



Action Africa Help – International

We are an International African Non-Governmental Organization based in Nairobi, Kenya. We work in Sudan (South), Uganda, Zambia, Somalia and Kenya with conflict-affected communities, providing a seamless continuum of community-based emergency, rehabilitation and development programmes.

Our overall goal is to improve people's quality of life through programmes that are community-based and which build self-reliance and restore hope and vision among traumatized communities.

Our vision is sustainable improved quality of life for disadvantaged communities in Africa.

Four pillars support our vision:

- Community Participation
- Gender Equity
- Sustainability
- Capacity Building and Empowerment.

Our mission is to support disadvantaged communities in Africa to sustainably improve their standard of living through community empowerment approaches in partnership with stakeholders.

What we do

Our programmes focus on these broad themes:

1. Basic Services – Primary health care, Water and Sanitation and Education
2. Food and Income Security and Environmental Management
3. Civil Society Strengthening and Peace Building
4. Refugee and Displaced Persons Care and Maintenance
5. Return and Re-integration of Refugees

The people that AAH-I has chosen to work with, live in conflict, post-conflict and other disadvantaged settings where resources to achieve an optimal standard of life are minimal. We are committed to pursuing an integrated development approach that will create empowered and self-reliant communities.

Annual Report

2008

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Message of Board Chair

Nowadays many programmes and projects are labelled 'Community-based'. This indicates that more people are recognizing the critical importance of communities in their activities. Most programmes and projects – for health, education, agriculture, poverty alleviation – ultimately serve people in the community in one form or another. However, these programmes and projects are usually conceived by programme officers, donors and politicians. A 'call for proposals' often gives a deadline for submission within weeks or at the most a few months. This time is too short to develop meaningful discussions with community leaders and their members. And when discussions do take place the priorities and interests of the community frequently do not coincide with those calling for proposals.

To engage communities fully from the start of planning and throughout all the stages of implementation and evaluation - a truly 'community-driven' process - is a slow long term procedure. With increasing competition for the more limited funds for development, and many looking for quick 'outputs', some grants are given to those with particular skills in proposal writing rather than those who are best at working with the communities. It is, therefore, difficult to maintain AAH-I's vision of community-driven and sustainable improvement in the quality of life of disadvantaged communities. Our new strategic plan, launched in October describes the role of self-reliance and empowerment of the community to manage and govern their own development and hopefully incorporate the advantages of some of the one disease 'vertical' programmes without being subverted from more holistic development.

We are grateful to our donors who continue to stand by the work we do and to our dedicated staff who work in harsh and difficult situations. We recognise the important role played by government departments and other partners and we thank them all.



Dr. Christopher H. Wood

Chair of Board



In 2008, our work in South Sudan, Uganda, Somalia, Zambia and Kenya with disadvantaged communities affected by conflict helped an estimated **2 million** people including refugees, access better health care, clean and safe water and sanitation facilities and better schools; boosted the food and income security of **300,000** households and fostered the return and peaceful reintegration of over **30,000** people.

AAH-I Strategic Plan Launched

On a balmy October evening, AAH-I gathered its key supporters at a Nairobi hotel to witness the launch of its five-year Strategic Plan. The Plan outlines AAH-I's new agenda for action focusing on integrated community health and development which has in part been spurred on by changing operating environments and internal circumstances.

The Chair of the newly-formed Sudan Board, Hon. Benz Mbuya assisted by Dr. Christopher H. Wood, Chairman of AAH-I Board of Directors helped launch the Plan.

The occasion was attended by representatives of AAH-I's key donors including EED, ICCO, EC and COSV, Government of South Sudan and AAH-I board members. AAH Germany was represented at the event by Dr Klaus Poser. In addition, representatives from our collaborating development agencies and members of the private sector, as well as AAH-I staff and friends attended the event.

The Plan presents our response to changes taking place in our countries of operations. AAH-I realizes that short term doses of relief are not enough for communities to become self reliant and achieve long term development. Our focus is now directed towards supporting communities settle and begin rebuilding their lives through holistic programming and this Plan will guide our efforts into the future.



Hon. Benz Mbuya (left) assisted by AAH-I Board Chairman and Founder, Dr. Chris Wood launch the Strategic Plan.



Guests are all ears as they listen to Kelechi Emeh, Return and Reintegration Officer, South Sudan make a presentation.



Monika Redecker of EED speaks during the occasion. EED is one of our key funding partners.

Sudan National Board of Directors Inaugurated

On 7th October 2008, the first National Board of Directors for our Sudan Country Programme was inaugurated. The new Board is expected to provide closer oversight of our work here by providing strategic direction and counsel. Faced with the great but honourable task of contributing to the rebuilding of South Sudan, AAH-I is privileged to be working with the following individuals whom we believe have great capability and commitment and the required local knowledge to steer our South Sudan programme.

1. Hon. Benz Mbuya - Chairperson
2. Dr. Olivia Lomoro - Treasurer
3. Dr. Mark Zangabeyo - Member
4. Dr. William Mogga - Member
5. Professor Peter Tingwa - Member
6. Dr. John Tabayi - AAH-I Representative on the AAH-I Sudan Board

We also recognize 'Friends of AAH-I Sudan' whose support to our work we greatly welcome.

AAH-I holds Programme Coordination Committee Meetings

The 2008 meetings were held in April and October and brought together key programme staff from the Directorate and Countries of operation. The 3-day forums gave the opportunity to review the 'health' of our organization as we exchanged experiences, progress and challenges in the different areas of operations.



Basic Services

Primary Health Care, Education, Water and Sanitation

Availing primary health care services where most needed

The challenge of meeting the health needs of populations in Africa cannot be over-emphasized. This is even more pronounced where resources for health including facilities, drugs and health workers are still limited. Such is the situation in the countries where AAH-I is helping improve key health outcomes.

In South Sudan, returning communities continue to place great strain on the few existing health resources. Somalia's unstable political situation has destabilized essential services and its effects continue to be felt in the health sector.

In Uganda and Zambia where we operate refugee care activities, meeting refugees' health needs continue despite prevailing erratic funding. In Kenya, our programme though operating on a minimal budget is doing its best to meet the overwhelming need for water among the marginalized Maasai community. In spite of this, AAH-I continued with its commitment in 2008 of ensuring access to quality primary health care services for disadvantaged communities facing conflict in its 5 countries of operations.

Partnership to improve the national health system in Somalia

Since November 2007 and throughout 2008, AAH-I Somalia programme has been part of a consortium funded by the European Commission to improve health in Puntland and Central-South regions of Somalia. The lack of a well-organized national health system and limited access to basic quality health services for the majority of its population is the motivation behind this partnership.

