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Africa Humanitarian Action

AFRICA HUMANITARIAN ACTION

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Content: AHA Country Offices
Editing: Mahlet Zerayacob
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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 2016.

For additional information please contact
Communications Associate: Mahlet Zerayacob
Africa Humanitarian Action (AHA)
P. O. Box 110 code 1250 Addis Abeba, Ethiopia
Tel: +251(0)116 60 48 00
Fax: +251(0) 116 60 54 00
www.africahumanitarian.org

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About AHA

Africa Humanitarian Action (AHA) is a pan-African international non- governmental organization that provides effective humanitarian relief and recovery as well as development and advocacy services. Founded in 1994 in response to the atrocities in Rwanda, AHA has supported over 15 million people in 20 African countries to regain their health, dignity and wellbeing.

AHA is guided by universal principles and values. Upholding in independence, impartiality and integrity, AHA advocates and may speak out on humanitarian issues. AHA takes responsibility for its actions and is accountable for the resources it employs to those with whom it works and its programme supporters.

The strength of AHA 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 programs and outcomes. AHA embraces change and innovation at the same time as it seeks results that last.

Affected populations are at the forefront of all AHA activities, which ensures that its Filed Offices respond appropriately to people's needs in a timely and effective manner. Each Filed Office is supported by a Country Office, which is backed by the Head Office team in Addis Abeba, Ethiopia.

AHA's Head Office is guided by the secretariat headed by the President, who works with an executive board that sets strategic priorities, and monitors and evaluates performance standard and results. The board is appointed by AHA's International Assembly of Trustees, whose members determine policies and ensures quality and accountability to affected population and to donors.

Vision

An African continent, whose own institution can sustain its communities and individuals in human security, working peacefully together





Mission

To respond to crises, conflicts and disasters in Africa; to enhance communities at risk, so they can solve their concerns themselves; and to advise the international aid community and private sector on African humanitarian issues

Assembly of Trustees

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Partners and Supporters

AHA's partners and supporters include:

Active Learning Network for Accountability and Performance
African Centre for Humanitarian Action
African Development and Emergency Organisation
African Development Bank Group
African Refugees Foundation
African Union Commission
Alliance for Direct Action Against Rape in Conflicts and Crises, Switzerland
Danish Refugee Council
Environment and Development Society of Ethiopia
American Joint Distribution Committee, USA
Danish Red Cross Society
Danish Refugee Council
Environment and Development Society of Ethiopia
European Commission Humanitarian Office
Family Health International
Gesellschaft für Internationale Zusammenarbeit
Government of Burundi
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Pathfinder International
Sudan Health Association
Swedish International Development Agency
Swedish Refugee Aid
UBS Optimus Foundation
UK Department for International Development
UN Children's Fund (UNICEF)
UN Economic Commission for Africa
UN Food and Agricultural Organisation
UN High Commissioner for Refugees (UNHCR)
UN Office for the Coordination of Humanitarian Affairs
UN Population Fund (UNFPA)
UN Women
UN World Food Programme (WFP)
UN World Health Organization (WHO)
United Support of Artists for Africa
US Agency for International Development (USAID)
World Bank

Message from the President

The year 2016 has been a year, where humanitarian actors around the globe, have been challenged by sustained high levels of humanitarian crisis unfolding. Africa too is facing multitudes in an unprecedented scale affecting millions. Conflicts, major population movements, famine, poverty and disease pandemics continue to threaten with calamities unforeseen. The traditional role of humanitarian and development agencies are being harshly tested.

While many remedial proposals have been formulated, real commitment to collaborative processes remains limited. Mobilising the collaborative actions required remains a daunting challenge. The calamities which have taken such heavy tolls of life amply highlight the fundamental weaknesses of the global peace, security, humanitarian and development architecture.

The need for collective learning and the responsibility to those whose sufferings provide the basis for that lesson will never be more urgent than it is now. Regrettably, such awareness is rarely translated into institutional memories and the resolve to change. Such outcomes are also often products of a genuine confusion as to how to act in an environment that is growing even more complex. The international humanitarian community and indeed African States have put in motion policy instruments and action plans to ensure human security. Nonetheless, real concerted actions that foster enduring solutions, by which communities grow stronger; are able to enjoy fuller and more productive lives; and become less vulnerable to the scourges of insecurity are yet to come.

Mindful of these realities, AHA has embarked on an exercise to take stock of its 23-year journey in the African humanitarian field, with a view towards re-calibrating its vision, mission and structure vis-à-vis the current state of the global humanitarian aid system in order to position itself as fit-for purpose for the coming decades. Recent paradigmatic shifts in humanitarian policy and financing, particularly the increasing acceptance by donor/supporting nations and institutions to engage local players based in the Global South is most welcome.

Over the past 23 years, AHA's operations in Africa have allowed us to grabble and cope with ever changing breadths and scales of humanitarian actions required. We continue to assist crises-affected populations, further amplifying our impact, and engaging in various international fora to advocate for fortifying the capacity of local front-line responders. We are gratified to see our efforts transpire as one of the main agenda items at the last World Humanitarian Summit.

Together with our partners, over the years, we've strengthened and diversified our programmes. In South Sudan we are implementing Integrated Community Case Management (ICCM). We remain the only African agency in Darfur with access to multitudes of populations of concern, and AHA Uganda has launched the fourth round of SGBV prevention and mitigation programme.

Throughout 2016 we have tirelessly tried to diversify our funding sources, to meet the needs of the crisis-affected populations and deliver long lasting impact. Our collaboration with governments, UN system agencies, donors, and local communities remains as strong as ever.

It is clear that much more needs to be done. But, I am also proud of our achievements in the face of mounting hurdles and the continuing gap in humanitarian financing that challenges our capacity

Dawit Zawde



Highlights of AHA

1994 AHA was founded in response to the Rwanda genocide

1995 AHA began its operation in Angola and Uganda, with health care at the core of its work.

1996 AHA ventured into shelter development for the first time in Rwanda, helping provide housing for the most vulnerable groups.

1997 AHA expanded its services to Burundi, Ethiopia, Liberia, and Sierra Leone.

1998 AHA revised financial and personnel management procedures and its field operation guidelines to ensure further accountability and transparency.

1999 AHA executed an emergency intervention in response to the Algerian earthquake while initiating health care projects in 30 rural locations of Ethiopia.

2000 With a new determination for growth, AHA called on financial support from larger institution as it expanded even further into the African continent, branching into Zambia.

2001 AHA diversified its services in Namibia after full responsibility of Osire Refugee Camp management was transferred to it by UNHCR.

2002 AHA moved briefly into Somalia with hopes of addressing the ongoing problems in the region.

2003 AHA opened a Liaison Office for East Africa in Nairobi, Kenya, which undertook an assessment mission to Southern Sudan.

2004 In partnership with the African Union, AHA organized an International Symposium addressing "Building Capacity and Resource of Africa Non-Governmental Organizations".

2005 AHA established the African Center for Humanitarian Action, with the mission of enhancing partnership and service delivery between humanitarian organizations.

2006

AHA launched its Volunteer Programme to enable young humanitarians better understand the challenges facing the African continent.

2007

AHA produced its toolkit on the "Responsibility to Protect: from Non-interference to Non-Indifference".

2008

AHA secured a consultative status with the United Nations Economic and Social Council (ECOSOC). In addition, AHA signed a memorandum of partnership with the African Development Bank, helping to build AHA's institutional capacity.

2009

AHA celebrates its 15th Anniversary and forges forward in its mission of providing humanitarian assistance to alleviate human suffering in Africa.

