



Annual Report 2020

**AFRICA HUMANITARIAN ACTION
ANNUAL REPORT 2020**



CREDITS

AHA acknowledges the contributions (information and images) provided by staff members working in the Head Office, Country Offices, and in the Field.

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This report provides a concise overview of the varied activities of Africa Humanitarian Action (AHA) in the countries it served during 2020.

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“ FOREWORD

For over 26 years, AHA has been delivering lifesaving humanitarian services to forcibly displaced populations and their host communities. In 2020, due to the COVID-19 pandemic, AHA and the wider humanitarian NGO community faced unprecedented challenges to fulfill our obligations. Nonetheless, despite the numerous difficulties in mobility, communication and the health of our own staff, we were able to stay and deliver throughout the pandemic. This report captures the highlights of AHA's interventions throughout the year.

The long-term consequences of the COVID-19 pandemic remain to be seen. However, we already observe far-reaching social and economic setbacks, many of which have hit the most vulnerable communities the hardest. In the case of AHA, it has reinforced our enduring lessons of the importance to equip local capacities before disaster strikes, and the need to ensure that we, as an organization, strive to remain well-resourced and well-prepared to withstand unpredicted shocks. Although we have advocated for years that strong partnerships with homegrown African NGOs must include deliberate investment in core organizational development over multi-year horizons, such resources continue to elude us.

We faced several challenges throughout our operations in 2020. These included prolonged lockdowns; an outbreak of the coronavirus amongst our own staff; extended internet outages; and insecurity and violence. Nonetheless, with much credit going to our staff at country and field levels, and in collaboration with our program partners and supporters, we remained collectively resilient. We concluded the year meeting our project obligations in all country operations, even exceeding them in some, and transitioned into 2021 with our partnerships intact and stronger.

Once we adjusted to the pandemic disruptions, we refocused our work to address COVID-19 prevention and response measures. For example, supported by proceeds from UNHCR in Cameroon, and in partnership with the International Medical Corps (IMC) and the U.S. Centers for Disease Control and Prevention (CDC)

in Ethiopia, we undertook awareness-raising, prevention and response activities, aimed at the strengthening the capacity of local health centers. We provided trainings to health professionals, and strengthened health facilities with personal protective equipment (PPEs), medicines, tents for triage centers, and laptop computers to facilitate surveillance and data collection.

It was also a particularly defining year in Ethiopia. Beyond the pandemic, locust infestation, floods, ethnic-based conflicts displacing communities en masse, capped with armed conflict in Northern Ethiopia, have all taxed and complicated responders' ability to cope with mounting needs, and people's resilience to withstand multiple shocks. Moreover, they have tested the humanitarian sector's overall modus operandi. Even now, insecurity continues to hinder the expansion of humanitarian operations inside Tigray, with roads and several areas remaining partially accessible and hard to reach.

As we continue to process the lingering lessons of a disorderly 2020, we remain upbeat about AHA's prospects for an impactful year in 2021 and beyond. We will continue our work with communities and partners to ensure that forcibly displaced and vulnerable groups are assisted as they cope with the COVID-19 crisis. We will also look for innovative ways to resource our vision, as well as strive to build a more financially stable, agile and effective African humanitarian organization.

Misikir Tilahun,
Executive Director

Governance

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AFRICA HUMANITARIAN ACTION

Founded in 1994 in response to the atrocities in Rwanda, Africa Humanitarian Action provides emergency, development, and advocacy services targeting forcibly displaced persons and vulnerable communities throughout Africa.

AHA has extended its programmes to 20 African countries and channeled almost US\$230 million to reach over 26 million people affected by crisis regain their health, dignity, and wellbeing. Guided by universal humanitarian principles and values, and upholding its independence, impartiality, and integrity, AHA advocates on humanitarian issues. AHA takes responsibility for its actions and is accountable to those with whom it works and its programme supporters.

AHA's strength is in its African roots and reach. AHA is inclusive and makes use of the diversity and resources of the people with whom it works as it endeavors to deliver sound programmes and outcomes. AHA embraces change and innovation as it seeks lasting results.

Affected populations are at the forefront of all AHA activities, which ensures that its field offices respond appropriately to people's needs in a timely and effective manner. Each field office is supported by a Country Office and then by the Head Office team.

AHA's Head Office is headed by the Executive Director. It is guided by the President and the Executive Board, who set strategic priorities, and monitor and evaluate performance standards and results. It is governed by a General Assembly of Trustees, which determines policies and ensures quality and accountability to affected populations and donors.

AHA works with a wide range of partners, notably the UNHCR. AHA holds Special Consultative Status with the UN ECOSOC, has a bilateral partnership with the AU, Observer Status with IOM, and is a member of ICVA.

In addition to its legal status in the African nations where it operates, AHA is a tax-exempt registered public charity in the USA and in the Canton of Geneva, Switzerland.

With 26 years' experience, AHA's proximity to affected populations and understanding of local contexts maximizes the sustainability and accountability of its programmes, and helps it deliver an African voice in the international humanitarian sphere.

VISION

AHA's vision is an African continent whose indigenous institutions can empower and sustain its peoples and communities in human security thereby promoting peaceful development and prosperity.

MISSION

Respond to crises, conflicts, and disasters relating to refugees and returnees; displaced persons and migrants irrespective of the origin or cause of their needs;

Inform and advise the international community, governments, the civil society, and the private sector on humanitarian issues of concern to Africa; and promote collaboration among them accordingly;

Build partnerships and collaboration with national and local authorities, non-governmental organisations civil society, and academia in Africa;

Aspire to build and maintain African early warning capacity, regional rosters of competent disaster personnel, enable and empower local organisations.



OUR --- YEAR

PEOPLE REACHED IN 2020

296,952
CAMEROON
REFUGEES AND HOST
COMMUNITY

91,598
SOUTH SUDAN
REFUGEES AND
ASYLUM SEEKERS

64,101
RWANDA
REFUGEES,
ASYLUM SEEKERS,
RETURNEES, AND
HOST COMMUNITY

397,709
SUDAN
REFUGEES, IDPS,
RETURNEES, AND
HOST COMMUNITY

42,912
ETHIOPIA
REFUGEES

292,611
UGANDA
REFUGEES AND
ASYLUM SEEKERS



GLOBAL EMERGENCY RESPONSE AND RECOVERY PARTNER ENGAGEMENT

With the objective of expanding efforts and strategies to improve rapid response to public health emergencies, 2020 marked the fourth year of AHA's consortium engagement with International Medical Corps (IMC) and Mercy Malaysia through the support of the United States Centers for Disease Control and Prevention (CDC). During the year, the consortium conducted pilot testing of training materials prepared based on clinical care competencies; identified additional training materials for remote learning; and pilot tested the clinical data collection toolkits developed in the previous years.

