



Action Africa Help - International

2010 Annual Report



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ABOUT AAH-I

AAH-I is an International Non-Governmental Organization with headquarters in Nairobi, Kenya and has over 20 years' experience of working with livelihood challenged communities affected by conflict in South Sudan, Uganda, Zambia, Somalia and Kenya.

AAH-I's **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.

AAH-I's **vision** is sustainable improved quality of life for livelihood challenged communities in Africa. This vision is supported by four pillars:

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

AAH-I's **mission** is to support livelihood challenged communities in Africa to sustainably improve their standard of living through community empowerment approaches in partnership with stakeholders.

Areas of Focus

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 Reintegration 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. AAH-I is committed to pursuing an integrated development approach that will create empowered and self-reliant communities.

CHAIRMAN'S MESSAGE

2010 was a year of notable achievements at AAH-I. We began the important process of formulating country specific strategic plans, which follow on the AAH-I Corporate Strategic Plan that was launched in September 2008. Uganda was the first of our programmes to undertake the process leading to the launch of the plan in Kampala on 6th September. I would also like to make mention of our new Uganda national Board, inaugurated during the launch ceremony. The caliber of men and women who constitute this Board have all that it takes to steer the AAH-I Uganda programme to greater heights.



In mid-2010, the Zambia programme brought together its stakeholders for the strategic planning process. The result was a well articulated strategic plan slated to be launched in May 2011. The South Sudan strategic planning process has also begun and is on course, while Kenya and Somalia will follow closely behind.

Another highlight in the year under review is the re-structuring programme that our Uganda programme underwent in the early part of 2010. This very necessary process gave birth to a leaner structure that will deliver the results that we seek for the communities we are serving in Uganda. Together with this is the successful grant that we won from the EC towards the end of 2010, which for our Uganda programme is a major milestone in its fundraising and programming efforts. With the new strategic plan, the newly recruited team, and the new Board, it is indeed a new dawn for our Uganda programme.

In the Sudan, we note the first multiparty elections that took place in April 2010. For us and our partners working in this region, political stability and continued peace is necessary as it would guarantee a conducive environment to spawn development. The Sudan people have come a long way from the time of the protracted war and peace is a prize most needed. AAH-I has continued to be an able partner in this journey of over two decades and we see ourselves continuing into the future.

Our Zambia Country Programme closed its 10-year refugee programme in late 2010. We are satisfied that we did a good job in supporting the refugees in the time they were in Zambia, and in safely repatriating them at the opportune time. This was duly recognized by our funding partner, the UNHCR in the hand-over ceremony of the facilities left behind to the Government of Zambia. We have started working on new projects in Zambia, and with the new strategic plan we will, in the next five years, be expanding our programmes beyond refugees to reach more Zambian nationals in Northern Zambia.

Even with all the mentioned achievements, we suffered several setbacks. These have not dispelled our resolve to remain relevant to our communities but have given us the motivation to look for sustainable solutions. It was unfortunate for our Somalia programme when the EC decided to pull out of funding health programmes. EC had been AAH-I's primary funder since it started its operations in Somalia over 13 years ago. It is this funding that laid the foundation for the PCH programme that has supported the successful Bossaso referral hospital and a network of 22 health facilities that include 4 maternal and child health centers and 18 health posts.

At the Governance level, Board meetings held in South Sudan and in Uganda in January and September, respectively, made it possible for the International Board to visit AAH-I project sites in Juba, Wondoruba, Yei, Morobo, Kampala, Hoima and Kyangwali. This provided an important first-hand experience of AAH-I's work for Board members and most valuable interaction with AAH-I field staff, and useful insights for guiding future AAH-I programme direction.

As we celebrate these achievements of the year gone, I want to acknowledge the generous and strong support of our donors who include governments, multilateral and bilateral agencies, and other private donors that have supported our work. This work could not have been possible without the full support of communities in the 5 countries, whose partnership we cherish.

Dr. Vinand Nantulya
Chairman, AAH-I International Board

DIRECTORATE NEWS

2010 was a vibrant year for the AAH-I headquarters in Nairobi with coordination of key events for respective country programmes which included facilitating strategic planning processes and a launch, and organizing programme coordinating meetings that seek to increase learning across the 5 AAH-I country programmes.

Two successful International Board meetings were organised and held in Sudan and Uganda which gave opportunity to the Board Members to see first-hand the work of AAH-I in communities.

International Board members and AAH-I headquarter staff during the January meeting held in AAH-I Sudan field office in Yei.



International Board members and AAH-I Uganda Board members with the guest of honor - Hon. Musa Echweru during the launch of the Uganda strategic plan in Kampala.

Country Strategic Planning Takes Off

The Directorate played a fundamental role in providing leadership to country programmes as they embarked on their individual in-country strategic planning processes. The AAH-I Uganda country Programme launched its strategic plan in a colourful ceremony in Kampala in September. Zambia held its strategic planning workshop in May and is set to launch the plan in 2011. Sudan held its initial strategic planning workshop in February while Kenya and Somalia are following closely behind.

Visit to Germany

In late June, the Executive Director, Dr. Caroline Kisia and the technical director, Dr. Umar Baba visited Germany. The trip, which the director described as being fruitful, included meeting with the AAH Germany board members in Munich and with EED, one of AAH-I's key funding partners. The AAH-I team travelled to several German cities where they met with supporters of AAH-I's work including Bread for the World with whom they explored potential areas of collaboration.

The two directors had opportunity to attend the Sudan Forum's Hermannsburg Conference that held important deliberations on the way forward given the Referendum that was fast approaching.

In September, the immediate past Chairman of AAH Germany Board, Dr. Dieter Schillinger was in Nairobi, and had opportunity to meet with AAH-I HQ staff.



Dr. Dieter Schillinger, second right, the immediate past AAH Germany Board Chair when he visited the Directorate in September. With him is Dr. Kisia (right) and Dr. Umar (left) and Dr. Peter Shlutter.



The Uganda Country Programme hosted the Programme Coordinating Meetings for year 2010 that took place in April and September.

Countries where AAH-I worked in 2010

Sudan

Supported delivery of health care services, facilitated food and income security projects and strengthened communities' response to development through 12 projects in 3 states benefitting over 2 million people.

Somalia

Strengthened primary healthcare services delivery in Puntland through support of Bossaso Hospital and 22 primary health care facilities.

Kenya

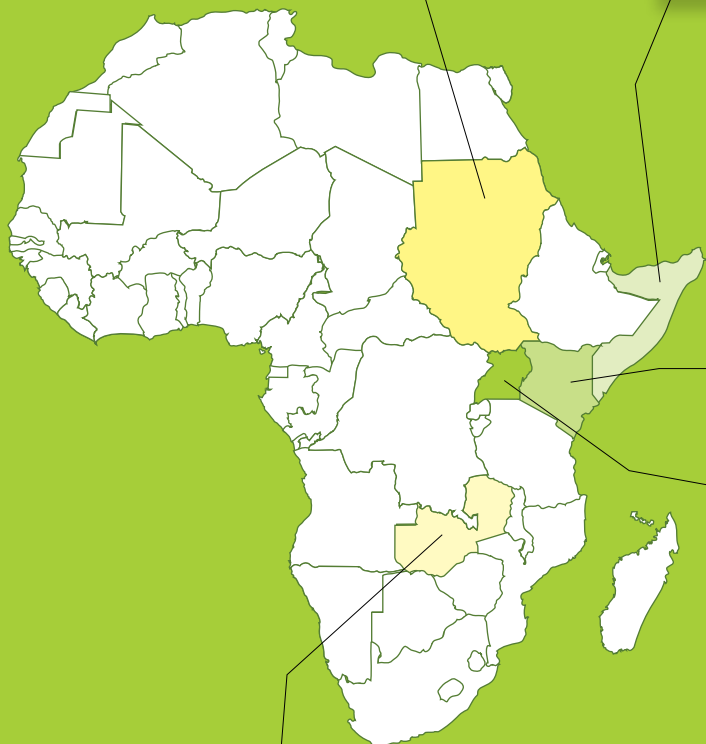
Improved the living standards of the nomadic Maasai community in Mara Division, Narok County through community initiated water and education projects.

Uganda

Provided assistance to over 30,000 refugees from 6 African countries in 3 settlements in Northern and South Western Uganda through provision of health, water and sanitation and community services.

Zambia

Provided assistance to 10,000 Congolese refugees in 2 camps in Northern Zambia and 18,000 nationals in the host areas. In 2010, the programme facilitated the repatriation of the last batch of the 40,000 refugees to DRC.





AAH-I in Sudan: Highlights 2010

Overview

AAH-I's work in South Sudan spans more than two decades, during the war and after. The Sudan programme is the largest of AAH-I's five programmes and is working with local communities assisting them get over the effects of war and other forms of conflict through targeted primary health care services, food and income security interventions, access to primary education, water supply and sanitation as well through capacity building programmes for peace and reintegration.

PROGRAMME HIGHLIGHTS

In 2010, AAH-I Sudan implemented 12 projects spread across the Western and Central Equatoria States in the Counties of Maridi, Ibba, Mundri West and Yambio and Yei, Morobo, Lainya, Kajo-keji and Juba respectively. AAH-I reached a combined population of a million people with interventions in primary health care – including water and sanitation, food and income security.

- In January, the Sudan Programme hosted the AAH-I International Board. During the visit, the Board held several high profile meetings with top level Government of South Sudan (GOSS) officials including Ministers and the State government officials. The AAH-I delegation led by the Board chairman Dr. Vinand Nantulya included International Board Members, the Sudan National Board Members, AAH-I Executive Director, the Finance and Administration Director, the Technical Director and the AAH-I Sudan Country Programme Manager and several other senior staff.
- During this time, the Board also held its first biannual meeting and visited projects and met some of the communities the Sudan programme is working with.
- The World Bank Vice President for operations, policies and country services Mr. Joachim von Amsberg, in September, visited the Emergency food crisis response project (EFCR), a project implemented by the Sudan programme for the Government of Southern Sudan (GoSS) and funded by the World Bank. He presided over the opening of a farmer's store and a maize milling plant together with Dr. Anne Itto Leonardo, the Minister of Agriculture and Forestry- GoSS.
- In February, the Sudan programme held a strategic planning workshop which brought together various stakeholders including staff, government and partners.
- The Sudanese people voted in the first ever multi-party election that was held in April 2010, which was marked by considerable excitement and campaigning. The South Sudanese people elected regional representatives, as well as local and national one in an election that was in anticipation of the much awaited referendum in January 2011.
- The rehabilitation of Maridi dam was completed and officially opened by the Second Vice President of Sudan, Osman Taha and the Vice

President of Southern Sudan, Riek Macher in late July 2010. The dam, which was rehabilitated by a Chinese company has improved access to water by residents of Maridi town. Over 100 water points each with 20 taps distribute the commodity.

