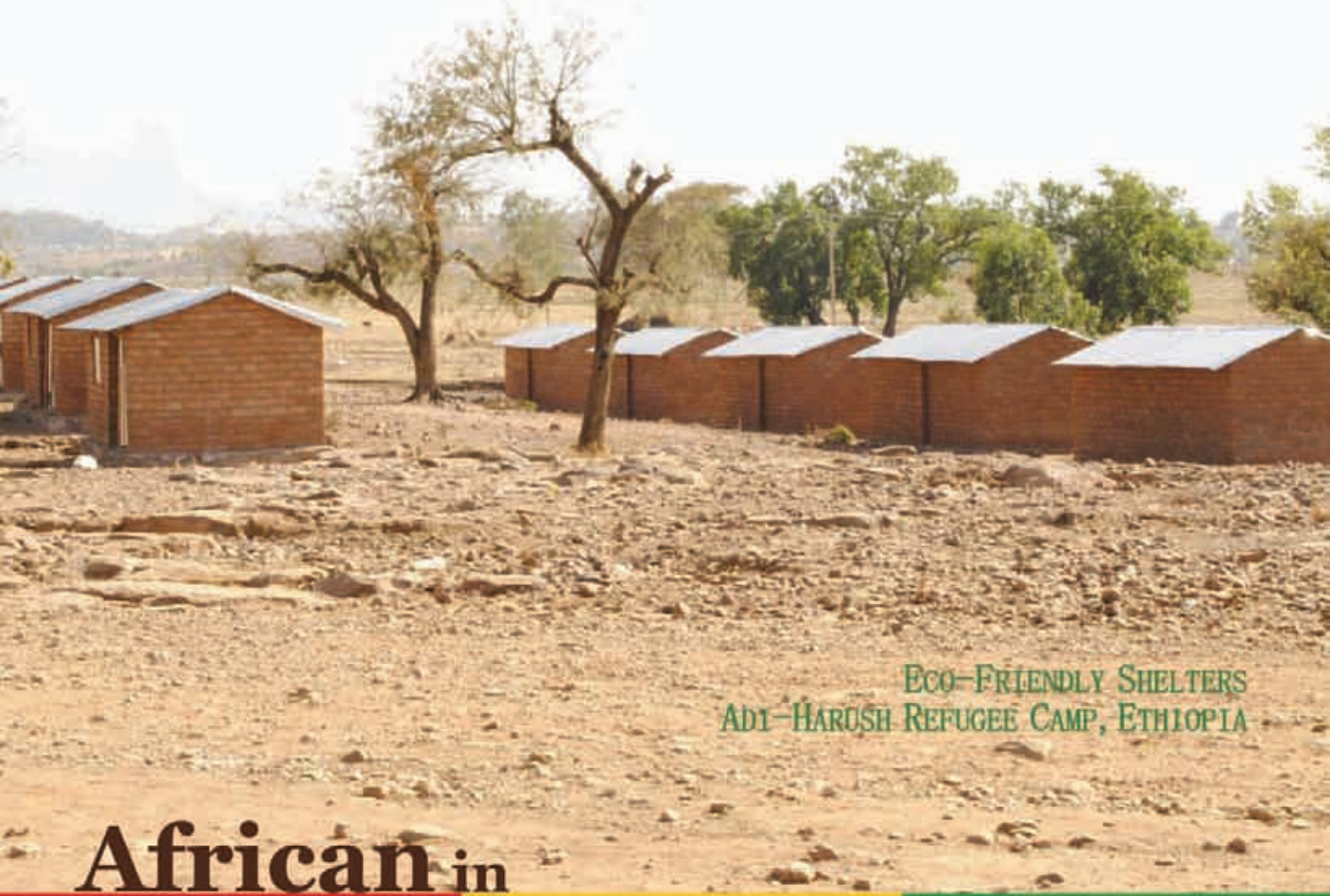
Africa
Humanitarian
Action

ANNUAL REPORT
● 2010



Eco-Friendly Shelters
Adi-Harush Refugee Camp, Ethiopia

African in

Spirit | Concept | Composition



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Editor: Bilen Shimelis
Head of Relations

Message from the President

Working together

Africa South-of the Sahara has been out of the disaster news for most of 2010. It was replaced by Haiti, Pakistan, Australia and many other places. At the same time of summing up this report, perhaps the gravest of them all – Japan, all of which deserve our sympathy and support.

So has there been success in reducing disasters on our continent? Or has interest in what happens in Africa simply waned? The answer is probably a bit of both.

Visiting our operations and our partner countries and talking with people from all walks of life I get the impression that Africa has taken off with the economic sector healthier than the political one. Making progress, we have also come to accept to a greater extent that a significant portion of our populations will remain outside of even modest economic progress and political participation. Hence, it is the responsibility of organizations like *Africa Humanitarian Action* to continue working with and in support of vulnerable groups, which seek to bring about meaningful and lasting change. It is bound to continue being an uphill struggle for two issues in particular. Let me briefly address them.

Despite the positive trends, the number of people needing support keeps increasing because of the acceleration in population growth. At this time - despite civil wars, internal conflicts, droughts, floods, HIV-AIDS and other communicable diseases - there are about one billion people in sub-Sahara Africa. Having gone from some 200 million in the previous half-century, we will reach an estimated two billion in the next 25 years! AHA will therefore give renewed consideration to how it can be a more forceful actor with regard to this complex demographic issue.

Who will assist the multitude who will continue to require socio-economic aid? Africa will face many uncertainties about where such funds will come from. Then there is the question of who will do the actual job. Over the last fifty years, international donor agencies and the private sector have owned most of the lucrative humanitarian and development business. Today a good percentage of the funds made available are spent on the aid agencies' own structures rather than on the people they were solicited for. In spite of media hype that so and so many millions have been spent on victims of disasters – it is usually safe to cut down the figure substantially.

There have been many reasons for this state of affairs. Over-extended nationalism, lack of understanding and the absence of mutual respect and trust. African capacity may still be fragile and disputed, but a more systematic use of African resources and organisations has to enter both the political and the operational arena. This development must be spearheaded by the African governments and their principal institutions – the African Union, the African Development Bank, the Economic Commission for Africa and others.

Africa Humanitarian Action would like to be reassured by the above national and regional institutions of both a more vigorous support and a more systematic use of the home-grown experience and know-how African organizations represent.

Our Trustees and I would like to thank our partners for their unfailing support and co-operation, and our staff and volunteers for their tireless efforts in 2010.

We remain committed to continue our work in the years to come.

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 multispectral programmes it delivers.

Composition: AHA draws on the commitment and expertise of more than 1,212 staff, 96% of whom are recruited from local communities, to better ensure a continuum between humanitarian assistance and development.

Africa Humanitarian Action (AHA) is an International Non-Governmental Organisation with emergency, rehabilitation and advocacy programmes that target displaced communities across Africa. AHA was established in response to the atrocities in Rwanda in 1994. Its Head Office is situated in Addis Abeba, Ethiopia.

*Our **vision** is an African continent which can sustain its populations, communities and individuals in human security through its own institutions, working peacefully together.*

*Our **mission** is to respond to crises, conflicts and disasters in Africa; to enhance communities at risk, so they can solve their concerns themselves; and to advise the international aid community and the private sector on humanitarian issues concerning Africa.*

*We are guided by universal humanitarian **principles and values**. While upholding our independence, impartiality, and integrity, we advocate and may speak out on humanitarian issues. We take responsibility for our actions, and are accountable for the resources at our disposal to those we work with and to those who support us.*

*The strength of our **organisation** is in its African roots and reach. We attempt to deliver sound programmes and results. We are inclusive and make use of the diversity and resources of the people we work with. We embrace change and innovation, at the same time as we seek results that last.*

Structure

Affected populations are at the forefront of all AHA activities. 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 a Country Office, which is in turn backed by a team based at the Head Office, in Addis Abeba, Ethiopia.

The AHA Head Office is guided by a Secretariat headed by the President who works with an Executive Board - setting strategic priorities and monitoring and evaluating performance, standards and results. The Board is 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.