Through this project, AAH-I is supporting health facilities in Puntland including the Bosaso Regional Hospital and 22 primary health care facilities to meet the health needs of 250,000 people. Out of the 6 hospitals supported under the consortium, Bosaso Hospital is the only one providing all components included in the Essential Package of health Services. Although insecurity was rife in Somalia for the better part of 2008, Bosaso Hospital and the primary health care facilities continued to serve the people.



Regional programme enhancing quality and access to health care in South Sudan

The Regional Primary health care programme is our largest health care project in South Sudan. This project is operational in Western and Central Equatoria States covering the counties of Maridi, Ibba, Mundri-West, Lainya, Morobo and Yei and is improving access to quality health care services of a combined population of over 500,000 people.

Working to close the gap

The shortage of health care workers is a hampering factor for improved health care in much of South Sudan. So it makes a big difference when the necessary health personnel are in place. At Olo PHCC in Maridi County, such was the experience when community health workers sent to boost health care services caused outpatient attendance to triple between March and May.



Community health workers attend a training session in Maridi.

With Population Services International (PSI), 61 health workers were trained on new drugs for malaria treatment. Another 25 were trained to act as focal point people for infection control in their respective facilities.

Boosting immunization coverage in Greater Yei

Child immunization received a great boost following the inclusion of malaria prevention activities which motivated more mothers to attend the sessions. Started in September 2008 and covering Yei River and Morobo Counties, the strategy has worked well and so far 13,460 Long Lasting Insecticide treated mosquito nets were given to 10,137 children under-five years and 3,323 to pregnant mothers. 3761 (59%) children received DPT 3 increasing the coverage rate from 34% in June 2008. To start the operation vaccinators were trained on management of vaccination sessions conducted by Mr. Simon Loro, County Medical Officer of Yei River County.



Teopista Kitongo, MCH supervisor, AAH-I gives nets to mothers.

Maridi hosts World AIDS Day 2008

Colorful World AIDS day celebrations took place in the Trinity Church compound in Maridi. Attended by about 500 people, the event was officiated by the Executive Director of Maridi County. Mass HIV/AIDS awareness through puppetry, songs, drama and dancing kept the throngs informed and entertained. It was a successful day where critical messages on HIV, which is increasingly becoming a threat to Maridi's young population, were passed.

Food and Income Security & Environmental Management

Uplifting Household livelihoods

The year 2008 witnessed the consolidation of successes achieved through the Juba Community Recovery and Rehabilitation Programme (JRRP) which will be closing in mid-2009.

In 2006, AAH-I took on the momentous task to help the people of Juba County recover their livelihoods. Two decades of war had left communities impoverished and

solely reliant on food aid for survival. Many others who fled the area only gained courage to return when the Peace Agreement was signed in 2005.

Three years after the start of this project, households are producing their own food and generating incomes through small businesses. Beekeeping and blacksmithing initially viewed as traditional activities are gaining prominence as major income earners.

Growing local skills for improved farming

Pita Beatrice Lokudu is a woman with a purpose. She believes that the agricultural potential of South Sudan is far from being fully realised and this is something she knows only too well. Growing up in Yei in the 1970s, her family owned a big piece of land where they grew many crops including coffee. But war uprooted hers and many other families. She spent most of her adulthood in neighboring Uganda as a refugee.

She has now come home to give back to the land she left behind many years ago. An accomplished farmer trainer in improved farming technologies, Pita will be extending AAH-I's work in training Community Based Extension Workers (CBEW's).



AAH-I in collaboration with the County Department of Agriculture has spearheaded the training and deployment of CBEW's since the inception of the project. The strategy succeeded in enabling the transfer of crops and livestock improvement skills to farmers.

The center is uniquely community-based in Wondurba Payam and no wonder Pita's confidence that given the right skills and support, her community is not far from attaining food security.

Hellen Koja and Onek Peter (left) tend their demonstration plots. They are among 27 CBEW's students enrolled in the new training center.

Reclaiming food security in South Sudan

The aim of the Food and Income Security project phase II is to increase food production and income generation amongst an estimated 26,660 returnee and host households in three counties in Eastern and Central Equatoria: Magwi, Kajo-Keji and Greater Yei (covering Morobo, Lainya and Yei Counties).

Better crop varieties and tools means better yields

This project is striving to improve the crop varieties commonly eaten in these communities.

By using local farms to supply the needed seeds, such as groundnuts, maize, sorghum and beans, we are boosting household incomes. About 22,000 Euros was spent on this exercise in 2008.

250 farmers provided with 3.6 tonnes of upland rice (Superica II variety) in June 2008 harvested between 1100 - 380 kg per acre. Cassava cuttings of the improved variety TM 14 is producing bumper harvests for over 500 households in the four counties.

Moloda is the traditional hand hoe used by most South Sudanese farmers. It is not only tedious but can't get much land tilled. Improving on these traditional farming implements with modern hoes (15,000 were distributed) and ox-driven ploughs has increased land under cultivation for many households thus boosting crop yields.

Enterprising farmers trained

Beekeeping, vegetable farming and shea butter (Lulu) processing are just a few of the income generating activities promoted by this project. 334 persons from 9 agro processing enterprise groups (4 bee keeper groups, 4 rice groups and 1 Lulu group) completed a six-month phased training.

Improving local livestock breeds

125 boer goats and about 1,000 cockerels were distributed to farmers to improve local breeds. These have potential for quick growth, have better weight and higher yields of meat and eggs.



Refugee and Displaced Persons Care and Maintenance

In 2008, AAH-I continued to render services to refugee populations residing in settlements through its Uganda and Zambia Country Programmes. The main activities encompassed health, nutrition including food and income security, environment management and water and sanitation.

The Zambia Refugee Care Programme delivers care to refugees in Kala Camp

In January, 17,033 Congolese refugees were under the programme but this number had reduced to 12,822 by close of year due to repatriation to the DRC. The host population benefiting from activities stood at 10,000.

Adequate health care was ensured through curative, maternity, and preventive health services. The refugee community actively participated in health care delivery through community based health providers (CHWs and TBAs).

Safe and clean water to the refugees at Kala camp received priority attention. Access to safe water was ensured throughout 2008 and community water committees played an instrumental role in maintaining the water points. Sanitation in the camp was boosted by having latrine and refuse pits coverage at 89%.



Mother attend a health care facility in Kala Camp.

In Uganda, refugee care activities targeted refugees residing in Moyo/Adjumani settlements in North-West and the Kyangwali settlement in the South-western Hoima district

Activities in 2008 were geared towards assisting refugees and host communities gain better quality of life through providing access to health services, safe water and sanitation facilities and education. Self-reliance was also promoted through creating opportunities for skills development and improved livelihoods.

