

Africa
Humanitarian
Action

Annual Report 1998

AHA's Country Programmes & Their Impact

Angola

The 1998 program of operation in Angola was essentially the continuation of the services established during the preceding years. Despite the continued uncertainties of the political and security situation, and with the added constraint of a substantive reduction of its support budget from UNHCR, AHA's achievement in the delivery of health services to the needy population, was significant. Its initiatives in local capacity building were also a success.

The rehabilitation of hospitals and health posts by AHA in the municipality of remote Cazombo in the Upper Zambezee municipality of Moxico province continued as a major component of the 1998 project implementation. In addition, AHA also embarked upon a new project in the Dande municipality of Bengo.



Immunization in Angola

1998 witnessed a deterioration of the security situation, with the resumption of hostilities in Angola. This overturned the semblance of peace and stability which had been established by the Government of National Unity, and disrupted the smooth running of humanitarian activities. Regular WFP flights to provincial towns had to be suspended at the beginning of February 1998. By the beginning of June, Cazombo municipality, AHA's area of operation, was being continually threatened. As a result, AHA staff had to be relocated to Zambia and Luanda. AHA had hoped to resume its activities in Cazombo. Nevertheless, with the daily worsening of the situation, this appears unrealistic, at least in the near future.

Until this unfortunate turn of events, and during the period under report, the main beneficiaries of the project were over 45,000 members of a community from refugee camps in neighbouring Zambia, repatriated into Cazombo municipality and its environs. The programme also covered a sizeable community of internally displaced people, and the residents of the municipality. Angolan national health workers assigned to the project also benefited from the capacity building programme and on-the-job training sessions.

A total of 10,626 patients were treated at the Cazombo municipal hospital. More than 80% of these were women and children, mainly treated for malaria and respiratory tract infection. These two diseases, together with diarrhoeal disease, constituted the main causes of morbidity and mortality, following a disease pattern similar to that observed in previous years in most regions of the country. As had been the case in previous years, children were the most vulnerable, accounting for as much as 31% of the cases. About 512 patients received complete treatment in the in-patient department of the hospital.

In an effort to upgrade the Cazombo hospital to the level of a fully-fledged referral municipal hospital, AHA had planned to refurbish the surgical and laboratory section and set up a radiological facility. With the delivery of an entire set of laboratory and surgical instruments and a complete set of X-ray equipment, but as AHA had to relocate immediately, the plan had to be abandoned. The entire consignment is now stored with UNHCR in Luanda.

The hospital pharmacy was strengthened by better management systems and the improved provision of essential drugs. These were distributed to the hospital and the four outlying health posts. On leaving the project site, AHA ensured that the hospital pharmacy was well stocked with a large supply of drugs capable of meeting regular demands for several months.

Until the day AHA personnel were forced to evacuate from Cazombo, the hospital was headed by a well experienced AHA expatriate surgeon, who had successfully carried out surgical interventions for 37 patients.

Intervention in Bengo Province

In September 1998, AHA ventured into the province of Bengo. Apart from assisting the population of refugees and displaced persons with health care support, AHA had envisaged implementing a Trypanosomiasis Surveillance and Control project in the Boa Vista, Accareira and Cambambe II camps in the Dande municipality of Bengo. However, as a result of problems with meeting the project requirements set by the Angolan National Trypanosomiasis Authority, AHA, in consultation with UNHCR, decided to abandon the trypanosomiasis control component in early February 1999 and moved into another refugee and IDP health project in Bengo.

This new undertaking involved the scaling-up of the referral capacity of the Bengo Provincial hospital. The agreement AHA signed with the hospital binds the administration to set aside a certain percentage of its services to referral cases from the refugee / IDP camps in the Dande municipality. In a bid to heighten the technical capacity of the hospital, AHA provided, maternity, surgical, cholera and laboratory kits worth USD 12,300. In the near future, the hospital will establish links with the camps through regular visits by medical teams.

The improved facilities of the Bengo Provincial Hospital will go a long way towards alleviating the referral constraint that the refugee and IDP camps have had to contend with so far. The Bengo provincial hospital, when and if fully equipped, will also adequately cater to the needs of the rest of the population of the province.