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Programmes

AHA delivers a wide range of lifesaving services tailored to suit the complex and varying 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>>>

Health education and training
Malaria
Maternal and child health care
Mental health care
Nutrition services
Primary health care
Reproductive health care
Water and sanitation





<<< HIV/AIDS

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

Programmes Continued

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
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



Overview

Burundi:

Location: Bujumbura, Makamba, Muyinga, Ngozi, Ruyigi, Rutana
Beneficiaries: 25,000 returnees and 18, 536 refugees
Activities: Healthcare, HIV/AIDS, Capacity Development, Relief and Recovery, Gender-based Violence prevention and care
Partners: Government of Burundi, United Nations High Commissioner for Refugees, and Pathfinder International

Cameroon
Location: Kette, Ndelele and Batouri health districts Eastern Region, Kadey Department
Beneficiaries: 30,000 Central African refugees, over 57,228 nationals
Activities: Healthcare, Capacity Development, HIV/AIDS
Partners: Government of Cameroon, Ministry of Public Health of Cameroon, and United Nations High Commissioner for Refugees

DR Congo
Location: Katanga (Kalemie, Moba, Pweto) and Ecuaeur (Libenge)
Beneficiaries: 108,899 refugee and nationals
Activities: Relief and Recovery, HIV/AIDS, Capacity Development, Healthcare, Gender-based Violence
Partners: Government of the DR Congo and United Nations High Commissioner for Refugees

Ethiopia
Location: Aysaita, Berhale, Adi Harush, Bokolmayo, Melkadida Refugee Settlements, and Gamo Goffa, Hadiya, Kembata Tembaro, and Wolayita zones of the Southern Nations and Nationalities Peoples Regional State in Ethiopia
Beneficiaries: Over 3,000,000 nationals, 20,720 Eritrean, and 49,922 Somali refugees
Activities: Relief and Recovery, HIV/AIDS, Capacity Development, Healthcare, Gender-based Violence prevention and care
Partners: Government of Ethiopia, Administration for Refugees and Returnees Affairs, United Nations High Commissioner for Refugees, John Snow Inc, Pathfinder International, and Engenderhealth Inc

Liberia
Location: Rivercress, Garpoolu and Bomi Counties
Beneficiaries: 500,344 nationals
Activities: Healthcare, Capacity Development
Partners: Government of Liberia, Ministry of Health and Social Welfare - Liberia, United Nations Children's Fund, United Nations Population Fund, Child Fund, Merlin in Liberia, Citizen Development Association of Rivercess, and Youth in Action for the Prevention of AIDS

Namibia
Location: Osire Refugee Settlement
Beneficiaries: 7,555 refugees and host community members
Activities: Relief and Recovery, HIV/AIDS, Capacity Development, Healthcare, Gender-based Violence
Partners: Government of Namibia, Namibia Ministry of Home Affairs and Immigration, and United Nations High Commissioner for Refugees

Rwanda
Project Locations: Kigali, Kiziba
Beneficiaries: 18,813 Congolese refugees, 1,900 urban refugees
Activities: Healthcare, Capacity Development, HIV/AIDS, and Gender-based Violence prevention and response
Partners: Government of Rwanda, United Nations High Commissioner for Refugees, The U.S. President's Emergency Plan for AIDS Relief, United Nations World Food Programme, The UBS Optimus Foundation, and District Health Centre

Sudan
Location: Blue Nile State, Darfur
Beneficiaries: 739,375 internally displaced persons, returnees and vulnerable communities
Activities: Relief and recovery, Capacity Development, Healthcare
Partners: Government of the Sudan, Sudan Humanitarian Aid Commission, Sudan Federal Ministry of Agriculture and Forestry, United Nations High Commissioner for Refugees, United Nations World Food Programme, Food and Agriculture Organisation of the United Nations, and World Health Organization

Uganda
Location: Adjumani, Imvepi, Kiryandongo, Kyaka II, Kyangwali, Kyangwali, Moyo, Nakivale, Oruchinga, Rhino Camp refugee settlements
Beneficiaries: 104,000 refugees mainly from the DR Congo, Rwanda, Somalia, Burundi, Eritrea, Sudan and Ethiopia
Activities: Healthcare, HIV/AIDS, Capacity Development
Partners: Government of Uganda, Uganda Ministry of Health, United Nations High Commissioner for Refugees, United Nations Foundation, and Nothing But Nets

Zambia
Location: Lusaka
Beneficiaries: 5,983 urban refugees mainly from the Democratic Republic of Congo, Rwanda, Somalia, Angola, Burundi and Uganda and host community members
Activities: Healthcare, Relief and Recovery, HIV/AIDS, Capacity Development, Gender-based Violence prevention and care
Partners: Government of Zambia, Zambian Ministry of Home Affairs, Zambian Commissioner of Refugees Office, and United Nations High Commissioner for Refugees



AHA Footprints

Algeria
Angola
Burundi
Cameroon
Chad
DR Congo
Ethiopia
Guinea (Rep)
Kenya
Liberia
Namibia
Rwanda
Sierra Leone
Somalia
Sudan
Uganda
Zambia

Healthcare



The physical, mental and social wellbeing of African communities is essential to the development of the continent. Improved and accessible healthcare delivery is thus given special attention by AHA with emphasis on community based healthcare, where assisted populations are both partners and beneficiaries of AHA. In 2010, AHA provided comprehensive care to those who need it and made lasting improvements to devastated healthcare systems with programmes on primary healthcare, maternal and child healthcare, reproductive healthcare, mental healthcare, nutrition services, safe water and sanitation, and health education and trainings.

Burundi: AHA's assistance in Burundi begins at the borders, where returnees are provided with information about transit camps and available health care services. Initial medical screenings are preformed at transit centres, and transportation accompanied by health teams are organised for those in need. In 2010, 25,000 Burundian returnees from Tanzania and those voluntarily repatriating to the DR Congo were assisted in Gasorwe, Musasa and Bwagiriza transit camps, making their return home safe and dignified. Some 18,536 refugees, mainly from the DR Congo and Rwanda, also benefited from preventive and curative healthcare services in the eastern and southern parts of the country. AHA's 2010 activities included: vaccination of children and pregnant mothers, post and pre-natal consultations, primary healthcare and distribution of medicine. Special emphasis was given to reducing the prevalence and impact of common diseases, respiratory infections, sexually transmitted diseases and diarrhea.

Cameroon: Since the launch of AHA activities in August 2010, primary health services were provided to 16,560 patients in the Kadey Department of Eastern Cameroon. AHA took part in the national vaccination campaign immunising 4,574 children against tuberculosis, polio, yellow fever and measles and 1,680 women received tetanus vaccines during the period. In Kette, Ndelele and Batouri Health Districts, 7,956 patients were evaluated and treated for, among others, malaria, intestinal worm, respiratory infections, skin diseases and trauma at AHA assisted health centres. AHA was also actively engaged in providing antenatal and delivery services to refugee and local women in Eastern Cameroon where 75% of all deliveries continue to take place at home. Following heavy sensitisation for antenatal care and for deliveries accompanied by trained personnel, 930 pregnant women received antenatal care and 195 women utilized AHA services for deliveries and abortions.

In line with improving healthcare access and delivery in Cameroon, two clinics were constructed in Toktoyo and Mboumama communities to serve refugees and nationals while nine existing health centres were refurbished and re-equipped with much needed clinical supplies, drugs, and logistics.

DR Congo: Provision of comprehensive healthcare remained a priority for AHA in 2010. With an emphasis on prevention, AHA worked to raise awareness and sensitise communities to important health issues in the provinces of Katanga (Kalemie, Moba, Pweto) and Ecuator (Libenge). Beneficiaries included community members, refugees and returnees. 845 repatriated patients were screened at transit centres, children were also screened for nutrition and vaccination status. A total of 9,201 repatriates benefited from AHA's services in the year. The well-being of reintegrated children was also followed. To this end, 421 children received life saving vaccines, 261 pregnant women were among those treated.

57,308 beneficiaries were sensitized on prevention of opportunistic infections, sexually transmitted diseases, and preventing mother to child transmission of HIV/AIDS. 539 sexually transmitted diseases were treated in the year. In building local healthcare capacity, four health facilities constructed by AHA in 2009 were fully equipped with necessary medical supplies in the year and 305 nurses and health workers received refresher trainings.

