15 Africa Humanitarian Action

ANNUAL REPORT • 2008



16 nations and growing

African in

Spirit | Concept | Composition



Contents

Message from the President	3
AHA at a Glance	4
AHA 15 Year Highlights	5
Programmes	6
Governance	8
Structure	9
AHA in 2008	10
2008 Highlights	11
AHA Burundi	12
AHA DR Congo	14
AHA Ethiopia	16
AHA Liberia	18
AHA Namibia	20
AHA Rwanda	22
AHA Sudan	24
AHA Uganda	26
AHA Zambia	28
Looking to the Future	29
An International Voice	30
Advocacy Highlights	31
African Centre for Humanitarian Action	32
Finance	34
Auditor's Report	36
Programme Donors and Partners	37
A Big Thank You	38

Message from the President



THE WAY FORWARD

Traditionally, I use this opportunity to reflect on our achievements and challenges of the previous year and give an outlook of the years ahead. This year is unique. As we mark our 15th anniversary, I would like to recognize recent and past milestones and share my vision for the future.

It is impossible to laud AHA's 15-year milestone without recalling its humble beginnings. Armed with only a project outline to deploy two mobile health teams, and without a properly instituted organisation or even a bank account to our name, a small group of likeminded Africans from 11 countries ventured to offer one response to the appalling events of the Rwanda Genocide of 1994. As the project materialized with the support of the UNHCR and succeeded in providing frontline assistance to the victims of the Rwandan conflict, the seeds of an exceptional African international NGO were planted.

Today, AHA has flourished into a continental humanitarian actor leaving its footprints in 16 nations and reaching some 10 million refugees, IDPs, returnees and communities. Without flinching to the volatile environment we operate in, we continue to seek out and champion Africa's own solutions to the humanitarian crises the continent faces. We have rehabilitated and supported war-ravaged hospitals; provided food, water and sanitation in disaster-stricken communities; and empowered youth, women, and men alike with the capacities that promote self-dependence.

Our indigenous origin has allowed us to draw on the strength of the population we serve and generate innovative and flexible solutions to meet each community's distinct needs. Beyond emergency relief, our added value is in the residue we strive to leave behind in the form of local capacity and lasting infrastructures, securing the continuity of our initiatives.

Although we pause at this juncture to relish our past, we recognize that the glass remains half-full. To stand relevant and valuable, we must adopt with the global reality and enhance our capacity to anticipate and address evolving threats to human security. To this end, we recently undertook a comprehensive external review with the aim of devising a realistic strategy to develop a sustainable institutional capacity. The review has made recommendations on how to reconsider our mandate, operations and structure to attain financial viability to achieve our mission. In June 2009, our Board of International Trustees will deliberate on these recommendations.

Founded in our vision of seeking African solutions for African challenges, and reformed with a fresh mission, new governance structure, and renewed vigour, I have no doubt that we have yet another proud 15 years ahead of us.

The way forward looks bright.



Dawit Zawde

AHA at a Glance

AHA is African in...

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

Concept: AHA's proximity to affected populations and understanding of local contexts maximize the sustainability and accountability of the multisectoral programmes it delivers.

Composition: AHA draws on the commitment and expertise of more than 1,800 staff, 92% of whom are recruited from local communities, to better ensure a continuum between humanitarian assistance and development.

Africa Humanitarian Action is a pan-African international non-governmental organisation (INGO) providing effective humanitarian assistance to alleviate human suffering across Africa. Founded in 1994 in response to the atrocities in Rwanda, AHA has supported over 10 million people in 16 African countries to regain their health, dignity and wellbeing.

Working throughout the continent, AHA delivers a wide range of lifesaving services to suit complex and varying needs; from protecting displaced persons in Darfur, to repatriating refugees in the Democratic Republic of Congo, to raising awareness of critical health concerns in Ethiopia, amongst others.

At the heart of AHA's work is a firm commitment to reducing poverty through addressing crisis-related suffering and laying the foundations for recovery and sustainable development. AHA especially focuses on promoting the rights and interests of disadvantaged and excluded groups, working to empower people affected by and living with HIV/AIDS, children, women, elderly and those with disabilities.

AHA works in partnership with local populations, listening and responding to peoples needs and empowering them to make lasting differences to their own lives. AHA believes that it is only through building on the capacities existent within communities and giving people ownership of their future, that sustainable change can be achieved.

Complementary to the assistance AHA provides is its work in international advocacy, bringing a much needed Southern perspective to the global humanitarian arena. Since inception, AHA has striven to empower African civil society organisations and communities to ensure that they have the opportunity, confidence and space to generate meaningful contributions to humanitarianism.

AHA 15 Year Highlights

1994: AHA was founded in response to the Rwanda Genocide.

1995: AHA began to offer services in Angola and Uganda, with healthcare at the core of its work.

1996: AHA ventured into shelter development for the first time in Rwanda, helping provide housing for the most vulnerable groups of widows, handicapped, and families caring for orphans.

1997: AHA expanded its services to Burundi, Ethiopia, Liberia, and Sierra Leone.

1998: AHA revised financial and personnel management procedures and its field operation guidelines to ensure further organisational accountability and transparency.

1999: AHA executed an emergency intervention in response to the Algerian Earthquake while initiating Family Planning/Reproductive Health and HIV/AIDS projects in 30 rural locations of Ethiopia.

2000: With a new determination for growth, AHA called on financial support from larger institutions as it expanded even further into the African continent, branching into Zambia.

2001: AHA diversified its services in Namibia after full responsibility of Osire Refugee Camp management was transferred to it by UNHCR.

2002: AHA moved briefly into Somalia with hopes of addressing the ongoing problems in the region.

2003: AHA opened a Liaison Office for East Africa in Nairobi, Kenya, which undertook an assessment mission to Southern Sudan.

2004: AHA continued to grow, providing services to the Democratic Republic of Congo, Republic of Guinea and Sudan. In partnership with the African Union, AHA organized an International Symposium addressing "Building Capacity and Resources of African Non-Governmental Organisations".

2005: AHA established the African Centre for Humanitarian Action, with the mission of enhancing partnerships and service delivery between humanitarian organizations.

2006: AHA launched its Volunteer Programme to enable young humanitarians better understand the challenges facing the African continent.

2007: AHA produced an advocacy toolkit for African civil societies on civilian protection.

2008: AHA secured a consultative status with the United Nations Economic and Social Council (ECOSOC). In addition, AHA signed a memorandum of partnership with the African Development Bank, helping to build its institutional capacity.

2009: AHA celebrates its 15th Anniversary and forges forward in its mission of providing humanitarian assistance to alleviate human suffering in Africa.

Programmes

AHA delivers a wide range of lifesaving services to suit complex and varying needs with the means of assistance provided tailored to the prevalent needs of a community. Whilst entirely complementary and often mutually supportive, the breadth of AHA's 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-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, treatment and support
Information, education and communication
Prevention and community mobilization





<<< Sexual & Gender Based Violence

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



<<<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



<<< 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

Governance









Trustees

Chair: Dr. Salim Ahmed Salim - Tanzania
Co-Chair: Dr. Sheikh M.H. Al Amoudi - Saudi Arabia
Mr. Anders Wijkman - Sweden
Mr. Albert Alain Peters - Benin
Mr. Arnulv Torbjornsen - Norway
Dr. Brigalia Bam-South Africa
Amb. Brownson Dede - Nigeria
Mr. Chefeke Dessalegn - Ethiopia
Rt. Hon. Clare Short -United Kingdom
Dr. Costantinos Berhe Tesfu - Ethiopia
Dr. Dawit Zawde - Ethiopia
Dr. Deo Barakamfitiye - South Africa
Mrs. Eularia Syamujaye - Zambia
Dr. Ernst Lauridsen - Denmark
Dr. Filomena Delgado - Angola
Dr. Getachew Demeke - Ethiopia
Dr. Getachew Kitaw - Ethiopia
Mrs. Gillian Whittington Banda - South Africa
Mr. Ibrahim Osman - Sudan
Amb. Irvin Hicks - United States of America
Mr. Jean–Pierre Hocké - Switzerland
Mr. Mahary Maasho -Ethiopia
Dr. Mucktarr A.S. Jalloh - Sierra Leone
Mr. Nicolas Bwakira -Burundi
Mr. Nils Gussing -Sweden
Chief Olesegun Olusola - Nigeria
Mrs. Patricia Hajabakiga -Rwanda
Dr. Penuell Maduna -South Africa
Mr. Paul Adams -United Kingdom
Amb. Teferra Shiawl -Ethiopia
Mr. Yohannes Kifle -Ethiopia

