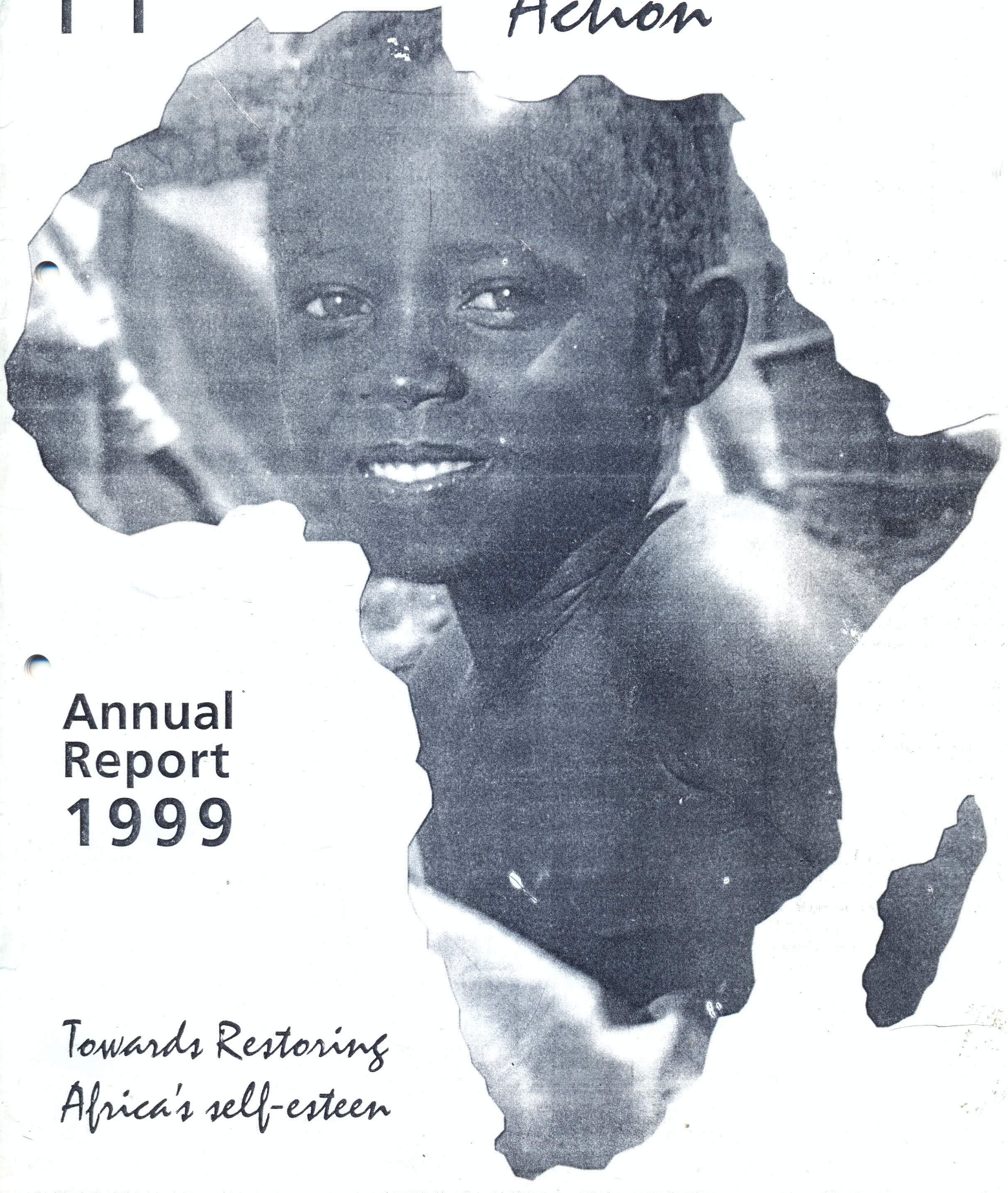
Africa Humanitarian Action



Annual Report 1999

Towards Restoring Africa's self-esteen

Africa Humanitarian Action
Statement of Income and Expenditure
for the Year Ended 31 December 1999

	US$	US$	US$
Income			
Headquarters		98,390	
RWANDA		785,890	
UGANDA		619,317	
ANGOLA		52,900	
WEST AFRICA (OAU Fund)		100,000	
			1,656,497
Expenditure			
Headquarters			
Office furniture & equipment	5,491-		
Office running cost	78,028-		
Geneva - Office Support	7,483-		
		91,002-	
RWANDA			
Administration	189,080-		
Health & Sanitation	603,133-		
		792,213-	
UGANDA			
Administration	149,268		
Health/Nutrition & Sanitation	470,045		
		619,313	
ANGOLA			
Administrative	17,402		
Health/Nutrition	34,636		
		52,038	
Total			**1,554,566-**
Excess of Income over Expenditure			**101,931-**

Auditors
AHA HQS, Angola, Ethiopia, Rwanda: A.A. Bromhead & Co. Chartered Accountants
In Association with PricewaterhouseCoopers
AHA Uganda: PricewaterhouseCoopers

«While the rest of the world is becoming increasingly indifferent to Africa's plight.»