Ethiopia: With an objective of improving healthcare at household and community levels, programmes in 2010 focused on over 3 million beneficiaries with a need for improved healthcare for newborns and mothers in 28 districts of Gamo Goffa, Hadiya, Kembata Tembaro, and Wolayita zones of Southern Ethiopia. To this end, AHA provided information and services on family planning, reproductive health, antenatal, safe delivery, postnatal and childcare services. Women affected by delivery complications such as obstetric fistula were identified throughout the year and repaired. Healthcare providers from 25 health facilities were supported through trainings on family counselling and long and short term family planning services. At the request of district health facilities, drugs and supplies were provided to health posts and clinics. AHA also assisted 5,284 refugees from Eritrea improve their living conditions through provision of potable water, construction and maintenance of sanitation facilities and sanitation education campaigns in Aysaita Refugee Camp. Within the year, four water distribution points; two cattle watering troughs; three public showering blocks; two public cloth washing basins and 20 family latrine blocks were constructed.

Liberia: A major partner of Liberia's Ministry of Health, in 2010, AHA continued to manage 37 health facilities in Rivercress, Garpoolu and Bomi Counties. Lack of clean drinking water in rural communities has been a major challenge with children under five repeatedly falling ill to waterborne illnesses. In 2010, a total of 48,844 children were treated for diarrhea, pneumonia and malaria in AHA facilities. Activities also included provision of drugs and non medical supplies to health facilities, and maternal, child health and family planning services. As many women continue to deliver at home, the use of AHA trained Traditional Midwives has proven effective with 2,712 babies successfully delivered, 688 of which were at home births. Family planning services and prevention of sexually transmitted diseases were also given special attention throughout the year. Through various community sensitising activities, 61,296 community members were informed on planned parenting and on safer sexual behaviours. Communities were provided with various contraceptives including oral, injectable, and female and male condoms. In the year, AHA was recognised the Ministry of Health and Social Welfare as the Best Performing NGO for 2010. AHA also recived the award for NGO of the Year 2010/2011 from the Society for the Promotion of Peace, National Reconciliation and Reunification in Liberia.

Namibia: In 2010, activities were targeted on preventing communicable diseases at Osire Refugee Camp and surrounding communities. To this end, AHA has been responsible for the provision of clean and adequate water and sanitation. Extensive cleaning campaigns, the promotion of mosquito nets and proper drainage of stagnant water have all contributed to improved disease control, absence of sanitation related epidemics and low incidence of diarrhea and skin diseases. Within the year, 10,000 litres of plastic water tanks were erected and connected to various community centres in the camp, and an average of 8,029,008 litres of water was distributed in the settlement monthly. A total of 153 latrines, and 110 domed slab and soak pits were also constructed. AHA also worked to ensure proper care of refugees, in particular those who are most vulnerable. In the year, routine visits were conducted to refugees with physical and mental disabilities to ensure that their medical treatments were not interrupted. Community participation has been greatly encouraged and residents have been sensitised to the necessity of good personal and environmental hygiene.

Rwanda: AHA provides primary healthcare to refugees and host communities from the AHA managed clinic in the Kiziba Refugee Camp. In 2010, special emphasis on addressing sexually transmitted diseases, tuberculosis, and reproductive health. Immunization and dissemination of information and education on various illnesses were systematically carried out. 40,087 beneficiaries were served throughout the year, with 557 hospitalizations for respiratory tract infections, malaria, diarrhea, typhoid fever, trauma and HIV/AIDS associated illnesses, and 914 were referred to higher centres. AHA's surgeon, who also assists the District's Kibuye Hospital by covering night duty hours, held 585 surgical consultations and performed 728 surgical interventions. In the camp, 447 cases of STDs and tuberculosis were also treated in the year. The antenatal unit consulted 2,591 women and 587 babies were born in the camp with 47 at home births attended by AHA trained midwives. 533 women took part in the family planning program and were on different contraceptives. Although there were shortages of vaccines, in particular for polio, 1,045 children were vaccinated for BCG and measles, 294 women received TT1 and TT3 vaccines. AHA also carried similar

programmes for urban refugees in Kigali. 4, 508 urban refugees benefited from various health services provided. 115 sexually transmitted diseases were treated in the year with 107 of them being women. This was an indication for AHA that its gender based violence and HIV/AIDS programme in Kiziba need intensification. A voluntary counselling and testing centre was launched in the year and 2,602 cases were consulted and followed up. Supplementary food was provided throughout the year for patients with serious illness such as tuberculosis, for diabetic and malnourished children and adults. The information and education aspect of the healthcare programme reached 61,016 individuals with 7,746 sessions on diarrhea, harmful traditional practices, best use of relief food in the context of prevention of malnutrition, malaria, tuberculosis, measles, and family planning and environment hygiene and immunization. Overall, the health aspect of camp life was a success with no outbreaks of diarrhea, malaria, measles or meningitis. To benefit children under five, pregnant and lactating women, people living with HIV and refugees with chronic medical problems, AHA runs Therapeutic and Supplementary Feeding Centres (TFC, SFC) in the camp. 820 children and 983 expecting and lactating mothers composed of camp residents and surrounding communities were admitted to the programs in 2010. Regular health education and demonstration sessions were simultaneously held for beneficiaries at both centres. Children in the programs were also screened for their immunization status and vaccinated per their respective age. Many challenges were faced throughout the year, including interruption of programs due to insufficient and delay in food, milk and drugs delivery. In many incidents, AHA improvised services by providing non-therapeutic milk from the local market.

Sudan: Health activities in 2010 were focused on the provision of primary healthcare to internally displaced persons and vulnerable communities in North Darfur. To this end, 65,000 persons were assisted in Mellit County with general consultation, lifesaving vaccinations, maternal and child health services, immunization, family planning, and growth monitoring. Health facilities in the county were also supported with essential drugs. Within the year, nutritional needs of 536 children were monitored; 466 women received various methods of contraceptives; 1,706 immunisations were conducted; and 1,491 ante-and postnatal cares were among assistance provided.

Uganda: Among the high impact services AHA is providing to refugees in the health sector, maternal and child healthcare is given high priority as it addresses the health needs of the most vulnerable in the community. In 2010, iron deficiency due to malaria, intestinal worms and insufficient iron intake was recognised as a major challenge for children and expecting mothers. Efforts to address anemia were thus given special attention in Nakivale, Rhino Camp, Imvepi, Oruchinga, Kyaka II, Kyangwali, Kiryandongo, Palorinya and Adjumani Refugee Settlements. Various trainings on proper diet, maternal nutrition and breast feeding practices, prevention of malnutrition and good hygienic practices to prevent diseases were carried out. Extensive de-worming programs were also carried out for children over 12 months old as an integral part of reducing anemia in communities. Demonstration gardens with locally available vegetables were created at various health canters to act as demonstration plots as well as sources of iron for nutrition units of health facilities. Certified short term training of nutritionists from nine refugee settlements was conducted in collaboration with Kyambogo University. In line with Uganda's Ministry of Health 2006-2010 Strategic Plan and UNHCR's Malaria Strategic Plan for 2008-2012, malaria prevention programs were carried out in Moyo, Adjumani, Kyangwali, Kiryandongo, Imvepi, and Rhino Camp settlements. Long Lasting Insecticide Treated Mosquito Nets (LLINs) and community outreach information and education materials were disseminated to 39,271 beneficiaries through community and health facilities. In addition, a total of 38,568 consultations were made in outpatient departments and 20,813 laboratory tests were carried out. The bed occupancy rates have been in excess of 200% during the year mainly due to the high delivery turnover. Other trainings and activities in 2010 focused on adolescent reproductive health services; emergency preparedness and disease surveillance; and refurbishing and equipping health facilities to acceptable operational standards. Placenta Pits were constructed in Mungula Health Centre IV, Ukusijoni HCIII, Biira HCIII and Magburu HCII to service the maternity wards.

Zambia: In 2010, comprehensive and easily accessible healthcare, and nutrition services were provided to urban and transiting refugees as well as asylum seekers through Kanyama, Chawama, George and Mandevu outreach centres in Zambia. During the year, 1,800 beneficiaries were treated for Measles following a national outbreak. At Makeni Clinic, 2,956 patients utilized AHA's prevention and curative services. Geared to provide durable solution for urban refugees through local integration, other activities included: laboratory, in- and outpatient services, ante- and postnatal care and reproductive health and education. 5,985 beneficiaries also received counselling on reproductive health, hygiene and general counselling services.