Funding

In 2010, the Sudan programme received funding for a number of projects that included:

- The Food, Agribusiness and Rural Markets (FARM) program, a five-year (2010-2014) USAID funded project through the lead agency Abt Associates for USD 5,611,095.
- The Basic package of health services project funded by the World Bank administered Multi-donor Trust Fund (MDTF) of the Government of South Sudan for USD 1,314,898.
- HIV/AIDS activities under the regional primary health care programme in Western Equatoria State received a boost with funding from UNICEF and the World Health Organisation for PMCTC and for Provision of care and treatment respectively.



Her Excellency, Dr. Anne Itto flanked by the World Bank Vice President, J. von Amsberg opens the Yugufe Milling plant in Morobo County, South Sudan.

PROJECTS IN 2010

Emergency food crisis response project (EFCRP)

Launched in August 2009, the aim of this project is to improve access and availability of food for consumption of 9,500 vulnerable households in Morobo and Yambio Counties. The project is funded by the World Bank through the Government of Southern Sudan/ Ministry of Agriculture and Forestry (Goss/MAF).

One of the highlights for 2010 was the visit by the World Bank Vice President for operations, policies and country Services, Mr. Joachim von Amsberg in September. He was in the country touring World Bank funded projects of which EFCRP is one. His visit coincided with the opening of a maize milling plant in Yugufe, Morobo County that opened by H.E Dr. Anne Itto Leonardo, the Minister of Agriculture and Forestry Government of Southern Sudan (GoSS).

Boosting food production and incomes Providing essential inputs to farmers

Over 3,300 households were provided with an assortment of seeds and farm tools for two seasons in the year ended as a strategy to increase food production and uplift livelihoods. Farmers were further supported to realize better harvests through on farm training and extension services.

777 farmers in both counties were trained in agronomic practices, ie crop spacing at the time of planting, control of water erosion, post harvest handling and storage. 2,878 farm visits were conducted by 30 extension officers to support farmers in proper crop husbandry practices during the planting, weeding/growing and harvesting period.

The surplus was sold in the local markets where buyers bought most of it for other markets. This was clearly evident in Morobo, where a number of NGO's bought plenty of the harvest to distribute to other areas. Farmers were provided with timely market information collected and analysed by project staff.

A safety net programme Opens up pathways for farmers to market their produce

690 people from food insecure households were assisted to secure food through participation in road construction. The results of this effort are evident. In Morobo County for example, farmers in the areas of Kembe and Yugufe of Lujulo Payam, though highly agriculturally productive could not take their produce to the market.

In Yambio County, farmers in the highly productive maize belt have been the biggest beneficiaries of the construction of the 5.7km Yambio-Baguga road, which will now ease transportation of produce to the market.

SPOTLIGHT ON RESULTS

2,524 hoes & 705 axes supplied
2 motorised maize shellers supplied

1 walking tractor procured and distributed to a farmer group in Yugufe, Morobo for ploughing.

74,900kg (74.9 tons) of assorted seeds (maize, sorghum, rice, beans and groundnuts) supplied to farmers in both Counties.
1,010 bags of TM-14 cassava cuttings supplied to farmers in Yambio.

1,612,000kg (1,612 tons) of cereals and 418,000kg (418 tons) of pulses produced.
Gross surplus of 820,000kg (820 tons) of cereals and 376,000kg (376 tons) of pulses was realised.



PROJECT INFO

Project duration: Aug 09 – Dec 2011
Donor: The World Bank/MDTF/MAF

Construction of stores Promotes storage and marketing of produce

In Yambio, 2 stores each with a capacity of 180,000 kg were constructed at Ri-Langu and Bangasu Payams. 1 larger store with a capacity 500,000kg was constructed for the Yambio Farmers Association.

In Morobo, 2 stores at Gulumbi and Panyume were renovated and one new store constructed at Ombaci.

The construction of these stores is timely as they will leverage the marketing capacity of farmer cooperatives by facilitating storage of large volumes of produce, which was initially unattainable.



Value addition Improving incomes and access to food

Beyond increasing production, the capacity to improve farm produce through value addition was developed and improved. One agro processing facility run by a farmer's cooperative is now operational at Yugufe in Morobo County and is set to boost production of quality maize flour.

The plant was inaugurated by Dr. Anne Itto Leonardo, the Minister of Agriculture and Forestry-GoSS in the presence of the World Bank Vice President for Operations, policies and country Services, Mr. Joachim von Amsberg when he visited the project in September.

In Yambio, two agro processing facilities for maize milling and rice hulling were constructed at Ngindo and Ri-menze respectively and will be installed with machinery in January 2011.

The milling plant, the first in the County, is expected to greatly boost the local economy and is a stimulus to increased production of maize by farmers.

Community participation enhanced

Community interests were well represented through the Payam and Boma development committees. Meetings were conducted throughout the year to sensitize the community on project activities and to create understanding on the roles of different stakeholders.

Collaboration with County agriculture departments strengthened.

Throughout the entire year, the project worked with the county agriculture department in the implementation of the project. Capacity of both departments was greatly enhanced through provision of 2 computers and printers, 30 bicycles to facilitate movement to the Bomas and 4 motorcycles for Payam Extension workers to strengthen extension services to farmers.

In Yambio County, farmers in the highly productive maize belt have been the biggest beneficiaries of the construction of the 5.7km Yambio-Baguga road, which will now ease transportation of produce to the market.

Spot Light

In December alone, the maize mill produced 104 bags of 10 kgs each of fine maize flour. 19 bags (70kg each) of maize bran, the by-product of the milling process were sold as chicken feed to poultry keepers. Maize production is expected to increase as the market for the produce widens benefitting more farmers and raising the living standards of households.

Promoting Peaceful Co-Existence Among South Sudanese Communities – The Capor Project

In 2010, AAH-I's CAPOR (Capacity building for Post conflict Reintegration) project through its twin strategy of skills building and use of IEC materials worked with creative youth groups who serve as information dissemination groups, artists and musicians as well as women and youth leaders, church leaders and ordinary community members to disseminate messages aimed at fostering peace and development in 4 Counties (Maridi, Mundri West, Yei and Juba) in Western and Central Equatoria States.

During the year under review, messages on promoting peace as well as educational messages about essential development issues

such as hygiene and sanitation, disease avoidance and advocacy on issues such as education, violence and alcohol abuse were developed and disseminated through use of drama and puppetry, billboards, songs, radio dramas, and other mediums to reach out to communities.

PROJECT INFO

Project duration: Jan 09 – Dec 2011
Donor: EED (Church Development Service)

Achievements

- 435 participants ranging from paint artists, drama groups, Boma development committees, the youth, and CBO's were trained on peace building and conflict transformation, Community Action Plans (CAPs), script writing and development, drama skills, costume design, puppetry construction and message development.
- 3 desktop computers were provided to groups in Yei, Mundri and Maridi for information dissemination.
- 4 billboards were erected in Maridi, Mundri, Yei and Wondurba to disseminate messages on girl child education, gender based violence, peace and early marriages.
- 4 drama groups from Mundri, Wondurba, Yei and Maridi were trained on good governance.
- 2 drama groups - Ombasi Dynamic Community Education for Transformation and Mundri Active Youth Association were assisted to register as Community Based Organisations (CBOs) to enhance their sustainability.
- 48 drama shows were performed to 14,186 participants on tolerance, peaceful co-existence, civic education, health and reconciliation in Ombasi, Mundri, Yei and Maridi.
- 16 puppetry shows were performed in Mundri, Yei and Maridi to 9,747 people.
- 4 puppetry groups from Ombasi, Mundri and Maridi Boma were trained on costume making and puppetry construction and also received costumes to enhance their performances.
- 3 paint artists received materials throughout the year to aid



in production of artworks

- 2500 posters on commercial vegetable production, reconciliation, peaceful co-existence and gender based violence were and distributed in the project area
- 3 peace and reconciliation music concerts conducted in Yei and Mundri and attended by 775 people.
- 14 musicians out of 25 who underwent auditions were assisted to record their songs at CAPOR studio.
- 120 songs in English, Arabic and local languages were produced by the AAH-I Music Education Officer together with local musicians on diverse issues and distributed to Radio stations in Juba and Yei e.g. Radio Juba, Spirit FM, Bhakita, Liberty and Junubna.
- 50 local musicians were trained on song development, scripting, audition and recording techniques
- 16 episodes of radio drama on civic education, peaceful coexistence, health, agriculture and return & reintegration were recorded. 8 episodes on radio drama were aired in radio stations in Juba and Yei respectively.
- 2 music videos of the best songs were produced that promoted agriculture and peaceful co- existence.
- 1 documentary on group sustainability approach was produced with 18 actors of Mundri Active Youth Association (MAYA).
- A large number of CAPOR-produced movies highlighting peace and development issues were screened at market centers, bars, health facilities, schools, churches and other public places throughout the 2010.

AAH-I Advancing Primary Health care in South Sudan

In 2010, the AAH-I South Sudan primary health care programme, in collaboration with the County Health authorities provided essential health services to a combined population of 1 million people through 77 primary health care facilities comprising both PHCCs and PHCUs in Western and Central Equatoria States in the counties of Mundri West, Ibba, Maridi, Linya, Morobo and Yei. In addition, AAH-I continued to support the Maridi Civil Hospital in Maridi County, which is a prime referral facility for the PHC network.

In the year under review, AAH-I implemented two additional projects that sought to strengthen and integrate HIV/AIDS interventions into the main PHC programme through provision of Prevention of mother to child transmission (PMCTC) and antiretroviral therapy (ART) services. AAH-I also continued to support the training of the much required health care workers through the Maridi Nurse Training School. AAH-I has been involved in the school since 1992 and is supporting the training of certified nurses, community midwives and community health workers.

Regional Primary Healthcare Programme

The Regional PHC programme is one of the main health programmes covering the Counties of Ibba and Maridi in Western Equatoria and Yei, Morobo and Lainya Counties in Central Equatoria State of South Sudan.



The newly renovated Maridi Hospital Theatre

Achievements

- Maridi Hospital operating theater was renovated by the government and modified to have two operating rooms, easing delays and reducing patient waiting time for surgeries. The male and female wards were also renovated.
- 4,499 children were fully immunized and 6,769 mothers were vaccinated against tetanus. The RPHC programme has been able to meet and surpass the Government set targets for EPI coverage in Maridi and Yei counties where it is working.
- RPHC participated in treatment of 42,546 adults and children for Onchocerciasis with Mectizan under the African Programme for mass treatment.
- 2,925 mothers attended Ante natal care.
- 1,795 mothers were delivered by qualified staff.
- 164 health workers and hospital staff were trained on vaccination, malaria, Integrated Management of Childhood Illness (IMCI) and nursing care.

HIV Treatment and Care Center Opens at Maridi Hospital

Since April 2010, AAH-I has been running an Antiretroviral Therapy center at the Maridi Hospital with funding from the World Health Organisation. The project is in partnership with Health and Development for All (HADA), a local community based organization. The Maridi hospital serves a population of 128,060 and acts as a referral center for 13 primary health care facilities spread across several Counties.

The ART center has brought treatment closer to a rising number of HIV patients who initially had no access to lifesaving treatment. Although the AAH-I led Regional primary health care programme has been running HIV services in the areas of voluntary counseling and Testing, PMTCT (prevention of mother

to child transmission), and screening of blood for transfusion at the Hospital, ART services were unavailable.

