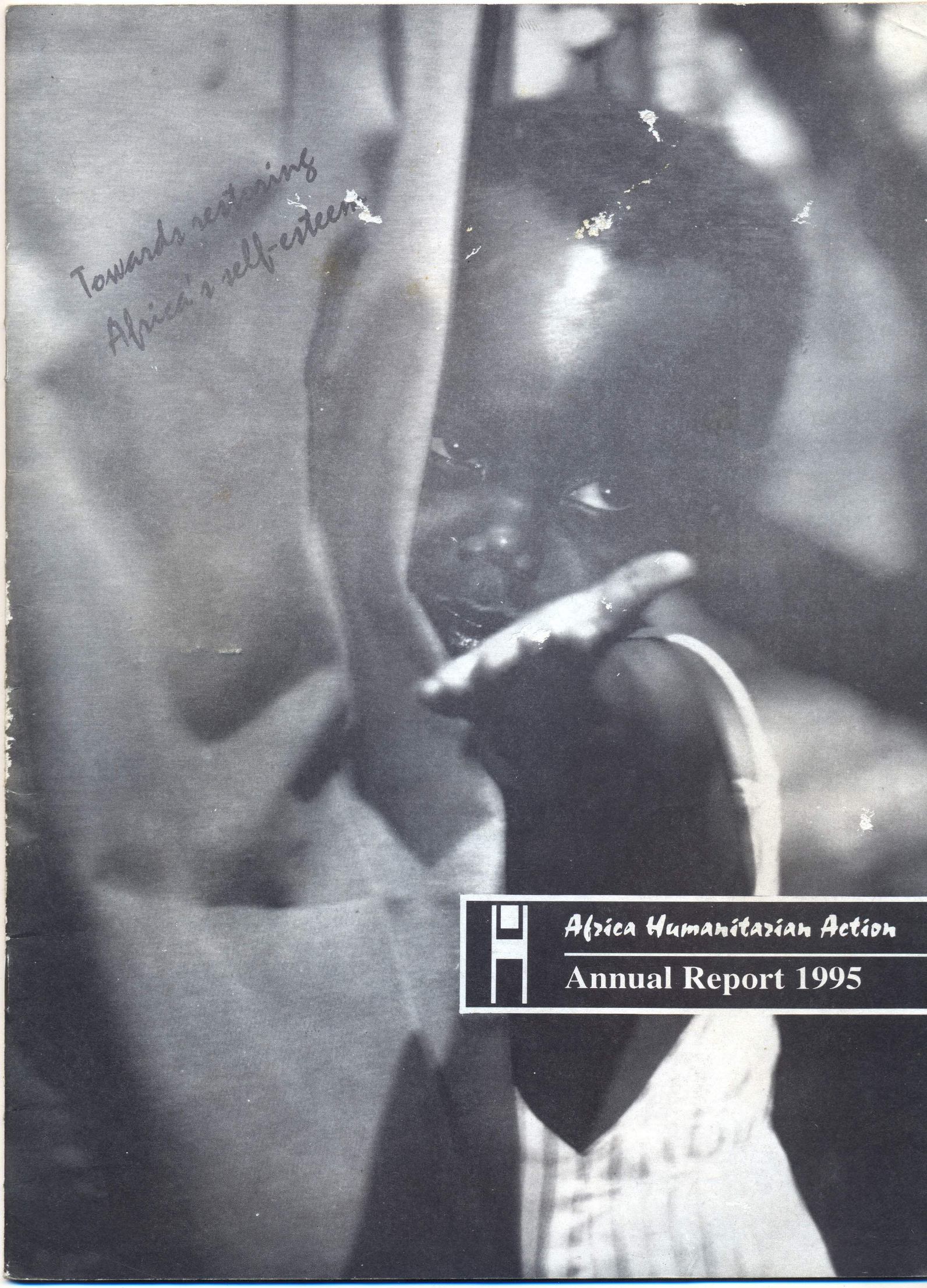



# Africa Humanitarian Action

# Annual Report 1995

Africa Humanitarian Action

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## DIRECTORS

Dr. Dawit Zawde
President

Mr. Constantinos Berhe
Senior Vice President

Dr. Getachew Demeke
Second Vice President

# LETTER FROM THE PRESIDENT

Dear Friends,



*Dr. Dawit Zawde, AHA President*

The delivery of health and related services remained the top order of priority for Africa Humanitarian Action (AHA) during the year 1995. AHA, having been launched in the Ethiopian capital, Addis Abeba, in 1994, saw action for the first time in Kigali, Rwanda, starting in August of that year.