HIV/AIDS

AHA is dedicated to providing the necessary information and services to enable and empower vulnerable communities mitigate the impact of HIV/AIDS. In 2010, prevention and community mobilization activities included: information, education and communication campaigns; awareness raising sessions; support to anti-AIDS clubs, peer and youth programs; and condom distribution. AHA also provided African communities with a broad spectrum of medical support and care services. Voluntary counselling and testing, prevention of mother to child transmission, medical referrals and home-based care.

Burundi: An integrated approach and methodology included specific interventions against HIV/AIDS as well as its integration in the overall assistance programme with the active participation of refugees. In 2010, activities covered sensitisation, distribution of female and male contraceptives, voluntary testing, pre - and post test counselling, provision of prophylactic drugs to patients, and ensuring the availability of drugs and nutritional supplements accompanied by psychosocial support. The fight against AIDS was intensified in close collaboration with communities, local and national structures and partners.

Cameroon: As AHA establishes itself in Cameroon in 2010, it became evident that HIV/AIDS is a major problem in the country. As prevention activities on HIV were of utmost importance in combating the prevalence of the disease, AHA ran extensive awareness campaigns and daily educative sessions at out-patient departments in nine AHA assisted health facilities. AHA also commemorated its first World AIDS Day in Gbiti where 1,500 beneficiaries composed of refugees and nationals received general consultations and, HIV counselling and testing at no cost to them. Similar activities were carried out at Trypano General Secondary and Batuori Teacher Training Schools where over 7,750 condoms were distributed and discussions on HIV/AIDS were facilitated.

DR Congo: In 2010, meeting the needs of refugees with HIV/AIDS and those who are most vulnerable for infection remained a focus of AHA's activities in the DRC. Host community and refugee transit centres were targeted on campaigns to mitigate the impact of HIV/AIDS and other communicable diseases. To this end, 57,308 community members and 5,952 repatriates were provided with resources on basic knowledge of the epidemic and prevention methods. 23,813 beneficiaries including pregnant women were screened for HIV, syphilis, and hepatitis B and C, and were subsequently provided with counselling and follow up services. In a drive to prevent mother to child transmission, 2,381 expecting mothers were tested and medical follow-ups were carried for those with positive results. Consultations and antiretroviral drugs were provided to people living with HIV/AIDS throughout the year. 51 nurses and 79 members of various HIV/AIDS associations were trained to increase local capacities in dealing with the epidemic.

Ethiopia: In 2010, at risk and refugee communities were provided with HIV/AIDS services. 3,085 youth (1,363 female, 1,722 male) participated in an adolescent and youth education on sexually transmitted diseases in Southern Ethiopia. 60 peer educators and counsellors were guided on monthly bases to perform to their full potentials in Wolayita and Gamo Goffa zones and 26 school and community based anti-AIDS clubs were supported at various capacities in the zones. HIV/AIDS prevention, care and support services were rendered to Eritrean Afar refugees in Aysaita Refugee Camp and surrounding communities. AHA also conducted 2,247 home visits and held 970 meetings in the year with various community groups. 4,410 female and 3,565 male beneficiaries were educated and sensitised on different aspects of HIV/AIDS. Education sessions were conducted three times per week to reach the maximum number of beneficiaries, the majority of whom are nomadic refugees. HIV positive individuals were identified and provided with supplementary food supplies and goats for milk and income generation. Condoms were periodically distributed to refugee and community members via distribution partners and 15 condom outlets established by AHA in the camp.

Other HIV/AIDS activities focused on eliminating stigma and discrimination of people living with the disease. World AIDS Day was also commemorated with 200 attendees.

Namibia: The devastating disease and stigma that is attached to it remained a major concern at Osire Refugee Camp in 2010. To effectively address the situation, AHA took a number of important measures: recruiting a refugee community taskforce, providing ongoing support for infected/affected people and running extensive sensitization campaigns. In addition, condoms continue to be distributed in large numbers and HIV testing greatly encouraged. For people living with AIDS, supplementary food rations, and ongoing support and encouragement were provided. AHA worked in particular with youth in the camp, as youth idleness especially during school holidays is a major factor for the spread of the disease. Youth groups were utilized to disseminate informative materials in the camp and several activities including 108 soccer and basketball games were held year-round to engage young people in positive activities. Over 3,632 young adults attended discussions on peer pressure, teenage pregnancy, consequences of unprotected sexual activities and the benefits of HIV testing. World AIDS Day was commemorated in Osire with over 300 participants.

Rwanda: A comprehensive HIV/AIDS programme targeted camp residents and surrounding communities in 2010. Activities focused on intense HIV/AIDS awareness campaigns, condom distributions, voluntary testing and counselling, prevention of parent to child transmission, and care and support to people living with HIV/AIDS. Awareness activities reached 113,486 people through health workers, anti-AIDS clubs and peer educators from within the camp and communities. These activists, supported by AHA through trainings, equipments and uniforms, were an effective means of mobilizing communities on voluntary testing and HIV/AIDS prevention, family planning, eliminating teenage pregnancy, discrimination of people living with HIV/AIDS and sexual and gender-based violence. A total of 265,864 condoms were distributed throughout the year via 48 distribution boxes in Kiziba Camp, partner entities such as bars and beauty parlours, and volunteers. 3,669 people were voluntarily screened for HIV, out of whom 22 females and 5 males tested positive, indicating the vulnerability of women to the disease. 1,483 attended counselling and testing in prevention of parent to child transmission program. Active participation of men in this program has significantly increased with 73% of all cases accompanied by men. In accordance with the National Strategic Plan on HIV/AIDS, 180 people (104 female, 76 male) infected by the disease received antiretroviral drugs, counselling services and other institutional support. Supplementary nutrition, fresh food and sanitation products were also provided to 326 beneficiaries. A campaign on circumcision was carried out in the year to relieve the risk of contamination which could lead to the contraction of deadly diseases when performed by informal healers. Over 728 minor procedures that included tooth extraction, incision and drainage of abscesses, freinectomy, sulturing of wound and circumcision were done by AHA doctors and staff.

Uganda: In 2010, AHA continued to work to control and raise awareness of HIV/AIDS, and to provide support and treatment to 17,608 refugees 35% of whom are between the ages of 12-17. The programme was targeted in Imvepi, Rhino Camp, Adjumani, Moyo and Kiryandongo refugee settlements. Services provided included sensitization campaigns, education in schools and youth groups, condom distribution, ongoing training for community members, income generating activities for people living with AIDS, voluntary counselling and testing services and home care. Throughout the year, educative materials on HIV prevention were distributed to 11,526 beneficiaries in six refugee settlements; ten community based organizations, 90 peer educators (45 female and 45 male), 150 community leaders, and 80 primary and secondary school instructors were trained on behaviour change, effective communication, life skills for people living with HIV/AIDS, prevention of stigma and discrimination, and the role of anti AIDS clubs. 35 anti-AIDS clubs were established to carryout community and school sensitizations through various sports and infotainment activities. Over 10,000 people attended events organized by AHA sponsored anti-AIDS clubs in 30 schools where T-shirts and informative materials were distributed. To build the district's capacity on HIV/AIDS, 40 health staff from 31 health facilities and 40 volunteers were trained on HIV counselling and testing, post test and couple counselling, and home and outreach care. Training on good nutrition for people living with HIV was also provided in Adjumani town.

Zambia: In 2010, AHA focused on providing HIV/AIDS related support to 5,104 urban refugees mainly from Burundi, the DR Congo, Rwanda, and Somalia. Through outreach posts in Chawama, George, Kanyama and Mandevu, HIV/AIDS patients were consulted and provided with psychosocial, counselling and linked health services. Throughout the year, visitors to AHA supported health facilities were encouraged to take voluntary counselling and testing.

Relief & Recovery



Prudent delivery of relief and recovery services is a critical responsibility AHA undertakes across Africa. As displaced beneficiaries are unable to provide food, shelter, transportation, and other immediate necessities for themselves, it has been vital that AHA is prepared for unforeseen circumstances in conflict and disaster areas. Working alongside government and international partners, AHA takes measures to ensure that aid efforts are not duplicated and that gaps in service delivery are met. In 2010, AHA continued to provide shelter, food, transport and logistics services to internally displaced persons, refugees and returnees.

