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Acting Chair's Message

The year 2005-2006 was a very difficult and challenging year for all of us who are involved with the Ethiopian Health support Association (EtHSA) in one way or another. It is mainly due to following a long and exhaustive work to raise funds for the organisation all but one of our requests have been turned down. As result services have been cut down and we were forced to let our paid staffs go and we were running services at a bare minimum level just by volunteers. We were extremely delighted when we were finally successfully awarded a three years grant to our last remaining application with the BLF.

Since then we have launched the new project, recruited staff and volunteers and the services are up and running in full once again. I would like to express my appreciation to all those, who stood with us at this difficult, time for our organisation. Special thanks to David Palmer of SPaRC, Stephanie Begum of Evelyn Oldfield Unit, and Marina David of BLF and members of the MC for their unreserved support in our effort to make sure the work of EtHSA continued uninterrupted.

I would like to reserve a very special thanks to the ex- Chair of (EtHSA) Liben G/Michael, who relentlessly and tirelessly worked hard to submit numerous funding applications and lead the organisation by example at its darkest hours. Unfortunately Liben had resigned from his post, as he had to leave to another country.

Finally I would like to say a big thank you to all volunteers, staff, MC members, partner organisations and most importantly our funders for the support and help given in our endeavour to meet our objective in providing service to the neediest member of our community.

Dr Ermias Alemu
Acting Chair of EtHSA

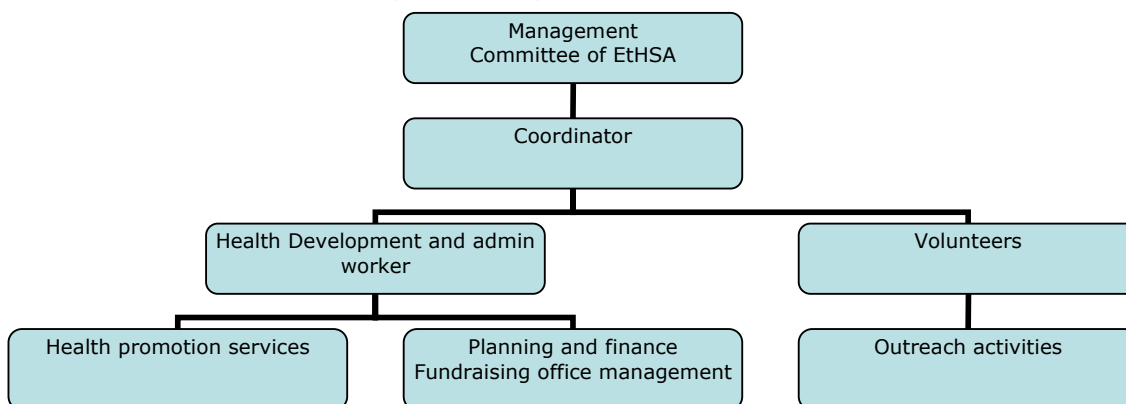
Governance

The Ethiopian Health Support Association (ETHSA) is governed by a management committee. The committee members are elected by the community members during the annual general meeting. Management Committee members are recruited on balance of skills and experience to help run the organisation effectively, to act in the best interests of the charity and its beneficiaries, understand their responsibilities and have systems in place to exercise them effectively. The role of the management committee is leadership. The engagement committee is responsible for the strategic direction of ETHSA, for ensuring plans are in place to achieve the organisation's aims, for monitoring the use of the organisation's resources and assets and for ensuring that the organisation complies with the legal and regulatory requirements.

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Figure1: Management Structure



The Management Committee works to make sure that:

- EtHSA is clear in its purpose and direction
- all decisions taken are in line with and safeguard the ideals and purpose of the organisation as laid out in its constitution
- EtHSA fulfils all its legal obligations
- EtHSA is effectively managed, operates efficiently and works within its policies and budgets and the law
- EtHSA is accountable financially
- there is a proper procedure for the recruitment and supervision of staff.

The Management Committee is advised and informed by the organisations co-ordinator. In fulfilling its roles and responsibilities the management committee works with and seek assistance from voluntary sector infrastructure and other sources available to help EtHSA best serve community needs more effectively while encouraging participation in decision-making.

Background Information

The establishment of the Ethiopian Health Support Association (EtHSA) in 1990 by some Ethiopian Community members was a responsible action against the continuous growth of mental health incidences in the UK. From the outset, it was clear that there was an obvious limitation of the statutory and mainstream service providers in addressing culturally appropriate services.

Therefore EtHSA was shaped further by committed volunteers and staff members to supplement and complement the services provided by the statutory agencies and mainstream service providers. This effort helped to create a link between the mainstream service providers and the community and enhanced a greater uptake of the services.

