



WELCOME

TO OUR CORE ANNUAL REPORT

C R E D I T S :

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

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Design and layout: Spectrum Brand Solutions PLC

This report provides a concise overview of the varied activities of Africa Humanitarian Action (AHA) in the countries it served in the year 2022.

F O R A D D I T I O N A L I N F O R M A T I O N P L E A S E C O N T A C T :

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DELIVERING IN TIMES OF DIMINISHED RESOURCES

AHA's humanitarian assistance reached over 1.9 million people in need across six countries in 2022. Our programs enabled access to health care; nutrition; mental health and psychosocial support; emergency and transitional shelters; and environmental protection, among others. We worked with refugees, internally displaced persons (IDPs), and their host communities in Cameroon, Ethiopia, Rwanda, South Sudan, Sudan, and Uganda. We reached our populations of concern in partnership with the generous support of our existing and new supporters.

Over the last three years, the Covid pandemic, climate change, the Russo-Ukrainian war and others have continued to menace the global economy and human security. Fragile and conflicted countries in the global south have been the hardest hit, Africa particularly so. Humanitarian needs are thus mounting more than ever. Yet, the financial and in-kind resources needed to respond to these multi-faceted needs are stretched more than ever, and much more elusive for local and regional NGOs, especially those in the global south, often the first to respond and have access to affected populations in difficult areas to reach.

Increasing the volume of direct and quality funding to indigenous humanitarian actors, as well as bolstering their access to information, decision making and coordination mechanisms, have been long recognized as crucial methods to ensuring that crisis preparedness and response capacity remains with those most affected. Indeed, this concept remains a key priority expressed in the Grand Bargain outcome of the 2016 World Humanitarian Summit, and subsequent affirmations within the international humanitarian system.

However, despite the high profile afforded to the topic of "localisation", substantive progress towards these commitments has lagged. In fact, based on data from the UN Office for the Coordination of Humanitarian Affairs (OCHA) Financial Tracking System (FTS), gains seemingly achieved in 2020 during the Covid-19

response were lost in 2021, as direct funding to local and national actors fell by 63% from US \$824 million to US \$302 million, equivalent to pre-2016 levels. The gains in 2020 were apparently driven largely by an increase in funding to national governments for emergency responses in the health sector.

In the case of AHA, despite our decades long experience in delivering high-quality, localized emergency and long-term assistance to people in need, the 'partnerships' offered to us from the international humanitarian community have primarily been in the form of contractual project implementation arrangements, restricted to specific activities and expected results. For more than 28 years, donors largely retained AHA's services to implement care and maintenance projects such as health care, nutrition, WASH, shelter, non-food items, etc., with restricted funding, at times passing through one or more intermediaries.

While project-based funds, and the limited overhead costs derived therefrom, have sustained us as an organisation, the equally important core funding, essential for the long-term continuity and effective functioning of all NGOs, has been nearly impossible to acquire for African institutions such as AHA.

As we have been persistently advocating over the years, it remains important to enable and empower local actors in humanitarian work. More needs to be done to devolve financial and decision-making power to organizations on the ground. We will continue to do our part to advocate for audacious actions, not just pronounced policies, on these and other issues affecting local, national and regional humanitarian NGOs.

A handwritten signature in blue ink, reading "Misikir Tilahun". The signature is stylized and fluid.

Misikir Tilahun, J.D.
Executive Director

Abbreviation Index



ag-RDTs - Antigen-detection Rapid Diagnostic Tests
AGD - Age, Gender, and Diversity
ANC - Ante-Natal Care
ART - Anti-Retroviral Therapy
ASRH - Adolescent Sexual and Reproductive Health
BPRM - Bureau of Population, Refugee, and Migration
BSFP - Blanket Supplementary Feeding Program
CBDS - Community Based Disease Surveillance
CBI - Cash Based Interactions
CBS - Community Based Structures
CDC - Centers for Diseases Control and Prevention
CHEWs - Community Health Extension Workers
CHHPs - Community Health and Hygiene Promoters
CPD - Continuous Professional Development
EPI - Expanded Program on Immunization
FDC - Food Distribution Center
FTYM - First Time Young Mothers
HHs - House-Holds
HP - Health Post
iCCM - integrated Community Case Management
IDPs - Internally Displaced Persons
ITNs - Insecticide Treated Nets
IYCF - Infant and Young Child Feeding
KCCA - Kampala Capital City Authority
KPT - Kitchen Performance Test
MAM - Moderate Acute Malnutrition
MHPSS - Mental Health and PsychoSocial Support
MIYCAN - Maternal, Infants, Young Child, and Adolescent Nutrition
MSGs - Mothers Support Group
NFIs - Non-Food Items
OTP - Out Therapeutic Program
PEP - Post Exposure Prophylaxis kit
PHC - Primary Health Care
PHCC - Primary Health Care Center
PHCU - Primary Health Care Unit
PLHIV - People Lliving with HIV
PLW - Pregnant and Lactating Women
PMTCT - Prevention of Mother-to-Child Transmission of HIV
PNC - Post-Natal Care
PSS - Psychosocial Support
PSNs - People with Special Needs
PWP - Prevention With Positive
RH - Reproductive Health
SAM - Severe Acute Malnutrition
SF - Specialized Food
SGBV - Sex, Gender Based Violence
SNP - Specialized Nutrition Program
STP - Stabilization Therapeutic Program
TPM - Third Party Monitor(ing)
U5 - Under 5
VCT - Voluntary Counseling and Testing
VHTs - Voluntary HIV Testings

Assembly of Trustees

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Dr. Charles K. Kalumiya (*Legal Advisor*)

Mr. Mengesha Kebede

Ms. Joyce Mends-Cole

Mr. Misikir Tilahun (*Secretary*)

Partners and Supporters Since 1994

AHA's partners and supporters include:

Active Learning Network for Accountability and Performance (ALNAP)
Africa Development Bank Group (AFDB)
Africa Initiative for Relief & Development (AIRDA)
African Union Commission (AU)
Dan Church Aid (DCA)
Danish Refugee Council (DRC)
Engendered Health Ethiopia
European Civil Protection and Humanitarian Aid Operation (ECHO)
Farmamundi
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 Office 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 International Children's Emergency Fund (UNICEF)
UN Economic Commission for Africa (UNECA)
UN Food and Agricultural Organization (FAO)
UN High Commissioner for Refugees (UNHCR)
UN Office 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

About AHA



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 nearly \$240 million to reach over 27 million people affected by the 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 office is supported by a Country Office and then by the Head Office team.

AHA's headed by the Executive Director who works under the guidance of the President and the Executive Board who set strategic priorities, and monitor and evaluate performance standards and results. It is governed by the 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 the IOM, and is a member of ICVA. In addition to its legal status with the African nations where it operates, AHA is a tax exempt registered public charity in the USA and Canton of Geneva, Switzerland.

With 28 years of experience, AHA's proximity to affected populations and understanding of local contexts maximizes the sustainability and accountability of its programs, and helps it deliver an African voice in the international humanitarian sphere.

20

AFRICAN COUNTRIES
SERVED

\$240

MILLION CHanneled

27 M

PEOPLE REACHED

Our Mission & Vision



Our Mission

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.



Our Vision

- Respond to crises, conflict and disaster relating to refugees and returnees; displaced persons and migrants irrespective of the origin or cause of their needs.
- Inform and advice 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 organizations, 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 organizations.



Public Advocacy

AU EXTRAORDINARY HUMANITARIAN SUMMIT AND PLEDGING CONFERENCE SIDE EVENT

Despite Africa contributing 5% to the global greenhouse gas emission, the continent has experienced erratic weather patterns requiring a paradigm shift in preparedness, early action, risk reduction, adaptability options, and recovery and resilience building efforts, in all of which financial investment is necessary.