«We look forward to being able to offer improved humanitarian services that can contribute to creating a brighter future for the continent.»

An example of an auditors statement

AUDITORS' REPORT TO THE BOARD OF DIRECTORS OF AFRICA HUMANITARIAN ACTION (AHA) RWANDA OPERATION

We have audited the financial statements on pages 1 to 4, which have been prepared in accordance with the accounting policies referred to on page 3 of the financial statements.

RESPECTIVE RESPONSIBILITIES OF DIRECTORS AND AUDITORS

AHA's Directors are responsible for the preparation of the financial statements. It is our responsibility to form an independent opinion, based on our audit, on those statements and to report our opinion to you.

BASIS OF OPINION

We conducted our audit in accordance with Generally Accepted Auditing Standards except that we did not conduct cash counts at 31 December 1999 or visit project sites in Rwanda in the year.

An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statement.

We planned our audit so as to obtain all the information and explanations, except as indicated above, which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance as to whether the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion, we also evaluated the overall adequacy of the presentation of information in the financial statements.

We believe our audit provides a reasonable basis for our opinion.

QUALIFIED OPINION

Except for the above, in our opinion, the annexed Balance Sheet and Income and Expenditure Statement together with the notes thereon, which have been prepared under the historical cost convention, present fairly under that convention the financial position of Africa Humanitarian Action's Rwanda Operation at 31 December 1999 and the results of its operations for the year then ended and are in agreement with the financial records of AHA's - Rwanda Operation.

A.A. Bromhead & Co.
U.K. Registered Auditors
and Chartered Accountants

A. A. BROMHEAD & Co.
Chartered Accountants
P.O. Box 709
ADDIS ABABA

P.O. Box 709
Addis Ababa
22 June 2000

Letter from the President



Dr. Dawit Zawde

In 1999, we marked our fifth year of humanitarian work on the African continent. We have continued building on our experiences as a service-provider, largely in the health sector. Our accomplishments are reflected in the country reports included in this annual report. In light of the ever-deteriorating humanitarian situation in Africa, our achievements are but a glimmer.

While Africa is undergoing an accelerated political, social and economic transition due to the decline in state-directed economies and the opportunities offered by globalization, levels of extreme poverty are reaching new lows on the continent. Vicious cycles of famine, disease and displacement have become increasingly hard to break. The incidence and extent of ethnic and civil conflicts have reached alarming proportions. Human rights and environmental records are deplorable. Lawlessness and corruption are common. National and local infrastructures are weak or have broken down. Meanwhile, the rest of the world is becoming increasingly indifferent to Africa's plight.

Working in such a convoluted environment, the task of charting AHA's future and making our voice heard has been an uphill struggle. We have kept on trying.

In November 1999, the AHA Assembly of Trustees reviewed the organization's performance and achievements and decided on policy directions for the next five years of the new millennium. It emphasized that AHA should move away from being mainly an operational extension of other organizations, caught in contractual top-down relationships, and reorient itself towards realizing its own self-directed policy and strategic goals.

In order to arrive in the "able" category and leave the "inept" we need to be realistic about the resources required to achieve such a turnaround. An overriding concern of AHA's leadership remains our inability to secure resources for our permanent organizational costs - assets which would keep AHA alive and growing in-between, and in addition to, the injection of project funding.

The Assembly requested the Directors to draw up a strategic document for mobilizing the institutional resources that would allow AHA to fully develop its potential. We have now launched a Strategy for AHA's Institutional Development that is the result of a process to which all AHA's stakeholders have contributed.

With this firm commitment to strengthening the capacity of AHA, we look forward to being able to offer improved humanitarian services that can contribute to creating a brighter future for the continent.

