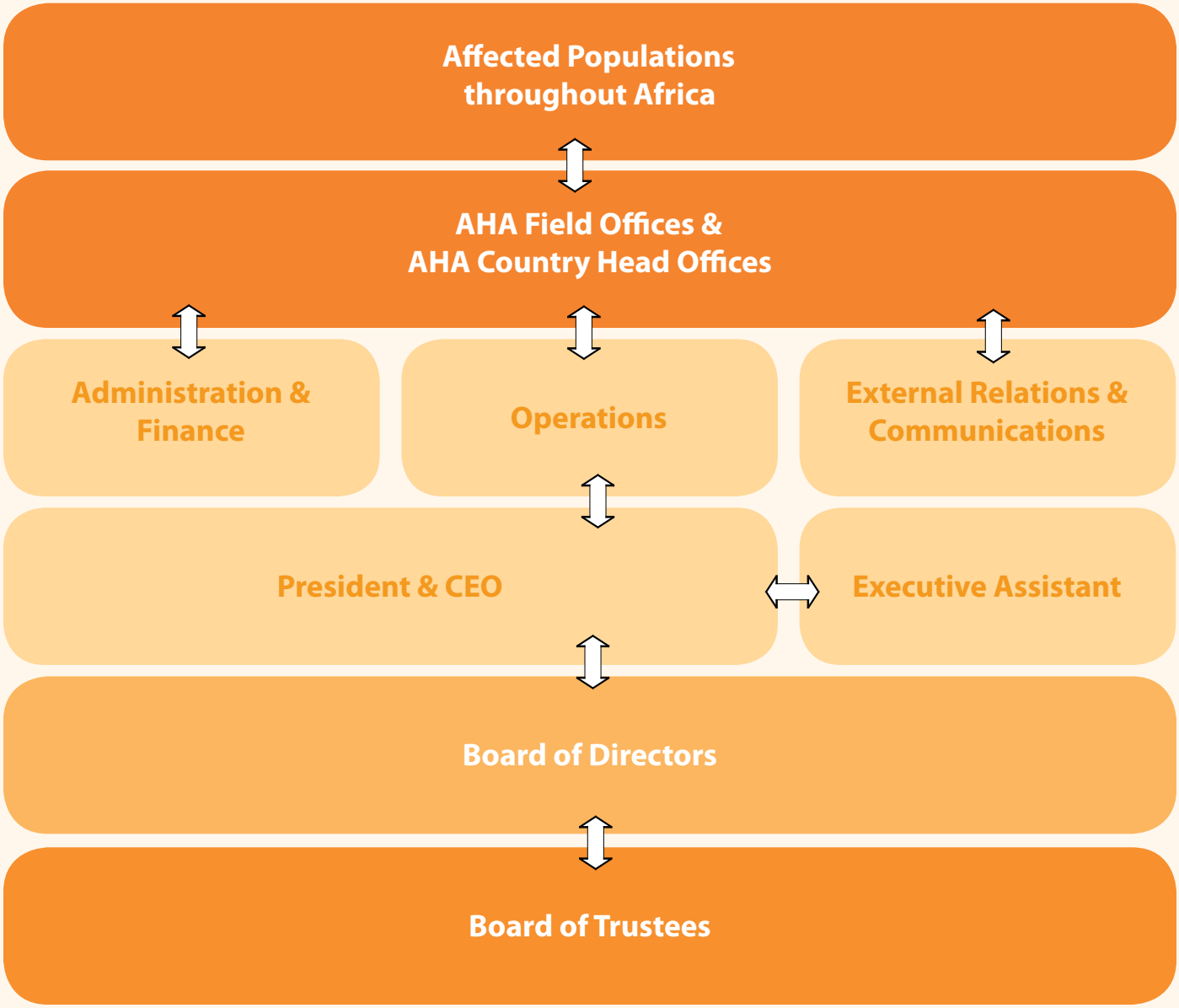
Board of Trustees

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Mr. Yohannes Kifle – Ethiopia

Structure

Inspired by their resilience, informed by their advice and supported by their efforts - affected populations are at the forefront in everything AHA does. This ensures that our field offices respond appropriately to people's prevalent needs, in a timely and effective manner. Each field office is supported by an in Country Head Office, which in turn gains its support from a strong team based at the AHA Head Office, in Ethiopia.

AHA Head Office is guided by our President & CEO, who works in partnership with our Board of Directors - setting strategic priorities and monitoring and evaluating performance, standards and results. The Directors are appointed by our International Board of Trustees, whose members determine our general policies and ensure quality and accountability to both affected populations and donors.



Based throughout Africa
Based at Head Office, Ethiopia
Based at and/or near to Head Office, Ethiopia
Based throughout Africa and worldwide

2007 Highlights

- AHA Burundi -

- AHA DR Congo - Assisted in the successful repatriation of more than 20,000 people back to DR Congo, along with providing more than 100,000 people with essential lifesaving health care.
- AHA Ethiopia – Extended our services to supply safe and adequate water to refugees in the Afar region, where two new refugee camps are currently under construction.
- AHA Liberia – Provided lifesaving health services for an estimated 450,273 people, including IDPs, returnees, locally integrating refugees and local communities, at 34 health facilities, based in six counties, throughout the country.
- AHA Namibia – Heightened efforts to address sexual and gender-based violence resulted in increased understanding and notable changes in behaviour; efforts included training hundreds of community members and staff on the issue and mobilizing mass information, communication and education campaigns.
- AHA Rwanda – The Urban Refugee Project in Kigali has made a significant impact in its first year of implementation, assisting 5000 urban refugees to access health care and nutritional support, as well as supporting more than 1,000 young people in accessing education – providing school materials, uniforms and tuition fees.
- AHA Sudan – Made progress in enhancing protection for affected populations in the Darfur region – primarily women and girls at risk. Working with GI-Net, a number of protective measures have been implemented, including the initiation of income generation projects to support Darfurians living in camps in El-Fasher.
- AHA Uganda - Has provided comprehensive primary health care services to more than 100,000 vulnerable communities in the north of the country, working in 33 settlements and 1 transit camp. Efforts resulted in an overall reduction in morbidity and mortality rates, low malnutrition rates, high numbers enrolled in antenatal care and high immunization rates.
- AHA Zambia – Supported 1,427 orphaned and vulnerable children, almost half as many again as originally targeted. Assistance included; school fees and equipment - uniforms, exercise books, pens, pencils, erasers, mathematical sets, sharpeners; and clothes and blankets (also for non-school goers).
- 2007 saw AHA take major steps forward in mainstreaming gender; with the appointment of an SGBV Programme Officer and the development of a joint SGBV proposal with the International Medical Corps.
- Significant achievements were made in enhancing organizational capacity, including the running of a successful volunteer programme.
- AHA made considerable strides in improving its information and technology systems, laying the foundations for a modern and sustainable set-up. Accomplishments included the installation of a new central IT system and a new and powerful central office server.
- AHA greatly developed its communications; re-branding the organization to present a professional and uniquely African identity and ethos, developing and expanding upon communication materials, building contacts and raising our profile at a local, national and international level.
- AHA organised and took part in a number of key events, including; Africa's first conference on, 'The African Union and the Responsibility to Protect: from Non-interference to Non-indifference', in partnership with Oxfam, and UNHCR's Refugee Day Celebrations at the African Union, with the AHA Rwanda photo exhibition by Michael Tsegaye.
- Our office in external relations has worked tirelessly to bring a much needed southern voice to the global humanitarian arena. To name but a few activities; AHA worked closely with the AU's African Citizens Directorate on the AU/EU Joint Strategy; actively participated in the Global Humanitarian Platform (GHP); and proudly represented UNHCR's African NGO partners at the organisations 58th Executive Committee meeting.
- AHA was honoured to receive US$500,000 of un-earmarked funding, generously donated by our co-Chair, Sheik M. H Al-Amoudi, to develop the capacities of our organization.
- The launch of the African Centre for Humanitarian Action (ACHA); the manifestation of many efforts and strong sentiments from within AHA and individuals and organisations both regionally and worldwide.

Burundi

Congo (DR)

Ethiopia

Liberia

Namibia

Rwanda

Sudan

Uganda

Zambia

OUR WORK IN AFRICA IN 2007



Note

*All 'Snap Shot' statistics in the following section are taken from the 'Human Development Report 2007/8, Fighting Climate Change: Human solidarity in a divided world', the International Displacement Monitoring Centre (IDMC) and the United Nations High Commission for Refugees (UNHCR).

*All donor and partner names can be found written in full on the 'Programme donors and partners' page.

Africa 2007; Year in Focus

Continental Hope Verses Hostilities

2007, the year of the 'African Millennium', delivered new promise for several African countries in which peace was consolidated, whilst others fell foul to new and/or burgeoning crises - particularly in Somalia, Chad, Sudan's Darfur region and the Central African Republic (CAR). A recent survey by the Internal Displacement Monitoring Centre of the Norwegian Council confirmed that the global internal displacement crisis continued to worsen throughout the year.

A quarter of the world's refugees can be found in Africa, home to three of the top five refugee-producing countries worldwide: Sudan, Somalia and the Democratic Republic of the Congo (DRC). Ongoing political unrest, violence, natural disaster, environmental degradation and a scarcity of natural resources are further to blame for swathes of a another kind of victim – internally displaced persons (IDPs). In 2007 UNHCR recorded almost half of the world's IDPs, more than 12 million people, to be in Africa.

The continued need for timely, efficient and sustainable humanitarian assistance speaks for itself; where all but a few countries on the continent have experienced conflict there remain some of the worst human development indicators (HDIs) worldwide. Widespread poverty, prevalent disease, low levels of education and a lack of basic infrastructure continue to plague many communities, denying affected populations their basic human rights.

In contrast, the millennium has also embodied the immense amount of promise prevailing throughout the continent. Thanks to the ongoing efforts of African civil society, the African Union, Regional Economic Communities and the determined leadership of certain individuals, along with continued international support, progress towards peace has been achieved in a number of countries. In this context, millions of previously displaced persons are now flooding home. In 2007 UNHCR repatriation efforts included voluntary repatriation for refugees from Angola, Burundi, the DRC, Liberia, Rwanda, 'Somaliland', Sudan and Togo.

In such a context, post conflict reconstruction and development (PCRD) is widely accepted as one of the biggest challenges now facing the continent. With more than 50% of fragile PCRD countries relapsing into violence following a peace agreement, the stakes are high. African civil society has played a critical role in ensuring progress towards peace is achieved, an idea enshrined by the African Union (AU) in their recent Policy on PCRD.

Whilst 2007 necessitated vital humanitarian efforts continue, they did so under mounting pressures. Not least was the ongoing threat of insecurity, with violence increasingly targeted at humanitarian activities. Work was further hampered by environmental and logistical constraints, with floods and droughts heightening people's needs whilst impeding outside assistance. Away from the field, the humanitarian sphere continued to struggle with donor fatigue, unpredictable funding, co-ordination and unequal north-south partnerships.

Some progress was made in addressing certain issues; the newly established Global Health Cluster endorsed their Principles of Partnership; the Cluster Leadership Approach faired well in its infant year; and African NGOs, represented by AHA, presented a brief, 'Partnerships Revisited: African NGO Commitment to Partnership in the New African Millennium', to UNHCR at their annual consultation event. However, much work remains to ensure humanitarian assistance delivers the best results it can, for the rising numbers of people whose lives increasingly depend on our support.