Burundi: In 2010, repatriation, resettlement and returnee programmes were facilitated for displaced persons. As the political climate in North Kivu of the DR Congo improved, Congolese refugees in Burundi were encourage to return home. 1,052 Congolese returned home from October to December alone. Continuous cross-border meetings eased the organization and voluntary repatriation process. AHA accompanied departing convoys to transit centres in Uvira, ensuring the well-being of returnees, particularly those with special needs. Healthcare and other related services were also provided to repatriating persons and to Burundians returning from Tanzania throughout the year.

DR Congo: Comprehensive services were provided to returnees at Moba, Pweto and Kalemie entrance points in 2010. Medical services and nutritional screenings were provided to all returnees at transit centres and medical teams accompanied those in critical conditions to resettlement zones. In the year, 9,203 returnees from Zambia and Malawi were screened at AHA facilities before resettlement in Katanga. Once returnees arrive home, AHA works to facilitate their smooth reintegration into society. To this end, AHA conducted monitoring house visits to patients and those in need of medical follow-ups. 261 chronic patients, 260 pregnant women and 421 children are amongst those who benefited from referral services to district health facilities. 17 health centres in resettlement areas were supported with supply of drugs and medical equipments as patients to the facilities increased. 8,265 returnees utilized AHA supported local health centres in the year. Health workers were also trained on service provision to returnee patients.

Ethiopia: AHA had a busy year in 2010 with provision of shelter and water to Eritrean and Somali refugees in Aysaita, Berhale, Melkadida, Adi-Harush, and Bokolmayo refugee camps. In Aysaita, 5,284 refugees were provided with the standard 20 litter water per day per person, water supplies were maintained and sanitation programs were carried out. Surrounding community members also benefited from the provision of water and hygiene sensitization programmes. Similar activities were carried out in Berhale where 1,406 refugees were also provided with water and sanitation programmes. Sanitation facilities were also constructed throughout the camps. AHA spearheaded shelter erection and management programs in the year. In consultation with members of refugee communities, customized shelters to suit the arid and hot environment where refugees are settling were designed and built. A total of 4,222 of these newly designed shelters were provided in Aysaita, Melkadida, Bokolmayo and Adi-Harush camps. Additionally, durable and environmental friendly shelters were constructed from compressed soil earth blocks in Adi-Harush. Shelter management committees were established in all the camps to train residents on maintenance and related issues that may arise. At the request of beneficiaries, shelter modifications have also been carried out.

Namibia: In 2010, AHA provided multidimensional services to newly arriving and resident refugees in Osire Refugee Camp. AHA's responsibilities included: construction and renovation of shelters; warehouse management; assistance to new arrivals; and counselling, repatriation, and family tracing services. To this end, 379 refugees were received to the camp, 145 of whom were provided with accommodation while the rest joined family members in the camp. AHA's construction and renovations unit provided housing materials and assisted with construction while newly arriving refugees stayed in the arrival centre for three months. Residents were provided with monthly rations of food and non-food items, including cooking charcoal and paraffin, through the warehouse unit. AHA serves as the information hub for camp residents and 684 beneficiaries utilized the general counselling unit on various matters including repatriation, acquiring ration cards, and school enrolments.

Orphans, single mothers, elderly and handicap refugees were provided with special services to ensure the quality of their living conditions. House visits were regularly carried out by staff and supplementary rations of food and non-food items were distributed to the most vulnerable groups. In collaboration with government officials, voluntary repatriation sensitizations were carried out. 55 Angolan and 3 Burundians returned home in the year. AHA's Community Development Unit provided returnees with goods for the journey home and also facilitated tracing of long lost family members.

Sudan: To save lives of vulnerable communities and internally displaced persons in the Darfur region of Sudan where 4.6 million people require food aid, AHA carried out a general food distribution programme. Displaced persons and residents of El Fasher town, residents of Daralsalam, and internally displaced persons in Shangel Tobay, Shedad, Korma, Umkedada, Kalimando and Kuma were targeted in 2010. Over 547,875 beneficiaries in North Darfur benefited from this programme with a total of 27,737.5 Metric Tons of different food items received.

Children were targeted in AHA's supplementary feeding program geared to reducing morbidity and mortality rate due to malnutrition. In the year, 105,783 children under five received nutritious vegetable oil. Random post distribution monitoring was carried out each month to ensure the proper utilization of items distributed for children. Community leaders and 210 supplementary feeding programme implementers were trained on demonstration and sensitisation of the feeding programme. To reduce chronic hunger and malnutrition, and to ease the financial burden of displaced persons, a milling voucher program was carried out. 41,024 displaced persons received this service for the second consecutive year. Food distribution activities were also carried out in the Blue Nile State of the Sudan. 191,500 returnees and vulnerable residents were provided with adequate food supply in Kurmuk locality for the first five months of their return. School feeding programmes in 51 schools in Kurmuk locality were also carried out where 20,168 students and teachers were provided with nutritious meals.

Zambia: AHA was mandated with the management of Makeni and Chilenje Transit Centres in 2010. Responsibilities included: provision of accommodation, food and counselling to refugees; arranging transportation to settlement areas in Meheba and Mayukwayukwa; and transferring of refugees in need of medical attention to health centres. 473 beneficiaries utilized these services, 254 of whom where children from the DR Congo, Burundi, Somalia and Rwanda. The centres also facilitated the resettlement of refugees to third countries such as the United States of America. Capacities of the transit centres were enhanced for effective and better quality of services with the provision of computers and other needed equipments.

Various populace sensitisations were carried out through a social service programme targeted at non-documented urban refugees. To reach the maximum number of refugees and asylum seekers, events focused on regularizing in-country statuses and the need for electronic cards, were held at various town centres. In the year, 218 home visits were carried out to refugees deemed most vulnerable; 1,800 (855 female and 915 male) received psychosocial, legal and medical counselling services; 25 unaccompanied minors were placed in foster homes and were regularly visited; 65 refugees were assisted to obtain refugee identification cards; and 98 refugees were provided with monthly subsistence allowances. Study permits for those wishing to continue their education in Zambia were also obtained.

Gender-based Violence



Girls and women are most vulnerable to gender based violence (GBV) during times of crisis, forced displacement and chronic poverty. AHA works to ensure the safety and security of these most vulnerable members of society through its gender based violence prevention and response programs in situations where social services are interrupted and maybe lacking. Activities include: elimination of systematic rape during times of war; prevention of sexual exploitation and abuse, forced prostitution, domestic violence, and human trafficking; and ending harmful traditional practices such as female genital mutilation and forced/early marriage.

Burundi: Refugees, returnees, and host communities benefited from AHA's gender based violence mitigation, prevention and response programmes in 2010. Through sensitisation activities using refugee music groups and community health workers, effective campaigns were carried out year round to equip beneficiaries with the right knowledge and power on issues relating to gender based violence. Community health workers were trained on clinical response of GBV in collaboration with Pathfinder International, who has joined forces with AHA to address the vulnerability of girls and women in crisis situations.

DR Congo: Rape and sexual terror continue to be used as a tactic of war in the DR Congo where AHA has been working to mitigate sexual and gender-based violence since 2004. In 2010, AHA continued to raise public awareness, in particular for vulnerable girls and women, on prevention methods of GBV. Girls, boys, women and men were included in all activities for maximum behavioural change impact. Sensitisations were also carried out through AHA assisted health facilities and survivors were encouraged to report GBV incidents as reporting is low due to the stigma and shame associated with gender based violence. A total of 18 incidents were reported in the year. Appropriate medical and psychological support was provided to survivors and they were encouraged to take legal actions. Seven conferences on mitigating and addressing sexual exploitation, human trafficking and related gender based-violence were carried out throughout the year.

Ethiopia: Host community and refugees in Aysaita were targeted in the 2010 gender based violence prevention activities in Ethiopia. The programme, implemented alongside the provision of non formal education to refugees, focused on increasing awareness of sexual and gender based violence among community members. Following a preliminary assessment of the type and degree of gender-based violence incidents in the communities, sensitisation activities were carried out with stakeholders from Aysaita district. Representatives composed of various service providers and concerned sector offices were also trained on prevention of GBV. 300 refugees and host community members participated in sensitisation sessions and were given orientation on the prevalence and legal aspects of GBV. Community health workers and influential members of refugee and host community members benefited from educational seminars on female genital mutilation, effects of early marriage, abduction, forced marriage and spouse inheritance.