2010

AHA commenced its service in Cameroon to assist host communities and refugees from Central African Republic

2011

Together with the Africa Development Bank, it devised a quick intervention plans, and mobilized funds to respond to the Somali crisis that depleted the country's resources for decades.

2012

AHA started providing mental health assistance for the first time for refugees and IDPs in Burundi.

2013

AHA took its operation to the newly created South Sudan to provide comprehensive primary health care and nutrition services to refuges from Sudan, to IDP's and host communities.

2014

AHA celebrates its two decade long dedicated humanitarian service and development assistance to populations and communities, notably refugees and displaced persons.

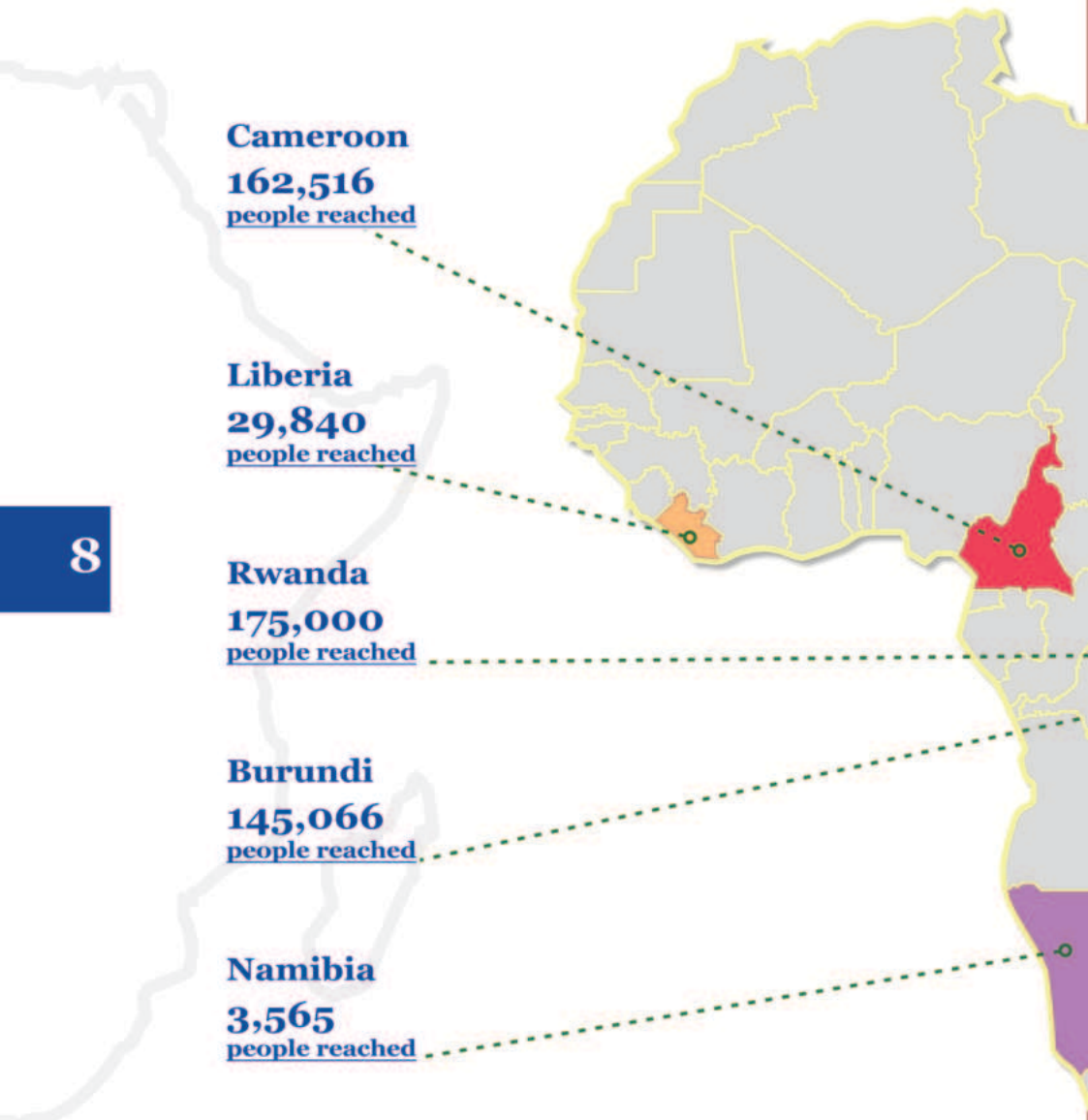
2015

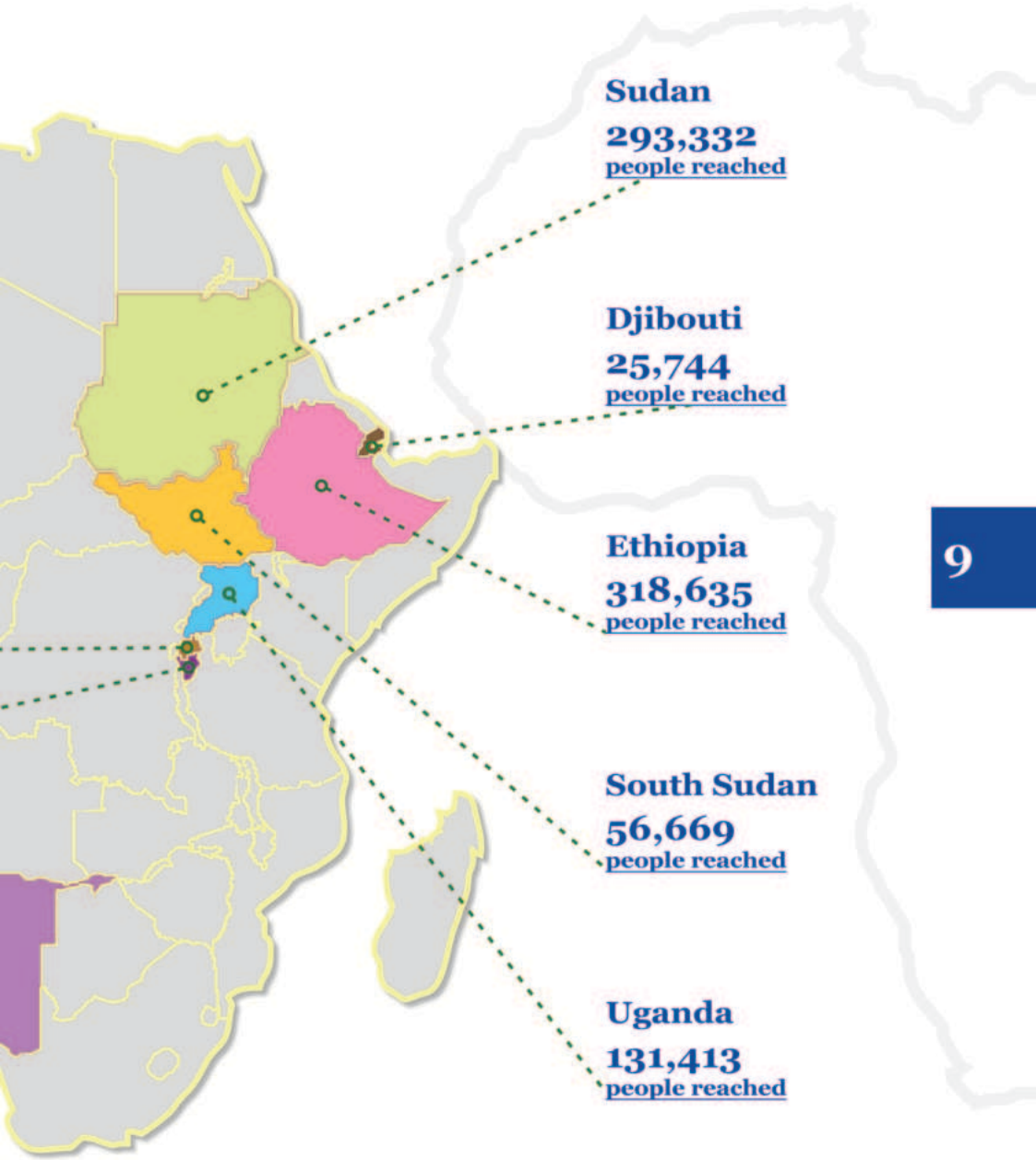
AHA expanded its operational foot print in the Republic of Djibouti to help with the huge influx of refugees form Yemen.