As part of this program, AHA also implemented a project aimed at strengthening the Government of Ethiopia's COVID-19 preparedness and response capacity. Implemented over a period of four months, the project targeted 6 health centers in West Oromia Zone. The project trained some 125 health care workers to manage COVID-19 cases. In addition, it established and implemented COVID-19 screening and triage protocols; strengthened isolation centers with water, sanitation and hygiene (WASH) and infection prevention and control (IPC), as well as reinforced IPC/WASH practice among health care workers. AHA also ensured that the trainings for health care workers were adhered to, and identified additional needs in isolation centers, and equipped the facilities with patient beds and water tankers.

AHA delivered IPC materials for the general waste management in the health centers, donated personal protective equipment for health workers, distributed COVID-19 management guidelines, conducted monitoring and evaluations, and on-the-job coaching to ensure the facilities implement the training and utilized the supplies distributed properly. In addition, AHA also donated a tent for triage and laptop computers to support the surveillance system at each facility.



Determined Fatuma Ali Mohammed

Aysaita refugee camp
Afar Region, Ethiopia



“*Now I am in drama and mini-media school club where I share my experience and openly discuss impacts of gender-based violence and harmful traditional practices with other students and teachers*

Like most refugee camps around the world, women in the Aysaita refugee camp bear the responsibility of obtaining sources of energy for household cooking. Limited natural resources around the camp drive them to venture beyond the camp boundary to forage for firewood, risking brutal sexual assaults. Fatuma's family of four is one of the many families in the Aysaita camp who rely on wood fuel for their daily energy needs. Fatuma came to Ethiopia eight years ago at the age of seven with her mother and two younger brothers in fear of persecution after her father was taken by the Eritrean government suspected of working with anti-government groups. She recalls her first years in the Aysaita camp “were very tough” as she was not attending school

but rather overly tasked with household chores, and traveled long-distance outside the camp to collect firewoods. It was then she and her friends were exposed to rape and sexual abuse.

AHA has been working closely with communities in the Aysaita camp on prevention and response of sexual and gender-based violence (SGBV) and child protection. It has developed and facilitated awareness creation events on child/girls rights, and penalties of violation of those rights. It provides safe house services for SGBV victims where they receive both physical and psycho-social support, along with referral cases to medical and legal services. Consequently, Fatuma's family became “willing to send her to school.” She said, “I am now in

grade 4 and have the freedom to study and do homework”.

Currently, Fatuma is in the school club where she shares her story. Together with Parents-Teachers Association, she also works to stop absenteeism and drop out of children from school. She said “young children like my two brothers did not have a place to spend after school hours, and those children not old enough to go to school were playing in a risky manner in the field...” But now she said, “because of the Child-Friendly Space built by AHA, I and my younger brothers with other children in the camp have a place to read, play and relax”.

Resilience Ashia Kuku

Ajounk Thok Refugee camp
South Sudan



“*I am taking my medications properly, and have recovered from my illness. Thank you all for the care, shelter, and reuniting me with my children*

Refugees often experience poor mental health caused by traumatic events and difficult situations in their country of origin. Unfortunately, these adverse circumstances do not ease off once they flee; instead, conditions in refugee camps and settlements could be very rough and complex which complicate the effects of previous adversity. In addition to challenging travel without food or water to get to the camps, refugees are frequently confronted with additional hostile situations and stressors at the camps, which consequentially impact their mental health. Ashia Kuku is one of the many cases that face such adversity. She is a 33-year-old mother of 8 children Nubian refugee residing in Ajounk Thok camp. AHA's Community Health and Hygiene Promoters (CHHP) found her locked behind a house in the camp. She was chained to a piece of a trunk inside the house, allegedly as a result of her mental health

conditions. A few months ago, her husband left making their 17-year-old daughter a caregiver of the family. Despite her effort, the eldest daughter could not shoulder the enormous responsibility of caring for her mother and her 7 siblings. Hence, the Child Protection team ensured the children receive better conditions with a custodian who is a close family member of the family. And Ashia became one of the hundreds of beneficiaries of AHA's Mental Health and Psychosocial Support (MHPSS) project funded by the Bureau of Population, Refugees, and Migration (BPRM) in South Sudan.

Ashia was referred to Hakima Yakub Primary Health Care Center (PHCC), where she received comprehensive treatment and support based on WHO mhGAP Guideline (IG and HIG). Though the recovery process was difficult due to the lack of community support


structures; after receiving the pharmacological and psychotherapy treatment from AHA, Ashia was able to recover and obtain her own shelter and Non-Food Items (NFI) from Danish Refugee Council (DRC) and reunite and take custody of her children via the support from Lutheran World Federation (LWF). Currently, she is actively engaged in household activities and taking care of herself and the children. She actively attends her regular treatment and counseling sessions with the mental health team. She makes herself busy with kitchen gardening during the rainy season and is looking forward to resuming the small business she used to run before getting ill.

COVID-19 RESPONSES

The Covid-19 pandemic presented all AHA field activities with unprecedented challenges. It exacerbated the already fragile situation of refugees, asylum seekers, and internally displaced people. Therefore, during the first months of 2020, response and protection measures were developed within AHA which had a significant impact on its activities and programmes. The Covid-19 response was a substantial part of AHA's 2020 efforts. In coordination with our diverse local and international partners, AHA's Country Offices scaled up preparedness efforts and mitigated the impact within the communities and target areas.

Cameroon



-  In partnership with the Ministry of Public Health Cameroon and UNHCR
- AHA Cameroon has supported the Ministry of Health in the covid-19 response
- Additional staffs have been recruited to support the government's efforts
- AHA has implemented Covid-19 preparedness measure in Eastern, Adamawa and Northern regions, under the leadership of Secretary of State for Health of Bertoua and in coordination with UNHCR
- Participated in joint visits with the Public Health Officer of the UNHCR of Yaounde in order to assess the establishment and operation of the quarantine and isolation rooms at the refugee sites
- Conducted 2 evaluation workshops to assess activities carried out in Batouri (Kadey and Boumba and Ngoko) and in Garoua Boulai (Lom and Djerem)
- AHA in partnership with the UNHCR as part of the fight against Covid-9, facilitated the delivery of materials (hygiene, protection) and other medical equipment to the administrative authorities in the Adamaoua Region in the North.

