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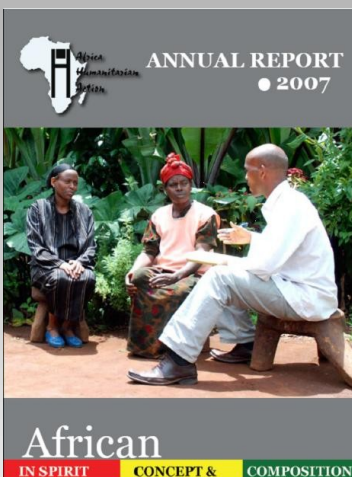
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2007

Annual Report



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AHA staffs working in healthcare and project implementation were participants of a training on Sexual and Gender-based Violence (SGBV) from a clinical and project implementation perspective from August 18 – 29, 2008 in Nazareth, Ethiopia.

The training entitled *SGBV for Healthcare Workers in Refugee and IDP Settings* was attended by fifteen staffs composed of Seven Country Offices (Burundi, Democratic Republic of Congo, Ethiopia, Liberia, Namibia, Rwanda and Uganda) and the Head Office. Funded by the Academy for Educational Development's Africa 2010 Health Project, the training was conducted by the Centre for African Family Studies, a Nairobi based NGO.

The two-week training provided AHA with a welcome opportunity to identify its strengths and challenges in its SGBV undertakings as well as in identifying gaps that should be filled. All participants were actively engaged in a wide range of SGBV issues in the African context through presentations, discussions and role play activities.

AHA is currently working on incorporating SGBV into all of its activities with an aim of preventing and responding to SGBV from a holistic approach.

ECOSOC Status

AHA has become an NGO with Special Consultative Status to the Economic and Social Council of the United Nations (ECOSOC). At a Substantive Session of July 2008, the Committee on Non-Governmental Organizations of the ECOSOC decided to award this special status, by which AHA can designate official representatives to the United Nations Headquarters in New York, and its offices in Geneva and Vienna.

This recognition is yet another important milestone in AHA's fifteen-year history. It reflects AHA's emergence into a new era as a pan-African NGO, and will further cement our credibility and expertise as a prominent actor in the humanitarian field.

AHA expects that involvement in ECOSOC will allow greater communication and co-operation with like-minded organizations across the globe. In addition, it will significantly increase our capacity to deliver effective life-saving humanitarian assistance. Using the reach established by our country offices and partners, AHA shall thus strive to amplify African voices at the ECOSOC, bringing issues that affect populations AHA serves to the forefront.

A refugee's story from Burundi

By Askale Bingega, Country Representative



Fébronie Bigirabavukanyi is 80 years old. A Rwandese refugee, she came to Burundi with the first wave of asylum seekers who crossed the border in 2005 fleeing from persecution as a result of the Gaccacca rulings (traditional tribunal system). She is accompanied by her 27-year old, physically disabled son.

Since her arrival in the Giharo Camp, she has been nothing but full of enthusiasm and not in the least inhibited by her age.

A very energetic woman: she was one of the first women to join women's dance group. With her contagious good will and humour, she has helped AHA give an impetus to cultural activities in the camp. She is also the best dancer of them all. Unable to remain idle doing Nothing but smoke her pipe, sitting under a tree and watching life go by in the camp, she went out to visit local communities in the surrounding areas.

A very loving and lovable woman, she was soon adopted by the local women who took her under their wings. She freely gave a lending hand to anyone who needed it and returned to the camp content of her day's work. In return, they shared with her their harvest and she could bring along vegetables that helped enrich her ration.

This was not enough for our restless friend who on her return to the camp took time to gather wood to help ends meet. Amazingly, this considerate woman was the one who assisted much younger women, whenever they were short of wood or anything else that she had and was willing to share.

Once more, this was not enough for her until she managed to obtain a plot of her own. She is now cultivating beans, maize, and cassava she partly gives away to her fellow refugees and partly sells in the nearby market. Even though no words are enough to describe her, she is the coolest, bravest and most considerate refugee woman I have ever met!