Trustees

Dr. Costantinos Berhe-Tesfu
Mr. Nicolas Bwakira
Amb. Brownson Dede
Dr. Getachew Demeke
Mr. Chefeke Dessalegn
Mr. Jean-Pierre Hocke
Chief Olesegun Olusola, mni
Mr. Anders Wijkman
Dr. Dawit Zawde

Directors

Dr. Dawit Zwade
President

Dr. Costantinos Berhe-Tesfu
Senior Vice President

Dr. Getachew Demeke
Second Vice President

Africa Humanitarian Action

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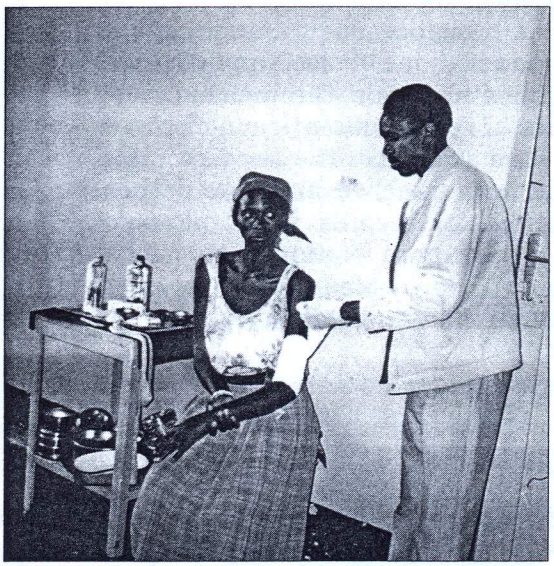
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Angola

Overview

1999 was a turbulent year for Angola. As civil war raged all over the country, the numbers of internally displaced (IDPs) grew to an estimated 3 million, approximately one-third of the population. The displacement was from the rural areas to the already crowded towns and cities. Landmines exacerbated the problem, preventing access to fields and thereby heightening the vulnerability of the IDPs.

NGOs themselves were also displaced, due to lack of security and the increasing difficulty in accessing their beneficiaries. AHA was no exception, having been displaced in June 1998, from Cazombo in Moxico Province to Caxito in Bengo Province. AHA's work in Angola has thus been severely disrupted. The organization no longer has secure funding from UNHCR and has had to actively fundraise. This has led to AHA and the donor agencies becoming better acquainted during 1999. By the end of the year, funding prospects looked more promising as inroads were made into having AHA accepted as the only regional NGO operating in the country. However, the services of the doctor cease at the end of the year, reducing the complement of staff from six to five.



NGOs were displaced, due to lack of security and the increasing difficulty in accessing their beneficiaries.

Projects

UNHCR - Health Services in Kaxito Area/Bengo Province

This project was formulated to give better access to health facilities and care, not only for the refugees in the camps at Boa Esperanca in Bengo Province and Viana in Luanda Province, but also for the residents and the many displaced living in the vicinity.

For the first three months of the year, AHA had a doctor and nurse working out of the Dande Municipal Hospital in Kaxito. The presence of AHA at the hospital facilitated easy attendance of refugees from Boa Esperanca; it also improved the administration of the hospital. From April, the doctor continued alone, which was not always an easy task as most of the hospital medical staff traveled from Luanda, if and when transport was available.

AHA's capacity building objective was continued by holding refresher courses for traditional birth attendants (TBAs) from Viana and Boa Esperanca camps, and health promoters benefited from a course in basic medicine. In both cases, medical staff working in nearby displaced centers were included in the training. UNICEF provided kits for the TBAs refresher course, as well as medicines for the hospital.

Health Program in Viana Displaced Centers - Chevron

The two displaced people centers at Viana shelter a total of over 4,000 people, who fled from Moxico and Kwanza Sul Provinces in 1993. Not being allowed to build even semi-permanent shelters on land earmarked for development, they live in makeshift tents or, in the case of those from Moxico, mud and wattle dwellings.

The Kwanza Sul Centre has no direct water supply, which led to a serious outbreak of scabies during the latter part of the year. This was

alleviated by the provision of soap. The AHA doctor attended patients at the two health posts twice a week, assisted by health promoters.

General Activities

In May, at the request of UNHCR, AHA participated in an Assessment Mission to Mbanza Congo, Zaire Province, to evaluate the possibility of mounting a health program for the returning population that had fled into the neighboring Democratic Republic of Congo. Although a project was not formulated, the Mission laid the basis for developing funding for future projects, and AHA is now targeting Zaire Province for its move into working with the IDPs.

In December, AHA visited Mbanza Congo, accompanied by the representative from Trocaire, to carry out a feasibility study for a project to provide Shelter/Food Security for the war affected population. This has since been approved and funded.