Due to the ongoing emergency in Rwanda at that time, the focus of our intervention was on health and the reconstruction of health infrastructures destroyed during the civil war.

For us at AHA that task was both a great challenge and the fulfillment of a cherished dream. The teams we deployed comprised of experts with wide experience in relief and health work on the ground. Yet we were also venturing out on our own for the first time. There was therefore a fair mix of hope and confidence on the one hand and of apprehension on the other.

Within a year we moved to Uganda and Angola where health care, targeted at returnees and refugees, again claimed the center stage. What made our programmes different in both cases was the element of capacity development infused by AHA's activities.

In Uganda, a new framework had to be created to serve the needs of refugees being permanently relocated. We had to build from scratch the infrastructures required to provide health and related services in a part of Uganda where such facilities are not easily available.

In Angola, ravished by twenty years of civil strife, AHA became part of a massive international effort to rebuild a nation largely reduced to ashes and rubble. Here also the task was to erect afresh and revive the shattered hopes and dreams of Angolans either displaced by the war or coming home from exile.

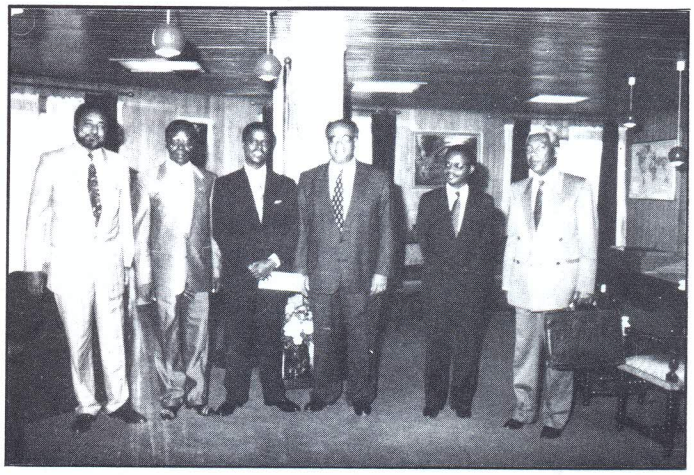
We certainly enjoyed these challenges immensely as we wish to see AHA grow into an instrument contributing to sustainable peace, an essential precondition for development. This, no doubt, will contribute towards the improvement of the quality of life of Africans who continue to reel under the burden of negative economic growth and stagnation.

We have seen how singularly unhelpful have been most of the solutions imposed by administrators and politicians from the top down. There are benefits to be reaped by trying the opposite — promoting growth from the grassroots up.

AHA intends to continue to boost indigenous capacity building and participatory development alongside its health services. This will make the African citizen both the initiator and implementor of ideas. External interventions, no matter how well-intentioned, have tended to make dependency attractive as well as dehumanizing both to the donor and the beneficiary.

Hence the object of intervention must be empowerment - not just political, but that of hands and minds as well. Furthermore, the transfer of skills should be a priority. To that end, AHA sees its eventual role as being primarily one of capacity development. We demonstrated our commit-

ment to this goal in Rwanda when we trained our local staff there to take over the services and facilities entrusted to AHA. Our involvement today has been scaled down to a supervisory level. We also carried out capacity building workshops that were aimed at sensitizing and equipping Rwandan government relief and rehabilitation personnel in the tasks of reconstruction.



■ AHA officials being received by Dr. Salim Ahmed Salim, Secretary General of the OAU, and other high officials of the continental organization

Emergencies will continue to happen all over Africa. At AHA, we have the talent, expertise, and commitment to respond to disasters whenever and wherever we are called upon to do so.

African society must be bold enough to navigate in uncharted waters. The resilient people of Africa will not be broken under the weight of natural disasters. But the task of overcoming man made and natural disasters is made doubly hard by conflicts, mismanagement and malgovernance by corrupt and brutal regimes who continue to rob the people of resources which should be directed towards development. We need to address the problems of proper governance with increased vigour. Poverty and underdevelopment will endure unless we seek lasting solutions for them.