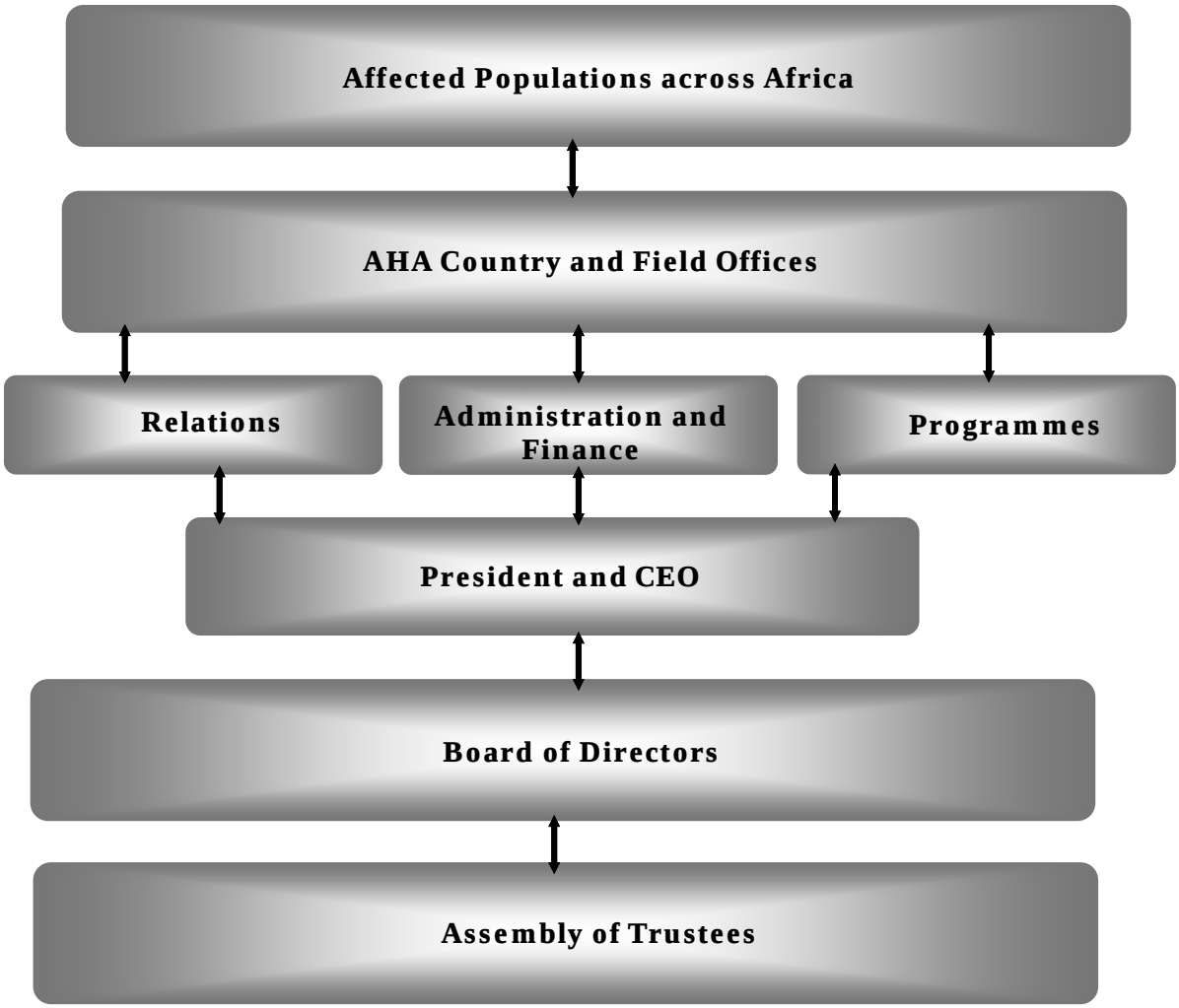
Board of Directors

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

Structure

Inspired by their resilience, informed by their advice and supported by their efforts, affected populations are at the forefront of everything AHA does. This ensures that AHA's 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 the President & CEO, who works in partnership with a Board of Directors - setting strategic priorities and monitoring and evaluating performance, standards and results. The Directors are appointed by AHA's International Assembly of Trustees, whose members determine AHA's general policies and ensure quality and accountability to both affected populations and donors.



Burundi

DR Congo

Ethiopia

Liberia

Namibia

Rwanda

Sudan

Uganda

Zambia

AHA in 2008



2008 Highlights

AHA Head Office: AHA HO organized a two-week sexual and gender-based violence training to its health and management staff of seven Country Offices in Nazareth, Ethiopia.

AHA Burundi: AHA launched 140 income generating associations in Burundi, helping to financially empower its beneficiaries.

AHA DR Congo: AHA expanded to Katanga Province in DRC to implement the first HIV/AIDS programme in the region.

AHA Ethiopia: AHA diversified its services and now can be found providing adequate drinking water to refugees in the Afar region.

AHA Liberia: AHA has been named NGO of the Year 2008 in Health Sector by the West African Media Network in recognition of its exemplary work in Liberia.

AHA Namibia: AHA's Agroforestry income generating activity was warmly welcomed by Namibia's Ministry of Agriculture who paved the way for the University of Namibia and AHA beneficiaries to work closely camp on farming strategies.

AHA Rwanda: AHA began mainstreaming sexual and gender-based violence in its Rwanda operation.

AHA Sudan: AHA made great strides in saving the lives of thousands of livestock in Sudan thus ensuring food security for many conflict-affected populations and easing tensions between communities.

AHA Uganda: AHA executed its Early Epidemics Detection scheme in 2008 and successfully controlled the outbreak of Meningitis, Ebola and Cholera in Adjumani District.

AHA Zambia: AHA has embarked on an urban refugee programme in Lusaka supporting over 4,000 asylum seekers and integrated refugees.

Burundi

AHA Programmes in: Muyinga, Bujumbura, Gitega, Rutana, Cankuzo
AHA Assisted Population in 2008: 113,068

AHA began work in Burundi in 2002 with programmes targeting returnees and refugees. Today, AHA continues to provide health care services situated at seven entry points throughout the country.

Capacity Development

Throughout the year, training programmes were held 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. Training programmes covered on various health issues and treatment protocols; information on COP 2009-10; 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 infrastructures. Training on health information systems and avian flu were provided by UNHCR and was taken up by AHA to cover all its staff and refugees as well. Extended trainings were also provided to refugees on income generation concept and management as well as other practical teachings of six months in sewing and carpentry. Literacy programmes covered needs of adults and young girls in particular who have left school for various reasons. At the end of the year, close to 140 income generating associations were gearing to launch their activities some of whom have already benefited from their initiatives to develop selected activity for which they received seed money.

Relief and Recovery

The repatriation of Burundian refugees from Tanzania was unexpectedly expedited in 2008 at the Government of Tanzania's determination to closedown two camps in Lukole (June) and Nduta (December, 2008). Following this decision, nearly 700 refugees per convoy started arriving daily in Burundi despite lack of required conditions in terms of human resources and logistic capabilities necessary to cater to the needs of such large numbers. Upon arrival, returnees faced various problems ranging from difficulty to retrieve their homes and cultivable lands to insufficiency of the newly created resettlement villages. Nevertheless, the 2008 repatriation of Burundians was successful with 95,068 people safely returned home.

With the closing of camps in Tanzania, entry points in Burundi were subsequently closed and AHA had to phase-out from 3 of the 7 provinces where it had established its offices. Thus entry points in Muyinga (July 2008) and Ruyigi, Cankuzo and Rumonge (December 2008) have been closed. AHA plans on engaging in rehabilitation programmes in these regions in the near future.

Health Care

At the request of the UNHCR, AHA has been providing health care and other related services to 18,000 Congolese refugees located in the camps of Gasorwe-Kinama and Musasa in the north, and Mwaro in the west of the country.

Most of the refugees AHA works with are extremely vulnerable groups, physically and mentally handicapped as a result of conflicts, particularly victims of the Gatumba massacre.

This new responsibility was bestowed on AHA in addition to the activities it has been managing since 2005 in favour of a small number of Rwandese refugees living in Giharo camp in the south east. Other services include assistance to expelled people from Tanzania and coming through 4 identified provinces Muyinga in the north, Cankuzo and Ruyigi in the east and Makamba in the south that receive the highest number of returnees.

Challenges and Achievements

AHA has faced a number of challenges in 2008. The unexpected high number of returnees to Burundi has exhausted the organisations human and financial resources. Insufficient vehicles, constant insecurity and lack of adequate health facilities were among the main challenges of the year.

In spite of these, AHA staff has worked tirelessly, in partnership with the assisted population and partner organisations to ensure a dignified repatriation of returnees making 2008 another success story.



Child Nutrition Survey in Burundi

Partners in 2008: GoB, UNICEF, UNHCR

DR Congo

AHA Programmes in: Katanga and Equateur province
AHA Assisted Population in 2008: 797,076

Since 2004, AHA has been working in DRC on repatriation, reintegration, primary health care, HIV/AIDS prevention and care, sexual and gender-based violence, and on building community capacities. In 2008, AHA's activities were carried out in the municipalities of Buburu, Imesse, Kalemie, Libenge, Lubumbashi, Mbandaka, Moba and Pwetto.

Capacity Development

As the majority of Congolese return home to a destroyed village with little functioning government facilities, one of AHA's focus areas has been community capacity building in DRC. In this regard, AHA's strategy has been double-edged: improving the technical capacity of local public employees while strengthening the awareness and responsiveness of local populations. AHA has therefore been able to train 123 people composed of peer educators, police, youth, teachers and community members in Libenge on HIV/AIDS prevention and communication strategy.

Similarly, AHA trained 70 people on HIV/AIDS prevention and awareness in Mbandaka, Buburu and Imesse, and 753 in Kalemie, Moba and Pwetto.

Building on the success of these strategies, in November 2008, AHA trained selected public medical staff on HIV/AIDS treatment and care in Kalemie, Moba and Pwetto.

Health Care

Another aspect of AHA's activities is the provision of primary health care to Congolese returnees both at Transit Centres and at their closest public health facilities. In 2008, 13,000 Congolese returned to Mbandaka, Buburu and Imesse while 11,000 Congolese returned to Moba, Kalemie and Pwetto. AHA's 57 nurses and 9 doctors were posted at each entry point to provide primary health care to returnees at Transit Centres, including vaccination to mothers and children under the age of 5 and 48 hours supervision after which AHA's nurses escorted each group of returnees back to resettlement areas. These escorts often require travel lasting 24 to 48 hours through muddy and insecure roads.