AHA remains particularly concerned about the myriad of challenges facing African civil society organisations to fulfill the critical role laid out for them. Until concrete efforts are made to increase African capacity to solve African crises, sustainable solutions will remain illusive



Burundi

Snap Shot



Facts & Figures

- Total Population: 8,000,000
- Life expectancy at birth (years): 31.9
- Infant mortality rate (per 1,000 live births): 129
- HIV prevalence a (% aged15–49): 2.9 – 11
- Population not using an improved water source† (%): 72 (rural)/42 (urban)
- IDMC estimated number of internally displaced persons: 2,000
- UNHCR estimated number of refugees: 43,000

Country Context

The agreement reached in October 2003 between the Government of Burundi and the main armed rebel group FDD-CNDD had given rise to high expectations that 2004 will pave the way for a transition towards peace. However, fighting continued between the government and the remaining rebel group FNL that did not comply with the conditions of the Arusha Accord. Consequently, delays in the political development of events aggravated ever latent feelings of insecurity among the population retarding the repatriation process of the expected 150,000 returnees.

After a decade of civil war, democratic elections were held from June to August 2005 culminating with the election of President Pierre Nkurunziza, a former rebel. The security situation improved giving humanitarian practitioners better access to parts of the country that were restricted so far. Almost 17,000 former rebels and combatants, about 500 women and 3,000 child soldiers were demobilized. In the same year, more than 20,000 asylum seekers crossed the border to find refuge in Burundi. Following the voluntary return of 12,260 of them the Government of Burundi and UNHCR set in motion a refugee status determination exercise and around 8,000 people were later settled in the Musasa camp (Northern Province of Muyinga) while a group of 206 people who were granted a refugee status were moved to the Giharo transit centre in the south east of the country.

Throughout 2006 and 2007 the overall security situation continued to improve. It is in this context that in June 2006 UNHCR jointly with the Governments of Tanzania and Burundi launched a 50$ cash grant programme on a first come first served basis in order to encourage Burundian refugees in Tanzania to return and settle in their country of origin. As a result, the number of returnees coming back at the end of the school year and harvesting season progressively increased. Since 2002, more than 400,000 Burundian have returned to their country mainly from Tanzania while Burundi is hosting around 43,000 refugees (camp and urban) mainly from DRC. Returnees and refugees are beneficiaries of integrated assistance programmes within the framework of set standards in terms of international assistance and protection.

The political future of Burundi is closely linked to the overall situation in the Great Lakes Region, especially the volatile security environment in eastern DRC.

AHA started its operation in Burundi in October 2002 providing health care services to more than 16,000 DRC refugees in the Gasorwe-Kinama camp in Muyinga Province located in the northern part of the country. AHA has also been providing health care services to returnees in all the 7 entry points identified in different parts of the country since the repatriation process was launched in April 2002. On the basis of a new government health policy and an MOU signed between UNHCR, WHO, UNICEF and UNFPA, AHA has been contributing to efforts to strengthen national health structures within the framework of a pilot project targeting the Cankuzo Hospital in the north of the country and five satellites health centres. Returnees, displaced people and host communities' health care needs were better met thanks to the presence of AHA's doctor and support staff in the hospital who endeavoured to improve services and staff capacities.

From 2005 to date, AHA has been managing the camp where 206 Rwandese asylum seekers settled in the Giharo transit centre in Rutana Province at 170 km south-east of Bujumbura. By the end of 2007, their number has reached 226 with the addition of 2 households and newly born babies. In the camp, AHA has been providing protection and basic assistance in compliance with set standards.

In September 2007, AHA has signed an agreement with UNICEF who is funding an integrated assistance benefiting deportees victims of Tanzania's policy of refoulement.

Capacity development

Throughout the year, 10 training programmes were held in different times of the year with the aim of developing existing skills and imparting new approaches to all qualified medical and non medical staff as well as members of the refugee community. AHA convened 6 of them and topics included refresher course on various health issues and treatment protocols; information on COP 2008-2009 in relation to AHA's operation and the implementation of AGDM tools; HIV/AIDS and STIs prevention and care ; Sexual and gender-based violence (SGBV); capacity building of refugees and medical staff in local health infrastructure.

AHA also participated/made presentations in 2 trainings organized by UNHCR on the use of Standards and Indicators and Bird Flu (UNHCR regional health coordinator). More than 15,000 people benefited from sensitisation sessions at entry points as well as in the refugee camp. These sessions intended to create awareness on personal health issues helped bring people to adopt useful health practices.



Health Care

Repatriation project

AHA provided primary health care services to around 42,000 returnees i.e. 56% of the total number of returnees that came back to Burundi in a voluntary repatriation process. Recognized entry points are mainly located in the north (Muyinga), south (Makamba) and east (Ruyigi) with additional entry points in the north (Cankuzo), central (Gitega) and southern parts of the country (Rutana and Rumonge) for those who came back in a spontaneous repatriation movement. A screening process in transit areas made sure that returnees' health conditions were more or less satisfactory.

Provided services in transit centres included preventive and curative health care services with adult and paediatric consultations that covered related activities such as control of immunization and nutritional status among children under 5 and pregnant/lactating women; reproductive health care; maternal and child health/PMTC; family planning; the use of male and female contraceptives; distribution of standard birth kit to pregnant women in their last trimester; IEC programmes; malaria prevention and the importance of the use of mosquito nets ; care and prevention of HIV/AIDS and STIs; SGBV; reproductive health ; personal and environmental hygiene; disinfection of transit centres/camp, shelters, latrines and compound.

Moderate and serious malnutrition cases were referred to health centres and/or specialised NGOs working in the areas of return specific to each patient. In addition, special attention was given to all vulnerable people chronic patients such as children under 5 years; pregnant and lactating women; physically and mentally handicapped people as well as elderly people and single parents with children under 5 or a special handicap and people living with HIV/AIDS (PLWHA). AHA also organized the transfer of patients that had to be hospitalized or were referred to specialized medical institutions for surgical interventions, gynaecology, ophthalmology, dentistry…etc as well as other category of vulnerable people that were accompanied by AHA staff up to their communes of origin.

To sustain our efforts in improved health care services, sensitization programmes helped create/increase people's awareness, highlighting the importance of changing behaviour in the face of overall prevalent health problems. Follow-up programmes gave particular attention to vulnerable groups as a whole and chronic patients in particular who remained under AHA's care up to a period of 6 months and more within the framework of reintegration programmes.

As of September 2007, in conjunction with this project, AHA has been providing health care and other related services to deportees. After a screening process carried out by a government agency in four provinces (Cankuzo, Muyinga, Ruyigi and Makamba) where separate transit centres were organized, these group of returnees could benefit from the same health services as provided in the overall repatriation programme.

Refugee project

As regards its refugee programme, AHA continued to ensure the management of the Giharo refugee camp where it provided protection and basic assistance in compliance with set standards. Its services reinforced by a laboratory (AHA's donation of a microscope and required material/equipment) covered a wide range of multifaceted activities ranging from preventive and curative health care to IEC sessions; referrals to patients in need of specialized treatment and/or surgical interventions; distribution of non food items (cloths, wood, entertainment material/equipment…); managing KG and illiteracy classes; supervision of primary and secondary education programmes; distribution of seeds and various agricultural and other material/equipment and kerosene for lanterns.

HIV/AIDS Prevention & Care

Regular sensitization activities were held at entry points as well as in the Rwandese refugee camp focussing on care/prevention of HIV/AIDS, education with a high focus on the development of community responsiveness. AHA assisted and cared for PLWHA who came forward during the screening process at entry points. They were treated against all opportunistic diseases and/or referred to local specialized institutions for anti-retroviral treatment. AHA facilitated the transfer of these latter and those returnees who after sensitisation/information sessions expressed their wish for a voluntary testing. They were sent to national structures with VCT programmes and/or ARV treatment. Pamphlets with audiovisual awareness raising messages were provided along with the distribution of male/female contraceptives.

Great endeavours were also made to encourage voluntary counselling and testing in the refugee camp where people agreed to adopt behavioural changes in the face of the risk involved. Efforts were geared to promote prevention of mother to child transmission (PMTCT), fight stigma and ostracism of people living with HIV/AIDS (PLWHA) and develop a community based

support that would go along with medical and psychological care. Training and education/information sessions to medical and non medical staff including selected groups of refugees helped sensitize various groups in the camp (elderly leaders, women, youth groups, different committees...).

Relief & Recovery



Through its follow-up mechanisms in both repatriation and refugee programmes, AHA made certain that returnees and refugees alike received the appropriate treatment in their home communes/camp. It is in this background that AHA contributed to improving and reinforcing local structures. AHA's health and related activities were executed with the aim of safeguarding the wellbeing of beneficiaries in terms of improving their health and nutritional status through constant attention and follow-up
systems that guaranteed the continuity of provided treatment in camp and/or areas of return.

Through community health initiatives special care was given to vulnerable groups. Counselling and care were offered to a refugees and especially old people, PLWHA, SGBV survivors, and candidates to early marriages... etc in individual and/or group therapy; home visits .Throughout the year, returnees specially vulnerable groups identified during screening activities have benefited from the distribution of powder milk and clothing donated by UNHCR. Rwandese refugees in the camp have also been recipients of powder milk and clothing offered by UNHCR, AHA, the Evêché de Ruyigi and Maison Shalom, a local NGO.

Water and Sanitation

In transit centres GTZ is responsible for the provision of water and construction of latrines while AHA controls the quality of water and cleanliness of latrines with regular disinfection activities in the compound as well. In the refugee camp, AHA made sure that personal and environmental hygiene were satisfactory. It also managed water provision and saw to it that it was up to standard in terms of quality and quantity. It carried out the construction of canals so as to avoid the stagnation of waste water and protect water points from contamination. AHA and refugee staff and committee members contributed to efforts to maintain a cleaner and healthier environment.

Income Generation

Various activities of interest to the refugees were implemented in relation to developing their capacity and thereby their self-reliance which in the long run will bring an added value to their life in the camp but also in the context of more durable solutions. Thanks to the initiative taken by AHA to promote a peaceful coexistence with host communities, arable land was easily acquired and cultivated to yield successive satisfactory harvests. Leisure activities for the young and old (local games, dance groups…) along with blooming income generating activities changed the life of the refugees as a whole. A total of 49 people were involved in income generating activities i.e. 35% of the total adult population.

Sexual and Gender-based Violence Prevention & Response

AHA has addressed SGBV issues through a series of training and information/education sessions, introducing standard procedures (SOP) for prevention and response. AHA staffs, representatives from the refugee community and other interest groups were targeted with the aim of increasing their awareness and knowledge so as to share it with a larger audience. Particular attention was given to issues on gender equality; roles and responsibilities of concerned actors; actions to take in relation to protection, care, prevention and intervention; change of behavioural attitude; creation of mechanisms in order to deal with the information and subsequent actions that need to be taken to implement short and long term response procedures in the face of a sexual violence. Audiovisual means were also used to highlight the plight of SGBV female and/or male survivors and send a clear message as to the importance of taking concerted actions to protect victims that must receive immediate assistance both physical and psychosocial.

Challenges & Achievements

At the end of the year, mortality rates and malnutrition were at their minimal levels with no signs of epidemics. AHA participated actively in national health programmes (national immunization campaign) applying national protocols of treatment and remaining alert thanks to its sound early warning and follow-up systems to mitigate potential epidemics. That is how AHA came to contribute to the local health office's efforts to contain and eradicate a cholera epidemic that burst in Rumonge, Bururi Province in October-November 2007.

Almost daily convoys from Tanzania brought in large numbers of returnees while our teams assigned in the different entry points remained the same; lack of sufficient number of vehicles particularly for transferring and carrying vulnerable returnees' luggage and rough roads were some of the major challenges AHA Burundi had to face.

