

ANNUAL REPORT 2017

AFRICA HUMANITARIAN ACTION

CREDITS:

AHA acknowledges the contributions (information and images) provided from staff members working in the Head Office, Country offices and in the Filed.
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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 during 2017.

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Africa Humanitarian Action

Africa Humanitarian Action (AHA) is a pan-African international non- governmental organization that provides effective humanitarian relief and recovery as well as 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 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.

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 programmes and outcomes. AHA embraces change and innovation 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 ensure quality and accountability to affected populations and to donors.





Vision

An African continent, whose own institutions 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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Amb. Teferra Shiawl, diplomat, Ethiopia
Mr. Yohanees Kifle, business leader, Ethiopia

Partners and Supporters

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)
Africa Union Commission (AU)
Baylor-Uganda
Cooperazione Internazionale (COOPI)
Dan Church Aid (DCA)
Danish Refugee Council (DRC)
Ethiopia Evangelical Church Mekane yesus (EECMY)
European Civil Protection and Humanitarian Aid Operations (ECHO)
Government of Burundi
Government of Cameroon
Government of DR Congo
Government of Ethiopia
Government of Kenya
Government of Liberia
Government of Namibia
Government of Rwanda
Government of South Sudan
Government of Sudan
Government of Switzerland
Government of the United States of America
Government of Uganda
Government of Zambia
International Council of Voluntary Agencies (ICVA)
International Medical Corps (IMC)
International Officer for Migration (IOM)
John Snow, Inc. (JSI)
Liberia Refugee Repatriation and Resettlement Commission (LRRRC)
Lutheran World Federation (LWF)
Norwegian Refugee Council (NRC)
Reproductive Health Uganda (RHU)
Special Emergency Activities to Restore Children's Hope (SEARCH
Swedish Refugee Aid
The Bureau of Population, Refugees, and Migration (BPRM)
UBS Optimus Foundation
UK Department for International Development
UN Children's Fund (UNICEF)
UN Economic Commissioner for Africa (UNECA)
UN Food and Agricultural Organisation (FAO)
UN High Commissioner for Refugees (UNHCR)
UN Officer for the Coordination of Humanitarian Affairs (OCHA)
UN Population Fund (UNFPA)
UN Women
UN World Food Programme (WFP)
UN World Health Organization (WHO)
US Agency for International Development (USAID)
World Bank

President's Message

AHA has been delivering health and other lifesaving services to forcibly displaced populations and vulnerable communities in Africa for well over two decades. In 2017, AHA continued to fulfil its obligations in accordance with the commitments it had made to target populations and supporters alike.

In the course of the year however, partnership constraints and resource challenges kept on escalating. Signs emerged that the time has come to make an across-the-board re-examination of our activities, organisation and resources. This exercise was deemed necessary in order to enhance AHA's longer term relevance and sustainability.

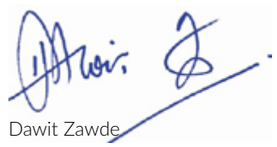
The purposes that stood out were: (a) to examine the validity of the service sector and choice of target populations (b) to rejuvenate and diversify our leadership base and enhance its participation in governance (c) to upgrade organisational management and staff qualities and (d) to resolve the long-standing concerns of securing programme and institutional funds.

After some analysis, I embarked on a course of action to test the waters internally and with our partners and supporters. In October 2017, I sent out an extensive query to the AHA family - governance, friends and senior staff - concerning the above and related issues and inviting opinions and advise. Responses are being received and considered. I have also tested some of our partners on aspects of our activities and organisation.

An opportunity arose with our longstanding partner and supporter, the UNHCR, which will enable us to undertake a robust joint review exercise to examine on-going programmes and to institutionalise capacity strengthening efforts. Similar approaches will direct our conduct with governments, and other valued partners such as the AU and AfDB, with a view to bolstering collaboration and ensuring continuity.