AHA continues to be in close relations with returnees providing primary health care services for six months at no cost to beneficiaries. In order to reduce the additional burden that returnees often constitute to the already minimal health infrastructure of return areas. In 2008, AHA supported 22 public health facilities in Mbandaka, Buburu, Imesse and Libenge and 27 health facilities in Moba, Kalemie and Pwetto. These supports consisted of financial assistance to selected public medical staff, generic drugs, and medical and administrative equipment.

HIV/AIDS Prevention and Care

Despite the alarming need to prioritize HIV/AIDS in DRC's national health strategy, the fight against the pandemic only covers nearly a third of the national need. AHA has been working to bridge the need in addressing HIV/AIDS implementing various programmes, a first of its kind in some areas.

In Katanga province, AHA focused on four aspects namely capacity building, minimum packages, awareness raising and HIV 'related diseases' as well as communication. In Moba, Kalemie and Pwetto 9 VCTs and STD detection centres were established, essential drugs and medical equipments were distributed, 9 health facilities were renovated and built, monthly HIV/AIDS sensitization was broadcast on local frequencies, 141 community sensitization activities benefiting close to 200,000 people were conducted, 11 condom distribution points were set-up, a number of billboards were installed, community groups to fight the spread of HIV were created and 20,000 people were voluntarily screened for the disease.

In Mbandaka, Buburu and Imesse, AHA focused on prevention as current infurstructures are not suited to effectively carryout care and treatment programmes. AHA has reached close to 100,000 people in these regions. In Libenge, AHA started its HIV/AIDS intervention in December 2007. In 2008, the programme consists of three fully equipped VCTs and three condom distribution points serving 1/3 of the 450,000 inhabitants of the surrounding communities. A new maternity hospital built in BAU, a small town south of Libenge-Central, and two rehabilitated health facilities in Libenge City are now operational and benefit the whole population.

Sexual and Gender Based Violence Prevention and Response

AHA works to address SGBV in the Equateur and Katanga provinces which are not among priority provinces for funding of SGBV projects. Nevertheless, AHA was able to secure 100,000 USD to address SGBV issues for a period of five months in Moba, Katanga for an estimated 300 targeted women.

Considering the urgent need to address SGBV in the regions, AHA was able to re-strategize its activities towards capacity building, organisation, peer consultation and medical care, including PEP Kits, enabling it to reach close to 500% of its initial target group and treated 1,753 victims of SGBV. Further, 20 peer consultants and community agents were trained and 10 alert centres able to quickly reach victims have been established. Once victims receive proper medical care at nearby health facilities, AHA then directs them to facilities where they can obtain legal services and psycho-social care.

Challenges and Achievements

AHA has been able to intervene in one additional province of DRC and offer job opportunities to 123 people in 2008. AHA DRC's operational budget quadrupled since 2007 reaching over 2 million USD and the sectors of intervention have been diversified. In this regard, AHA was selected for the United States Ambassador's Grant for the renovation of the General Hospital of Moba. Other activities in the year consisted of the commemoration of World Refugee Day and World HIV/AIDS Day simultaneously in all seven operation sites. Challenges in 2008 remained logistics, lack of infrastructure as well as financial challenges. Despite AHA's efforts, the failure to diversify donors has put the institution at a vulnerable state.

Partners in 2008: GoDRC, UNDP, UNHCR, USAID, WB, local and international NGOs/ IP of UNHCR

Ethiopia

AHA Programmes in: Afar, Oromia and Southern Nations and Nationalities People's Regions
AHA Assisted Population in 2008: 500,000

AHA started work in Ethiopia in 1997 with intensive family planning/ reproductive health activities. Today AHA continues to diversify its services covering programmes in HIV/AIDS, reproductive health, nutrition, and water and sanitation. AHA Ethiopia has supported a total of 3.5 million people in 12 years and remains AHA's only programme where its entire staff is recruited locally.

Capacity Development

Ensuring the sustainability of effective programmes is at the heart of AHA's activities. To this end, AHA has trained over 1,040 community members in the Oromia and SNNPR regions of Ethiopia to help implement family planning and reproductive health projects for over 3 million people.

AHA's Community Based Reproductive Health Agents (CBRHAs) work in close relations with community health centres and hospitals yet, their main task remains to conduct home to home visits advocating for better hygiene, educating couples on planned child-bearing and essential life skills necessary to enhance one's living standards.

Through continued and aggressive campaigns, community members, youths and vulnerable populations continue to benefit from AHA's information, education and communication programmes building their knowledge capacities to make informed decisions about their wellbeing and health.

Further in 2008, AHA Ethiopia introduced a knowledge exchange programme with Sandford International School annually meet with underprivileged students from the Shashemene region to interact and share experiences in a fun and productive environment. A total of 12 public water fountains for use by refugees in Asyaita and Berhale of the Afar region were also constructed in the year.

Health Care

In Ethiopia, AHA continues to provide essential health care services 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 services.

CBRHAs continued to conduct routine health checks and consulting during their home -to-home visits while referring clients to nearby health facilities for various health services.

HIV/AIDS Prevention and Care

AHA's health care workers along with over 20 youth groups established and supported by the Ethiopia programme, conducted intensive campaign on educating communities the effects of HIV/AIDS and prevention methods. The programmes used plays and different festivities to attract all members of communities. AHA also provided support to those devastated by HIV/AIDS at different capacities. Many worked in collaboration with AHA to battle this epidemic among whom are, community and religious leaders, and local authorities.

Water and Sanitation

To cater to the growing number of refugees in the deserts of Berhale and Asyaita, AHA in 2008 has signed a tripartite agreement with the UNHCR and Administration for Refugees and Returnees Affairs (ARRA) to make water easily accessible to refugees. AHA has constructed 12 public fountains with six facets and other water supply structures, each to solely serve a population of 20,000 refugees that are anticipated to reside in the camps.

The second phase of this programme will follow with a sanitation sensitization already underway. This programme is designed to benefit refugees and host communities alike. AHA also has several proposals submitted to different donors for further work on water and sanitation in the Oromia region.

With funds provided by the United States Embassy, five Community Health Agents (CHAs) have been trained to sensitize and educate the refugees in Berhale Refugee Camp. With support of the *Woreda* (district) health personnel, AHA's five CHA's were able to sensitize over three hundred members on water, sanitation and HIV/AIDS issues.

Challenges and Achievements

AHA's CBRHAs have worked tirelessly, despite delays in payments and other logistical issues to make 2008 a successful year. Challenges in 2008 remained frequent staff overturn due to lack of competitive wages, delay in fund transfers and shortage of critical equipments necessary to deliver programmes. AHA worked hard in the year to secure a new partnership with UNHCR in water and sanitation programmes which has paved the way for engaging in future health projects in the refugee camps.

Partners in 2008: GoE, PI- Ethiopia, UNHCR, US Embassy-Ethiopia

Liberia

AHA Programmes in: Grand Cape Mount, Bomi, Gbarpulo, Margibi, Montserado, Nimba, and Rivercess
AHA Assisted Population in 2008: 453,400

AHA has worked in Liberia since 2004 and today continues to provide critical health services for an estimated 450,273 people, including IDPs, returnees, integrating refugees and local communities through 35 health facilities.

Capacity Development

In 2008, AHA Liberia continued to build capacities at all levels of its operational areas. At the health facility level, AHA continued to improve health infrastructures by rehabilitating medical facilities and constructing new ones. During 2008, three new health clinics were constructed in Rivercess County whith over 70% of the county's clinics were completely renovated. At the same time training in integrated management of childhood illnesses was supported for 10 professional workers from Margibi and Gbarpolu counties, and adequate drugs and medical supplies were provided to 34 AHA supported health facilities. At the community level, a total of 130 Community Health Development Committee members from Grand Cape Mount and Gbarpolu counties were trained and empowered to fully participate in the management of the affairs of health facilities in the catchments areas giving citizens the opportunity to participate in decision making processes regarding health care in their communities. Thirty five traditional midwives were also trained throughout the year in home based life saving skills in three counties ensuring the continuity of quality reproductive health services in communities.

Health Care

In Liberia, AHA continues to work hard to provide basic health services to over 450,000 people at 35 health facilities spread thru seven counties. In 2008, AHA worked in partnership with Liberia's Ministry of Health towards the improvement of four key components of the national health system: basic services, human resource for health, infrastructure development and support.

Health service coverage in AHA operational areas was 38% for 2008, a total of 114,054 medical consultations were made, and Antenatal Care Attendance reached 10,090. One thousand sixty six births were attended by AHA skilled personnel, and contraceptive prevalence rate increased to 19%. Following intense campaigns on STI preventive practices in 2008, AHA saw a 34% reduction in STI cases from the previous year with 12,783 beneficiaries treated.

Child immunization rate and maternal immunization coverage also increased in the year by 60% from 2007. Although human resource for health care remains a challenge, great efforts were made to maintain certified midwives and other health care professionals in 95% of the AHA supported health facilities.

HIV/AIDS Prevention & Care

AHA has responded to the HIV/AIDS health problem in Liberia over the years by implementing interventions aimed at promoting safer sexual behaviour, eliminating

misconceptions, reducing stigma and discrimination and strengthening support to HIV infected and affected persons. In 2008, AHA maintained these services and even increased the quantity of condoms distributed, intensified its services in medical care, counselling, nutritional support, referral, logistical support and home-based care. AHA HIV counselling and testing centres at the Sinje Health Centre in Grand Cape Mount County and at Jallah Lone Hospital in Gbarpolu County were maintained and improved. A new VCT centre at the St. Francis Hospital in Rivercess was also established in the year to accommodate the growing needs of beneficiaries. Blood screening for transfusions continue to take place in all AHA supported Health Centres and Hospitals. Community awareness and sensitization were conducted in most of the seven counties in which AHA is operational. AHA also commemorated World AIDS Day 2008 in Grand Cape Mount County with 3,000 beneficiaries.