Ridding refugee communities of sexual and gender based violence

In Moyo/Adjumani refugee settlement, a campaign on Sexual and Gender based violence (SGBV) that was started in 2004 is on the right track to end this vice. Employing a mixture of strategies that include awareness creation (through information, cultural activities and sport events), community leadership and support networks, the number of cases reported has drastically dropped from over 100 cases in 2004 to only 32 in 2008.



In Uganda, enhanced food production capacity in some refugee settlements has turned them into net food exporters.

Return and Re-integration of Refugees

In Uganda

Compared to the previous two years, 2008 saw more Sudanese refugees repatriated. 45 convoys from Adjumani and 29 from Moyo (Palorinya) departed for Kajokeji Yei/Juba, Torit and Magwi. 5,622 families with a total composition of 21,147 persons (11,586 females and 9,561 males) were repatriated from Adjumani /Moyo between January and December 2008.

In Zambia

Activities in Zambia dealt with repatriating Congolese refugees from the Kala and Mwange Camps. The volatile security situation in Eastern DRC limited the number planned from initially 11,000 to 9,000 by end of December 2008.

In South Sudan

In 2008, AAH-I took charge of the Magwi Way station to ease the repatriation of refugees in transit by providing meals and health screening on arrival and their subsequent dispersal to the final destinations.

38,858 persons mainly returning from Uganda were taken care of at the station before finding their way to Kibul, Pajok and Panyikwara bomas.



A vegetable growing group in Palwar Boma with supplies of seeds and other farm implements.

What happens when they make it home?

Bringing refugees back to their homeland is never enough when they have limited options for a better life. Often, these communities have to find new ways to survive as they are no longer under the care of Aid organisations. Conflicts often arise among communities due to the scarce resources that have to be shared.

It is for these and other reasons that AAH-I works with returning refugees (returnees) as well as the people who stayed during the war years (stayees) to find sustainable solutions.

In 2008, one such project that specifically targeted returnees and stayees took place in Magwi County, Eastern Equatoria State of South Sudan. This County resembles a corridor because of the high number of refugees transiting through it from Uganda.

Six Bomas (villages) in the Palwar/Lobone Payam were selected to support project activities. Seeds and farm implements were provided to farmer groups to boost production of maize, beans and sorghum among other crops.

A school and a health center were constructed through the efforts of Boma Development Committees (BDC) which were established and trained as part of this project. At least 30% of committee members were women. Additionally, the BDCs spearheaded the growing of sugar cane, vegetables, cassava and rice for income generation.

Owing to conflicts that often flare up between returnees and stayees, Peace Building Committees (BPBC) were formed and trained and now have the capacity to handle community conflict resolution amicably.

Civil Society Strengthening and Peace Building

Capacity Building for Post Conflict Re-integration (CAPOR) project

Four year after peace came to South Sudan, many people have left places they sought refuge to go back home. With this has come the need to assist communities to participate and contribute to the rebuilding process. Communities have also to learn to co-exist peacefully and unite for development after two decades of war.

The post-conflict reintegration project of AAH-I (CAPOR) has been supporting the reintegration process through information, education and communication strategies. Because change has to begin at the grassroots, CAPOR in 2008 worked at the Boma (village) level of the three Equatoria States with youth, women and community leaders.



A community drama droup: Magwi County, Western Equatoria State

Abating conflicts

In support to peace building, CAPOR trained 16 members of Community steering committees from Ombasi, Mundri, Modobayi and Wonduruba Bomas on conflict awareness. To sustain the effort, the communities were linked to Reconcile International for further training and support.

Informing the masses

Because the challenge of high level of illiteracy in South Sudan is real, CAPOR project has devised innovative ways of delivering information in local languages using engaging and entertaining forms of art.



A puppetry group after undergoing training

Numerous posters and billboards addressing issues such as alcoholism, girl child education and HIV/AIDS were produced during the year. Most of the drawings appearing on these materials were done by talented youths that the project has trained and nurtured.

In June 2008, the puppetry group in Wonduruba, Juba County was out in the streets rallying the community to take part in a tree planting campaign organized by AAH-I's Food and Income security programme. The popularity and success of this event has made the campaign an annual event in the County's calendar. Weekly puppetry performances were sustained throughout the year. Field information officers ensured that relevant issues affecting the community became the material for participatory education theatre (PET) performances.



Mobilising the community for a reproductive health campaign in Juba

Making village movies

Community theatre groups went all out to produce informative and entertaining movies addressing pertinent issues with CAPOR facilitating the shooting and editing the productions. Among the many movies produced in 2008 was *Abui Mata karabu hayati* (father don't destroy my life) aimed at encouraging parents and guardians to send their daughters to school and not to look at them as wealth creators through early marriage. 200 copies of the movie have been produced and disseminated to communities and other interested partners. Many community members watched the movie at the information and communication centers constructed by AAH-I which are equipped with televisions and DVD players.



Training a Youth Group in Radio drama production

Mr Santo Samuel, the head teacher for Wonduruba Model Primary school, after watching the movie called on the parents to release their daughters to go to school. He urged those still keeping girls at home as assets to watch the movie.

In the same community, Miss Hellen Kenji upon watching the movie reversed her earlier decision not to support her daughter Poni who had earlier become pregnant and dropped out of high school. After neglecting her daughter's education for three years, Miss. Kenji is now more than ready to give Poni, also eager to go back to school, a second chance.

Playing the music of peace

In 2008, more than 30 musicians were supported by the project. Up to 50 songs were produced. Mawa (a musician) specializing in a local music genre called 'adungu' was supported to produce an album of peace songs. His music is receiving substantial air play in three FM radio stations in Southern Sudan (Liberty FM - Yei; Spirit FM - Yei and Miraya FM - Juba).

Enabling groups pursue productive employment

The work of CAPOR is supported by information disseminating groups (IDGs) made up of artists, musicians, actors/ actresses, puppeteers and dramatists. Training of these groups in the different art forms continued in 2008. Now working independent of CAPOR project, the groups have been linked to other agencies running programmes and are making some income from community awareness campaigns.

During the year, the project supported two women groups in Modobayi Boma acquire 5 sewing machines, materials, needles and other accessories for knitting and tailoring projects. Two young men were trained on auto-mechanics. Fourteen young musicians through the support of GTZ were trained on carpentry and provided with equipment for their trade. A soap making factory is being constructed in Yei County and production is due to begin in May 2009. The project will benefit a women's group.