2016

AHA secured registration in the United Republic of Tanzania.

Number of Beneficiaries in 2016




Sudan
293,332
people reached
Djibouti
25,744
people reached
Ethiopia
318,635
people reached
South Sudan
56,669
people reached
Uganda
131,413
people reached

AHA Burundi

Africa Humanitarian Action (AHA) has been working in Burundi since 2002. AHA Burundi provides health care programmes to refugees and asylum seekers in four different camps and in urban areas. AHA Burundi also facilitates voluntary repatriation of Congolese refugees. The majority of refugees AHA provides humanitarian services comes from Eastern Democratic Republic of Congo (DRC) and is composed of 52% women and 48% men.

Area of Operation:

Gasorwe/ Kinama in Muyinga province,

Musasa in Ngozi province,

Bwagiriza in Ruyigi province and; Kavumu in Cankuzo province

Total Population of Concern:

145,066 (Refugees and asylum seekers)

County of Origin:

99% from Congo DRC, mostly from South Kivu



Programmes

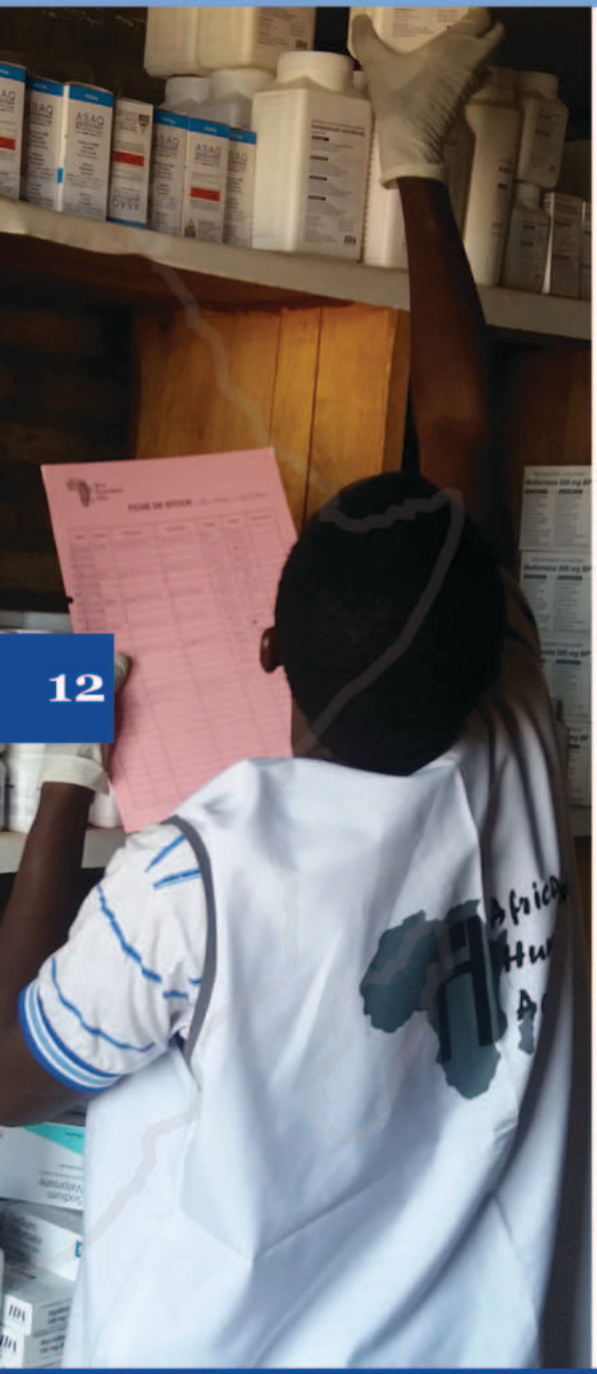
Health Care

The activities carried in 2016, contributed to the same objective of improving the health conditions of refugees and asylum-seekers in Burundi by strengthening the quality of primary health care provided by the camps health centers. Since the beginning of this semester, our actions have focused on the fight against childhood illnesses with the development of integrated management of childhood illness (IMCI) programmes; vaccination with good immunization coverage; nutritional supplementation for children under 5 and other vulnerable groups control of communicable diseases and epidemics; and implementation of reproductive health measures and public health surveillance.

Nutrition

All the activities carried out during the year 2016, focused on prevention and reduction of prevalence of malnutrition and anemia with particular emphasis on awareness-raising, education, and communication, with the goal of achieving behavioral change in food and nutrition. AHA, has further strengthened acute malnutrition management activities according to the national protocol. Moreover, AHA has systematically and regularly reinforced the nutritional surveillance system at all health and community levels, with strategies for the prevention and treatment of diseases that aggravate and cause malnutrition.





HIV/AIDS

During 2016, particular emphasis was placed on sensitization and communication in order to achieve effective change in HIV behavior (healthy sexuality, knowledge of HIV status, etc.). Each communicable disease department camp (CDC) has voluntary counseling and testing (VCT) which are accessible and confidential.

In terms of therapeutic management of people living with HIV/AIDS (PLWHA), AHA has ensured, to all patients, treatment access to prophylactic (cotrimoxazole) and sexually transmitted infections (STIs).



Achievements in 2016

Immunization coverage was at 97.7% for all camps

1240 assisted deliveries conducted

4608 patients were transferred for secondary and tertiary care

Surveillance system for epidemic-prone diseases has been set up in all camps and transit sites

Each camp CDS has a core laboratory in accordance with WHO standards

Community outreach programme was conducted, aimed at reducing social marginalization and stigmatization of people with psychiatric disorders

Successfully celebrated World Mental Health Day

AHA has developed school medicine especially at nursery school level (washing hands, cutting nails, doing personal hygiene and dressing)

The biological monitoring, in particular the determination of the CD4 count, the polymerase chain reaction (PCR) for children born under the prevention of mother-to-child transmission (PMTCT) programme was ensured

1897 awareness sessions, including 945 at the health center and 952 at the community level, were conducted with 311,816 participations

100% of PLWHAs had access to prophylactic health care, antiretroviral therapy (ARV) treatment and biological monitoring

AHA Cameroon

Since the commencement of its operation in 2010, AHA Cameroon in partnership with the UNHCR and the support of the government of the Republic of Cameroon has been delivering comprehensive health care, nutrition, and infrastructure development services to refugees.

During 2016, AHA collaborated with WFP concerning the blanket supplementary feeding Programme and the targeted supplementary feeding programme in the East Region particularly in the Kadey Department.

It is currently providing assistance for refugees from Central African Republic (CAR) integrated within primary health care services in the 13 villages and settlements in the Kadey departments. These services are also extended to the local population; Gbakim, Mboumama, Toktoyo, Gbiti, Kole, Nyabi, Mbile, and Kentzou are amongst the 13 villages inhabited by CAR refugees.