Sexual and Gender-based Violence Prevention and Response

Liberia is a nation with one of the highest rates of SGBV cases in Africa. In 2008, to address this growing problem mainly directed at girls and women, in 2008 AHA became pro-active in SGBV prevention and response, training health workers in the clinical management of SGBV cases. Further, throughout the year, AHA supported health facilities treated 235 SGBV cases. It is expected that in 2009, AHA will move its SGBV programmes into communities to establish structures with the collaboration of relevant community-based organisations to exclusively support SGBV victims. AHA Liberia staff also participated in a two-week SGBV management and clinical response training conducted for AHA staff in Ethiopia.

Water and Sanitation

The availability of adequate clean and safe water supply in all health facilities is one of the major objectives of the Liberian Health Plan. In 2008, AHA constructed seven new hand pumps and nine new latrines in four counties. Seventy eight per cent of AHA supported health facilities now have adequate safe water supply. Moreover, every AHA supported health facility now has functional placental and solid waste disposal pits. It is AHA's hope that incinerators will be considered for construction at all facilities in the future.

Challenges and Achievements

AHA faced a number of challenges in 2008: frequent turnover of clinical staff in health facilities, bad roads and bridges that made it difficult and costly to access some health facilities and limited vehicles for intensive supervision. However, the year was not without its achievements: improved coordination and collaboration with the County Health Teams and the Ministry of Health and Social Welfare, capacity building for the County Health Teams, Community Health Development Committee, the rehabilitation and construction of Health clinics, latrines and hand pumps, provision of primary health care to over 450,000 persons in six of Liberia's 15 counties, in accordance with the County Health Plan, HIV/AIDS programmes and provision of support to HIV/AIDS infected and affected persons and the upgrading of services to respond to the needs of survivors of SGBV. In addition, AHA's work in Liberia was recognised by the West African Media Association through their annual NGO of the Year Award. AHA received this award in 2008 for its work in the health sector.

Partners in 2008: GoL, WHO, UNCERF, UNHCR

Namibia

AHA Programmes in: Osire
AHA Assisted Population in 2008: 6,537

AHA's operations in Namibia began in 2001 with assistance to refugees at Osire Refugee Camp in Central Namibia. AHA's services have since been composed of curative and preventive health care, water and sanitation, infrastructure construction, HIV/AIDS, health promotion, hygiene education, food distribution and development of social and community services.

Capacity Development

Community capacity development at Osire Refugee Camp was strong in 2008 with programmes such as: improving and building of health structures; advocacy works commemorating internationally recognized activism days including Human Rights Day, International Women's Day and African Child Day; and diversified income generating activities including Agroforestry with the distribution of seeds and seed money for selected projects. AHA's Agroforestry programme received excellent reviews from Namibia's Ministry of Agriculture and at the recommendation of the Ministry, the University of Namibia has been working in close relations with refugees at Osire camp on farming and related activities. In addition, 57 homes were constructed in the year to accommodate the growing number of refugees and IDPs admitted to the camp. In 2008, 288 new arrivals of refugees and IDPs have been reported. With the aim of actively engaging refugee communities in programme planning and delivery, AHA holds a mid-year activity review consultations with refugee committees which was held in June of 2008 for the year.

Health Care

In 2008, core areas of health programmes focused on preventive and curative services. These included:

Maternity care- with 234 mothers attended to, 33 home deliveries revisited while 81 cases of different obstetric emergencies were referred to hospitals. Further, BCG Antigen was given to all new born babies as well as Vitamin A and Pregamol to mothers before discharge from post-natal ward. Post-natal cares were also provided to all mothers with a follow-up at 6 weeks. In total, there were 164 live births in 2008.

Family planning- a total of 900 beneficiaries (34 under the age of 19) received family planning services, 96 of whom were new users.

Immunization- vaccination was conducted on daily basis at the clinic targeting children ranging in age from infants to the age of 10 and women in reproductive age for Tetanus Toxoide (TT) antigens with 355 women vaccinated and 1,228 children for different antigens while 206 children under five completed their immunizations.

Growth monitoring and nutritional assessment- monthly growth monitoring was conducted to asses the growth, immunization coverage and nutritional status of children under five. Underweight children were referred to AHA's feeding centre for further evaluation and admission to the supplementary feeding programme.

HIV/AIDS Prevention and Care

HIV/AIDS/ STI's information was disseminated in the community through awareness campaigns on safer sexual behaviour using condom promotion, voluntary counselling and testing, prevention of mother to child transmission, anti-retroviral therapy and home based care. The programme involved an AHA HIV Task Force Group, youth peer educators and community mentors.

Antenatal Services- 741 mothers visited AHA's antenatal clinic and were screened for safe pregnancy and high risk. 172 first visits were tested for HIV and RPR. All RPR results were negative for HIV. 56 teenagers also visited ANC services in the year.

VCT- 409 benifitieries(305 female,104 male) tested in the routine services among whom 25 were tested positive (17 female and 8 male).

PMTCT- All mothers were screened for HIV during their first visit to AHA's clinic and counselling on feeding options were provided to those who were HIV positive. ARV Prophylaxis was also provided to HIV positive mothers and their new born babies.

Home Based Care- A cumulative number of 41 chronically ill patients were registered and assistance with food and non food items on regular basis throughout the year.

Water and Sanitation

During this reporting period an estimated quantity of 79,372,000 cubic liters of water was supplied to refugees (an average of 29 liters of safe and quality drinking water per person per day). Water situation continues to be a concern in Osire Refugee Camp. There is sufficient water for human consumption; however, income generating activities such as gardening lack access to water, thus three solar pumps have been planned for 2009.

Sexual and Gender-based Violence Prevention & Response

In 2008, SGBV Committee Meetings were conducted on monthly basis. AHA's Community Development Officer and Gender Equality Advisor also conducted trainings for community authorities, MHAI, health and community workers. Youth activists held similar activities with topics that covered teenage pregnancy and dropping out of school.

Delegates from the Ministry of Gender Equality visited the camp for a focus group discussion on gender reproductive health and HIV/AIDS. Other activities included, women empowering seminars, GBV education for women and men, psycho-social support for disabled members of the community and distribution of non-food essentials to women in the camp.

Challenges and Achievements

Despite the many achievements of 2008, there were challenges that had to be overcome in order to continue the delivery of quality services to the communities that are dependent on AHA's services. Some of the challenges in 2008 were: shortage of commodities due to rising gas price resulting in significantly reducing food rations and lack of funds to address new rising needs in the camp and surrounding communities. Nevertheless, 2008 has been a fruitful year with positive changes.

Partners in 2008: GoN - MoHSS, WFP, UNHCR

Rwanda

AHA Programmes in: Kiziba, Kigali
AHA Assisted Population in 2008: 34,630

Rwanda is the birthplace of AHA with the deployment of AHA's first medical response team in 1994 in the aftermath of the Rwandan genocide. Today, AHA can still be found providing life-saving assistance to displaced and vulnerable populations throughout the country. With two project areas, Kiziba and Kigali, AHA focuses on improving the health and wellbeing of affected populations in Rwanda.

Capacity Development

AHA's programmes in Rwanda are aimed at restoring and building the capacities of individuals and communities. To this end, in 2008, AHA intensified its information, education and communication activities as core means of giving knowledge and mobilizing community, and several trainings and workshops were attended by community members and AHA staffs at local, national and international levels, including vocational trainings such as tailoring, computer and driving lessons for orphans in urban refugee settings. Further, income generating activities for people leaving with HIV/AIDS were continued in 2008 in a stronger fashion and a new micro-garden programme for the AHA HIV/AIDS Association was started with members who have already started to harvest and sell their produces in local markets. With regards to capacity building, professional training has been held on basket production (AGASEKE) to enable the women group establish small business for income generating activities.

In 2008, AHA renovated its medical laboratory facility at its Kiziba Refugee Camp Health Centre to widen its service, as well as, constructed new ARV facilities that provide psychosocial consultation and pharmacy services to people living with HIV/AIDS (PLWHAs). Additionally, 1,000 children were financially assisted to attend primary and secondary education by providing school fees, school materials, uniforms and sanitary pads for girls 13 and older.

AHA continues to work in close relations with communities and governments sharing its knowledge and resources. AHA's Chief Surgeon in Rwanda continues to volunteer at Kibuye Hospital, a public hospital close to Kiziba camp, by conducting elective surgeries twice a week and remains to be on-call for emergency surgical and obstetric cases.

Health Care

During 2008, a total of 24,696 consultations were made at AHA's Kiziba Health Centre and 5,167 consultations at AHA Urban Refugee Clinic. Preventive and curative health services to refugees and host communities including IEC, OPD consultations, inpatient service, all components of AHA's reproductive health, mental health, dental and eye care, pharmacy, laboratory, HIV/AIDS and nutrition programmes were conducted.

A 24-hour referral system to nearby hospitals remained available throughout the year. Despite lack of supply of therapeutic milk, AHA was able to continue its therapeutic and supplementary feeding programmes to vulnerable children without mortality. Other health activities included child-delivery, postnatal care and family planning.