AHA's partners believe that its first year in the community of NGOs has been a rewarding one. We set out to make a point for African self-reliance by deploying an all-African team of experts. So far the AHA fraternity boasts a roster of professionals from twenty three African countries. To date we have deployed from twelve of them.

We set out to demonstrate that Africans can overcome the sense of doom and defeat to which they have been reduced. In other words, we tried to restore Africa's self-esteem. This, we have shown, can be achieved not by policing and wishing ills away, but by committed action.

We would like to think that we have made an impact, achieved in spite of the meager resources at our disposal. Programme funds came from the U.N. system agencies, the Organization of African Unity (OAU) and a few other supporters, permitting us to barely hold our head above water. This was a serious constraint that limited the scope of our activities.



We very much hope that our present partners and those who truly cherish African self-sufficiency- both within and outside Africa- will walk in the footsteps of the OAU which recently provided AHA with a modest grant. We believe that support for AHA at this stage is in everybody's long-term self-interest since it represents an investment in Africa's future.

■ AHA Sub office in Adjumani, Uganda, under construction

Looking ahead, AHA has plans in the pipeline to play an active role in the troubled countries of Burundi in Central Africa, and in Sierra Leone and Liberia in West Africa. There too we are prepared for new challenges. Recently, in Angola, we were asked to intervene in mine awareness education and in de-mining operations. We accepted. This involvement is a first for an African NGO. We would like to be trail blazers. So far with modest success.

# AHA PROFILE

Africa Humanitarian Action (AHA) was established in early 1994 against a background of escalating poverty, growing conflicts and the continued deterioration of health, education and other social services in Africa.

*In our interventions:*

- **We seek to work along with the community and the authorities of the land**
- **We endeavor to develop indigenous capacity**
- **We strive to create a conducive atmosphere for the pursuit of development in peace**

Those who created AHA, professionals in the areas of health, relief and disaster management and sustained grass-roots development, were disappointed that all the forecasts relating to growth in Africa had fallen far short of expectations, even by the turn of the 1990s.

They were appalled in particular that in 1994, 35 million people still remained at risk from famine; that 20 million others were displaced by conflict and natural disasters while millions more were succumbing to treatable diseases.

These professionals felt that the answer to these problems was not to pack up and flee Africa in search of greener pastures but to stand up and be counted. They thought it more important to live with their conscience by making an attempt at redressing Africa's ills.

To that end AHA was founded with the following objectives in view:

- provide humanitarian relief and sustained development support to distressed communities in Africa
- equip displaced people and refugees with the basic skills necessary to deal with disaster situations
- develop indigenous capabilities in disaster prevention, preparedness, relief management and recovery
- create and assist independent, non-profit, non-sectarian and non-governmental organizations in Africa that embrace their own ideals and objectives
- research, develop and disseminate information and policies involving governments, institutions and local communities aimed at reducing the scope and scale of conflict as well as their prevention and resolution
- set up a data base of readily available African professional resources for relief and sustainable development initiatives



■ AHA administration staff, Adjumani, Uganda

AHA's founders are convinced that the fundamental responsibility of alleviating the worsening crisis in Africa lies on Africans themselves, although they do not reject — indeed welcome — the collaboration of their international partners.

AHA is governed by a Board of Directors that maps out policy. The President, whom the Board appoints, conceptualizes, articulates, plans and executes that policy. He is assisted by two vice-presidents who coordinate the implementation of programme activities and supervise projects. A management office has been established in Addis Abeba.

