

# Action Africa Help - International Annual Report 2007



## **AAH-I Programmes Report 2007**

### **About AAH-I**

Action Africa Help - International is an International African Non-Governmental Organization registered in Nairobi, Kenya in December 2003. It is committed to supporting and facilitating community development efforts in South Sudan, Kenya, Uganda, Zambia, and Somalia. Its overall goal is improving people's quality of life through a number of programmes aimed at self-reliance of the target communities, through community-based programs, with the aim to restore hope and vision among traumatized communities.

### **Mission**

AAH-I supports poor and distressed communities in Africa to meet basic human needs. This is achieved through community-based approaches, self-help and partnerships with stakeholders. AAH-I promotes sustainable improvements in standards of living and holistic development within a peaceful environment.

### **Vision**

Under privileged and marginalized communities in Africa working together towards an improved quality of life through self reliance and equitable development.

The four pillars supporting this vision are:

- Community participation
- Gender equity
- Sustainability
- Capacity building and empowerment

### **Scope of AAH-I's Work**

AAH-I's projects focus on the following broad thematic areas:

1. Basic Services - Primary Health Care, Basic Education, Water and Sanitation.
2. Food and Income Security.
3. Civil Society and Peace Building.
4. Refugee and Displaced Persons care.
5. Return and Re-integration.

AAH-I's projects combine several of these aspects to achieve an integrated approach to development in the target areas.

# Annual Report

## 2007



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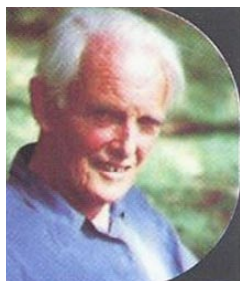
# Acronyms

AAH-I	Action Africa Help International
CBEW	Community Based Extension Works
CPA	Comprehensive Peace Agreement
EED	Evangelical Entwicklungsdienst
PHC	Primary Health Care
RRP	Recovery and Rehabilitation Program
SGBV	Sexual and Gender Based Violence
SPLM/A	Sudanese People's Liberation Movement/Army
UNHCR	United Nations High Commission for Refugees
VIP	Ventilated Improved Pit





# Board Members



## **Dr. Christopher H. Wood, Chairperson (Founding Member)**

Co-founder and former Director – General of the African Medical Research Foundation. Advisor to ministries of Health in East Africa; Professor of community health for several universities; advisor to NGOs and to the Sudan People's Liberation Movement Health Secretariat on Primary Health Care Programme. Founder and Chair of AfriAfya, which brings information technology to rural health workers.



## **Prof. Miriam Were, Treasurer (Founding Member)**

Chairperson, National AIDS Control Council (NACC) and AMREF. Worked with UNICEF and with the World Health Organisation as Representative and Chief of Mission in Addis Ababa. Was the Director of the United Nations and Population Fund Country Support Team in Addis Ababa for Eastern, Central and Anglophone West Africa. Winner of "The Hideyo Noguchi Africa Prize for medical services.



## **Dr. Klaus Poser, Representative of AAH Germany (Ordinary Member)**

Economist, involved in research and cooperation with Churches and NGOs in Africa for the last 40 years, 1970-'86 director of Protestant Agency for Development Cooperation (EZE) now Evangelischer Entwicklungsdienst (EED), former director of the Commission for Inter-church Aid, Refugee and World Service (CICARWS) of the World Council of Churches (WCC), Geneva, Switzerland, retired, presently: volunteer work with social services in Freiburg, Germany.



## **Dr. John Tabayi (Founding Member)**

Public health physician was director of Primary Health Care for the Equatorial Regional Government of South Sudan. Led a public health program for AMREF; Programme officer for Health for UNHCR, Addis Ababa and Zambia; held UNHCR regional position for the Great Lakes Region.



## **Dr. Vinand Nantulya (Founding Member)**

Senior Health Advisor to the Global Fund to Fight AIDS Tuberculosis and Malaria. Was Senior Research Scientist in International Health at Harvard School of Public Health; Head of Programmes at the International Laboratory for Research on Animal Diseases in Kenya; Director of Programmes with AMREF. Holds Professorship in USA and Geneva and has published numerous research articles in immunology, parasitology, and public health.



## **Dr. Patrick M. M'limbwa (Ordinary Member)**

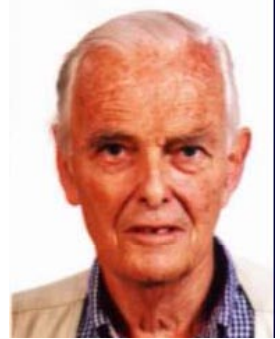
Veterinarian, Closely involved in the development of improved dairy farming in East Africa with FARM Africa. Coordinator for FARM Africa's Dairy Goat and Animal Health Care Project in Kenya. Has extensive knowledge of Animal husbandry in East Africa.



## **Mr. Lawrence Masaviru**

A renowned economist, and Managing Director of an industrial development bank He is the Executive Chairman of Equilibrium Capital Limited, an investment advisor, licensed by the Kenya Capital Markets Authority. Mr. Masaviru is a member of the Institute of Directors of Kenya and a fellow of the Institute of Bankers (Kenya) and the Economic Development Institute of the World Bank.

# Chairman's Message



**Dr. Christopher H. Wood,  
Chairperson (Founding Member)**

This was a sad year. On March 28th the founder, Executive Director, and moving spirit of AAH-I, Dr. Vivian Erasmus died suddenly and unexpectedly. He leaves an enormous hole in the hearts of his many, widely scattered friends, colleagues and communities he served in Sudan, Uganda, Somalia, Zambia and Kenya – and above all his family. He made a critical contribution to understanding the difference between ‘a chronic disaster’ and ‘an acute emergency’, and the difference in the interventions required. He emphasized the key importance of re-invigorating and building the capacity of communities to take control of their own lives, even in conflict areas. It is planned that an appropriate memorial to his many years of service in the Sudan will be effected.

I am sure that Vivian would have wished nothing more than that the mission of AAH-I should be continued. This has and is being done, and I would like to thank and congratulate the staff for how they have managed to continue the good work.

We have been fortunate in securing the service of Dr. Caroline Kisia as the new Executive Director. She was well known to Vivian and will bring a new and exciting contribution to our mission.

AAH-I has chosen to work for the poor in difficult conflict and post-conflict areas and there has been no shortage of conflicts or difficulties! With, or without, Peace Agreements, individuals, families and communities long for opportunities to continue their lives peacefully. Whether they have been uprooted and moved, or whether they are returning ‘home’ they frequently need help in re-establishing their lively hoods. This need not be outside, top-down ‘aid’, but with skill and dedication, development workers can assist in re-establishing local communities control over their own futures.

I would like to encourage our staff, and others, to continue this service. It is a privilege to be able to serve.



# Refugee Care

## Kyangwali/Kyaka, Nakivale and Oruchinga Refugee Settlements, South West Uganda

An estimated 20,031 refugees living in Kyangwali settlement in Hoima District are among the most self sufficient of Uganda's refugee settlement. The Local Council representative of Hoima affirms this: "Refugees are now the biggest food supplier of Hoima town."

Previously, the settlement was home to the refugees displaced from the

conflict in Rwanda that began in 1960. With its location far from the Sudanese border, the settlement acquired the reputation of being a "protection" or "resettlement" camp. Current refugees were brought to Kyangwali in 1997 and 2002. The refugee population constitute of Sudanese (60.90%), Congolese (38.43%), Rwandese (0.39%), Burundians (0.11%), Ethiopians



(0.05%), Somalis (0.15%). The majority of the Sudanese refugees come from Eastern Equatoria and the Congolese from areas of Northern Kivu Province.

AAH-I, the sole implementing partner in the settlement has worn accolades for the successful care of refugees.

When refugees arrive, they are given a package of non-food items that include farming and cooking equipment, a tarp and blankets. In addition to receiving a plot of land and seeds to plant, the new arrivals receive from two to four seasons of food rations. The refugees also receive free health care, primary education, water, and access to community service work and income-generating programs.

Most of the refugees are engaged in agricultural production. A minority of refugees have businesses in the settlement, ranging from small stalls at the weekly market to shops or teahouses in the main trading center. In most cases, the refugees acquire capital to start these businesses from goods or money brought from home, loans (including from AAH-I, or from one another), own-labour production or remittances from relatives or friends living abroad.

“We were also taught how to cross breed goats, chicken and cattle in order to achieve better performing off-springs. We have taken up animal husbandry as a business,” says a refugee.

“We have also sold cross-bred goats to markets outside Kyangwali including Southern Sudan. My fellow refugees have also formed a cooperative for rearing cattle and currently have over 600 heads,” he adds. “We entirely depended on relief food whose stocks

were running out so often. We never imagined that we could produce our own food to satisfy our basic needs and even sell and export. This is now the norm, thanks to efforts by AAH-I that has supported us to become food reliant,” he adds.

Everyone knows that health, education, water, sanitation and community services are essential everywhere. It is so “normal” that it is common to meet refugees who rarely access these services because of their prevailing situations. However hard, AAH-I strived to bring normalcy in provision of these services.