Cultivating lasting partnerships

In 2008, CAPOR collaborated with over 15 development agencies working in the Equatoria States in both production of materials and executing of community information campaigns in health, human rights, education and economic empowerment. The Government of South Sudan (GOSS) was one of the key strategic partners of CAPOR as well as United Nation agencies (UNFPA, UNDP and UNHCR). Other agencies included ACROSS, ZOA and GTZ among others.

Sudan

AAH-I's Sudan Country programme is mainly working in Western, Eastern and Central Equatoria states. This is AAH-I's oldest programme spanning over 15 years of providing interventions aimed at assisting communities get over the effects of decades of civil war and other forms of conflict.

In 2008, the Sudan programme implemented projects encompassing basic services (primary health care, education, water and sanitation), food and income security, return and resettlement of refugees from neighboring countries and capacity building programmes for peace and reintegration. All these projects were implemented through partnership with government agencies, community based organizations and other development agencies.

Access to Basic Services – Eastern and Western Equatoria

Through this project an estimated 200,000 people in Magwi and Ibba Counties in Eastern and Western Equatoria States will benefit from improved access to quality health and education services. In support to education, in 2008 project built 32 classrooms in 4

schools, provided desks and books and established and trained parent and teacher associations (PTAs) and school management committees in all the schools. 10 pit latrines in each school have also been built. The project also supported the 2 Counties' departments of education by availing motorcycles, stationery and computers to improve logistics and reporting.

The project contributed to provision of healthcare in the two counties by building 3 primary health care units (PHCUs) and provision of essential medicines to them is ongoing. Construction of a maternity ward at the Ibba primary health care center is also underway. The project is also helping curb shortage of healthcare workers by sponsoring training of community health workers at the training school AAH-I runs in Maridi.

Mundri Health Transformation Project (MHTP)

Our work in Mundri East and West counties in Western Equatoria State, South Sudan is helping realize effective preventive and curative health care services for an estimated 160,000 people through 39 primary health care facilities.

In 2008, 50,059 Long Lasting Insecticide Treated Nets (LLITNs) were distributed to pregnant women and mothers with children under the age of five. DPT3 (an indicator of full childhood vaccination) coverage rose from 2% to 15% by close of 2008.

HIV/AIDS awareness was sustained throughout the year. Through churches, peer educators reached 7878 people with information covering transmission, prevention and Voluntary counseling and testing (VCT). Crowd pulling puppetry shows by the Mundri Active Youth Association (MAYA) reached 20,298 people with HIV/AIDS awareness messages. Another 3,525 were reached through video shows.

Magwi County Community Programme

Magwi County in Eastern Equatoria State is one of the places in South Sudan experiencing the arrival of huge numbers of former refugees returning home from neighboring countries following the signing of the 2005



Constructing schools has created better learning environment and increased school enrolment rates

peace accord. The community rehabilitation programme started in 2005. With an initial target of an estimated 105,663 people, the scenario had changed by start of 2008 with the population rising to 360,565 people. This huge surge is putting a strain on the existing services and increasing the need for interventions in all sectors – health, education, and food and income security. Nonetheless, a spirited effort by AAH-I and its implementing partner the Episcopal Church of the Sudan, Diocese of Torit – Development and Relief Department (ECS DARD) has seen the health, food security and education outcomes of this County improved.

Measles Campaign Maridi 2008

The measles outreach campaign was carried in six bomas of Maridi Payam, one of the five Payams of Maridi County and the most populated. Of the targeted 24,276 children aged age between 6 months and 15 years, 18,990 were immunized. 8,583 children aged 6 months to 6 years were given Vitamin A and dewormed. This campaign was organized by AAH-I's Regional Primary Health care programme and funded by DSST and with in-kind support of vaccines from UNICEF. Measles is a highly contagious viral disease that mostly affects and can cause death in children five years and below. The vaccine is routinely given to given in their first 12 months. This was the second mass measles campaign to be undertaken. The first took place in 2007 through the generous funding of DSST. In southern Sudan, national immunizations activities collapsed during the two decades of civil strife. Non-governmental organizations provided vaccination programs they could, amidst the war, with support from UNICEF. But low routine vaccination coverage rates were achieved.

AAH-I facilitated this campaign in support to the Government of South Sudan's effort to significantly scale up the vaccination rate to 90%. Maintaining vaccination at this level is considered necessary to disrupt measles transmission and is a necessary step contributing to achievement of Millenium Development Goal four. Juba County Community Recovery and Rehabilitation Project The project was implemented through a consortium of partners with ICCO being the lead agency; AAH-I and ZOA being international partners and local partners – SUHA, SCC, IPCS and SCOPE. The three pronged intervention included provision of basic services, capacity building of

local authorities and livelihoods development including food security, enterprise development and environment. In this project, AAH-I has been involved in livelihoods development with the aim to reduce poverty and increase food security amongst conflict affected households – including returnees and the internally displaced – in 5 payams (Wonduruba, Dollo Rokon, Bungu and Ganji) of Juba County.

In 2008, the project continued to strengthen activities in improved farming technologies, environmental conservation, market structures and capacity building for community enterprises and planning and management skills of county level staff. An extension of this project to Tijor Payam, which was omitted in the earlier phase, began in January 2009.

Improve Household Livelihoods, Juba

The aim of this project also referred to as PRICE (Promotion of Rural Initiatives and Community Enterprises), was to assist vulnerable households in 5 payams of Juba county, Central Equatoria State improve their household livelihoods. By promoting alternative enterprises (other than subsistence farming), the project has given households better prospects to raise their incomes. In 2008, the project trained 20 traditional bee keepers and



A farmer harvesting honey from a Langstroth beehive

organized for the visit of 15 apiarists to an existing apiary site. 60 complete Langstroth hives were distributed and set up in 2 apiary sites located along the Juba/Yei road to boost honey marketing to motorists and passers-by.

One honey collection centre was constructed and supplied with bee kits and processing equipments that included a centrifuge machine and a refractometer. The apiarists were also linked to a buyer providing them with a market for their honey. 6 vegetable/irrigation clusters of 10 members each were registered and supplied, along with 10 former vegetable clusters, with assorted vegetable seeds (1270/50g tins) and tools. 70 of registered farmers were supported to market their products in local markets including transport to rural market centers and neighboring markets of Lainya and Juba. Three new agro-forestry sites were established and 60,000 tree seedlings produced and distributed to selected farmers for woodlot establishment. Two tree marketing stalls were established and in June 2008, at least 2,000 people participated in a tree planting campaign. 7,000 vulnerable households were identified through a seed security assessment and assisted to acquire seeds through a seed fair.

