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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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NB: Boundaries, Names, and Designations contained within the report do not imply any official AHA endorsement or acceptance.

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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 of equip local capacities before disaster strikes, and the need to ensure that we, as an organization, strive to remain well-prepared to withstand unpredictable 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 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

AHA’s prospects for an impactful year in 2021...
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.

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.

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

- **Ethiopia**
  - Refugees: 292,611
  - Asylum Seekers and Returnees, and Host Community: 64,101
  - Total: 356,712

- **Rwanda**
  - Refugees, Asylum Seekers, Returnees, and Host Community: 296,952

- **South Sudan**
  - Refugees and Asylum Seekers: 91,598

- **Uganda**
  - Refugees and Asylum Seekers: 292,611

- **Sudan**
  - Refugees, IDPs, Returnees, and Host Community: 397,709
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 by the Eritrean government after her father was taken by the government groups. She recalls her first years in the Aysaita government groups. She recalls being “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”.

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 Ajoung Thok camp. She 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 Denish 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.

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.
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.

**COVID-19 RESPONSES**

**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 Bouai (Lom and Djerem)
- AHA in partnership with the UNHCR as part of the fight against Covid-19, facilitated the delivery of materials (hygiene, protection) and other medical equipment to the administrative authorities in the Adamawa 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.

**Ethiopia**

In partnership with the Administration for Refugee and Returnees 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
- 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 hardwashing 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
- 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.

**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.
- 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
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**Community Engagement**

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**Rwanda**  
In partnership with the Ministry of Health Rwanda, UNHCR, and Rwanda Biomedical Center  
- In collaboration with the district Epidemiic Response Team, an effective infection prevention and control strategy was put in place to prevent and respond to Covid-19 and other epidemics; surgical and N-95 masks, and hand sanitizers  
- 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 Settles  
- 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 centers  
- Efforts at Transit Center  
- Epidemic preparedness response plan was prepared specific to Transit/Reception Centre  
- Screening for Covid-19 was conducted at the Centers  
- Face masks were provided to refugees in Gashora Transit Centre  

**South Sudan**  
In partnership 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 (CHHP)  
- Raising awareness on the transmission and mode of prevention through different communication media such as posters, flyers, banners, local FM radio (Jam-jang 98.4 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  
- Availed 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  
- 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 348 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 isolation 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

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

UNHCR
UNFPA

Partners

Budget
2019 = $ 2,664,362
2020= $ 1,852,067

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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 childhood 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

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

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

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

ACCESSIBLE TO EDUCATION

Partners

UNHCR
DCA

Budget
2019 = $1,077,812.7
2020 = $872,696.50

Annual Report for the year of 2020
AHA IN RWANDA

Persons of Concern Reached: 64,101
Decreased by from last year: 9.04%
Number of New Arrivals: 629

Countries of Origin:
Democratic Republic of Congo, Burundi, Eritrea, Ethiopia, Somalia, Sudan, South Sudan

Area of Operation:
Kiziba, Kigeme, Mugombwa
Refugee Camps

Transit Center:
Kijote, Gashora

Reception Center:
Nyanza

Urban Project:
Huye, Kigali

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

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## 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:**
Ajoung 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

### HYGIENE
- 94.7% of Measles immunization coverage
- **705** of clients benefiting from Mental Health and Psychosocial Support (MHPSS) program

### REPRODUCTIVE HEALTH AND HIV/AIDS CARE
- **4,450** Antenatal Care (ANC) clients deliveries, 1,237 of which were in health facilities (93%)
- **2,940** postnatal consultations
- **1,326** received modern Family Planning (FP) methods
- **1,980** received HIV Counseling and Testing (HCT) services
- **5,071** Prevention of Mother to Child Transmission (PMTCT) coverage
- **97%** new HIV clients

### NUTRITION
- **1,326** neonates were on breastfeeding program within 1 hour after delivery
- **6,864** Pregnant and Lactating Women (PLW) were counseled feeding practices

### Partners

### 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, Kornoi, 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
UNHCR

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 9,471 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
2,149
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

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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 Siera 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
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

United Bank
Addis Abeba – Ethiopia
Woreda 7 kebel 07
P.O Box 6398
SWIFT CODE:- UNTDETTAA
ACCOUNT NUMBER:- 1030116303927025

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