Difficult medical cases not treated as a result of negligence (second and third degree burns, pregnant women on their last trimester); inappropriate or late treatment (tumour, heart diseases) and/or lack of follow-up that denied them the privilege of being resettled represented some of the problems we had to deal with. Such cases were more frustrating than challenging as they became a heavy burden to their immediate families, the society at large and AHA who could not do much in the absence of specialised medical facilities in the country but had to care for them all the same.

Due to the fact that AHA's health facilities were not full-fledged centres with a capacity to dispense voluntary HIV testing (VCT) and ARV treatment, we had to refer PLWHA and volunteers for testing to other local institutions and regional hospitals. This did not allow us to ensure the quality of provided services as these organisations did not have the sufficient capacity to absorb the number of patients they received while regional hospitals were more than often out of stock of ARV drugs.
AHA has been working in close collaboration with line ministries and particularly the Ministry of Health and its regional and local health offices. Our work has greatly benefited from an overall mutual support (provision of vaccines, para checks, condoms…).

Northern versus southern capacities has also been a problem that kept us on our toes with various organizations wanting to take part or all of the operations managed by AHA.

Donors: UNHCR; WHO, UNICEF, FAO, WFP

DR Congo

Snap Shot
Libenge, Dongo, Imesse, Buburu



Facts & figures
- Total Population: 65, 751,512
- Life expectancy at birth (years): 45.8
- Infant mortality rate (per 1,000 live births): 129
- HIV prevalence a (% aged15–49): 3.2 [1.8–4.9]
- Population not using an improved water source† (%): 54
- IDMC estimated number of internally displaced persons: 1, 400 000
- UNHCR estimated number of refugees: 208,371

AHA programmes
- Advocacy
- Health Care
- HIV/AIDS Prevention & Care
- Relief & Recovery
- Sexual and Gender-based Violence Prevention & Response

Country context
Since independence, DR Congo has faced a history of crises, fuelled by civil war and corruption. Whilst the most recent civil war came to an end in 2003, with the establishment of the Transitional Government, the vast mineral wealthy country remains haunted by physical destruction and the specter of renewed violence.

AHA began work in DR Congo in 2004 and today continues to provide lifesaving assistance to refugees, returnees, IDPs and the local population in the Equateur province. The area, currently home to around 4.5 million people, is one of severe disadvantage, the only means of subsistence being fishing and farming. With little access to basic services, potable water or transportation, the challenges facing residents and returnees are rife. To address some of these key issues AHA undertook five major projects in 2007, working from three entry points into the Equateur province, Buburu, Imesse and Dongo.

Advocacy
AHA has continued to speak in favour of the populations whom we assist, rallying the local authorities and various donors on key issues of concern. The year saw us organising and participating in many meetings to highlight the deplorable situation of health and water/sanitation in the province. We have also made particular effort to highlight the continued absence of projects/programmes in favour of women and the issue of sexual and gender-based violence (SGBV) in the province.

Health Care
Health care has remained our primary focus in 2007, with an AHA medical team (more than half our personnel) present at each repatriation site in the area we service. The teams provide medical screening, primary health care and support to existing health structures. At each transit centre we set up a temporary health dispensary where each and every returnee gets primary health care and where children less than 5 years old and women are

vaccinated. The year saw medical teams assist 14,190 returnees in this manner. Care does not stop there, as our medical teams then escort returnees, for an average of more than 2 days, on their journey home. On arrival to their hometowns, returnees, along with the local population, receive primary healthcare from one of the numerous local health structures which AHA has set-up and/or supports. In 2007 alone, an estimated number of 20,000 people have benefited from such healthcare, receiving much of their treatment at no cost.

Our service further includes the distribution of essential drugs to existing health structures throughout the province, along with capacity building for the local medical staff. As such, we have distributed drugs worth US$50,000 to 17 health structures in 2007 and commenced numerous training sessions.

HIV/AIDS Prevention & Care

In 2007, our HIV/AIDS sensitization program, which targets the local population as well as the returnees, has reached out to 30,000 people. Indeed, the programs which take place at the transit centres and in numerous towns and villages throughout the province, are now popular amongst the local population, who look out for the colourful pamphlets translated into local languages. This year alone we have distributed over 100,000 condoms and over 50,000 leaflets – the content of which also covers other important issues, such as malaria, nutrition and cholera.

Most importantly, our new operating site in Libenge (north western tip of the province) is entirely devoted to an HIV/AIDS Prevention program, in collaboration with UNHCR and financed by the World Bank. AHA was selected as the sole implementing partner for this project, which is part of a bigger venture known as the Great Lakes Initiative on AIDS (GLIA). GLIA targets the more vulnerable populations of the Great Lakes region, predominantly that of refugees and particularly the youth. Services range from coordinating sensitization and peer education programs throughout the zone (for around 50,000 people), providing medical and psychological care to people living with HIV/AIDS (PLWHAs), supporting local health structures to take on the challenge, supplying essential drugs to 19 health structures in the zone and training community educators throughout the area (150 to date). At the end of the program AHA will have reached out to around 70,000 people on this critical issue.

Relief & Recovery

AHA's work can clearly be seen to contribute to the improved reintegration of returnees and the wellbeing of whole communities. This is exemplified by the Buburu Health Centre, constructed by AHA in 2007 and fully equipped to international standards. Amongst other facilities the centre includes a maternity ward, laboratory, incinerators, sanitary and showers. In addition, a water pump has been constructed at a strategic point, accessible to both the local population and the health centre. The pump also services people in neighbouring towns, some of whom walk close to 40km each day to collect water.

Over 15,000 people are expected to be referred to the centre each year, which since its inauguration in June 2007 has already benefited close to 30,000 people. Currently, with many other health services inaccessible, the centre serves as the only reference point for emergencies in the surrounding area. In this case, women and children make up close to 50% of the assisted population.

Sexual and Gender-based Violence Prevention & Response

Whilst fully aware that much more needs to be done to address this critical issue, AHA has sought to take action to address SGBV, within its restricted current means. Several training sessions on SGBV care & prevention were delivered to AHA personnel, whilst we continued to advocate to relevant organisations and donors for greater action on the matter.

Challenges & Achievements

Having reached out to more than 100,000 people, with a budget of less than US$60,000, AHA DR Congo has met 80% of our targets for 2007. With an ever strengthening relationship between ourselves and our major partner UNHCR, we have been able to assist in the successful repatriation of more than 20,000 people back to DR Congo. The biggest hurdles remain logistical; the deplorable condition of the province's infrastructure greatly slowing down our movements and impacting negatively on the numbers of people we could have otherwise reached.

Donors: UNHCR, WB, UNFPA, PNMLS

Ethiopia

Snap Shot

Oromia Region and the Southern Nations and Nationalities People's Region





Facts & figures

- Total Population: 79,000,000
- Life expectancy at birth (years): 51.8
- Infant mortality rate (per 1,000 live births): 109
- HIV prevalence a (% aged15–49): [0.9–3.5]
- Population not using an improved water source (%): 78
- IDMC estimated number of internally displaced persons: 200,000
- UNHCR estimated number of refugees: 96, 980

AHA programmes

- Capacity Development
- Health Care
- HIV/AIDS Prevention & Care
- Relief & Recovery

Country context

Although politically stable, Ethiopia remains one of Africa's poorest states, heavily reliant on agriculture and prone to the devastating results of droughts and floods. Food insecurity remains chronic and resources such as water and pastoral or agricultural land scarce – resulting in ongoing ethnic clashes in areas such as Somali, Oromiya, Gambella and Tigray. The Nations health and wellbeing is at further risk from the prevalence of HIV/Aids and other communicable diseases. Whilst the Government has been commended for its work in addressing the issue, there remains an estimated 1 million people living with HIV and nearly as many orphaned by AIDS.

AHA started work in Ethiopia in 1997, where we also base our Head Office. During 2007 we continued to work throughout the Oromia and South Nations Nationalities and People's Region, assisting around 3.2 million of the local population to improve their health, wellbeing and socio-economic situation. We are further happy to report that during the year we extended our services to assist refugees in the provision of safe and adequate water, in the Afar region.

Capacity Development

In order to increase the capacity of local communities to prevent and appropriately address some of the daily challenges they face, AHA deploys over 1,040 community based reproductive health agents (CBRHAs). As established members of the community, our CBRHAs work to reach out to as many people as possible, to share essential life skills, lend advice and raise awareness on key issues. In doing so, we work closely with local health centers, religious leaders, key individuals and young people, amongst others. Through the sharing of information, education and communication we aim to increase the capacity of local people to make informed decisions about their health and wellbeing, better equipping them to face challenges in the future.

Health Care

Improved health remains the crux of our work in Ethiopia, where our CBRHAs deliver critical information on a wide range of cross cutting issues, including; reproductive health, family planning, maternal and child health, child feeding and nutrition, post abortion care, sexually transmitted diseases, HIV/AIDS, malaria prevention and



environmental sanitation, amongst other things. Whilst their key role is advisory, our CBRHAs also distribute contraceptives and make referrals. In doing so, they provide a key link between largely rural and isolated communities and other health providers – working closely with local health posts.

HIV/AIDS Prevention & Care

With this destructive disease a major concern throughout Ethiopia, our CBRHAs are well versed in raising awareness on the subject and providing support to those who are affected by it. Whilst much of their work sees them distributing contraceptives throughout their community area, they are also part of a wider collaborative effort to encourage safe sexual practice and encourage voluntary counseling and testing for HIV/AIDS and mother to child prevention of HIV/AIDS. We are also conscious of the need to raise awareness of the issue amongst young people and where possible support anti-AIDS youth clubs. One such club, the Medhen Anti-AIDS Youth Club, in Arba Minch, meets weekly at the AHA premises to discuss ways and means of raising awareness and educating their fellow peers on the matter. During one such meeting they developed the following message to go out to young people throughout Africa; 'By protecting ourselves from HIV/AIDS, we the African Youth can project our beloved continent into the 21st Century'.

Relief & Recovery

With refugee numbers still high in Ethiopia, so remains the need for appropriate and timely services and facilities. Therefore, in 2007 we were happy to extend our expertise in water and sanitation to supporting two new refugee camps currently under construction in the Afar region. Working in partnership with UNHCR and ARRA, the first phase saw us extending the water supply system from existing community boreholes to the camps in the towns of Berhale and Aysaita. In a proposed second phase, new boreholes will be dug to serve the refugee communities independently.

Challenges & Achievements

AHA's achievements in Ethiopia have been maximized during 2007, thanks to the exceptional work of our CBRHAs and field staff. As popular and well respected members of the community, they have been able to reach out to huge numbers of people and as a result have noted positive behavioral changes throughout the communities involved. We are further please to have the opportunity to extend our expertise in water and sanitation to assist refugees in the Afar region of Ethiopia. Such achievements have not been without their challenges, namely a high turn over of skilled staff, difficulties with project vehicles and funding. None the less, all activities were achieved with a 100% + performance rate.