Distribution of Seeds, tools and fishing kits

This project was in support of the smooth reintegration of returnees, IDPs and vulnerable host communities in Ibba, Maridi, Mundri East and Mundri West counties in Western Equatoria State. It looked at increasing food production of 5,000 households (an estimated 20,000 people) by supplying 19,896 assorted farm implements (hoes, pangas, molodas and sickles) and seeds – 27,500kg of maize, 7,500kg of sorghum and 10,100kg of cowpeas.

UNHCR Repatriation – Management of Magwi Way Station

AAH-I in partnership with the United Nations High Commissioner for Refugees (UNHCR) is engaged in programmes that facilitate safe and dignified voluntary return and resettlement of South Sudanese refugees. This project was involved in the establishing and running a way station in Magwi County to provide people on their way home (clan areas) with meals and health services. In 2008, the station handled the needs of about 9,988 households (38,858 persons). High return areas were

registered as Owiny Kibul, Pajok and Panyikwara bomas in Magwi County.

UNHCR Repatriation Assistance

Repatriation of Sudanese refugees from neighboring Kenya and Uganda commenced after the signing of the comprehensive peace agreement in January 2005. But many of the refugees are coming back to either non-existent or run-down infrastructure that can hardly cope with additional pressure.

This purpose of this project was therefore to establish and/or strengthen existing systems to deliver a basic package of essential services (health, education, water and sanitation) to areas with high refugee return i.e. Magwi, Ikotos and Torit counties in Eastern Equatoria. In 2008, 3 Primary Schools and 8 Primary health care facilities were completed and provided with basic furniture and equipment including essential drugs. 30 Community based health care workers were sent for training. 7 water committees of 35 members were trained in community based pump mechanics. 8 Community midwives were sent for 18 months training at AAH-I Maridi School. 92 critically ill patients were referred for specialised care in higher facilities. 65 community sensitisation meetings were done reaching 13,335 people on HIV/AIDS awareness and other health related issues. Immunisation coverage of all antigens increased (DPT3 20%). 3 rounds of mass Polio Campaign were conducted benefiting 5711 children and 3 Accelerated Routine Immunisation sessions Rounds reached 3101 children.



Constructing boreholes has increased access to clean water for many households

Uganda

AAH-I began operations in Uganda in 1993 providing emergency care to South Sudanese refugees displaced by war. This has since evolved into an integrated development program with health care, food security, education, water and sanitation, environment and microenterprise development components that also benefits Ugandan nationals living in the refugee hosting areas. Since 2007, the Uganda programme has been facilitating the repatriation of Sudanese refugees after the signing of the peace agreement in 2005.

In 2008, AAH-I worked in three principle refugee settlements namely; Kyangwali, Moyo and Adjumani and implemented the following programmes aimed at empowering refugees and the host community to attain a better and descent life.

Refugee care and maintenance (Multi-sectoral Assistance) programme

This comprised a diversity of interventions - Health and Nutrition, Water and sanitation, Food security, Environmental management, Community Services and

Education – that aimed at promoting the quality life of refugees and host communities in the three settlements. In Kyangwali, ideal weather and other environmental conditions increased food production and 92% of the refugees were able to attain food sufficiency without external support. Access to water was enhanced to over 15 litres of safe water per day from 11.1litres per person per day of 2005.

The HIV/AIDS component operating in Kyangwali registered success in the number of people who came out to be tested. 2459 people were tested for HIV and 116 found positive. 256,368 condoms were distributed.

In Moyo/Adjumani, sustained efforts in curbing sexual and gender based violence (SGBV) yielded success in 2008. This is visible in the drop of cases from 146 in 2004 when the initiative was launched to 32 cases in 2008. Judith Atukwatse, the AAH-I Gender mobilize in Moyo/Adjumani attributes the decrease in prevalence and increased reporting to a number of strategies that have been employed since 2005. These have included use of information, education and communication activities to



Community members prepare for training on stove construction in Kijongobya parish

create awareness and promote behavior change on the issue; creating and strengthening community support networks; advocating for gender balance in leadership structures; enhancing women empowerment; activities targeting children and youth and promoting a gender balanced food distribution system (Regina).

The Land Use and Yield Assessment (LUCYA) project however found that general food production in Kyangwali went down due to repatriation of Sudanese refugees. The crop yield data collected by end of 2008 shows a big decline in production 3.958 MT as compared to 8,999.68 MT of 2006 before repatriation.

Community Based Environmental Activities project in Kyangwali noted increased community involvement and participation in environmental management activities. This contributed to the planting of 74,830 tree seedlings and 6640 grafted fruits covering over 21 hectares of land. 23 women groups constructed 615 new stoves and maintained 520 old ones in a bid to conserve energy.



Sweswe community taking care of their tree seedlings

Food commodity management and distribution in the settlements was enhanced especially for the extremely vulnerable members of the refugee community. In Kyangwali, a total of 9951 refugees benefited from the 336.474 metric tons of food distributed out of which 960 were extremely vulnerable individuals and people with specific needs while 1063 was general food distribution (GFD), 4635 repatriates, and 3293 was food for health (FFH) including Maternal Child Health & Nutrition (MCHN).

The capacity of refugees to manage their development affairs was enhanced through strengthening of refugee community structures. The structures were very instrumental in spearheading self-management of refugees in the settlement and mobilizing the community for the common objective of improving their social welfare. In Kyangwali, a lot of effort was devoted to training of especially Sudanese refugees in life skills in preparation for return to their country of origin. 54 refugees were trained in vocational skills.

Repatriation of Sudanese Refugees

Repatriation of refugees has been an essential component of the AAH-I Uganda programme especially with increased desire by refugees of going back home to their country of origin. The signing of the peace agreement in South Sudan in 2005 has motivated the return of many Sudanese refugees.

In 2008, AAH-I ensured that refugees were repatriated in safety and dignity through provision of logistical support (transport), distribution of non-food items (NFIs) such as cooking utensils, lanterns, blankets, jerry cans, plastic buckets and sleeping mats; provision of hot meals, participation in mass information sharing campaign, pre-departure medical screening and general management of the repatriation centers.

In terms of numbers, 45 convoys were moved from Adjumani and 29 from Moyo (Palorinya) destined to Kajokeji Yei/Juba, Torit and Magwi Counties in South Sudan. In total, 5,622 families with a total composition of 21,147 persons (11,586 females and 9,561 males) were repatriated from Adjumani /Moyo between January and December 2008. From Kyangwali refugee settlement, 3943 persons were repatriated to South Sudan.

Somalia

Integrated Primary Health Care services in six districts of Puntland State of Somalia

This project aims at improving community capacity to provide essential quality healthcare in the six districts of Gardo, Waciye, Iskushuban, Bender Beyla, Bosasso and Rako in Bari and Karkar regions by supporting a network of 18 health posts and 4 Maternal and child health (MCH) clinics.