“I remember very well when we arrived in Kyangwali, frightened and scared by ugly scenes of the conflict in our country. Initially access to basic commodities such as water and basic sanitation was a big challenge.” a Sudanese refugee at the settlement narrates.

**Water:** In 2007, AAH-I supported maintenance of 18 hand-pumps, 15 shallow-wells, a stream diversion intake, a central reservoir and a motorized well-pump. The result has been enhanced access to safe drinking water by refugees. “Safe drinking water is never a problem in Kyangwali. Fit hand pumps have helped us a great deal. Our children no longer suffer from water borne diseases,” says a mother of three at the settlement.

Despite this success, there have been sporadic breakdown of water pumps due to high water pressure and misuse of water sources in some sections. In future, water quality will be closely monitored through establishing a database of all water sources. Other planned activities include: strengthening of community water committees, rehabilitation of



Food security: high food yields produced in Kyangwali.

**Title:** Local Settlement for Congolese/Sudanese/Rwandese Refugees in Kyangwali  
**Aim:** To attain self – Reliance and improved quality of life of the refugees and the host community in Kyangwali Sub- County  
**Support:** UNHCR  
**Amount:** USD \$ 452,933  
**Project Location:** Kyangwali, Uganda

# Success Stories

From one acre of Rice, I raise UG shs 2,800,000 (US \$ 1,699) per season and there are 2 seasons in a year.



"I came to Uganda as a refugee to Kyangwali from DRC Congo –Northern Kivu province in 1998.. I absolutely had nothing. I entirely depended on food rations. Now I can proudly call myself one of the most privileged women in the settlement. Some might call it refugee empowerment, others might call it sustainable development, but I call it self awakening.

For a long time women in refugee camps had no choice other than being dependants. I was supported by AAH-I to undertake farming activities. Since then I am able to sustain my family of three teenage boys. Proceeds from the goats, passion fruits, maize and beans enable me to pay school fees for my boys who are all in secondary school in the settlement.

As we prepare to go back to our country, the quality of support and experience I received in Kyangwali, makes me feel that I will manage the same farming activities at home.

When I return, I will replicate what I have learnt to sustain my family. I can only hope that my country stays on the right path and embrace peace."

Toward food security: Small scale farmers supported to undertake farming.



additional six water sources, and continued treatment of water at the main reservoir.

**Sanitation:** Sanitation is vital for human health and contributes to social dignity and development. Being in areas with no toilets is dehumanizing. AAH-I supported the construction of pit latrines, rubbish pits, and dish racks. Communities are involved in maintaining high hygienic standards in the settlement. "Sanitation levels have highly improved. We are proud to have clean pit latrines, bathing shelters, drying racks, and rubbish pits. It is encouraging that through community education on sanitation, many refugees have now embraced basic

sanitation practices," said Isabel, a refugee at the settlement.

**Health:** Testimonies of refugees accessing quality health services are quite encouraging. By constructing and supporting four health care units, reductions of unnecessary deaths among the children were recorded.

"We used to record high mortality rates among children under the age of five. With the support of drugs and equipment from AAH-I, this has reduced significantly," says a nurse at the settlement. "We also reported fewer cases of measles. This was attributed to impressive immunization campaigns that AAH-I undertook during the year," she adds.



**Nutrition:** Plenty of agencies are often wary of malnutrition in refugee settlements. It is often children, lactating and pregnant mothers who bear the brunt of nutritional deficiencies. This situation led to the establishment of community nutrition committees to strengthen community nutrition education.

“The demand for nutrition services is enormous. We were overwhelmed by increased number of lactating mothers and children who needed special attention on nutrition. We encouraged communities to undertake community education,” the nutritionist at the centre said.

**Community Services:** AAH-I continued to explore ways of involving communities to raise awareness on sexual and gender based violence, children’s rights, psychosocial care and girl child education. Through sports and seminars, sexual and gender based violence cases declined from 19 in 2006 to 8 in 2007. AAH-I supported at least 17 girls go back to school. Women were equally involved in the settlement’s leadership.

Through the project, an average of 81 refugees were trained in tailoring, carpentry, building and construction. AAH-I also supported sports tournaments and community participation during national and international celebrations.

People with special needs (PSNs) were provided with tri-cycles to enhance their mobility. Children with special needs were also supported with basic needs like food, clothing shelter and scholastic materials in order to enable them access basic education. In addition 60 houses

and 5 latrines for people with special needs were constructed by the community through community participation program.

“I am so happy for the kind support from AAH-I. It is so dignifying to be one of the beneficiaries of the new houses and a tri-cycle. My movement around the camp has become easier,” says a beneficiary.

Despite these successes, limited resources and inadequate training facilities affected the implementation of the activities. Dependency syndrome and over expectation from the refugees were also some of the challenges.

**Education:** Education is the right of every child in this world. Schools are critical component in the attainment of education. AAH-I support to schools contributed to impressive performance among the students.

“My children can access quality education within the refugee settlement both primary and secondary, says a parent at the settlement. “We have 5 primary schools and 2 secondary schools. All these schools were initiated by AAH-I as self help schools but now, all except one secondary school have been taken over by the Ministry of Education as Government schools.”

“Despite the improved performances in our school, we lack essential teaching materials such as text books and stationeries. Many of us are overwhelmed by the increased number of pupils in our school. We are still battling challenges of staff accommodation and the temporary teaching structures,” one of the teachers notes.



People with special needs (PSNs) supported with tri-cycles.



The health facilities are serving over 46,000 patients per month (19,000 refugees and 30,000 locals).



Laboratory services at Kituti Health center. In the fore ground is a refugee M/S Bashari from DRC Congo a Laboratory Technician.

# Success Stories

## Nkinamubanzi



I am Nkinamubanzi Eletuer, a refugee in Kyangwali refugee settlement. I came from DRC Congo –Northern Kivu province in 1998 to Uganda (Kyangwali). I am 40 years old and married to 4 wives with 23 children.

I am very grateful to AAH-I and UNHCR who have made it possible for us to have a descent life in Kyangwali. We have achieved this through their programmes of Food and income security, Environmental Management, Health, Water and Sanitation, Education and Community Services. When I arrived from Congo, I didn't have any property, but now my income has improved tremendously.

I am able to educate my children and feed my family. I have built an iron-roofed house and bought myself a new motorcycle. The income generating activities I carry out include farming; I grow maize, rice, passion and orange fruits and rear goats and chicken. From one acre of passion fruits, I earn UG shs 4,900,000(US \$ 2,882) per season, of which there are 2 seasons in a year.

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## Rose



I am Rose Dudu, a Sudanese refugee. I am 32 years of age. I came to Kyangwali in 1997 from Western Equatoria Province of Southern Sudan..

I am a single mother with 4 children. I am very grateful to AAH-I for the skills they have taught us. I have learnt how to design women clothes. We formed an association of designers after completing training and we have been designing Kitenge (casual dresses for both women and men). Kitenge is very popular in Uganda, Congo, Sudan, and Tanzania.

We have also been selling our products to our friends who have settled in countries like USA and UK. This profession has enabled me to earn a good living and raise my children. Even when I go back to Sudan, I will have a starting point.

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## Obote



My name is Obote, a Sudanese refugee. I am 29 years old. I came from Eastern Equatoria province of Southern Sudan.

I came to Kyangwali with no property but I became a farmer. I cultivated crops like maize, rice, tobacco and also reared chicken. I managed to raise capital and established a retail and wholesale shop at Kasonga trading center.

My shop deals in various merchandise. I am also an Agent for beer and soda in Kyangwali. Some of the goods are delivered directly to my shop from Hoima town and Kampala.



## HIV/AIDS Prevention/ Intervention in South- Western Uganda

AAH-I uses a range of strategies to reduce HIV prevalence in Kyangwali. Counseling and testing services helped 580 refugees and 1,599 nationals to know their status. In addition, expectant mothers who included 1,048 refugees and 2,021 nationals also benefitted from the VCT services.

"I feel so happy that I know my status. I used to fear VCT testing so much. But that is now a thing of the past. I have benefited a lot from the counseling services provided by AAH-I," says a refugee in Kyangwali.

"During pregnancy, we have to ensure that all women are tested and counseled. These women are also provided with necessary support to ensure that there is greater child-birth attendance at delivery," notes AAH-I staff in charge of the PMCT programme.

Refugees and nationals benefitted from HIV-related training and sensitization forum targeting different groups. During the commemoration of World AIDS Day and World Refugee Day, AAH-I supported 500 people in each of the days.

Health facilities were supplied with equipment and drugs to support the HIV and AIDS response. Schools girls were also supported with sanitary materials. In addition, AAH-I initiated knitting clubs for People living with HIV and AIDS and vulnerable families to boost their income.

## Moyo/Adjumani Refugee Programme, Uganda

Since June 1995, AAH-I through support from UNHCR has been implementing a refugee care programme at Palorinya in Moyo district. This project later merged to form the AAH-Moyo/Adjumani programme, which focuses on development and humanitarian assistance. The two settlements have a refugee population of 81,386 people who were displaced from Sudan due to a civil war that lasted 20 years.