Donors: Pathfinder International Ethiopia; UNHCR

Liberia

Snap Shot



Facts & figures

- Total Population: 3,280 000
- Life expectancy at birth (years): 44.7
- Infant mortality rate (per 1,000 live births): 111
- HIV prevalence a (% aged15–49): 12 [2006 estimate]
- UNHCR estimated number of internally displaced persons – 237,822 (returned)
- UNHCR estimated number of refugees – 16,185

AHA programmes

- Capacity Development
- Health Care
- HIV/AIDS Prevention & Care
- Sexual and Gender-based Violence Prevention & Response

Country context

Having secured peace in 2003, putting an end to the devastating 17 year long civil war, Liberia is now working hard towards post conflict recovery and development. Following her inauguration as President in 2006, Ellen Johnson-Sirleaf went on to launch the countries Poverty Reduction Strategy in 2007, laying the foundations for change. Government efforts include working to reform the public sector, consolidate national reconciliation, strengthen the economy and mobilize international assistance for the country's recovery

AHA began work in Liberia in 2004 and today continues to provide lifesaving health services for an estimated 450,273 people, including IDPs, returnees, locally integrating refugees and local communities. Services are provided through 34 health facilities, based in six counties; Grand Cape Mount, Bomi, Gbarpulo, Margibi, Montserado and River cess. To ensure a united effort in meeting people's needs and strengthening local capacities, we work in close partnership with UNHCR-BO and FO, the MOH/SW, County Health Teams and other relevant Government, UN, and National/International NGOs.

Capacity Development

Capacity development is implemented throughout all levels of our work in Liberia, with the aim of strengthening the human resources, health structures, management and coordination of community health services. Activities have included; the building of a medical drug store for the Sinje health centre (the only functioning first level referral centre in Grand Cape Mount); supportive monitoring and supervision of County Health Teams (CHTs); supply of improved equipment to medical facilities; staff and community training; and logistical and technical support to CHTs and other health groups, amongst other things. A more detailed example demonstrates how we work to develop the sustainable capacity of the rural community; 45 traditionally trained midwives, from 3 counties, were provided with 3 months training and equipped with Reproductive Health KITs on graduation. Such people will support communities for years to come, whilst also sharing their skills.

Health Care

AHA works tirelessly to provide a wide range of primary health care services to more than 450,000 people at 34 health facilities throughout the country. These services are especially designed to support the most vulnerable people within society - including mothers, children, the elderly, people living with HIV/AIDS (PLWHA) and sexually active adolescents.

Thanks to the unstinting efforts of all our staff and partners, much has been achieved in the areas in which we have worked throughout 2007, including; providing 63% of all available health service coverage; delivering 247, 965 medical consultations; raising Ante Natal Care attendance to 68%; ensuring 84% of births were attended by skilled personnel; raising the contraceptive prevalence rate to an average of 18.8%; treating 16,091 cases of Sexually Transmitted Infection – reducing cases by 26% from 2006; maintaining an above 60% child vaccination rate; and providing 90% of all health facilities with trained mid-wives. In support of our efforts in health care is our mass mobilization and awareness raising programme, addressing issues such as SGBV, Reproductive Health, HIV/AIDS, prevalent diseases, and personal and environmental hygiene. In collaboration with the WFP, a supplementary feeding program was run for mothers and infants at the two health centres in Sinje and Bopolu.

Key to our efforts is to ensure that the health condition of returnees is not undermined by the repatriation process and that basic health services are made continually available during the initial stages of re-integration. Thus, our repatriation medical team at Sinje transit center assisted in the successful repatriation of 5166 returnees, providing medical screening and treatment for the 1,226 cases requiring direct assistance. Further, a total of 954 women of child bearing age were vaccinated, 10 % being pregnant mothers. The work of AHA does not stop at the border, as AHA staff then escort returnees, carrying vulnerable people in our ambulance, to their home counties.

HIV/AIDS Prevention & Care

HIV/AIDS remains a health crisis in Liberia, in response to which we have put in place a breadth of measures aimed at promoting safer sexual behaviour, eliminating misconceptions, reducing stigma and discrimination and strengthening the provision of support given to infected/affected populations. We run 2 voluntary counseling and testing centres - at Singe and Bopolu, have distributed more than 130,000 condoms throughout the communities in which we work, supported and developed the capacities of numerous community and volunteer HIV/AIDS prevention groups, and run an effective mass mobilization and awareness raising campaign, reaching out to 90,160 community members. The result speaks for itself; the average contraceptive prevalence rate for the catchments in which we work has increased to 18.8%.

For those infected/affected by the disease we provide a broad and supportive service, including medical care, counseling, nutritional support, referral, logistical support and a home-based care programme. Regrettably, antiretroviral treatment (ARV) remained limited to a few selected hospitals, in response to which we have worked with the CHTs to encourage provision at primary and secondary level health facilities.

Sexual and Gender-based Violence Prevention & Response

In response to the disquieting increase in the reported number of instances of sexual and gender-based violence (SGBV) in recent years, AHA continues to work to mainstream the issue throughout all our programme areas. Mass community awareness campaigns have been conducted, along with those on reproductive health and HIV/AIDS, and the appropriate training given to our staff. Whilst the number of reported instances has risen by 62%, this does show that people are more aware of the issue and the care services available. Thus, the number of reports of timely care for survivors has similarly increased, by 55%. Throughout the year a total of 319 cases of SGBV were reported to AHA services and provided with the appropriate treatment, care and ongoing support necessary.

Challenges & Achievements

The state of the countries infrastructure continues to pose major challenges for service delivery in Liberia, not least the lack of adequate roads and bridges, which render travel difficult, slow and costly. Other challenges which we have continued to face include a high turn over of staff (specifically midwives), a disparity in pay scale between staff from different organizations and an increasing need for greater logistical support, all exacerbated by the increasing cost of goods and services. In spite of such difficulties we can proudly report that many things have been achieved throughout the year, most importantly the improved health of the populations whom we assist, the increased capacity of health structures to deliver accessible and effective care and strengthened community efforts to mitigate the challenges faced.

Donors; UNCERF; UNHCR; WHO

Namibia

Snap Shot
Osire

Facts & figures
- Total Population: 2,000,000
- Life expectancy at birth (years): 51.6
- Infant mortality rate (per 1,000 live births): 46
- HIV prevalence a (% aged15–49): 19.6 [8.6–31.7]
- Population not using an improved water source (%): 13
- IDMC estimated number of internally displaced persons: not given
- UNHCR estimated number of refugees: 5,462



AHA programmes
- Capacity Development
- Health Care
- HIV/AIDS Prevention & Care
- Relief & Recovery
- Sexual and Gender-based Violence Prevention & Response

Country context
Namibia, a large and sparsely populated country on Africa's south-west coast, is home to thousands of refugees. During Angola's 27 yearlong civil war refugees flooded into the country seeking safety, along with others from Burundi, DR Congo and Rwanda. Since the Angolan ceasefire in 2002 only a few refugees continue to arrive. Durable solutions are now being sought; a peace accord between Angola and Namibia, along with a tripartite agreement with the UNHCR, has paved the way for repatriating Angolans. Meanwhile thousands remain dependent on the assistance provided in refugee camps, with few prospects of self-sufficiency. Challenges are exacerbated by the worsening HIV/AIDS epidemic, which is estimated to affect 25% of Namibians, along with large numbers of displaced persons.

Situated in central Namibia is Osire Refugee Camp, home to more than 6,000 refugees; 75% of whom are Angolan, with others originating from DR Congo, Rwanda and Burundi. For seven years, AHA has worked tirelessly to provide a comprehensive range of assistance to tend to residents basic needs and improve their overall health and wellbeing. A number of these services extend to neighbouring nationals, many of whom face similar day to day challenges as residents in the camp. 2007 saw a continuation of these efforts, building on achievements to date and implementing new initiatives to tackle ongoing challenges.

Capacity Development
Multiple training sessions have taken place throughout the year, with a focus on developing the skills and knowledge base of staff and community members alike. Subject areas have included health care, capacity building, management, income-generation, agro-forestry, crop production and sexual and gender-based violence (SGBV). Notably, more than 300 people undertook training in leadership and gender equality, including 17 youth peer educators. Much of the training was delivered by the regional departments of the Ministry of Health and Social Services and the Ministry of Agriculture, along with AHA staff and consultants.

Health Care
Good health care lies at the heart of AHA Namibia's services, be it preventive, promotional or curative. Having previously built the Osire Hospital, AHA continues to provide a broad spectrum of life saving services from the camp Health Centre and Clinic. Assistance is available to all residents and the neighbouring community at no charge, 24 hours a day, 7 days a week.

Seeking to continually develop our services, 2007 was no exception. Significant achievements were made in numerous areas, notably; an increase in community health initiatives reaching out to increased numbers of people; the delivery of 18,374 consultations to refugees and residents of the surrounding farms, a rise of 2.9 consultations per person a year; improved pharmaceutical management - preventing delays in treatment; and increased referrals, giving patients greater access to care - particularly in the areas of ophthalmology, dentistry, gynecology and major surgical operations. The benefits speak for themselves - 2007 saw no epidemics of any sort occur, along with a decrease in disease specific mortality and malnutrition.

AHA's Unit of Social Services and Community Development provide counseling and care to all refugees, especially those who are identified as being most vulnerable. Services include family therapy and group therapy, regular home visits, and women and youth activities, amongst other things. Special attention is given to preventing SGBV and caring for survivors.



HIV/AIDS Prevention & Care

Osire's Refugee Community Task Force on HIV/AIDS is representative of the seriousness and diligence paid to tackling this devastating disease in the camp. 2007 saw even greater efforts to do so, with a major emphasis on prevention, education and community mobilization. Amongst other things, booklets and pamphlets were distributed in four of the camps most common languages and more than 50 videos made available on a daily basis at the clinic. The community participated enthusiastically in a series of events, including the inauguration of a large statue of an HIV Ribbon and a candle lit remembrance service. On such occasions banners and clothing emblazoned with awareness raising messages were distributed, along with contraceptives in the thousands. Workshops and training sessions were attended by groups throughout the camp, including religious leaders, youth groups and staff – educating 173 people (104 of whom were female) on the issue.

Great efforts were made to increase voluntary counseling and testing (VCT) and preventing mother to child transmission (PMTCT), with 9% of 359 people testing positive. This brought the total number of known HIV/AIDS patients to 89, whilst continued stigma and discrimination are thought to prevent other cases from coming forward. For those people known to be living with HIV/AIDS (PLWHs), the home-based care programme provided essential ongoing support, along with medical treatment and psychological care. Many patients are reported to have responded positively to this care and shown improved changes in behaviour.

Relief & Recovery

Watsan: A healthy and hygienic environment can mean the difference between good health and ill health. Therefore AHA worked hard throughout 2007 to ensure the provision of safe, sufficient and well located water and sanitation. Resources were carefully managed to ensure the ongoing safety and quality of water and disposal facilities, whilst a number of improvements were also made. These included the construction of 20 additional water tap stands, 60 additional VIP latrines and the fencing and covering of the largest reservoirs. Such measures contributed toward an overall reduction in pollution, damage and conflicts incurred as a result of lengthy queuing times. The creation of a cleaner and healthier environment was strongly supported by camp residents many of whom collaborated with the Refugee Committee, Block Leaders and AHA in a cleaning campaign.

Nutrition: Throughout the year AHA worked hand in hand with WFP to provide essential food and non-food items, upon which many residents depend. The distribution of commodities such as corn, soya blend, vegetable oil, sugar, salt, maize meal and kerosene for cooking, offer a lifeline to a community plagued by inadequate nutrition. Increased efforts in ration card registration, staggered delivery days and monitoring by AHA and refugee staff all contributed to the smooth distribution of goods.