Observations and Conclusions

The period was a difficult one, the more so as AHA had started its activities with enthusiasm and had worked hard to build an exemplary health facility that benefited so many. Leaving behind a promising health system, in Cazombo, regularly upgraded by the agency for the last three years was demoralising. The beneficiaries had been participating enthusiastically and actively in the promotion of community-based initiatives for the improvement of the general health situation of the locality. The management and staff of AHA are deeply concerned about the fate of the vulnerable population.

The financial constraints under which AHA's supporting agencies continued to operate from the beginning of the year eventually led to the revision of projects implemented by these partners. UNHCR's decision to limit its funding after June (in some cases September), resulted in a proportional cut in AHA support budget, from an initially agreed amount of USD 500,000, to USD 199,000.

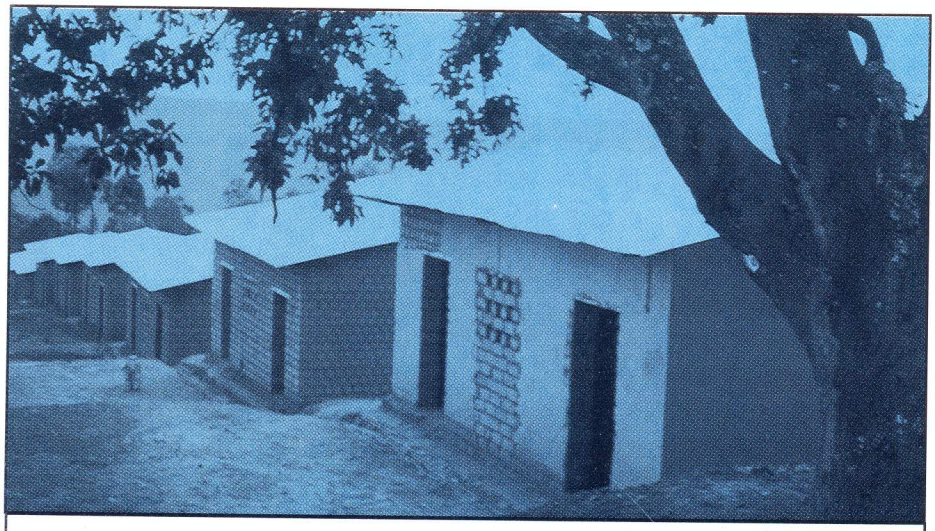
Despite shrinking resources and administrative delays, AHA was able to embark on a new project in Bengo Province, successfully launching the programme.

Rwanda

As the only Pan-African NGO, AHA has been among the pioneer international organisations to work in Rwanda addressing the catastrophic events of the 1994 genocide. Like others in the NGO community, the agency has had to work under conditions of extreme scarcity, collapsed infrastructure and serious threats to security, to cater to the needs of thousands of refugees and internally-displaced people. The population was also deeply traumatised and lacked basic necessities such as food, water, and shelter.

As a specialised agency in the health component of the multi-sectoral assistance programme to Rwanda, AHA has now honed its responses to provide integrated health care. This includes curative and preventative care, surgical interventions in rural conditions, hospital admissions, ante-natal and post-natal care and immunisation for all groups, especially children. Sanitation, environmental protection, and capacity building have also been included as integral components of AHA's programmes.

During the period under review, the rehabilitation and reconstruction of the facilities, from operation theatres to pit latrines, was undertak-



Adobe brick shelters built in Rwanda

en to sufficiently address the reorganization and invigoration of the health system in Rwanda. This meant providing material inputs, such as vital health care equipment and data processors, back-up services with adequate logistics and transport, and, of course, an on-going capacity building initiative to fill the huge gap in national health manpower. Any success attributed to AHA so far could not have been achieved without having given considerable attention to all of these concerns.

Mugonero and Muhororo Hospitals and Health District

Mugonero Hospital, located in Kibuye prefecture, 167 kms from the Capital Kigali, is one of the four district hospitals in the Prefecture. It has a population of about 188,000 in its catchment area, including the Kiziba refugee population, which depend on its services. Apart from the hospital, which is the referral centre for the district, there are four health centres; Gisovu, Karengera, Mubuga and Kibungo, and a non-functional dispensary, Karora, which was rehabilitated and furnished by AHA, in cooperation with UNHCR, in 1998.

A total of 34,514 patients were treated at the Mugonero Hospital and the four health centres. Of these, 30,725 were new patients. The most common cases were malaria, respiratory tract infections, malnutrition, diarrhoeal diseases, parasitic infections, skin and eye diseases, gastro-duodenal disorders, various degrees of trauma, dental caries, and gynaecological concerns.