Youth play a positive role in Rwanda

Given that about 20% of the total number of urban refugees and asylum seekers in Kigali are youth and children aged from 12 to 17, it has been a critical consideration for AHA Rwanda to pay more attention to youth in terms of HIV and AIDS prevention and response. With Support from USAID/PEPFAR and GLIA, various youth activities on HIV/AIDS issue have been organised. Five active anti-AIDS youth clubs organise monthly festivals, during which they exhibit songs, poems and sketches with HIV/AIDS messages, every month more than 500 people attend this event. During the five day training in February of 2008, 70 anti-AIDS youth clubs learned about condom use, drug/alcohol abuse and their role in fighting the HIV/AIDS pandemic. In addition, training on HIV/AIDS prevention, allowed 80 peer educators to share knowledge and experience about reproductive health, STIs, SGBV as well as HIV/AIDS.



Crop production activities in Namibia



With more than 7,700 refugee population in Osire Camp, situated 125 km NE of Windhoek, AHA has put more efforts on sustainable development through crop production. During the first half of 2008, 190 kg of sorghum seeds were distributed to the members of the refugee community who are involved in crop production activities across the main road with each refugee receiving 300 g of seeds. A research centre of the University of Namibia specialized in mushroom farming also visited the Camp under the Ministry of Agriculture, Water and Forestry's recommendation. It is expected that mushroom production activity will soon be implemented in the Camp. Along the line, 30 refugees were given training on capacity building in crop production and forestry.

African in

Spirit

Concept &

Composition

Voices from the field



Gebi Nure has been working for AHA Ethiopia for nearly ten years. As an AHA Project Manager in Oromia Regional State of Ethiopia, he leads a number of AHA's projects that address issues such as reproductive health, family planning, Sexually Transmitted Infections (STIs), HIV/AIDS, eradication of Harmful Traditional Practices (HTPs) and gender mainstreaming.

Q: How did you become involved with Africa Humanitarian Action (AHA)?

A: I began my career at AHA about nine years ago when AHA started a project in the Oromia Region of Ethiopia. I was a public health officer in Sheshemene, the capital town of West Arsi Zone. Because of my professional background, AHA thought I was a suitable person for the position.

Q: What is your main role in the AHA Oromia Regional Office? What kinds of projects does AHA have in that area?

A: Our projects implement reproductive health, family planning, STIs, HIV/AIDS, eradication of HTPs and gender mainstreaming. In my project only, we have 11 staff members and more than 200 volunteers, youth clubs and project advisory committees that represent various social institutions including government sectors who work hard for the population in that region.

Q: What are some of the successes of AHA's work in the region since you began working there?

A: Most of AHA's activities in the region have been focused on reproductive health/ family planning (RH/FP), Mother and Child Healthcare (MCH) Services, Prevention Care & Support for HIV/AIDS and HTPs. When we started our project in Sheshemene in 2000, the Contraceptive Prevalence Rate (CPR) was only 5 %; but now we have achieved more than 30%, which is double the national average of 15%. For that, all of our staff are proud.

Q: What are the main tools that AHA uses for successful family planning?

A: Well, when we started this project, we first oriented the community in the region. Among the community, there are community leaders, religious leaders, and governmental sector representatives, also leaders from the education and agricultural sectors and women/youth affairs desk. There are different categories in one community and we invited those people along with the general community and then we orient and sensitize them for two to three days. When those well sensitized leaders go back to their community, they select volunteers to be Community Based Reproductive Health Agents (CBRHA). These volunteers are interested in that issue, educated to high school level, and committed to voluntary service. Then, AHA trains the CBRHA with the national curriculum. After completing the three week training course, we send the CBRHA back to their community with all necessary logistics and supplies, such as contraceptives, condoms, and any other necessities, including teaching materials, guidelines, and reporting formats. In this way, they are able to serve their community – they educate their community, give information, as well as change their behaviour on the issue. Moreover, they provide the community with services, including delivering contraceptives on a home to home basis.

Q: So, it's a really self-sustainable way to improve family planning by educating leaders and then through the educated leaders educating local populations.