Shelter: Equally important is the provision of adequate shelter, giving support to those already living in the camp and arranging accommodation for new arrivals. 376 new arrivals registered throughout 2007, 89 of whom required new housing, the others having family already living in the camp. The new houses were completed prior to the rainy season and many others given assistance in re-construction, with a total of 2,659 people receiving construction material. For those who are single parents or vulnerable the community shelter team provided assistance

Horticulture - has played an important role in 2007, providing opportunities for improving the environment, growing food crops and generating income. A forestation project has seen the production of 5,080 tree seedlings, of which 2,340 have already been distributed to refugees and planted around the camp to provide much needed shade. The others await planting in the newly extended nursery, which has been built to accommodate 4000 tree seedlings at once. A range of vegetable seeds, such as cabbage, onion and pumpkin, have also been distributed in order to encourage residents to propagate backyard gardens. Such efforts, along with new tools for farm workers, are aimed at supporting refugees to meet their subsistence needs and improve their household incomes.

Income generation - has been further encouraged by a project in partnership with GAB Capital Services – Windhoek, providing support to selected applicants in starting a small business. Assistance began with selected applicants attending a workshop, looking at matters such as identifying a good idea, basic book keeping, marketing, costing, pricing and managing a savings group. Attendees were then given funds with which to launch projects, along with monitoring and guidance aimed at engendering self-reliance. A total of 64 people in 21 groups received funds for income generating activities in 2007.
Sexual and Gender-based Violence Prevention & Response

2007 saw UNHCR assign a consultant to work on gender equality and SGBV in the camp, bringing about a marked change in activities, awareness and ultimately behaviour. The formation of an SGBV Committee, comprising representatives from the refugee community, AHA, UNHCR, other interest groups and local government, was of utmost significance. The following are just some of the events which followed; 30 volunteer women from the camp were selected to act as female ambassadors; numerous training sessions on gender equality were held for people from across the camp community – including peer educators; attendees of the workshops orchestrated a 3 day campaign reaching out to 1,876 people; 16 days of activism from the International day to Eliminate Violence Against Women to Human Rights Day; a group of male refugees volunteered to act as ambassadors; banners and posters in several languages were created; and popular competitions were held to raise awareness.

Challenges & Achievements

Despite increasing demand, rising numbers and ongoing challenges, residents at Osire Refugee Camp and its neighbours continue to have access to a breadth of lifesaving services, delivering high quality assistance. The results are best illustrated by the improved health statistics, greater awareness of dangers such as HIV/AIDS and SGBV, and progress in subsistence. However, even meeting basic needs is not without its challenges; restricted budget v rising numbers; the need for greater medical facilities – Laboratory and X-ray; old vehicles and rough transport conditions; and the growing need for shelter. Whilst appropriate and dependable resources are most necessary, we are greatly indebted to the will and efforts of the camp residents and staff who have achieved so much in 2007, notwithstanding the challenges.

Donors: GoN - MoHSS; UNHCR; WFP

Rwanda

Snap Shot

Kibuye health project, Kiziba refugee camp, Karongi district, Western province, Country head office and Urban project, Kigali



Facts & Figures

- Total Population: 9,200,000
- Life expectancy at birth (years): 45.2
- Infant mortality rate (per 1,000 live births): 118
- HIV prevalence a (% aged15–49): 3.1 [2.9–3.2]
- Population not using an improved water source (%): 26
- IDMC estimated number of internally displaced persons – undetermined
- UNHCR estimated number of refugees – 49,192

AHA Programmes

- Capacity Development
- Health Care
- HIV/AIDS Prevention & Care
- Sexual and Gender-based Violence Prevention & Response

Country Context

While Rwanda steadily recovers from Africa's worst genocide of modern times - in 1994, the security situation in the surrounding Great Lake Nations has remained volatile. Refugees in their thousands have recently sought safety in the country, following renewed heavy fighting in eastern DR Congo. The ensuing humanitarian crisis has put increasing pressure on the country, which already provides asylum to more than 50,000 refugees, primarily from DR Congo and Burundi. The Rwandan government also faces the challenge of integrating huge number of returnees, with more than 8,000 people returning home in 2007, bringing the total number of returnees since 2002 to some 85,000. Whilst the improving economy shows encouraging signs, the challenges ahead remain significant, in a country where around 2/3 of the population continue to live below the poverty line.

Since being established in 1994 in response to the atrocities of the Rwandan genocide, AHA can still be found providing lifesaving assistance to displaced populations and vulnerable communities throughout the country today. Based at the Kiziba refugee Camp, the Kibuye Health Project and the Kigali Urban Project, our interventions focus on improving the health and wellbeing of the affected populations we support.

Capacity Development

Following the aftermath of the genocide AHA deployed qualified and experienced general surgeons across the country, to respond to the heightened needs of the local population and support the development of surgical units. During 2007 we continued our work in this field, training local doctors and nurses at Kibuye Hospital in essential surgical skills. AHA's surgeons also take on numerous surgical cases themselves; 2007 saw the operation of a total of 813 cases. In particular AHA surgeons were credited for the successful operation of more than 10 women suffering vesicovaginal fistula, the result of their being raped and abused.

Health Care

During 2007 AHA continued to deliver a high standard of preventative and curative health and nutrition services to more than 18,000 individuals in kiziba Refugee Camp and 5,000 urban refugees in Kigali; along with surgical assistance and capacity development performed at Kibuye Hospital. AHA's Health Centre at Kiziba comprises a well established delivery system for primary health care, supported by a laboratory, well trained personnel, good

logistical management, a sound referral system and effective participatory detection of communicable diseases. These enable the smooth delivery of services in key areas such as comprehensive reproductive and sexual health, HIV/AIDS, TB and Malaria, amongst other things which significantly impact on the population's health and wellbeing. The newly implemented Kigali project is similarly supported by initiatives in health, education and nutrition.

Throughout 2007 AHA worked enthusiastically to optimize the standard and availability of the integrated health services it offers. Notable efforts included extensive health education and community sensitization programmes, focusing on key issues such as harmful traditional practices. Once a rampant problem in the Kiziba Camp, such practices are now almost unheard of. The overall achievements are best illustrated by the reduced morbidity and mortality rates, 99% immunization coverage, and increased use of family planning, to name but some.

HIV/AIDS Prevention & Care

2007 saw us double our efforts to increase the effectiveness with which we work to prevent HIV/AIDS and care for affected persons. We did so by implementing an integrated HIV/AIDS programme, focusing on 5 strategic axes as defined by the National Commission against AIDS, namely; comprehensive prevention; care & treatment; mitigation of the socio-economic impact of HIV/AIDS; coordination; and monitoring & evaluation. AHA recognizes the exceptional efforts of the peer-educators, community health workers, Anti-AIDS clubs, women and religious leaders with whom we worked, enabling us to achieve so much.

Substantial awareness & mobilization campaigns were conducted through out the year, alongside the establishment of voluntary counselling and HIV testing (VCT) and prevention of mother-to-child transmission of HIV (PMTCT) services in the camp. The results were significant; 4634 individuals were voluntarily tested this year alone, whilst PMTCT intervention meant that all 8 HIV positive mothers gave birth to infection free children. We also concentrated on increasing care and support services for those affected by the disease, opening access to; art therapy, supplementary feeding, support in adhering to Antiretroviral Therapy and increased levels of care in the home. Similar activities are currently being extended to urban refugees.

Sexual and Gender-based Violence Prevention & Response

Cognizant of the devastating personal and socio-economic impacts of Sexual and Gender-based Violence (SGBV), AHA made the issue a top strategic priority this year. We began by taking the lead in mobilizing a working group on SGBV and providing training to numerous relevant partners, including refugee and community members. This was followed by a number of measures to raise awareness of the topic, including ensuring that SGBV be included in the school curriculum and the running of a 16 day campaign against gender-based violence, with the theme 'responsibility of parents in girls education'. Throughout the year AHA continued to provide medical and psychological support to those affected by SGBV.



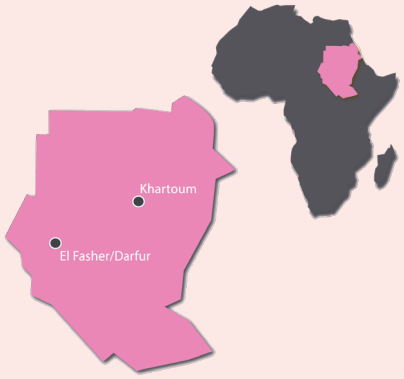
Challenges & Achievements

2007 has not been without its challenges, most notably irregular supplies, old vehicles, restrictive budgets, a high staff turnover and a lack of therapeutic milk. However, against these odds much has been achieved, not least the improved physical and mental health of refugees and vulnerable communities. Reduced maternal and child mortality rates, fewer sufferers of sexually transmitted diseases, and comprehensive intervention programmes to combat HIV/AIDS and SGBV, are but some of the achievements worth mentioning. The Urban Refugee Project in Kigali has made a significant impact in its first year of implementation; in addition to assisting 5000 urban refugees to attain health care and improved nutrition, we have supported more than 1,000 young people in accessing education – providing school materials, uniforms and tuition fees.

Donors; FHI - USAID; UNHCR

Sudan

Snap Shot
Khartoum, El Fahser (North Darfur), Blue Nile State



Facts & Figures
- Total Population: 36,900,000
- Life expectancy at birth (years): 57.4
- Infant mortality rate (per 1,000 live births): 62
- HIV prevalence a (% aged15–49): 1.6 [0.8–2.7]
- Population not using an improved water source (%): 30
- IDMC estimated number of internally displaced persons: 6,027,594
- UNHCR estimated number of refugees: 686,311

AHA Programmes
- Capacity Development
- Health Care
- HIV/AIDS Prevention & Care
- Sexual and Gender-based Violence Prevention & Response

Country Context
Five years on from the signing of the Comprehensive Peace Agreement between the Sudan Liberation Army and the Government of National Unity and the situation in South Sudan remains critical. With development slow to materialize, people's basic needs remain unmet, whilst the number of people requiring assistance grows daily. Around 140,000 IDPs returned to their homes in the first six months of 2007, adding to the more than one million IDPs estimated to have returned since 2005. Acute health needs, amongst other things, are pushing aid organizations to their limits and placing increasing pressure on an already fragile situation.

In Darfur, the world continued to bear witness to atrocities throughout the year, precariously spilling over the borders into Chad. UN statistics recorded an estimated 2.3 million people displaced within the region, whilst 200,000 people have been killed as a result of the protracted conflict. Civilians remain the primary target of rebel militia groups – even those within supposedly secure camps; suffering violence, rape and displacement. Humanitarian staff and efforts have also increasingly come under attack, incurring an unprecedented loss of life and putting at risk critical aid delivery. Following the eventual agreement of the Sudanese Government, people anticipated the arrival of the new African Union-United Nations Hybrid Operation in Darfur (UNAMID), to replace the over burdened AU Force. UNAMID is now in operation.

AHA has worked in Sudan since 2004, providing relief and recovery programmes for IDPs, returnees and war affected host communities. Based in and around El Fasher, in North Darfur, efforts in 2007 have included; general food distribution, livestock protection, income generation activities and awareness raising. All our activities are aimed at improving the livelihoods and protection of the 246,500 people we have assisted throughout the year. The end of 2007 has also seen us preparing for the launch of a new programme in the Blue Nile State, to 'support the return and reintegration of Sudanese returnees', in partnership with UNHCR.

Capacity Development
All of our work in Sudan aims to strengthen the capacity of the vulnerable populations whom we assist, in order that they are able to develop greater self-reliance, resilience and opportunity (relative to the crisis situation in which they live). Therefore capacity development runs as a cross cutting programme throughout all that we do, be it; information, education and communication; livelihood protection; income generation; and training.