Community Engagement

- Action plans were developed for interventions at the community level and in health facilities.
- In-depth work has been done through community leaders and other groups to raise awareness among refugees


- AHA staff and Community Health Workers reached more than 52,344 Persons of Concern (PoC) in awareness-raising sessions through door-to-door visits and public places (markets, restaurants, bus stations, bars, etc...)
- AHA facilitated the transportation of samples to the Pasteur Center of Cameroon in Yaounde. Efforts at the Refugee Camps and Settlements
- A total of 164,854 people were reached via awareness campaigns related to the Covid-19 pandemic.

Efforts at the Refugee Camps and Settlements

- AHA Cameroon equipped the refugee camps with quarantine and isolation units for contact cases, suspected cases, and the sick.
- Materials and equipment for infection prevention and control were made available in the health facilities and isolation sites.
- Medical staffs have been trained for better intervention at the Camps and Settlement health facilities.
- In collaboration with the Regional Health Delegation of the North (Garoua), AHA carried out training of 100 healthcare providers and community health workers on Covid-19
- In May and June 21 laboratory technicians in the East and North region were trained in the technique of Covid-19 sampling
- Mandjou center was built and rehabilitated by AHA with the support of UNHCR, and currently being used as a treatment center for Covid-19.

Ethiopia



-  In partnership with the Administration for Refugee and Returnee Affairs (ARRA) and UNHCR
- AHA has worked on Covid-19 prevention measures in Berhale and Aysaita refugee camps in collaboration with the partners
- AHA was part of a task force in the creation of a preparedness and response plan to Covid-19 in the area

Community Engagement

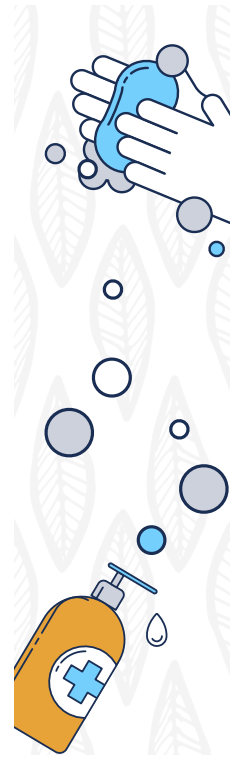
- AHA in Aysaita distributed 165 bottles of sanitizers, 35 bottles of soap, 5 boxes of face masks, 7 boxes of gloves, and 10 (90 liters) water storage containers at ARRA-health center and Woreda "Corona Prevention Command Post"
- Hygiene and sanitation awareness activities were carried out in schools and marketplaces

- Installed a total of 8 mobile handwashing facilities at camp entrances, communal facilities, offices, and health centres
- In Asayita and Berhale, materials were printed and distributed in the local language to disseminate hygiene promotion activities and prevention methods of Covid-19

Efforts at the Refugee Camps and Settlements

- Hygiene and sanitation facilities were constructed and rehabilitated in the Aysaita and Barahle refugee camps
- AHA procured and delivered alcohol-based hand rubs to Project Coordination Offices in the camps
- AHA has repaired 250 meters of distribution lines and constructed 46 integrated latrines within the Aysaita camp
- A 60-meter long water pipe in zone 3 block-11 and zone 2 block-1 at Berhale refugee camp was maintained

Rwanda



In partnership with the Ministry of Health Rwanda, UNHCR, and Rwanda Biomedical Center

- In collaboration with the district Epidemic Response Team, an effective infection prevention and control strategy was put in place to prevent and respond to Covid-19 and other epidemics
- Together with all the stakeholders, screening and home-based care management for Covid-19 patients was carried out for refugees and Rwandan returnees
- AHA Staff have received refresher training on Infection Prevention Control (IPC) by the District Health Team
- Completed the revision of the site level outbreak preparedness and response plan for all sites together with UNHCR, the district health team and partners
- Provided refresher training on IPC with the help of district health team. AHA Staff also attended online trainings on Covid-19

Efforts at the Refugee Camps and Settle

- Screening and home-based care management have started immediately in the camps and settlements after the first case was reported in Rwanda on 14 March 2020
- Prevention and quarantining measures for Covid-19 were put in place in all refugee settings
- Hand-wash facilities were put in place in all health facilities; surgical and N-95 masks, and hand sanitizers

were provided to field staff.

- Rapid testing for Covid-19 was initiated in the camps for suspected cases
- Prevention and quarantine measures are put in place in all refugee settings
- Deployed additional clinical nurses in all project sites to reduce the workload and stress in relation to Covid-19 prevention and response activities
- Equipped isolation/holding rooms with WASH facilities
- Printed IEC materials in local language to demonstrate proper hand washing techniques and respiratory etiquettes
- Formed rapid response and surveillance teams
- Conducted awareness raising activities on Covid-19 in all refugee camps and transit centers
- Conducted daily Covid-19 screening with the help of health professionals, community health workers, auxiliaries & police at the entrance of refugee camps & transit/reception centres

Efforts at Transit Center

- Epidemic preparedness response plan was prepared specific to Transit/Reception Centre
- Screening for Covid-19 was conducted at the Centres
- Face masks were provided to refugees in Gashora Transit Centres

South Sudan



In partnerships with the Ministry of Health South Sudan, UNHCR and BPRM

- Regular (Weekly and Monthly) health and nutrition cluster meetings were held virtually through Zoom and MS teams platforms with our partners
- Participated in a UNHCR led partners capacity building program on surveillance and contact tracing
- AHA South Sudan acquired additional Infection Prevention Control (IPC) materials and supplies such as hand hygiene materials and PPE
- With the support of UNHCR and BPRM, a well-equipped isolation center was established at Hakima PHCC
- Clinical staffs were trained in self-care, stress management, and case management for Covid-19 patients/clients

Community Engagement

- Risk Communication and Community Engagement (RCCE) was initiated: awareness was created on the

transmission and prevention of contagious diseases particularly Covid-19 through house-to-house visits, at community gatherings, market places and health facilities by Community Health and Hygiene Promoters (CHHPs)

- Raising awareness on the transmission and mode of prevention through different communication media such as posters, flyers, banners, local FM radio (Jam-Jang 89.4 FM) were implemented

Efforts at the Refugee Camps and Settlements

- Strengthen the facility surveillance by restructuring the entrances through monitoring temperature, screening, and allowing only one entrance
- Community Health and Hygiene Promoters (CHHPs) were trained on case definition, community surveillance and Infection Prevention Control (IPC), and infrared thermometers were procured and distributed
- Availled hand washing stations in every corner of the Camp (Food Distribution Sites, Market areas, Schools, Water Points, etc...)