Area of Operation:

East Region

Total population of Concern:

172, 985 Refugees

Country of Origin:

Central African Republic

Health Care

AHA has continued its routine activities in the respective supported health facilities in order to improve the population access to quality health care. In 2016, the overall goal was to reduce the mortality and morbidity achievable by improving health care services.

Reproductive Health and HIV

In the domain of reproductive health, AHA's overall goal is to increase the rate of child birth attended by trained personnel at the FOSA level. The fight against HIV/AIDS has been strengthened in the community as well as in voluntary counseling and testing (VCT) services and in medical and psychosocial care.



Nutrition

Community based prevention of acute malnutrition and the introduction of good infant and young child feeding practices (IYCF) are the two objectives for improving the nutritional well-being of beneficiaries.

In 2016 strengthened the capacity of health care workers, conducted community awareness on pre defined malnutrition and sensitised the comunity on the early detection of signs of malnutrition.







Achievements in 2016

Constructed 3 incinerators (CSI Guiwa, HD Betare Oya, HD Yokadouma) and waste areas in 16 integrated health centers

78.9% deliveries have been assisted by a qualified health professional

154 community health workers were trained on epidemiological surveillance

192 community health workers participated in training on community-based management of acute malnutrition.

Rehabilitated the central building of Mbounou Health Center

The hygiene committees at the level of all the health facilities have been enhanced

Strengthened active screening and referral of cases to care facilities

Facilitated refilling of antiretroviral therapy (ARVs) for patients in remote areas of the UPECs

Trained heath workers on the revised national protocol with the objective of accompanying the structure of nutrional care

AHA Djibouti

AHA began its operation in Djibouti February 2015.AHA provides primary health care; nutrition; reproductive health and HIV/AIDS prevention services to over 25,744 refugees and asylum seekers in the Republic of Djibouti. AHA runs three 24 hour clinics (Ali Addeh refugee camp; Holl refugee camp; Markazi refugee camp) and one outpatient clinic for urban refugees in Djibouti Ville.

Area of Operation:

Ali Addeh Refugee Camp; Holl Holl Refugee Camp; Markazi Refugee Camp

Total Population of Concern:

25,744 (Refugee and asylum seekers)

Country of Origin:

Somalia: 13,077
Yemen: 3,777
Ethiopia: 7,759
Eritrea: 1,071
Other Countries: 60



Programmes

Health care

AHA provides services through three health centers with inpatient, laboratory, pharmacy and maternity units and through an urban clinic with outpatient facilities. In 2016, 100% of refugees and asylum seekers based in the camps and in urban settings had access to primary healthcare services.

Reproductive Health and HIV services

All persons of concern had access to comprehensive reproductive health services in the camps and in Djibouti city, which included antenatal and postnatal care, family planning, prevention of mother-to-child transmission, and HIV testing. A total of 3,965 persons accepted voluntary counseling and HIV testing.



Nutrition

AHA continued to ensure refugees in the camps had access to nutrition services which included: the out therapeutic feeding programme (OTP) for severe acute malnutrition without medical complications; the stabilization center (SC) for SAM with medical complications; the supplementary feeding programme for pregnant and lactating women and moderately malnourished children under the age of five



Achievements in 2016

Consultation days increased from one day per week to five days per week

Over 38,000 patient consultations took place at all AHA health centers

Successfully managed the emergency influx of refugees from Yemen without any incident of preventable mortality;

Successfully reduced the global malnutrition rate in the refugee camps by provision of supplementary fortified foods in addition to UNHCR and WFP's supplies

Over 4,400 laboratory tests were performed at the camp level and some 1,700 patients were hospitalized

Successfully managed an acute watery Diarrhea outbreak with zero mortality

Established a camp based TB confirmation programme in Ali Addeh Camp

Successfully implemented partial integration of the refugee health care into the national health programme in Obock with an overall integration in discussion with the Ministry of Health

Introduced psychosocial support programmes with special emphasis on mentally challenged persons, people living with disabilities and newly displaced persons

The Global Acute Malnutrition decreased in all three camps to an internationally acceptable rate of below 10%

95.8% of pregnant women accepted HIV test during their first antenatal care

AHA Ethiopia

Africa Humanitarian Action started work in Ethiopia in 1997. Our operation has focused on family planning, reproductive health and capacity development since 1999-2016 in Oromia and SNNP regional states, and provision of various humanitarian services/ assistances in Afar and Somali regional states, since 2007.

Area of Operation:

SNNPR- Wolaita, Gamo Gofa, Hadiya, Kembata Tembaro, Sidama and Gedewo zones (covering a total of 28 Woredas)

Afar Region - Aysaita and Barahle refugee camps, and

Somali Region - Bokolmanyo, Kobe, Helowein, Melkadida and Buramino refugee camps, in Dollo Ado Woreda of Liben zone

Total Population of Concern:

1,231,920 SNNPR Communities,

20,662 Eritrean Afar Refugees and asaylum seekers

217,139 Somali and Yemeni Refugees and asaylum seekers

Country of origin

Eritrean Afar Refugees in Aysaita and Barahle RCs - From Eritrea

Somali and Yemeni Refugees in Dollo Ado RCs - From Somalia and Yemen



Programmes

Health Care

In 2016, AHA has continued to provide community based health programmes in SNNPRS. The programme focuses on family planning and reproductive health issues which were implemented in 28 Woredas in SNNPRS. As part of the awareness raising and sensitization efforts, various home to home visits were made and community dialogue sessions were facilitated by health extension workers and the Woreda health experts.



WASH

The WASH programme in Aysaita ensures the accessibility to water, and communities are protected from health risks. AHA has constructed and maintained sanitation facilities; upgraded water supply system; conducted awareness creating education and campaigns, on sanitation and hygiene.



HIV/AIDS

The HIV/AIDS programme in Aysaita and Barhale focuses on strengthening and improving services through sensitization and awareness creating education. Several community conversation and debates on HIV/AIDS were held.

Activities in 2016 included the participation of refugees and concerned stakeholders on prevention, organizing anti-AIDS club, and in conducting review and coordination of meetings.

SGBV

AHA works to reduce the incidence of SGBV and ensure the wellbeing of SGBV survivors. Refugees and local host communities are trained and sensitized about the negative impact of SGBV. Reporting and support mechanism are also put in place to protect victims from intimidation.



Shelter

Providing shelter is one of AHA's priority programmes in Barhale Afar and Dollo Ado refugee camp in Somalia region.

AHA constructed rehabilitated and maintained existing transitional shelters in 2016.





Pre-school Children and Adult Education

AHA reaches out to communities by delivering safe learning environment for early child & adult education. Trainings to pre-school and adult education teachers were conducted; children were given uniforms; outdoor games and feeding service for pre-school children were facilitated; and teaching aid materials for early childhood and adult education were provided.

Child Protection

Child Protection programme in Aysaita and Barhale established appropriate and functional procedures for child protection. In the reporting year, AHA provided materials for child friendly hall and counseling on child protection issues; conducted best interest assessment (BIA) for children at risk through involving concerned parties; and involved refugees and concerned stakeholders on child protection programmes



Achievements in 2016

Strengthened the capacity of health extension workers and health development army

159,870 home visits and community dialogue sessions on education, counseling and contraceptive distributions conducted

787 health workers were provided with basic and refresher trainings/ capacity building

4571 sessions used for Monitoring and Evaluation events

1,112 Health Development leaders provided capacity building trainings

7 Family latrines maintained

3,300m pipes have been installed and operational

16 tap stands constructed and maintained

1,000 persons educated on SGBV through various events

72 survivors provided material assistances

17 participants provided school based and mass awareness raising

23 traumatized children provided individual counseling services

HIV/AIDS prevention, control and protective reproductive health services improved

Transitional shelters constructed & provided to refugees

639 & 235 Pre -school and adult Students enrolled respectively

AHA Liberia

Africa Humanitarian Action's operation in Liberia commenced in 2004. Since 2012, AHA has been working as an implementing partner for UNHCR focusing on health programmes benefiting Ivorian refugees residing in refugee camps in Liberia. In 2016, besides implementation of health, nutrition and reproductive health projects; AHA was awarded with additional project portfolio of water, sanitation and hygiene (WASH) to implement across three refugee camps in Liberia.