A: Yes. This is one way to do so. The second way is through an outreach approach. We have supervisors, who are mostly nurses and they supervise the CBRHA. When they go out, they carry injectables, which are only given by supervisors, unlike other logistics such as condoms and oral contraceptive pills that are given by CBRHA. The third approach is with referrals. Here, clients are referred for long term contraceptives, such as Norplant, which is only offered at hospital or health center levels. AHA facilitates this referral linkage and CBRHA refer clients to health center or hospital for long-term, permanent birth control service. So, there is no loophole to miss the opportunity.

Q: What are the most significant challenge that AHA faces?

A: The main challenge comes from religious groups, especially the Muslim and Catholic communities. When you think of our real situation that there is widespread severe poverty, we should help the people to make informed choices. Another big challenge is that people are not well educated in general and changing their beliefs and behaviour is really difficult.

Q: What are the most important things that AHA should do in the future?

A: AHA's main focus in Oromia Region is healthcare, specifically reproductive health. But as a humanitarian organization, AHA also can do general community-based sustainable development work. Considering that there is food insecurity, it's urgently needed to put our capacity and efforts on the agricultural sector. We also need to care about prevention of malaria as well as environmental health. Malaria is endemic in this region and I think environmental health is very important because most of the diseases, such as intestinal parasites and waterborne diseases can be found here.

New projects in Afar, Ethiopia

Despite the fact that water is a source of life and a natural resource that sustains our environments and supports livelihoods, 1.2 billion people worldwide live without access to safe water, according to the *Human Development Report 2006*. Considering that, AHA Ethiopia has extended its project to the provision of safe drinking water at the refugee camps in Berhale and Aysaita of the Afar Regional State.* This project has been possible with an agreement made between AHA and UNHCR.

The project has two phases: first, extension of the water supply system from the existing borehole that serves the community in Berhale to the refugee camp; second, digging of new boreholes for the Berhale camp that will independently serve the camp communities and extension of the water supply system from a municipal borehole to the campsite in Aysaita. AHA has completed the first phase of the project and the second phase is now on the process.

*Berhale is expected to have 12,000 residents with about 4,000 already in the camp, while Aysaita expects 4,000 refugees and is being established.



Refugees at the Berhale camp can fetch water twice a day from the newly established facility.



The African Centre for Humanitarian Action (ACHA)* launched the *Partnership to Protection: Civil Society Organisations and the AU an advocacy toolkit for civilian protection*. Funded by Oxfam GB, ACHA has developed this toolkit to the African Union (AU) based on the simple idea that people should always be able to meet their basic needs. This toolkit aims to assist CSOs play a great role in representing local populations at higher platforms, specifically in advocating directly to the AU.

Civilian protection is a basic human right that all people should have access to but in situations of humanitarian crises either caused by natural disaster or man-made conflict, this basic human rights is often purposefully ignored. Therefore, civilian protection means the defence or re-establishment of well-being, not only of a person's physical self but of their dignity as well; rather than merely provision of basic needs, such as clean water and healthcare.

Launching an advocacy toolkit

Local Choices * African Voices * Global Forces

ACHA, along with other stakeholders, firmly believe that CSOs should represent local populations on people's behalf on issues with great gravity at higher platforms; thus producing this toolkit for CSOs who want to learn more about civilian protection and how to advocate for it to the AU. This toolkit is available for download at the AHA website.

*ACHA, established as a result of the International Symposium on Building the Capacity and Resources of African Non-Governmental Organizations in 2004, is a membership-based organization in Addis Abeba, Ethiopia which aims to unite and strengthen African CSOs through stronger partnerships, increased learning and improved advocacy in order to achieve greater impact for vulnerable communities.

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Founded in 1994, Africa Humanitarian Action specializes in medical services, health education, HIV/AIDS, Sexual & Gender-based Violence, emergency response, capacity development and repatriation & reintegration of IDPs and refugees. Currently implementing programmes in 9 African countries—Burundi, Congo (DR), Ethiopia, Liberia, Namibia, Rwanda, Sudan, Uganda and Zambia—AHA builds on existing local capacities that involve beneficiaries in project implementation, thus maximizing sustainability and enhancing community coping mechanisms. Effectively balanced among local and international levels, the organization advocates issues and views vital to the dynamics of humanitarian reform in Africa.

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