The 1994 financial support from the Mental Health Foundation and the subsequent research work enabled the organisation to be registered as a charity (106425) on 01 April 1997.

Goal, Vision

Goal: to contribute to improved Ethiopian community health on a sustainable basis

Vision / Purpose: To improve the health status of Ethiopian refugees and asylum seekers and to ensure that all children, young people, adolescent, and elderly of both sexes achieve and maintain the highest level of physical, mental, and emotional health in order

to realize their human potential to the fullest. The goal of EtHSA is to make services available to all Ethiopians living in the UK. This vision will be carried out in collaboration with local communities, statutory agencies, organizations and individuals concerned with the health and well-being of families, women, children, and adolescents. It provides mental, physical, HIV/AIDS and sexually transmitted health services in a participatory approach. To be able to provide the services to its clients the association at the same time will tackle the difficulties they face in accessing the existing health services.

Mission Statement:

In order to accomplish its mission, the Ethiopian Health Support Association will:

Promote the delivery of high quality, comprehensive, health services for women, young people, and adolescents.

Monitor relevant health status indicators to identify, assess, and pro-actively plan for current and future areas of need.

Promote early prenatal care, treatment for substance abuse, breastfeeding.

Develop and promote effective outreach and problem identification, including the provision of culturally sensitive and competent care coordination and management.

Values:

EtHSA is committed to comprehensive community Centred Health Care that is culturally sensitive.

Preventive Health Care Services and Early Identification, Diagnosis, & Treatment are the most effective and efficient methods to safeguard the public's health.

EtHSA operates in collaboration with local communities, statutory agencies, organizations and individuals concerned with the health and well-being of families, women, young people, and the elderly.

Equal opportunity

The equal opportunity policy to apply to all sections of the community irrespective of Ethnic origin/identification, faith, disability, age, gender, marital status, sexual choice/orientation etc.

Why Do We Need Such an Association?

- ✓ Most Ethiopian refugees and asylum seekers in the UK do not get appropriate social and emotional support which considers their culture belief and linguistic backgrounds.
- ✓ There is a need to fill the gap by providing an all-rounded service and assistance i.e. to complement the services provided by the mainstream agencies.
- ✓ Suicidal incidence within the Ethiopian Community members has been increasing alarmingly and therefore, there is a need to address mental and other health related issues.

Services (inputs/outputs)

2005 was a difficult year for the Ethiopian Health Support Association. Funding was low which meant activities were reduced considerably. Despite this EtHSA survived and offered limited services. The number of visitors, telephone and email inquiries were low because of the financial difficulties. This has affected the staff and volunteers activities considerably.

Main services provided

- Received and supported drop-in clients who required Advice/information, counselling, translation and interpretation services
- Telephone enquiries were proficiently dealt
- People with health problem were visited at home GPs, health centres and at hospitals
- letters were written to the concerned organisations to support our destitute refugee and asylum seeker
- Translation and interpretation services were provided

Figure 2: Clients Discussing their Issues



Health Advocacy: Represented clients when they have difficulty

- In accessing health services.
- People were referred to various collaborative organisations
- Leaflets on Mental health and HIV/AIDS were distributed to the community members

Drop-in: In 2005 we have received a total of 77 people. Of these 56 were males and 21 were Females. We have also accomplished a total of 10 outreach works at different places.