I intend to follow-up these initiatives through a set of further consultations. A final proposal on how AHA should proceed beyond its 25th anniversary will be submitted to the AHA Assembly of Trustees in 2019.

I envisage the forthcoming changes to include an alteration of my own role in the organisation, and I certainly count on the continued support of all those who have helped me to build and sustain AHA for nearly a quarter of a century.



Dawit Zawde

1994

AHA was founded in response to the ***Rwanda genocide***

1995

AHA began its operation in ***Angola and Uganda***, with ***healthcare*** 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 of ***widows***, ***handicapped***, and families caring for orphans.

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 ***organizational accountability*** and ***transparency***.

1999

AHA executed an emergency intervention in response to the ***Algerian Earthquake*** while initiating Family Planning/ ***Reproductive Health and HIV***/AIDS projects in 30 rural locations of Ethiopia.

2000

With a new determination for ***growth***, AHA called on financial support from larger institutions as it ***expanded*** seven 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

AHA continued to grow, providing services to the ***Democratic Republic of Congo, Republic of Congo, Republic of Guinea and Sudan***. In partnership with the African Union, AHA organised 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***, 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*** plan, and mobilized funds to respond to crisis in ***Somalia***.

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 ***healthcare*** 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 ***displaced populations*** and ***vulnerable communities***.

2015

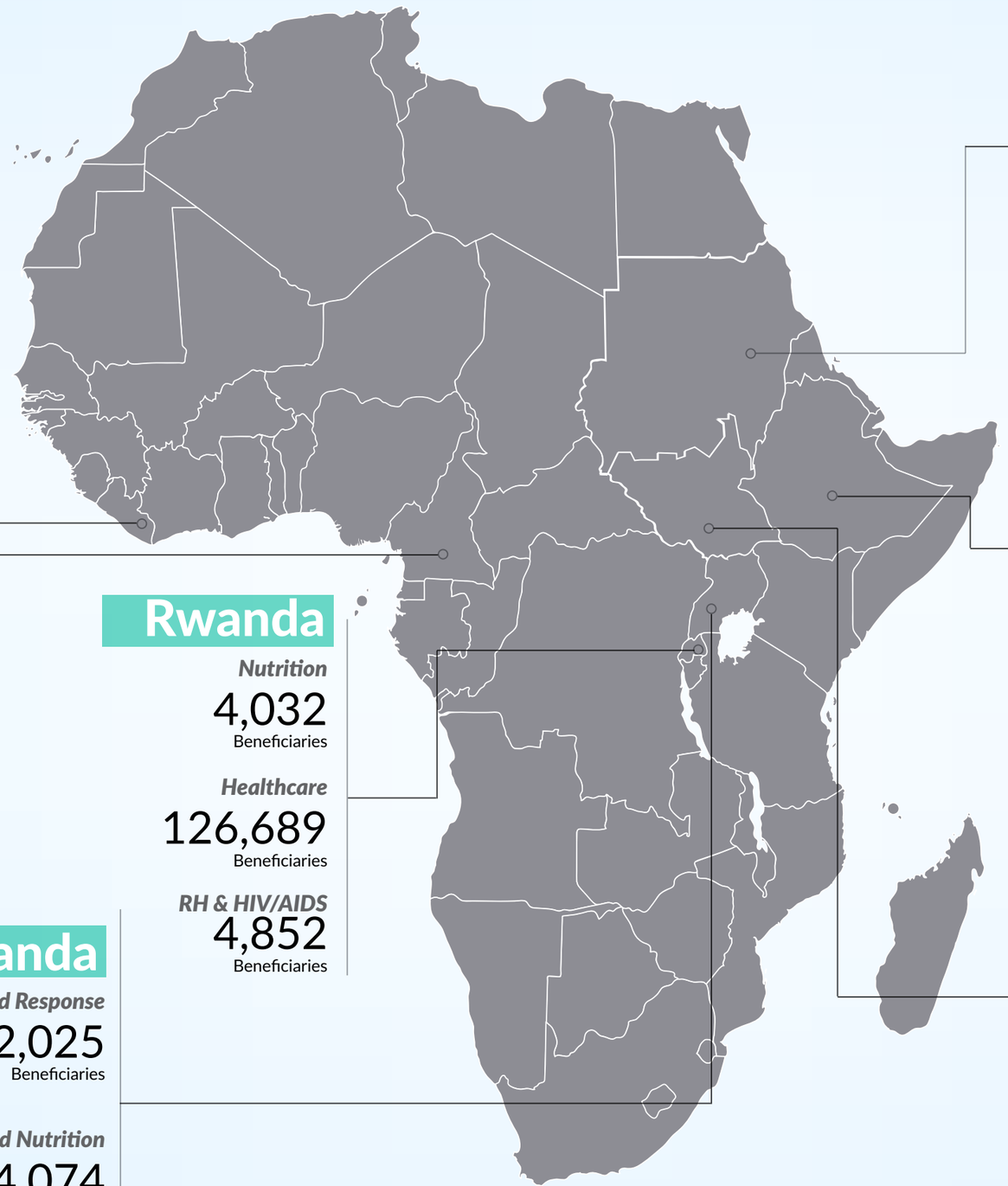
AHA expanded its operational foot print in the Republic of ***Djibouti*** to help with the influx of refugees from ***Yemen***.