# MAJOR OPERATIONS

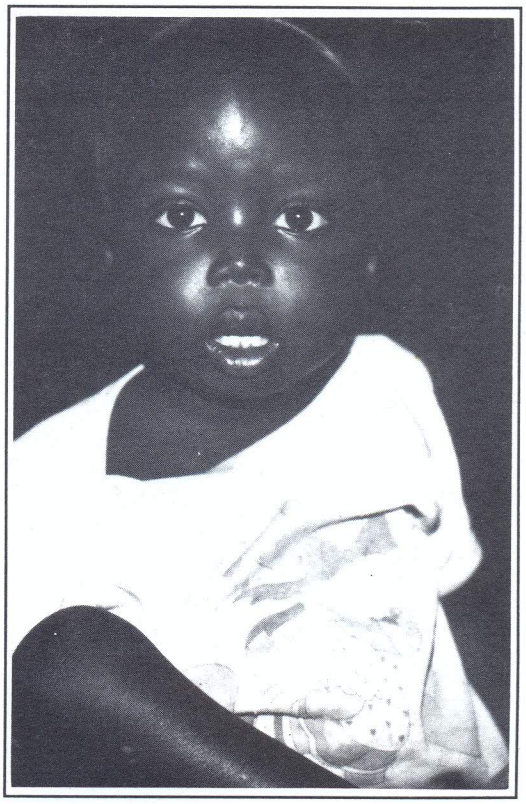
## RWANDA

The operation in Rwanda, where AHA made its debut, took off the ground in August 1994, within months of the organization's formal launch in Addis Ababa, Ethiopia.

AHA's first two teams of young and dedicated health and relief professionals were deployed when Rwanda was still in crisis provoked by the gruesome massacres, perpetrated over four months, starting in April 1994. Its initial intervention was therefore a direct response to the emergency then facing the country.

The operation came as a Pan-African venture, as conceived by the founders of AHA, and involved experts from seven African countries — Benin, Cameroon, Ethiopia, Guinea, Malawi, Rwanda and Senegal. Brought together were a new generation of Africans determined to play an active role in the humanitarian affairs of their continent, long abandoned to the interventions of outsiders.

Their target groups were returnee populations and the internally displaced. By August 1994, scattered groups of refugees had begun to flee the overcrowded and sordid conditions of the refugee transit camps in neighboring countries where an estimated 10,000 people were dying each day.



■ Returnee child with signs of malnutrition, Kibungo, Rwanda

The teams were deployed at two health centers — one to the north-west at Tare in the Kigali Prefecture and a second at Kabarondo in Kibungo Prefecture to the southeast. Apart from the twenty-four hour emergency health services they provided, the centers offered regular out and in-patient care.

Within a short period of time, AHA staff introduced specialized services that included health education, immunization and out-reach community visits. A critical need for Rwanda in the wake of the exodus of the country's skilled manpower was capacity development, not just as a stop-gap measure, but as a lasting pursuit. AHA carried out on-the-job training for Rwandan health personnel; took steps to integrate Rwandans into the AHA health squads, and went beyond to address the problem at national level.



■ Patients waiting for treatment in Kabarondo, Rwanda

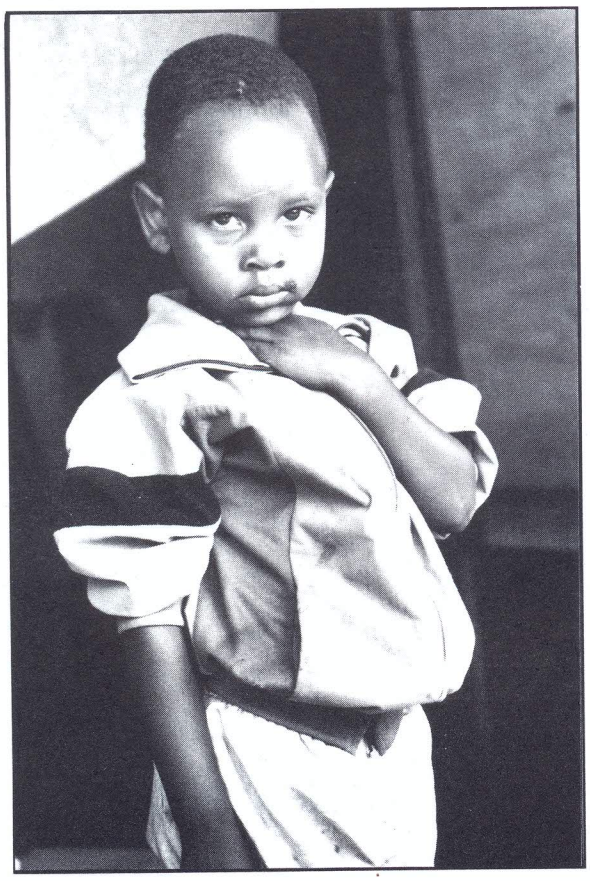
Another major AHA pre-occupation related to the emotional and psychological condition of the post-genocide Rwandese population. The ghastly massacres had left one million dead, sent two million into exile and rendered another million homeless within their own country. Hundreds of thousands of surviving children and adults were tortured, orphaned, maimed, widowed, disabled and humiliated, their existence suddenly a hell on earth.