In 2008, the project strengthened community structures to organise and manage their own healthcare by



Meeting the health care needs of the community

training Village Health Committees (VHCs) and holding a community leaders' workshop which culminated in the formulation of Community Action Plans (CAPs) for 17 villages and in their translation to Somali language.

During the training, a community based health information system (HIS) to include birth and death registration and issuing of birth certificates was introduced in all villages. This is the first of its kind in the whole of Puntland and will be a useful tool for gathering vital statistics to aid in planning and decision making. This was also complemented by a household survey conducted in Bosaso and Bender Beyla districts to consolidate data on health indicators.

The project's continued partnership with UNICEF in support of the expanded immunisation programme (EPI) ensured a steady supply in 2008 of vaccines to the health facilities. Community mobilisation for EPI was

done in Gardo, Bender Beyla, Waciye and Bosaso districts and three rounds of immunisation outreaches were conducted in Bosaso and Gardo Districts. Out of a total population of 960 children under the age of one, 288 (30%) were fully immunized through routine sessions at the health facilities.

Within the year, 75% of the health workers in the different cadres were taken through a refresher course. The network of health facilities is served by 10 community health workers (CHWs), 10 maternal and child health workers (MCHWs), 3 laboratory assistants and 27 nomadic health workers (NHWs) who deliver outreach services especially immunization to hard-to-reach populations outside of the network of facilities. AAH-IPHC supervisors organised routine drug distribution and supervision of all health facilities including completion of rehabilitation work and construction of perimeter walls for those health facilities without.

The project has also been instrumental in the capacity building of the national staff so that they become effective in their work. In that regard, the project organised English language training for all staff during the third quarter of the year.



The community is using Biosand filters to improve the quality of drinking water

Zambia

AAH-I Zambia programme was launched in 2001 to provide care for refugees. The United Nations Commissioner for Refugees (UNCHR) needed an able partner to implement this project and AAH-I's capability having run a similar programme in Uganda was a natural choice for this partnership. To date, AAH-I Zambia has continued to run a Refugee care and maintenance project in Kala Camp, Northern Zambia that mainly looks after Congolese refugees.

In 2008, AAH-I Zambia ran three projects with the overall goal of improving quality of life for the refugees and host communities. While majority of refugees settled in Kala no longer need emergency interventions, services provided are geared towards ensuring the enhancement of self-management, building of local capacity for service delivery and promoting integration of services with district line ministries. The estimated population of the refugees at the beginning of the year was 17,033, while by the end of the year the number of Congolese refugees had reduced to 12,822 due to repatriation to Democratic Republic of Congo (DRC). The host population was estimated at 10,000.

Care and Maintenance of Congolese refugees

This component mainly dealt with the delivery of health and nutrition and water and sanitation services. Under Health and Nutrition, the services offered were curative care, maternity and preventive health services. The refugee community actively participated through health and sanitation committees. Community based health providers namely; CHWs and TBAs were instrumental in the delivery of health services throughout the year.

The delivery of safe water to the refugees at Kala camp received priority attention. Access to safe water was ensured throughout. The water committees played an instrumental role in maintaining the water points.

Repatriation of Congolese Refugees from Zambia

AAH-I Zambia programme has been spearheading the voluntary repatriation of Congolese refugees. This followed the improved political situation in the Democratic Republic of Congo (DRC) after the presidential

elections of 2006, along with improved security situation and the signing of the tripartite agreement among the parties concerned.

9,692 refugees out of a planned 11,572 were repatriated by December 2008. The project focused on providing health screening in preparation of, and ensuring medical escort during repatriation movement from Kala Camp. The HIV/AIDS task force was responsible for awareness campaigns, promotion and distribution of condoms and IEC materials in the camp and "repatriation pack" at the departure centre. AAH-I also provided water and sanitation services to the returnees from Kala refugee camp but at the same time ensured the provision of health, nutrition, water and sanitation services to the remaining refugee caseload.

Strengthening of HIV/AIDS Programmes from Refugees in Zambia

This is a PEPFAR funded project whose focus is to strengthen the existing Voluntary Counselling and Testing (VCT) services being rendered to the refugees in Kala Camp.

Kala and Mwange camps in cooperation with other members of the Inter Agency Task Force on HIV/AIDS:

- Trained and sensitized the community in counseling and testing (CT).
- Mobilized community youth forums/functions and drama groups in CT activities.
- Promoted the World AIDS Day (WAD) campaign on HIV/AIDS.
- Promoted the National VCT Day (NCD) campaign
- Strengthened and continue offering CT services.
- Strengthened the operation of voluntary counseling and testing (VCT) centers
- Procured laboratory supplies/ equipment/drugs to strengthen VCT.
- Strengthened the Kala HIV/AIDS task forces.

In addition to the refugees targeted through this project, local Zambians who reside among or near refugee communities also benefited from this project, as they accessed the same health care services and interacted with refugees on a daily basis.

Kenya

Women in the Maasai community, a semi-nomadic community in Southern Kenya bear the burden of looking for water for their households. But what makes this seemingly easy chore difficult, is the long distances they have to walk to fetch the precious commodity.

For a community which calls home a region that has a world famous Game Reserve the Maasai Mara, you would expect things to be much better in terms of their living standards. But this is far from it, as the communities here continue to suffer lack of basic services, water, healthcare and education.

But since 2005, AAH-I working with the Mara Division Development Program (MDDP) is implementing projects that respond to such needs in 14 sub-locations of Mara Division.

In 2008, three locations - Aitong, Sekenani and Nkoilale undertook various projects.

Aitong Water Project

The community of Aitong sub-location were assisted to protect and pipe a perennial spring to provide them with clean water. A 25,000 litre storage tank was built near the spring eye and water piped over a distance of 7km to a central location closer to where the community lives. Four (4) stand pipes were installed along the 7 Km distance to provide collection outlets and most families can now be found washing at the water points.



Maasai women fetching water.



Sekenani kindergarten children previously took lessons under a tree (above). The iron-sheet roofed school rooms (below) are now complete.