In the conference held in Equatorial Guinea, organized by the African Union Commission (AUC), the UN Refugee Agency (UNHCR), the International Federation of the Red Cross, Red Crescent Societies (IFRC), and ICVA, AHA's Executive Director Misikir Tilahun, functioned as the Moderator on a panel that discussed issues of climate change, disaster, and forced displacement in Africa.

10th AU ANNUAL HUMANITARIAN SYMPOSIUM

Held in Nairobi, Kenya, in December 2022, AHA actively participated in the 10th Annual Humanitarian Symposium hosted by the African Union (AU) to discuss and review the state of humanitarian action in Africa such as food insecurities, humanitarian crises, climate change, ensuring post-conflict reconstruction and development, health issues, the status on the establishment of the AU Humanitarian Agency, and strengthening of partnerships.



UNHCR CONSULTATIONS WITH NON- GOVERNMENT ORGANIZATION (NGO) REGARDING LOCALIZATION AND CLIMATE ACTION

Organized online, AHA participated in UNHCR consultation with NGOs to discuss UNHCR's Strategic Framework for Climate Action and localization. On the principle of partnership between UNHCR and NGOs, their objective was to exchange on progress made regarding region-specific recommendations and commitments, develop new recommendations to inform future collaboration amongst UNHCR and NGOs to prepare and respond to challenges related to localization and climate action, and to feed into global driven processes.



AU Extraordinary Humanitarian Summit and Pledging Conference Side Event Cont.

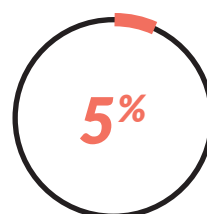
Africa faces some of the most complex humanitarian emergencies including recurring drought, floods, and storms, most of which are disproportionately experienced by people in vulnerable situations such as refugees, IDPs, women, children, youths, the elderly and people with disabilities.

The panel discussion highlighted the legislative, normative, and policy framework pertaining to climate change, identifying priorities and opportunities for partnership and development of synergies. Furthermore, they sought to address how to ensure internally displaced people can benefit from socio-economic inclusion and active involvement in day-to-day life, review climate action-related good practices by African countries, civil society actors, and auxiliary entities such as the Red Cross and Red Crescent National Societies.

STRATEGIC PLANNING MEETING FOR THE 2023 REGIONAL REFUGEE RESPONSE PLAN (RRP) FOR THE DRC SITUATION

In October 2022, the UNHCR Regional Bureau for Southern Africa held a meeting in Pretoria, South Africa, in which AHA participated. The meeting brought together senior and strategic-level stakeholders from UNHCR in seven countries and regional UN and NGO partners to promote a common vision and strategic approach for the DRC Regional RRP in 2023. It also included participation of UN and UNHCR officials in the DRC. The key discussion points were the humanitarian situation in the DRC and in the neighboring countries of asylum and planning assumption, refugee coordination and regional response plan, in addition to the regional overview of the 2023 DRC Regional RRP. The

objectives of this plan included protection, multi-sector assistance, self reliance, social cohesion, and durable solutions.



**AFRICA'S
CONTRIBUTION**
to global greenhouse
emission

SUDAN

1,265,254

IDP's: 935, 316 AND RETURNEES: 305, 311



U5 Children- 25.65%

Minors- 29.8%

Adults- 35.3%

Elderly- 9.25%

REFUGEES: 24,627



UGANDA

233,946

URBAN- KAMPALA: 101,237



U5 Children- 7%

Minors - 26%

Adults - 66%

Elderly - 1%

KYAKA II REFUGEE SETTLEMENT: 132,709



U5 Children- 14.6%

Minors - 40%

Adults - 42%

Elderly - 2.7%

SOUTH SUDAN

70,795

REFUGEE: 45,795



U5 Children- 15%

Minors- 45%

Adults- 38%

Elderly- 2%

HOST COMMUNITY: 25,000

U5 CHILDREN(0-4)

MINORS(5-17)

ETHIOPIA

111,905

REFUGEES: 60,905



U5 Children- 17.53%

Minors- 42.55%

Adults- 37.2%

Elderly- 2.7%

Host COMMUNITY = 51,000

CAMEROON

181,083



U5 Children- 13.2%

Minors- 39.8%

Adults- 43.4%

Elderly- 3.6%

RWANDA

64,429

REFUGEE CAMPS: 42,156



U5 Children- 14%

Minors- 61%

Adults- 21%

Elderly- 5%

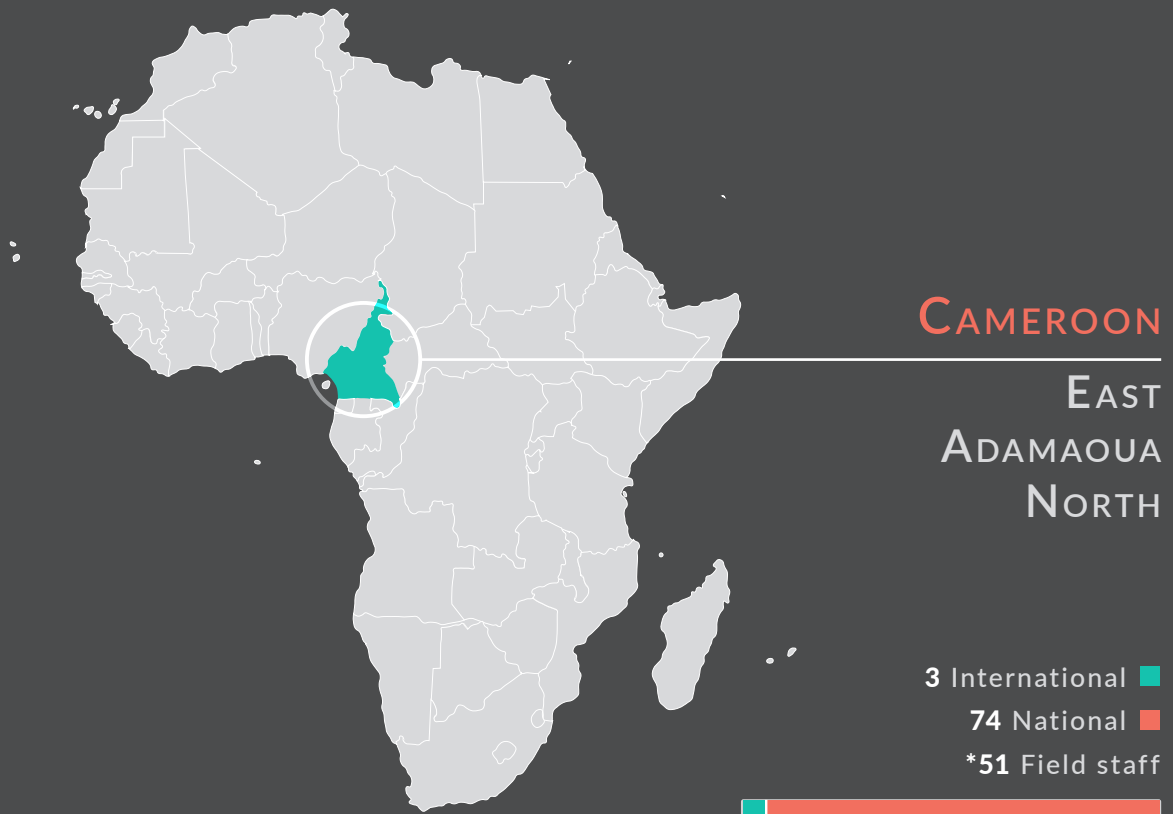
TRANSIT & RECEPTION CENTER AND HOST
COMMUNITY: 22,273

ADULTS(18-59)

ELDERLY(60+)

COUNTRY OFFICE BRIEF:

CAMEROON



AHA operates in Cameroon in three regions: East, Adamaoua and North. AHA Cameroon supported 22 health facilities in 10 health districts. There are 7 developed refugee sites - 2 in Adamaoua at Ngam and Borgop in Djohong district, and 5 in the Eastern Region: Gado in the Garoua Boulai district, Lolo and Mbile in the Ndelele district, Timangolo in the district of Ketté, and Ngarissingo in the district of Yokadouma. In 2022, AHA Cameroon reached 181,083 Central African refugees. In the same year, 16,176 new arrivals were identified and 100% were provided with medical care before relocating to developed refugee sites. AHA Cameroon partnered with UNHCR to provide healthcare for refugees, and with UNICEF to provide Specialized Nutrition Program(SNP) for children and pregnant mothers.