As the only referral centre for the whole district, Mugonero Hospital, received a total of 316 referral cases from district health units for better diagnostics and treatment. Of the total referrals, 60% were suffering from complicated malaria, with or without anaemia, surgical conditions and gynaecological problems. The remaining cases were severe malnutrition, pneumonia, anaemia, skin conditions, diarrhoeal diseases, tuberculosis and other rare presentations in order of importance. One third of the referrals were from the nearby Kiziba Camp for Congolese Refugees.

The supply of essential drugs and medical materials to the Mugonero Hospital and the five health units was carried out by AHA and OPHAR until July 1998, when the supply from OPHAR was abruptly terminated, causing an impending crisis in all the health units. AHA managed to encourage health centres (with the exception of the Mugonero Hospital and Karora Dispensary) to start buying drugs from their own budgets. Due to the lack of a positive response from the Mugonero Hospital and Karora, AHA supplied all needed items to these facilities until the end of 1998.

The district needs to carry out an intensive emergency nutritional programme. To this end, WFP and UNICEF have shown interest in AHA's nutrition programme for 1999, offering to provide the project with food and other essential items, such as drugs, expertise, and training of health centre personnel in nutritional procedures and standards to be followed in handling malnourished children, pregnant and lactating women and the like.

> Nothing better testifies to the commitment and professional integrity of AHA's staff as their tenacity to perform under difficult conditions in such prefectures as Gesenyi and Kibuye, places from which many NGOs have evacuated

Supplementary food distribution was conducted at all health units where orderly therapeutic and supplementary feeding centres now exist. It is apparent that the district also needs to have a therapeutic feed-

ing centre at Muhororo Hospital in Gisenyi Prefecture, and supplementary feeding centres in all six health centres, with convenient referral and supervisory mechanisms. We hope that the required manpower and other logistical support would be made available.

In spite of work done thus far, Muhororo Hospital still requires considerable reconstruction and rehabilitation (AHA having completed more than 75% of the new operating theatre block, making it operational). All the required pharmaceutical supplies and laboratory reagents, medical and laboratory equipment, and sanitary items have been supplied to the hospital. The X-ray machine and radiological equipment have also been installed and are now operational.

Major maintenance work is completed at Muhororo Health Centre where AHA reconstructed the collapsed building of the Centre and carried out a variety of construction projects. Preparations and furnishing of a new store for the Nutrition Centre in the district have also been completed, in accordance with WFP's standards.

On-the-job training for auxiliaries in various subjects were conducted, to benefit nursing and other health-care staff. In collaboration with the Kibuye *Region Santaire,* district Health Support, staff were trained in tuberculosis surveillance and diagnostics. Bed-side, or on-the-job-training, in the management of common health problems in the camp, was also provided to the medical staff on a regular basis.

Throughout the period, AHA assisted polio vaccination campaigns, held regular health education sessions, and conducted regular cleaning campaigns. It also ensured an adequate and clean potable water supply to the community.

Observations and Conclusions

Nothing better testifies to the commitment and professional integrity of AHA's international staff as their tenacity to perform under difficult conditions in such prefectures as Gisenyi and Kibuye, places from which many NGOs have evacuated. AHA is proud to have successfully implemented the project activities despite the difficulties and constraints.

AHA is indebted to the Government of Rwanda and especially to the offices of MINISANTE, MININTER, and MIGEFASO for enabling it to enjoy a successful period of project implementation. AHA sincerely appreciates the UNHCR for its continued support and for having entrusted AHA with the implementation of these projects. UNHCR is to be commended for having discharged the heavy responsibilities entrusted to it by the international community in Rwanda.

There is no doubt that in the near future the people of Rwanda will be able to deal with their health problems without much external assistance. However, until such time, the most vulnerable population continues to rely on external support. To this end, extreme care and caution need to be exercised in phasing out the international support to the health sector.

UGANDA

In accordance with the objectives set for 1998, AHA's activities for the refugee settlements in Uganda focused on the delivery of an efficient and sustainable community based primary health care service, capacity building of frontline medical staff, and the promotion of self-sufficiency amongst the refugees through community mobilisation aimed at enhancing direct interest in service delivery.