HIV/AIDS

AHA's programme delivery follows the strategic plan developed by the National Commission against AIDS namely: comprehensive prevention; care and treatment; mitigation of the socio-economic impact of HIV/AIDS; voluntarily counselling and testing; prevention of mother to child transmission; abstinence and be-faithful campaigns; condom distribution; palliative care; TB and antiretroviral treatment (ART). In 2008, AHA actively engaged on Care and Treatment of HIV/AIDS in Kiziba camp, one of the three refugee camps in Rwanda that receive comprehensive HIV and AIDS health care services through the President's Emergency Plan for AIDS Relief (PEPFAR) and Great Lakes Initiative for Aids (GLIA). AHA's Kigali Urban Refugee Project continued to deliver consultations and IEC sessions on a regular basis to urban refugees and asylum seekers along with nutritional support to PLWHAs and other vulnerable groups. Formula milk was available to infants born to mothers with HIV/AIDS. All refugee patients referred from surrounding camps were met with a specialist at tertiary hospitals in Kigali.

Further, in 2008, AHA closely worked with youths by supporting monthly youth exhibitions and different artistic competitions. A musical album was also produced by talented anti-AIDS clubs to promote VCT and PMTCT as well as male participation in HIV prevention. During the reporting period, 3,767 people visited AHA's VCT centres and received their post test results. It is important to note that 16% and 49% of AHA clients respectively in VCT and PMTCT are from camp surrounding communities.

Sexual and Gender-based Violence Prevention and Response

In an effort to mainstream SGBV, AHA has conducted several trainings for staff, community leaders, as well as, peer counsellors. The SGBV Working Group led by AHA has been particularly active in 2008 conducting campaigns throughout the camp to address the main SGBV types identified at Kiziba Refugee Camp and surrounding communities. These included: domestic and economic violence, early and forced marriage, education denial and teenage pregnancies. In order to empower women, an advocacy programme has led to the involvement of women in camp management committees where 50% of camp leaders are women. All reported SGBV cases have received adequate care and treatment as per national and international standards including psychosocial, medical and legal support. Thirty peer counsellors have been trained to support social reintegration of SGBV survivors. AHA Rwanda's SGBV Coordinator and Programme Coordinator were among AHA staffs who received a two-week clinical and management training on SGBV at AHA Head Office, in Addis Abeba. Additionally, in 2008 AHA partnered with UBS Optimus Foundation to start an SGBV prevention and response program in the Kiziba Camp, helping to ensure the physical, mental and economic wellbeing of SGBV survivors.

Challenges and Achievements

2008 was not without its challenges for AHA, to name a few: lack of therapeutic milk at Kiziba Camp, delay in the transfer of allocated funds and lack of reliable vehicles for smooth and risk free delivery of health services. Despite these challenges, AHA achieved a number of goals. In Kiziba, AHA integrated the antiretroviral service in the compressive HIV prevention, care and support. In addition, the income generating activities for PLWHA helped women in the camps become self-sufficient. AHA also planned and oversaw celebrations for World Refugee Day and World AIDS Day, along with refugees at Kiziba Camp.

Partners in 2008: UNHCR, WFP, UBSOF, GLIA

Sudan

AHA Programmes in: Blue Nile State, Darfur
AHA Assisted Population in 2008: 378,961

AHA started its activities in the Sudan in 2004. Its overall objectives are to provide humanitarian assistance, rehabilitation/reconstruction and sustainable development to vulnerable communities in collaboration with different humanitarian agencies promoting common humanitarian interests. Some of the activities undertaken in 2008 are: primary health care, dam rehabilitation, emergency animal health treatment, including supplementary feeding programme and mass vaccination, general food distribution, and various income generating activities.

Capacity Development

AHA's activities in Sudan aim to strengthen the capacity of vulnerable populations affected by conflicts, allowing them to stay self-reliant in times of adversity. Therefore, capacity development runs as a cross-cutting programme throughout all AHA projects. In 2008, AHA strengthened its activities in animal health treatment activities in Kilmando, Wadaáh and DarAlSalam areas of Darfur. Camels, cattle, donkeys and chickens are basic assets for the wellbeing of Darfurians who economically rely on their animals to transport firewood, haul water, and to provide income and food.

AHA has been building local capacities through periodic cattle rearing trainings since 2006 along with veterinary services to communities. In 2008, 18,769 internally displaced persons and community members benefited from AHA's veterinary services; 2,000 households were assisted with supplementary feeding programmes to weak and sick animals; animals belonging to 12,000 households of displaced persons and communities were given drugs with periodic monitoring. Refreshment trainings for community animal health workers, veterinary assistants and volunteers were also carried out in the year.

Health Care

In Sudan, AHA works to reduce child morbidity and mortality rates through health education and treatments; to reduce maternal mortality through reproductive health programmes; and to promote environmental hygiene to control major epidemics and parasitic infestations. In Mellit, Darfur, AHA provided primary health care for 68,000 residents. Mellit Health Centre was re-established by AHA in mid-2008 after fighting in the region had forced for the termination of its services. Currently, AHA maintains the health centre and provides antenatal care (ANC), postnatal care (PNC) and immunization programmes. In Chali and Wadega reception centres, AHA provided first aid assistance and minor health services emphasizing more on prevention and sensitization on STDs, HIV/AIDS, HTP prevention, and other communicable diseases. In due course, such activities should be integrated with the mainstream Ministry of Health activities in Blue Nile State.

Relief and Recovery

Transit Centres: AHA renovated Ballila and Alele transit centres, adding more space to accommodate the returnees without any congestion. Furthermore, AHA constructed latrines and came up with a sufficient number of water points in both Alele and Ballila way stations. Tents were erected in the centres, improving service facilities in an organized manner. First aid posts, small offices for registration and health education sites were also organized.

Rehabilitation of Reception Centres: Cognizant of the deteriorating conditions of the Chali reception centre, one of the oldest reception centres in the Blue Nile state, AHA worked to maintain all bathrooms & replace the drainage system of the centre. The toilets were also cleaned and maintained. Additionally, the fence for the reception centre was fully mended.

Repatriation of Sudanese Refugees: The assisted repatriation started in December 2007. However, AHA was involved later in February 2008 and by the end of May 2008 the number of refugees that had been repatriated had come to 4,192. To this effect, AHA had to provide food distribution, non food items, seeds & tools, water provision, warehouse management, school construction and medical escort to all Sudanese caseloads from the Ethiopian border through Kurmuk to Chali and Balila reception centers. The main goal of the project was to facilitate the return of Sudanese refugees with safety and dignity back home, ensuring that the health and nutrition status of the returnees were not undermined in the process of repatriation. The repatriation programme was paused in mid May due to the heavy rains where the roads were entirely impassable.

Challenges and Achievements

Ongoing threats to security in Darfur have presented numerous challenges for AHA in 2008. Incidents such as the hijacking of two of AHA vehicles and the robbery of AHA staff members has jeopardised the delivery of quality services in the country. However, AHA's 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 current situations in Sudan, food delivery has been delayed on several occasions.

Partners in 2008: GoS, FAO, UNDP, WFP

Uganda

AHA Programmes in: Adjumani District
AHA Assisted Population in 2008: 112,857

AHA began working in Uganda in 1995 and continues to provide quality, accessible and integrated health services that lead to a healthy and economically productive life for refugees and communities in one transit camp and 33 settlements.

Capacity Development

AHA's capacity development scheme in Uganda focuses on strengthening individual capabilities, and community and national structures while working to build institutional capacity. AHA has maintained an employment of 50-60% refugees annually for its activities. In 2008, AHA continued to actively participate as member of the Extended District Health Team (EDHT) working closely with various partners to ensure realistic and efficient planning of health strategies. Furthermore, AHA continued to provide essential health trainings to professionals updating and refreshing their knowledge base. Other capacity development activities in the year included: renovation of health infrastructures, staff development trainings and several community sensitization activities.

Health Care

In 2008, AHA worked to ensure over 99% of its refugee beneficiaries had access to essential health care services via ten health centres and eight health posts. AHA's health services are composed of immunization, Antenatal Care, Vitamin A supplementation, Oral Rehydration Supplementation/Zinc, provision of Long Lasting Treated Nets and Intermittent Preventive Treatment, treatment of Acute Respiratory Infections and Malaria.

During the year, AHA worked to reduce child mortality rate and AHA is pleased to announce that under five mortality ratio for the year was maintained at 0.8/1000 and maternal mortality ratio was kept at 0 for 1000 new births. Further, Deadly epidemics of Meningitis, Ebola and Cholera were detected promptly. Specific health services targeting children; growth monitoring, therapeutic feeding and immunization services received top priority in the year. Overall, 2008 was a success in terms of access, proximity, consultation, drug availability and referral and paramedic services to refugees and communities.

HIV/AIDS

AHA's HIV/AIDS activities in 2008 focused on controlling the spread of the epidemic while continuing to support affected populations. Interventions consisted of intensive community awareness sensitizations with particular focus on youth. Adolescents constitute a large portion of the entire population of Adjumani District. Thus, services aimed at improving the reproductive health of adolescents by preventing sexually transmitted infections including HIV/AIDS and teenage pregnancies were offered with full confidentiality to youths. RCT services were also offered at AHA's Alere and Mongula Health Centres and in full collaboration with district health facilities.

Sexual and Gender-based Violence Prevention and Response

AHA's SGBV work focuses on prevention of SGBV especially among the most vulnerable members of the community; children, women and the elderly. AHA works in close collaboration with local entities working to combat the issue. Recent uncertainty of security in some settlements, notably the Maaji and Mongula areas have contributed to the mass movement of people putting them at high risk for SGBV. AHA has held several workshops to educate women in particular on how to minimize their risk of being vulnerable to SGBV incidents during repatriation and other movements. Training sessions also included procedures to follow once a victim is identified, in an attempt to insure perpetrators are brought to justice.