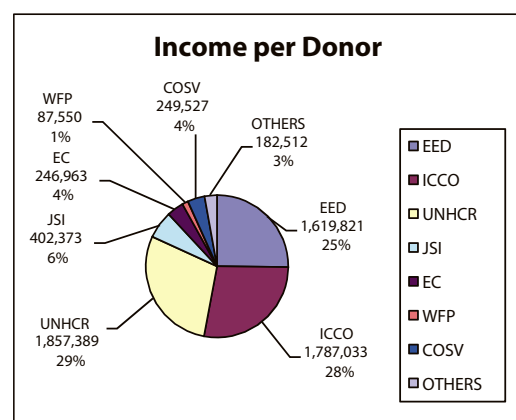
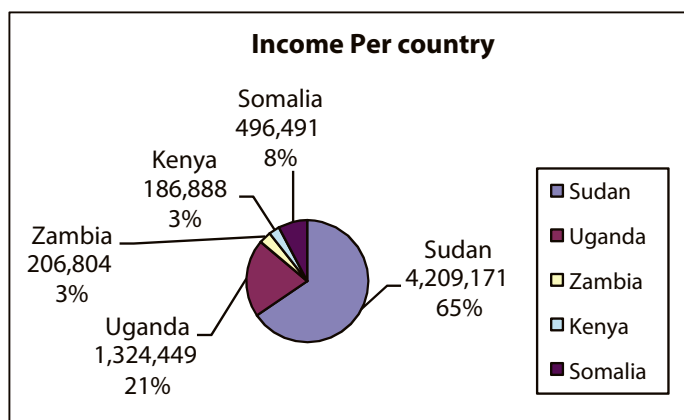
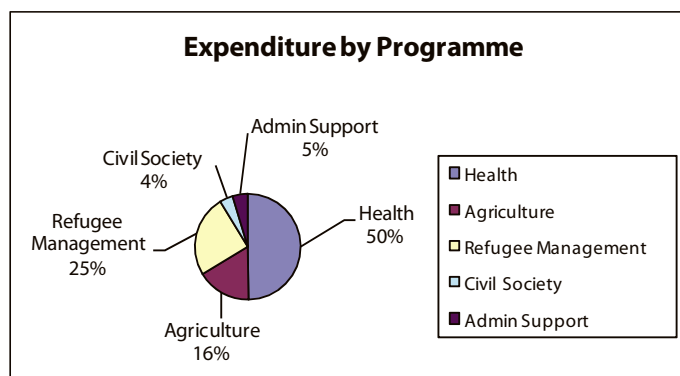
Sekenani Kindergarten

The Sekenani Kindergarten was the third micro-project supported in 2008. It was selected for support because of the extra ordinary progress made by the community as a multiplier effect of the Mara project. Sekenani Kindergarten was started purely as a community initiative to address the problem of lack of schools in the area. The school started as a village school where one teacher was hired to educate 50 kindergartners under a tree in 2007. Currently the school has grown to a three roomed structure employing four teachers and educating about 100 kindergartners.

Nkoilale School Room

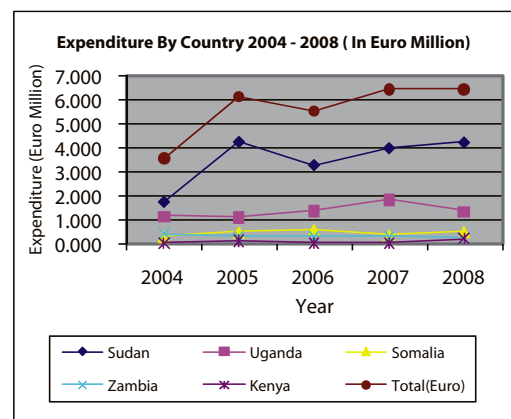
At Nkoilale Primary School, the completion of a room that had stalled for a long time, made space available for the office of the Headmaster and his deputy and a store for books. Previously the school administration was forced to use what would otherwise be a class room for his office and this had caused shortage of space and an unfavourable learning environment for students who had to be cramped into one room.

Financial Summary



Expenditure by Country 2004-2008 (In Euro Million)

	2004	2005	2006	2007	2008
Sudan	1.705	4.232	3.258	3.969	4.209
Uganda	1.116	1.068	1.371	1.843	1.324
Somalia	0.279	0.470	0.575	0.345	0.496
Zambia	0.397	0.272	0.290	0.265	0.207
Kenya	0.004	0.095	0.021	0.021	0.187
Total(Euro)	3.501	6.137	5.515	6.443	6.423



AAH-I Projects 2008

Code	Name	Donor
South Sudan		
140	Juba County Recovery and Rehabilitation Program (RRP)	EC Via UNDP/ICCO
142	CAPOR – Capacity Building for Post-conflict Re-integration	EED
149	Food and Income Security Phase II	EC via ICCO
153	Access to Basic Services (ABS) – East and West Equatoria	Royal Netherlands Embassy Khartoum via ICCO
154	Community mobilization for Reproductive Health	UNFPA
155	MHTP Pre-award Sub-Grant	USAID/JSI
156	Mundri Health Transformation Programme 2008-09	USAID/JSI
157	Regional PHC Programme 2008	EED
158	Magwi County Community Programme 2008-9	EED
159	UNHCR Repatriation Magwi	UNHCR
160	UNHCR Repatriation Assistance	UNHCR
161	Re-integration of Returning Refugees	GTZ
162	Improve Household Livelihoods, Juba	FAO
163	Distribution of seeds, tools and fishing kits	FAO
164	Food Security and Livelihoods for sustainable R&R	UNDP/CHF
165	Measles Campaign Maridi 2008	DSTT via AAH Germany
Uganda		
255	Food Management & Distribution, Moyo/Adjumani	WFP
256	Food Management & Distribution, Hoima & Kyaka	WFP
257	Multi-sector Assistance, Moyo/Adjumani	UNHCR
258	Land Use and Crop Yield Assessment	WFP
259	Repatriation for Sudanese Refugees 2008	UNHCR
260	Community-based Environmental Activities	UNHCR
261	GLIA (HIV/AIDS) Kyangwali Refugee Settlement 2008	UNHCR
262	Education & Sports for Adolescent Girls & Boys	UNHCR
263	Food Distribution, Moyo/Adjumani	WFP
264	Food Distribution, South-western Uganda	WFP
265	LUCYA South-western Uganda	WFP
Somalia		
503	Integrated PHC services, Gardo, Bender Beyla & Iskushuban	EC
505	Consolidate & strengthen health services in Puntland	EC via COSV
Zambia		
416	Care & Maintenance of Congolese Refugees, Kala Camp	UNHCR
417	Repatriation of Congolese Refugees	UNHCR
418	Strengthening HIV/AIDS Program for Refugees, Kala Camp	PEPFAR via UNHCR
Kenya		
605	Maasai Mara Microprojects 2008	AAH e.V Germany
606	Maasai Mara CBHC 2008	FWT

International Board Members



Dr. Christopher H. Wood
Chairperson of the Board

Dr. Wood is a Co-founder and former Director-General of AMREF. Since retiring, he has been an advisor to Ministries of health in East Africa and to the Sudan Peoples Liberation Movements Health Secretariat on their Primary Health Care Programme. Dr. Wood is also the founder and chair of AfriAfya, an organization that harnesses the benefits of information technology for community health. In 2008, Dr. Wood was bestowed with the Order of the British Empire (OBE) by Her Majesty, the Queen for his work in community health in Africa.