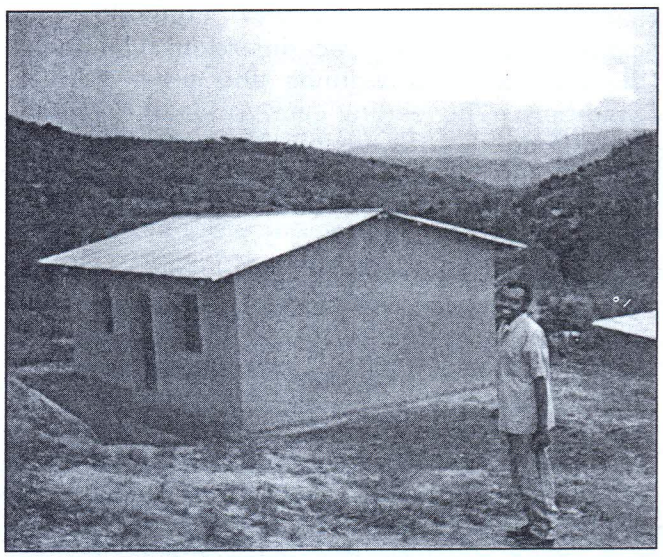
During the year AHA was also involved in various advocacy projects with other NGOs.

Rwanda

Overview

During 1999, AHA carried out its health care program out of the health center of the Kiziba Refugee Camp in Kibuye Prefecture where it offered assistance in different health and related sectors, such as nutrition, sanitation and water. Organized to cover the health care needs of 15,000 Congolese refugees, the health center also benefited the IDPs and repatriates coming from different prefectures and about 4,000 people from the Rubazo sector in the Gitesi Commune area surrounding the camp. Through a partial assistance program to the Kibuye Hospital, the work of AHA's surgical team benefited the 15,000 Congolese refugees living in the camp, and the whole population at large.

In 1998, the funding support AHA received from UNHCR for implementing a project in the north-west of the country ceased due to financial constraints. This district was constantly troubled by skirmishes between rebel and government forces. In the face of mounting security problems and the toll they took on the physical and mental health of the returnees and the local population, AHA could not desist from its responsibility.



Moreover, the government was in no position to take over and there was no other organization willing to go into this red zone. Thus, AHA felt morally bound to continue providing health care services to needy returnees and the local population, drawing from its meager resources. This state of affairs dragged on well into 1999 and it was only towards the end of the year that it was finally solved.

As a result, the year was not without its ups and downs. Yet, in spite of it all, AHA had a year of achievement. It was able to provide sustainable health care and nutrition services that have greatly contributed to the improvement of the health and nutritional status of the Congolese refugees and other beneficiaries living in the Kibuye Prefecture. A number of new project proposals were prepared in response to newly developed emergencies and in relation to the continuation of interrupted programs. They were submitted to potential donors whose response is still pending due to the decrease in humanitarian assistance to Rwanda.

AHA was able to provide sustainable health care and nutrition services to Congolese refugees

General Health Activities

The number of patient visitors totaled 28,235, out of which 3,033 were new cases, the rest being repeat attendances. The total number of hospitalizations was 1,005 of which 358 were children under five. The major causes of admission were malaria, respiratory tract infections, diarrhoeal diseases, infected wounds and other surgical conditions. The leading cause of death remained malaria, followed by respiratory tract infections, especially in children under 5 and those who had sought treatment too late.

More women than men sought medical attention for STDs and HIV/AIDS. Condoms were made available in consultation rooms and health education was regularly provided to properly address the issue of HIV/AIDS.

A separate tuberculosis follow-up clinic was established during the year, with a laboratory to undertake preliminary investigations and a referral system to the Kibuye Hospital for confirmation of diagnosis and initiation of therapy, as per the national protocol. Once the treatment was started in the hospital, patients were sent back to the camp for direct control, returning to the hospital for periodic check-ups.

Antenatal clinics were run on a weekly basis providing antenatal consultations coupled with health education and immunization against tetanus. During the year, 1,645 patients were registered and a total of 400 deliveries were recorded. There were no instances of maternal death, which was prevented on several occasions by timely intervention.

In addition to its weekly immunization programs for children under 5 and expectant mothers at its clinics, AHA assisted the region sanitaire of Kibuye by providing transportation to facilitate the national polio immunization campaigns. It also contributed to the formal training of health staff in the camp and the Kibuye health district on the management of respiratory tract infections/RTI, focussing on children under 5. This particular topic was selected in relation to the fact that RTI is one of the leading causes of death.

Information - Education - Communication

Regular health education sessions were held at the health center before the start of consultations, and in the camp at different social gatherings. Topics focussed on common health problems in the camp, harmful traditional practices, HIV/AIDS, proper use of relief foods, malnutrition, family planning, environmental and personal hygiene and malaria, among other issues.