Figure3: Drop-in services

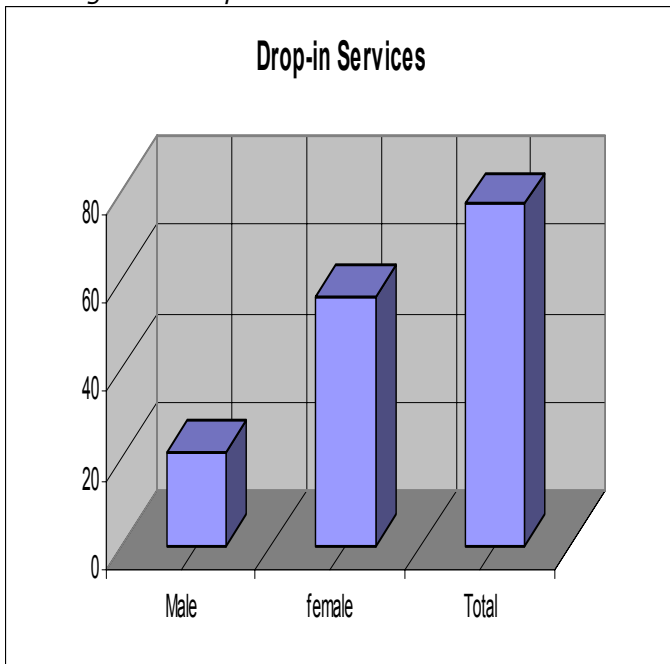
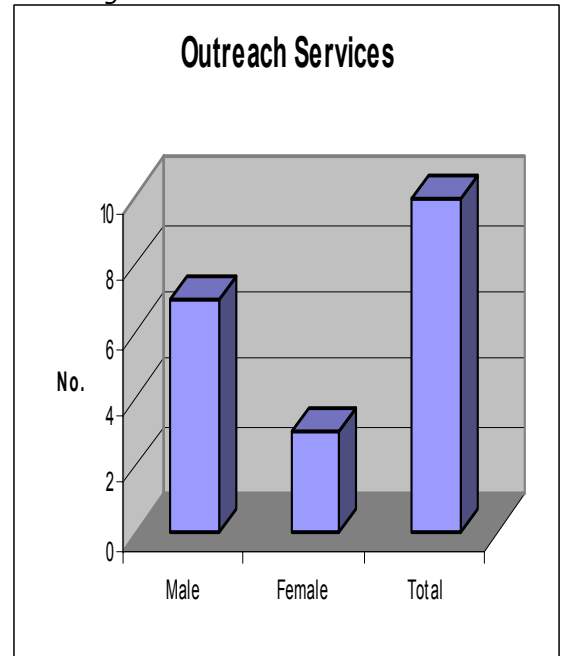
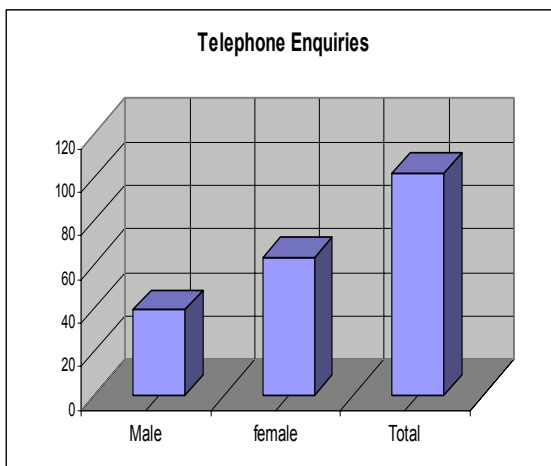


Figure4: Outreach



Outreach Services: we have visited clients at various places (Hospitals, Health Centres, Homes, GPs and other areas. A total of 10 people were supported by our outreach work.

Figure5: Telephone Services



Telephone calls: a total of 102 people have contacted the organisation and we have provided information, advice, Counselling, interpretation, advocacy and other health related services to our community members.

Meetings, Workshops, Seminars etc in 2005

With very limited human and material resources the coordinator has attended various workshops, seminars, network meetings and events. We worked very closely with the Camden and Islington PCT/African forum, the Kilburn Neighbourhood Partnership, Evelyn Old field Unit, Volunteer Centre Westminster, Camden Central Umbrella, Voluntary

Action Camden, Camden Carers project, Camden and Islington BME and with many other organisation. Please see table 2, 3 and 4 for your further information.

Table 2: List of Meetings, Seminars and Workshops

Date	Organisation/pers on	issue	Attended by
06/01/05	Ginna Pecock	Mental health project	Kefale Alemu
10/01/05	St. Pancras Refugee Centre	To discuss the possibility of working in partnership	Kefale Alemu
13/01/05	Ethiopian Communities forum meeting	Discussing on the scope of the forum	Kefale Alemu
14/01/05	Camden Primary care African communities forum meeting	To discuss about world AIDS Day marking	Kefale Alemu
15/01/05	Volunteer Centre west Minster (Derek)	About mentoring and befriending London	Kefale Alemu
17/01/05	Princes Trust Camden Carers (Lucy Raymond)	About a collaborative support to our clients	Kefale Alemu
20/01/05	Had discussions with Liza Dresner (consultant)	With regard to fund raising. Liza gave us advice and support	Kefale Alemu
24/01/05	Evelyn Oldfields	Project management and business planning	Kefale Alemu
24/01/05	Mark Jeffery	To discuss about Ethsa with regard to the funding problem	Kefale Alemu
28/01/05	Agroforup (Dalston)	To discuss on the Ethiopian communities forum terms of reference	Kefale Alemu
02/02/05	Evelyn oldfields	With regard to RECOs project	Kefale Alemu
04/02/05	With MC members	To talk about funding situation	Kefale Alemu
14/02/05	Ethiopian communities forum	Ethiopian community organisations network	Kefale Alemu
18/02/05	African HIV Conference	With regard to the worlds AIDS day	Kefale Alemu
21/02/05	CAB (victor)	Quality mark	Kefale Alemu
01/03/05	The refugee council	Asylum, and immigration	Kefale Alemu
02/03/06	African Communities forum	World AIDS day	Kefale Alemu
04/03/05		Mentoring and befriending	Kefale Alemu
14/03/05	ECF	networking	Kefale Alemu
15/03/05	BLF	How to apply	Kefale Alemu
31/03/05	Forum meeting	To establish a forum together with LAA, RCEDB and others	Kefale Alemu
01/04/06	Kilburn neighbourhood	Kilburn community development steering group meeting	Kefale Alemu
08/04/06	VCW	Advisory committee meeting	Kefale Alemu