Area of Operation:

Nimba, Grand Gedeh and Maryland Counties (Bahn, PTP and Little wlebo refugee camp)

Total population of Concern:

31,916 (Refugees and asylum seekers)

Country of origin

Cote d'ivoire: 29,840,
Sirealeeon: 875,
Mixed nationality: 92,
Asylum Seekers: 69
Other PoC: 1540

Programmes

Health Care

The health care programme aims to improve the quality of primary health care services delivered from camps clinics; prevent and control communicable diseases and epidemics; improve childhood survival; provide quality mental health services; and facilitate access to secondary and tertiary health care through referral services. Activities were also undertaken to ensure effective implementation of diagnosis and management of cases in the clinics following standard case definitions and treatment guidelines (*Ref: Case Definitions from HIS*), rational use of medicine (*Ref: UNHCR Drug Management manual*) and community based health promotion activities.

Nutrition

The nutrition program provides supplementary feeding for moderate malnutrition and outpatient therapeutic feeding for severe acute malnutrition cases. The implementation strategy for prevention and control of under nutrition and micronutrient deficiencies was directed towards promoting practices that may have positive nutritional outcome such as strengthening infant and young child feeding programme, adapting techniques for preparation and consumption of locally available foods. In this regard, community based support network was established. With the collaboration of MoH, WFP and UNICEF, severe and moderate acute malnourished children were properly managed.



Reproductive Health and HIV services

Comprehensive reproductive health as well as HIV/AIDS services is available in all clinics. Selected staffs are trained to provide ante-natal, delivery and post-natal care and comprehensive HIV/AIDS prevention, care, treatment and support to the population of concern.

WASH

WASH activities are directed to address cultural and social needs of the population and ensure minimum standards are met. Through WASH programme, quality and quantity of water and sanitation are enhanced to reduce the likelihood of negative impact on protection and health status. The community is involved and mobilized at every stage of sanitation programming and community led total sanitation is implemented. Technical guidance is provided to refugees to repair and maintain sanitation and hygiene facilities.



Voluntary Repatriation

Repatriation was among the priority activities in 2016. A facilitated voluntary repatriation was conducted from the community and camp. AHA medical team arranged an outreach team to ensure medical screening and Yellow fever vaccination to all refugees registered for voluntary repatriation.

With an objective of "safe and dignified return to the country of origin", AHA conducts medical screening within twenty four hours before repatriation.

Capacity Building

A series of training are conducted in all the three locations to build the capacity of the staff in particular the national staffs. Various trainings were conducted on; comprehensive HIV/AIDS patient treatment and care; comprehensive outreach health services; nutritional screening; family planning; neonatal resuscitation; and IPC training including the standard and quality service training. Capacity building measures were also taken for WASH staff and hygiene promoters to improve their skills and provide quality services.





Achievements in 2016

Expanded the coverage of the emergency health care and services

Improved the experience and the technical capacity of staff

Primary health care facility established and functional 24/7

99.3% of the deliveries were in health facilities with trained medical staff assistance

All OPD and other departments have treatment protocols readily available

The level of stigma and discrimination on HIV positive patients declined through provision of health education

The referral mechanism has been strengthened in all operational counties

Immunization coverage was 100% in all three camps
163 clients are on ART and CPT

32,590 PoC have been reached with health education

A total of 65,648 PoC were consulted during the year 2016.

Nutritional screening for children of age under five, pregnant and lactating women is carried out on a daily basis

99.3% of the deliveries were in health facilities with trained medical staff assistance.

AHA Namibia

AHA has been operational in Namibia starting 2001. Until 2005, it has provided health care services to the population of concern.

Since 2006, AHA-Namibia has been involved in different programmes including WASH, Ware house and food distribution, shelter construction and maintenance, community development and youth activity services, agroforestry and crop production, and income generating project.

Area of Operation:

Osire refugee settlement, Namibia

Total Population of Concern:

3,565 Refugees

Country of Origin:

70% from Democratic Republic of Congo (DRC)

20% from Burundi

10% from different African countries



Programmes

WASH

Through WASH programme AHA is responsible for the supply of sufficient quantity of safe drinking water and maintenance of the water system in the settlement. The programme also ensures clean healthy and acceptable sanitation for persons of concern on progress with shelter.

Agro Forsetery

Forestry and crop production is practiced to combat all effects of desertification activity and to help persons of concern meet part of their subsistence needs. Food security project improved household income by producing food crops from backyard garden.

Logistics

The logistic unit is responsible for warehouse management. Activities include the receipt, safeguarding, and distribution of food and non-food items such as kitchen utensils, mattresses, blankets, kerosene etc. Supply of food and non-food items are distributed to new arrivals according to the week they present themselves.

Shelter

The objective of the programme is to render overall shelter support to new arrivals and population of concern in the settlement. AHA is responsible for assessing the situation of housing and distribution of materials to persons-of-concern (PoC) in the settlement. Shelter materials are mainly distributed to new arrivals in order to help them build their own houses. Vulnerable and single mothers are assisted by the shelter team to build their houses.

Capacity Development

The programme provides and strengthens psycho-social support to all persons of concern in the settlement. It renders service to persons in need; mainly, teenage mothers, children, mentally challenged, unaccompanied minors, and people with special needs.It facilitates youth participation in all youth activities like sport, meetings and community outreach events. It also promotes gender equality and prevention and response to sexual and gender based violence (SGBV).



Achievements in 2016

587 new arrivals received shelter on arrival

All refugees have access to a water tap not more than 50mt distance on average

All new arrivals receive food and non-food items upon arrival

Every refugee with a ration card received food (full basket) every month

Non-food items, Soap, and paraffin distributed to all refugees with a ration card

Every women in reproductive age received sanitary kits

The community has access to counseling unites

Every youth has access to be entertained in youth center

Supported people with specific needs

Provided school bags and shoes for children, T-shirts and underwear for the elderly

Staff training was conducted twice in the year

AHA Rwanda

AHA has been working in Rwanda since 1994. Currently, it's providing service to Congolese and Burundian refugees in Kiziba, Kigeme, and Mugobmbwa refugee camps; in areas of health care, nutrition, relief and recovery, and HIV/ AIDS prevention.

Area of Operation:

Congolese refugee camps (Kiziba, Kigeme & Mugombwa),

Urban areas (Kigali &Huye),

Transit centers (Nkamira, Nyarushishi), Refugee Camps (Bugesera,Nyanza)

Total Population of Concern:

175,000 (Refugees)

Country of Origin:

75,000 from DRC

100,000 from Burundi



Programmes

Health and HIV/AIDS

AHA works in three protracted Congolese refugee camps (Kiziba, Kigeme and Mugombwa); two reception centers for new arrivals from Burundi (Bugesera and Nyanza); two transit centers to receive Rwandan returnees and urban refugees in Kigali city and Huye town.

AHA provides comprehensive standard primary health care services, to refugees in the camp with qualified national health professionals. PLHIV in Kigeme, Kiziba and Mugobmwa refugee camps are all on ART treatment according to the new MoH protocol.