Sudan



In partnerships with the State Ministry of Health and Social Development of North Darfur and UNHCR

- AHA has contributed financially to the North Darfur State Ministry of Health's effort on the prevention of Covid-19

Community Engagement

- AHA provided a generator and covered fuel costs for the isolation center at Tina locality, Chad-Sudan cross border.
- Distributed face masks, hand washing sanitizers, surface cleaning, and hand washing soaps for offices and field staff.
- Information, Education, and Communication/ Behavioral Change Communication sessions were carried out to raise COVID-19 awareness

Uganda



In partnership with the Ministry of Health of Uganda and UNHCR

- Procured and provided Infection Prevention Control (IPC) items to health care workers serving the Urban Health Facilities for Persons of Concern
- Health workers were also trained on the prevention of Covid-19
- In collaboration with partners, AHA devised a payment plan to cover medical fees for emergency Urban PoCs cases unable to access health services at government health facilities
- AHA as a member of the Kampala Capital City Authority team (KCCA) subcommittee for surveillance and risk Communication actively participated at coordination meetings.

Community Engagement

- AHA utilized various social media platforms to educate the public on Covid-19 prevention measures
- Surveillances to capture cases in the community and at the camps has intensified

- Community surveillance teams were deployed, who were submit reports through a digital online tool called Kobo Collect.
- Supported 23 staff and 388 community workers with masks and sanitizers
- Facilitated 753 community awareness sessions by leaders and voluntary health teams

Efforts at Urban Settlements

- AHA Uganda widened its scope of services to urban refugees, by providing payments for private hospital bills, medications, and investigations.
- AHA facilitates the referral and transport (via ambulance) of Urban PoCs in critical need of health services during lockdown
- Provided medicines and conducted investigations for 1253 vulnerable groups economically impacted by Covid-19.



AHA

SERVICES

AHA IN CAMEROON



Persons of Concern Reached

296,952



Increased by from last year

19.25%

Number of New Arrivals

14,175

Area of Operation:

**East region, Adamaoua region
and Northern region (Touboro)**

Country of Origin

Central African Republic (CAR)

ACCESS TO PRIMARY HEALTHCARE

100%

of refugees have access to health care

121,767

curative consultations were performed,
48,691 of which were children under the
age of 5

1,256

chronically ill people received follow-up
and medical treatment

4,170

referrals were made, 704 of which were
to the region

565

people were kept in quarantine in isola-
tion sites for the prevention of Covid 19

4,703

children were vaccinated against measles

1,280

people were accompanied for voluntary
return to their country of origin

NUTRITION

4%

GAM (Global Acute
Malnutrition) rate

0.8%

SAM (Severe Acute
Malnutrition) rate

3.2%

MAM (Moderate Acute
Malnutrition) rate

1,613

children aged 6 to 59 months
treated for severe acute
malnutrition

18,780 children screened for malnutrition

239

cooking demonstration sessions
with 10,064 participants

12

community groups set up to
manage malnutrition

REPRODUCTIVE HEALTH AND HIV/AIDS CARE

12

midwives,
145 matrons

6,664

prenatal consultations

4,329

deliveries of which 3,961 in health
facilities (91.5%)

529

obstetrical emergencies
referred

4,329

women are using
contraception

29

cases of rape assisted, of which 24
were seen within 72 hours of the
incident

13,180

people tested for HIV of which 218
were positive and referred for ARV
treatment

1,184

people are on ARVs

80

HIV positive pregnant women on
ARV treatment

193

patients with opportunistic
infections treated

Partners



Budget

2019 = \$ 2,664,362

2020 = \$ 1,852,067

AHA IN ETHIOPIA



Persons of Concern Reached

42,912



Decreased by from last year

66.46%

Number of New Arrivals

None

Area of Operation:

**Aysaita and Barahle Refugee Camps,
Afar Regional State**

Country of Origin

Eritrea



ACCESS TO EDUCATION

713

children aged 3-5 enrolled for early child-hood education

School feeding

program was provided

Teaching materials

were provided for all students

2

existing preschools were maintained

100

preschool children were provided with school uniforms

CHILD PROTECTION

24

unaccompanied children were identified and provided with hot meals

22

basic needs assessments were conducted

8

children's committees/ groups/ were organized

Quarterly

mass awareness-raising programs were conducted on violence against children

22

home to home visits to discuss the overall wellbeing of the children were executed

ACCESS TO WATER

6

generators/pumps upheld

4,084

meter of water lines maintained

10

existing water points maintained

3

water quality tests conducted

51,100

lit of fuel were provided for water pumping generators

SANITATION AND HYGIENE

90

transitional shelters were constructed

450

PoCs received transitional shelters

10

householders received cash grants for shelter construction materials to build in Hollow Concrete Blocks

SGBV

13

SGBV Survivors received medical assistance

4

awareness-raising campaigns on SGBV were conducted

4

community-based groups working on SGBV prevention and response were formed

Partners



Budget

2019 = \$ 1,077,812.7

2020 = \$ 872,696.50

AHA IN RWANDA



Persons of Concern Reached

64,101



Decreased by from last year

9.04%

Number of New Arrivals

629

Area of Operation:

**Kiziba, Kigeme, Mugombwa
Refugee Camps**

Reception Center:

Nyanza

Transit Center:

Kijote, Gashora

Urban Project:

Huye, Kigali

Countries of Origin

**Democratic Republic of Congo, Burundi,
Eritrea, Ethiopia, Somalia, Sudan, South Sudan**

ACCESS TO PRIMARY HEALTHCARE

113,115

PoCs received consultation services

2,904

patients were admitted and treated in the
camp based health facilities

Low mortality:

Crude Mortality Rate = **0.33/1000/month**

Under 5 Mortality Rate = **0.3/1000/month**

Maternal Mortality Rate = **0/100,000**

Integration of refugees in the National
Hepatitis B and C Elimination Program

REFERRALS

5,732

Referrals were made to secondary and
tertiary level hospitals

REPRODUCTIVE HEALTH AND HIV/AIDS CARE

>98%

Of deliveries are assisted by skilled health
workers

962 & 1,061

pregnant and lactating women
respectively were admitted to BSFP

457

People Living with HIVs (PLHIV) are on free
ART treatment (100%)

100% access

to Refugees to VCT, PMTCT, RH services
like the nationals

30 TB & 429 PLHIV

were admitted to the SFP

NUTRITION

129

Moderate Acute Malnutrition (MAM) cases
were admitted in Supplementary Feeding
Program (SFP)

34

Severe Acute Malnutrition (SAM) cases
were admitted in Therapeutic Feeding
Program (TFP)