TOTAL BENEFICIARIES:

181,083

Refugees :
Central African Republic



Primary
Healthcare



Nutrition



Reproductive
Health



Community
Health



PRIMARY HEALTHCARE

93,596

REFUGEES

received Inpatient and outpatient healthcare

UNDER 5 YEARS OLD

56.3%

46,805

REFUGEES

participated in health education

2,073

REFERRALS

to higher level hospitals

94.6%

EPI

full vaccination coverage of children

39.6%

REFUGEES

refugees have access to primary health care due to prioritization policy (priority access given to vulnerable populations)

DEATHS/1000 POPULATION/MONTH



0.17 crude mortality rate

0.46 under 5 mortality rate



NUTRITION

55,785

REFUGEES

participated in nutrition education sessions

5,608

PREGNANT WOMEN

supplemented with Iron and Folic Acid

4791

REFUGEE

participants in 166 cooking demonstrations

4,077

LACTATING WOMEN

supplemented with Vitamin A

21,698

CHILDREN

supplemented with Vitamin A

13%

GAM RATE

Global Acute Malnutrition Rate surveyed in 2022 is very high: an-emergency

701 new admissions

for management of Severe Acute Malnutrition(SAM)



587 new admissions for SAM without complications OTP OTP (Outpatient Therapeutic Program)

114 new admissions for SAM with complications (STP: Stabilization Therapeutic Program)



COMMUNITY HEALTH

47

COMMUNITY GROUPS

supported to participate in community mobilization education sessions

123,002

HOME VISITS

made in 2022

58,845

REFUGEE

participated in community awareness sessions

9,485

REFUGEES

referred from the community to health facilities

38,358

REFUGEES

received at least one dose of
COVID-19 vaccine

RECEIVED BOOSTER

48.8%



REPRODUCTIVE HEALTH

4,660

DELIVERIES

made

7,926

REFUGEES

took voluntary HIV tests

92.2%

DELIVERIES

assisted by qualified personnel

5,250

PREGNANT WOMEN

voluntarily tested for HIV

74.3%

COVERAGE RATE

of complete prenatal care

26

HIV POSITIVE

women monitored, and 28
newborns under PMTCT protocol
(including two sets of twins)

70.3%

COVERAGE RATE

of postnatal care

5,615

PREGNANT WOMEN

dewormed

26

CONFIRMED CASES OF RAPE

recorded and treated according protocol
18 OF 26 arrived within 72 hours and
received PEP(Post Exposure Prophylaxis)
Kits.

BUDGET

PARTNERS



2021: \$1,278,000

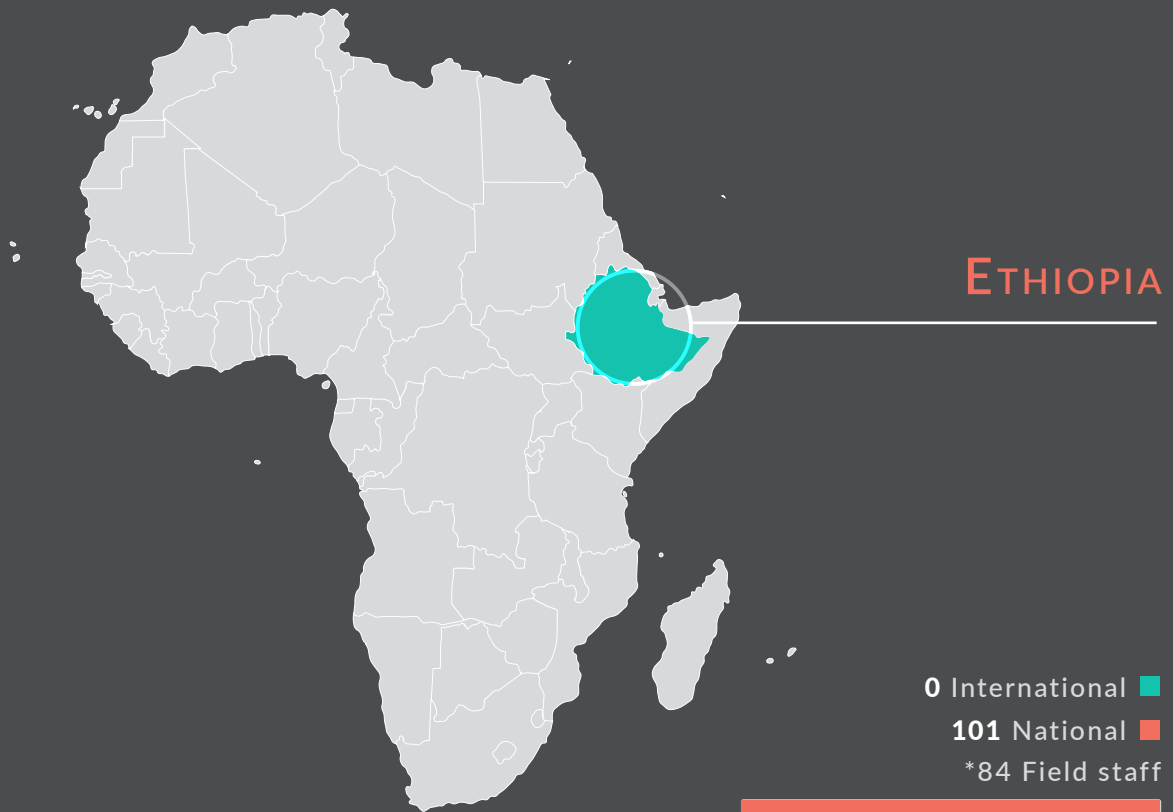
2022: \$1,135,000

11.2% DECREASE ▼



COUNTRY OFFICE BRIEF:

ETHIOPIA



AHA operates in Ethiopia in Afar and Oromia regions. AHA Ethiopia has implemented refugee-based humanitarian programs funded by UNHCR - working on provision of new and rehabilitation of existing transitional shelters in Serdo, Barahale and Aysaita refugee camps. In addition, AHA Ethiopia worked on Energy and Environment projects, specifically, briquette production and distribution for refugees as well as preparation of nursery sites and transplantation (when matured) to host communities and community based institutions. In partnership with Farmacéuticos Mundi (Farmamundi), AHA Ethiopia implemented Emergency Health Response for host communities in Ewa and Chifra Woredas (districts) in addition to Mental Health and Psychosocial Support (MHPSS) programs for IDPs affected by the Tigray Conflict with a focus on mental trauma. AHA developed an accredited Trauma-informed Care and Therapy Manual proceeding with training healthcare workers on trauma-informed care and therapy. In 2022, AHA Ethiopia partnered with the World Food Programme(WFP) in Oromia region as a Third Party Monitor (TPM) of a Specialized Nutrition Programme(SNP) benefitting 24 woredas in 9 zones through three field offices at Adama, Shashamane and Harrar.