This programme has been instrumental in improving livelihoods of refugees at the settlement through provision of vocational skills training in tailoring, carpentry and joinery, bricklaying and concrete practice. In 2006 and 2007, a total number

Counselling expectant and lactating women.



of 153 refugees (55 females and 98 males) and 174 refugees (63 females and 111 males) trainees were enrolled respectively. The increased enrollment was attributed to improved learning facilities. "I was crippled by polio at a young age and my mother passed away when I was 10 years old. I was brought up by my step mum," says a beneficiary of the vocational training. "With this skill I earn a monthly income of approximately 115,000 UGSH (64 USD). This has greatly improved my living standard." AAH-I has also been instrumental in creating awareness

on sexual and gender based violence (SGBV). This has greatly improved the plight of SGBV survivors especially those of sexual violence. "I was defiled in 2003 and got pregnant at the age of 15 when I was in senior one. Immediately after the incident, my parents disowned me. They said that I had brought shame to the family and yet they had spent a lot of money on my education," narrates Betty, an SGBV survivor. "Having no other alternative, I thought of committing suicide by hanging myself, I was rescued by a woman whom I later narrated my

The New Belameling vocational Training Centre (BVTC).



ordeal. She reported to AAH-I staff who came and interviewed me.”

Betty says she remained at the woman’s house and AAH-I supported her to access basic needs. She adds that in January 2004, her parents through the intervention of AAH-I accepted her back home. In the same year, she expressed the need to go back to school and was enrolled in Itula Secondary School. “AAH-I supported me through paying my school fees and providing for my basic needs.” says Betty.

Betty successfully completed senior four and passed with a first grade and she was one of the best students from her school. She is now in senior five. Her baby who is about three and half years now, is in good health and under the care of her mother.

## Care and Maintenance of Congolese Refugees in Northern Zambia

For several years, continued civil conflicts have led to mass displacement of Congolese nationals to neighboring countries. Zambia is among the countries hosting the refugees from the DRC.

Support from UNCHR boosted AAH-I efforts in the provision of quality curative and preventive health care among the refugees in Kala Camp, Northern Zambia. The other objective of this support was to ensure that refugees live in a healthy environment with good sanitation. Besides, the grant sought to promote access to adequate of clean and safe water. This support, refugees have taken an increased role in the management of water and sanitation systems in the camp.

## Strengthening HIV/AIDS Programmes for Refugees in Zambia

Every day, over 6800 persons become infected with HIV and over 5700 persons die from AIDS, mostly because of inadequate access to HIV prevention and treatment services. The HIV pandemic remains the most serious of infectious disease challenges in refugee settings.

AAH-I remained committed in provision of HIV and related services among the refugees in Kala Camp. Among the services that were offered included, Prevention of Mother to Child Transmission of HIV/AIDS infection (PMCT), Counseling and testing, palliative and Home based care program for PLWHAs.

By December 2007, 964 pregnant women were tested through the PMTCT services and 16 of them tested sero positive (1.7%). 765 Congolese refugee clients tested under the VCT services and 34 (4.4%) of them tested sero positive during the reporting period. 253 Zambian nationals tested under the VCT services and 23 (9.1%) tested sero positive during the reporting period. By end of December 2007, 46 (26 females and 20 males) chronically ill patients in the camp were receiving home based care services. This is inclusive of 42 HIV/AIDS patients (18 male and 24 female).

A support group of PLWHAs was started in October 2006 after a sensitization workshop. This group has over 15 members from the camp and is now very active. By the end of December, there were 16 (9 male and 7 females) refugees on ART. There were also 6 nationals (3

males and 3 females) on ART. This was done in collaboration with the district hospital.

## Zambia Repatriation

Until 2007, Angolans and Congolese refugees were living in the Kala Refugee camp in Zambia. Most of them were in dire need of quality health care and provision of safe and clean water.

Although the number of refugees that were repatriated in 2007 was small, the risk of disease transmission and outbreak remained high. The UNCHR provided a grant to help returnees enjoy quality curative and preventive health care. The grant also sought to promote access to safe and clean water among the returnees. During the year, pre-departure medical screening and information sharing among medical teams of the host and receiving country were provided. Further, emergency medical and referral services by the medical escort teams were offered.

AAH-I also conducted health awareness campaigns and promoted use and distribution of condoms and IEC materials in the camp. A “repatriation pack” was provided to all returnees at the departure centre. In addition, refugees were provided with sufficient water and good sanitation conditions at the departure centre.

By end of 2007, 3,359 Congolese returnees from Kala camp were repatriated to the Democratic Republic of Congo (DRC) through the various exit points. However, this was far below the set target of repatriating 10,000 refugees from Kala. Continued unrest in the DRC affected the repatriation of more refugees.



# Repatriation and Resettlement



## Repatriation of Sudanese Refugees from Kyangwali Refugee settlement

In 2005, the signing the Comprehensive Peace Agreement (CPA) between the Government of Sudan and the Sudan People's Liberation Movement (SPLM) ended one of the longest running conflicts in Africa. This development paved way for the recovery and reconstruction of South Sudan and the return of millions of displaced people.

"My name is Irumba and I am 34 years old. I work as a driver for AAH-I. Since August 2007, I have been driving escort vehicle for the Voluntary repatriation convoy. The journey takes 2 days from Kyangwali to Nimule (Southern Sudan). When we reach Nimule we hand over the returnees to authorities in Sudan. So far over 3,596 out of 12,000 Sudanese refugees have been returned. The convoy has been suspended due to bad weather until October 2008.

"Thank you AAH-I, UNHCR and above all the Government of Uganda for hosting us all these years. We have benefited and gained a lot. Some of our savings and skills shall be used in Sudan to better our lives. East or west, home is best," says Onek Francis, the Chairman of Refugee Welfare Council in Kyangwali Refugee settlement.



Murky ride back home



## Repatriation of Sudanese Refugees from Kyangwali Refugee settlement

It is difficult to imagine what it is like to be sent back to your home country after more than 10 years of being a refugee in another country. The challenge that returnees face are enormous. The tasks are daunting, costly, labour-intensive and time-consuming and are likely to dwarf other operations in terms of complexity.

In such period of unprecedented uncertainty, effective send off remains of utmost importance. AAH-I stepped up the repatriation of Southern Sudanese refugees from Uganda, despite logistical constraints that threatened to slow progress.

“We undertook a baseline survey to ascertain the level of willingness among the refugees. We established that 75% of the Sudanese refugees were willing to be repatriated” says the AAH-I team leader in Kyangwali. “A temporary repatriation centre was set up for the exercise. A total of 804 Sudanese refugees were repatriated. At the same time, Kituti to Rwenyawawa road spot maintenance was undertaken to facilitate the road transport for the repatriated refugees.”

“We expect that willing refugees will be repatriated in the coming year,” said the AAH-I Uganda programme Coordinator, Dr. Charles Akulep. “Logistics have not been enough ... [but] people want to return home.”

Since most refugees had invested in Kyangwali, they were trained on how to replicate the same while at

home. They were also counseled. Other custom procedures were also facilitated by the AAH-I.

“We are optimistic that the successful farming techniques that refugees have learnt in Kyangwali will be replicated in Southern Sudan,” says the Kyangwali Team Leader, Samwiri Mugaya. “They will be facilitated to take their seedlings, goats and other farming equipment.”

Returnees were given awareness courses about HIV and AIDS and about the dangers of landmines. They were also informed about the rights and obligations in Southern Sudan, where two decades of conflict have left the region in dire need of basic infrastructure and services.

AAH-I is also conducting programmes in Sudan aimed at easing the reintegration of returnees into their former communities. Activities include agriculture, building or renovating schools, health centres and boreholes

The AAH-I team leader in Kyangwali, described the mood in the camp as upbeat after the repatriation programme commenced. “The refugees are eager to go back home,” he said.

## Return and Reintegration Programme, Magwi, Ikotos and Torit

The Equatoria region witnessed an influx of refugees from Uganda. High returnees were witnessed in the counties of Magwi, Torit and Ikotos.

AAH-I refugee official reported that the number of refugees who returned



Returning refugees with dignity to their home country.

**Title:** Repatriation of Sudanese Refugees from Kyangwali Refugee settlement.  
**Aim:** To facilitate the safe and dignified voluntary repatriation of refugees to the Sudan, including spontaneous returns and individual households going to non-priority areas / elsewhere  
**Support:** UNHCR  
**Amount:** US \$ 38,902  
**Duration:** 12 months (Jan-Dec2007)  
**Project Location:** Kyangwali

**Title:** Return and Reintegration Programme, Magwi, Ikotos and Torit

**Aim:** Improved quality of life of Returnees, IDPs and the Resident communities at individual, family and community levels in the counties of Magwi , Torit and Ikotos.

**Support:** Bill and Melinda gates foundation through UNHCR.

**Amount:** \$1,074,717

**Duration:** 1 year

**Location:** Magwi,Ikotos and Torit

to Magwi County in 2007 were over 8,000. He added that the influx has placed a lot of pressure on the limited resources like water, trees and health care.

“More convoys of refugees are expected from countries neighboring South Sudan,” said the AAH-I staff. “Our way station at Magwi is a bee hive of activity as the number of returnees increase.”