1,624

Children between 6-23 months were
admitted to Blanket Supplementary
Feeding Program (BSFP)

<5%

Global Malnutrition Rate

Partners



Budget

2019 = \$ 2,263,941

2020 = \$ 2,288,199

AHA IN S.SUDAN



Persons of Concern Reached

91,598



Increased by from last year

78.80%

Number of New Arrivals

2,026

Area of Operation:

Ajong Thok refugee camp,

Pariang County, Ruweng area

Country of Origin

**Sudanese from the Kordofan-Nubba
Mountains**

ACCESS TO PRIMARY HEALTHCARE

71,587

consultations were performed, 28,508 of which were children under the age of 5

4,188

were admitted

0.03/1,000/month

Crude mortality rate (CMR)

58,260

number of malaria tests

1,131

were fully vaccinated

94.7%

of Measles immunization coverage

705

of clients benefiting from Mental Health and Psychosocial Support (MHPSS) program

17,401

children under the age of 5 were treated at the Integrated Community Case Management (ICCM) Program

NUTRITION

1,326

neonates were on breastfeeding program within 1 hour after delivery

6,864

Pregnant and Lactating Women (PLW) were counseled feeding practices

84

Of Mother Support Group (MSG) maintained

176

New admission to Outpatient Therapeutic Program under Community management of acute

1,018

New admissions to supplementary feeding programs (TSFP)(U5)

72

Children admitted to Stabilization Center (SC)

10,442

pregnant and lactating women served with Blanket supplementary feeding program (BSFP)

13,917

6-23 months old babies served with Blanket supplementary feeding program (BSFP)

HYGIENE

80%

Of POCs have received training on basic hygiene practices

REPRODUCTIVE HEALTH AND HIV/AIDS CARE

4,450

Antenatal Care (ANC) clients

1,326

deliveries, 1,237 of which were in health facilities (93%)

2,940

postnatal consultations

1,980

received modern Family Planning (FP) methods

5,071

received HIV Counseling and Testing (HCT) services

97%

Prevention of Mother to Child Transmission (PMTCT) coverage

20

new HIV clients

Partners



PRM

Bureau of Population,
Refugees, and Migration

United States Department of State



Budget

2019 = \$ 3,149,183

2020 = \$ 2,831,319

AHA IN SUDAN



Persons of Concern Reached

397,101



Increased by from last year

35.92%

Number of New Arrivals

None

Area of Operation :
North Darfur Region

Country of Origin

IDPs in North Darfur, Sudan

ACCESS TO PRIMARY HEALTHCARE

5

health centers constructed in Al Fasher Rural, Kutum, Tawila, and Um Baru

COMMUNITY STABILIZATION AND SUSTAINABLE SOLUTION

2

public courts and police stations constructed

5

Police Posts constructed in Kabkabiya, Korno, Kutum, and Tina localities serving returnees and host communities

ACCESS TO EDUCATION

9

primary Schools constructed in Kabkabiya, Kutum, Tawilla, Umbaru areas

ACCESS TO WATER AND HYGIENE

6

hand pump water points were upgraded to mini water yards.

9

hand pump water points were rehabilitated

SHELTER, LIVELIHOOD, AND INTEGRATION

Provision of Brick making Machine in Um Baru, Kutum, and Kabkabiya

Provision of Brick making Machine in Um Baru, Kutum, and Kabkabiya

Partners



Budget

2019 = \$ 833,815.56

2020= \$ 3,314,784.66

AHA IN UGANDA



Persons of Concern Reached

149,542



Decreased by from last year

53.27%

Number of New Arrivals

None

Area of Operation:

**Kampala District, and Kyegegwa
District Kyaka II Refugee
Settlement**

Countries of Origin

**Liberia, Zambia, Sudan, Ethiopia, Eritrea,
Rwanda, Malawi, Egypt, Syria, Yemen...**

ACCESS TO PRIMARY HEALTHCARE

AHA facilitated the healthcare of

9471 clients

4,406

PoCs received revisit consultation
services

6,206

Refugees and asylum seekers were
received at AHA access center for various
medical conditions

Low mortality:

Crude Mortality Rate = **0.2/1000/month**

Under 5 Mortality Rate = **0.29/1000/month**

NUTRITION

2149

Children were screened for severe acute
malnutrition and moderate acute

9

Practical food and cooking
demonstrations were delivered

3

Demonstration gardens were established
at 3 different refugee organizations

REFERRALS

1,850

Clients were transferred to secondary
and tertiary medical care

REPRODUCTIVE HEALTH AND HIV/AIDS CARE

771

Women delivered in various reporting
facilities and received assistance

826

Tested for HIV of which 16 turned positive
and are receiving care

136

PoCs received ART treatment

PROTECTION

Training of volunteer health team (VHT) in integrated
community case management (ICCM), data collection,
disease prevention, sexual and gender-based
violence (SGBV)

Introduction of a digital tool for reporting and
monitoring VHT activities

Started ICCM in Kyaka II Refugee Settlement

Training of staff in integration, management, and
prevention of infectious diseases including Ebola and
Covid-19

Partners



Budget

2019 = \$ 2,049,011.29

2020 = \$ 952,260



LOOKING FORWARD

In light of the continuing humanitarian crises and public health emergencies in the continent, AHA will strive to mobilize additional resources to scale up its emergency preparedness humanitarian response efforts. Through strengthening existing and new activities, a resource mobilization strategy fit for purpose, enhanced human resources, and exceptional advocacy works, we aim to reach more communities affected by conflicts and disasters.

The pandemic has exposed Africa's vulnerabilities. Economic uncertainty, unabated disease outbreaks, climate-related disasters, and food insecurity are all worsened in the wake of COVID-19. Thus, we will be working to integrate humanitarian and development work more so than before. AHA Country Offices are raising perspectives and voices from the field affected by violence, economic crisis, climate change, and migration. They engage communities receiving assistance in recovery, rehabilitation, and prevention activities in order to renew their resilience.

AHA will carry on contributing to the protection of displaced populations, improve the living conditions of host communities, and raise stakeholders' awareness of humanitarian issues facing the continent. We will seek to build stronger relations with our partners and endeavor to forge new alliances to respond to the growing humanitarian challenges in our region.