AREAS OF OPERATION:

REFUGEE RELATED ACTIVITIES:

- 📍 Afar region (Aysaita, Serdo, Barhale)

EMERGENCY HEALTH RESPONSE:

- 📍 Afar region (Awura, Chifra, Ewa, Gulina, Yallo)

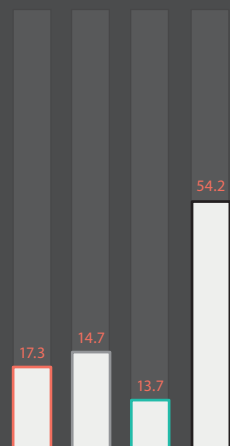
SPECIALIZED NUTRITION PROGRAM:

- 📍 Oromia region (24 woredas and 9 zones)

TOTAL BENEFICIARIES:

350,672

- ▣ Refugees (Eritrean origin): **60,905**
- ▣ IDP AND HOST COMMUNITY
- ▣ Emergency Health Response (Afar region): **51,672**
- ▣ Emergency response: Trauma-Centered and Trauma-Focused Mental Health and Psychosocial Support (MHPSS) in Afar: **48,025**
- ▣ Specialized Nutrition Program - Third Party Monitoring (TPM) Oromia region: **190,070**



Access to Shelter



Environmental protection



Energy



Access to Healthcare



Third-Party Monitoring

REFUGEE PROGRAMS



ENVIRONMENTAL PROTECTION

13,870

SEEDLINGS GERMINATED

(AHA has a nursery site in Aysaita)

6,000

TREES

transplanted (distributed seedlings when ready for transportation and planted in different places like refugee camp, community-based institutions and for host community)

100

SOCIAL WORKERS AND REFUGEE

representatives reached with awareness raising on environmental protection.

683

COMMUNITY MEMBERS

received awareness on the proper protection of plantation

500

PARTICIPANTS

A campaign was organized on Celebration of World Environment Day with 500 participants.

284



399



ENERGY

365

BRIQUETTE

cooking stoves distributed to refugees

110

HHs

benefited from assessment and technical support through kitchen performance tests (KPT) on energy information.

6,500

BRIQUETTES

produced

200

COMMUNITY

representatives trained on proper utilization of cooking stoves with briquette charcoal

1

BRIQUETTE

production cooperative(30 members) benefited from technical support (general support, monitoring, guidance and business training)

2,500

BRIQUETTES

distributed to refugees



ACCESS TO SHELTER



557 SHELTERS
constructed



30 SHELTERS
maintained



5 COMMUNITY
shades constructed

NATIONAL COMMUNITY EMERGENCY HEALTH PROGRAMS



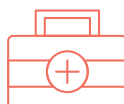
ACCESS TO HEALTHCARE

EMERGENCY HEALTH RESPONSE IN EWA AND CHIFRA WOREDAS

Chifra, Mesegid, Wa'ama, Jara from Chifra Woreda and Regden and Ewa from Ewa Woreda



42 TYPES
of basic and essential
medicines provided



6 TYPES
of essential medical
equipment provided



5 HEALTH CENTERS
equipped with 12 Dixon
type medical shelves

300

REPRODUCTIVE AGE WOMEN

received dignity kits
DIGNITY KITS consist of soaps,
reusable sanitary pads, holding bags,
underwear and user manuals.

60

ADOLESCENT GIRLS

attended peer group discussion on
deep rooted harmful traditional
practices, how to manage
menstrual hygiene and gender
based violence prevention.

39

29 HEALTH WORKERS AND 10 REGIONAL HEALTH BUREAU STAFF

trained on SGBV and Psychosocial Support (PSS)

TRAUMA-INFORMED CARE AND THERAPY MANUAL:

IN CLOSE COLLABORATION WITH FARMAMUNDI AND A LOCAL MENTAL HEALTH CONSULTATION FIRM, AHA ACTIVATED THE FOLLOWING:

- Conducted rapid needs assessment and developed national manual for training of health care providers;
- Validated and translated the manual to Amharic for national use;
- Accredited the validated trauma-informed care and therapy manual by Continuous Professional Development (CPD) of Addis Ababa University
- Provided training to 35 health care providers from project woredas of Afar region
- Remote monitoring and supervision of trained staff with on-job coaching



THIRD-PARTY MONITORING

THIRD-PARTY MONITORING OF SPECIALIZED NUTRITION PROGRAMS WITH WFP - MONITORING

- Ensure FDCs are ready for distribution
- Report distribution in real time
- Ensure availability of vital tools for distribution
- Specialized Food (SF) management, including delivery, storage, loss and theft
- Ensure beneficiary safety and dignity



665

Monitored 665 food distribution centers and Health Posts (FDCs and HPs) that distribute specialized food



190,070 BENEFICIARIES
monthly

BUDGET



2021: \$874,606.44
2022: \$2,266,134.46
159% INCREASE ▲

PARTNERS



COUNTRY OFFICE BRIEF:

RWANDA



RWANDA

2 International ■

194 National ■

*1 Staff with disability,
173 Field staff



AHA operates in Rwanda in three provinces (the Eastern province, Southern province, and Western province) and in the capital, Kigali. AHA Rwanda supported 3 refugee camps, 3 Transit Centres, 2 urban refugee projects and 1 Reception Centre in 2022.

In the Eastern Province, AHA Rwanda operates the Gashora Transit Centre located in the Bugesera District which accepts refugees and asylum seekers under an Emergency Transit Mechanism (ETM). In the Southern Province, AHA Rwanda operates in two refugee camps - Mugombwa refugee camp in Gisagara District and Kigeme refugee camp in Nyamagabe District, in addition to a reception centre (Nyanza reception centre in the Nyanza District) and an Urban Project (Huye Urban Project in the Huye District). In the Western province, it operates Kizibia refugee camp, Kijote Transit Centre and Nyarushishi Transit Centre in Karongi District, Nyabihu District and Rusizi District, respectively. And finally, AHA Rwanda supports the Kigali Urban Project, in the capital of Kigali in the Gasabo District.

In 2022, AHA Rwanda reached 64,429 Refugees, Asylum seekers, Returnees and Host Communities from various countries of origin representing East, Central and Northern Africa. AHA Rwanda partnered with UNHCR, UNFPA, WFP and the Ministry of Health/CDC to provide services in Health, Nutrition, Reproductive Health and HIV/AIDS.



TOTAL BENEFICIARIES:

64,429

Refugees
Asylum Seekers
Returnees
Host Community

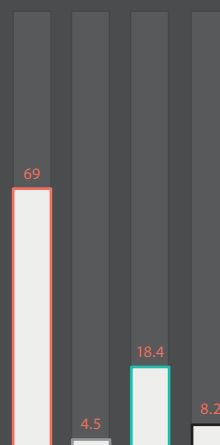
COUNTRIES OF ORIGIN:

- Burundi
- DRC
- Eritrea
- Ethiopia
- Somalia
- Sudan
- South Sudan

AREAS OF OPERATION:

Refugees, Transit & Reception Centers, Urban Project and Refugee Hosting Community

- Refugees **42,156**
Kigeme (14,549 refugees),
Kiziba (16,150 refugees),
Mugombwa (11,457 refugees)
- Transit & Reception Centers: **2,764**
Gashora (628) - refugees
evacuated from Libya;
Kijote, Nyanza & Nyarushishi
(2,136)- for Rwandan returnees
from the Democratic Republic of
Congo.
- Urban Project: **11,244**
Huye and Kigali
- Refugee Hosting Community:
5,000



Access to
Healthcare



Child and
Maternal Health
and HR



Nutrition
Program



Capacity
Building



Refugees



COVID-19
Coverage

CAMP SETTING AND TRANSIT CENTER PROGRAMS



ACCESS TO HEALTHCARE

138,729

CONSULTATION SERVICES

were given to PoCs in 2022

3,043

PATIENTS

were admitted and treated in the
camp based facilities

2,976

REFERRALS

were made to secondary level
hospitals

4,395

REFERRALS

were made to tertiary level
hospitals



CHILD AND MATERNAL HEALTH

1,569

PREGNANT WOMEN

attended their first Antenatal Care
(ANC) visits in health facilities
located in the refugee camps.