The AAH-I’s return and reintegration program started in 2005 with the signing of the Comprehensive Peace Agreement (CPA) in January 2005, a move that ended the north-south civil war that had claimed the lives of almost two million people and displaced 4.5 million others.

The AAH-I programmes officer added that the agency was assisting returnees to be integrated in to their communities. Returnees were supported to start farming. They were also supported to construct and rehabilitate primary schools, health facilities and water sources.

“We distributed various varieties of seedlings and provided farmers with farming tools,” says AAH-I program officer in Magwi. “We also supported these farmers with the extension services through farm demonstrations.”

AAH-I was working with various organizations in provision of primary health care services. In 2007, five primary health care units were being constructed in Efwtu, Tseretenya, Panyikwara, and Opari areas. Seven bicycles were also distributed to community health care workers to ease their mobility to the Counties. The agency supported immunization campaigns that were carried out in the Counties. Households of more

than 215 expectant mothers were supported with insecticide treated nets. “I now know how to use the Insecticide mosquito treated mosquito net (ITN),” says a mother. In addition, a total of 11 boreholes were drilled in 2007 to support quality water supplies. Ventilated improved pit (VIP) latrines were also constructed in the Counties.

The major challenges were sporadic attacks by the suspected Lord’s resistance army (LRA) in Magwi and parts of Torit Counties. These attacks led to loss of lives and displacement. AAH-I team had trouble accessing some of these areas and movement from Magwi to Torit was curtailed. AAH-I offices in Magwi were relocated to Nimule until the end of April 2007. There were also sporadic cattle rustling incidents in parts of Torit and Ikotos Counties and the neighboring Counties of Lopa and Budi. The authorities tried to intervene in all these cases. Between April and early November, the rains intensified in various locations of the three counties and the status of the feeder roads deteriorated further. Prices of essential commodities remained high during the year.

## Capacity Building for Post Conflict Reintegration (CAPOR), South Sudan

One of the tasks of the new Southern Sudan is to ensure peaceful post-conflict transition and development. The AAH-I post conflict reintegration program, has recorded success in educating communities to effectively participate in the development process at the community level. Several information materials such



Primary Health Care Centers and VIP latrines constructed.

posters, songs, films and live shows were developed and disseminated. Music, puppetry and dramas has have also been used to help build community capacity in the integration process. The project also supported the construction and equipping of two information centres in Yei and Maridi Counties. Consequently, information flow among the communities has improved tremendously.

AAH-I has been instrumental in conflict management and transformation. This has been achieved through participation in chiefs' forums held in various locations of the regions. At the same time, communities have been trained on the early conflict warning system to curb any conflicts that may arise. Fragile economies with limited opportunities often lead to social instability. Consequently, AAH-I provided support to the residents to enhance their skills. At the same time, two women groups in Kegulu and Modobai communities were supported to establish income generating activities.

A wise leader once said, "There is nothing sweet like enjoying the outcome of your own sweat." Many Young people have enthusiastically joined the struggle to raise the Sudanese flag high. The zeal has consequently driven them into forming CBOs to deal with various issues. Sudan, especially in the South was left devastated and desolate after the aftermath of 21-year warfare. As a deprived region, much more needs to be done in order to uplift the region socially, politically and economically. The youth CBOs are having a great impact in their communities. For instance, Rubeke puppetry and drama group is found in Rubeke community, Yei county about 16 miles along Yei-Lasu road.

Every month, the group is obligated to perform 4 puppet and 4 drama shows in Rubeke and the surrounding communities.

Besides puppet and drama performances, the group ventured into agriculture with support from AAH-I as an income generating activity in April 2007. Since then, the group members have ensured the production of vegetables. They have not only supplied vegetables in Rubeke area, but also to Yei market. "Since last year, we have drawn constant support from AAH-I in terms of technical skills, seeds and tools," highlighted by one of the group members. "In fact we are looking towards increasing food production so that we can supply all the markets with vegetables," Dara, the chairman of the Group mentioned proudly. The group's new venture has created a great impact in the community thus inspiring many youths as well as elders of the community. If groups with such momentum are to be found in Sudan, then we will say goodbye to imported agricultural products.



Community groups engaging in income generating activities such as farming.

**Title:** Capacity building for Post Conflict Reintegration (CAPOR), South Sudan  
**Aim:** A peaceful post-conflict transition and development process ensured in Equatoria Region, South Sudan.  
**Support:** Evangelische Entwicklungs Dienste (EED)  
**Amount:** 328,651 USD  
**Duration:** 18 months  
**Location:** Equitorial Region, Southern Sudan

Mosquito net demonstrations.





# Food Security

## Food and Income Security in Maridi, Mundri and Yei

Significant potential of small farmers' contribution towards poverty reduction cannot be over emphasized. With assistance, small scale farmers have the potential to improve their standards of living through sustainable increase in food and income. Farmers assisted by AAH-I in Maridi, Mundri and Yei, for example, have increased crop production by over 60% using various low cost methods.

"With the assistance from AAH-I, in 2007 we realized high cassava and groundnut yields. We are almost moving from subsistence agriculture to semi-commercial agriculture. Farmers are now accessing markets through the established market shelters within the Counties. The farmers we supported have become food secure and more resilient to livelihood shocks," notes a Community Based Extension Worker in Mundri.

The Food and Income security project built on the previous related programs that the agency has been implementing. The project initiated adoption of agricultural models on crop and livestock farming suitable for post-conflict communities. Considerable potential has been realized among the





communities in transition between humanitarian aid and long-term development strategies.

Over 1 500 farmers have now adapted agricultural techniques for increased production. Farmers have diversified their crops. They now grow cassavas, groundnuts, maize, beans, pineapples and keep goats.

Community based extension workers have been instrumental in the replication of the successful agricultural practices. This is done through demonstrations and participation in County agricultural shows. Farmers' participation in the two agricultural shows in Maridi and Yei affirmed this.

"I have learnt a lot from the

agricultural show displays in Yei," says a Yei farmer. "I will also apply the same techniques to increase the yields of my cassava. I have also been encouraged to rear goats." Every farmer knows that access to markets is crucial. AAH-I strived to offer increased market opportunities for the locally produced agricultural products. Two community stores were constructed to improve the storage condition of the produce for marketing. The project continued to collect and disseminate information on market prices of major crops and off- farm products through FM stations and information boards in Maridi, Yei and Mundri .

Valuable lessons were learnt through the project. Limited awareness and knowledge about the importance of

**Title:** Food and Income Security in Maridi, Mundri and Yei  
**Aim:** To improve standard of living through sustainable increase in food and income security  
**Support:** ICCO/EC  
**Amount:** 934,77 €  
**Duration:** 27 months  
**Project Location:** Maridi, Mundri and Yei counties, Southern Sudan

sustainable agricultural production and marketing in many farming communities still exists. Secondly, food and income security can only be realized with the active role of women in agriculture production

and marketing. It was also learnt that a participatory approach in planning, implementation and involving all members of the community gives better opportunity in realization of project outputs.

Community Based Extension workers preparing ground for farm demonstrations.



## Spreading Success: Richard's Story

Richard, 26, was one of the community based extension worker, supported by AAH-I with seedling and equipment to spread the agricultural success to the community.

"When AAH-I came to our location, I was lucky to work as the community extension worker. I was trained on the new improved techniques of farming. I was also provided with a bicycle, farming equipment, and seedlings.

Through the support from AAH-, I managed to produce the first batch of seedling which I am selling and supporting communities to grow. I am now able to provide for my family from my weekly earnings.

AAH-I has helped me over the years with several training courses and my profile within the village has steadily risen. I shared my experiences during the successful agricultural shows in Mundri and Yei for others to learn about these innovative farming practices."





## Sustainable Livelihoods

### Juba Community Recovery and Rehabilitation Programs-RRP

The civil war and its aftermath left millions of Sudanese people displaced within their own country and across borders. Political and physical infrastructures were completely destroyed and the capacity of local institutions and communities is far from ready to meet the expected massive return and reintegration of displaced people. Many of the displaced were returning to areas which have suffered severely, not only from conflict, but also drought, and where basic social services are extremely limited or non-existent. While protection and community-based reintegration activities in these areas are gradually taking root, the increased refugee returnees present an enormous challenge.





Farmers participating in the agricultural show and a section of community health workers who were provided with bicycles.



**Title:** Juba Community Recover and Rehabilitation Programs-RRP

**Aim:** To reduce poverty and increase food security amongst conflict affected households including IDPs and Returnees in Juba County.

**Support:** European Union and Managed/Administered By UNDP on behalf of the Government

**Amount:** 1, 032, 444.5 Euros

**Duration:** 1st April 2006 – 30th March 2009

**Location:** Juba

However, many farmers in Southern Sudan are now on track towards the attainment of food security and sustainable development. Majority are now adopting use of improved farming technologies to increase food production.

The development efforts by AAH-I and other development partners are yielding impressive results. According to one of community agricultural officers, regular agriculture trainings greatly contributed to communities accepting the new technologies.

AAH-I trained 27 Community-based Extension workers (CBEWs) who included 5 women, on basic training skills and agronomic practices. The CBEWs, through practical on-farm training, supported farmers to establish 120 integrated model farms. The basic skills demonstrated include; early land preparation and planting, ox-ploughing, agro-forestry, weeding and post-harvest management.