Environmental Sanitation

The main activities in the sanitation sector included the construction and management of facilities, including latrines, shower rooms, and waste disposal pits. This turned out to be a dynamic process. To date, the number of latrine blocks constructed has matched the number being filled and covered. This activity required a lot of free space, which was initially provided by MINAFASO, but their assistance stopped half way through the year, creating a serious and still unresolved problem.

Regular cleaning campaigns were carried out in the camp with the participation of the refugee community. On average, 15 - 20 liters of good potable water was provided to the refugees per person, per day, throughout the year. All necessary maintenance work was carried out on the water supply system, and water quality was tested regularly at distribution points.

Nutrition

Despite AHA's program of supplementary feeding (dry) and therapeutic feeding (wet), malnutrition remains a cause for concern. Several factors have contributed to this state of affairs. To mention a few: total dependency of the refugees on food aid; great dislike of the refugees for maize grain, which is the major component of the food ration; non-existence of grinding mills in the camp; sale of rations to pay for grinding services and the constant mobility of the beneficiaries, who often travel out of the camp to return in a much worse physical condition.

The main activities in the sanitation sector included the construction and mangement of facilities, including latrines, shower rooms, and waste disposal pits.

Partial Assistance to Kibuye Hospital

Following the withdrawal of the ICRC surgical team from Kibuye Hospital, which serves as the principal referral center for patients from the Kiziba Congolese Refugee Camp, AHA, with the support of UNHCR, started implementing a partial assistance program to the hospital from the beginning of December 1999. The project concentrated on providing surgical assistance through the 24-hour presence of an expatriate surgeon constantly on call. The surgical unit not only serves as a referral hospital for the 15,000 Congolese refugees in the Kibiza Camp but also for the 550,000 people in the prefecture. To date, this assistance has proved highly beneficial to the Congolese refugees, the returnees in Kibuye Prefecture, the community at large and the hospital staff. Patients have also come from as far away as Ejwi in neighboring DRC. It is hoped that national health staff in the hospital will gain from the expertise of the surgeon, who will also be tutoring a young national doctor assigned to the hospital.

Urgent need for Road Repair

The condition of the road from Kibuye to Kibiza has deteriorated dramatically and it is practically no longer accessible, particularly when it rains. Apart from hindering AHA's activities, daily commuting on the road has become a serious threat to the lives of AHA's medical team. This state of affairs is also shortening the life span of the vehicles, which were constantly under repair during the year. Appeals have been made to UNHCR to take immediate measures to rebuild the road, if only to improve its condition with the support of refugee labor.

Most of the beneficiaries were peasant farmers, while a few were engaged in small scale businesses

Uganda

Overview

Overall, the existing AHA-Uganda programs continued to provide quality, accessible and integrated health services, while the promotion of the integration of refugee health services into the national system proceeded normally.

The health services provided included health education, nutrition, the Expanded Program of Immunization (EPI), reproductive health, MCH, control of endemic diseases, basic health care, the provision of essential drugs, capacity upgrading of staff, outpatient and inpatient treatment, and special feeding programs, both therapeutic and supplementary.

Health services were extended to 71,000 refugees and 36,000 nationals living in Adjumani district through 22 health units under AHA management. Unfortunately, 2 health posts (Dubaju and Mirieyi) were closed by order of the Uganda Medical Practitioners and Dental Surgeons Registrar and have not been reopened to date. This had a direct effect on escalating referral costs since temporary arrangements were made with the Adjumani Mission Health Center to provide health services to the beneficiaries in the interim.

AHA Headquarters undertook a review of the sub-project management for 1999, with the AHA president visiting in this connection. The delivery of a sustainable community-based primary health care service to the targeted refugees and nationals within the project area was in accordance with AHA's objectives set for 1999, and was successfully carried out over the last 12 months. AHA's set objectives were appropriate and relevant to the needs of the beneficiaries.

Some sectors, such as the feeding programs, require more attention in the future, especially in securing the required supplies of DSM on time. Particular attention also needs to be directed towards increasing the contraception prevalence rate and greater effort needs to be exerted to decrease the maternal mortality rate to a minimum acceptable level. This will prove challenging as of the six maternal deaths registered during the year, three were identified as potential fatalities on time, but referral to hospital was rejected by the families of the patients.

Beneficiaries

At the beginning of the year, AHA had targeted a population of 69,000 refugees and 34,000 Ugandan citizens living in the refugee hosting areas. By the end of the year, births, deaths and new refugee arrivals brought the total refugee population to 71,392 and the local population to 36,000.