The gravity of the disease was already being felt. For example in 2009, 171 HIV positive clients were identified in the hospital. Patients who tested positive were normally referred to distant ART sites, the nearest being Nzara over 100 miles away, or Juba, which is double the distance on difficult roads. Many patients simply couldn't make it, mainly due to cost of accessing the sites and many went back home to die. The Maridi ART center is part of the response to addressing the health care needs of people living with HIV/AIDS in Southern Sudan, Maridi in particular. It aims at providing comprehensive HIV/AIDS care and treatment.

Achievements

- Enrollment of clients at the ART center continues to rise. By December 2010, 113 clients had enrolled at the ART center and 29 of these are on treatment.
- 30 ART Staff were trained by WHO on ART and universal precautions and monitoring tools.
- 2,700 people were reached with HIV/AIDS awareness messages including testimonies of those living with the disease during the World AIDS day. This has significantly led to many people knowing their status and in reducing stigma associated with HIV/AIDS.
- 4,032 male and female condoms were distributed at the ART center and more are to be distributed through the primary health care centers.
- 171 people received VCT services and 552 mothers received

PMTCT counseling.

- The ART Center has also received appropriate equipment, which includes a CD4 machine, hematology analyzer, chemistry analyzer and a generator from WHO to enhance its capacity to carry out the necessary diagnostic tests for patients. 10 clients have already had their baseline CD4 counts established.

The main challenge with this project was:

- Non-compliance to treatment by some patients. Most patients fail to collect their medicine on time. The center is putting in place measures that will ensure regular follow-up of patients through support groups and home visits.

Hope for families

Mr. and Mrs. Abay visit Maridi Hospital with unspeakable joy. Two years ago, they visited the hospital desperate for answers to many questions they had. For eight years they had been married, they had only experienced great pain and discouragement. Every time Mrs. Abay conceived she couldn't carry her child to full term. Three miscarriages had left the family broken and miserable.

After a long search for a solution, the couple followed their friend's advice and visited Maridi hospital. At the hospital, Mrs. Abay was examined and it was discovered that she suffered from cervical incompetence or insufficiency that prevented her cervix from remaining closed throughout the pregnancy. The thought that the problem could be solved sent warm feelings of joy and happiness in their hearts. After examination, Dr. Ratib, the AAH-I doctor working in Maridi Hospital advised Mrs. Abay to undergo a procedure called Shirodkar Stitch to ensure that her cervix remains closed until delivery of the baby. Mrs. Abay

followed the Doctors advice and had the procedure done. She conceived and gave birth to a healthy baby girl.

Southern Sudan faces many challenges in its health sector including shortage of trained health workers and poor infrastructure, which has made it difficult for the majority of the population to access quality health care. Pregnant women in Southern Sudan face staggering odds of death and disability due to lack of access to safe motherhood services, poor birth practices among other factors.

Maternal health services not only benefits individual women but also bring invaluable gains to families and society at large. Access to skilled healthcare staff, drugs and equipment at the Maridi Hospital has allowed for handling of reproductive health issues for women like Mrs. Abay and others and given hope to many families.

Lifesaving AIDS treatment brings hope to many

Fozia Bullen's high-cheek bone smile is not the only thing you notice. She is full of genuine warmth, something that makes it easy to talk to her. On this particular day, the 29-year old is at the Maridi ART center collecting her drug ration for the month. She is a far cry from the sickly woman who turned up here three months ago with severe chronic diarrhea, itchy body rash, loss of appetite and severe weight loss. She is full of vitality and her skin radiates with health. The appetite has improved and she has gained some weight. The diarrhea has also stopped and the rash is gone.

Fozia was diagnosed with HIV in 2009 during a routine antenatal visit. She started falling sick after the birth of her child and by July 2010, her health had gone from bad to worse. When she came to the center, opportunistic infections were ravaging her body. She was immediately put on a course of treatment as further clinical assessment and tests were done to determine how badly her immune system was compromised. A CD4 cell count – a test that is done to reveal how a person's immune system has been damaged by the HIV virus – was also done that found the cells to be less than what is recommended. The decision was made to start Fozia on Anti retroviral treatment. "The people at the center gave me a lot of information and practical advice about how to take my medicine without fail and also to eat well. I have been taking the medicine for the last three months and I feel so much better", she tells us with a smile. "I am able work once more on the farm. The problem I have with the drugs is hunger; when I take the drugs I feel hungry and I sometimes get headaches. So I have to keep eating."

During Fozia's last visit, she promised to bring her one-year old child for testing, which she did and the child is free of HIV. Fozia was given Nevirapine during child birth to help reduce chances of infecting her child. This confirms the usefulness of Nevirapine, which is being administered to HIV positive mothers at the hospital during birth.

Testimonials by satisfied ART clients flowed during the recent 2010 World AIDS day celebrations in Maridi. In a region where there are literally no roads, the few ART centers around the country are out of reach for those who really need their services. Many people



living with HIV/AIDS have no option but to survive without life-saving medicine. One woman could not contain her joy as she narrated to the huge crowd that had gathered for the celebrations how the Maridi Hospital ART center had changed her life since its inception. She said, "I was tested positive for HIV in 2005. I started falling sick every now and then. I went to hospital. I was referred for treatment to Juba. Since then I have been getting my drugs from Juba, a distance of 146 miles from here, which is very expensive for me. When the ART center for Maridi opened in April, I was the first client to enroll. I thank the people who thought of bringing the drugs to Maridi."

The Maridi Hospital ART center established in April 2010 has brought relief to patients like Fozia and more than 20 others. AAH-I is backing the Ministry of Health of the Government of South Sudan in this project. Though the true prevalence of HIV in southern Sudan remains unknown, what is clearly evident is that the demand for comprehensive HIV/AIDS care – especially antiretroviral therapy has increased in the past few years. The

Maridi ART center supported by AAH-I with funding from the World Health Organisation (WHO) is part of the response to addressing the health care needs of people living with HIV/AIDS in Southern Sudan, Maridi in particular. It aims at providing comprehensive HIV/AIDS care and treatment for population in surrounding areas.



PMCTC Project: Saving Lives

The Prevention of Mother to Child transmission of HIV (PMTCT) is an important preventive measure which helps to reduce the risk of HIV transmission from Mother to her unborn baby.

AAH-I with funding from UNICEF launched a PMCTC project in October in an effort to strengthen the integration of PMTCT services into the Primary Health Care Programme (PHC). The project, which is operating in Ibba PHCC, Maridi Hospital and Mundri PHCC, seeks to boost AAH-I's efforts in up scaling PMCTC services that

have been offered to mothers since 2008. Its implementation is through community level awareness campaigns as well as facility based health education and provision of counseling and testing to the pregnant mothers.



PROJECT INFO

Project duration:
October 2010 - November 2011
Donor: UNICEF

Achievements

- Puppetry and drama were used in 6 HIV awareness campaigns that reached 4,000 people in Mundri west, Olo, Kozi, Maridi, Rasolo and Mambe payams.
- 1,610 mothers received counseling and HIV/AIDS information.
- 7,030 condoms were distributed during the awareness campaigns.
- 1,679 mothers received information on HIV during health education in ANC clinic, at least 50 HIV positive mothers supplied with Nevirapine.
- 40 health care workers were trained on PMTCT.

Up-scaling Maternal Health Services through Training of Community Midwives in Maridi, South Sudan

In January 2010, the second in-take of 18 community midwives (CMWs) trainees took place under the UNHCR funded project that is training Sudanese women, selected by their respective communities, as CMWs at the Maridi Nurse Training School.

Only 5% of the births in South Sudan are attended by skilled personnel. By increasing the number of skilled health workers, the project is contributing to reducing the unacceptably high number of deaths of mothers and infants in South Sudan.

The project is also supporting government's commitment to train skilled workforce necessary for scaling-up quality healthcare to communities.

In August, 11 trainees from the first intake sat for their final exams administered by the Interim Examination Board of the Ministry of Health-GOSS. The current students are expected to proceed for three months community placement in surrounding primary health care units and centers under the Regional primary health care programme before sitting for their final examination in July 2011.

The Maridi Nurse Training School was established in the 1960s to train nurses for the Western Equatoria hospitals (Maridi, Yambio, Nzara and Tombura). The school was temporarily closed in 1989 during



the civil war but resumed in 1993 and commenced training of community based health workers who included community health workers, maternal and child health workers and traditional birth attendants. In 1995, nurse training was re-introduced and intake of students was expanded to include other South Sudan States. In 2006, training of maternal and child health workers was stopped by government and replaced with training of more qualified community midwives.

The school receives support from the Regional primary health care programme funded by EED, through privately sponsored students funded by other NGOs such as Concern, Cordaid, Tearfund, USAID and from the UNCHR. In 2010, the Ministry of Health for Western Equatoria State sponsored 8 students for community midwifery training.

Up to 2010, the school had trained over 700 health workers in the different cadres. Currently the school has an enrolment of

73 students in three programmes – certified community nurses, community midwives and community health workers.

Maridi Nurse Training School has plans to expand its infrastructure to cater for the growing need of training health care workers in South Sudan. This includes construction of a dormitory and a demonstration room for teaching practical skills and equipping the library.

The Basic Package of Health Services (BPHS)

In August 2010, AAH-I, in partnership with County health departments began implementing the two-year BPHS project in Yei and Morobo Counties in Central Equatoria State (CES). The project is funded under the Multi Donor Trust Fund (MDTF) and is managed by the Norwegian People's Aid (NPA) – the principle grant recipient.

The project was officially launched in Yei and Morobo on the 23rd and 24th of September 2010 during a twin-occasion attended by Government of South Sudan (GoSS) officials, State and County officials, NGO officials, religious leaders and local authorities. The Commissioners of the two counties were the guest of honor.

In this partnership, AAH-I is contributing its 20 year's expertise in health and development to deliver essential health services in the two counties. The project is supporting 32 health facilities – 3 Primary health care centers



Achievements

- All key project staff were recruited and are working.
- Most of the key project assets to support operations were procured.
- Curative services in all MDTF supported facilities are available.
- Formation and training of Health committees in Otogo and Lasu Payams in Yei County.
- Training of vaccinators in Yei county
- Training of Traditional birth attendants in Morobo county.
- All key essential health services including EPI coverage was carried out in the facilities.
- 10 Essential drugs were provided to the facilities.
- Training of health workers in all facilities in managing important ailments was done.

Mundri Health Transformation Project (MHTP II)

In 2010, MHTP supported the delivery of a package of high impact health services to a population of 33,975 people in Mundri West County in West Equatoria State through a network of 17 health facilities (3 PHCCs and 14 PHCUs). MHTP is part of the Sudan Health Transformation Project Phase two (SHTP II) that is working to transition health service delivery from relief to development by expanding access and coverage. SHTP II is led by the Management Sciences for Health (MSH) and funded by USAID.