“The regular trainings we have undertaken have helped me support

many farmers in county,” say the community worker. “Farmers are confident with our agricultural extension services. We have trained many of them on ox-ploughing and use of other appropriate land use technologies.” Specifically through the agency, 201 farmers and 25 community based extension workers were supported through extension services.

Farmers are also contributing to environmental conservation efforts. In 2007 for instance, 25,000 seedlings were produced and distributed in Wonduruba, Kagwada, Tapari and Rokon areas. Also established and supported during the year were beautification programme for three schools and 81 model farms to access seedlings.

Besides, the farmers were provided with a range of assorted farm inputs, seedling and improved tools. This support has promoted the diversification of crops including adoption of vegetable gardening. Demonstration plots have greatly contributed to the success.



"I have harvested more than I expected. The seeds, tools and fertilizers provided were of high quality," says a farmer. "My family is no longer queuing for relief food rations. We are now food secure."

The project further supported training of 56 farmers (CBEWs and contact farmers) on how to utilize animal draft power to supplement human power in farm activities. The project supported training and provided 30 pairs of oxen. As a result, each benefiting household has been able to increase the area under cultivation by at least 1 acre and has helped reduce the burden of farm labour on women.

## Promotion of Rural Initiative and Community Enterprises- "PRICE"

It is now clear that the informal sector in southern Sudan has great potential in contributing towards self-reliance of communities. This follows the encouraging results that were realized after a section of entrepreneurs were supported to boost their small businesses.

**Bamboo/wood Carpentry:** AAH-I supported the training of 21 carpenters with a view to improve on the quality of their products so they can fetch more money in the market. The technique included use of bamboo stalks, which is an underutilized but fast growing raw material. This can be used as an alternative to wood which stand the threat of extinction. The project further provided trained artisans with carpentry toolkits and supported establishment of their workshops. The entrepreneurs have been supplying local community

with better quality furniture, created self employment and have generated income for their families.

**Blacksmiths:** AAH-I team conducted initial focus group discussions with members of the group. They pointed at one of their main problem as lack of a good working place. AAH-I led a participatory decision making process where the community accepted to contribute materials for construction of a blacksmith workshop.

"There are many organizations which came here before, but we haven't had an organization to advise us like AAH-I did," says Mr. Joseph Laku Lokebu, a local trainer at Mankaro Blacksmith training centre. "We now have a beautiful workshop and store where our equipment is safe. AAH-I has also brought for us a welding machine, with which we shall be able to produce more farming tools for our community. Our intention is to discourage people from buying simple tools like pangas, slashers, jembes knives etc from Uganda, Kenya or America".

"We are able to produce all these from Mankaro. We sell our tools to government departments like agriculture department, NGOs and local community. We have used part of the money to buy a motorcycle, which facilitates movement of group members," he adds. "We also use it to look for customers and to help sick people to the health centre. Some of the money is shared with members for their family needs and some of it is put into the group savings."

**Improved Bee Keeping:** A rapid assessment conducted at inception of the project revealed Bee keeping as one of the most lucrative and economically viable enterprise. Juba RRP project partnered with a Kenya



Improved bamboo carpentry.

Small traders who were supported to access credit



based company-Honey Care Africa to train 56 bee keepers. The training was followed by distribution of 160 improved langstroth bee hives, processing equipments and honey harvesting suits to trained farmers on cost sharing basis. The project supported establishment of six apiary demonstration sites in Dolo and Wonduruba Payams.

Mr. Panuel Lurwe, one of the successful bee keepers has seven children and now all are in school as he has been able to generate income from sale of good quality honey.

“Before AAH-I came; we did not know how to handle bees and honey. We used to add water to the combs to extract honey. Also harvesting was done at night and the honey would have a lot of bad things in it,” he says. “Since the training, I now know how to deal with the bees better. I use bee suits to harvest and therefore I can even harvest during daylight. My honey is clean and has no water in it. I make sure that I only harvest the capped combs which have mature honey.

AAH-I is helping us with regular advice and they have introduced to us many people who come to buy our honey from the village centre. Since the start of this year, I have made more than 200 Sudanese pounds which I used to send some of my children to school in yei.

I used part of the money to buy food for the family and a dress for my wife. We hope there will be more demand when we finish constructing our honey collection centre. I am ready to increase the number of hives to as many as possible.....this is real development”, he concludes.

## Micro-credit Outreach Services:

Financial support to petty traders and roadside vendors is greatly contributing towards self sustenance. Many small business owners had access to credit to support their business growth. This has seen them increase their stock levels.

AAH-I team devised an enterprise development module which builds on the Grameen solidarity group lending module. Local entrepreneurs were sensitized and organized into solidarity enterprise groups of five traders each. They were merged together to constitute a bigger Market Enterprise Group (MEG) constituting of 5 enterprise groups. The project supported initial training on group dynamics and business development skills. This was followed by introduction of the lending concept which is done in collaboration with Sudan Micro-finance Institution (SUMI).

“I have used the money to repair my stall and bought more stock. The business is now better after getting working capital. I have also acquired better skills on how to manage the money during our regular meetings,” says one of the beneficiaries. “I plan to repay back the loan and get a larger amount for construction of a shop. This project is very useful to us as traders as it has brought us together and united us”.

According to the Mathew Ndoté, the AAH-I team leader for this initiative, the results from this initiative were quite encouraging. The creditors were indeed happy for recording a recovery rate of 120% from the few traders they offered the credit. “The successes of these small traders are worth enumerating,” he says.

Improved bee keeping







Improved farming techniques.

## Success Stories

### Mrs. Gila

Mrs. Gila, one of the trained women farmers in Wonduruba is utilizing animal draft power to earn a living. "Before I started using oxen for my work, I would carry water on my head the whole day to fill a drum," she says. "Today I make only one trip of 30 jerricans per day and it's enough to fill the drum, earn some money and then I am free to go home and do other household activities like taking care of my children".

### Ms. Ziporah Poni

Another progressive community based extension worker, Ms. Ziporah Poni of Sirimon village in Dolo Payam confesses how she improved her life by using oxen in her farm work.

Shortly after returning from a three months' agriculture training in Rhino Camp, Uganda, AAH-I organized training for us and our contact farmers.

We went through a tedious 1-month training at Wonduruba. We were trained on how to select a good bull, how to care for it and each of us was given a pair to train. After the training, I went home with my oxen and opened up 3 feddans.

I used seeds given to us by the project to establish a demonstration of groundnuts, rice, maize and sorghum. I also organized regular trainings for my neighbours and I ploughed with three other farmers on their farms to establish their model farms as well. I have been able to produce more food than I have ever in my life. I sold some and used the money to weld the broken ox-plough. I have saved the rest of the money to pay for my adult education after cultivating and making more money next year. My bulls are now trained on how to use the ox-cart and I have been using them to carry charcoal to the roadside at a fee of 20 Sudanese pounds per mile".

Improved ox -traction



Use of Ox-carts has improved transportation of goods.



## Success Story: Vegetable Gardening



Before AAH-I came here; our people could not grow or sell vegetables for fear of being ridiculed. If one was seen selling vegetables in the market, they would compose a ridiculous song and sing it in the next dance.

In one of the community meetings, AAH-I officers together with our agriculture officers explained the importance of growing vegetables. I am one of the

farmers who received vegetable seeds and some tools. So I started ploughing and planted very many of them. I had enough food for my children.

Secondly, I opened a stall at the market and sold more cabbages to those who used to laugh at me and got money.

I have taken some of my vegetables to Juba customs market and auctioned

them. Since my husband does not have a reliable means of income. I was able to cater for the basic family needs, buying oil, salt and a trouser for my husband for the first time was an exciting experience. All my children are now in school.

Next year I have planned to double the effort and make enough money to build a zinc-roofed house".

Since there are few agricultural extension officers in our community, I volunteered to help my community.

AAH-I has helped me with all the required inputs to establish my demonstration unit. I have grown improved variety of pioneer maize, sorghum, cowpeas and vegetables. I have assisted 3 other farmers to establish a similar farm. I use my demonstration unit to train farmers and show them how to take good care of their crops by good spacing, weeding, pest control, agro-forestry and vegetable gardening.

This year, I did not buy food as all that I needed was available in my own farm. I sell the surplus and so far I have generated up to 500 Sudanese pounds. I have used part of it to buy myself clothes and other items in the house. I am saving the balance to pay for my education next year. I also used some to pay for the person caring for my oxen.

As a woman, I want to show other women that we can even be better than the men. I want to be an example.



Ms. Edna Keji is one of the 5 female CBEWs trained in Rhino Camp, Uganda. She was supported by the project with a bicycle, seeds, tools, a pair of trained oxen and ox-plough to establish a model farm and disseminate appropriate farming technique to other farmers.





# Civil Society

## Rebuilding Civil Society, Peace and Democracy West Bank, Equatoria Region, South Sudan

Civil society groups have engaged in advocacy to press for a range of policy objectives, including better access to health care and improved food and income security.