■ Partners & Supporters Since 1994

Active Learning Network for Accountability and Performance (ALNAP)
Africa Development Bank Group (AFDB)
Africa Initiative for Relief & Development (AIRDA)
Africa Union Commission (AU)
Dan Church Aid (DCA)
Danish Refugee Council (DRC)
Engendered Health Ethiopia
European Civil Protection and Humanitarian Aid Operations (ECHO)
Government of Angola
Government of Burundi
Government of Cameroon
Government of Chad
Government of DR Congo
Government of Ethiopia
Government of Guinea (Conakry)
Government of Kenya
Government of Liberia
Government of Namibia
Government of Rwanda
Government of Sierra Leone
Government of Somalia
Government of South Sudan
Government of Sudan
Government of Switzerland
Government of the United States of America
Government of Uganda

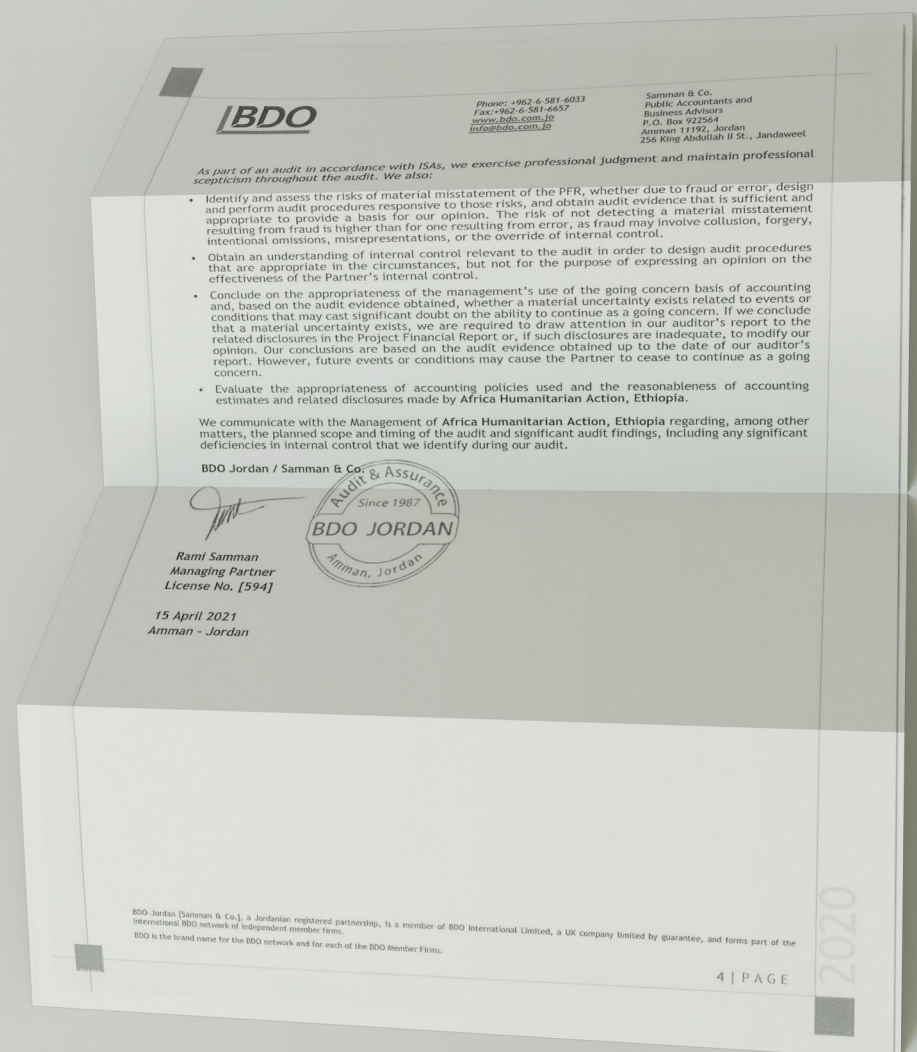
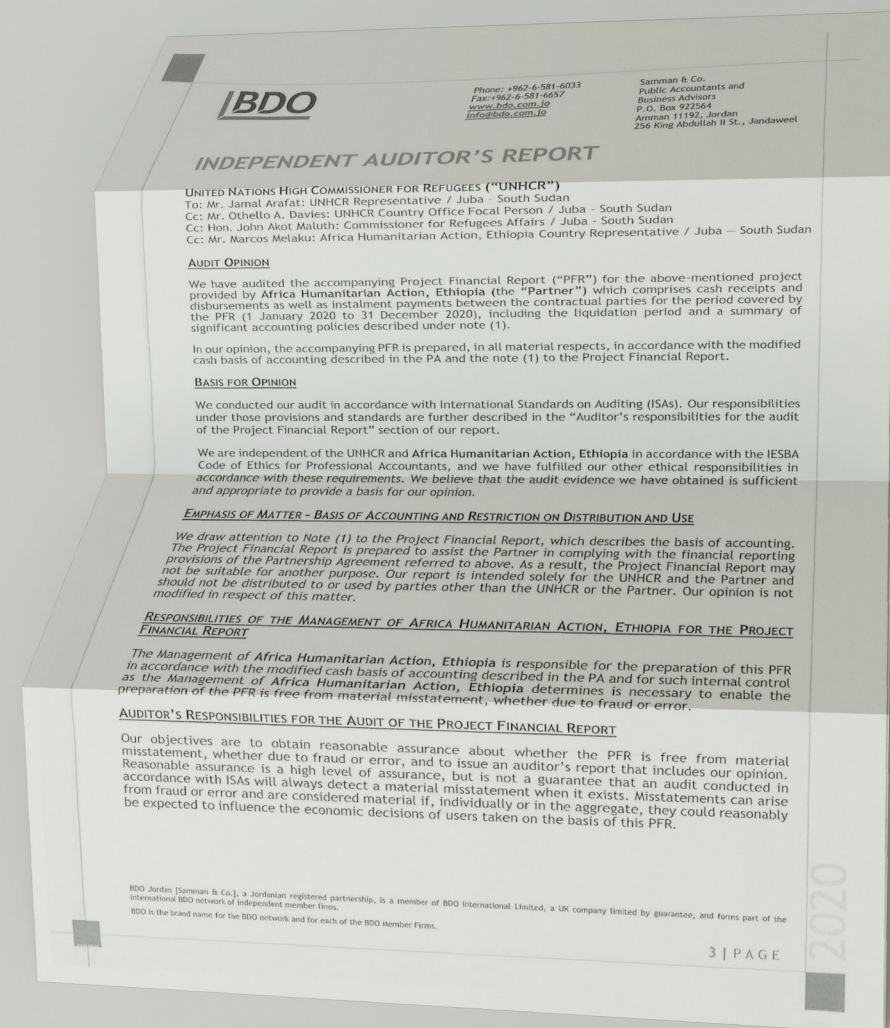
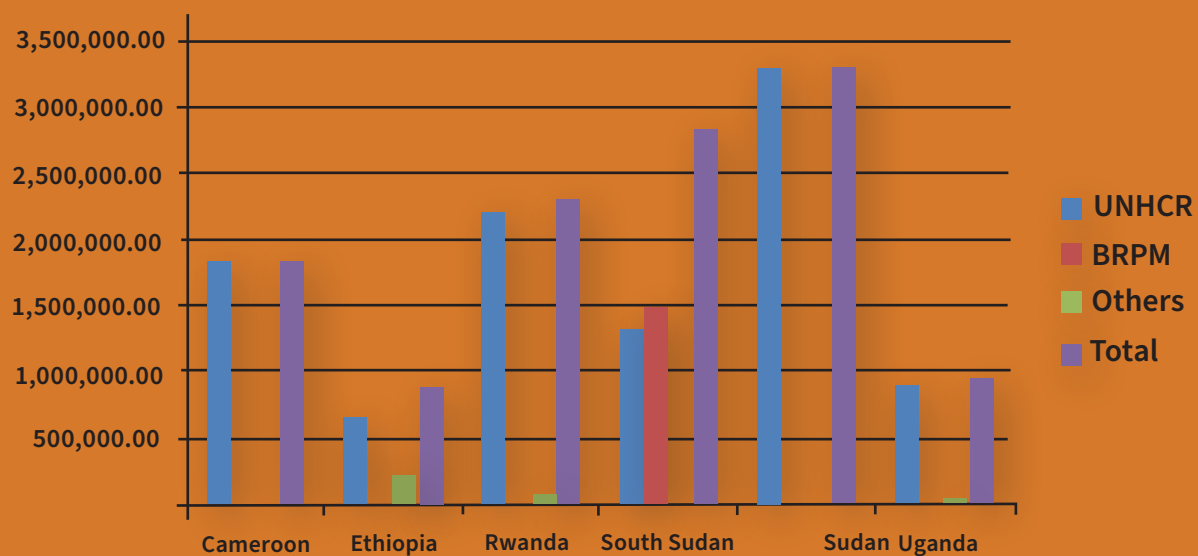
Government of Zambia
International Council of Voluntary Agencies (ICVA)
International Medical Corps (IMC)
International Officer for Migration (IOM)
Liberia Refugee Repatriation and Resettlement Commission (LRRRC)
Lutheran World Federation (LWF)
Norwegian Refugee Council (NRC)
Pathfinder Ethiopia
Reproductive Health Uganda (RHU)
Special Emergency Activities to Restore Children's Hope (SEARCH)
Swedish Refugee Aid
The Bureau of Population, Refugees, and Migration (BPRM)
UBS Optimus Foundation
UK Department for International Development
UN Children's Fund (UNICEF)
UN Economic Commission for Africa (UNECA)
UN Food and Agricultural Organisation (FAO)
UN High Commissioner for Refugees (UNHCR)
UN Officer for the Coordination of Humanitarian Affairs (OCHA)
UN Population Fund (UNFPA)
UN Women UN World Food Programme (WFP)
UN World Health Organization (WHO)
US Agency for International Development (USAID)
World Bank