Liberia: In 2010, AHA continued to instigate mass community awareness programmes and delivered the relevant training to health care staff members. Reported cases have been carefully managed and the necessary support and follow up was provided to survivors. 36 cases of gender based violence were reported in the year at AHA supported health facilities. Victims were treated and referred to relevant local authorities. Follow up psychological care was also provided to survivors. AHA also worked to build local capacities in dealing with and responding to GBV incidents. To this end, 28 county health workers were trained on clinical management of GBV.

Namibia: The well-being of displaced girls and women received special attention in 2010, as AHA learned that unaccompanied and single women were harassed by camp and community members. To this end, AHA worked to actively engage male residents in its gender based violence prevention activities and to increase awareness of women's rights in Osire camp. Several sensitization activities were carried out to bring this issue to the forefront of refugee agendas. Children and women were encouraged to report incidents that violated their human rights. In the year, two cases of rape, one case of sexual harassment, three cases of early marriages, one case of attempted suicide, and eight cases of domestic violence were reported. Counselling and medical treatments were provided to rape and other victims, while domestic violence cases were followed-up. Victims were directed to paralegal services at the Refugee Status Determination Unit.

913 beneficiaries attended celebrations of International Women's Day and International Human Rights Day, and took part in a serious of film shows and talks held in the camp. Gender discussions further reached 2,253 (1,134 female and 1,119 male) young adults between the ages of 17-27 through schools and vocational training facilities. 3,327 (1,665 female and 1662 male) persons were reached through GBV campaigns that, among other topics, discussed forced sex, and causes and consequences of GBV. Informative materials and posters on prevention and response to GBV also reached 1,079 beneficiaries. In the year, joining international efforts to halt gender based violence, the Osire GBV Committee developed and shared with counterparts a referral and reporting mechanism pathway to facilitate GBV service delivery. The Osire Women's Association also held its leadership election in the year and 310 votes were casted.

Rwanda: Addressing gender based violence in Rwanda has been a critical element of securing a safe living environment for refugees and surrounding communities. 2010 activities emphasized on prevention of GBV through various activities including six art exhibitions, artistic competitions and film festivals attended by over 3,400 people in Kiziba. Further, International Women's Day was highly celebrated in the camp with participation from women and men. Several discussions on the idleness of men in the camp, how to deal with victims of GBV, and problems of polygamy, were held with community members, leaders, and various groups and associations.

Trainings and refresher trainings on management of rape, preventing dowry and family disputes between camp residents initiated by sexual activities of teenagers were given to health workers, religious leaders and community members. Emphasis on mutual respect between sexes was highly promoted and well accepted by beneficiaries. In Kigali, urban refugees were offered similar sensitization, prevention and care services. Informative sessions were held twice a week in Kimihurura for refugee and national healthcare staff. Monthly meetings with peer educators and conflict resolution committees were also held. Workshops for 19 peer educators, 14 animators, 45 gender based violence club members, and 32 gender based violence survivors were held within the year. 200 cases of GBV were reported by urban refugees in the year. GBV survivors were provided psychological support and trained life skills on soap production and cotton colouring. Trainees were provided with materials to begin their own businesses. Two documentary films on GBV to instigate behavioural change and encourage women to come forward during incidents were produced.

Zambia: Urban refugees, host community residents, and healthcare workers benefited from AHA's activities on gender based violence mitigation in 2010. The activities, organized as part of AHA's urban refugee healthcare programme, supported 1,800 refugees (885 female and 915 male) through intensive psycho-social, legal and medical counselling services provided on gender-based violence related concerns.



Capacity Development

Protracted crisis and chronic poverty have severely devastated African societies leaving them unable to achieve self-reliance. It has been an imperative task of AHA to instigate an African renaissance through developing the capacities of individuals, communities, local organisations, institutions and governments. To this end, AHA runs a broad range of capacity development programmes in training communities essential life skills, providing formal and non formal education to forcibly displaced persons, rehabilitating and constructing community infrastructures, and recruiting employees from within the beneficiary community to ensure ownership and sustainability of programmes.

Burundi: In 2010 activities focused on building the individual skills of refugees over a six months vocational training on various income generating aptitudes. Young women and men were highly encouraged to take part in these undertakings as idleness in refugee camps is a particular challenge for this group. Three batches were certified having completed trainings in embroidery, sewing and carpentry. Graduates were further assisted with equipment and materials to establish their own businesses. Young girls out of school and adults also benefited from AHA's literacy programme tailored to meet their needs. To positively engage young adults from the refugee community, AHA carried out several sports programmes. The activities were well received; with male and female teams excelling in local and district competitions. One AHA sponsored football team competed at a national level and took home the title "Best Team". AHA staff in Burundi also received refresher trainings to maintain the quality of services delivered.

Cameroon: Capacity development activities in Cameroon focused on rehabilitating existing health infrastructures and constructing new ones throughout three districts and providing national healthcare workers with much needed refresher trainings. To this end, four healthcare centres in Kette, Batouri and Ndelele health districts were partially modified and supplied with public toilet, shower, and incinerator facilities. Further, 10 health facilities received durable and quality medical equipment, including microscopes, haematology and serology apparatuses for laboratories; minor surgery and delivery kits; consultation tables and adjustable hospital beds for adult and infant patients with all bedding accessories; intravenous fluid stands; mosquito protection nets; and office supply and furniture for reception, consultation, staff, and pharmacy areas. Lifesaving drugs, ambulance service items, and immunisation storage systems were also provided to each district health centre. In Mboumama and Toktoyo, two health facilities were constructed and ready for handover to the community at the completion of the year. The facilities were also fully furnished and equipped, and the staff trained on essential refresher trainings. The large numbers of refugees in the surrounding areas are expected to be the primary clients of these newly constructed sites. As proximity of lead health workers have been critical to the quality of services provided, AHA also constructed residence for the officer-in-charge in the two vicinities of hospitals and clinics. Other assistance within the year included year-round structured on the job training for national healthcare workers, and uniforms to laboratory and pharmacy technicians, and general support staff.

Ethiopia: Non formal education to refugees, environmental rehabilitation of refugee settlements, and strengthening capacities of local health workers were the main activities of AHA in 2010. Community groups such as peer educators, women's groups and anti-AIDS structures were also beneficiaries of capacity strengthening schemes in the year. To this end, 105 peer educators were trained on sanitation and hygiene related issues, community health agents were provided refresher trainings. To eliminate opportunistic infections and maintain the cleanliness of refugee camps, AHA established a sanitation association in refugee camps and provided equipments necessary for the maintenance of camp facilities. 19, 979 (11,809 female and 8,170 male) refugee and community members were educated on essential health topics including maintaining personal hygiene. 74 community leaders were also trained on HIV/AIDS prevention, and a voluntary counselling and testing centre was established midyear for refugees.

The Aysaita health district was provided with equipments to help them disseminate informative message via health canters. In 2010, child and adult refugees were provided with non-formal education on basic reading and writing, and their rights. Education was facilitated in AHA constructed classrooms built in 2009. Intense campaigns were carried on the benefits of education and to encourage parents to send their children to school. In Boklomayo and Melkadida camps, environmental rehabilitation projects were underway to benefit refugees and host communities. These projects focused on sustainable management and utilization, as well as, appropriate conservation and rehabilitation of natural resources. To this end, nurseries for multipurpose fruit and other trees were established near Genale River around the Melkadida refugee camp. Refugee and community members were trained on environment maintenance and management.

300 refugees, 30 host community representatives, and 30 youth club members for forest/ environment, were among those provided with sensitisation and awareness raising workshops/ trainings on proper utilization, protection, rehabilitation and development of forest resources, as well as, promotion of healthy and favourable environments. Capacity building trainings on primary health care services were provided to 136 national health workers and health service providers. In addition, 80 government officials drawn from different service offices in eight districts were provided training on project management.