Relief & Recovery

General Food Distribution: Working closely with the World Food Programme, AHA has assisted around 250,000 people in gaining essential nutrition through the general distribution of food and non food items. Distribution took place in rural IDP camps and within vulnerable urban communities in and around El fasher, where a scarcity of resources and continued insecurity made adequate cultivation impossible. The objective is simple – to provide lifesaving assistance to vulnerable/ crisis affected communities by meeting their basic food needs. Although several serious constraints were encountered, not least ongoing threats to security, all objectives were properly met.

Livestock Protection: Livestock provides both food and economic security for populations in North Darfur, in an area where both are sparse and much needed. However the resource is under great risk from challenges such as a shortage in pastures, ill animal health, a shortage in veterinary services and the growing demand placed on food stuffs. Therefore AHA has worked in partnership with FAO and the Ministry of Agriculture throughout the year, to implement a Livestock Protection Project. Activities have built on the achievements made in 2006, including animal treatment campaigns, mass vaccinations, the training of community animal health workers, emergency animal feeding and the provision of necessary transport. The results were multiple; the lives of thousands of livestock were saved, disease outbreaks mitigated, the burden of livestock watering and nourishment reduced and thus tensions between communities. Most importantly, an essential resource has been better secured through sustainable measures, improving the food security status of the conflict affected populations.

Income Generating Activities: 2007 saw AHA launch a pilot income generation project, aimed at assisting the most vulnerable members of the IDP community to better support themselves. Having targeted those most in need of assistance, participants then gained training and support, along with the provision of equipment, to commence in their chosen activity. Activities included sewing, vegetable gardening, rearing poultry and other animals, and pasta making. Many women were amongst those who benefited from the scheme, which aims to empower people economically and assist them in gaining sustainable livelihoods. The pilot was well received amongst participants and has shown promising results in improving food security to date. However, its ongoing success does depend somewhat on the security situation on the ground.

Challenges & Achievements

Working under the current situation in North Darfur has presented numerous challenges, many of a most serious nature, insecurity being the utmost. However, our efforts have ensured the immediate protection of around 250,000 people through the delivery of food aid and the ongoing assistance of 24,000 households through livestock protection. Regrettably, due to the situation, food delivery had to be reduced to half rations on occasion. The pilot income generating activities have delivered promising results for its participants, assisting some of the populations most vulnerable. We look forward to building on such achievements in the future, as well as expanding our services to new populations.

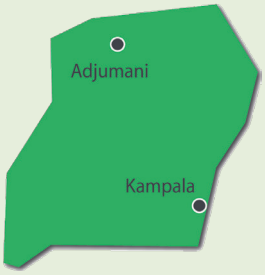
Donors: GI-Net; FAO; WFP

Uganda

Snap Shot
Adjumani Field Office & Kampala Country Office



Facts & Figures
- Total Population: 9,200,000
- Life expectancy at birth (years): 49.7
- Infant mortality rate (per 1,000 live births): 79
- HIV prevalence a (% aged15–49): 6.7 [5.7–7.6]
- Population not using an improved water source (%): 40
- IDMC estimated number of internally displaced persons – 1,170 000
- UNHCR estimated number of refugees – 260, 760



AHA Programmes
- Capacity Development
- Health Care
- HIV/AIDS Prevention & Care
- Sexual and Gender-based Violence Prevention & Response

Country Context
Since the late eighties, Uganda has rebounded from the abyss of more than 20 years of civil war and economic catastrophe to become relatively stable. However, the repercussions remain significant and people continue to suffer the consequences of abject poverty, not least in northern Uganda. Here, the brutal rebellion commandeered by the Lords Resistance Party blighted the lives of hundreds of thousands of people – spurring the UN to decry the catastrophe as one of the worst in humanitarian history. However, since the signing of a Cessation of Hostilities Agreement in 2006, violence is reported to have lessened, though not ceased. The situation remained unresolved at the end of 2007.

1.17 million IDPs remain in northern Uganda, along with hundreds of thousands of refugees, predominantly from Sudan, as well as the DR Congo, Rwanda, Burundi, Somalia, Eritrea and Ethiopia. Challenges for both the displaced and nationals are similarly deplorable, with a lack of infrastructure, trained personnel and resources inhibiting basic service delivery. As a result people suffer poor nutrition, high levels of mortality and morbidity and low levels of awareness about major health risks, amongst other challenges. In response, the Government of Uganda (GoU) has passed one of Africa's most progressive Refugee Acts to date. The prospects for Sudanese refugees to return home have also improved; following Sudan's Comprehensive Peace Agreement, UNHCR has begun instigating a return programme.

AHA has worked in Northern Uganda since 1995 and today continues to provide comprehensive primary health care services to Sudanese refugees, internally displaced persons and host communities throughout the Adjumani District. Working in 33 settlements and 1 transit camp, 2007 saw us assist more than 100,000 people in accessing lifesaving services.

Capacity Development
2007 has seen AHA actively involved in a number of efforts aimed at strengthening the institutional capacities of community based structures (health committees) and their local counter part structures (District Health Offices - DHO), including; human resource development – training staff; equipping and furnishing health facilities; and the maintenance of health infrastructures. Of key importance to our strategy was the scaling up of the health workforce through both qualitative as well as quantitative up-grading. This was performed in line with the Self Reliance Strategy (SRS), which stipulates that local delivery structures must be strengthened in order to enable the gradual integration of refugee/IDP health services. Thus, collaborative mechanisms such as joint planning, implementation, supervision and monitoring were developed together with the DHO and community members (through grass roots health committees).

Health Care

During 2007, AHA provided essential primary health care services to more than 100,000 people, via 34 static and outreach health facilities. Services focused on delivering high impact measures proven to have a strong public health impact, especially for the most vulnerable people within the communities - such as infants, toddlers, women of child bearing age and pregnant mothers. Efforts included; immunization, antenatal care, vitamin A supplementation, Oral Rehydration Supplementation/ Zinc, provision of Long Lasting Treated Nets and Intermittent Preventive Treatment, and the treatment of Acute Respiratory Infections and Malaria. All activities were successfully administered, resulting in an overall reduction in the morbidity and mortality rates recorded amongst the communities in which we worked. Integral to our provision of effective health services are a number of further efforts, including; a comprehensive health education programme delivered by trained health staff and community based health workers; an effective referral system – a united effort between health posts, larger centers and hospitals; prudent management of medical supplies – in conformity with UNHCR and MoH guidelines; and an effective cold chain management system in support of our Expanded Program on Immunisation activities, targeting children and pregnant women – in collaboration with the DHO. In addition to our routine work, we also promote and actively participate in national health programmes, such as National Immunization Days, aimed at awareness raising and disease eradication.

HIV/AIDS Prevention & Care

Throughout 2007 we have continued to battle against the HIV/AIDS pandemic, with a particular focus on preventative measures, as well as the appropriate care and treatment of affected persons. Our HIV/AIDS Awareness Campaign has proved popular throughout communities, with information communicated using a range of engaging means, including public meetings, radio talks shows and workshops. Whilst information is delivered to as broader audience as possible, the support and commitment of a breadth of advocates - health carers, opinion leaders, community based organizations, youth and teachers – has significantly increased its impact. Other preventative measures include; services in Prevention of Mother-to-Child Transmission of HIV – by referral to Adjumani Hospital, the establishment of 2 voluntary counseling and testing centers in the settlements of Adjumani; and the distribution of thousands of condoms, along with sex education, throughout the communities in which we work.

For those affected/infected by the disease, we have provided a full range of care services, tending to people's medical, psychological and social needs. These include; the treatment of opportunistic infections and/or referral for severe cases; the provision of antiretroviral treatment – via a strictly implemented referral system with Adjumani Hospital; and a broad spectrum of care and support activities (including nutritional support and care of HIV/AIDS affected orphans) undertaken by trained counselors and community based health workers, amongst others.

Sexual and Gender-based Violence Prevention & Response

AHA has undertaken a broad range of activities aimed at increasing the awareness of communities on this critical issue and responding appropriately to the needs of sexual and gender-based violence (SGBV) survivors. Prevention remains at the forefront of all of our efforts and thus we have continued to support the local NGO the 'Health of Adolescents Project' (HAP). HAP works with large numbers of young people, within 54 schools, where their interactive programmes of work attract both young and old. Peer education is an integral part of their work, which has proved popular throughout the region. Instances of SGBV, generally that of domestic violence, rape and defilement, are treated with immediate and appropriate medical care and support, including; post-exposure prophylaxes (PEP), emergency contraceptives and HIV tests. Basic counselling for SGBV survivors is provided by health workers at the health facilities, while cases that require further support are referred to partner agencies that have counsellors with advanced training in psychosocial care.

Challenges and Achievements

2007 has not been without its challenges, a number of which have proved reoccurring problems; a high turnover of staff, funding gaps and the rising cost of goods and services. Such obstacles have had to be dealt with in a highly demanding context, where communicable diseases continue to prove a heavy burden and the need for consistent institutional and community capacity development has become ever more apparent. In credit to our staff and the communities with whom we work, much has been achieved despite such challenges. Not the least of these are an overall reduction in morbidity and mortality rates, low malnutrition rates, high numbers enrolled in antenatal care and high immunization rates – too mention but a few.

Donors: OFID; GoU - PAF; UNEPI; UNHCR; UNICEF; WFP

Zambia

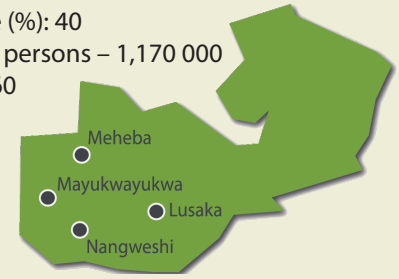
Snap Shot

Adjumani Field Office & Kampala Country Office



Facts & Figures

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AHA Programmes

- Capacity Development
- Health Care
- HIV/AIDS Prevention & Care
- Sexual and Gender-based Violence Prevention & Response

Country Context

Zambia is one of the most urbanized countries in sub-Saharan Africa, with around 38% of the population living in urban areas. Once a major copper producer and potentially one of the richest places in Africa, the country is today one of the world's poorest countries. Having emerged from one-party rule to a multi-party system in the early nineties, it is relatively politically stable. However, the colonial legacy, huge international debts and the scourge of disease are amongst some of the main reasons given for the country's current plight.

AHA has worked in Zambia for 9 years, addressing the acute needs of refugees and the local population alike. Following the successful repatriation of thousands of refugees from the Nangweshi Refugee Camp, AHA services were re-directed in 2007 to assist those most affected by the destructive HIV/AIDS epidemic, namely orphans and vulnerable children (OVC) and people living with HIV/AIDS (PLWHA), all nationals.

HIV/AIDS Prevention & Care

The scourge of HIV/AIDS is hugely de-habilitating for both individuals and communities, the results of which remain rife in Zambia today. In response to the prevalent needs of those most affected by the disease, AHA, in partnership with CRS and USAID, implemented a RAPIDS project in the Shangombo district, Western province.

The main objectives of the project were as follows;

- mprove the quality of life of PLWHA.
- Improve the quality of life of OVC and their households.
- Improve livelihoods for vulnerable youth
- Strengthen the resilience of households made vulnerable by HIV/AIDS

Activities saw us training 35 people from the local community to provide home-based palliative care to the 648 PLWHA registered in the programme. In addition to learning key care and support skills, care givers were given umbrellas, gum boots and T-shirts to motivate them. They then commenced in providing a minimum of one visit a month to PLWHA.