As in preceding years, most of the beneficiaries were peasant farmers, while a few were engaged in small scale businesses or employed by NGOs, such as AHA, where refugees account for 70.3% of its staff. Children under the age of five and women of childbearing age accounted for 18.6% and 20% of the refugee population respectively. A total of 148,176 patients benefited from AHA's health services during the year, of which 47,440 (32%) were Ugandans.

Related Inputs

In addition to the UNHCR funded Resettlement Project, AHA further implemented Reproductive Health Projects funded by the United Nations Fund for Population Activities (UNFPA) and Malaria Control Activities under the District Health Services Project (DHSP) funded through the World Bank.

During 1999, AHA continued with the final stages of a US$ 50,000 project for reproductive health activities in Ofua sub-county, Adjumani district. The project was positively evaluated in the first half of the year by officials from UNFPA, Kampala, and its extension to other sub-counties is currently being considered. As with the previous project, the new proposal will target children 0 - 59 months and women of childbearing age (14 - 45).

The World Bank funded DHSP project on malaria control distributed mosquito nets to infants under one year and women attending antenatal clinics. In June, AHA signed a Memorandum of Understanding with the district and DHSP to extend the DHSP project to all sub-counties in the district. This will involve malaria control and sanitation and will be implemented in collaboration with the Director of District Health Services (DDHS).

The World Food Program (WFP) continued to provide foodstuff for the special feeding programs and inpatient feeding. The United Nations Children's Fund (UNICEF) provided vaccines for the immunization of under fives against six killer diseases through the Uganda National Expanded Program on Immunization (UNEPI). The Danish Red Cross provided 73 drug kits through the District Medical Office.

Training/HIV-AIDS

In collaboration with the Ministry of Health Commissioner of Training, Mulago Hospital and the Uganda Red Cross, various capacity upgrading programs were carried out throughout 1999. Laboratory Skills, Life-Saving Skills, Nursing Skills, Expanded Program on Immunization (EPI), and Integrated Management of Childhood Illnesses (IMCI), with follow-up training and Eye Disease training were all conducted.

The DDHS's office organized a ten-day Operational Level Managers course in Health Management Information Systems (HMIS), while UNHCR/GTZ organized a five-day Drug Supplies Management course; 15 and 3 AHA staff participated respectively.

In total, AHA conducted 9 training programs during 1999, which benefited 176 staff members.

Due to the high prevalence of preventable eye disease, AHA invited a consultant ophthalmic surgeon to conduct eye seminars in all health units and perform eye surgery at the district referral hospital. A total of 31 patients underwent major and minor eye surgery. The consultant put forward recommendations to tackle the prevailing prevalence of this preventable eye

disease, which is caused by vitamin A deficiency. Further discussions are planned for early 2000 with UNHCR to consider these recommendations.

A local non-governmental organization, the Madi AIDS Control Initiative (MACI), continued with advocacy for HIV/AIDS prevention throughout 1999. AHA provided technical, financial and supervisory support and monitored the activities of the organization. 25 MACI staff were trained in approaches to adolescent reproductive health and strategic planning, with facilitators drawn from the Ministry of Gender, Labour and Social Welfare and abroad respectively.

A joint workshop for 243 fishermen was conducted in which MACI participated and took time to discuss the spread and prevention of STDs. MACI also held 24 focus group discussions and 15 key informant interviews on STDs and condom use. Counselling of people living with AIDS was undertaken, with 35-40 people attending the weekly meetings. A club was formed by 80 women living with AIDS, which is recognized by the International Community of Women Living with AIDS. 11 traditional healers attended a 5-day training on HIV/AIDS and its relationship to their work.

It was discussed and agreed with MACI that a Memorandum of Understanding between AHA and MACI would be signed in the year 2000 to formalize the existing relationship between the two organizations.

AHA also continued to render technical guidance to the Health of Adolescent Refugees Project (HARP), an adolescent focused local NGO that addresses the sex education of young girls, both refugees and nationals within Adjumani district.

As part of the Self-Reliance Strategy (SRS), and with the aim of equipping the district with qualified personnel, AHA held discussions with the DDHS. This strategy is currently under consideration for the resettlement program. In collaboration with the DDHS, AHA senior staff were involved in the compilation of vital health statistics for the District.

Encouraged by its positive acheivments in Eastern Africa, AHA plans to extend its services to West Africa, specifically to Sierra Leone and Liberia

Western Africa

Encouraged by its positive achievements in Eastern Africa, and the steady growth of its operational capacity, AHA planned to extend its services to West Africa, specifically to Sierra Leone and Liberia, targeting refugees, returnees and internally displaced persons. The Organization of African Unity (OAU) approved funds amounting to US$ 100,000 as a first installment of a two-project cost, estimated at over one and a half million US$ in total.