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08/04/06	VCW	Advisory committee meeting	Kefale Alemu
12/04/06	Evelyn Oldfield	Advanced fundraising skills Training	Kefale Alemu
13/04/05	Evelyn Oldfield	Authority and leadership skills	Kefale Alemu
22/04/05	Evelyn Oldfield	Advanced fundraising skills	Kefale Alemu
25/04/05	Ethiopian communities forum	Terms of reference and committee election	Kefale Alemu
12/05/05	Abbey community mental health Team	Wit regard to Ethiopians with mental health problem	Kefale and Adam
13/05/05	Camden SSD/PCT	Mental and social Care	Kefale and John Sarkodieh
17/05/05	Voluntary Action Camden	Refugee network Seminar	Kefale Alemu
31/05/05	Ethiopian communities forum meeting	Clarifying the scope of the forum or committee?	Kefale Alemu

Management/Administrative works

Figure 6: MC and Staff Member



- o The staff and volunteers were properly managed and worked efficiently in all aspects and delivered a very high quality service to our community members

- o The record systems have been developed in both electronic and manual folders and files. We will continue to develop it in 2006/7

Volunteers

Figure 7: Volunteers in Office Work



Volunteers were trained and properly supported

- They have acquired interpreting,

- administrating, bookkeeping, counselling, computer and other skills and experiences

Fundraising

During the last ten months several applications were prepared and submitted. Although some of these were rejected we are optimistic about the Big Lottery Fund. EtHSA is very familiar with the difficult funding climate in which we are competing and so have secured support from organisation such as the Evelyn old-field and from consultants Liza Dresner and hope that in the year ahead, 2006/07 we will anticipate that we will be more fruitful.

Funder organisation

Remark

City parochial	-----
Nuffield Foundation	-----
Tudor Trust	-----
Award For ALL	-----
Volunteering England	-----
Big Lottery fund	Waiting (Interviewed)
Islington & Camden Social services	successful

Suicidal incidences

Because of the 2004 high suicidal incidence within the Ethiopian Community, the Ethiopian Health Support Association and the Ethiopian Community in Britain have taken an initiative to establish a network between the different Ethiopian Community organisations and religious groups.

The effort to strengthen the established committee/forum has continued to 2005. The coordinator of EtHSA, Kefale Alemu was provisional chair of the forum. However, because of financial difficulties the Ethiopian Health Support Association has temporarily ceased its activities in the middle of 2005. This has greatly affected the organisation's own work as well as the development of the established committee/forum.

Outcomes

The project has contributed in improving the emotional and physical wellbeing of Ethiopian refugees and asylum seekers:

- Improved access to GPs and other relevant health services
- Reduced isolation
- Improved health and welfare of the community members
- Improved confidence and relationships for integration

Figure 8: What do our Community Members want us to do?



Future Work Areas

- Continue the work with RAISE
 - Establish a Mentoring project
 - Set up a day centre
 - Create a project that can work on detention and
-
- Deportation to support destitute asylum seekers and refugees in the UK.
 - Conduct further research
 - Strengthen the Network/forum and partnership work within Ethiopian community organisations

Recognition of support and good collaboration

- To our funders (Community Fund, DOH, Camden and Islington PCT)
- To the Evelyn Old field Units (Stefnie Borkum)
- To our consultant (Liza Dresner)
- TO all members of the MC
- To our valuable volunteers and professional supporters
- To ECB and other community orgs: directors, coordinators and Trustees
- To the Refugees into Jobs (Belay G/Tsadik)
- To Camden and Islington PCT (Mark Creelman)
- To the Camden Carers Centre (Lucy Rymond)
- TO Volunteer Centre Westminster
- To Latin American Association
- To all GPs and Hospitals in London
- To all Ethiopian community organisations in London

MC, Staff and Volunteers of the Ethiopian Health Support Association in2005/06

MC Members

- Rev. Barnabas Daniel, member
- Mr. Belay G/Tsadik, treasurer
- Dr. Endalkachew Hailu, Member
- Mr. Ephrem Benti, member
- Dr Ermias Alemu, Secretary
- Mrs. Fikirte Workye, member
- Dr. Wondwossen Eshetu, member

Staff and Volunteers

- Alamrew Kassa, volunteer
- Desta Wolde, health development worker.
- Ephrem Benti, volunteer
- Kefale Alemu, coordinator

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