This led to widespread incidents of psycho-social trauma of which women and children were the major victims. AHA was among the first to gauge the scope of the problem and, with the active support of the U.N. Fund for Women/Africa Women in Crisis programme (UNIFEM/AFWIC), to

begin care and counseling services. Furthermore, AHA has launched an appeal for funds toward the establishment of a Rwanda Center for Torture and Violence Victims.

Hand in hand with these services the agency carried out the physical rehabilitation of the structures at the two health centers under its care. The buildings and facilities at Tare and Kabarondo were damaged, and their fixtures and furniture ransacked. The basic AHA target in Rwanda was therefore the restoration of the health infrastructure and services to correspond with the climate of peace. AHA accomplished this goal to the satisfaction of all concerned. A third center, Rutare, came under the supervision of AHA in May 1995.

In sum, in the course of the year, over 65,000 patients were treated directly by AHA staff at their facilities. This figure would have been much higher if those treated in outreach programmes were taken into account. Surely, no mean feat for an organization on its very first venture as a member of the global NGO community.



■ A lonely refugee boy, Uganda

## UGANDA

In Uganda, AHA is responsible for community-based health and sanitation services to all refugee settlers in Mongula, East Moyo District, which borders the Sudan. The refugees are all Sudanese, the majority of whom fled their homeland to Uganda beginning in 1988, following the escalation of fighting between the Sudanese government forces and its southern opponents. Influxes of refugees have been common in both directions in this region for many years. The current population of Sudanese refugees in Uganda is estimated at 150,000.



■ Settlers building their homes in Mongula, Uganda

Thanks to the generosity of the Ugandan government which has provided settlement land, an operation is presently underway to move the refugees from transit camps to areas of permanent settlement. AHA is among several NGOs which, in partnership with UNHCR, is now involved in the effort to assist the exiles achieve self-reliance in the settlement.

AHA's intervention aims at filling the gap in the health sector as there exist no medical facilities in the new settlement at Mongula. The job, in the initial stage, will range from screening upto 25,000 refugees, as they enter the settlement, to more comprehensive health services including nutrition, safe-water and sanitation.

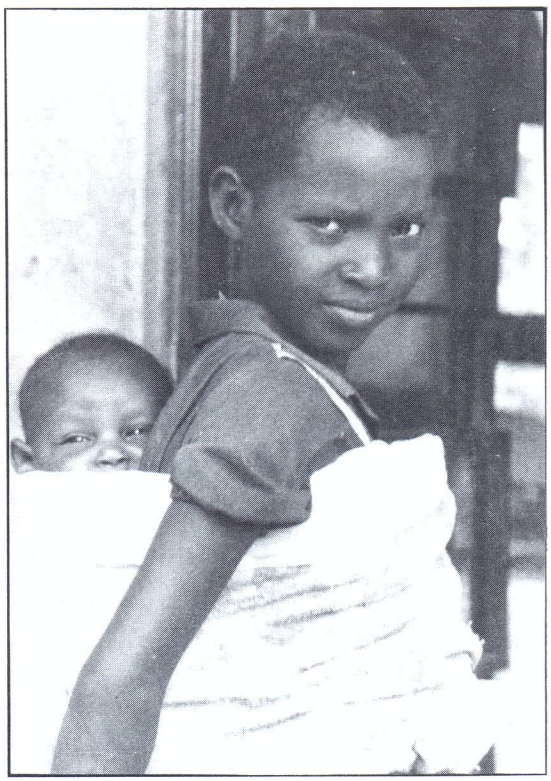
Simultaneously, immunization services, reproductive health care, preventive activities, environmental hygiene and general health education will be carried out. These services are to be provided through a number of

dispensaries and a full-fledged health center, where maternity care and a general ward for in-patients are to be incorporated.

A massive registration drive, in which AHA participated, took place in mid - October 1995, and the actual transfer started in the month of December. AHA devoted the best part of the year to preparing the vital infrastructures required before normal habitation started. For AHA this meant preparing the screening and reception centers, building its first dispensary as well as offices and accommodation for its personnel.

When the AHA health center becomes operational, it will provide a fully-equipped general ward with up to 25 beds and offer routine laboratory services and referral consultations. Minor surgeries will also be handled there. Ugandan citizens who live in neighboring hamlets and towns naturally stand to benefit from all these services.