Since signing of the CPA in 2005, the Southern Sudan government has concentrated on strengthening the administrative and legislative structures through a decentralized system of government. This is a good impetus for improved service delivery. Nonetheless, a situation with strong government systems and a weak Civil Society is an unbalanced one.

AAH-I works closely with the institute for Promotion of Civil Society (IPCS), an initiative of the Western Equatoria civil society and local civil administrators. IPCS seeks to strengthen civil society and its administration and economic environment through education and other supportive activities.

**Title:** Rebuilding Civil Society, Peace and Democracy West Bank, Equatorial Region, South Sudan

**Aim:** Improved livelihood for the people of South Sudan through access to affordable quality healthcare and improved food and income security

**Support:** EED and ICCO

**Project Location:** West Bank, Equatoria Region, South Sudan

In 2007, the project strengthened IPCS Community Structure, enhanced capacity amongst civil Society organisations, helped in material development, conflict prevention and mitigation.

Consequently, members were trained on local resource mobilization and simple facilitation skills. In addition, profiles of civil Society organisations were developed based on their areas of interest such as peace building, civic education, HIV/AIDS, micro enterprise, environmental protection, human rights, and faith based organizations. The Civil Society curriculum was reviewed to take into account the diversity of the civil society. 40 Communities Own Resource Persons (CORPS) were involved in curriculum development. Further, series of trainings were undertaken to improve their facilitation and training skills.

The four community information Centers in Lainya, Ombasi, Katigili and Kajo Keji were inaugurated in 2007. However, the halls are used by the communities to hold seminars and meetings. 25 IPCS and partners

staff were also trained in IEC materials development that included; research, packaging and dissemination. Various IEC materials that include posters, T-Shirts, calendars, dairies were developed.

In February of 2007, AAH-I supported 15 IPCS and partners staff to attend a 10-day training in conflict resolution in Kampala, Uganda. Conflict resolution curriculum and training materials were developed and distributed. IPCS staff carried out 20 conflict resolution training meetings and formed Payam conflict early warning and early response mechanism. These community based arrangements will be networked with the law enforcement agencies to form county conflict mitigation systems. In Kurera, the peace committee helped diffuse a conflict between two paramount chiefs that has been ranging for the past 40 years with devastating consequences especially during the SPLA war.

This grant also supported IPCS institutional development.

## Improving the Standards of Living in Mara Division, Narok District Kenya

Despite increased foreign exchange earned through tourism in the Mara, seldom do local communities feel the impact of this lucrative industry. Poverty and limited access to basic amenities such as water, health and services is a big impediment to the livelihoods of the resident's in Mara Division's 14 locations.

Mara division, an administrative unit of Narok district with an area of 4,496.4 square kilometers, is scarcely populated with rough dry terrains,

Increased space among the civil society-Yei Demo.



making transportation a nightmare. It has a population density of 12 persons per km<sup>2</sup> which is lower than other divisions in the district. Mara is a semi-arid area with an infertile soil and unfavorable weather for agriculture activities.

AAH-I interventions were aimed at improving the quality of life for the community of Mara Division. During the year communities were mobilized to take ownership of their development.

“When we were approached by AAH-I, we thought it was just another NGO trying to capitalize on own apathy. However, this was never the case. Since then we have become mobilized to initiate our own projects. A good example is the Nkoilale village nursery school which we initiated as community,” affirms Mr. Peter Narok, the Mara Division Development Program (MDDP) treasurer and Community Development Committee (CDC) member in the area. Parents in his community were mobilized to pay Ksh. 100 (approximately 1.6\$) per child per month and started a village school under a tree. The initiative hires two teachers and educates about 50 kindergartners every weekday mornings. And in the afternoons, the initiative educates about 14 adults.

Mara residents not only mobilized their own resources to support health facilities and other social amenities but also initiated synergies with other development partners. Remarkably, completion of a dispensary at Leshuta sub-location and a duplex staff housing at Olderkesi dispensary was achieved through joint collaboration between the community and AAH-I. The communities in Leshuta sub-location prioritized health as the sector they wanted to be first addressed.

This was aimed to bring the health services closer to the people. The Leshuta Community Development Committee (CDC) actively mobilized the community and raising all the contribution they pledged towards the project. After the balance of the funding was facilitated through AAH-I, construction work on Leshuta dispensary and renovation of staff housing was completed in August 2007. The project was later handed over to AGC (Africa Gospel Church) which will run the dispensary.

Communities have become assertive in addressing development issues. Communities have taken charge in initiating community development projects. For instance community development committees have established linkages with local civic leaders-counselors for support.

Although the successes of the project are striking, limitation of resources is still a challenge. It was learnt that improving people’s standards of living is a process, requiring innovative strategies for community ownership and technical long term support.

**Title:** Improving the Standards of Living in Mara Division, Narok District Kenya  
**Aim:** Improving the quality of life for the community of Mara Division.  
**Support:** Francis Wood Charitable Trust, AAH-I Germany Board  
**Amount:** € 13,500  
**Duration:** 2007:- 12 months  
**Project Location:** Mara Division, Kenya

A section of community members outside a constructed health facility.





# Conserving the Environment



## Community Based Environment Management Activities in Hoima, Moyo and Adjumani

While the dynamic interaction between humans and the environment is not new, the scale and quality of interaction in refugee setting is quite unique. Natural disasters, poor soil conditions, deforestation — these issues are at the heart of many refugee settlements.

AAH-I conservation efforts strive to meet the needs of the present without compromising the ability of future generations to meet their own needs.

Refugees in Hoima, Moyo and Adjumani areas are able to undertake their agricultural activities while conserving the environment. To achieve this AAH-I uses a variety of educational, assessment, technical and planning tools to assist communities with addressing tree planting and other related environmental issues.

Addressing these issues involves changing the way communities think about, plan for and implement local programs/policies that impact natural resources.

The AAH-I environmental conservation for sustainable development efforts has been recognized by the Uganda government.

In 2007, AAH-I showed good practices in Hoima, Moyo, and Adjumani areas. The government officials were quite impressed by the environmental conservation activities that were being undertaken by the Agency.

“The government and other like-minded organizations were so impressed by our environmental activities. Documentaries of AAH-I environmental activities were recorded by the government to share our successes to the rest of the country. We are very confident that we are doing a remarkable job on the environment,” said Charles of AAH-I Uganda Programme.

In 2007, community based nurseries were established to raise seedlings. More than 75,000 tree seedlings and 6,357 fruit seedlings were produced and distributed to the community for planting.

In energy conservation, 400 stoves were made by 12 women groups who were supported to undertake the activity. In addition one women group was trained in energy saving techniques and technologies such as covering pots while cooking and soaking food before cooking among others. Along with community sensitization on energy conservation, environmental education was also provided in schools. Environmental clubs in four schools were revived and supported to

establish orchards and small woodlots around their compounds.

One of the challenges was the ineffective extension service system in the repatriation of Sudanese refugees. In addition, the curriculum for environment education in schools was ineffective. Despite the challenges, AAH-I plans to revive extension services, scale up seed production and promote energy and environmental conservation.

In sustainability of livelihoods, there were remarkable increases in food and animal production. 10 000 metric tones of grains and pulses were produced. At the same time 7000 cross breed goats were produced. Still, 50% of chickens were cross-bred for improved egg production. Notably, goats from the settlement were exported to Southern Sudan.

Food commodity management and distribution services were also scaled up. In collaboration with the food management committees, a total 558.822 metric tones of food was distributed to the intended beneficiaries.

It was learnt that the impact of livelihood interventions if implemented with adequate community participation and ownership, will be sustained. Refugees can attain self-reliance if well mobilized in an environment of abundant resources.

Refugees seem to be easier to mobilize for better livelihoods than the nationals. Community based extension systems continue to operate even after drastic reduction of supervisory activities. Refugees appreciate the need for secondary education. They are able to pay for the service after withdrawal of external inputs.



Sustainable farming in West Uganda.

**Title:** Community Based Environment Management Activities in Hoima, Moyo & Adjumani  
**Aim:** To address the negative impact that refugees have on environment in Moyo / Adjumani and Kyangwali Hoima District  
**Support:** UNHCR  
**Amount:** US \$ 63,705  
**Duration:** 12 months (Jan-Dec 2007)  
**Project Location:** Hoima, Moyo, and Adjumani, Uganda



Demonstration of use of Solar Cookers.



## Solar Cookers, Somalia

Use of solar energy is one of the viable options in conservation of limited natural resources such as firewood, gas and petroleum. Facilitating communities to appreciate harnessing of solar energy is key to making alternative energy the solution to environmental degradation, increasing sanitation, enhancing efficient technologies in food preparation and consumption; and at the same time generating income for rural poor people.

Many of the community workers in Gardo region have been trained in use of solar cookers to conserve the environment. During the year, 22 health facilities were provided with solar cookers for sterilization of medical equipments. The solar cookers were also used for cooking beans which would otherwise take too much charcoal, making them expensive. Demonstrations to communities on use of solar cookers were regularly conducted through the health facilities.

The funds from this project were not only used for solar cookers but also for community driven development activities that have an effect on health such as water, sanitation, income generating activities and the environment.