During 1999, AHA exerted every effort to raise the required additional funds through its traditional partners, UNHCR, the EU and other sources, but due to the prevailing vulnerable situation in the proposed area of operation, responses to the appeal were not as positive as hoped. Two additional constraints also had to be taken into account; firstly, the environment within Sierra Leone and the neighboring Liberian counties, where Sierra Leonian refugees are sheltering, remained insecure and unfavorable to effectively launch a viable humanitarian action. Secondly, and equally significantly, it took more than six months for the Liberian authorities to renew AHA's operating permit.

Taking these constraints into account, AHA has, nevertheless, presented two limited, alternative projects to the OAU.

The first alternative is to provide health and related services to the victims of the civil war in Freetown and its vicinity, serving an estimated 20,000 beneficiaries. This proposal hinges upon the relaxation of the security situation in Sierra Leone following the deployment of the UN Peacekeeping Forces. A number of national and international NGOs, including the Red Cross Society, are poised to undertake emergency humanitarian programs, particularly in health and related sectors.

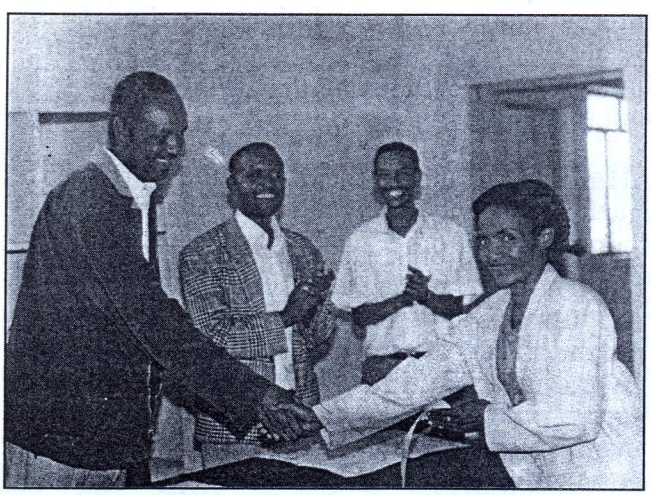
AHA plans to utilize the OAU fund to purchase much needed medical equipment, pharmaceutical supplies and/or other health care materials based on the needs of two or three selected national NGOs engaged in health services within Sierra Leone, and to make the supplies available to them. Negotiations are underway with the HP Foundation to link up with their planned

engagement in reproductive health. AHA would have a physical presence with a nucleus office staffed by a program coordinator and locally recruited general service staff. In collaboration with local health authorities, AHA would bear full responsibility for the implementing national NGO executing the broad and specific objectives of the program and would present regularly evaluated reports to both funding partners and the Ministry of Health of the national government.

The second alternative AHA is proposing seeks to provide post-emergency rehabilitation packages to some 2,000 heads of households among the Sierra Leonian refugees located in Sinje, central Liberia, in collaboration with a national NGO partner, most likely with the International Federation and the Liberian Red Cross Society. The refugees in Sinje were relocated by the Government of Liberia and UNHCR/GTZ from Lofa county in November 1999 as a result of continued armed incursions in that area, culminating in a security incident in August/September 1999 in which over 800 tons of relief food was looted. Many refugees lost all their belongings and had to walk for days in the bush from Lofa to reach safer destinations in Tarwe and later to Sinje refugee shelter, in the Cape Mount County. Currently, a major outstanding need of the refugees includes the provision of shelter and cultivation items to help them restart their livelihood in their new areas of settlement.

The project has been designed to cover a six month period, at which time a project evaluation would be undertaken by AHA to assess the impact made, and a follow-up assessment would be undertaken at a later stage, if the refugees had not been repatriated.

It is hoped that one or both of these options are found acceptable by the OAU, otherwise AHA would regretfully be disposed to re-transfer to the OAU the total amount of the first installment for the West African projects.



Ethiopia

In 1999, AHA's efforts to expand its field of operations to Ethiopia came to fruition. In March a project agreement was signed with the Southern Nations, Nationalities and Peoples Regional State (SNNPS) Economic Development and Planning Bureau for a family planning and AIDS prevention program.

A similar agreement was signed with the Oromia Regional State Disaster Prevention and Preparedness Bureau (DPPB) in July. By September, a pilot project had been established in Saula, Gofa Zunia Wereda. Once an office had been acquired and furnished, five project staff were recruited and formed a Project Advisory Committee. Activities commenced with a sensitization program being conducted for 60 community leaders in and around Saula. However, the project proper started in October in a joint intervention with Pathfinder International, an international NGO already operating in Ethiopia.