Since the overriding objective of the operation is self-sufficiency for the refugees, there will be a focus on supporting community-initiated self-help schemes when the project eventually takes off. Safe sanitation strategies, which will include the upkeep of clean water supply and other services, will be promoted through education and sensitization programmes.

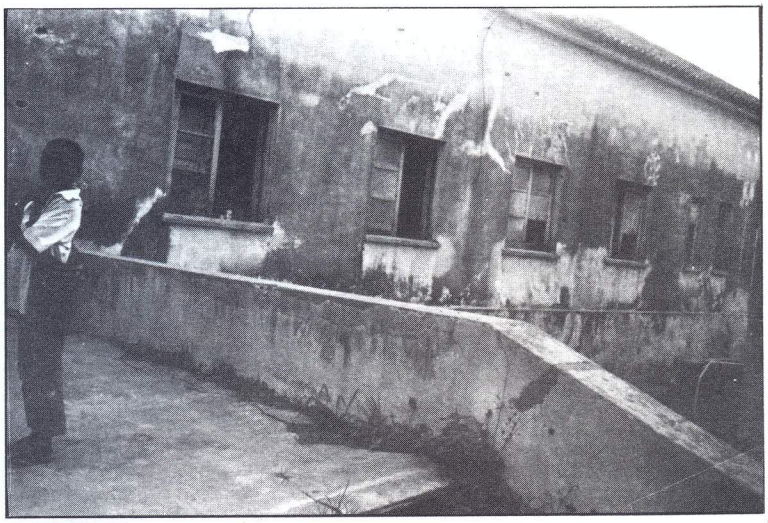


■ In Africa, a cherished chore

AHA plans to provide training to a selected group of refugees in the health and sanitation sectors. These trainees will assist with outreach services. Likewise, as part of support programmes aimed at enhancing the community, mothers will be trained in nutrition in order to improve their children's diets. Lack of proper diets has often made children more vulnerable to illness and their recovery more prolonged and difficult.

## ANGOLA

Except for the absence of a crisis situation, AHA's intervention in Angola was essentially similar to that of Rwanda. Both countries were just emerging from debilitating civil wars which had played havoc with their key infrastructures and resources, setting the clock back many years in each case. The main difference is one of degree; Angola's economy is far more fragile, as its devastation has lasted two decades.



■ The dilapidated state of the hospital at Cazombo, Angola

When on October 2, 1995, AHA signed with the Government of the Republic of Angola and U.N. High Commissioner for Refugees (UNHCR) a project implementation partnership accord in Angola, it once again became the first African NGO in the country to do so, winning a distinction that clearly sets it apart.

Under the terms of the partnership, AHA was empowered to provide health care to an estimated 20,000 - 30,000 returnees, internally dis-

placed and other residents in Cazombo district, Moxico Province, in eastern Angola, an area which borders on Zaire and Zambia.



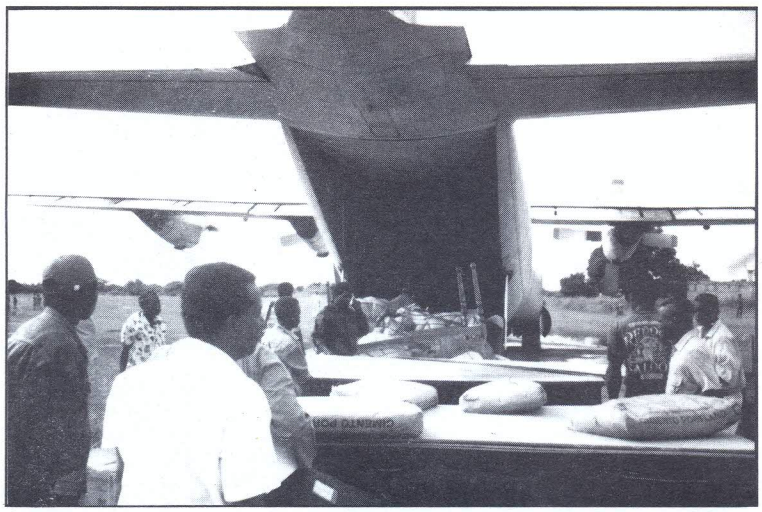
■ The hospital at Cazombo, Angola under renovation

Inherent in this task were several other priorities. Firstly, Cazombo district was severely destroyed in the civil war. Its health delivery system, including the four hospitals and 19 clinics in service in the pre-war years, were largely destroyed. One immediate target, therefore, was the rehabilitation of the hospital and dispensary buildings. It was a priority to re-equip these facilities, so they could begin giving services.