Nutrition

The programme seeks to improve the health and nutritional status in the three different camps. During the year 2016, an acceptable level of global acute malnutrition (GAM) rate below 5% was recorded. There was also a low level of acute malnutrition in all the three camps according to the 2016 standardised expanded nutrition survey (SENS).

Relief and Recovery

In 2016 a rehabilitation center was constructed in Kiziba camp, with the help of Julia Taft fund via American Embassy. Few people have been beneficiaries of the center's services, and have received leg and arm prostheses and orthopedic shoes. This center will be handled by the association of people with disability, and alternatively used as an income generating source and community-based physiotherapy center.





Achievements in 2016

41,237 cases from Kigeme, 52,521 from Kiziba, and 28,613 from Mugombwa received standard curative services.

All safe maternal health services are provided at the camp

12,603 basic laboratory tests were conducted for both Burundian and Congolese refugees living in Kigali

Inaugurated rehabilitation center in Kiziba

Prevention of mother-to-child transmission and voluntary counseling and testing services were available and accessible for all

The Measles vaccination coverage was >95% in most of the sites

There was a low level of acute malnutrition in all the three camps according to the 2016 SENS

Anemia prevalence among children 6-59 months was below the WHO critical in all 3 camps.

The stunting prevalence decreased below the serious threshold of 30% among all 3 camps.

Special clinics were organized for non-communicable diseases (1,605 patients).

Cervical screening program has been operational in all the three camps

No maternal mortality in all the project sites

AHA South Sudan

AHA has been operational in South Sudan, Abiemnhom and Pariang Counties – Ruweng State, since 2013. The populations of concern are refugees from the Sudan in Ajoung Thok refugee camp, the host community in the vicinity of the refugee camp and Internally Displaced People (IDPs).

Area of Operation:

Ajoung Thok Refugee Camp, Panriang East County, Ruweng State

Total Population of concern:

56, 669 (Refugees, IDPs and Host Community)

Country of Origin:

Refugees from Sudan: 36,169;

Host community: 10,000; and

IDPs: 10,490



Programmes

Health and Nutrition

In Ajoung Thok, AHA intervenes to improve the health status and nutritional well-being of the refugees and of the host community population through the provision of comprehensive curative and preventive primary health care.

Reproductive health services are provided through, ANC, post natal Care, delivery, post-abortal, family planning, prevention of mother to child transmission, clinical management of SGBV, and expanded programme on immunisation.

The nutrition programme provides, blanket supplementary feeding programme (BSFP), targeted supplementary feeding programme (TSFP), out-patient therapeutic programme (OTP), stabilization center and malnutrition prevention through mother support groups and infant and young child feeding (IYCF) counseling.

Capacity Development

AHA builds capacity through on job training of its national and refugee staffs, including training on help baby breath, PMTCT, HIV/STIs prevention and provision of youth friendly services. Through BPRM funding, a training department for health workers has been established and 28 (11 Nurse Assistants, 8 Midwife Assistants, and 10 Laboratory Assistants) have been enrolled. Through funds secured from BPRM, AHA also expanded its health care services by introducing a mental health care Unit and equipping the health facilities.



SGBV

AHA mitigates sexual and gender based violence by raising awareness and promoting positive social norms through improved behavioral change communication (BCC) and community advocacy.
In 2016 AHA organised life skill education, conducted training on adolescent youth friendly sexual reproductive health (AYFSRH) to reduce teenage pregnancy, and comprehensive SGBV clinical care to strengthen the clinical management of rape survivors.

HIV/AIDS

AHA promotes HIV/AIDS prevention programmes through training of staff on HIV, TB and PMTCT; clinical management of rape; community awareness raising; condom promotion and distribution and provision of post exposure prophylaxis to rape survivors within 72 hours.
In addition, PMTCT services initiated in 2015 reached 100% coverage in 2016. TB diagnosis and treatment was also introduced in 2016.



IDPs Protection and Integration

In Abiemnhom County, AHA intervened in camp management coordination and protection projects to improve the living conditions of IDPs by enhancing and ensuring multi-sectoral assistance and facilitating protection environment. In Pariang, AHA implemented IDPs integration project by facilitating stakeholder joint assessment and planning sessions to identify quick impact projects that would foster peaceful coexistence between the IDPs and the host community; conducted workshops to build up the capacity of the County Authority and its relevant departments and IDPs and host community representatives on rights of IDPs such as access to land and other services. SGBV referral pathwayand community support network training with the aim to empower community self-support structures was also conducted.AHA Schools and health facilities were also rehabilitated/constructed and handed over to the community.





Achievements in 2016

Implementation of integrated community cases management (iCCM) project to treat the three main childhood illnesses (malaria, diarrhea and pneumonia) at community level within 24 hours of illness onset

A total of 12,969 under-5 children, including 4,934 with high fever, 3,053 with diarrhea, and 4,982 for pneumonia have been treated in the community, and 158 were referred to the health facility for further management

59,600 (90% refugees) consultation sessions were carried out and 3,115 (2,201 or 71% refugees) patients were admitted

Number of patients per clinician per day decreased progressively from 70 in 2014 to 61 in 2015 and 40 in 2016

100% facility based delivery

Morbidity rate reduced noticeably from 47/1,000 to 30/1,000 population

Prevalence of acute malnutrition at 4.3% recorded in all camps below the WHO threshold of 5%

ANC coverage increase from 68% in December 2015 to 81% in December 2016; and contraceptive prevalence rate from 17.1% to 22% in the same period

Introduced mental Health Care, minor surgery and dental care units

Launched a one year health workers training school in midwifery, laboratory and nursing

Resources mobilization increased from $2,697,280 in 2015 to $3,416,260.07 in 2016

AHA Sudan

AHA has been engaged in basic humanitarian service by offering emergency relief through general food distribution (GFD) and milling vouchers to internally displaced peoples (IDPs) expressly in Shangal-Tobay/ Shadad IDPs camps for the last 13 years. Similar support had been initiated at Korma IDPs new settlement since 2014 & seasonal distribution of food ration to host communities in various conflict hit and drought affected localities.

Area of Operation:

Sudan, North Darfur
(Shangal-Tobay/ Shadad camps, Korma IDPs settlement)

(Al Fasher rural, Dar-Al Salam, Kafot, Kuma, Jogo-Jogo, Tara, Umkedada, Umdam and Umarahik host areas and

Karnoi locality in (Dar Zagawa administrative unit)

Total Population and Country of Origin:

Returnees:
29695 Sudanese citizen, previously fled to Chad

IDPs:
41144 Sudanese, 4807 new displaced persons & 1034 disarmed, demobilized and reintegrated (DDR) members of some former rebels

Host community:
185652 individuals various localities in North Darfur, Sudan.



Emergency Relief and Recovery

During the year 2016, general food distribution (GFD), emergency (EFD) & seasonal food support (SFS) continued to be provided. To this effect, a total of 9468.79 MTs was distributed to IDPs camps and DDR sites. While the general food distribution to the permanent IDPs in Shangal-Tobay and Shadad camps decreased in 2016, it continued as usual in Korma IDPs camp. Emergency food distribution (EFD) was carried out in the above mentioned localities to support the newly displaced peoples from Jabal Marra areas due to upsurge of conflict between the armed and resident community. The seasonal food support was distributed to various villages and towns in (Kuma, Umkadada, Dar Al Salam) and El Fasher rural to support the drought affected community.