Liberia: Emphasis on enhancing capabilities of health workers was given priority in 2010. Several trainings and refresher courses were given to enable healthcare staff to provide quality care in a decentralized health system. 152 health workers were trained on management and response to sexual and gender-based violence, supportive supervision and rational use of drugs; 27 midwives were trained on newborn resuscitation and basic life saving skills; 70 Traditional Midwives and 26 Certified Midwives were trained on home based life saving skills; and 87 general community health volunteers were trained in malaria, diarrhea and pneumonia treatments.

Several clinics and two hospitals were extended and renovated throughout the year. Vital renovations included: installation of solar panels for electricity at 31 clinics for overnight emergencies; construction of emergency, laboratory, mortuary, Maternal and Child Health (MCH), drug store, incinerator/waste disposal, laboratory, kitchen and laundry units at Dorbor, Bodowhea, Lapaze, ITI, Zammie, Malema, Gohnzipo, Zordee, Beh and Kpayeaquelleh town clinics. Water systems at the health facilities, including St. Francis and Chief Jallah Lone hospitals, were renovated improving sanitation and quality of healthcare in the facilities.

To reduce the maternal and infant mortality rate, communities were provided with 17 motorbikes to serve as ambulances and for outreach activities, 110 AHA trained General Community Health Volunteers were provided with pedal bicycles to facilitate ease of mobility for their house-to-house visits in 75 communities, both Rivercess and Gbarpolu Counties were provided with a vehicle for supervision of health facilities by the County Health Team and AHA.

Namibia: In 2010, AHA focused on increasing the marketability of refugee and host community members by providing several income generating and skill enhancing trainings. To this end, trainings on first aid, reforestation and tree management were among those given special emphasis. Other knowledge enhancing activities included provision of lifesaving training to youth, women's, refugee and

and host community bodies on prevention of gender based violence and sexually transmitted diseases, and health workers received refresher trainings on clinical response of gender-based violence and youth counselling. 45 foster parents were also supported on parenting skills. Women were trained bead and jewellery crafts for income generating; on how to establish support groups in areas of their interests; and newly arriving refugees were educated on drug and alcohol abuse in camps. Other activities in the camp included, planting of 1,600 Leucena trees and other fruit trees such as Mulberry, Figs and Neem throughout the camp. A green zone was also created in the camp to serve as a public park.

Rwanda: Refugees and community members took part in various trainings and programmes designed to enhance individual competence and marketability. Educators, community leaders and different associations and groups also benefited from skill trainings geared to improve their performances. Among the participants were: 473 youth counsellors and peer educators comprised from camp, urban and host communities; and 520 teachers, community representatives, healthcare workers and traditional healers.

20 OVCs and seven sex workers were trained to establish their own businesses. Following a vocational training on soap production, beneficiaries were given start-up capital, venue and equipment to realise their businesses. This programme was initiated by the community out of their strong desire to become self-sufficient. 112 community members also participated in Income Generating Activities through micro-gardening, cotton colouring, handcrafting, and soap and mushroom production. Participants were trained on proper management of loans and advantages of forming associations.

Sudan: In efforts to realise self-sufficiency of communities, displaced persons and returnees, AHA undertook several initiatives in the Blue Nile State and North Darfur regions of the Sudan. In 2010, activities included ensuring the wellbeing of cattle and mules essential for generating income to the many AHA supported household. To this end, animals in 12,000 agro-pastoralist households in Daralsalam and Kalimando localities were provided with vaccination; 55,000 animals were vaccinated against epidemic diseases and 25,000 heads of animals were treated.

60 female headed households in North Darfur and 240 most vulnerable households in the Blue Nile State were also provided with goats for source of milk and income generation. To benefit and generate income for the most vulnerable in Gindi, Borfa, Ballilla, Algazira and Menchalang villages of the Blue Nile State, trainings on beekeeping were provided to 90 households. Trainees were certified at the completion of their trainings and start-up materials were provided to each household to establish their own businesses.

In Kurmuk locality of the Blue Nile State, one primary school was constructed; based on a needs assessment survey, a food storage facility was constructed to be utilized during rainy seasons and for general food distribution activities; four boreholes in three villages were erected to provide clean and adequate water to returnees and local communities; and five grind mills were planted in five villages and selected community members were trained on operating and maintaining them. Large community involvement was encouraged and witnessed throughout all construction activities, in particular from women.

Timely service for the reintegration of ex-combatants into society was also carried out within the year. Reintegration activities included counselling services for ex-combatant, various income generating activities, assistance in shelter building, and provision of livestock for farm and income generating activities.

Zambia: In 2010, refugees in Lusaka were assisted year round. Intensive counselling and supplementary assistance to acquire legal document such as work and study permits were among servicer rendered in the year. Refugees were further assisted with expensive fees for school and acquiring various documentations. In school refugees were also assisted with uniform and school materials.



Public Advocacy

Today, Africa is in the grip of an unprecedented crisis, heightened by the inability of home grown African organizations to readily engage in the search for solutions to the continent's problems. Various international declarations purport that the international community was committed to helping Africa in its struggle against underdevelopment and poverty. Nonetheless, Africa struggles to be at the forefront of the global development agenda.

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

However, with an estimated 22 million people remaining forcibly displaced across the continent, significant challenges still remain. Due to the protracted nature of many African conflicts, a substantial proportion of those affected have been in displacement for years and in some cases decades. Whilst the need for assistance remains paramount, donor fatigue is placing vulnerable populations at risk of dwindling support. The protection and assistance that people receive is already very basic, a drop in which would be catastrophic. Therefore it is essential that adequate funds are secured and African organizations are supported to ensure the necessary protection and assistance, and the ability to empower populations in positively contributing to achieving durable solutions to the challenges Africa faces.

Responses to African disasters often include multiple actors with markedly different strategies and agendas. Interventions suffer from frequent delays, duplication of work and lack of legitimacy. Too often, the involvement of affected communities is on paper only and their participation in the recovery process minimal. Hence, local capacity gets undermined and dependency on external aid becomes long-term. Neither international aid nor international interventions on their own have significantly reduced vulnerability nor brought enduring solutions. An enhanced involvement of well-resourced and well-equipped African actors could improve both the effectiveness of interventions and the sustainability of subsequent recovery programmes. It will, however, require a shift of both mindset and approach to humanitarian aid delivery. Today, African organizations suffer from insufficient funding to up grade competences and structures to a competitive level, missing out on reliable longer-term institutional development as funding allocated to them is mostly tied to short-term, earmarked service-delivery programmes. Faced with this situation, Africans have developed their own perception of development which can help solve the problems facing the continent. The proliferation of organizations of peasant and village women with links to African NGOs and civil society is a good indication of Africa's ability to rely upon itself, something of which AHA is well aware.

AHA builds on the strength of African people to solve African problems. Founded on its experiences and achievements of sixteen years, AHA believes that boosting independent African humanitarian and development organizations that have shown determination and ability to help solve the continent's dilemma is essential for alleviating Africa's troubles. The restriction of resources in research, development and communication has made the task of advocating solutions all the more cumbersome and time consuming. The essential funds that enable institutional capacity development, that give flexibility and sustainability and makes choices possible, seem to elude African agencies.

Global Humanitarian Platform (GHP)
First created in July 2006, the GHP aims to provide a forum for focused discussions of particular strategic issues such as accountability, capacity building, security or transitions. It brings together top level humanitarian actors from UN agencies, the Red Cross/Red Crescent Movement, and NGOs. In 2010, the GHP focused on the preservation and expansion of humanitarian space, humanitarian-military relationships and a new business model focusing on building local capacity and regional and international readiness to address cross-border humanitarian issues. AHA President, Dr. Dawit Zawde, represented the organization in the 2010 discussions and communicated the views of AHA and its African NGO partners. In particular, Dr. Dawit highlighted the need to invest in strengthening the institutional capacity of local actors to prepare, respond and manage disasters, as opposed to merely using them as contractors and implementers of projects designed elsewhere.

African Union (AU)
AHA has been a longstanding partner of the AU in addressing the challenges of forced displacement on the continent. AHA especially contributes to the work of the AU's Division of Humanitarian Affairs, Refugees and Displaced Persons (HARDP). Continuing its role from 2009 in the preparation and successful outcome of the AU Special Summit in Kampala, Uganda which produced the *AU Convention for the Protection and Assistance of Internally Displaced Persons in Africa* ("Kampala Convention"), AHA participated and provided input throughout 2010 in the development of the Plan of Action to implement the Kampala Convention.