Hospital property, including electrical wiring and generator cables as well as equipment, furniture, doors and windows, had been looted and ransacked. Large sections of the buildings had been destroyed by artillery shells or air bombardment and prolonged neglect.

Secondly, most of the top and middle level staff at the various hospitals and clinics had fled their homeland, depriving the health system of the vital manpower needed in times of crisis. The rest, such as traditional nurses and midwives, miraculously survived, scratching a living from part-time agriculture. The task for AHA here was thus one of providing managerial and administrative support by way of hiring, deploying and remunerating local staff. Restoring order and normal working conditions was also part of this responsibility.

Thirdly, AHA's mission was to regroup the health professionals and administrators required to revive and run the health system in Cazombo district efficiently. This process began on October 24 when it fielded a team consisting of a Country Representative, a Health Coordinator, one doctor, two senior nurses and requisitioned medical supplies for its Angola operation.



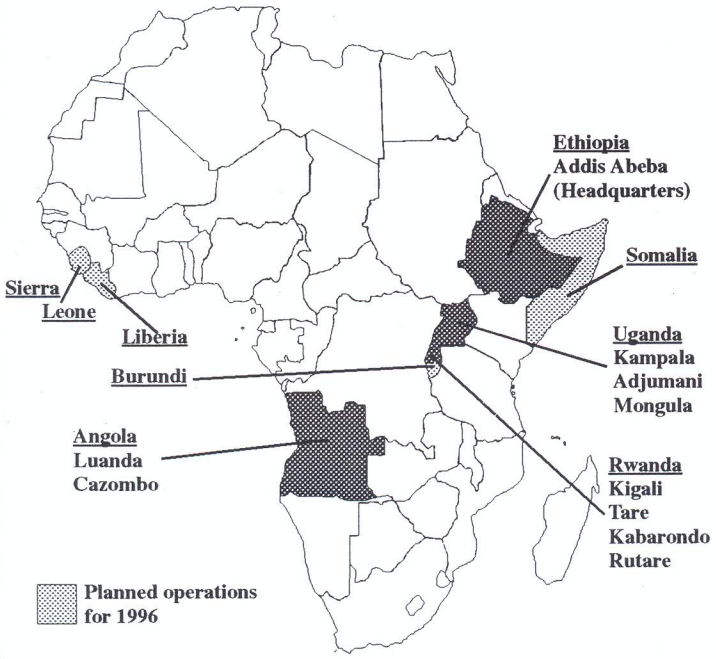
■ Airlifts, a necessity for remote Cazombo, Angola

A preliminary survey of health needs was then immediately carried out in the district before the staff settled down to work. Though the operation was launched in the last months of 1995 when logistics constraints and security problems had yet to be fully resolved, AHA was all the same able to provide health care to some 2,000 people, of which 100 were severe cases. Already, it has returned to their jobs 72 Angolan health care professionals and initiated the process of on-the-job-training.

In motion also is the process of rehabilitation and development which is to be accomplished in phases as the task of reconstruction is of vast dimension. By the end of 1995, Cazombo municipal hospital and three other rural hospitals as well as a health post at Kafaria were receiving AHA assistance.

The restoration of Cazombo's power and water supply systems will make this task a lot easier in 1996 when a new generator and water purification equipment become operational. And, with the active support of its partners, AHA is now well poised for the long haul.

## AHA OPERATIONS




## MAJOR DONORS

American Joint Distribution Committee/**AJDC**

Operation USA

Organization of African Unity/**OAU**

United Nations Development Program/**UNDP**

United Nations Economic Commission for Africa/**ECA**

United Nations Fund for Women/Africa Women in Crisis umbrella programme/**UNIFEM/AFWIC**