At the beginning of the year, AHA took over the sole responsibility for delivering health services to all the refugees in the Adjumani district. This entailed the management of 23 health centres, 9 of which were already being run by AHA. The remainder were handed over to AHA by the Africa Education Fund, a partner NGO, in January 1998. During the reporting period, the population under AHA's care increased to 66,964 refugees and an estimated 32,400 Ugandan citizens living within the catchment area of AHA's 23 health centres. By 31 December 1998, the settler/refugee population had risen to 69,189 compared to 35,1999 in December 1997.

The types of services rendered, as in the preceding years, included MCH with growth monitoring, ante-natal care, an expanded programme of immunisation, and family planning. Outpatient and in-patient care, together with special

feeding programs were also conducted during the year.

As a measure towards attaining the objective of self-reliance for the refugee settlements, AHA introduced cost-sharing arrangements that slowly but effectively helped the refugee health services to become fully integrated with district and national health guidelines. These arrangements became effective as of May 1998 and are being closely monitored by AHA.



MCH Care in Uganda

Within the first half of the year, an out-break of cholera in the neighbouring districts necessitated the strengthening of the Oral Rehydration Therapy (ORT) corners in Mongula, Alere, Maaji A, B, C, Okusijoni, Olua, Magburu, Elema, Keyo, Agojo, Aliwara and Mirieyi, as part of the effort to effectively treat such cases and enhance the capacity of the staff to handle epidemics.

Several agreements were signed with partner organizations during the year that enabled AHA to implement various components of its overall programme. In January, a tripartite agreement for the provision of Health Services in the Adjumani district was signed by the UNHCR, the Government of Uganda and AHA. An arrangement made with Oxfam to take care of AHA referrals in Arua was of great help in ensuring improved service delivery. In addition, AHA has signed a Memorandum of Understanding with Arua Hospital to facilitate referrals and to transport them back to Adjumani, once they were discharged.

1998 was an active year for training, stregthening the capacity of the health personnel in the localities

Part of the budget allocation of the tripartite agreement was made available to AHA for staff training. Thus, in co-ordination with the Ministry of Health Manpower Development Department, it was possible to carry out several training sessions for the medical staff, especially in the second half of the year.

Such sessions were aimed at capacity upgrading and improved work performance. They ranged from a one month training for Community Health Workers on river blindness, provided by Global 2000, to courses for nurses and midwives in drug management, ward management, in-patient care, emergency care, support supervision and training needs identification/ assessment, which were run in collaboration with the District Medical Office. Nursing staff also attended nutrition training organised by UNHCR, an eight day workshop on adolescent sexuality organised by the Uganda Girl Guides Association and Family Health International, and a three month course for nursing aids, held in Adjumani. Various refresher courses were also provided.

Towards the close of the reporting period, the funding agency provided staffing guidelines that necessitated restructuring exercise aimed at integrating the district standards with the operation of AHA. Meetings were held with the District Health Team to draw up schedules and share ideas on the integration process.

In May 1998, a Letter of Understanding was signed between the United Nations Fund for Population Activities (UNFPA) and AHA for the implementation of a Reproductive Health (RH) programme at the Mongula refugee camp in Adjumani district. The targeted groups for the program were children from 0-59 months and women of childbearing age (15-45 years).

The program's implementation began in July. By the end of the year, 40 traditional midwives and 40 community based distribution agents had been trained. This project was implemented with

the assistance of the Ministry of Health Central Trainers.

In August 1998, AHA signed a Memorandum of Understanding with the World Bank funded District Health Services Project (DHSP). Funds were provided for a pilot project for malaria control, school health, and sanitation in the Ofua sub-county. The necessary equipment for environmental control, mosquito nets, water tanks and laboratory tests were purchased and distributed to the beneficiaries.

Observations and Conclusions

Security concerns continued to hinder the achievement of our objectives, especially in Mongula, Aliwara, Olua and Maaji areas. Olua Health Centre was looted, compelling AHA to resort to operating from a mobile day-time-only clinic for several weeks. The agency also had to provide food and shelter for patients for several days in Maaji, and institute strict sanitation measures to avoid an out-break of a cholera epidemic, as several families had camped at the therapeutic feeding centre for weeks.

1998 was an active year for training. Strengthening the local capacity of health personnel in the locality, we also took important steps to encourage the refugee health services to move towards self-reliance and integration with the local communities. Cooperation with international agencies and the Ugandan Government was also increased and strengthened, resulting in an effective partnership with all the agencies operating in the area.