1,041

MOTHERS

attended their first Postnatal Care
(PNC) visits in health facilities
located in the refugee camps.

96%

IMMUNIZATION COVERAGE

Immunization services were provided
to children and women according to the
national EPI programme.

48.6%

AVERAGE CONTRACEPTIVE UTILIZATION

Family planning and cervical
cancer screening services
were provided to women on a
voluntary basis.

99%

DELIVERIES

assisted by skilled personnel

RH (REPRODUCTIVE HEALTH) AND HIV/AIDS PREVENTION AND CARE

100%

PEOPLE LIVING WITH HIV (PLHIV)

received monthly nutritional
supplements.

100%

PLHIV

visited at home.

100%

PLHIV

are on ART treatment as per the
national protocol.

12

PWP (PREVENTION WITH POSITIVE)

meeting sessions conducted.

2/
MONTH

PERSONAL HYGIENE KITS

were distributed bi-monthly to all
PLHIV.

100%

ACCESS

to VCT, PMTCT, RH services for
refugees, similarly to nationals.



NUTRITION PROGRAM

64

MAM

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

100%

TB & PLHIV

were admitted in the SFP.

29

SAM

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

100%

CHILDREN BETWEEN 6-23 MONTHS

were admitted in Blanket
Supplementary Feeding Program
(BSFP);

100%

PREGNANT AND LACTATING WOMEN

were admitted in BSFP;



CAPACITY BUILDING

16

HEALTHCARE WORKERS

(5 from each camp and RH coordinator) have been trained on ASRH (Adolescent Sexual and Reproductive Health) by accredited National trainers;

477

YOUTH

from the 3 camps participated in mentorship programs on SRH and life-skills;

20

FTYMs

(First Time Young Mothers) from Kigeme and 15 from Mugombwa have been trained on hairdressing and were given startup kits;

35

FTYMS

from Kigeme and Kiziba camp have been trained on ASRH & life skills;

20

FTYMS

have been trained on tailoring from in Kigeme and were given a startup kit;

148

FEMALE MENTORS AND PUPILS

from Kigeme, Kiziba & Mugombwa were trained on ASRH.



COVID-19 COVERAGE

6,311

COVID TESTS

performed

233

POSITIVE CASES

1

DEATH

REFUGEES VACCINATED AGAINST COVID-19



1ST DOSE
19,879 persons

30.8%



2ND DOSE
15,722 persons

24.4%



3RD DOSE
8,317 persons

12.9%

URBAN SETTING PROGRAMS



URBAN CONGOLESE REFUGEES

42 CASES

were assisted and referred to the Government health centers for further treatment;

9 PREGNANT WOMEN

were referred immediately for further investigations and management.

URBAN BURUNDIAN REFUGEES

542 REFERRED

to tertiary hospitals for further management accounting for 11.2% of all referrals received;

255

35:Under 5, 220:Over 5

Emergency patients received and referred to government health centers for care;

19 PATIENTS

have been admitted.

URBAN REFUGEE PROGRAM IMPACT

100%

ART coverage rate

MORTALITY RATE



0.016/10,000/DAY :Crude mortality rate

0.06/10,000/DAY :U-5 mortality rate

BUDGET



2021: \$2,564,147

2022: \$2,378,061

7.25% DECREASE ▼



PARTNERS

COUNTRY OFFICE BRIEF:

SOUTH SUDAN



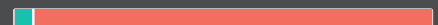
SOUTH SUDAN

Ruweng Administration
Area: Ajuong Thok Refugee
Camp

5 International ■

108 National ■

*173 Incentive,
2 Staff with disability,
286 Field and Juba



AHA in South Sudan operates in one main area and in two health facilities. AHA South Sudan operates in the Ajuong Thok refugee camp of Ruweng administration Area (RAA). According to UNHCR statistics of 2022 the camp hosts 45,795 refugees from the South Kordofan region of Sudan. The population of the host community surrounding the camp is estimated at 25,000. AHA operates two health facilities in Ajuong Thok camp, Hakima Primary Health Care Center (PHCC) and Ajuong Thok Primary Health Care Unit (PHCU). Services include provision of primary health Care (PHC) Reproductive Health including TB/HIV services, comprehensive nutrition program and public health services focusing on health promotion and disease prevention. In 2022, AHA South Sudan partnered with UNHCR and the Bureau of Population, Refugees, and Migration (BPRM) to improve access to Primary Health Care, Reproductive Health, HIV/AIDS services, Nutrition services and Hygiene promotion as well as to improve disease prevention and epidemic response capacity.

TOTAL BENEFICIARIES:

Ethiopia and Sudan

70,795



Refugees, Asylum
Seekers, Host Community



Health
Services



Nutrition
Services



Hygiene
Promotion
Programs



Covid-19
Response



NUTRITION SERVICES

237

OF UNDER-5(U5) CHILDREN

with Severe Acute Malnutrition (SAM) were identified and enrolled into Outpatient Therapeutic Feeding Program (OTP), while 63 U5 children with SAM and medical complications were admitted and treated at stabilization center;

1,450

U5 CHILDREN AND 398 PREGNANT AND LACTATING WOMEN (PLWS)

with Moderate Acute Malnutrition (MAM) were identified through regular nutrition surveillance and enrolled into Targeted Supplementary feeding Program

26,418

PREGNANT AND LACTATING WOMEN (PLWS)

were reached by the Infant and Young Child Feeding (IYCF) program at different contact points, such as health facilities, community outreaches, BSFP sites and through MSGs (Mothers Support Groups).

MALNUTRITION RATE

U5 CHILDREN: GAM=2.25%
[MAM=2.2% and SAM=0.05%] rates;

PLWs: GAM=2.2 [MAM=2.2 and
SAM=0.0%]



REPRODUCTIVE HEALTH/HIV

6,397

PREGNANT WOMEN
received antenatal care (ANC);

1,910

PREGNANT WOMEN
RECEIVED MODERN FAMILY PLANNING
METHODS OF WHICH **1,059**
(55%) WERE NEW ACCEPTORS;

1,786

PREGNANT WOMEN
attended 4 or more ANC services;

6,291

POCS
received HIV testing services;

1,768

WOMEN
received post-natal care (PNC)
follow up at the health facilities;

100%

HIV POSITIVE CASES
were enrolled in chronic HIV care
and support services;

93%

BIRTHS
attended by skilled personnel;

PATIENTS ON ART
(first 6 months) and those on anti-TB
are provided monthly with wheat
flour and sugar to support nutrition
and treatment adherence.



ACCESS TO HEALTHCARE

5,875

CLIENTS
were admitted as in patients

9,078

CLIENTS
received minor surgical services at
the minor operation theater;

125,147

BENEFICIARIES
received outpatient consultation
services at AHA-supported
health facilities

| | |
|-----------|------|
| REFUGEES | 81 % |
| NATIONALS | 19 % |

193

PATIENTS
were referred to higher level
facilities
181 to Pariang Hospital
8 to Juba teaching Hospital by
UNHCR, and
4 by ICRC coordinated by AHA



MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

861

CLIENTS

with mental health and psychosocial problems received treatment and follow up services at Hakima PHCC;

MALES: 356 41 %

FEMALES: 505 59 %

1,032

CLIENTS

received home base care and support.

MALES: 367 36 %

FEMALES: 665 64 %



COMMUNITY HEALTH SERVICES

13,940

CHILDREN

children U5 were reached with integrated Community Case Management (iCCM) services

MALES: 8,629 41 %

FEMALES: 5,311 59 %

AHA DEPLOYED 54 COMMUNITY HEALTH TEAM MEMBERS

(CHHPs) each tasked with 4 household visits per day providing awareness and follow ups. In addition, awareness was provided in schools, market places and other gatherings.



HYGIENE PROMOTION PROGRAMS

134,637

INDIVIDUALS (POCS)

were reached at different contact points with health and hygiene related messages including Cholera prevention by CHHPs;

IN 2022

AHA public health team distributed a total of 498,982 pieces of soaps.