International Council of Voluntary Agencies (ICVA)
Continuing his service on the Executive Committee (EXCOM) of the global humanitarian advocacy network ICVA, AHA's Head of Programmes, Misikir Tilahun (J.D.), was elected to the seat of Vice Chair in 2010. In addition to attending all EXCOM meetings overseeing the activities of the network, AHA co-hosted a Learning Event with ICVA in Addis Ababa on the *Code of Conduct for The International Red Cross and Red Crescent Movement and NGOs in Disaster Relief.* Several national and international NGOs operating in Ethiopia attended.

United Nations High Commissioner for Refugees (UNHCR)
AHA's Head of Programmes, Misikir Tilahun (J.D.), served as the Rapporteur of UNHCR's Annual Consultations with NGOs in July 2010. In his duty as Rapporteur, Misikir documented the three-day proceedings of the Consultations and produced a summary report complete with the recommendations of each session. In addition, AHA continued to serve in 2010 as the secretariat for the African NGOs Taskforce which was established in 2007 to better streamline UNHCR's partnership with its African NGO partners.



United Support of Artists for Africa (USA for Africa)
Twenty-five years after the onset of a catastrophic famine across the Sahel region of Africa, USA for Africa – a crucial part of the interventions in 1985 – held a symposium in Addis Abeba led by and among African thinkers, practitioners and activists on the continent and beyond. The symposium created an opportunity for dialogue and reflection on various key issues related to the impacts of international humanitarian interventions. AHA co-hosted the symposium along with the United Nations Economic Commission for Africa (UNECA).

Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP)
As a long-time member and partner of ALNAP, AHA actively participates in the network's Annual Meetings. The 26th Annual Meeting held in Kuala Lumpur, Malaysia, focused on the role of national governments in international humanitarian response. AHA brought its unique institutional knowledge to the Meeting as an African NGO with sixteen years of experience working in as many countries.

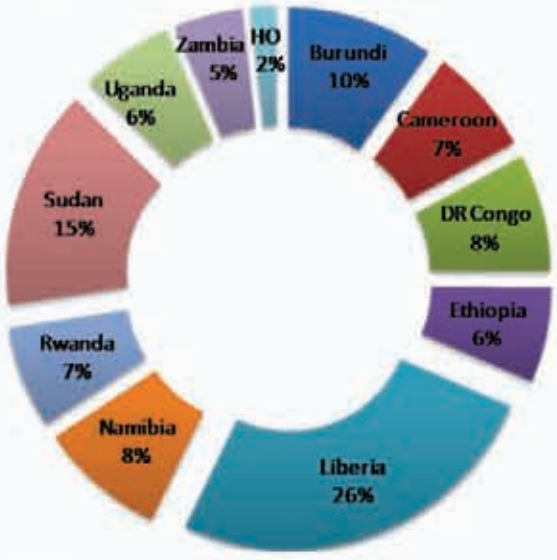
AHA's Head Office and its Country Offices continue to actively participate in several local, regional and international humanitarian fora.

AHA is an NGO in Consultative Status with the United Nations Economic and Social Council (ECOSOC).

Finances

2010 Income and Expenditure in USD		
Country Office	**Income**	**Expenditure**
Burundi	1,248,691.07	1,248,613.45
Cameroon	901,521.14	852,391.09
DR Congo	999,981.00	999,981.00
Ethiopia	809,986.69	797,288.75
Liberia	3,235,140.00	3,235,140.00
Namibia	1,070,394.47	1,059,309.35
Rwanda	870,661.19	871,850.81
Sudan	1,868,207.00	1,868,207.00
Uganda	776,476.05	689,273.93
Zambia	579,663.91	546,695.41
Head Office	224,797.17	161,874.52
Total	**12,585,519.69**	**12,330,625.33**

2010 income percentage by country



1995 - 2010 Programmes in USD	
Angola	8,240,277
Burundi	7,045,575
Cameroon	901,521
Chad	1,014,845
DR Congo	7,106,045
Ethiopia	4,554,785
Guinea	215,467
Liberia	8,107,919
Namibia	8,865,810
Rwanda	11,023,411
Sudan	6,381,151
Uganda	7,660,250
Zambia	6,490,566
Head Office	3,567,525
Total	**81,175,148**

2010 Auditors

A.A Bromhead & Co. Chartered Accountants and UK Registered Auditor (Head Office)
Auditeurs Cabinet CECOS (Burundi)
Deloitte & Touche Certified Public Accountants (Uganda)
H.A.S.M Certified Accountant & Financial Consultant (Sudan)
Ian Dent & Company (Sudan)
Menbere Leul & Co. Chartered Certified Accountants (UK) (Eth- IFHP)
MOHY & Co. Le Counseil au Service des Organizations (Cameroon)
Moores Rowland Chartered Accountants (Zambia)
PKF Ccountants & Business Advisers (Liberia)
Price Waterhouse Coopers (Rwanda)
STIER VENTE ASSOCIATESChartered Accountants (Namibia)
Strong Nkv Business Solutions (DRC)
Tesfaye Teferi & co. Chartered Certified Accountants (Ethiopia)

Programme Partners and Supporters

Active Learning Network for Accountability and Performance (ALNAP)
African Centre for Humanitarian Action (ACHA)
African Concern
African Development Bank Group
African Development and Emergency Organisation
African Refugees Foundation (AREF)
Afrique Secours et Assistance
African Union Commission
African Union– Mission in Sudan
Alliance for Direct Action Against Rape in Conflicts and Crises, Switzerland
American Joint Distribution Committee, USA
Danish Red Cross Society
Danish Refugee Council
Deutsche Gesellschaft für Technische Zusammernarbelt (GTZ)
Environment and Development Society of Ethiopia
European Commission– Humanitarian Office (ECHO)
Family Health International
Genocide Intervention Network
Government of Burundi
Government of Cameroon
Government of Chad
Government of DR Congo
Government of Ethiopia
Government of Republic of Guinea
Government of Liberia
Government of Namibia
Government of Rwanda
Government of Sierra Leone
Government of Sudan
Government of Zambia
Great Lakes Initiative for AIDS
Herrod Foundation
HIV/AIDS Prevention & Control Office (Ministry of Health, Ethiopia)
Humanitarian Aid Commission– Sudan
International Council of Voluntary Agencies (ICVA)
International Medical Corps (IMC)
International Office for Migration (IOM)
International Planned Parenthood Federation (IPPF)
Japan International Cooperation Agency (JICA)
Lawyers for Human Rights
Namibian Red Cross Society
Norwegian Refugee Council
Office Africain pour le Developpement et al Cooperation (OFADEC)
OXFAM, United Kingdom
Pathfinder International
Program National Multisectoriel de Lutte Contre le Sida
Sudan Health Association
Swedish International Development Agency (SIDA)
Swedish Refugee Aida (SWERA)
UBS Optimus Foundation
Uganda Government, Poverty Allieviation Programme
UK Department for International Development (DfID)
UN Children's Fund (UNICEF)
UN Development Fund for Women (UNIFEM)
UN Economic Commission for Africa (UNECA)
UN Food and Agricultural Organisation (FAO)
UN High Commissioner for Refugees (UNHCR)
UN Mission in Liberia
UN Mission in Sudan (UNMIS)
UN Office for the Coordination of Humanitarian Affairs (OCHA)
UN Population Fund (UNFPA)
UN World Food Programme (WFP)
UN World Health Organisation (WHO)
United Support of Artists for Africa (USAforAfrica)
USA Government, Embassy in Ethiopia
USA Government, Embassy in DR Congo
The World Bank

Note

* Government listings include support from various line ministries-often those of Health, Social Services and Agriculture.

*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 AHA works, whose strength and dignity remain our inspiration.

A Big Thank You

In what has proved to be a highly eventful year, AHA would like to extend its gratitude 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 beneficiaries, through which 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 2010 in the coming year, extending programmes, developing capacities and reaching out to new communities.

2010 Volunteers

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Camille Zenebe
Hillina Wassihun
Mewael Amanuel
Nejat Abdella

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AHA's Programmes are made possible by generous contributions from organizations 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:

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Or

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

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AHA THANKS YOU ON BEHALF OF THOSE WHOSE LIFE YOU CHANGE FOR THE BETTER

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