East & Central Africa

AHA has renewed its registration in Ethiopia in 1998 and was also in a position to make an in-kind contribution of pharmaceuticals and clothing to the people displaced by armed conflict in the Afar and Tigray regions. Also in the course of the year, AHA developed proposals to promote family planning and welfare services, emphasizing community sensitization programmes for the districts of Shashemene, in the Oromia Regional State, and Gofa, in the Southern Nations, Nationalities and People's Regional State.

These programmes will be undertaken in 1999 parallel to the training of family promoters and the promotion of community-based distribution programs (CBD), the formation and strengthening of anti-AIDS and environmental youth clubs, women's groups and family life/population education in schools.

The projects will also assist in building up the capacity of the regional offices of the Ministry of Health (MOH) and the clinics/health centers and/or hospitals located in the project areas.

AHA activities in Burundi were terminated early in 1998. We had to close down our activities of the year due to lack of funding.

West Africa

Pursuant to AHA's prospective plan to extend its humanitarian services to West Africa, continued site assessments were undertaken in Sierra Leone and Liberia, in 1998.

Based on findings and consultative discussions with the Ministries of Health, Economic Planning and Relief, Rehabilitation and Reconstruction of the government of Sierra Leone, and resident UN Agencies, particularly UNDP, UNHCR, HACO and WHO, a project addressing the health care needs of 30,000 returning refugees and an equal number of internally displaced persons in the Kambia District was developed and submitted to potential funding partners.

The continued unrest and disturbances have paralyzed work in Sierra Leone. AHA has been awaiting to establish its country office in Freetown, which it expects to undertake as soon as the current political situation is stabilized.

The other West African country where AHA has been seeking to render its services is Liberia. AHA undertook a short exploratory mission to Monrovia. Following this, it launched a technical mission in March to conduct an in-depth need assessment and to accredit AHA as an international NGO.

On the basis of identified health and related service needs, and in consultation with the relevant government and international agencies, AHA developed two separate projects addressing health care delivery and related services. One is for the 70,000 residents of Maryland County, and the other primarily directed towards the 80,000 Sierra Leonian refugees currently residing in Upper Lofa County, and the host community.

However, despite expemplary proposals also developed in consultation with ECHO, funds were not forthcoming. The OAU had agreed to support AHA's efforts in both Liberia and Sierra Leone upon the signing of a partnership agreement between the two organizations in December 1998.

AHA will carry out the rehabilitation work on damaged health infrastructure and purchase specified medical equipment in 1999. Once AHA starts its operations in the areas identified

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AFRICA HUMANITARIAN ACTION
STATEMENT OF INCOME AND EXPENDITURE
FOR THE YEAR ENDED 31 DECEMBER 1998

Income	USD		
HeadQuarters			
Liberia	100,000		
Other Income	179,615		
		229,615	
Rwanda		1,029,872	
Uganda		779,537	
Angola		194,776	
TOTAL			2,283,800
Expenditure			
HeadQuarters			
Office furniture & equipment	315		
Office running cost	125,238		
Conflict displaced (Ethiopia)	28,342		
Liberia - project development	6,128		
Burundi - project development	6,457		
Geneva - Office Support	8,679		
		175,159	
Rwanda			
Administration	243,629		
Health & Nutrition	500,843		
Rehabilitation	661,591		
		1,406,063	
Uganda			
Administration	121,800		
Health/Nutrition & Sanitation	526,480		
Construction	91,375		
		739,655	
Angola			
Administrative	90,576		
Health/Nutrition & Rehabilitation	124,714		
		215,290	
TOTAL			2,536,167
DEFICIT			(252,367)

Auditors

AHA HQs, Angola, Ethiopia, Rwanda: A.A. Bromhead & Co. Chartered Accountants
In Association with Coopers & Lybrand Int.

AHA Uganda: Kizibwe Kenneth & Steven, Certified Accountants

AHA is a non profit, non governmental organisation dependent on institutional and individual support for its operations. If you would like to support AHA's activities, donations are sent to P.O. Box 6398, Addis Ababa, Ethiopia or funds could be transferred directly to the following bank accounts.

C/o The Commercial Bank of Ethiopia
Addis Ababa
Africa Hall Branch
Account number C/A 01718/166072/00 (Birr)
or to
The International Banking Division
Account number N/A A/C 01704/174258/00 (USD)

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