MORTALITY RATE

| | |
|---------------------------------|-----------------|
| CMR | 0.04/1000/month |
| UNDER FIVE MORTALITY RATE | 0.05/1000/month |
| MMR | 0/100,000 |
| HEALTH SERVICE UTILIZATION RATE | 2.3 |



COVID-19 RESPONSE

13,308

FULLY VACCINATED

2,693

COVID TESTS

(Ag-RDT rapid test and Genexpert machine) conducted;

355

CONFIRMED POSITIVE CASES

all the confirmed cases were mild and managed under home-based care;

320

HANDWASHING TOOLS

distributed for vulnerable groups

2,092

BAR SOAPS

were distributed for hand washing promotion and disease prevention.

BUDGET



2021: \$2,753,110

2022: \$3,207,918

16.5% INCREASE ▲

PARTNERS



COUNTRY OFFICE BRIEF:

SUDAN



SUDAN

NORTH
DARFUR:

EL FASHER TOWN, EL
FASHER RURAL, KUMA,
KUTUM, KABKABIYA,
TAWILLA, TINA, KORNOI,
UMBARO, AND ALLITE
LOCALITIES

2 International ■
38 National ■
*19 Field staff



AHA operates in Sudan in the North Darfur state in ten localities (districts) which comprises El Fasher town, El Fasher rural, Kuma, Kutum, Kabkabiya, Tawilla, Tina, Kornoi, Umbaro, and Allite localities. Within these localities, AHA Sudan has supported the construction and renovation of primary schools and an operation theater of an eye referral hospital. The newly constructed and renovated schools were furnished with school furniture that adheres to the standards set by the state Ministry of Education. AHA has also provided vocational skill training in electro mechanics and handicraft making to 24 selected youths from the El Fasher town, Abushock, and Al Salam IDP camps. In 2022, AHA Sudan partnered with UNHCR to implement essential non-food items (NFIs), community support projects, and community-based protection projects for IDPs, Returnees, and Refugees in North Darfur state, Sudan.

TOTAL BENEFICIARIES:

1,265,254

IDPs, Returnees,
Refugees(South Sudan)



Infrastructures



Emergency
and
Rehabilitative



Protection
monitoring
support



Refugees



ACTIVITIES IMPLEMENTED FOR HOST COMMUNITY, IDP'S AND RETURNEES



INFRASTRUCTURES VERIFIED AND HANDED OVER TO STATE MINISTRY OF HEALTH AND EDUCATION

3

NEW ROOMS CONSTRUCTED

at El Fasher eye hospital with renovation of the existing operation theater rooms serving a population of 3M people;

2

NEWLY CONSTRUCTED AND 6 RENOVATED CLASSROOMS

at Al Bashir Primary School;

NEW PRIMARY SCHOOL

(with six rooms) constructed at Al Salam in El Fasher town;

REHABILITATED BANJADID ELEMENTARY SCHOOL

for boys (added an additional classroom and two offices for teachers);

2

CLASSROOMS AND 1 OFFICE CONSTRUCTED

and handed over in Alihijiraarea of El Fasher town;

5

-DOOR LATRINES CONSTRUCTED

for students and teachers at Umulkora Primary school;

6

NEW CLASSROOMS WITH VERANDA, 1 OFFICE AND A STORE

completed and handed over at Garsilba village;

2

NEW CLASSROOMS

with veranda, an office, a store and a six-door latrine were constructed in Tina Town of Tina locality.



EMERGENCY AND REHABILITATIVE SUPPORT

494

HOUSEHOLDS

received cash-based intervention (CBI) assistance while 11,869 HHs received NFIs;

14

COMMUNITY-BASED COMMITTEE LEADERS

from seven locations received smartphones to strengthen protection monitoring;

30 MOTORIZED CARTS, 75 BED-SETS AND 63 WALKING STICKS

were distributed as in-kind support to selected people with special needs (PSNs);

7

SCHOOLS

were provided with student benches, chairs, office tables and file cabinets.



PROTECTION MONITORING, SUPPORT TO COMMUNITY PROTECTION

in Kutum town, Sarafaya, Kabkabiya, Fatabarno, Umbar, Tawilla and Sortony

68%

(271/400) PLANNED IDENTIFICATION

of PSNs and referrals achieved;

100%

(7/7) ANALYTICAL REPORTS

produced and conducted as planned;



(200/200) PROVISION
of walking sticks planned and achieved;



(850/700) PROTECTION MONITORING
conducted/number of people reached.



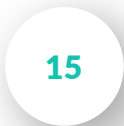
(30/76) PROVISION
of motorized wheeled carts planned and delivered;



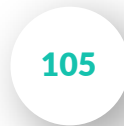
COMMUNITY SELF-MANAGEMENT

STRENGTHENED AND SUPPORTED IN

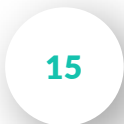
📍 Kutum town, Sarafaya, Kabkabiya, Fatabarno, Umbaru, Tawilla and Sortony:



SESSIONS
strengthening AGD (age, gender, and diversity);



PROVISION OF MATERIAL SUPPORT
(smart phones, sim cards, recharge cards, pen/notebook, backpacks, office bags)



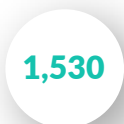
SESSIONS
training CBS (Community Based Structures);



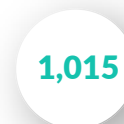
ACTIVITIES FOR SOUTH SUDANESE REFUGEES

ALLITE LOCALITY

13 settlement areas in Allite locality received NFI and dignity kits



SLEEPING MATS



MOSQUITO NETS

1,500

BLANKETS

109,323

SOAP PIECES

1,015

JERRY CANS

4,175

HOUSEHOLDS(HHS)

received a solar lamp

10,260

PIECES OF UNDERWEAR

distributed to 5,130 individuals
(2/PERSON)

15,480

NAPKINS

distributed to 5,160 individuals
(3/PERSON)

15,075

INDIVIDUALS

(Hilat Ali village)
3,015 HHS, 266 HHS affected by fire
received sleeping mats, blankets, jerrycan,
ITNs, kitchen sets and soaps.

EL FASHER TOWN

DINKA AND BANJADID CAMPS

📍 El Fasher town

326

HHS

received solar lamps;

507

INDIVIDUALS

received
1,521 underwear, 3,042 napkins
and 6,084 soaps.

BUDGET



2021: \$2,313,119.00

2022: \$1,665,705.16

28% DECREASED ▼

PARTNERS



COUNTRY OFFICE BRIEF:

UGANDA



UGANDA

2 International ■

58 National ■

*Field staff: 52



AHA in Uganda operates in two regions: Central and Western Uganda. AHA Uganda supported six primary health care facilities and four National Referral Hospitals. The Central region which includes the districts of Kampala, Wakiso and Mukono hosts refugees from over 15 countries of origin, while the western region which included Kyaka II refugee settlement in Kyegegwa district hosts mainly refugees from the DRC. In 2022, AHA reached 233,946 refugees in Uganda. AHA Uganda partnered with UNHCR and Farmacéuticos Mundi (Farmamundi) to provide access to health services for all refugees living within the urban area and Kyaka II refugee settlement.

TOTAL BENEFICIARIES:

233,946

101,237 at Urban Health Program

132,709 at Kyaka II Refugee Settlement

AREAS OF OPERATION:

Central region - Kampala District

Western region - Kyegegwa, Kyaka II Refugee Settlement

COUNTRIES OF ORIGIN:

- Burundi
- DRC
- Eritrea
- Ethiopia
- Kenya
- Rwanda
- Somalia
- South Sudan
- Sudan



Refugee



URBAN REFUGEE SETTLEMENT AT KAMPALA

2,822

REFERRALS SUPPORTED TO RECEIVE
TERTIARY CARE



2,460 REFUGEES
received from
settlements, and **362**
from urban refugees;



157 PATIENTS
on average received
monthly at the hostel for
tertiary care;



153,072 MEALS
were served in the hostel for
patients referred for tertiary care,
their dependents and caretakers.