Community leadership making a difference

Boma Health Committees (BHC's) are playing a significant role in the promotion of community participation in delivery of essential health services especially in Mundri West County where AAH-I re-trained 17 such committees on their roles. In 2010, the BHCs made a remarkable contribution in the community mobilization especially for immunization programme. Mabrook Mangum, the chairperson of the BHC for Kotobi PHCC said, "Before we were not doing so well in health activities but now, we are very happy because we have been trained and now know the importance of our committees promoting health services among our people and we hope to do much better in the future."

Achievements

In 2010, MHTP surpassed most of the set targets in the service delivery categories. This success was attributed to a committed team of players that included AAH-I, the County health department of Mundri West and the community.

- 1,612 children under 1 year were immunized against planned target of 648 for DPT3 Coverage. This achievement was due to the availability of vaccines, re-establishment of 11 out of 17 Village Health Committees (VHCs) and proper community mobilization especially through drama & Puppetry shows by MAYA which has been trained by CAPOR.
- 1,464 (179%) pregnant women attended 1st ANC against a planned annual target of 816. 695 (170%) pregnant women attended the 4th antenatal visit against the planned annual target of 408.
- 340 (113%) of the deliveries were assisted by skilled birth attendants in comparison to the planned annual target of 300. These results were attributed to recruitment of 3 Community Midwives (CMWs) and intensified health education during antenatal visits.
- 1,565 (144%) of pregnant women received longlasting

insecticide treated nets (LLITNs) against the planned annual target of 1088.

- 4,372 (226%) clients were reached through community outreach that promotes HIV/AIDS through abstinence/being faithful, compared to the planned annual target of 1932.
- 4,030 (600%) clients were reached through community outreach that promotes HIV/AIDS through abstinence, compared to the planned annual target of 672. This achievement was due to the training of 25 Peer Educators on HIV/AIDS prevention and their role in the community outreach.
- The project facilitated a variety of trainings for a total of 1,034 different categories of health care workers and community leaders on topics that included Expanded Programme on Immunization (EPI), Integrated management of childhood illnesses (IMCI), Breastfeeding, Malaria management and prevention, hygiene promotion, HIV peer education, family planning, VCT and PMCTC counselling skills and leadership training for Village health committees.

MSH President Visits MHTP II Project Sites

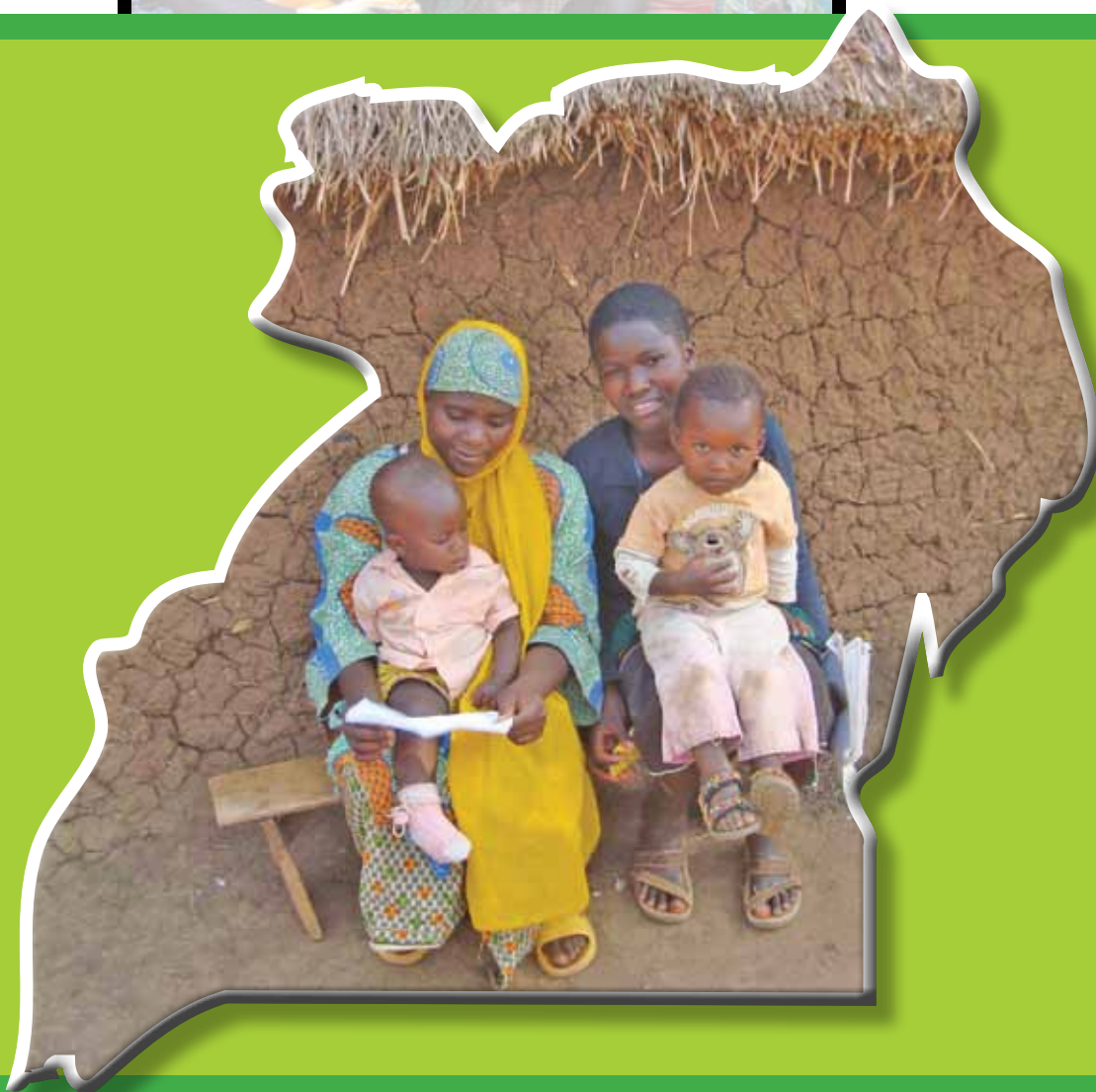
Dr. Jonathan Quick, the President and Chief Executive Officer of Management Sciences for Health visited MHTP project sites in November 2010. At the end of an eventful visit to numerous remote health facilities and meeting health care workers, Dr. Quick had this to say: "The commitment, resilience, and persistence against all odds of the people and the organizations such as AAH-I that our team is working with are what I believe will build responsive, sustainable local health services that deliver high impact interventions for the South Sudanese people". In particular, Dr. Quick was encouraged by the good progress that the Government of South Sudan and its partners like AAH-I have made in the health sector in the last five years since the signing of the Comprehensive Peace Agreement (CPA). He said MSH would remain committed to helping improve the health of Southern Sudanese people through and following the 2011 Referendum.

Dr. Quick was accompanied on his visit by Dr. John Pasquale Rumunu, the Technical Director for SHTPII, Bud Crandall, the Chief of Party of MSH's HIV/AIDS Care and Support Program in Ethiopia, Dr. Fred Hartman, the MSH Global Technical Lead of Communicable Disease and Epidemic Preparedness and Dr. Omer Yahya, the coordinator of AAH-I MTHP project.



PROJECT INFO

Project duration: December 2009 - November 2011
Donor: USAID through MSH



AAH-I in Uganda: Highlights 2010

Overview

AAH-I has been working in Uganda since 1993, providing assistance to refugees that initially came from South Sudan and later from other countries that have included the Democratic Republic of Congo (DRC), Burundi, Rwanda, Ethiopia, Somalia and Kenya. In 2010, AAH-I Uganda refugee interventions aimed at improving the standards of living of the refugees in the Settlement and the nationals in the host areas focused on health, water and sanitation, community services (including care of persons and children with special needs), education and environmental conservation.

PROGRAMME HIGHLIGHTS

The multi-sectoral assistance programme was implemented in Kyangwali, Kiryandongo, Adjumani and Palorinya Refugee Settlements which are located in Mid-Western region, 86 km, south west of Hoima district, and in Adjumani and Moyo districts respectively. The programme is being implemented under a tripartite agreement between UNHCR, Office of the Prime Minister (OPM) in Uganda and AAH-I. The combined population for refugees in the three locations was 31,754. Congolese form the majority (comprising 50% of the total population), followed by Sudanese (46%). Kyangwali hosts the highest number of refugees (59.4% of the total), followed by Adjumani (24% of the total). Most of the Congolese refugees (99.2%) are settled in Kyangwali, while the majority of Sudanese (52%) reside in Adjumani

The Uganda programme underwent an organization-wide restructuring towards end of 2009, which resulted in downsizing, (particularly in Moyo and Adjumani) and the exit of a large number of staff from all locations. A major recruitment exercise at the beginning of 2010 has enabled recruitment of top quality staff that have ensured both quality and scope going forward.

- In September 2010, Uganda launched its 2010-2014 Strategic Plan at a ceremony in a Kampala hotel graced by Hon. Echweru Musa Francis, Minister of State for Relief, Disaster Management and Refugees. The plan whose implementation started in January 2010 is expected to deliver on four strategic objectives - enhancing the primary health care (PHC) approach, pursuing a regional development approach, beyond refugees to host and other communities response to emerging and changing environment and institutional strengthening.
- The first National Board for the Uganda programme was appointed and inaugurated during the launch ceremony. Its members are Dr. Noerine Kaleeba, Ambassador Bernadette Olowo-Freers, Dr. Jesse Kagimba, Prof. Francis Omaswa and Prof. J.H Nyeko Pen-Mogi and Dr. Vinand Nantulya. Uganda hosted the second biannual meeting of the AAH-I International Board in early September. The Board toured the Kyangwali refugee programme in Hoima District and called on the United Nations High Commissioner for Refugees (UNHCR)

Hoima field office and several local government department heads in Hoima District.

Funding

- UNCHR was the major donor supporting the Uganda programme in implementing the multisectoral programme in the three settlements. The Japanese government funded the construction of 8 classrooms in the Kyangwali settlement.
- AAH-I Uganda won a grant of Euro 1,761,866 from the European Commission to implement a 3-year project on Enhancing local capacities of refugees in South Western Uganda. The grant will support livelihoods activities both within refugee settlements as well as host and other communities.



PROJECTS IN 2010

Moyo/Adjumani Refugee Settlements

9,642 individuals (2,006 in Palorinya and 7,636 in Adjumani), of which 332 individuals were Persons with Special Needs (PSN's) were assisted in 2010. The two settlements mainly catered for Sudanese and Congolese refugees. In 2011, an estimated 4,412 refugees will

repatriate to South Sudan. The main interventions carried out during the year under review included water and sanitation, community services and addressing sexual and gender based violence (SGBV).