To support the care process, 14 mixed groups of Community Care Coalitions were established throughout the area. Care givers not only provided much needed assistance, but also distributed in kind gifts such as soap, blankets and Vaseline lotion. Further support was given to two PLWHA groups, for those proceeding with antiretroviral therapy and Tuberculosis treatment. Medication and supplies for the treatment of opportunistic infections were also purchased and delivered appropriately.



The initiation of a mobile HIV testing campaign by AHA staff saw 230 clients counselled and tested. This was assisted by the employment of a number of HIV testing agents, whilst much of the testing also took place in the government and mission health facilities.

We are happy to report that the number of OVC registered and supported during this programme was almost half as many again as initially targeted. 1,427 children in all benefited from much needed support, including; school fees and equipment - uniforms, exercise books, pens, pencils, erasers, mathematical sets, sharpers; and clothes and blankets (also for non-school goers).

Aware that education can hold the key to prevention, we supported the production of 15 performances by a local drama group, raising awareness of HIV/AIDS and the importance of adherence to medication. 2700 people attended the popular drama shows, conducted in different localities, with excellent feedback.

Challenges & Achievements

The RAPIDS programme delivered notable achievements during 2007, not least the sustainable care and support of hundreds of PLWHA. That is not to mention the increased number of OVC also assisted during the same period. However, the year was not without its challenges, not least ongoing difficulties with the project vehicle. The difficult terrain, made up of Kalahari sands, led to regular breakdowns and increasing maintenance costs, losing the project both time and money. This aside, the local community must be commended for their united effort, in partnership with AHA and our donors, for achieving so much in such a short time, despite challenging circumstances.

Donors: CRS; GoZ - MoH; USAID

Looking to the Future



AHA Head Office: The year ahead is an important one for AHA Head Office, as the organisation aims to strengthen its capacities in order to better rise to the humanitarian challenges posed by increased displacement, climate change and the encroaching food crisis. Having undergone a long-period of assessment, innovative ways have been found to address some of the challenges we face as a southern based organisation. Measures will include an organisational restructure and increased capacity development, along with new and consolidated partnerships with stakeholders, amongst other things. The mainstreaming of sexual and gender-based violence throughout all AHA programmes will also remain a priority.

AHA Burundi: In view of the Government of Tanzania's decision to close down most of its refugee camps, ongoing activities in the repatriation process are expected to take a speedy pace mostly in the first half of 2008. As a result, we are preparing ourselves to reinforce our response capacity in terms of human resource and logistical means required to manage the facilitated voluntary return of an expected 60,000 people. This estimation does not include the number of people that return spontaneously from Tanzania, DRC, Rwanda, South Africa.

In addition, in recognition of the quality of services rendered, AHA has been requested to manage in 2008 all health and related activities in the 4 refugee camps in Burundi, including the camp it used to manage in 2005. As a close medical partner to UNHCR, AHA is to advise on health issues, supervise and manage the drug consumption/supply of all concerned implementing partners. Accordingly, respective proposals have been elaborated and submitted taking into account expanded services but also in relation to immediate actions to take in view of hand over activities with different NGOs currently covering programmes in camps.

In order to mainstream HIV/AIDS, STI and SGBV programmes, we were able to develop further our partnership with UNHCR and UNICEF who have agreed to provide in 2008 the required means. The project aims at transforming the health centre in the Musasa camp (one of the refugee camps in the province of Muyinga) into a VCT centre. AHA will thus be able to directly provide voluntary counselling and HIV testing (VCT) and treatment to returnees, refugees and local communities who will all have easy access to ARV treatment. This will help promote the prevention of mother-to-child transmission of HIV (PMTCT), broaden related services and increase community development programmes. At the end of the year a proposal for the establishment of such a centre was submitted to UNICEF.

AHA DR Congo: In credit to our hard work in 2007, the year ahead will see AHA greatly expand our services and responsibilities in the DR Congo. Having been appointed as sole medical partner to UNHCR in the Equateur Province, we will also broaden our services to the Katanga province – to assist an approximate 45,000 expected returnees to safely repatriate. Activities will see us deliver new programmes to support local health structures, HIV/AIDS prevention and care, and relief and re-integration services. Moreover, we plan to build two more health centres in the Equateur province, a greater number of water-wells and rehabilitate a number of selected health structures in Katanga - thereby benefiting close to 60,000 people.

AHA Ethiopia: AHA is happy to extend our services in Ethiopia to provide safe and adequate water to Refugees, in two new camps currently under construction in the Afar Region. Working in partnership with UNHCR and ARRA, the first phase of extending the water supply system from existing boreholes in the towns of Berhale and Aysaita is now complete. The second phase will see us creating new boreholes to serve the refugee communities independently. In the Oromia and South Nations Nationalities and People's Regions, we look forward to incorporating greater measures to address sexual and gender-based violence, as part of our community based support and development projects.

AHA Liberia: We are happy to continue our health services, at 34 facilities, in 6 counties, in the beginning of 2008. Meanwhile, moves will be taken to hand over the health facilities to the Government of Liberia, to be completed by the end of the year. A proposal has been submitted to key partners regarding a continuation of support in the River Cess County, beyond the handover. Further negotiations are underway to extend our nutritional programme in various communities.

AHA Namibia: 2008 will see AHA continue to provide a comprehensive range of assistance to communities living within and around Osire Refugee Camp, to service their basic needs and improve their overall health and wellbeing. In doing so, we will work increasingly closely with line ministries, in order to build on the self-reliance of refugees in preparation for more durable solutions. Plans have been laid to hand over AHA health services to the MoHSS by 2009. Ground work is in progress to merge services in order that they accommodate government structures.

AHA Rwanda: In the year ahead AHA is committed to consolidating and capitalizing on its achievements to date; working to address the ongoing needs of refugees and nationals through its various health-based projects and further develop the capacities of local health structures. In recognition of our work so far, the Treatment and Research Centre on AIDS is currently in the process of evaluating Kiziba Health Centre as a possible site for antiretroviral therapy (ART) – a service we hope to be able to deliver in the near future. This will enable refugees and the local community to access ART treatment much closer to home, reducing arduous journeys, lessening stigma and encouraging adherence to treatment.

AHA Sudan: AHA looks forward to developing our programmes based in north Darfur, whilst also extending our services to returnees in the Blue Nile State. Efforts will see us managing transit centres, way stations, general food distribution and constructing key service buildings such as schools, amongst other things.

AHA Uganda: 2008 will see AHA Uganda working hard to mainstream sexual and gender-based violence care and prevention efforts throughout its programmes. A proposal has been developed and we are currently seeking donor support. We also envisage extending our programmes to assist vulnerable populations in the nearby districts of Pader and Kitgum, where health needs remain acute and services are unavailable. Further developments are being explored in mother-and-child health and nutrition services, in partnership with WFP and the communities, with the proposed establishment of nutrition demonstration and rehabilitation units.

AHA Zambia: During 2008 AHA Zambia is looking forward to extending our work with young people in HIV/AIDS prevention. In order to do so, we are working to develop new partnerships with key stakeholders such as UNICEF, amongst others. Proposals have been put forward for expanded services in food security, nutrition and HIV/AIDS. Community development work will also be extended to areas in North Lusaka, following a current assessment.

An international voice

A year in advocacy

2007 saw a growth in the scope of AHA's advocacy work, with increased involvement in meetings, forums and networks, locally, regionally and globally. As an active pan-African advocate for change, AHA continues to bring a critical southern perspective to these arenas - which are more often than not dominated by northern NGOs and agencies of the United Nations.

Our work in this field is now more important than ever, as the international humanitarian community seeks to redefine itself in order to better serve affected populations. The critical role of African civil society is widely acknowledged, yet southern NGOs remain sidelined and lacking capacity. Therefore, confident that Africans hold the solutions to African problems, when empowered to do so, we advocate for:

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

Our efforts have seen us working closely together with numerous local, regional and international partners, as well as participating in a number of global networks, forums and workshops. Amongst others, these include:

- Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP)
- African Centre for Humanitarian Action
- African Union - African Citizen's Directorate (CIDO) and Political Affairs Department
- Global Humanitarian Platform (GHP)
- Inter-Agency Standing Committee Global Health Cluster
- International Council of Voluntary Agencies (ICVA)
- International NGO Training and Research Centre (INTRAC)
- Overseas Development Institute – EBPDN (Evidence-based Policy in Development Network)
- Oxfam GB
- People in Aid
- SPHERE Project
- United Nations High Commissioner for Refugees (UNHCR)

Advocacy highlights 2007

AU/EU Joint Strategy

AHA has been active in the civil society consultations which fed into the dialogue process surrounding the AU/EU joint strategy for Africa. As an active member of the Steering Committee of the African Civil Society Organisation's consultation on the Strategy, we participated in workshops and meetings in Accra, Ghana and Bad Honnef, Germany. We worked with our partners to develop and assemble ideas and input in the form of contributions to the framework, as well as identifying the role of CSOs in the implementation of the strategy.

Global Humanitarian Platform (GHP)

AHA participated enthusiastically in the GHP, which aims at improving humanitarian response by strengthening partnerships at the global and field levels. As one of the only Southern NGOs to do so, we contributed to the development of the Principles of Partnership (POP). AHA is dedicated to adopting the POPs in all of our work and hope that they will act as a basis for strengthened and more equal North-South partnerships among humanitarian actors in the future.

UNHCR Executive Committee Meeting (Excom)

Once again AHA took part in UNHCR's Excom, with this year marking the 58th session. We presented a well-received brief entitled 'Partnerships Revisited: African NGO commitment to partnership in the new African millennium'. Speaking on behalf of African NGO partners of the UNHCR, the brief argues that increasingly the capacity of African partners is being weakened by other humanitarian actors and by the ever more rigorous requirements of donor governments and agencies, which 'do not sufficiently provide opportunity and space for them to mature'. In response to this, the NGO collective suggested a number of positive measures to reinforce and strengthen partnership in the future:

- The establishment of a genuine partnership between UNHCR and its African NGO partners based on the Pop;
- A revitalization of the commitments made in the Partnership in Action Initiative (PARinAC)
- The development of a stand-alone institutional capacity building fund; and
- International support for an African NGO coordination centre & network.

We look forward to continuing our efforts and building on the momentum gathered thus far to improve our collaboration with UNHCR.

Health Cluster

As one of the only southern NGOs to participate in the Global Health Cluster, AHA has continued to advocate on the issue of African NGO involvement in humanitarian action. We have persistently brought a southern perspective to the table within this forum, along with advocating for the need to strengthen the capacity of African NGOs to improve the global effort to assist affected populations throughout the continent.



AHA's Fourth Assembly of International Trustees



2007 saw the scene set for one of AHA's most important events to date, the gathering of our esteemed international Board of Trustees.

Humanitarians assembled from throughout Africa and across the globe, to apply their time and expertise to support AHA in its endeavors to assist vulnerable populations. This was no ordinary meeting, as the Board took on the complex task of propelling AHA into the future as a strong and independent pan-African non-governmental organization (NGO), amidst mounting challenges.

Not least of these is the rising numbers of internally displaced persons requiring assistance throughout the continent, with the specters of food crises and climate change boding ill for the future. In rising to meet such challenges, AHA faces further hurdles as a southern-based NGO, namely inadequate funding streams and the need for capacity development.

Such issues were fully explored duvring the successful meeting and innovative means sought to address them. Key topics included; mainstreaming gender, the successful volunteer programme, advocacy for southern-based organizations, capacity development, diversification & specialization and strengthened partnerships, amongst other things.