Dr. Vinand Nantulya
Founding Member

Dr. Nantulya is Managing Director of Astel Diagnostics Ltd. Previously, he served as Senior Health Advisor, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Geneva; Senior Policy and Implementation Officer, Foundation for Innovative New Diagnostics (FIND), Geneva; Senior Research Scientist in International Health, Harvard School of Public Health and at the International Laboratory for Research on Animal Diseases (ILRAD). He also worked at AMREF as Director of Strategy. Dr. Nantulya has held professorships in universities in USA and Switzerland and has published widely in immunology, parasitology, and public health. He has a passion for, and has researched into, issues concerning the livelihood of marginalized populations.



Dr. John Tabayi
Founding Member

Dr. Tabayi is a public health physician trained in Tulane University USA. He was the Director of Primary Health Care for the Equatoria Regional Government of South Sudan. He led Primary health care programs for AMREF in S. Sudan and Kenya. He joined UNHCR in 1990 and has worked in a number of African countries. Currently, he is the UNHCR Senior Regional Public Health and Nutrition Officer for Asia.



Prof. Miriam Were
Founding Member

Prof. Were is chairperson of the National AIDS Control Council (NACC) and formerly AMREF. Until 2008, she was the treasurer of the International Board of AAH-I. She has worked with UNICEF and with the World Health Organisation (WHO) as the representative and Chief of mission in Addis Ababa. She was the Director of the UNFPA support team in Addis Ababa for Eastern, Central and Anglophone West Africa. Prof. Were is the winner of the Hideyo Noguchi Prize for medical services.



Dr. Klaus Poser
Representative of AAH
Germany (Member)

Dr. Poser is an economist who has been involved in research and cooperation with Churches and NGOs in Africa for over 40 years. He was for 16 years the director of Protestant Agency for Development Cooperation (EZE) now Evangelischer Entwicklungsdienst (EED), Bonn. He was the director of the Commission for Inter-church Aid, Refugee and World Service (CICARWS) of the World Council of Churches (WCC) in Geneva, Switzerland. After retiring, he is involved in volunteer work with social services in Freiburg, Germany.



Mr. Lawrence A. Masaviru
Member

Mr. Masaviru is an economist and a career Banker with over 34 years experience both in commercial and development banking in Kenya. A retired Managing Director of an industrial development bank, he is currently the Executive Chairman of Equilibrium Capital Limited, an investment advisor and is 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.



Ms Deborah Ongewe
Member

Ms Ongewe has served as the Permanent Secretary in the Ministries of Gender and Labour and as the Chief Executive Officer of the National Council of NGOs. She holds a Masters degree in Public Administration and Educational Planning from Syracuse University, New York, USA. She worked for the Government of Kenya and also with Africa Medical & Research Foundation (AMREF), as Programme Management Coordinator and later as Director of Administration and Human Resource Management. Since retiring, she's been involved in development consultancy work.



Hon. Benz Mbuya
Chairman, AAH-I Sudan
National Board

Hon. Mbuya is an economist specializing in business administration. He worked for Chevron Oil Company (Sudan) before entering into private practice. He also worked closely with civil communities in the West Bank of Equatoria during the war of liberation in the Sudan to forge good relations between the combatants and the civil population. Hon. Mbuya is presently the Member of Parliament (MP) in Central Equatoria State and is the chairperson of the SPLM Parliamentary caucus in the Assembly.



Mr. Mutila Mulenga
Chairman, AAH-I Zambia National Board

Mr. Mutila Mulenga is an accomplished lawyer. He graduated from the University of Zambia with a Law Degree and was admitted to the Zambia Bar in 1983. From 1985-1991, Mr. Mulenga was Company Secretary at the National Hotels Development Corporation of Zambia and at the Zambia State Insurance Corporation Limited where he was also the Senior Legal Counsel. In 1995, he left employment for private legal practice. Mr. Mulenga's association with AAH-I dates back to 2001 when he helped register the AAH-I Zambia chapter. Since then, Mr. Mulenga has been actively involved in the growth of the AAH-I Zambia programme, and recently became the Chairman of the newly inaugurated AAH-I Zambia National Board.

Our Partners

Bosaso Regional Hospital Management Committee, Puntland State of Somalia

Christian Health Association of Sudan, South Sudan

County Government Departments, Southern Sudan

Episcopal Church of Sudan, Development and Relief Department, ECS/DARD-DoT (Diocese of Torit), South Sudan

Government of Southern Sudan (GOSS)

Government of Southern Sudan, Ministry of Health.

Government of Southern Sudan, Ministry of Agriculture, Livestock and Fisheries.

Government of Puntland, State of Somalia, Ministry of Health.

Institute for the Promotion of Civil Society (IPCS), South Sudan

Mara Division Development Programme (MDDP), Kenya

Mundri Relief and Development Association (MRDA), South Sudan

Nabanga Development Agency (NADA), South Sudan

Office of the Prime Minister – Refugee Desk, Uganda

Sekenani Safari Camp, Kenya

State Departments - Central, Eastern and Western Equatorial States, South Sudan

Sudan Micro-finance Institute (SUMI), South Sudan

Sudan Health Association (SUHA), South Sudan

Sustainable Community Outreach Programme for empowerment (SCOPE)

ZOA Refugee Care, Sudan

We are also privileged to work with many community-based organizations (CBO's) in the delivery of services in Sudan, Uganda, Somalia, Zambia and Kenya.

Thank You!

Merci! Webale!

Tsikomo! Asante sana!

Ashe Oleng!

Shukran!

Thank You!

Shukran!

Mahad sanid!

To our donors who continued to fund our work in 2008:

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Common Humanitarian Fund (CHF), Sudan

Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ)

Deutsche Stiftungs Trust (DSST)

Evangelischer Entwicklungsdienst (EED)

European Commission (EC)

Food & Agriculture Organisation of the United Nations (FAO)

Frances Wood Trust (FWT)

Interchurch Organization for Development Co-operation (ICCO)

President's Emergency Plan for AIDS Relief (PEPFAR)

Royal Netherlands Embassy, Khartoum

United States Agency for International Development (USAID)

United Nations Children's Fund (UNICEF)

United Nations Population Fund (UNFPA)

United Nations Development Programme (UNDP)

United Nations High Commissioner for Refugees (UNHCR)

World Food Programme of the United Nations (WFP)

Thank You!

Asante sana!

Webale!

Merci!

Mahad sanid!

Ashe Oleng!

Tsikomo!

Shukran!

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