WASH

The WASH project was started with UNICEF last quarter of the year; after completion it has been providing safe water supply to IDPs and surrounding host communities. Similar project was implemented with the support of UNHCR assisting returnees and host communities at Dar Zagawa (Karnoi locality)

Capacity Development

Community sensitization, training of water management committee, and technical training on maintenance of the water points were provided. Integration with all relevant government sectors and the beneficiary community has helped to carry out the tasks according to the objectives and registered a remarkable result.





Achievements in 2016

Distributed 9468.79MT food ration as emergency, general and seasonal support with achievement of 99.7%

Construction of the 1st primary School at Karnoi town, Karnoi locality- North Darfur

Construction of primary school (6 classes and 3 offices) with latrine (6 stalls) in Haramba village in Karnoi locality.

Constructed Police post at Karnoi town

Rehabilitated and upgraded water points.

Rehabilitation of 5 mini water yards (1 at Korma IDPs settlement, 2 in Abogamra, 1 in Tugai, and 1 in Karnoi town),

Upgrading of 6 hand pumps to mini scheme water yards (1 at Korma IDPS settlement 1 in Abogamra, 1 in Gimeria Elkhalwa, 1 in Ed-Elkhir, 1 in Shartabaand 1 in Bajorba in Karnoi locality) which was completed 100%

Drilling and installation of new 9 hand pumps (3 in Abogamra, 1 in Bajorba, 2 in Ed-Elkhir , 1 in Gimeria Elkhalwa 1 in Dwabi and 1 in Haramba) where the achievement was 100%

AHA Uganda

Since its set up in Uganda in 1995, Africa Humanitarian Action has provided comprehensive primary health care services in Adjumani District. Currently it operates in Kyegegwa district and Kamwenge district providing health care services to refugees and host communities

Area of Operation:

South West, Uganda

Kyaka II Refugee Settlement, Kyegegwa District

Rwamwanja Refugee Settlement, Kamwenge District

Total Population of Concern:

131,413 (Refugees and Host Communities)

Country of Origin:

Congolese Refugees: 89,431

Host Communities: 42,000



Programmes

Health, Nutrition and HIV/AIDS

Health services are provided through AHA health centers as well as through community engagement using the village health teams (VHTs) in the refugee settlements. AHA used its technical health team of 157 clinical staffs to provide OPD consultations, IPD admissions, laboratory testing, HIV care and counseling, nutrition and reproductive health care.

The nutrition programme with support of WFP kick started the Mother-and-child Health Nutrition in April 2016, which boosted attendance of mothers and children to MCH services.

AHA continues to provide support for HIV Risk reduction, prevention, and care/treatment services to populations in Kyaka II and Rwamwanja refugee settlements and host communities in Kyegegwa and Kamwenge District. With the support from UNICEF CERF funding, AHA has improved PMTCT and HIV prevention activities, where a total of 2089 clients were in attendance at the AHA's Art Clinics in Kyaka II and Rwamwanja.



SGBV

AHA has been implementing SGBV since 2013 in Kyaka II and Rwamwanja refugee settlements with the support of BPRM funds. This project intervention has enhanced the knowledge, attitudes, and practices of refugees at various levels. The project was able to sustain gains through community empowerment involving active community participation and contribution. It has also uplifted the understanding of SGBV prevention and mitigation on part of stakeholders.



Achievements in 2016

On average, 30 mothers monthly were operated surgically at AHA's operation theatre.

30,000 mosquito nets were distributed and hanged

With support of the district health office (DHO), EPI was done at both the H/Cs and community level through the functional VHT system.

The programme launched a pilot on use of renewable energy through distributing solar cookers to 40 women households

Organized a first of its kind, talent identification event in both settlements with support of local celebrities

Provided functional skills training to youth groups and establishes IGA schemes for youth center

Piloted and promoted model homesteads to ensure privacy and reduce SGBV in communities





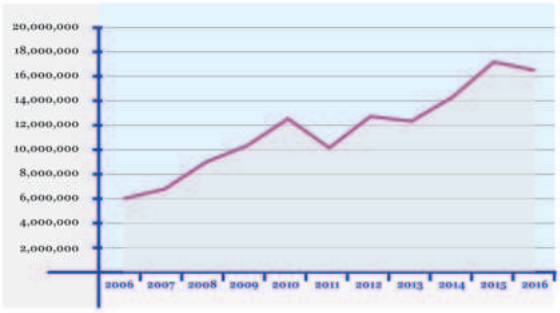
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A refugee mother in Ajoung Thok Refugee Camp, South Sudan

Funding & Finances

Annual Income 2006 - 2016 in USD

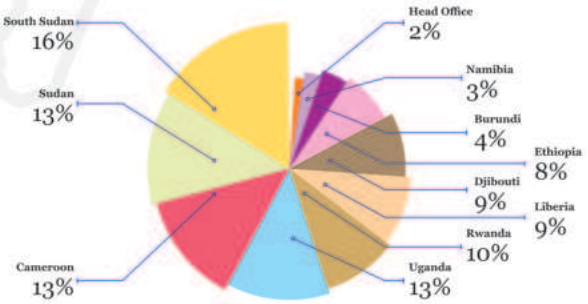
Year	Annual Income 2006-2016
2006	5,995,986.00
2007	6,798,846.00
2008	9,006,981.00
2009	10,364,921.00
2010	12,585,519.00
2011	10,184,491.00
2012	12,774,818.00
2013	12,380,479.00
2014	14,419,184.00
2015	17,263,882.00
2016	16,561,615.68
	128,336,722.68



Income & Expenditure for 2016

Country	Income $	Expenditure $
Burundi	712,798.45	782,497.01
Cameroon	2,170,989.00	2,122,253.00
Djibouti	1,472,716.00	1,459,680.00
Ethiopia	1,339,787.77	1,339,787.77
Liberia	1,535,494.10	1,535,355.27
Namibia	447,468.70	445,827.20
Rwanda	1,608,614.00	1,608,614.00
Sudan	2,143,899.48	2,218,066.61
South Sudan	2,661,072.31	2,661,072.31
Uganda	2,152,673.13	2,050,185.21
Head office	316,102.74	314,844.77
Total	16,561,615.68	16,538,183

Income 2016 Proportion to Global budget



Auditor's Reports Sample



AFRICA HUMANITARIAN ACTION(SUDAN OFFICE)

We have audited the Receipt &Payment Account Of **Africa Humanitarian Action (Sudan office)** Which has been prepared under the historical – cost conventions and the accounting policies.

Respective responsibilities of Directors and Auditors:-

The Organization is/are responsible for the preparation of financial statements, it is our responsibility to form an independent opinion based on our audit on these statements, and to report our opinions.

Basis of Opinions:

We conducted our audit in accordance with accepted auditing standards. Our audit includes examination on a test – basis of evidence relevant to the amount and disclosures in the financial statements.

We planned and perform considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement whether caused by fraud, error or other irregularities.

Audit Opinions:

In our opinion the Receipt &Payment Accounts give a true and fair view of the **Africa Humanitarian Action (Sudan office)**, as at 31-12-2016.

Al Bashir E.M.
Accountant & Certified Auditor



pwc

Independent auditor's report

To UNHCR IP365, Geneva,
Name of the country of operation: Ethiopia
Period covered by the audited Project Financial Report submitted by the Partner:
Year ended 31 December 2016 to end of liquidation period (31 January 2017)
Project name: Assistance to Eritrean Refugees in Ethiopia
Project number: 581

Opinion

We have audited the accompanying Project Financial Report for the above-mentioned project provided by the Africa Humanitarian Action which comprises the cash receipts and disbursements as well as instalment payments between the contractual parties for the agreements as at 31 December 2016, including the liquidation period. The Project Financial Report ("PFR") has been prepared by management of Africa Humanitarian Action in accordance with the tripartite Partnership Project Agreement dated 4 February 2016.