To date, the activities undertaken have included an additional sensitization program for the 60 community elders and leaders in Saula, and the selection and training of 15 community based RH/FP agents and 15 youth peer groups in Saula. Preparatory work was also carried out for the opening of an office in Shashamene.

Information, Education and Communication (IEC)

Aggressive promotion of health education was the main project function in 1999. This was considered a crucial first step towards improving community awareness about the prevention of HIV/AIDS and sexually transmitted diseases, and sound reproductive health/family planning services (RH/FP). AHA produced 20,000 brochures and 2,000 posters on a variety of these topics in Amharic and Ormiffa. These promotional materials were distributed to schools, at public gatherings and to other institutions in the project catchment areas. Six anti-AIDS clubs were established in and out of schools and prisons. These clubs were provided with audio-visual equipment, such as megaphones, batteries, cassettes and stationery for their mini-media role-plays. With these tools, club members participated in sensitization programs,

in close collaboration with CBRH agents and women educators, through home visits, group meetings and seminars. Poetry and literature competitions were also conducted in schools. As a result, a total of over 33,000 persons were informed about RH/FP and AIDS prevention.

Training and Workshops

A series of training packages was organized to enable those involved in the health education schemes to acquire the necessary skills to achieve the desired goals and objectives. Thus, community leaders, government authorities, service providers, youth and women representatives, and clinicians underwent a variety of skill training:

- 15 community-based reproductive health (CBRH) agents were trained for 16 days on various topics. Tutors certified by the Consortium of Family Planning NGO's in Ethiopia (COFAP) provided both theoretical and practical training. Certificates were given by the Zonal Health Department Head.
- 15 youth peer group promoters were trained for five days in various disciplines by professionals who had attended Training for Trainers (TOT) courses.
- Women educators received five days training in FP/RH and AIDS prevention.
- Project officers were given four days training in Addis Ababa in program and financial management, organized by COFAP. This has helped officers acquaint themselves with Pathfinder International project management issues.
- Nurse supervisors also attended four days management training for those at supervisory levels. This course, held in Nazareth, was organized by Pathfinder International and updated the supervisory skills of AHA project staff in the field.
- More training packages are planned for various professional and project advisory committee members in the coming year.

Service Delivery

The entire effort of the project officers was exerted on continuous IEC and various training packages. This helped maximize community awareness, and was supported by the timely provision of contraceptives and protectives. CBRH agents registered their clients at their respective service delivery points. To date, there are 483 clients using injectable deploys, oral contraceptives, and condoms. Similar service delivery will be given in Shashemene Woreda in the coming year.

AHA's 5th Anniversary Celebrations

AHA-Ethiopia, in collaboration with AHA Headquarters, celebrated the organization's 5th anniversary at the Sheraton Addis and at the Congo Hall of the OAU.

As an integral part of the celebrations marking the event, the Board of Trustees assembled for two days and passed important resolutions concerning AHA's future direction. After this, the Board of Trustees, and other prominent figures, visited the photographic display and exhibition, which was held at the OAU.

As host country, AHA-Ethiopia provided PR and Liaison Services for the accommodation and guest relations during the celebrations. It actively participated in the organization of the conference and exhibition, and was instrumental in drawing up the final documentation of the anniversary.



Headquarters

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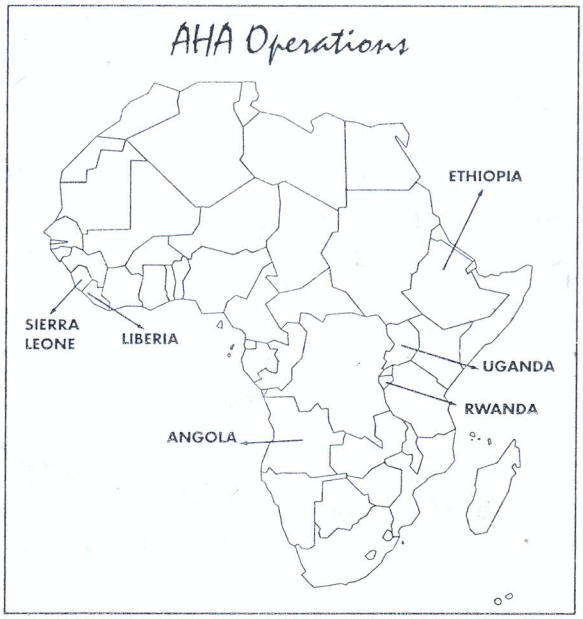
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