Achievements

- SGBV occurrence was significantly reduced amongst nationals and refugees through creating awareness using radio talk shows, drama shows, parades, training, sensitization meetings and campaigns. All SGBV cases reported were followed up and adequate legal measures taken; all survivors were offered medical, emotional, material and legal guidance.
- 2 training workshops for 23 psychosocial volunteers were conducted to build skills in support to SGBV survivors.
- 2 drama groups of 50 members each chosen from the Functional Adult Literacy Centers (FAL) were trained and involved in dissemination of awareness messages.
- 18 awareness drama shows were staged and a total of 1,080 community members were reached.
- 3 Radio shows were aired to create awareness.
- One awareness march or parade was conducted in Adjumani town where 1,600 people were sensitized.
- Participation of the community in GBV prevention and response was achieved through holding of 62 community based sensitization meetings that targeted 2,053 persons.
- 74 vulnerable children affected by physical abuse, child labour, physically disabled, neglect, survivors of SGBV and orphans living with elderly grandparents were supported with school fees, scholastic materials, non-food items, personal effects, mattresses, sanitary towels and transport to school.
- 2 training workshops for 55 senior teachers on child protection and SGBV were conducted in integrated primary schools of Adjumani and Moyo district.
- 113 adults with special needs (elderly and physically disabled) were supported in land opening, hut repair/construction and latrine (22) construction. Others were provided with mobility devices.
- 869 members of 14 different cultural groups were supported by AAH-I to participate and mobilize the community in the celebration of 4 International days - The International women's day, World refugee day, World AIDS day and the Sixteen days of activism/ International human rights day for

Palorinya and Adjumani settlements.

- 100 boreholes were repaired and are fully functional and in use by the community. The community contributed towards operation and maintenance in both settlements.
- Water supply to Mungula Health centre was improved and sustained throughout the year through use of tankers.
- 9 Community based pump mechanics were trained in borehole repairs and maintenance,
- 2 trainings of 180 persons were conducted for water committees.
- Good sanitation practices in both settlements were maintained. All households have and use pit latrines, have and use wash rooms, have refuse pits, have drying racks,



practice hand washing, use safe water and have clean compounds.

- A sanitation campaign was done in which over 400 posters were distributed and 1,650 persons reached.
- 2 trainings for 80 people for good hygiene practices were done.
- 22 community based sanitation workers were trained on health education and sanitation
- 20 latrines in schools and health centers in Adjumani were drained.

Kiryandongo refugee settlement

In 2010, the Kiryandongo refugee settlement catered for 3,257 refugees – 2,097 Sudanese, 1,105 Kenyans, 45 Congolese and 10 Rwandese. The main activities included community services and environment conservation efforts, which led to a 3.7% increase in vegetation cover within Kiryandongo.

An assessment carried out by AAH-I noted that there was rampant environmental degradation in Kiryandongo caused by a number of

factors including: lack of law enforcement on ground, negative attitude and lack of information in the community, land conflicts among refugees, conflicts between the host community and refugees especially with cattle keepers, rampant bush burning and felling of trees for fuel wood. Environment acts as the 'resource base' for both the refugees and host communities where resources for food, shelter materials, herbal medicine, and animal husbandry are derived.

Achievements

- Increased vegetation cover through planting of 37,000 tree seedlings of various tree species on 15.6 hectares of land, which were planted by 5 women groups, 4 schools and 1 farmer. The programme also provided them with assorted pesticides. Tree cutting was minimized through tree marking for 10,487 trees. The programme's efforts reduced long distance travel in search for fuel wood, risks faced such as sexual abuse, by girls and women during fuel wood collection.
- The project promoted sustainable production of building materials by training 85 persons in brick making.
- 47 energy saving stoves were constructed and are being used in homes
- 6 energy saving stoves were constructed at the Panyadoli health center
- 30 community based psychosocial helpers were trained to support and counsel survivors of gender based violence.
- 317 persons were reached with awareness messages on sexual and gender based violence through 12 billboards and 7 video shows on child abuse and domestic violence
- 8 survivors of domestic violence and 2 survivors of child abuse were given protection at a safe house where they were also supported with food items.
- Child protection mechanisms were put in place right from the grass root with the community at the fore front and this contributed towards; reduced child abuse/exploitation, increased reporting and timely provision of holistic support to child survivors of exploitation/abuse.
- 117 vulnerable children – neglected children, orphans and unaccompanied minors were supported with scholastic materials and livelihood items.
- 2,010 mosquito nets were distributed in partnership with African Humanitarian Agency (AHA) to people in need.
- 893 women and girls were provided with sanitary material.
- 541 are Persons with special needs (PSN's) who include: vulnerable children, people with disabilities, the elderly and single parent households were aided in land opening geared

towards food production which increased their food basket and improved their nutritional standards. The PSN's received services that included: hut construction which improved the housing condition, mobility appliances such as wheel chairs and walking calipers to ease their mobility, provision of chicken which helped in improving socio-economic status and material support such as scholastic materials which helped facilitate learning and increased women representation.



Mary Muteru, 70, a Kenyan refugee stands beside her dilapidated house before AAH-I intervened. Below is the renovated house.



Mungano women group comprising of 16 Kenyan refugee women was one of the groups that benefited from support to establish woodlots and vegetable gardens through the agro-forestry system. The group was allocated one acre of land on which they planted eucalyptus trees and tomatoes. They were continuously offered routine supervision on integrated pest and disease control through on-farm training. During the last season, the group recorded a bumper harvest of 2,070 kilogrammes of tomatoes which they sold at a unit cost of 500 Uganda shillings per kilogram raising UGS 1,035,000 in a period of only 3.5 months.

Kyangwali Refugee Settlement

Among the three settlements, Kyangwali had the highest number of refugees at 18,052, majority of them; about 15,000 are from the Democratic Republic of Congo and the rest from Rwanda, Sudan, Kenya, and Burundi. Since inception, Kyangwali settlement has dominated in food production and most of the refugees are engaged full scale in agriculture such that the settlement is now a major producer of food in the region, supplying especially the nearby Hoima town. Other refugees are involved in fishing and cattle keeping.

In 2010, AAH-I implemented an integrated programme in Kyangwali addressing education, health, water and sanitation,

community services – that includes addressing sexual and gender based violence, care of people with special needs and strengthening of community systems and structures that allowed for active refugee self-management. This resulted in the community enjoying safe drinking water provided through 55 functional water points and 28 supplementary water storage tanks. 4 health centres continued to function effectively, providing both in and outpatient services and outreach health services. Infrastructure development especially the construction of 8 additional classrooms led to increased school enrolment. An improved road network assisted the farming community to take their produce to the market.

Achievements

- 11,740 refugee community members were sensitized on sexual and gender based violence (SGBV) through meetings and awareness campaigns.
- 96 SGBV survivors were provided with psychosocial support, access to medical and legal services and provided with post exposure prophylaxis (PEP) kits.
- 83 school going vulnerable children were provided with school materials and fees while 126 children were placed in foster care.
- 2 breast feeding groups to support mothers were established
- 1,362 nutrition education sessions were conducted for mothers to promote good child feeding practices. 6 demonstration gardens to promote vegetable growing were established. 18 community health workers and 2 health staff were trained on appropriate infant and young feeding practices.
- All 4 Health centers conducted growth monitoring for 1,756 children.
- Health services at Kyangwali settlement were improved by recruitment of health staff including doctors, nurses, midwives and other support staff.
- 53,000 patients were served through 4 health centers in Kyangwali settlements.



- 900 children under 5 years were immunized.
- 2,046 women accessed antenatal, postnatal and family planning services.
- 5,456 persons received HIV services that included: ART, VCT and PMTCT.
- 40,000 people were reached with HIV awareness messages through drama shows and IEC materials such as posters.
- 143,726 male condoms and 2,445 female condoms were distributed.

- One rain-water harvesting storage tank of 75,000 liters capacity was installed at the Rwenyawawa Health center.
- 9 boreholes were flushed and de-silted.
- 44 hand pumps and 6 rain water storage facilities were assessed and repaired.
- 115 Water Source Committee members were trained on operation and maintenance of boreholes.
- 2,500 girls were supported with scholastic and sanitary materials.
- 6 primary schools provided with learning materials and education facilities such as classrooms and latrines.
- 102 teachers were trained safe learning environment and teacher's code of conduct.
- 8 classrooms were built in four primary schools namely improving the classroom pupil ratio from 1:181 to 1:157
- 114 desks were procured for the schools.
- 3 units of 4 rooms were constructed to house teachers
- 14 community dialogue sessions helped improve community participation in school activities. 10 mothers and 52 dropouts were restated to school. Introduction of peer counseling has helped in the promotion of positive behavior. Open days held in 6 primary schools to enhance parents participation in their children's school work.
- Persons with special needs were supported with relief items such as: soap, buckets, hoes, panga, slashers, blankets, basins, tarpaulin, kitchen sets, sleeping mats mosquito net, jerry cans and building materials. 53,262 packets of sanitary pads and 57,544 pieces of laundry soap to 4,751 women and girls of concern.



I am not losing hope

Masimango Amina, 16, lives in Kyebitaka village, one of the many villages that make up the Kyangwali settlement. Her world came crumbling down when she was raped by her jilted boyfriend. She conceived and bore a baby boy.

Despite a difficult pregnancy and becoming a mother at a tender age, Amina did not lose hope of continuing with her education. She received continuous support and encouragement from AAH-I community services staff and her mother and soon after, she was able to go back to school. The project provided milk for her baby to take during her absence.

Amina is on her way to becoming the nurse she has always dreamt of since childhood. She has recently passed her Primary Leaving Examination and has been admitted for Universal Secondary Education at the Kyangwali Senior School.

She has vowed to educate other girls so that they don't fall into the same trap. She is also happy that she has reached this far through sheer determination and the immense support that she received from the community services sector and her mother.



"It has not been easy going back to school. As young mothers, we were insulted and laughed at, but we held on. I thank community services for supporting me with milk and scholastic materials. I still request them to support me so that I achieve my dream of being a nurse", says Amina.

Early marriages and unwanted pregnancies disrupt the education of many girls in Kyangwali.

The AAH-I Community services component puts in efforts to support and encourage such girls to continue with education amidst difficulties. The ambitions of child mothers in continuing with education has been kept burning through encouragement and material support.



AAH-I in Zambia: Highlights 2010

Overview

Action Africa Help International (AAH-I) started operations in Zambia in October 2001 on request of United Nations High Commissioner for Refugees (UNHCR) to take over the running of refugee operations in areas of health, nutrition, water and sanitation in Kala Camp, Kawambwa District in Luapula Province. In January 2009, AAH-I moved into Mwange Camp in Mporokoso District in Northern Province of Zambia to carry out similar operations.

In 2010, AAH-I provided basic humanitarian assistance to about 9,940 Congolese (DRC) refugees in Kala (4,834) and Mwange (5,106) camps. 18,000 members of the host community also benefited from the interventions.

PROGRAMME HIGHLIGHTS

The year 2010 was a significant year for the refugee care and maintenance programme implemented by AAH-I Zambia programme for the last 10 years and having assisted 45,000 refugees from the Democratic Republic of Congo (DRC) as well as Zambian nationals residing around the camps. This was the final year of assisted repatriation of refugees which began in 2007 and culminated in the closure of both refugee camps and handing over of remaining assets to the government of Zambia. Official camp closure for Kala Camp was in October and the handover on 9th November. Mwange camp closed on 30th September and the handover took place on 10th November.

