



**Health And
Development Aid
Abroad –
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NEWSLETTER

Issue 20. August 2004

Food and Education



IN this matriarchal society a local lady who has two children, aged three and twelve, will benefit from a loan. Schooling is not free in China, and with the average income at only AU\$75 per year, even the small cost of education is not a priority in the family, especially for girls! We are sponsoring the older child to go to school. We are also

helping this family begin a small orchard and providing them with seeds to plant new crops in their small fields. She is Pumi (one of over 500 minority groups in China) and her husband is Han (i.e. traditional Chinese). Both are hard workers and are disappointed they have no crops in their fields. We also gave them money to add to their pigs and maybe some chickens when the chicken flu scare is over. She could manage this while at home looking after her youngest one, while her husband works in the fields. The loan will be paid back in one year.



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Raising Pigs

IN Ninglang city in Yunnan Province in China, we are assisting another lady. One of her legs was damaged in an accident, so she is very slow to get around. She has three children in school and we are sponsoring them for the costs of



going to school. They are in Middle School (secondary), Grade 5 and Grade 1. This lady really cannot leave her property, but she is able to raise pigs while staying at home. We lent her Y1000 (AU\$200) to enable her to buy five pigs, and her fields yield the food to feed them. Her husband has been excellent in helping her to walk again.

AFGHANISTAN

Mother and Child Health (MCH) Program

Kathy Griffith, Program Manager

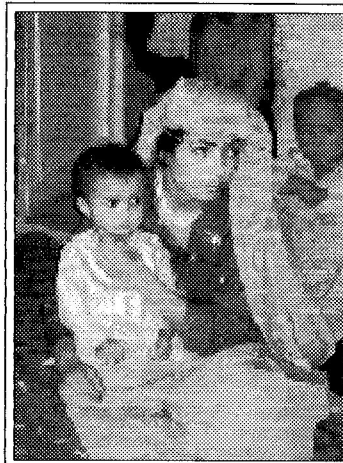


The Mother and Child Health Program has enlarged its focus over the years from providing only treatment oriented care to more integrated care where health issues are dealt with at more than a medical level. Each project has followed a different emphasis and each has learnt from the others.

Hazarajat MCH Project

In Lal-O-Sarjangan in eastern Ghor province where the largest project has been running since 1998, the team has interacted with some 2000 villages over the years. Micro-development projects have assisted locals through times of drought and insecurity and also kept frozen, snow-, or mud-blocked roads open through the winter and spring.

At the same time, the network of villages involved in the health work has grown and Community Health Workers are practicing with more confidence and ability. They are visited, supplied and encouraged by project teams going out from the Referral Centre, but the impact on infant and maternal mortality and morbidity rates will come from the belief and expertise of these village women, many of whom have often never left their homes for any length of time or had exposure to another world.



Success is also marked by the fact that the number of women with high risk pregnancies attending the Referral Centre in Lal for prenatal, delivery and postnatal has increased enormously this year. More normal deliveries are taking place at home under cleaner, better conditions with more skilled assistants.

Community development workers are discussing with, and assisting villagers to form health and development committees to face issues regarding water and sanitation, nutrition and agriculture, education and opportunity etc, so that they can influence their own futures and improve their health.

Mazar-e-Sharif MCH Project

A much smaller urban project exists in Mazar-e-Sharif. Thirty-two community health workers (CHWs) are working from home and from community-provided health rooms in two communities. While

they are seeing women and children for basic primary health care issues, women's health committees are attempting to represent families in their cluster of streets

People receiving health education – 10,000
Patient visits to the clinic – 12,029

In June, several groups of community health workers gave demonstrations of their work through drama and simple explanations of their lives. It was clear that being involved in health delivery has brought meaning and purpose to their lives.

Please advise where you prefer your gift to be sent:

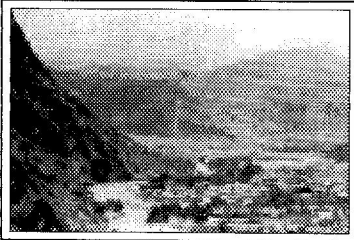
1. HADA general fund and not tax deductible
2. Tax Deductible for the following:
 - distribution where it is most needed
 - a particular project
 - a particular person working in the project.

People receiving health education – 6000
People receiving literacy education – 190

for relief assistance, water, food, schools and work opportunities. One group had an MCH colleague write a letter by hand on their behalf to an agency working with water and wells. They signed the page with inky thumb-prints and delivered it in person. As a consequence, they had three semi-deep wells fitted with hand-pumps sunk in their area of salty surface water.

Returning refugee families are the main beneficiaries. Families continue to





return, mostly from Iran, to find very poor housing conditions and few work opportunities in and around the city. Very often each member of the family is mal-

nourished and living in desperate poverty. Community members have asked for assistance, selected beneficiaries have been involved in supervised distributions. Sadly, a mother from one of those families, malnourished and very anaemic, bled to death after her home delivery. The CHW who assisted her found a surrogate mother and the community has been trying to care for the remaining family of father, two sons and newborn baby.