Water and Sanitation

Through health education, AHA works to raise awareness of the direct relationship between water, sanitation, and health. The use of pit latrines and adoption of methods to keep water clean and safe, by the refugee community remains high although several homes lost pit latrines due to the prolonged rainy season and the resulting water logging of the soil in 2008.

During the year, environmental conservation was a major component of AHA water and sanitation projects. Community health awareness and good health practices of proper waste disposal and proper homesteads were emphasized on to reduce environmental degradation and outbreaks of epidemics. 2008's water and sanitation project was more evident during the Uganda Cholera outbreak which affected Adjumani and neighboring districts.

Challenges and Achievements

2008 brought with it old and new challenges. The release of funds from some donors to AHA health units remained unreliable and irregular, new security threats frustrated AHA resources and as a result some planned activities were not executed. However, an unforeseen challenge AHA faced in the year was the delivery of unusable medications to our health posts from donors. The delivery of expired medications to a nation already suffering form medication shortage is evident of continued bureaucracy in humanitarian aid and the urgent need for reformation. Other challenges in the year were high staff turnover and rising cost of goods. Nevertheless, AHA reached many of its set goals in Uganda.

Partners in 2008: GoU - PAF, UNICEF, UNEPI, UNHCR,WFP

Zambia

AHA Programmes since 1998: Meheba Settlement, Nangweshi Camp and Mayukwayukwa Settlement, Lusaka
AHA Assisted Population since 1998: 60,000

For 10 years, AHA has worked to address the acute needs of refugees and local population in Zambia. Following the successful repatriation of thousands of refugees from the Nangweshi Refugee Camp, AHA services were re-directed to assist those most affected by the destructive HIV/AIDS epidemic, namely orphans and vulnerable children and people living with HIV/AIDS. In 2008, AHA focused on obtaining funds to continue serving vulnerable communities with particular focus on youth and HIV/ AIDS throughout the country. To this end, AHA has successfully secured funds for an Urban Refugee programme targeting 4,539 refugees in Lusaka.

Capacity Development

AHA Zambia's Assistance for Urban Refugee programme works to build the capacities of refugees integrated with host communities but often are unable to secure resources refugees would otherwise have had access to in conventional refugee settings. AHA works to provide improved material support to persons in such situations. To this end, AHA has several projects including: support for refugee children by facilitating basic primary education and overseeing thirty education scholarship programmes in an attempt to secure a brighter future.

Health Care

In Zambia, AHA provides psychosocial and counselling support to vulnerable urban refugees. Supplementary to these services, AHA conducts basic reproductive health care and HIV/AIDS awareness campaigns to refugees and host communities.

Other areas of AHA's activities in the country include: maintaining of refugee transit homes and relocating refugees to designated camps and resettlement areas.

Challenges and Achievements

AHA struggled to secure funds for community rehabilitation programmes after the successful repatriation of its beneficiaries from Nangweshi Refugee Camp in 2007. Nevertheless, AHA is pleased to announce the revitalization of its services beginning in December 2008 in partnership with UNHCR with activities currently underway.

Partners : GoZ, UNHCR

Looking to the Future

AHA Head Office: In an effort to develop a sustainable institutional capacity, AHA recently undertook a comprehensive external review with the aim of devising an actionable strategy for the way forward. In 2009, the HO anticipates to begin the implementation of these strategies following AHA's Assembly of Trustee's gathering in June 2009.

AHA Burundi: Building on 2008's achievements, AHA looks forward to implementing its new programme in health care. AHA also looks forward to engaging in rehabilitation programmes in the three regions its projects have phased-out in 2008.

AHA DR Congo: In 2008, AHA's operational budget quadrupled since 2007 allowing the organisation to expand into new territories with diverse programmes. In 2009, AHA hopes to continue on this trend of reaching more vulnerable people as Congolese continue to return home.

AHA Ethiopia: AHA aims to further expand its services for refugees in Ethiopia. In 2009, AHA is looking to deliver health care services to refugees and host communities in the Afar region while continuing to expand its water and sanitation programme into other refugee camps.

AHA Liberia: In 2009, AHA Liberia is looking to engage more in the re-construction and rehabilitation of communities across Liberia.

AHA Namibia: As refugees are repatriating from Osire Refugee Camp, AHA Namibia hopes to continue its services to residents of Osire while continuing to assist refugees who choose to remain in Namibia with integration programmes.

AHA Rwanda: In Rwanda, AHA is looking to fully implement its sexual and gender-based violence, a pilot programme for other AHA Country Offices.

AHA Sudan: AHA is looking forward to completing standard model schools at the Samery locality in 2009 and other essential infrastructures in the Darfur and Blue Nile State regions of the Sudan.

AHA Uganda: In 2009, AHA hopes to continue its intense hygiene campaign to combat the recurring Cholera outbreaks in the country while continuing to take on more projects in additional districts.

AHA Zambia: In Zambia, AHA is looking ahead to a fruitful year with an urban refugee programme already underway. In addition, AHA is working to secure funds for other projects currently in the pipeline.

An International Voice

In 2008, AHA continued to strengthen its international presence with increased involvement in forums and networks globally. As an active advocate for change in the humanitarian arena, AHA continued to represent critical Southern perspectives in conventions where Sothern participation were minimal.

AHA's reputable service of 15 years has particularly been recognized internationally giving it a unique leadership role among humanitarians. To this end, AHA is accredited with Special Consultative Status to the Economic and Social Council of the United Nations (ECOSOC), serves on the Executive Committee of the International Council for Voluntary Agencies (ICVA), and continues to serve as Secretariat for the African NGO Task Force to the United Nations High Commissioner for Refugees (UNHCR) to name but a few.

Some of the agendas AHA works to address are:

- Increased support to build institutional capacities of indigenous organisations;
- Enhanced partnerships between international and local organisations with more responsibilities of programme strategizing transferred to local counterparts who better understand situations and needs on the ground;
- Improved collaboration among civil societies;
- Accountability of all programme implementers including donors, CSOs and governments to the population and;
- Addressing the core reasons for displacement and poverty.

AHA works closely with numerous local, regional and international partners to address humanitarian needs. AHA's partners include:

Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP)

African Centre for Humanitarian Action (ACHA)

African Development Bank (AfDB)

African Union (AU)

Global Humanitarian Platform (GHP)

Inter-Agency Standing Committee—Global Health Cluster (IASC)

International Council of Voluntary Agencies (ICVA)

International NGO Training and Research Centre (INTRAC)

Overseas Development Institute (ODI)

People in Aid

SPHERE Project

TICAD Civil Society Forum (TCSF)

United Nations High Commissioner for Refugees (UNHCR)

Advocacy Highlights

African Union Special Summit on Refugees, Returnees and Internally Displaced Persons

AHA continues to serve on the organizing Task Force of the Special Summit bringing an African experience of relief and recovery work to the group. Through its active involvement and partnership with the African Union (AU), AHA is working to correspond the views of African civil societies including: their achievements, challenges and anticipations of governments and the AU. Utilizing this unique opportunity, AHA organized a first pre-summit civil society forum in partnership with the AU in Addis Abeba, Ethiopia.

RAISE Initiative

AHA participated in Reproductive Health Access, Information and Services in Emergences Initiative's Reproductive Health in Emergencies Conference, 2008. The Initiative, a collaborative effort of Columbia University and Marie Stopes aimed to assess humanitarian assistance and development for the expansion of comprehensive RH services in crisis settings. AHA was a plenary speaker of the three day conference where it presented the experiences of a pan-African NGO in addressing RH in emergencies. AHA used this platform to emphasize the importance of an integrated approach to reproductive health during armed conflict. AHA is an active advocate of the need to recognize the empowerment and education of girls and women as key determinants in improving their health, and supporting and promoting women's groups.

Global Humanitarian Platform (GHP)

AHA continues to participate enthusiastically in the GHP, which aims to improve humanitarian response by strengthening partnerships at the global and field levels bringing together UN and non-UN humanitarian organisations on an equal footing. AHA works to base its partnerships on the 5 POP Principles of Equality, Transparency, Result-oriented Approach, Complementarity and Responsibility.

International Council of Voluntary Agencies (ICVA)

AHA has been elected to serve on the Executive Committee of ICVA at the Agency's 14th General Assembly in Geneva, Switzerland. This appointment provides AHA with yet another opportunity to speak on behalf of African civil society organisations strengthening their voices in international policy making. Since the appointment, AHA has participated in several critical gatherings with donors and have raised decisive issues to African humanitarian agencies at these high-level gatherings, some of which are already being addressed.

African Centre for Humanitarian Action

About ACHA

African Centre for Humanitarian Action is a component of Africa Humanitarian Action. ACHA's establishment as initiated at an international symposium entitled 'Building the Capacity of African NGOs' co-organized by AHA and the African Union, in Addis Abeba, 2004. The symposium was a crucial step in addressing issues of resource identification for and the capacity building of African organisations active in enhancing human welfare on the continent. As a result, in alliance with African civil society organisation leaders and interested parties in attendance at the symposium, AHA assumed the responsibility of founding the Centre. In 2008, ACHA was formally launched and is a membership based organisation.

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

In order to facilitate effective partnerships, ACHA provides the following services to its members:

Advocacy and Representation

Presenting African perspectives, concerns and priorities, and fostering humanitarian partnership ACHA:

• Has established as the secretariat for the UNHCR-African NGO partner taskforce.
• Has 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 two continental CSO conferences in advance of AU summits in 2008.