# Primary Health Care

## Integrated Primary Health Care (PHC) services

Primary health care provides the impetus and energy to progress towards the achievement of health for all in the 21st century. Primary health care remains a valid entry point to the provision of comprehensive health care services.

**Title:** Integrated Primary Health Care (PHC) services

**Aim:** Improved community capacities to provide quality essential primary health care services

**Support:** EC and Unicef

**Amount:** € 1,223, 125 by EC, and additional support by Unicef with supplies of 25, 993\$ supplies and cash support of 26, 140\$.

**Duration:** May 2005 to December 2008

**Project Location:** Gardo, Iskushuban and Bender-Beyla Districts - Puntland, Somalia

AAH-I began the rehabilitation of health care facilities in 2005. Some run down health facilities in Gardo, Iskushuban and Bender-Beyla Districts have since been rehabilitated, furnished and equipped. Many of the facilities have adequate supplies of essential drugs and some of them have vaccines.

The community also contributed to the success of essential primary health care. Many volunteered as community health workers, while others contributed land on which the health facilities were constructed. The established community Village health committees (VHCs) also assist in the management of day to day running of the health facilities.

In Bosaso General Hospital, significant contribution by AAH-I have helped to increase the hospital's cost recovery from 15% to 50%. With 15 doctors, the hospital has received accolades as one of the efficiently managed health facilities in Puntland. Bosaso is the leading public health facility in Puntland. Many of the residents are now accessing quality essential

health care services. Despite these successes, a number of challenges still persist. Communities are often preoccupied with day to day survival and long term development is seldom prioritized. Inadequate basic formal education has made it difficult to build capacity for sustainability. Panic among UN and International staff leads to their frequent evacuations for security reasons causing disruption of programmes. In addition, short term projects make it difficult to obtain and maintain results. To address these challenges there is need to develop longer term projects so that results can be seen and maintained. Building capacity of Somalis to take over the programmes should be prioritised.

It has been learnt that it is possible even under these difficult conditions to build trustful relationships with the communities and work together for their well being. Deprived of the opportunities for basic and higher education, many national staffs are eager to learn and build their capacities within and outside Puntland.

Rehabilitation of health facilities.



## Augmenting Sector – wide Primary Health Care Services

Providing communities with quality primary health care services in post-conflict situations is not a miracle but something that can be done and has been done. We have seen how to keep children alive in malaria prone areas. We know how to organise successful immunization campaigns. We know how to contain maternal and child related deaths. We have vast experiences in controlling sporadic epidemics.

In simple terms, the limiting factors that impede provision of quality health care are not holding us back. We have consolidated our expertise for the benefit of the community. Residents of Maridi, Yei and Mundri states are affirming this.

"I was unconscious when I was admitted. I was told that blood was all over my body. Thanks to the emergency services at Maridi that saved me," says a man who sustained serious injuries from a hand held grenade. I must say we are lucky. The quality primary health care services in Maridi are great. I would have died if it were not in Maridi. The doctors and quality facilities at the hospital saved my life. I am now steadily recovering," he adds.

The completion of the Intensive Care Unit (ICU) at the centre has boosted the hospital's ability to handle complicated cases. It was joy and happiness as a young mother who had some complications safely delivered at the ICU on Christmas day in 2007. "I am so happy to hold my baby this Christmas. All my appreciation goes to doctors and nurses who helped me have my baby. The ICU facilities

at the Hospital are superb", she said after undergoing a Caesarian delivery.

The hospital began offering maternal health care services after the opening of the new wards in January 2007 by His Excellency, the former Commissioner of Maridi, who was accompanied by the County Medical officer of health. "Baby Redento, was the first beneficiary of the new maternity ward. I am so excited to be the first mother to use this new maternity," said his mother.

Due to high quality services, there has been increased number of women delivering at the facility. AAH-I also took lead in helping children to receive quality health care by launching emergency obstetric care services in 2007.

"Our children are now treated in Maridi Hospital with ease. We never thought we could access such quality services," says a father whose child was treated at the hospital. In these areas with high returnee of refugees from different countries, provision of routine immunization services is inevitable. Consequently, AAH-I in collaboration with UNICEF and other agencies supported the immunization of 30,000 children in the counties of Maridi and Ibba.

AAH-I is proud to be a part of the international effort to strengthen Sudan's health system through human resources development. With support from our partners, majority of the health workers undertook a range of basic trainings on control of Infectious diseases, like Cholera, Meningitis, Ebola, and Malaria.

AAHI-I also supported the Oncocerciasis program in the two counties. The programme is being

**Title:** Augmenting Sector – wide  
PHC Services  
**Support:** One Year (1st January – 31st  
December 2007)  
**Amount:** 1,350,333 Euros  
**Duration:**  
**Location:** Maridi', Mundri-West and  
'Greater Yei' Counties  
– Equatoria States, South  
Sudan

Baby Redento, the first beneficiary of the new maternity ward in January 2007. Seated next to the Mother is one of the MCH workers in Maridi Hospital.







Some of the reported malnutritional cases reported at the hospital.

supported by APOC (African Program for Oncocerciasis Vulvulus control). This is through SSOTF (South Sudan Oncocerciasis Task Force) and at the grass root is being implemented by CDDs (Community Directed Distributors). The initiative sought to control the disease, which is serious public health problem. It causes visual impairment and blindness, skin rashes, lesions, intense itching and depigmentation of the skin, lymphadenitis (resulting in hanging groins and elephantiasis of the genitals) and general debilitation.

Throughout the year, the Government of Southern Sudan supplemented the hospital with drugs and equipment. A consignment of drugs of approximately \$204,762 was also received from the Ministry of health under the Government of South Sudan (GoSS). Other major achievements were the installation of an ultrasound machine in the hospital to improve diagnostic services. Progress was also made on blood transfusion services which were made available in Maridi at end the 2007.

Despite these successes which saw Maridi Hospital strengthen provision of essential health services, the job is far from complete. For one, health workers are struggling with low salaries which are not commensurate to the work they do. The hospital is also operating under incessant challenges of dilapidated transport system and inadequate availability of fuel. Inadequate water supplies and frequent power supplies have greatly affected provision of services in the hospital.

AAH-I hopes that discussions with the government to introduce cost sharing will help the hospital meet some of

the essential financial obligations such as personnel motivation and development of infrastructures.

According to Dr. Ratib, the PHC programme Coordinator, malnutrition, especially among children is a silent killer in the communities. "But the long term solution is to link the malnutrition households to food and sustainable livelihoods programmes," he says. In addition, there is need to have adequate ARVs to cope with the increased number of patients at the late stages of AIDS. "We fail to save patients at the late stages of AIDS because of inadequate drugs," adds Dr. Ratib.

Still, illegal possession of arms around the county has compromised the security of residents. Often the hospital treats victims of gunshots and grenade attacks. "I was touched while attending to a man who survived following a grenade attack which injured his ribs, liver and right kidney," says Dr. Ratib. "A disarmament programme is proposed to address this challenge," He adds.

Mundri Health Transformation Project

In Mundri, 74.3% (23,320/31,373) of the pregnant women and children under than five were provided with Insecticide treated bed nets. Open demonstrations on treatment of the nets were integrated in the distribution. With this distribution, there has been an amazing drop in the rate of malaria infection.

"We regularly demonstrate the use of Insecticide Treated Nets (ITNs) to the community," says one of the community health workers who facilitated the distribution of



Project team members in a group photo.

ITNs to the community members in Mundri County in 2007. "Open demonstrations attracted attention of many households with children and expectant mothers. Very few case of malaria are being recorded."

Empowered communities are more responsive HIV and AIDS responses. AAH-I supports community based organizations such as Mundri Active Youth Association (MAYA), who were actively involved in creating HIV/AIDS awareness in the community, churches, schools and in other official gatherings. The group also disseminated HIV/AIDS information using puppetry shows, drama and video shows. Moreover, the group is utilizing its institutional setup as an outlet for BCC/IEC materials to the wider community.

"There is enormous response from the community. Many people who attend our community HIV drama forums are becoming aware of how to protect themselves from HIV, "a member of MAYA group notes.

The exact number of people accessing Voluntary Counseling and Testing (VCT) Services is unknown. It is however clear that many Southern Sudanese do not know their status. In 2007, three VCT Centres were established in Mundri where 1,048 clients accessed VCT services.

Out of this number, 64 clients were found to be HIV positive for both sexes out of which 39 (59%) were females and 30 (41%) were males. These findings, in the absence of comprehensive data through sentinel surveys, are indicative of the magnitude of the pandemic, and the vulnerability of women which appears to be high as compared to

men. "I have always wanted to access VCT services but the centre was very far from here. When you opened the Mundri VCT centre, I went for testing the second day. Many people are accessing the services," the Acting County Medical Officer for Health for Mundri West said.

In addition, the AAH-I supported the County Health Department (CHD) through trainings in health management and supervision through short term consultancy and mentoring program.

The health policy of Government of Southern Sudan (GOSS) places a lot of emphasis in CHD as the legitimate body through which healthcare in the county should be provided and regulated. Therefore, there is need to establish coherence across the county and to build the capacity of the county health department to ensure that they are able to effectively monitor and regulate primary health care activities.