In our opinion, the accompanying PFR has been prepared, in all material respects, in accordance with the modified cash basis of accounting described in section 3.0.

Basis for opinion

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

We are independent of the UNHCR and the Africa Humanitarian Action in accordance with the International Ethics Standards Board for Accountants' Code of Ethics for Professional Accountants (IESBA Code) together with the ethical requirements that are relevant to our audit of the PFR in Kenya, and we have fulfilled our ethical responsibilities in accordance with these requirements and the IESBA Code.

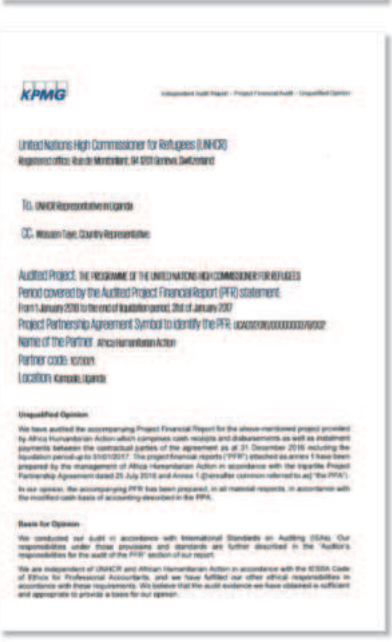
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of matter – Basis of accounting and restriction on distribution and use

We draw attention to the modified cash basis of accounting used in the preparation of the PFR and which is described in section 3.0 of this report. The PFR is prepared in accordance with the PPA to satisfy the financial information needs of the users of the financial statements.

As a result, the PFR may not be suitable for a purpose other than reporting on the contractual arrangements in the PPA. Our report is intended solely for UNHCR and should not be distributed to or used by parties other than Africa Humanitarian Action. Our opinion is not modified in respect of this matter.

PricewaterhouseCoopers CPA, Pwc Tower, Waiyaki Way/Chiromo Road, Westlands
P O Box 43963 – 00100 Nairobi, Kenya
T: +254 (0)(20) 3000 F: +254 (0)(20) 3000 www.pwc.com/fs



KPMG

United Nations High Commissioner for Refugees (UNHCR)
Registered office: Rue de Montbrillant, 94 1211 Geneva, Switzerland

To, UNHCR Representative in Uganda

CC, Mission Tzaei, Country Representative

Audited Project: THE PROGRAMME OF THE UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES
Period covered by the Audited Project Financial Report (PFR) statement:
From 1 January 2016 to the end of liquidation period, 31st of January 2017
Project Partnership Agreement Symbol to identify the PFR: UGA2016HQ0000000049002
Name of the Partner: Africa Humanitarian Action
Partner code: 101001
Location: Kampala, Uganda

Unqualified Opinion

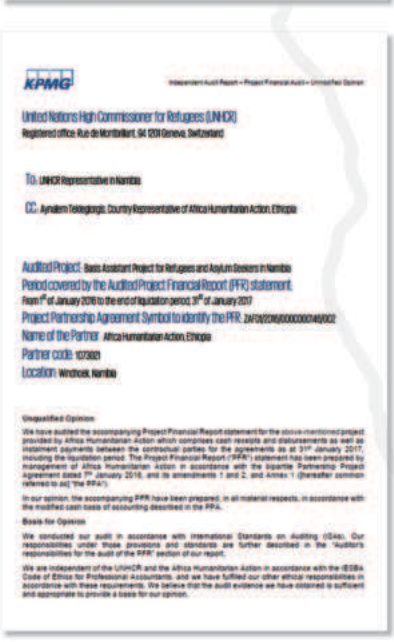
We have audited the accompanying Project Financial Report for the above-mentioned project provided by Africa Humanitarian Action which comprises cash receipts and disbursements as well as instalment payments between the contractual parties of the agreement as at 31 December 2016 including the liquidation period up to 31/01/2017. The project financial reports ("PFR") attached as annex 1 have been prepared by the management of Africa Humanitarian Action in accordance with the tripartite Project Partnership Agreement dated 25 July 2016 and Annex 1 (Hereinafter common referred to as) "the PPA").

In our opinion, the accompanying PFR has been prepared, in all material respects, in accordance with the modified cash basis of accounting described in the PPA.

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 PFR" section of our report.

We are independent of UNHCR and African Humanitarian Action in accordance with the IESBA Code of Ethics for Professional Accountants, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.



KPMG

United Nations High Commissioner for Refugees (UNHCR)
Registered office: Rue de Montbrillant, 94 1211 Geneva, Switzerland

To, UNHCR Representative in Namibia

CC, Ayalsem Teklegiorgis, Country Representative of Africa Humanitarian Action, Ethiopia

Audited Project: Basic Assistant Project for Refugees and Asylum Seekers in Namibia
Period covered by the Audited Project Financial Report (PFR) statement:
From 1st of January 2016 to the end of liquidation period, 31st of January 2017
Project Partnership Agreement Symbol to identify the PFR: ZAF/2016/60000000049002
Name of the Partner: Africa Humanitarian Action, Ethiopia
Partner code: 107303
Location: Windhoek, Namibia

Unqualified Opinion

We have audited the accompanying Project Financial Report statement for the above-mentioned project provided by Africa Humanitarian Action which comprises cash receipts and disbursements as well as instalment payments between the contractual parties for the agreements as at 31st January 2017, including the liquidation period. The Project Financial Report ("PFR") statement has been prepared by management of Africa Humanitarian Action in accordance with the tripartite Partnership Project Agreement dated 7th January 2016, and its amendments 1 and 2, and Annex 1 (thereafter common referred to as) "the PPA").

In our opinion, the accompanying PFR have been prepared, in all material respects, in accordance with the modified cash basis of accounting described in the PPA.

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 PFR" section of our report.

We are independent of the UNHCR and the Africa Humanitarian Action in accordance with the IESBA Code of Ethics for Professional Accountants, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Annual report 2016



Refugees at a AHA Health center, Ajoung Thok, South Sudan

AFRICA HUMANITARIAN ACTION

Take Action

Please join us in helping refugees, the internally displaced and others in need of humanitarian assistance such as survivors of war and natural disaster to start anew

Burundi
Burundi@africahumantiarian.org

Cameroon
cameroon@africahumantiarian.org

Djibouti
djibouti@africahumanitarian.org

Ethiopia
ethiopia@africahumanitarian.org

Liberia
liberia@africahumanitarian.org

Namibia
namibia@africahumanitiarian.org

Rwanda
rwanda@africahumanitiarian.org

South Sudan
south Sudan@africahumanitiarian.org

Sudan
sudan@africahumanitiarian.org

Switzerland
geneva@africahumanitiarian.org

Uganda
uganda@africahumanitarian.org

USA
usa@africahumanitarian.org

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

UBS Switzerland- Geneva
Case Postale CH- 1211
Geneva 2 Suisse
SWIFT: CBETETAA
BIC: UBSSWCHZH80A
IBAN: CH 5700279279D71055620
ACCOUNT NUMBER: 279-D7105562

Bank America
ACCOUNT NUMBER: 446009494857
ROUTING NUMBER: 052001633
SWIFT CODE: BOFAUS3N

Africa Humanitarian Action
P.O Box 100.code 12 50
Addis Abeba Ethiopia
Tel. +251 (0)11 660 48 00
Fax +251 (0)11 660 534 00

Africa Humanitarian Action

AFRICA HUMANITARIAN ACTION

Annual Report 2016



Refugees in Ajoung Thok, South Sudan