28,114

URBAN PERSONS OF CONCERN

(PoC's) received primary healthcare with support from Kampala Capital City Authority (KCCA) and private health facilities;

5,681

URBAN POC'S

received supplementary support for healthcare at the Access Centers;

9,113

DIRECTLY REACHED

with health promotion messages;

103

SUPPORTED

at medical outreaches;

3,209

CLIENTS

were transported via ambulance to receive services;

2,460 MEDICAL REFERRALS 77 %

749 URBAN REFUGEES 23 %

1,947

MENTAL HEALTH CONSULTATIONS

were conducted through 40 sessions of consultant visits;

103 TREATED AND 162 REFUGEES/ASYLUM SEEKERS

referred during verification exercise by AHA;

25,806 VACCINATED AGAINST COVID-19:



1ST DOSE

15,994 persons

62%



2ND DOSE

9,815 persons

38%

EBOLA RESPONSE MAJOR ACTIVITIES:

3

ISOLATION POINTS

established and maintained at access centers and medical hostel;

10,143

INDIVIDUALS

reached by facilitation of Community Dialogues, Sensitization and Outreaches;

FACILITATE COMMUNITY LEADERS'

meeting on Ebola Preparedness and Response.

TRAINING VHTS

on Community Based Disease Surveillance and IPC;

22

HEALTH FACILITIES

in Kampala trained on
Community Based Disease
Surveillance (CBDS) and Infection
Prevention and Control (IPC);

URBAN NUTRITION PROGRAM MAJOR ACTIVITIES:

TRAINED CARE GROUP
LEADERS

on Maternal, Infant, Young Child
and Adolescent Nutrition
(MIYCAN) and support existing
care groups to implement
MIYCAN activities;

HELD COOKING AND
FOOD

demonstrations.

KYAKA II REFUGEE SETTLEMENT AT KYEGEGWA:

14,733

DIRECTLY REACHED

with health promotion messages
and messages to prevent and
mitigate SGBV;

160

TRAINED

in Health Promotion and SGBV
prevention and mitigation;

13,025

RECEIVED TREATMENT

with support from AHA;

18,273

BENEFITTED

from outreaches organized by
AHA and Emesco;

4,065

RECEIVED DIAGNOSES

with support from AHA;
• Testing kits supplied could only
support this number of diagnoses

284

RECEIVED NON-
CLINICAL COMMUNITY
SUPPORT

of SGBV case management;

BUDGET



2021:\$1,260,395

2022: \$1,687,427

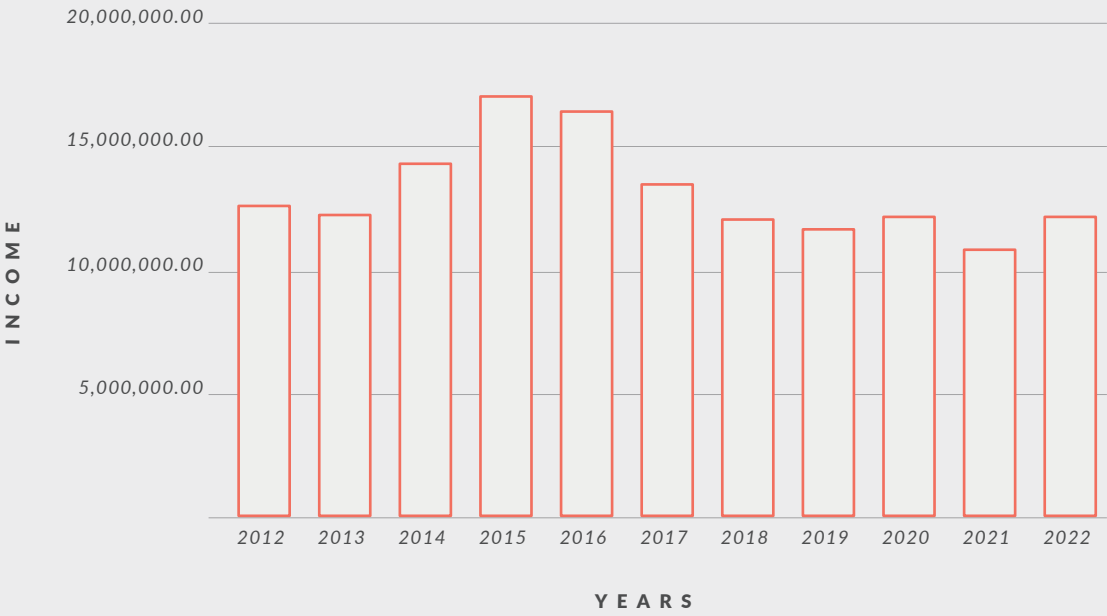
34% INCREASE ▲

PARTNERS

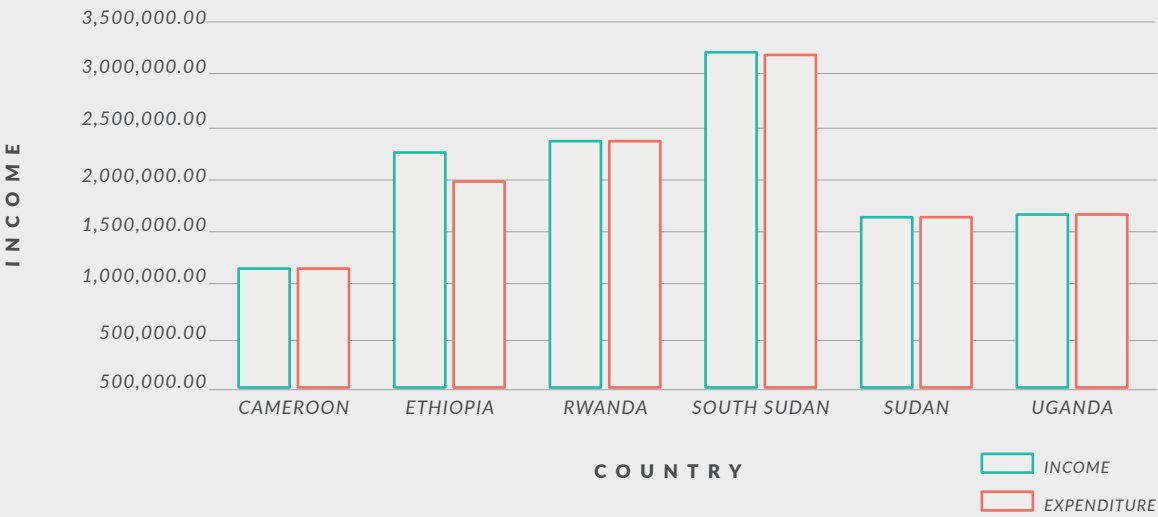


Finance and Audit

INCOME FOR 10 YEARS



INCOME AND EXPENDITURE





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United Nations High Commissioner for Refugees ("UNHCR")

To: Matthew Crentsil, UNHCR Representative/Head of Office, (Kampala/Uganda)
cc: Pranav Singh, UNHCR Country Office focal Person (Kampala/Uganda)
cc: Wossen Taye, Country Representative, Africa Humanitarian Action, Ethiopia (Kampala, Uganda)
cc: Keith Muhakanizi, Permanent Secretary OPM (Kampala, Uganda)

INDEPENDENT AUDITORS REPORT

Audit Opinion

We have audited the accompanying Project Financial Report ("PFR") for the "Provision of Comprehensive primary health and nutrition services to refugees and host population" provided by Africa Humanitarian Action, Ethiopia (the "Partner") which comprises the cash receipts and disbursements as well as instalment payments between the contractual parties for the period covered by the PFR, 1 January 2022 to 31 December 2022 including the liquidation period and a summary of significant accounting policies described under note 1.