Information and Knowledge Management

Enhancing capacities through shared learining and knowledge management, ACHA has**:**

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

Research and Dissemination

Advocating ideas and influencing quality ACHA was:

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

Technical Assistance and Service

Building on the skills and resources of African civil society organisations, ACHA:
• 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.

In 2008 ACHA:

- Developed and distributed an advocacy toolkit on civilian protection. Launched at the 3rd biannual CSO continental conference in advance of the AU summit in Egypt, response to the toolkit was overwhelmingly positive. Due to rising demand from African civil societies for the toolkit, ACHA published a second edition that is currently in distribution.

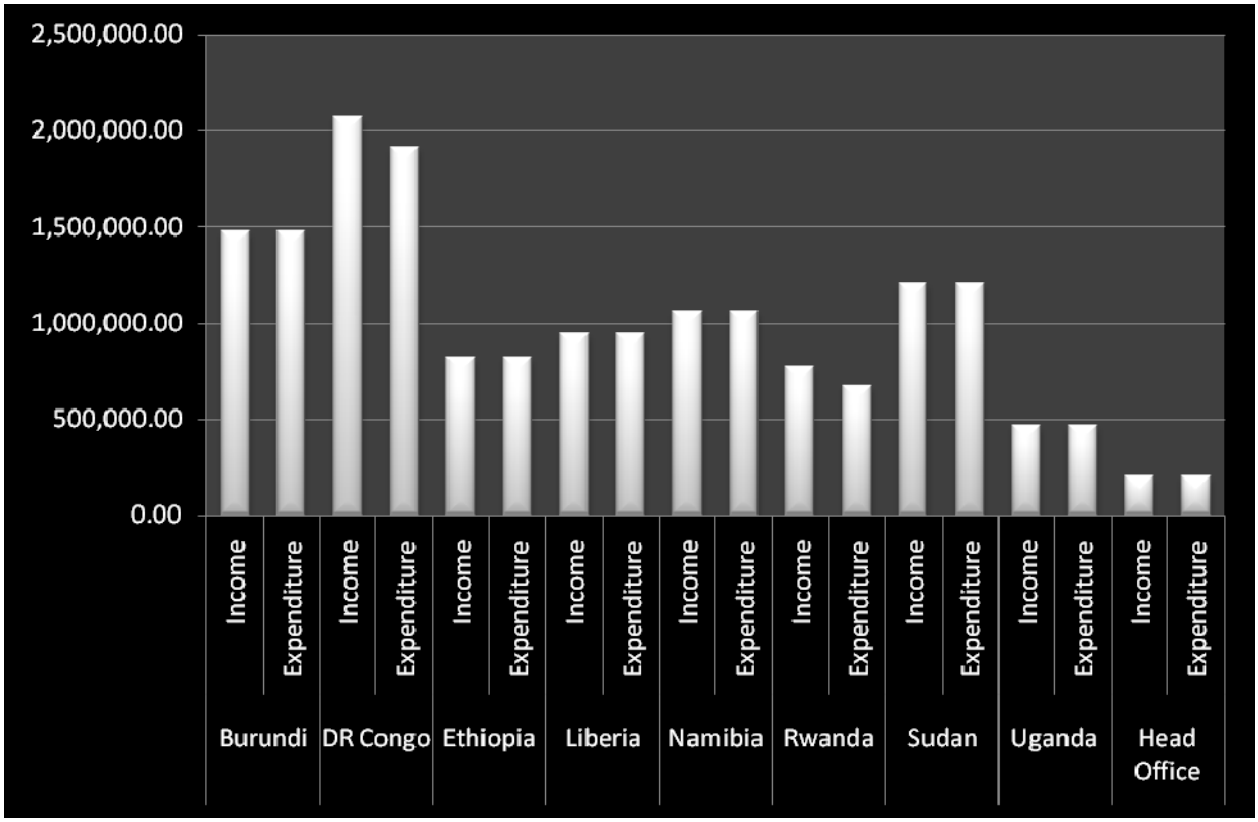
The first and second editions of the Partnership to Protect toolkit are available on ACHA's website.

- At the invitation of East African Lawyers Association, ACHA in 2008 presented a paper on conflicts in Africa in Bujumbura, Burundi. The two day conference in response to Burundi's President's request for the active engagement of all concerned to collaborate and address the growing tension in the country to prevent future catastrophes.

- Took part in UNHCR's ExCom 59th session. ACHA is secretariat to the NGO Task Force to UNHCR. Under this capacity, ACHA in 2008 organized a civil society conference on civilian protection in collaboration with the African Union and AHA where participants from four of the five regions of Africa attended.

To learn how to become a member and for more information on ACHA, please visit its website at www.achanet.org

Finance



AHA 2008 Income and Expenditure

Auditors

A.A. Bromhead & Co.
Chartered Accountants and
UK Registered Auditor

Correspondent firm of KPMG International
A. W. Thomas & Co.
Chartered Certified Accountants

Deloitte and Touche
Certified Public Accountants

PKF Accounts and Business Advisors

PrinceWaterHouse Coopers
Chartered Accountants

Stier Vente Associates
Chartered Accountants

TM Auditors, Sari
Auditing Accounts, Tax, Finance, Human Resource & Consulting

Africa Humanitarian Action

Income Sheet 1995-2008

	1995-2003	2004	2005	2006	2007	2008	Total
Angola	5,563,834	904,305	1,195,795	575,646	_	_	8,239,580
Burundi	556,824	725,067	923,056	504,329	603,564	1,476,958	4,789,798
Chad	0	-	341,939	261,083	339,783		942,805
DR. Congo	0	173,525	701,959	653,740	418,520	2,073,066	4,020,810
Ethiopia	723,234	390,147	299,476	433,287	480,996	817,087	3,144,227
Guinea	0	-	215,467	_	_	_	215,467
Liberia	0	537,010	552,944	613,646	1,347,500	939,867	3,990,967
Namibia	1,984,955	768,303	870,835	893,188	1,034,255	1,059,124	6,610,660
Rwanda	6,104,023	336,458	540,260	711,709	546,618	768,819	9,007,887
Sudan	0	100,000	320,735	497,212	579,425	1,203,446	2,700,818
Uganda	4,069,925	413,322	402,696	411,599	447,841	466,619	6,212,002
West Africa	233,118						233,118
Zambia	3,400,884	983,192	588,842	261,130	61,224	_	5,295,272
Head Office	1,213,749	401,703	382,462	179,418	739,982	201,995	3,119,309
Totals	**23,850,546**	**5,733,032**	**7,336,466**	**5,995,987**	**6,599,708**	**9,006,981**	**58,522,720**

Notes: 1) All Figures in USD

2) 1995-2008 audited figures

3) 2008 Head Office Figures include 500,0000USD donation from Sheik Al Amoudi

4) 2004 Head Office figures include 150,000 from the International Symposium on "Building the Capacity and Resources of African NGOs"

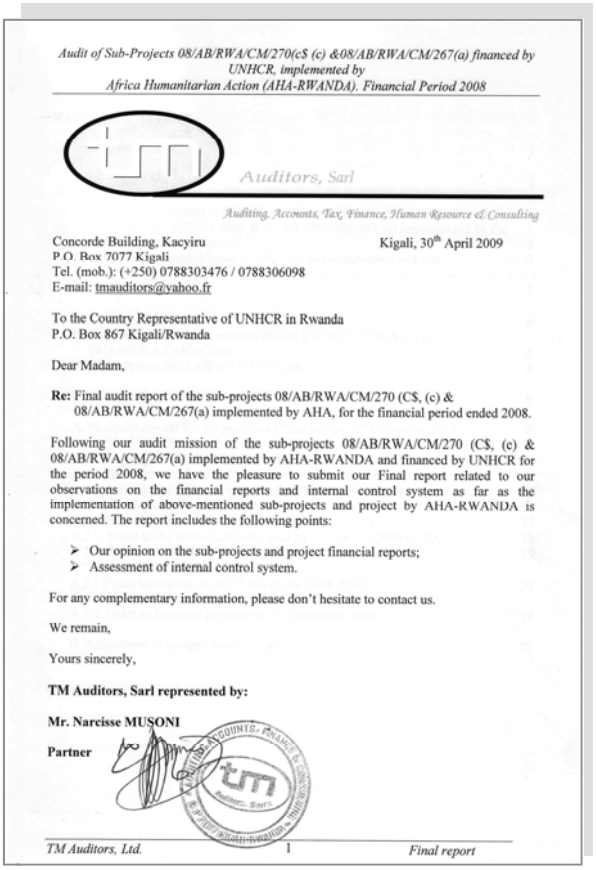
5) 2007 Sudan figure include 204,960 from GI-Net

Africa Humanitarian Action

Expenditure Sheet 1995-2008

	1995-2003	2004	2005	2006	2007	2008	Total
Angola	5,534,051	904,305	1,195,795	575,646	_	_	8,209,797
Burundi	544,157	725,067	923,056	504,329	603,564	564,801	3,864,974
Chad	0	_	341,939	261,083	339,783	_	942,805
DR. Congo	0	173,525	701,959	653,740	418,520	909,000	2,856,744
Ethiopia	683,204	390,147	299,476	433,287	480,996	817,087	3,104,197
Guinea	0	_	215,467	_	_	_	215,467
Liberia	0	537,010	552,944	613,646	1,347,500	970,947	4,022,047
Namibia	1,928,464	768,303	870,835	893,188	1,034,255	1,113,479	6,608,524
Rwanda	6,079,606	336,458	540,260	711,709	546,618	551,033	8,765,684
Sudan	0	100,000	320,735	497,212	579,425	1,203,446	2,700,818
Uganda	4,010,486	413,322	402,696	411,599	447,841	458,333	6,144,277
West Africa	100,000	_	_	_	_	_	100,000
Zambia	3,502,519	983,192	588,842	261,130	61,224	_	5,396,907
Head Office	1,189,172	401,703	382,462	179,418	739,982	221,982	3,114,719
Totals	**23,571,659**	**5,733,032**	**7,336,466**	**5,995,987**	**6,599,708**	**6,810,108**	**56,046,960**

Audit Reports



Audit of Sub-Projects 08/AB/RWA/CM/270(c$ (c) &08/AB/RWA/CM/267(a) financed by UNHCR, implemented by Africa Humanitarian Action (AHA-RWANDA). Financial Period 2008

Auditors, Sarl

Auditing, Accounts, Tax, Finance, Human Resource & Consulting

Concorde Building, Kacyiru
P.O. Box 7077 Kigali
Tel. (mob.): (+250) 0788303476 / 0788306098
E-mail: tmauditors@yahoo.fr

Kigali, 30th April 2009

To the Country Representative of UNHCR in Rwanda
P.O. Box 867 Kigali/Rwanda

Dear Madam,

Re: Final audit report of the sub-projects 08/AB/RWA/CM/270 (C$, (c) & 08/AB/RWA/CM/267(a) implemented by AHA, for the financial period ended 2008.