"We trained five County Health Department (CHD) staff in health management and supervision through short term consultancy and mentoring program. Members of the CHD also attended different courses both within the country and outside the country," says Dr. Omer Mohamed, Primary Health Care Coordinator, Mundri. Despite limited finance, the agency also supported immunizations services for children under five.

**Title:** Mundri Health Transformation Project (MHTP)

**Support:** JSI

**Duration:** April 2005- September 2007

**Location:** Mundri

MAYA groups performing a skit in the community.



# AAH-I Projects - 2007

AAHI Project No.	Project Name	Donor
<b>South Sudan</b>		
120	Food and Income Security	EC via ICCO
122	Magwi County Community integrated development program	EED
124	Mundri Health Transformation Project	USAID via JSI
131	Promotion of Civil Society, Continuation	ICCO
134	Promotion of Civil Society, Continuation	EED
136	Donation for Information Center, Magwi County	AAH e.V.
140	Juba County Recovery & Rehabilitation Program (RRP)	EC via UNDP
141	Regional Primary Health Care Program	EED
142	CAPOR Capacity building for post-conflict re-integration	EED
143	Donation for Information Center, Magwi County	Rock4Peace
144	Capacity Building of Boma Development Committees	FAO
145	Return and reintegration of Sudanese refugees in Magwi, Torit and Ikotos Counties.	Bill and Melinda Gates Foundation via UNHCR
146	Returnees Reintegration in South Sudan	UNHCR
147	Measles campaign, Maridi Stiftung Select für Menschen in Not	
148	Child protection environment, Nabanga	Unicef
149	Food and Income Security Phase 2 EC via ICCO	
150	Hygiene Promotion - Cholera Emergency response	Unicef
151	Training of health workers and Management of VVF Patients	UN Population Fund
152	Mass Campaign To End Fistula In Southern Sudan, In Juba	UN Population Fund
153	Access to Basic Services - East and West Equatoria	Royal Netherlands Government via ICCO
<b>Uganda</b>		
243	Food Management & Distribution, Moyo/Adjumani	WFP
244	Food Management & Distribution Kyenjojo, Mbarara, Kyangwali	WFP
247	Crop Yield Assessment, Kaya and Kyangwali	WFP
249	Multi-sector Assistance, Moyo/Adjumani	UNHCR
250	Settlement of Sudanese Refugees, Kyangwali	UNHCR
251	Voluntary Repatriation of Sudanese Refugees, Moyo/Adjumani	UNHCR
252	Repatriation to Sudan	UNHCR
253	GLIA Sudan	UNHCR
254	Environment Management	UNHCR
255	Food Management & Distribution, Moyo/Adjumani	WFP
256	Food Management & Distribution, Hoima & Kyaka	WFP



<b>Somalia</b>		
503	IntegratedPHC Services,Gardo, BB & Ishkushuban	EC
504	Gardo solar cookers	AAH e. V. Members
505	Consolidate & strengthen health services in Puntland	EC via COSV
<b>Zambia</b>		
412	Care & Maintenance of Congolese Refugees, Kala Camp	UNHCR
413	Strengthening HIV/AIDS Programs for Refugees, Kala Camp	PEPFAR via UNHCR
414	Repatriation of Congolese refugees	UNHCR
<b>Kenya</b>		
603	Development of Pastoral Communities, Mara Division, Narok District	FWT
604	Masai Mara microprojects	AAH e. V. Members

## Partners in Funding

- Aktion Afrika Hilfe e.V. (AAH e.V.)
- Bill and Melinda Gates Foundation
- Brot fur die Welt (BfW)
- Comitato di Coordinamento delle Organizzazioni per il Servizio Volontario (COSV)
- European Community (EC)
- Evangelische Entwicklungs Dienste (EED)
- Federal Ministry for Economic Co-operation and Development (EED)
- Food & Agricultural Organization of the United Nations (FAO)
- Frances Wood Trust (FWT)
- Interchurch Organisation for Development Co-operation (ICCO)
- John Snow International (JSI)
- President's Emergency Plan for AIDS Relief (PEPFAR)
- Rock4Peace
- Royal Netherlands Embassy, Khartoum
- Stiftung Select fur Menschen in Not
- United Nations Children's Fund (UNICEF)
- United Nations Development Programme (UNDP)
- United Nations High Commissioner for Refugees (UNHCR)
- United Nations Population Fund (UNFPA)
- United Nations World Food Programme (WFP)
- United States Agency for International Development (USAID)

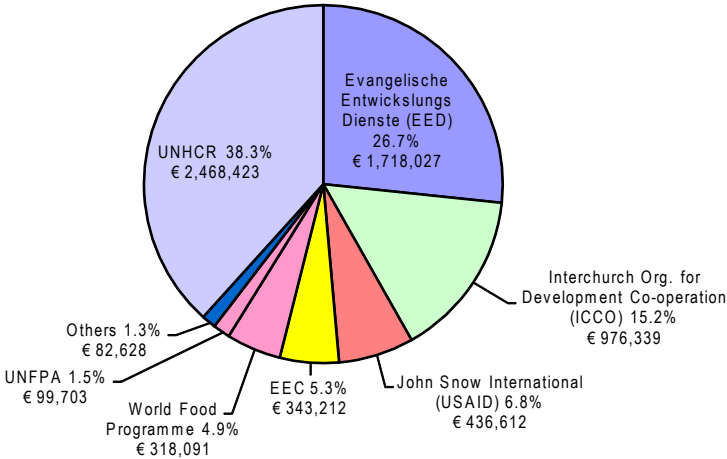
## Working Partners

- Bosaso Regional Hospital Management Committee, Puntland State of Somalia
- Christian Health Association of Sudan, South Sudan
- Episcopal Church of Sudan, Development and Relief Department, Torit, South Sudan
- Government of South Sudan, Ministry of Health
- Government of South Sudan, Ministry of Agriculture, Livestock and Fisheries
- Government of Puntland, State of Somalia, Ministry of Health
- Institute for the Promotion of Civil Society, South Sudan
- Mara Division Development Association, Kenya
- Mundri Relief and Development Association, South Sudan
- Office of the Primary Minister of Uganda – Refugee Desk
- Sekenani Safari Camp, Kenya
- Somalia Health Training Institute, Bosaso, Somalia
- Sudan Micro-finance Institution (SUMI)

AAH-I's working partners also include the many community-based organizations (CBO's) in Sudan, Uganda, Somalia, Zambia and Kenya.

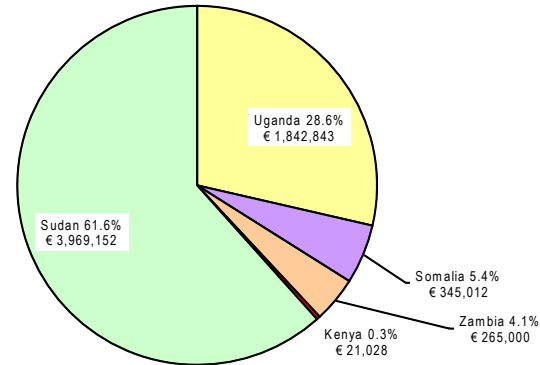
# Donor Income 2007

## Total Euro 6.4 million



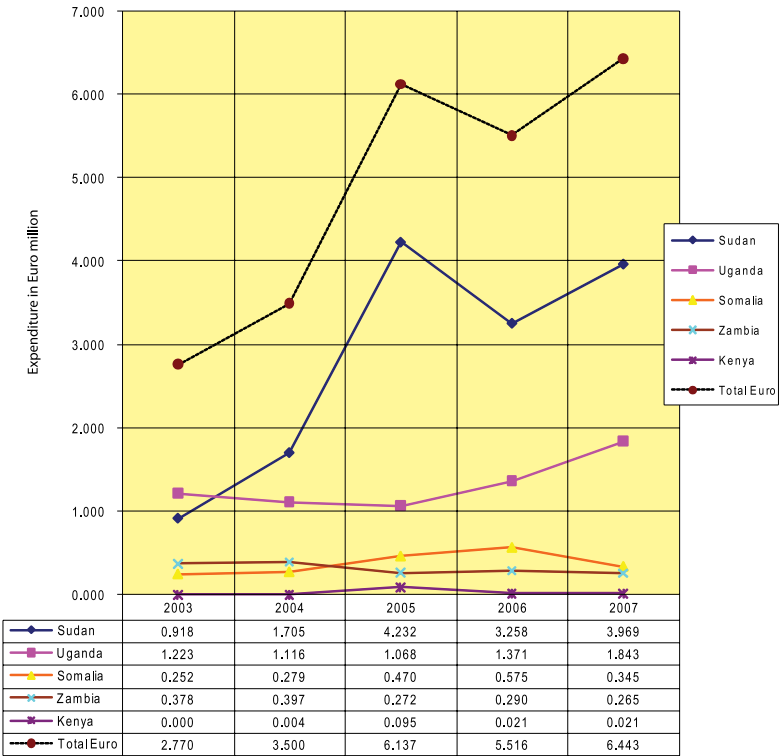
# Expenditure by country 2007

## Total Euro 6.4 million



# Expenditure by country

## 2004 - 2007







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