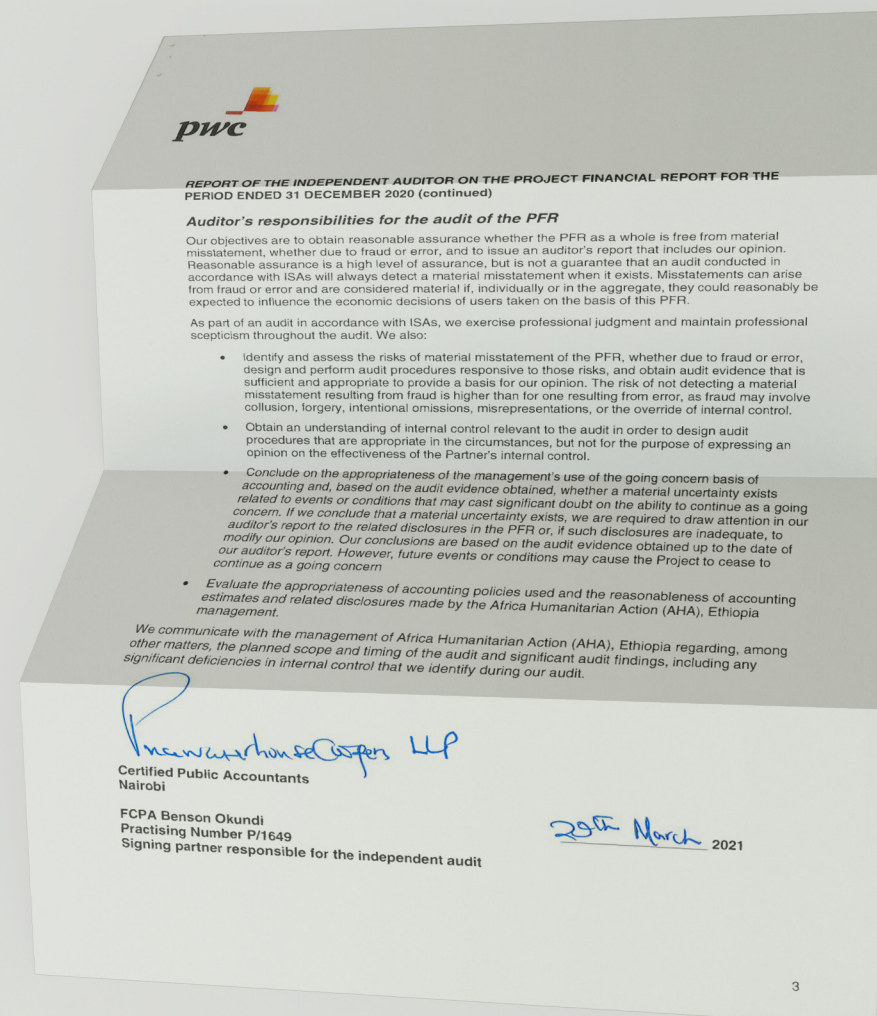
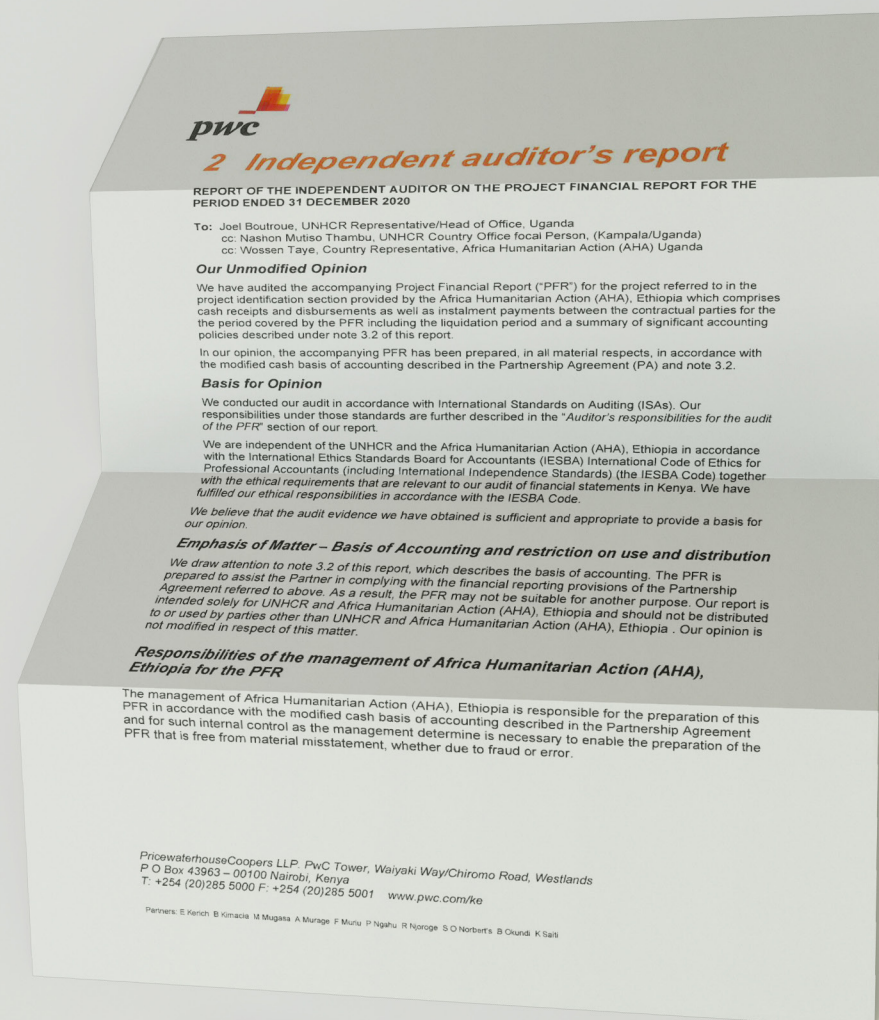
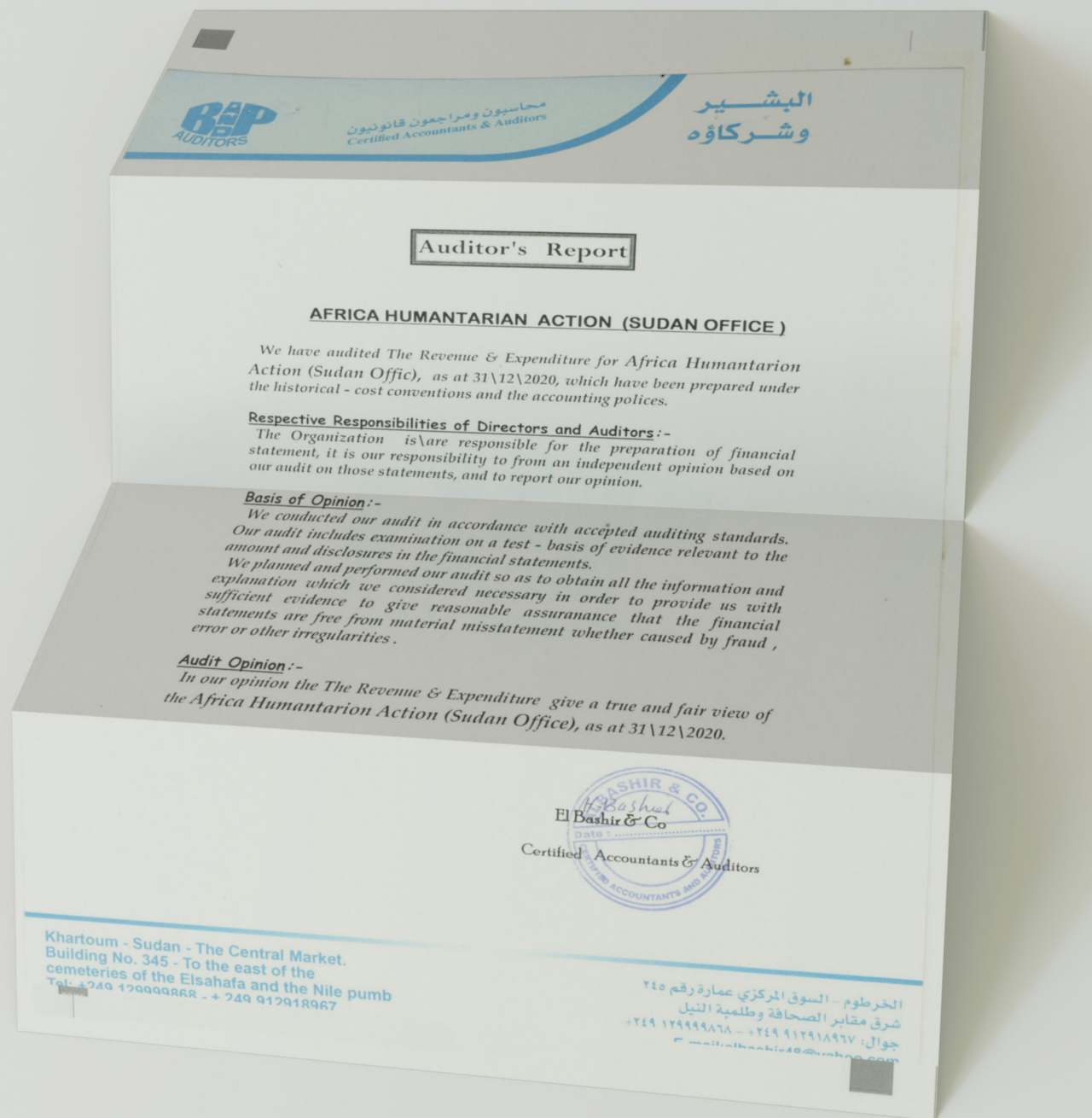
FINANCE AND AUDIT

Thanks to our major partners of 2020: UNHCR, BPRM, EU, UNICEF, UNFPA, FARMAMUNDI

1,042,814
Persons of Concern Reached

\$12,111,626.16
Channeled





WE WELCOME YOUR SUPPORT

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