The event was crowned by an informational and networking evening held at the Sheraton Addis - generous sponsors of the Assembly. Guests were welcomed by Dr. Salim Ahmed Salim, who introduced a number of informative exhibits, including an AHA Ethiopia Photo Exhibition, taken by renowned photographer Michael Tsegaye, as part of AHA's Facets Project – giving greater voice to affected populations.

The event also featured the launch of the African Centre for Humanitarian Action (ACHA) by Chief Olesegun Olusola, the seed of which was developed by AHA and friends. ACHA has established itself as an organization that unites and strengthens African civil society organizations through stronger partnership, increased learning and improved advocacy.

The Assembly demonstrated the will and enthusiasm of all interested parties, regional and international, to continue to strengthen African organizations to provide African solutions to the problems facing the continent – to best secure sustainable solutions for affected populations and meaningfully contribute to the African Renaissance.

*Although scheduled for 2007, the Assembly took place in early 2008 for logistical reasons. The event was generously sponsored by long-term supporters of AHA, the Sheraton Addis, whom we sincerely thank.

African Centre for Humanitarian Action Annual Report

About ACHA

ACHA enhances partnerships and promotes service delivery between member organizations. It does so as a means of empowering greater responsibility and ownership over humanitarian action on the continent. ACHA is a membership-based organization located in Addis Ababa, Ethiopia.

Mission

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

Rationale

While African CSOs endeavour 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.

2005-2007 Accomplishments

Advocacy and Representation

- Established as the secretariat for the UNHCR-African NGO partner taskforce.
- Contributed to the CSO input to the AU-EU joint strategy.
- Became a founding member of the Centre for Citizen's Participation in the AU.
- Co-sponsored the 2nd biannual CSO continental conference in advance of the AU summit in January 2008.

Information and Knowledge Management

- Assisted DFID in African CSO inputs to inform future funding protocols.

Research and Dissemination

- Selected as the coordinating entity for the African Evidence-Based Policy and Development Network.

Technical Assistance and Service

- Co-sponsored two national trainings on CSO engagement with the AU.
- Developed for the AU a concept note for a conference on civilian protection in Darfur.

Local Choices

African Voices

Global Forces

Activities Underway

Advocacy and Representation

- Contributing to the People's Audit of the AU.
- Developing and distributing an Oxfam GB-funded toolkit on advocating for the responsibility to protect and providing continental CSO trainings on the topic.
- Co-sponsoring in June 2008 the 3rd biannual CSO continental conference in advance of the AU summit in Cairo.
- Contributing to the operationalisation of the Centre for Citizen's Participation in the AU.
- Developing a proposal on enhancing the UNHCR-African CSO partner working relationship.
- Contributing to global efforts to lobby for more effective Japanese aid across the African continent.
- Developing and distributing a documentary highlighting the voice of displaced persons on the African continent.

Information and Knowledge Management

- Developing a proposal to serve as ODI's ALNAP partner in Africa regarding the enhancement of CSO knowledge and learning processes.
- Serving as a monitor for the implementation of the AU-EU joint strategy when it relates to humanitarian efforts.

Research and Dissemination

- Finalizing a report on Japanese aid effectiveness in Ethiopia as part of a global ODI-funded lobbying strategy in advance of the G8 meetings.
- Developing a proposal for Mercy Corps, World Vision and The Gates Foundation to conduct an African humanitarian CSO capacity mapping exercise.

Technical Assistance and Service

- Co-sponsoring in Cairo a training for continental CSOs on Arab League and AU engagement.
- Developing a proposal to serve as Oxfam GB's partner for enhancing understanding of human rights in crisis among African humanitarian CSOs.
- Partnering with CIDA and Oxfam GB on an R2P training.

Finances

Income & Expenditure

Income and Expenditures 2007		
	Income in USD	Expenditure in USD
Burundi	480,771.56	477,385.09
Chad	339,783.00	339,783.00
DR. Congo	619,553.00	574,473.00
Ethiopia	488,600.00	472,300.00
Liberia	1,010,486.76	739,711.49
Namibia	1,144,320.60	1,144,169.40
Rwanda	692,696.00	598,832.00
Sudan	600,260.00	600,260.00
Uganda	472,155.06	454,807.49
Zambia	198,772.00	10,000.00
Head Office	751,448.60	234,730.00
Total	**6,798,846.58**	**5,646,451.47**

Income					
	2003	2004	2005	2006	2007
Angola	1,137,343	904,305	1,195,795.00	576,343.00	–
Burundi	508,240	725,067	923,056.00	516,759.00	480,771.56
Chad	–	–	341,393.41	333,123.00	339,783.00
DR. Congo	–	173,525	701,959.26	670,336.00	619,553.00
Ethiopia	192,808	390,147	308,231.00	446,661.00	488,600.00
Guinea	–	–	–	–	–
Liberia	–	537,010	580,978.90	653,330.00	1,010,486.76
Namibia	1,024,966	768,303	871,354.92	917,529.00	1,144,320.60
Rwanda	392,025	336,458	547,643.00	715,398.00	692,696.00
Sudan	–	100,000	362,000.00	475,687.00	600,260.00
Uganda	432,203	413,322	485,768.00	428,864.00	472,155.06
Zambia	915,438	983,192	593,052.00	262,631.00	198,772.00
Head Office	163,810	401,703	421,816.00	169,816.00	169,816.00
Total	4,766,833.00	5,733,032.00	7,333,047.49	6,166,477.00	6,798,846.58

Note: Currency US Dollar

Expenditures					
	2003	2004	2005	2006	2007
Angola	1,137,343	904,305.00	1,195,795.00	575,646.00	–
Burundi	508,240	725,067.00	923,056.00	504,329.00	477,385.09
Chad	–	–	341,939.41	261,083.00	339,783.00
DR. Congo	–	173,525.00	701,959.26	653,740.00	574,473.00
Ethiopia	192,808	390,147.00	299,475.49	433,287.00	472,300.00
Guinea	–	160,971.00	–	–	–
Liberia	–	537,010.00	552,943.69	613,646.00	739,711.49
Namibia	1,024,966	768,303.00	870,834.63	893,188.00	1,144,169.40
Rwanda	392,025	336,458.00	540,259.84	711,709.00	598,832.00
Sudan	–	100,000.00	320,735.24	497,212.00	600,260.00
Uganda	432,203	413,322.00	402,695.78	411,599.00	454,807.49
Zambia	915,438	983,192.00	588,842.00	261,130.00	10,000.00
Head Office	163,810	401,703.00	405,795.00	179,418.00	234,730.00
Total	4,766,833.00	5,894,003.00	7,144,331.34	5,995,987.00	5,646,451.47

Note: Currency US Dollar

Auditor's reports

STIER VENTE ASSOCIATES
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 2007 TO 31 DECEMBER 2007

We have audited the final Sub-Project Monitoring Reports for sub-project Africa Humanitarian Action Namibia dated 31 December 2007, 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 2007, showing instalments received totaling N$ 7 416 202 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
18 February 2008

A.W. Thomas & Co.
Chartered Certified Accountants

19 February 2008

The Board of Directors
The Africa Humanitarian Action (AHA) - Ethiopia
P.O. Box 1967 Code 1110
Addis Ababa

Dear Sirs,

Audit Report, September 30, 2007

We now enclose auditors' reports on the Fund Accountability Statement, internal control and compliance of Africa Humanitarian Action (AHA)- Ethiopia Integrated Reproductive Health/Family Planning and HIV/AIDS Prevention Project, No. E3-ET-034 for the year ended September 30, 2007.

The report contains the following sections:

- Report of Independent Auditors on the Fund Accountability Statement
- The Fund Accountability Statement
- Notes to the Fund Accountability Statement
- Report of Independent Auditors on Internal Control
- Report of Independent Auditors on Compliance with Grant Agreement Terms, applicable Laws and Regulations
- Schedule of prior year audit findings

We are grateful to AHA management, Pathfinder Ethiopia and Pathfinder International staff for the assistance and courtesy extended to our representatives during the conduct of the audit.

Yours faithfully,

A.W. THOMAS & CO. 65 1162 ADDIS ABABA ETHIOPIA CHARTERED CERTIFIED ACCOUNTANTS

A.W. Thomas & Co.
Chartered Certified Accountants

P.O. Box 1162, Addis Ababa Ethiopia
Telephone: 251 (0)11 552 4085, Fax: 251 (0)11 515 8378
E-mail: thomas@ethionet.et

A big thank you

Programme donors & partners

CRS - Catholic Relief Services
FAO - Food and Agricultural Organisation of the United Nations
FHI - Family Health International
GI-Net - Genocide Intervention Network
GoN - Government of Namibia; Ministry of Heath and Social Services
GoU – Government of Uganda; Poverty Allieviation Programme
GoZ - Government of Zambia; Ministry of Health
OFID - OPEC Fund for International Development
PNMLS - Progame National Multisectoriel de Lutte contre le SIDA
Pathfinder International Ethiopia
UNCERF - United Nations Central Emergency Response Fund
UNEPI - Uganda National Expanded Programme on Immunisation
UNFPA - United Nations Population Fund
UNHCR - United Nations High Commissioner for Refugees
UNICEF - United Nations Children's Fund
USAID - United States Agency for International Development
WFP - United Nations World Food Programme
WHO - United Nations World Health Organisation
WB - World Bank

Programme Partners

AIDES -
ACF - Action Contre la Faim (Action Against Hunger)
AAH-I - Action Africa Help - International
ADEO - African Development and Emergency Organisation
AIRD - Associates for International Resources and Development
DFID - UK Department for International Development
GoB - Government of Burundi
GoDRC - Government of DR Congo
GoE - Government of Ethiopia
GoL - Government of Liberia
GoR - Government of Rwanda
GoS - Government of Sudan
GTZ - Deutsche Gesellschaft für Technische Zusammenarbeit
HAP - Health of Adolescents Project
LWF - Lutheran World Federation
MACI - HAP Madi AIDS Control Initiative
MSF - Médecins Sans Frontières - Belgique
OCHA - United Nations Office for the Coordination of Humanitarian Affairs

Note

* Government listings include support from various line ministries (often those of Health, Social Services & Agriculture) and associated groups, as well as central government.

*AHA works with many individuals, organisations, institutions and governments, locally, nationally, regionally and internationally. Whilst it is difficult to mention everyone in this succinct report, we offer our sincere gratitude to all who have supported our efforts to assist affected populations; not least the communities with whom we work, whose strength and dignity remains our inspiration.

A big thank you to ALL…

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 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 African people have the strength and ability to solve African problems, when empowered to do so, and to this ends we remain dedicated.

We now look forward to building on the many achievements of 2007 in the coming year, extending our programmes, developing our capacities and reaching out to new communities.

2007 Volunteers;

Kelly Bradley
Melanie Coyne
Ibrahim Kalil Conde
Susanne Dottling
Yasmin Faysal
Yewoub Geadion
Arnaud Guegan
Melissa Krall
Idil Lambo
Sabrina Laffont
Naomi Pardington
Jorike Schmal
Bilen Shimelis
Jennifer Steele
Tesemash Tefera

This report:

We would like to thank all those who contributed to the compilation of this report.
Text: AHA Country Offices, AHA Departments and Naomi Pardington
Images: Michael Tsegaye
Design: Afrolink Studio

You can make a difference By Supporting AHA

"Our work is only made possible by the generous donations of others, for which we extend our heartfelt thanks, from those whom you assist but do not necessarily know you, from AHA and from myself…

" Dr Dawit Zawde - Founder, President and CEO, AHA

To find out more about making a donation please visit our website, fill out and mail our donation form or get in touch with our Head Office directly.

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