Programme growth and development

- AAH-I Won a 2-year grant from the Zambian Governance Foundation for ZMK 383,470,000 for a maternal health project.
- AAH-I won the bid and was selected to implement the Urban Refugee project beginning 2011 funded by the UNHCR.
- Received a one-month grant of 40,000,000 Kwacha from DAPP (Development Aid from People to People) for a community HIV/AIDS Project in Mporokoso district.
- Held discussions with JICA Volunteer Programme, Peace Corps and VSO on possibilities of getting volunteers in the programme.



Highlights for 2010 included:

- A planning workshop for AAH-I Zambia Country Strategic Plan for 2011–2014 was held from the 10th –12th May in Lusaka. It was attended by various stakeholders from both Mporokoso and Kawambwa field offices including government departments from the two districts, as well as AAH-I Zambia Board members and the AAH-I Executive Director and Technical Director. The launch of the Strategic Plan is scheduled for May 2011.
- The first national Board meeting in 2010 was held on the 13th of May 2010.
- Repatriation of the refugees started on 16th March 2010 for those returning to Lubumbashi while for the others the process commenced in May.
- Mwange Refugee Camp closed at the end of September while Kala closed at the end of October 2010 and handed over the Zambian government of 9th and 10th November respectively.
- World Refugee day celebrations were held on 20th June 2010 in both Kala and Mwange camps. The theme was "HOME, THEY HAVE TAKEN MY HOME BUT THEY CANNOT TAKE MY FUTURE".

Achievements

Provision of health care services

In both Mwange and Kala camps, significant strides were made in the control and reduction of malaria, which is a leading cause of death in the region due to its endemic nature. Multifaceted strategies in the fight against malaria were employed with positive results.

For example in Mwange, the number of under five children diagnosed with malaria was almost halved (34% to 19%) while new cases of malaria reduced from 153 to 94 cases/1000/month during the same period in the span of one year. In Kala camp, out of the 4,534 cases seen at the outpatient department (OPD) in

the year under review, 316 were malaria cases, accounting for 6 % of the disease burden. This is a significant reduction, compared to over 800 cases seen in the same period in 2009 in Kala camp.

During this one year period:

- 6000 ITNs were distributed in 2,128 households in Mwanze mainly to pregnant women and all under five children attending the children's clinic. 771 pregnant women received Intermittent Presumptive Treatment of Malaria (IPT) using Fansidar during Antenatal clinic.
- In Mwanze 4 health posts were opened to facilitate quick malaria diagnosis and Community Health Workers (CHWs) trained to do finger pricks for Rapid Diagnostic Test (RDT) for Malaria on every patient presenting with body hotness. This made early diagnosis and treatment possible, reducing the need for admissions for malaria treatment.
- Health education sessions were conducted during antenatal and child clinics reinforced the preventive measures as well the importance of drug compliance. Community sensitization through drama performance and sketches was also done.
- 452 homes in Mwanze were sprayed with insecticides in collaboration with the water and sanitation sector.
- Measles vaccination coverage in both camps was 100% while full immunization coverage was 100%. Only one neonatal death was recorded.
- 159 babies were in 2010 and only 13 of these babies were born with low weight.
- Antenatal coverage for Kala camp remained at 100%

Success in Maintaining Low HIV prevalence

Efforts to tackle HIV transmission in both Kala and Mwanze camp registered success in 2010. A sentinel surveillance survey conducted in 2007 had revealed a 3.5% HIV prevalence rate for Mwanze camp compared to 4.5% in the host Mporokosa District. In Kala, prevalence of HIV remained at 2.1% compared to 8% in the host community. Though interaction of the refugees and the host community is unavoidable, the lower rates in the camps remained fairly constant. A multi-pronged approach was used in prevention campaigns directed at both the refugees and the host community. Activities were funded through the Strengthening of HIV/AIDS Programmes from Refugees project by PEPFAR.

In Mwanze

- 35 lead couples were trained in March and September as peer educators for fellow couples to tackle HIV/AIDS issues and Sexual Gender Based Violence within families.
- A 12-member Home based care (HBC) support group was

formed to encourage positive living for people living with HIV through discussions and engaging in income generating activities (IGAs).

- 20 PLWHA were trained on good nutritional practices in July by a Nutritionist from Mporokoso District Hospital. Participants were drawn from various support groups within and outside of Mwanze Camp.
- Over 1,400 people underwent voluntary counseling and testing (VCT). Most refugees were eager to find out their status before repatriation resulting in a greater response to the testing campaign that AAH-I launched. Those on ART were sent to DRC with three months drug supply. Their medical reports detailing care provided so far and their treatment regimes were also handed over to clinicians in the DRC who would continue care. Other trainings conducted under HIV/AIDS sector were as highlighted below:
- A 2-day induction workshop for peer educators and the lay counselors was carried out in March. 31 youths were trained in behavioral change skills. An exchange visit to the Catholic Youth Association for these groups took place in July. They shared the experiences of HIV programming. They also had practicals in the field to do a community sensitization together in 4 different communities in TAZARA Township. The trip was a success.
- A refresher training for community based distributors for family planning, condoms and Psychosocial counselors was held in June.
- A 6-day capacity building training dubbed 'Channels of Hope' was carried out for 20 church leaders from various churches both from the camp and host communities on their role as church leaders in the fight against HIV/AIDS.
- 301 youth (12 to 20 years) participated in two youth sports camps focusing on abstinence in June and August. The mode of teaching included games, sketches, songs, poems, video



shows, short talks and visual aids. The youth were drawn from both primary and secondary schools from within the camp and the surrounding communities.

- World VCT day was held on 30th June 2010 in both camps. It was well attended and in Kala camp was graced by the inspector of health from Kawambwa District Health office. The occasion was characterized with match past, sketches, drama, and speeches from various organizations including UNHCR. Messages on the importance of VCT were passed to the audience based on the theme, "know your HIV status and access care and support". By knowing their HIV status people will have their mind liberated and at the same time the test acts as a preventive measure to many people. Having to seriously ponder the possible implications of the test results helped foster the resolve to remain negative.

In Kala

- 208 women underwent Prevention of Mother to Child Transmission (PMTCT) programme where only 8 tested positive for HIV. Male involvement in PMCTCT was promoted and a total of 53 men participated.
- 18 video shows on PMTCT were shown during Antenatal clinics.
- 1,195 people underwent VCT and 1 tested positive for HIV.
- 20 peer educators and lay counselors were trained.
- 28 sexually transmitted infection (STIs) were diagnosed and treated. This was a drop in cases - 46 were recorded in the same period in 2009.
- 21,000 condoms were distributed through 5 outlets in and around the camp community.
- 2000 pamphlets carrying HIV messages were printed and circulated 114 T-Shirts carrying Key HIV messages were distributed on VCT Day.
- 23 Youth underwent behavior change training.
- 10 couples participated in couple training workshop as faithfulness ambassadors among fellow couples.
- 20 health Education campaigns were done by peer educators
- 100 people living with HIV (PLWHAs) in both Mwange and the surrounding community benefited from nutritional support in form of food commodities under a partnership between AAH-I and Development Aid from People to People (DAPP) project.

Antenatal clinics

- 1,195 people underwent VCT and 1 tested positive for HIV.
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Water and Sanitation

In Mwange

- Residents of Mwange and the surrounding community were the beneficiaries of 1,050 sanitation platforms (sanplats) from a partnership between AAH-I and Norwegian Church Aid to improve sanitation conditions of pit latrines. Pit latrines in the villages are made of mud bricks rendering the floor muddy and difficult to keep clean. But with the introduction of sanplats, the maintenance of toilets is now easy.

In Kala:

- Provision of water remained at 22 liters/day/per person in Kala camp, well above the recommended 18 litres per person per day.
- Out of 4534 cases recorded at OPD 194 were attributable to diarrhea constituting 5.2% of morbidity in Kala camp.
- Incidence of diarrhea stood at 42 cases/1000/month in Kala camp.
- 58 taps provided water to 3896 people giving an average of 67 persons per tap.

Repatriation of Congolese Refugees and Official Closure of Kala and Mwange Refugee Camps

Since 2007, AAH-I has been actively involved in the voluntary repatriation of close to 40,000 Congolese refugees back to the DRC. In 2010, 8,068 refugees (4,678 from Kala Camp and 3,390 from Mwange) were repatriated. 1,531 refugees who were hesitant to return opted to be re-settled in Maheba refugee settlement in

the North-Western Province to continue their stay in Zambia. In the first half of the year, the exercise faced challenges arising from low interest among the refugees in returning to the DRC. It however gained momentum in the third quarter of the year due to intensified information campaign conducted by UNHCR, AAH-I and other implementing partners in both camps. An open day was organised for refugees where they interacted and shared their concerns with programme staff. They also received information about prevailing social economic conditions in the DRC. A "Go and SEE and Come and Tell" tour to DRC in which AAH-I, some refugees, UNHCR and World Vision Zambia participated also played a key as it provided first hand testimonies that DRC was conducive for return and this encouraged many of the refugees to return home.



Spot Light

Mulungu is the headman of one of the villages neighboring Mwange refugee camp. His community was among the beneficiaries of the sanitation platforms (sanplats) distributed by AAH-I. He was elated and could not hide his joy: "The pit latrines in our village are far much better than other villages because they look decent inside", he said. "Though most of our houses have mud smeared floors, at least you can find a cement sanplat in the latrine", he stated.

AAH-I Zambia lauded for good work

Two certificates of recognition were given to AAH-I during the twin handover ceremonies of Kala and Mwange camps by the UNHCR Country Representative for Zambia, Ms. Joyce Mends-Cole. They symbolised the commitment and dedication with which AAH-I served the 45,000 DRC refugees for 10 years and assisted their return home.

The successful repatriation paved way for the closure of both camps in September and October and official handover to the Government of Zambia in November. These events were officiated by the UNHCR Zambia country representative, government dignitaries who included the Permanent Secretary, Ministry of Home Affairs Ms. Ndiyai Mutiti and District commissioners for Kawambwa and Mporokoso districts among others. Some of the assets in the camps handed over to the government include the water reticulation system, clinics, schools, cemetery and police post. Kala Camp

is set to host the army while Mwange will be converted into a training institution for young people under the Ministry of Sports, Youth and Child Development.

The closure of the refugee programme in the Northern region, is a major milestone for AAH-I Zambia's work of supporting refugees. It has been a proving ground for AAH-I's capability in running a successful programme that not only met the very basic needs of a displaced people, but also went on to assist the refugees achieve a level of self reliance.

The work with the refugees also presented an opportunity for AAH-I Zambia to carry out activities that also benefited the host communities living around the camps. Future plans will see the Zambia programme engaging with local communities especially in the North in health and development projects.



AAH-I in Somalia: Highlights 2010

Overview

AAH-I has been working in Somalia in Bari and KarKar Regions in the Puntland State since 1997 to improve delivery of Primary Health Care Services in the six districts of Gardo, Waiye, Iskushuban, Bender Beyla, Bosasso and Rako. AAH-I's work in the region has resulted in the establishment of a network of primary health care facilities comprising of a regional hospital in Bossaso and 22 health units (18 health posts and 4 Maternal and child health units - MCHs).