In our opinion, the accompanying PFR is prepared, in all material respects, in accordance with the modified cash basis of accounting described in the Project Partnership Agreement (PPA) and the note 1 to the Project Financial Report.

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those provisions and standards are further described in the "Auditor's responsibilities for the audit of the Project Financial Report" section of our report.

We are independent of the UNHCR and the Africa Humanitarian Action, Ethiopia in accordance with International Ethics Standards Board for Accountants International Code of Ethics for Professional Accountants (including International Independence Standards) (IESBA Code) and we have fulfilled our ethical responsibilities in accordance with these requirements and the IESBA Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter – Basis of Accounting and Restriction on Distribution and Use

We draw attention to Note 1 to the Project Financial Report, which describes the basis of accounting. The Project Financial Report is prepared to assist the Partner in complying with the financial reporting provisions of the Partnership Agreement referred to above. As a result, the Project Financial Report may not be suitable for another purpose. Our report is intended solely for the UNHCR and the Africa Humanitarian Action, Ethiopia and should not be distributed to or used by parties other than the UNHCR or the Africa Humanitarian Action, Ethiopia. Our opinion is not modified in respect of this matter.

Practising accountants: N. Kagoro A. N. Murya* F. Okwiri* P. Sali
*Kampala
Associate of Deloitte Africa, a Member of Deloitte Touche Tohmatsu Limited
The firm is licensed and regulated by Institute of Certified Public Accountants of Uganda

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INDEPENDENT AUDITORS REPORT (CONTINUED)

Responsibilities of the Management of the Africa Humanitarian Action, Ethiopia for the Project Financial Report

The Management of Africa Humanitarian Action, Ethiopia is responsible for the preparation of this PFR in accordance with the modified cash basis of accounting described in the Project Partnership Agreement and Note 1 of the PFR and for such internal control as the Management of Africa Humanitarian Action, Ethiopia determines is necessary to enable the preparation of the PFR is free from material misstatement, whether due to fraud or error.

Auditor's Responsibilities for the Audit of the Project Financial Report

Our objectives are to obtain reasonable assurance about whether the PFR is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this PFR.

As part of an audit in accordance with ISAs, we exercise professional judgment and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the PFR, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Partner's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Africa Humanitarian Action, Ethiopia.

We communicate with the Management of Africa Humanitarian Action, Ethiopia regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

The engagement practitioner responsible for the audit resulting in this independent auditor's report is CPA Paul Sali, Practising certificate No P0508.

Deloitte & Touche

Certified Public Accountant of Uganda

31 March 2023

Kampala



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United Nations High Commissioner for Refugees ("UNHCR")

To: Mr. Anafat Jamal UNHCR Representative, (Juba / South Sudan)
cc: Mr. Orhelo Davies UNHCR Country Office focal Person (Juba/South Sudan)
cc: Marcos Melaku, Country Representative, Africa Humanitarian Action Ethiopia (Juba / South Sudan)
cc: Hon LT. Gen. Bol John Akot Commissioner of CRA (Juba/ South Sudan)

INDEPENDENT AUDITOR'S REPORT

Opinion

We have audited the accompanying Project Financial Report ("PFR") for the Primary Healthcare, Reproductive Health, Nutrition and Hygiene promotion services in Ajuong Thok project provided by Africa Humanitarian Action, Ethiopia which comprises cash receipts and disbursements as well as instalment payments between the contractual parties for the period covered by the PFR, 1 January to 31 December 2022, including the liquidation period and a summary of significant accounting policies described under note 1.

In our opinion, the accompanying PFR is prepared, in all material respects, in accordance with the modified cash basis of accounting described in the Partnership Agreement (PA) and the note 1 to the Project Financial Report

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those provisions and standards are further described in the "Auditor's responsibilities for the audit of the Project Financial Report" section of our report.

We are independent of the UNHCR and Africa Humanitarian Action, Ethiopia in accordance with International Ethics Standards Board for Accountants International Code of Ethics for Professional Accountants (including International Independence Standards) (IESBA Code) and we have fulfilled our ethical responsibilities in accordance with these requirements and the IESBA Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion

Emphasis of Matter – Basis of Accounting and Restriction on Distribution and Use

We draw attention to Note 1 to the Project Financial Report, which describes the basis of accounting. The Project Financial Report is prepared to assist Africa Humanitarian Action, Ethiopia in complying with the financial reporting provisions of the Partnership Agreement referred to above. As a result, the Project Financial Report may not be suitable for another purpose. Our report is intended solely for the UNHCR and Africa Humanitarian Action, Ethiopia and should not be distributed to or used by parties other than the UNHCR or Africa Humanitarian Action Ethiopia. Our opinion is not modified in respect of this matter.



Partners: D.R. Mwangi, A.N. Mwangi, P. O. Rios, J. Hwangye, R.W. Wangi, I. Kibiti, F. Okwiri, F. O. Okwiri, F. Mwangi, P. Seroney, D. Mwangi, C. Lian
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Associate of Deloitte Africa, a Member of Deloitte Touche Tohmatsu Limited

INDEPENDENT AUDITOR'S REPORT (Continued)

Responsibilities of the Management of Africa Humanitarian Action, Ethiopia for the Project Financial Report

The Management of Africa Humanitarian Action, Ethiopia is responsible for the preparation of this PFR in accordance with the modified cash basis of accounting described in the PA and Note 1 of the Project Financial Report and for such internal control as the Management of Africa Humanitarian Action, Ethiopia determines is necessary to enable the preparation of the PFR that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibilities for the Audit of the Project Financial Report

Our objectives are to obtain reasonable assurance about whether the PFR is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this PFR.

As part of an audit in accordance with ISAs, we exercise professional judgment and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the PFR, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Africa Humanitarian Action, Ethiopia's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by Africa Humanitarian Action, Ethiopia.

We communicate with the Management of Africa Humanitarian Action, Ethiopia regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

The engagement partner responsible for the audit resulting in this independent auditor's report is CPA Patricia Seroney, Practising certificate No. 2434.

Patricia Seroney

For and on behalf of Deloitte & Touche LLP
Certified Public Accountants (Kenya)
Nairobi

27 April 2023

AHA's Footprint

Algeria
Angola
Burundi
Cameroon*
Chad
Djibouti
DR Congo
Ethiopia*
Guinea
Kenya
Liberia
Namibia
Rwanda*
Sierra Leone
Somalia
South Sudan*
Sudan*
Tanzania
Uganda*
Zambia

Countries served in 2022*

AHA is a registered Charity in Switzerland

AHA is a registered Public Charity in the US and a tax exempt non-profit organization under the US Internal Revenue Code 501 (c)(3)

AHA is a long time partner NGO to the UNHCR and an awarded partner agency of the AU

AHA is a member of ICVA and observer member of the IOM

AHA is an NGO with Special Consultative Status with the UN Economic and Social Council (ECOSOC)

A large, stylized graphic of two overlapping human figures. The figures are composed of white and teal shapes. The figure on the right is more prominent, with its head and torso in white and its legs in teal. The figure on the left is partially obscured, with its head and torso in white and its legs in teal. The overall design is minimalist and modern.

Years of
Service



**Africa
Humanitarian
Action**

We welcome your support

United Bank
Addis Ababa - Ethiopia
Woreda 7 Kebele 07
P.O. Box 6398
Account Number: 1030116303927025
Swift Code: UNTDETA

UBS Switzerland - Geneva
UBS SA
Case postale, CH-1211 Geneva 2
African Humanitarian Action
Account Number: 279-d71055620
IBAN: CH5700279279D71055620
Swift Code: UBSWCHZH80A

Bank of America, USA
Account Number: 44609494857
Routing Number: 052001633
Swift Code: BOFAUS3N

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