Following our audit mission of the sub-projects 08/AB/RWA/CM/270 (C$, (c) & 08/AB/RWA/CM/267(a) implemented by AHA-RWANDA and financed by UNHCR for the period 2008, we have the pleasure to submit our Final report related to our observations on the financial reports and internal control system as far as the implementation of above-mentioned sub-projects and project by AHA-RWANDA is concerned. The report includes the following points:

- Our opinion on the sub-projects and project financial reports;
- Assessment of internal control system.

For any complementary information, please don't hesitate to contact us.

We remain,

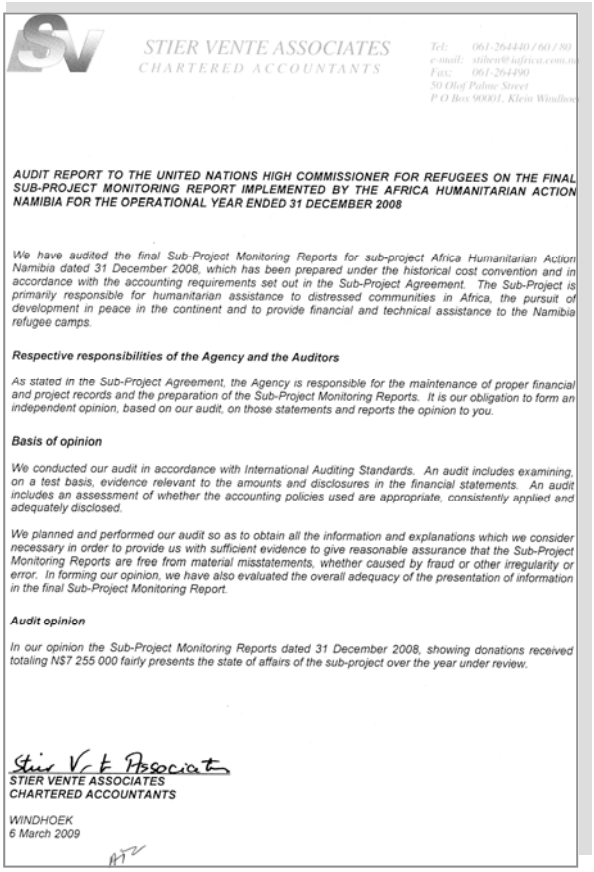
Yours sincerely,

TM Auditors, Sarl represented by:

Mr. Narcisse MUSONI

Partner

TM Auditors, Ltd. 1 *Final report*



STIER VENTE ASSOCIATES
CHARTERED ACCOUNTANTS

Tel: 061-264440 / 60 / 80
e-mail: stilen@iafrica.com.na
Fax: 061-264490
50 Olof Palme Street
P O Box 90001, Klein Windhoek

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 ENDED 31 DECEMBER 2008

We have audited the final Sub-Project Monitoring Reports for sub-project Africa Humanitarian Action Namibia dated 31 December 2008, 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 International 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.

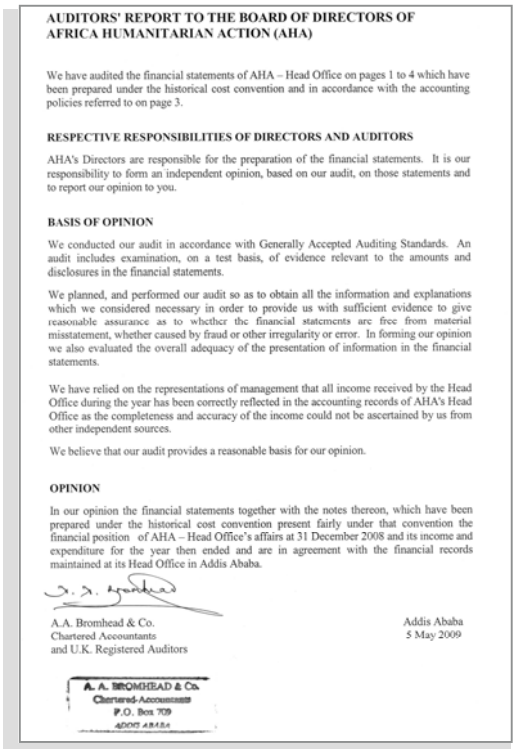
We planned and performed our audit so as to obtain all the information and explanations which we consider necessary in order to provide us with sufficient evidence to give reasonable assurance that the Sub-Project Monitoring Reports are free from material misstatements, whether caused by fraud or other 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.

Audit opinion

In our opinion the Sub-Project Monitoring Reports dated 31 December 2008, showing donations received totaling N$7 255 000 fairly presents the state of affairs of the sub-project over the year under review.

STIER VENTE ASSOCIATES
CHARTERED ACCOUNTANTS

WINDHOEK
6 March 2009



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

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

RESPECTIVE RESPONSIBILITIES OF DIRECTORS AND AUDITORS

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

BASIS OF OPINION

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

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

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

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

OPINION

In our opinion the financial statements together with the notes thereon, which have been prepared under the historical cost convention present fairly under that convention the financial position of AHA – Head Office's affairs at 31 December 2008 and its income and expenditure for the year then ended and are in agreement with the financial records maintained at its Head Office in Addis Ababa.

A.A. Bromhead & Co.
Chartered Accountants
and U.K. Registered Auditors

Addis Ababa
5 May 2009

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

Programme Donors and Partners

Programme donors & partners
CRS - Catholic Relief Services
Embassy of United States of America-Ethiopia
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 - Progamme National Multisectoriel de Lutte contre le SIDA
Pathfinder International Ethiopia
UBSOF– UBS Optimus Foundation
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
World Bank

Programme Partners
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
GoU - Government of Uganda
GoZ - Government of Zambia
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, AHA offers its sincere gratitude to all who have supported its efforts to assist affected populations; not least the communities with whom we work, whose strength and dignity remains our inspiration.

A Big Thank You

In what has proved to be a highly eventful year, AHA would like to extend its thanks to the many supporters who have made its work possible**.**

AHA's exceptional staff, volunteers, donors and partners, along with the inspiring energy and resourcefulness of the populations it assists, that much has been able to be achieved.

AHA's work is evidence that **African people have the strength and ability to solve African problems,** when empowered to do so.

AHA looks forward to building on the many achievements of 2008 in the coming year, extending programmes, developing capacities and reaching out to new communities.

2008 Volunteers:

Adelia Tsai Shiffraw

Feven Tsehaye

Hye Young Kim

Idil Lambo

Jennifer Steele

Jorike Schmal

Mahlet Seyoum

Maryam Pakneshan

Yodit Bezuneh

Yoseph Ayele

Acknowledgement:
AHA would like to thank all those who contributed to the compilation of this report.
Text: AHA Country Offices and Departments
Images: AHA Country Offices, Michael Tsegaye

You Can Make a Difference by Supporting AHA

AHA's programmes are made possible by generous contributions from organisations and individuals who believe in its concerns, care and commitment.

You can support a particular project or make contributions to AHA's Programme Pool-fund, via the following bank accounts:

Dashen Bank Bole Area, Addis Abeba, Ethiopia

Account No. 0012008248001 Swift Code Dashetaa

or

UBS Geneva, Switzerland

Account No. 279/D71055620

IBAN: CH57 0027 9279 D710 5562 0

To find out more about making a donation, please visit AHA's website or get in touch with AHA Head Office directly:

info@africahumanitarian.org

T +251 (0)11 551 – 1224 / -3541

AHA thanks you on behalf of those whose life you change for the better



AHA Burundi

burundi@africahumanitarian.org

AHA DR Congo

drcongo@africahumanitarian.org

AHA Ethiopia

ethiopia@africahumanitarian.org

AHA Liberia

liberia@africahumanitarian.org

AHA Namibia

namibia@africahumanitarian.org

AHA Rwanda

rwanda@africahumanitarian.org

AHA Sudan

sudan@africahumanitarian.org

AHA Uganda

uganda@africahumanitarian.org

AHA Zambia

zambia@africahumanitarian.org

Liaison Offices:

Switzerland

geneva@africahumanitarian.org

United States of America

US@africahumanitarian.org

Africa Humanitarian Action

PO Box 110, Code 1250

Addis Abeba, Ethiopia

T: +251 (0)11 551-1224/-3541

F: +251 (0)11 551 3851

info@africahumanitarian.org

www.africahumanitarian.org