PROGRAMME HIGHLIGHTS

In 2010, AAH-I actively participated in several important forums that will enhance its work in the Somalia health sector.

- AAH-I joined the newly-established Somalia Consolidated Appeal Process (CAPS) under UNOCHA (Office for the Coordination of Humanitarian Affairs). AAH-I Somalia through CAPS joined forces with similar organisations working in the world's crisis regions to produce funding appeals. More than that, AAH-I will utilise CAPS as a tool for coordination, strategic planning and programming and to effectively work with government and other actors.
- AAH-I participated in the Somalia Health Cluster under the coordination of WHO Somalia, gaining access to tools and resources that will help address programming challenges in its health projects. AAH-I collaborated on enhancing the quality of humanitarian action by strengthening leadership, accountability, and local capacity.
- AAH-I in 2010 was an active member of the Health Systems Strengthening Working Group for Somalia working with other health INGOs, LNGOs, UN & WHO on systems that will improve the health delivery in Somalia. In 2010, the group developed health facility working tools - patient cards, hospital registers; MCH registers to be adopted in 2011.
- In January, evaluation of the "Consolidate and Strengthen Health Services" in Puntland project implemented under a consortium led by COSV was completed. It noted among other things that Bossaso hospital has an efficient financial management compared to similar hospitals targeted by the project. This system has allowed Bosaso to generate annual financial statements and to use these in monitoring income and expenditure and as a strategic tool for budgeting. The evaluation however recommended that the hospital should use the information to evaluate the cost of care. The evaluation recommended among other issues the strengthening of the hospital management through training as well as the information system to allow for better utilization of data for planning and decision making.

Highlights for 2010 included:

- New funding for January 2011 to December 2011 for the Hospital project from UNOPS was approved.
- A proposal was developed and submitted to the Common Humanitarian Funding (CHF).
- A Concept note to DFID for PHC support was also developed
- The UNICEF/AAH-I Project Cooperation Agreement (PCA) was reviewed from the previous 1 year contract to a 2-yearly contract expected to start in April 2011. The new contract will allow AAH-I to do longer-term project planning and will help remove the uncertainty of project continuity.
- AAH-I signed an MOU with MOH in June 2010, which stipulates partnership guidelines in areas of sharing project reports, proposals, budgets, code of conduct and roles of both parties in relation to health service delivery in project areas
- The President of Puntland and Ministry of Health officials visited Bossaso hospital in February 2010 to lay the foundation of the new hospital complex.
- The European Commission which has been a major funder for the health sector in Somalia and for AAH-I has stopped funding health programmes. This will have implications of reduced funding that could compromised the technical follow up of health activities.

Spot Light

Bossaso Hospital

...90-bed capacity hospital

...has a dedicated workforce of 80 medical and support staff

...serves an estimated 130,000 Bossaso town residents and 25,000 internally displaced persons, and increasing everyday

...provides referral services to 22 other facilities supported by AAH-I under the community based PHC programme ongoing in 3 districts

PROJECTS IN 2010

Consolidation and Strengthening of Bossaso Referral Hospital in Puntland – Somalia

The project is supporting the Bosaso Referral Hospital, a 90-bed capacity facility situated in Bari region of Puntland that provides essential primary and secondary health services to the population of Bari as well as other regions such as Karkaar, Nugal, Eastern Sanag, Sool, Mudug and parts of eastern Ethiopia.

It is one of the principal referral centers offering maternal, pediatric, surgical and medical emergency referral services to the entire population of Bari Region. Other services include an emergency therapeutic feeding program (out patient therapeutic care and inpatient stabilization care) started in June 2008 and supported by UNICEF / WFP.

Achievements

- Targets of most essential medical services provided at the hospital i.e. admissions, in-patient days, OPD consultations, major surgical procedures, VCT/ART services, X-ray services, mental health services, normal deliveries and nutrition services were reached and others surpassed. Only in a few cases was this not done.
- The project supported the remuneration of critical health personnel i.e. doctors, nurses, other technical staff and support staff. This has boosted the quality of service delivery at the hospital and has ensured that 70% of needed staff are in place and 50% of the hospital departments are run by qualified personnel.
- A training needs assessment was conducted and a training plan developed. 4 psychiatry nurses and 1 doctor were trained to boost mental health services in the hospital. The hospital Health Information Officer attended a course in Nairobi sponsored by UNICEF in the first quarter. 16 midwives and nurses in the hospital underwent continuous in-house training conducted by doctors during ward rounds. Non-medical staff i.e. the hospital administrator and the hospital secretary underwent a two-week management course in Nairobi.
- A review of the functionality of the Hospital Management Committee was conducted and recommendations for improvements implemented, including ensuring representation of all the key departments in the committee during monthly meetings.
- The hospital received a constant supply of essential drugs and equipment throughout the year under review. The hospital acquired orthopedic equipment in the 4th quarter. The hospital has also been able to attract donations from private charities from the

Middle East for both drugs and medical equipment including an X-ray machine from the German Red Cross.

- Community participation, coordination and collaboration were enhanced throughout the life of the project. The hospital was represented in the Ministry of health workshop held in the first quarter. In the second quarter, the hospital was represented in the Ministry of Planning and International Cooperation (MOPIC) workshop in Garowe.
- The construction of an ultra modern wing that will house the Accident and Emergency and Maternity and Paediatric departments got underway at the hospital with support from Qatar Charity. In February, the President of Puntland State H.E. Mr. Abdirahman Mohamud 'Farole' led in laying the foundation of the new building which is set to be completed in June 2011.



The President of the Puntland State, Mr H.E. Mr. Abdirahman Mohamud 'Farole' laying the foundation of the new Bossaso Hospital building.

Integrated Primary Health Services in 6 Districts in Puntland

The project supported 22 health facilities (4 maternal and child health care centers and 18 health posts) to offer health services that laid emphasis on women and children in 6 districts in Bari and KarKar regions.

During the year under review, the facilities provided quality child health care, Ante-Natal Care (ANC) including tetanus jabs, micronutrient supplementation, delivery and Post-Natal Care (PNC) services based on the safe motherhood model.



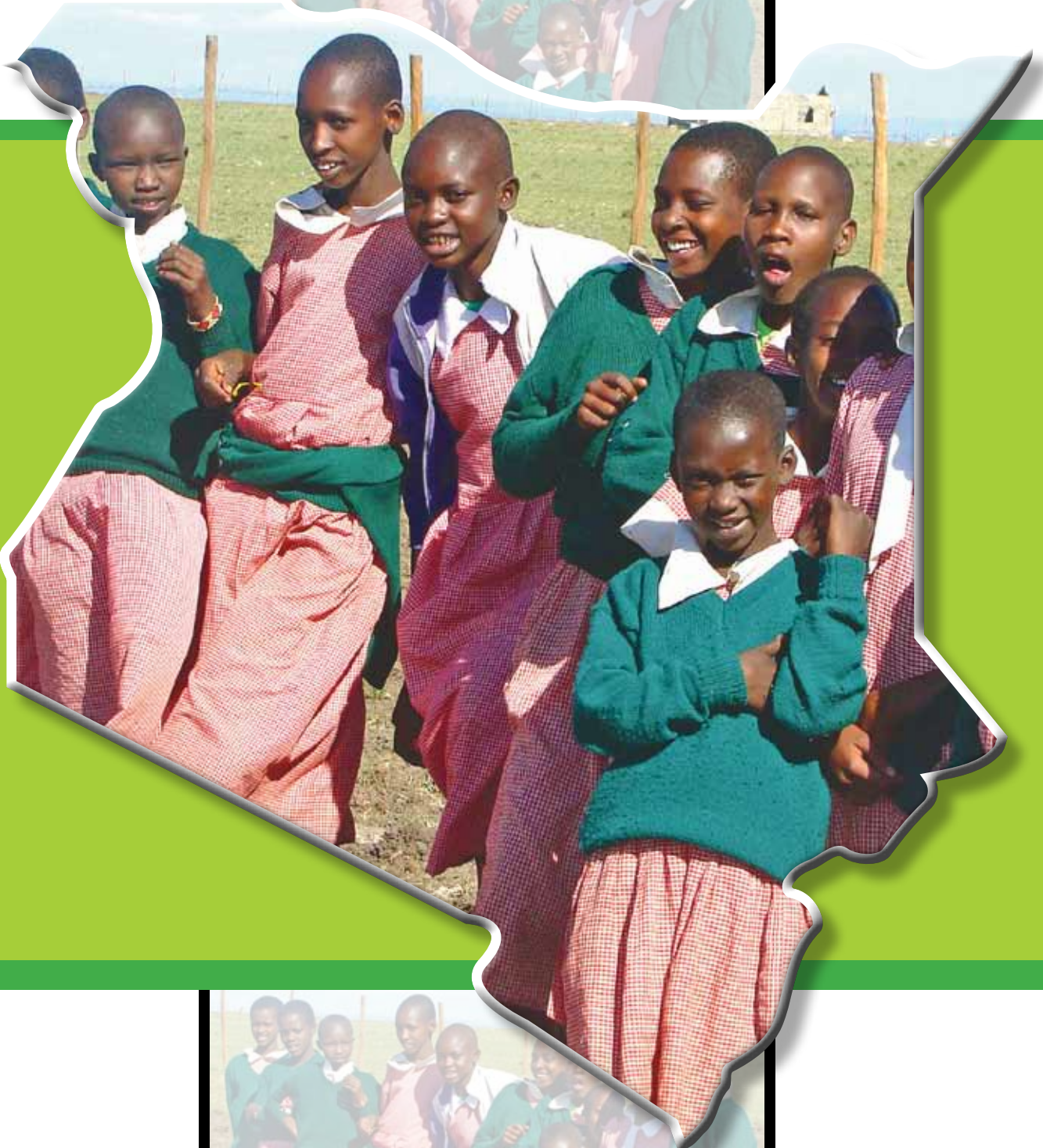
Achievements

- The supply of vaccines, through a partnership, with UNICEF to MCHs and essential drugs to MCHs/HPs was maintained at a regular pace and no stock-outs were experienced during the course of the year. The facilities also had necessary equipments required to provide essential services to the targeted communities.
- All the 22 facilities have undergone rehabilitation works in previous project periods and this has maintained them in good condition to serve the local population.
- 6,000 children received life saving immunization through both routine (at facility level) and outreach EPI/immunization sessions conducted in the six districts. A pre-registration exercise for children under the age of five was carried out in the districts of Gardo, Waiye and Bossaso districts, where AAH-I has been assigned responsibility to conduct immunization by the Ministry of Health. This allowed for the capturing of pertinent data needed for optimal immunization coverage. In addition, all villages covered by AAH-I supported health facilities had a House to house (HH) survey done, which besides other data, provided the exact number of targeted beneficiaries for EPI outreach that was done in the first three months of the ended year.
- 52 health care staff serving in the MCHs and HPs received on-job training for management of common diseases conducted by PHC supervisors. Staff were refreshed during monthly routine on critical skills that include proper history taking of the patient, physical examination, right diagnosis, treatment and follow-up procedures. Supervisory visits by the project's technical team ensured that the patient registers were properly filled and duly updated and that drug storage and consumption followed the laid down procedures.
- 198 Village Health Committees members worked with the project in the year under review and were involved in the management of the health facilities with the aim of improving service provision. As advocates of the community, they provided a link between the community and AAH-I hence the improved utilization of health services. Capacity building through refresher training of the VHCs was done monthly, ensuring they remained empowered in their roles of facilitating delivery of health services and advocacy on health issues such as immunization.