United Nations High Commissioner for refugees/**UNHCR**

Numerous individuals

## PARTNERS

Africa Refugee Foundation/**AREF**

Ajibulu Moniya Gallery
Plot 49
Babs Animashaun Extension
S/Lere
Lagos, Nigeria

## Africa Humanitarian Action

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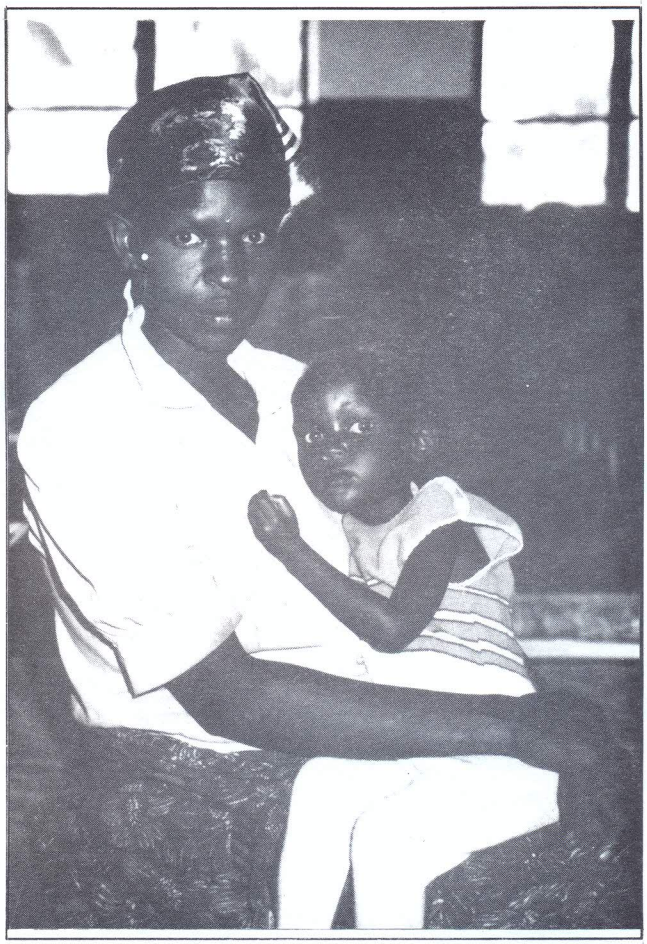
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**1203 GENEVA,**
**SWITZERLAND**
**Phone/Fax: 344 1485**

# AFRICA HUMANITARIAN ACTION STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 31 DECEMBER, 1995

| | | | IN USD |
|---|---|---|---|
| **INCOME** | | | |
| **Headquarters** | | | |
| Contributions | | | |
| Organizations | 33,300 | | |
| Private | 37,000 | 70,300 | |
| **Rwanda** | | | |
| Contributions | | | |
| Organizations | 363,192 | | |
| Private | 34,000 | 397,192 | |
| **Uganda** | | | |
| Contributions | | | |
| Organizations | | 253,677 | |
| **Angola** | | | |
| Contributions | | | |
| Organizations | | 228,800 | **949,969** |
| **EXPENDITURE** | | | |
| **Headquarters** | | | |
| Office running cost | 20,910 | | |
| Office furniture & equipment | 27,042 | 47,952 | |
| **Rwanda** | | | |
| Health and related | 286,545 | | |
| Capacity development | 14,000 | | |
| Rehabilitation | 31,833 | | |
| Psycho-social trauma | 24,200 | | |
| Administrative | 42,525 | 399,103 | |
| **Uganda** | | | |
| Health and related | 179,020 | | |
| Infrastructure development | 62,626 | | |
| Administrative | 18,642 | 260,288 | |
| **Angola** | | | |
| Health and related | 171,410 | | |
| Rehabilitation | 29,480 | | |
| Administrative | 27,910 | 228,800 | **936,143** |
| **Excess of Income over Expenditure** | | | **13,826** |

228,800



*Mother and child in one of AHA's Health Centers in Rwanda*

If you would like to support AHA's activities, donations can be sent to P.O. Box 6398, Addis Abeba, Ethiopia or funds can be transferred directly to the following bank accounts:

c/o The Commercial Bank of Ethiopia
Addis Abeba
Africa Hall Branch
Account number: C/A 3712-609-6470-4 (Local currency)
C/A 6050092-2 (Foreign currency)



*the future is certainly bright!*
*We have to work hard at it.*

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**For more information on how you can help AHA,**
**please contact our main office:**
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**P.O. Box 6398**
**Addis Abeba, Ethiopia**

**Tel: +251-1-512879**
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