Two loan groups have worked well with their \$50 loan per person – two women established their own bakeries, several are weaving carpets, others are spinning wool and tailoring. 190 people have graduated from literacy courses and 19 young women from tailoring classes. Teachers were found in, and by, the community with material assistance from the project.

Kabul MCH Project

In Kabul, the Karte MCH clinic has been providing a service to the community for 17 years. It has continued to function through the many difficult periods in Kabul's recent history. Therefore the closing of this clinic this year was very difficult, espe-

People receiving health education – 15,000
Patients visits to the clinic – 16,631

cially for government staff who have been reassigned to clinics in other parts of the city. However, the project team completed an extended health training to 24 women in Qarabagh district of Kabul province this year. They are now free to plan the same kind of training venture in Kapisa Province in line with the Basic Package of Health Services.

All gifts are forwarded in their entirety, less bank charges, to the projects designated.

Nuristan MCH Project

AFGHANISTAN



A fourth team made two visits to the Mondul district of Nuristan Province in March and June. They conducted mobile clinics from homes and saw over one thousand people in 26 clinics, mostly women and children who have never encountered a foreigner before.

There is almost no health service here and many children died in 2003 from a whooping cough epidemic that also affected other provinces. The region is extremely poor mainly because of the very mountainous terrain

and the fact that vehicles cannot go beyond the lower end of the valley. Work has been significantly hampered by larger security issues in the region.

Advocacy has been an important part of this project. If a bridge could be built over the river Pyar, the region would open to further travel, trade exchange and assistance. There are opportunities to explore micro hydro-electric power and other forms of development if the existing obstacles can be overcome.

Herat MCH Project

The work on six clinics in the district of Korakh and Chesht-i-Sharif, Herat Province, was finally completed

and wells dug or springs tapped for each centre. Unfortunately, the well at one clinic has run dry and water supply for all may be a seasonal problem. In Chesht-i-Sharif, three rounds of immunisation followed by a booster round were also completed in all 52 villages. All the units are now open and serving the public, staffed by health professionals from the Ministry of Health or in the hands of the NGO implementing the Basic Package of Health Services in that region.

We are grateful to have been able to be a part of serving women and children in this country and hope to be able to continue.



All projects in the newsletter are approved for tax deductability.

HADA'S Vision: *To see medical, education, agricultural and sanitation programs established in countries as needed.*

Current HADA Projects

- ☒ *These projects have been approved by HADA to be recipients of tax deductible gifts.*

HADA Astana, Kazakhstan

Personnel: Bruce & Edith Hanke
David & Liz Graetz

- Projects:
- Pregnancy Crisis Centre
 - Community Health
 - Trades Training Centre

HADA Yunnan, China

Personnel: Colin & Margaret Dennis

- Projects:
- Micro Credit
 - Pig farming
 - Buffalo farming
 - Sponsoring children for schooling
 - Training English teachers

- ☒ *Associate organisations where projects have been approved by HADA.*

Stichting Assistance International, China

- Sponsoring mature rural students to language and medical school
- Sponsoring children for schooling
- Assisting a hospital for the poor
- Supporting a school for the children of nomadic families
- School renovations
- Hydatids treatment and eradication project
- Yak micro-loan project
- Community health training

International Assistance Mission, Afghanistan

- The Herat Ophthalmic Centre
- Herat Community Development Program
- Herat Mental Health Clinic
- Ophthalmic Technicians Training Program
- Maternal Child Health – training women health workers
- Primary Mental Health Program
- Disaster Management Program

Harvest International Services, Cambodia

- Vocational training
- Village education
- Street kids

Gaining Independence

A GREAT deal of research went into this project. This particular lady was wanting to start a fish farm as well as have a new house and business. She underwent training here in animal husbandry and also in planting new medicine crops and using new fertilizer.

She now has three crops and seeds and fertilizer, a sum of money to help with the planting and harvest, five pigs and 50 chickens, along with the food for a year for both.

She is a hard working person and We are thrilled to share with you the hope this gives her for a brand new future. All three of her children are



sponsored in the school and she will take this over as her business becomes a success. This project is in the form of a micro loan for Y6300 (AU\$1575) and she will pay back what she owes in a year's time. This encourages her as she now has own-

ership over her life once again. She is excited and she has the expectation that when she repays this money, she will receive another loan installment on her overall independence plan.



A Story of Hope Restored – Cambodia

I AM Sopheap. I graduated from Harvest International's Vocational Training Centre (VTC) in 2001 and today I work as the Metal Trade trainee teacher. My parents were poor farmers and could not provide enough food for our family. I wanted to take up a Computer course but I was turned down because my English was very poor. But now I speak and understand English because I could support my studies with my salary.

Coming to VTC has turned my life around. I found a skill that I could use to help myself as well as my family. Now my family is able to live better because I could help them financially and take care of my own needs.