PROJECT INFO

Period: Feb- Nov. 2010
Donor: UNOPS
Budget: \$ 103,546





AAH-I in Kenya: Highlights 2010

Overview

In 2010, the Kenya programme continued to focus on improving the living standards of the nomadic Maasai community in Mara Division, Narok County. The project has been undertaking micro-projects (small scale projects that have a big impact on the communities) within 14 sub-locations that have been identified and prioritized by the communities as reflected in their Community Action Plans (CAPs).

PROGRAMME HIGHLIGHTS

In 2010, the Mara programme engaged in interventions that focused on provision of basic essential services mainly in the areas of water, education and health in partnership with the community and various partners. A total of twelve micro-projects have been undertaken to date.

PROJECTS IN 2010

Olesere Primary School gets a new classroom

The construction of an extra classroom at Olesere Primary School will save hundreds of children the agony of trekking many kilometers each day to another school, or worse still, dropping out of school altogether. The school, located in Talek sub-location, which began in 1997 under a tree has now grown to 287 children (182 girls and 205 boys). The school has 6 teachers and an 11-member school management committee.

But the school only goes up to class 6 and without the proposed classroom the present pupils will have to move to schools that are further away from their homes to continue with learning. Many others, especially the girls, whose education is not well supported in this community will have to drop out of school altogether. To curb this impending crisis, the school community raised Kshs. 200,000 while AAH-I contributed Ksh. 395,000 for the construction of the class 7 block that began in October and was to be completed in early 2011.

The school is an example of a community that embraces the principle of taking charge of their own development as envisioned by the programme initiators in 2005. The community of Olesere has managed to use their own resources, those of government and those of other donors to build the school up to where it is now.

Kenya-Germany School Partnership Programme Started

A school partnership program between pupils in selected schools in Bavaria Germany and those in Mara, spearheaded by AAH Germany, the main donor for the Mara programme, has taken off. Siana Boarding Primary School and Sekenani

Primary School are the first two schools identified to engage in the partnership program. Head teachers, teachers, parents and the pupils are keen to participate in the partnership as this as an opportunity for the children to develop English language communication skills and make new friends that could in some cases last a lifetime as well as learn a different culture. In November, selection of pupils to participate in the programme was completed with Sekenani selecting 26 pupils (13 boys and



13 girls) and Siana selecting 24 pupils (13 boys and 11 girls). It is hoped that once the programme starts running, it will generate interest in more children and become a platform for exchange of experiences between Kenyan and German pupils.

Boarding facility will keep girls in in school

In 2010, AAH-I began working with the Essoit community to source for funds for the construction of a girls' boarding facility that will accommodate 120 girls at Essoit primary school. The

school, established in 1994, has 10 teachers and has a 14-member school management committee.

Preparations for the construction project are at an advanced stage. The Ministry of Public Works was engaged in producing the structural designs and Bill of Quantities for the proposed structure. The proposal was submitted to potential funders in late 2010 and is awaiting approval.

Establishing descent and larger boarding facilities for girls is crucial at Esoit Primary School. It will help keep girls in school and engaged in a learning environment. This is a positive step which will boost education of girls who have registered improved performance and so the need becomes even more urgent. The current one-roomed iron structure that serves as the boarding facility is in a bad condition. It can only accommodate 20 girls of the 122 who need to board. They make their beds on a rough

cement floor with paper-thin mattresses as there are no beds. Another reason why girls need to be kept in school is because they shoulder a heavy cultural burden. They are the most affected and this forces many to terminate schooling. A range of circumstances such as forced and early marriages/pregnancies, child labour, and lack of commitment to the education of the girl child all work together to keep many girls out of school.

Esoit primary school is a beacon of hope for local girls. Although it has not been spared from the spate of dropouts in the past due to some of the reasons expressed above, the school administration is working hard to mitigate the situation. Ms. Amina, the current head teacher has been active in bringing back such girls with assistance from the local authorities under the free primary education policy. This is going on successfully will be boosted even further with the construction of the boarding facility.

Neriano's Story

Neriano has big dreams. To finish primary and secondary school and proceed to university, a feat no one else in her school has ever attained. Ms. Amina Sheikh, the head teacher of Esoit primary School in Mara Division where Neriano, 13, is a class 6 pupil has all the confidence in her; after all, she is among the best performing students at the school. Coming from a very poor background and struggling to stay in school, does not dampen Neriano's spirit nor deter her from her quest. Rather, it gives her motivation to work even harder.

Being a boarder at the school has kept Neriano away from many hardships that Maasai girls have to endure on a daily basis and this has helped her and 19 other girls to study better with minimal interruptions. According to Ms. Amina, the girls are performing better than the boys as she continues to urge them on.

But Neriano has another battle she is fighting. She tells us that she is already circumcised and if she is unable to raise the required fees to join Form 1, her parents will most likely, marry her off. In Maasai culture, wives fetch a dowry of 7 cows, 2 goats, 10,000 Kenyan Shillings, one sack of sugar, 8 bed-sheets and 4 blankets. Ms. Amina tells us that once the girls are circumcised, barely before they are teens and which

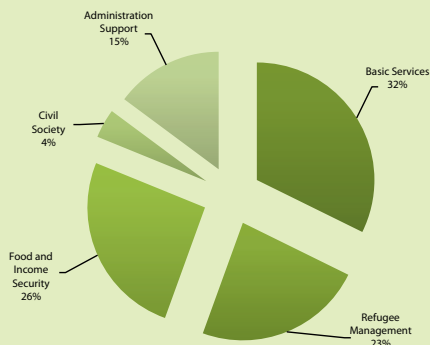
culturally implies maturity, the parents are ready to marry them off. In fact, their families discourage them from sleeping at their homes and expect them to seek accommodation with the Moran (young warriors). Others are married off straight to polygamous old men looking for a young wife.

The boarding facility at the school has proved to be a safe haven for Neriano and a few other lucky ones. Ms. Amina is praying to have the current iron shack improved so that it can accommodate even more girls and so that she can keep girls like Neriano in school and perhaps motivate them to continue with their education. Being a female and holding the highest office in the school, Ms. Amina has already proven to be an inspiration to these girls who could be the saviors in this community where education is not a priority.

When asked what keeps her going, Neriano's response is that of someone who wants a better life. She tells us: "Most girls in our school drop out of school. Few get to class eight. I want to be the first Maasai girl from this area to go to University." Neriano is very smart and brave. She is Miss Amina's favourite pupil and she tells us that her resilience has inspired other girls to strive on despite the difficult circumstances.

2010 FINANCIAL REPORT

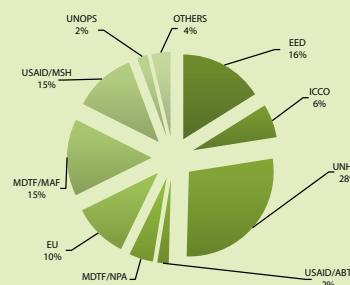
EXPENDITURE BY PROGRAMME



Expenditure by Programme

| | |
|--|------------------|
| Basic services - PHC, Water and Sanitation and Education | 1,750,064 |
| Food and Income Security and Environmental Management and Protection | 1,259,827 |
| Refugee Management Programme | 1,389,070 |
| Civil Society Strengthening and Peace Building | 216,926 |
| Administration and Support | 804,264 |
| TOTAL | 5,420,151 |

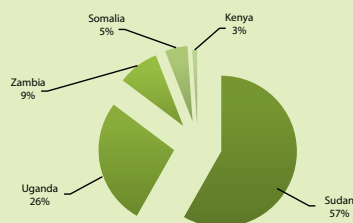
FUNDS RECEIVED BY DONOR



Funds Received by Donor

| | |
|---|------------------|
| Evangelischer Entwicklungsdienste (EED) | 885,209 |
| Interchurch Organization for Development Co-operation (ICCO) | 352,864 |
| United Nations High Commissioner for Refugees (UNHCR) | 1,534,961 |
| Abt Associates | 118,989 |
| Multi donor trust Fund (MDTF)/Norwegian People Agency (NPA) | 252,865 |
| European Commission (EC) | 578,228 |
| Multi Donor Trust Fund (MDTF)/Ministry of Agriculture - South Sudan (MAF) | 808,164 |
| Management Sciences for Health (MSH)/USAID | 653,909 |
| United Nations Office for Project Services (UNOPS) | 112,396 |
| Others | 201,644 |
| TOTAL (Euro) | 5,499,229 |

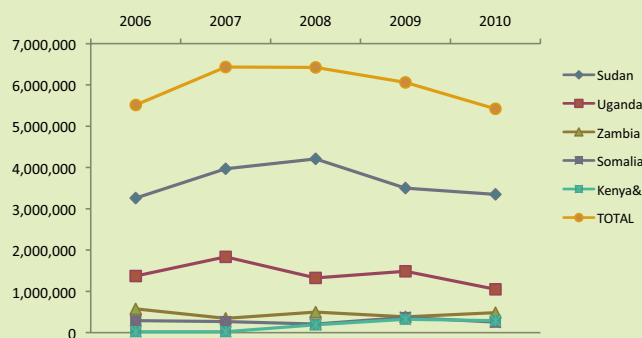
FUNDS RECEIVED BY COUNTRY



Funds Received by Country

| | |
|--------------|------------------|
| Sudan | 3,132,202 |
| Uganda | 1,455,066 |
| Zambia | 475,302 |
| Somalia | 259,669 |
| Kenya | 58,000 |
| TOTAL | 5,380,239 |

EXPENDITURE BY COUNTRY 2009-2010 (IN EURO MILLION)



Expenditure by Country 2006 -2010 (in Euro Million)

| | 2006 | 2007 | 2008 | 2009 | 2010 |
|--------------|------------------|------------------|------------------|------------------|------------------|
| Sudan | 3,258,000 | 3,969,000 | 4,209,000 | 3,500,714 | 3,349,206 |
| Uganda | 1,371,000 | 1,834,000 | 1,324,000 | 1,484,595 | 1,049,294 |
| Zambia | 290,000 | 265,000 | 207,000 | 368,395 | 251,369 |
| Somalia | 575,000 | 345,000 | 496,000 | 383,216 | 481,419 |
| Kenya | 21,000 | 21,000 | 187,000 | 322,296 | 288,863 |
| TOTAL | 5,515,000 | 6,434,000 | 6,423,000 | 6,059,216 | 5,420,151 |

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World Bank

World Health Organization (WHO)