2016

AHA secured registration in the United Republic of ***Tanzania***.

2017

AHA ***partnered*** with the US Center for Disease Control (***CDC***) & International Medical Corps (***IMC***) to build ***emergency health*** response capacity for ***large scale outbreaks***. AHA ***revamped*** its finance and procurement ***manuals*** and initiated an ***internal institutional review***.



Liberia

Nutrition
6000
Beneficiaries

Voluntary Repatriation
4700
Beneficiaries

WASH
16,720
Beneficiaries

Healthcare
39,751
Beneficiaries

Cameroon

Primary healthcare
186,669
Beneficiaries

Reproductive health and HIV/AIDS
17,171
Beneficiaries

Nutrition
56,984
Beneficiaries

Rwanda

Nutrition
4,032
Beneficiaries

Healthcare
126,689
Beneficiaries

RH & HIV/AIDS
4,852
Beneficiaries

Uganda

SGBV Prevention and Response
72,025
Beneficiaries

Health and Nutrition
154,074
Beneficiaries

Sudan

WASH
15,000
Beneficiaries

Protection and peaceful coexistence
60,000
Beneficiaries

Emergency Relief and Recovery
172,712
Beneficiaries

Ethiopia

WASH
13,798
Beneficiaries

Community services
48,474
Beneficiaries

Transitional shelter construction and rehabilitation
14,425
Beneficiaries

South Sudan

Nutrition
4,924
Beneficiaries

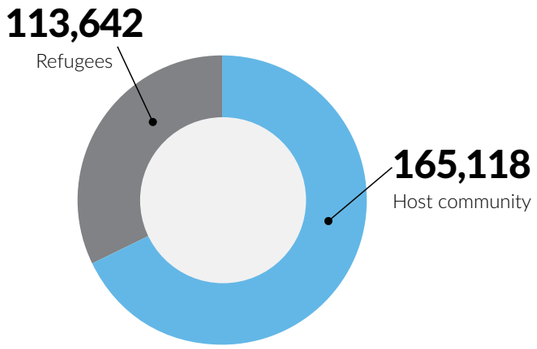
Mental Health and Psychosocial Support (MHPSS)
6,911
Beneficiaries

Primary Healthcare
46,071
Beneficiaries



AHA Cameroon

Total target population



Area of Operation

- Lolo, Mbile, Gado and Ngarisingo
- Health districts - Garoua Boulai, Betare Oya, Bertoua, Batouri, Ndelele and Yokadouma

Country of Origin

- Refugees – CAR
- Host community – Cameroon

Area of intervention

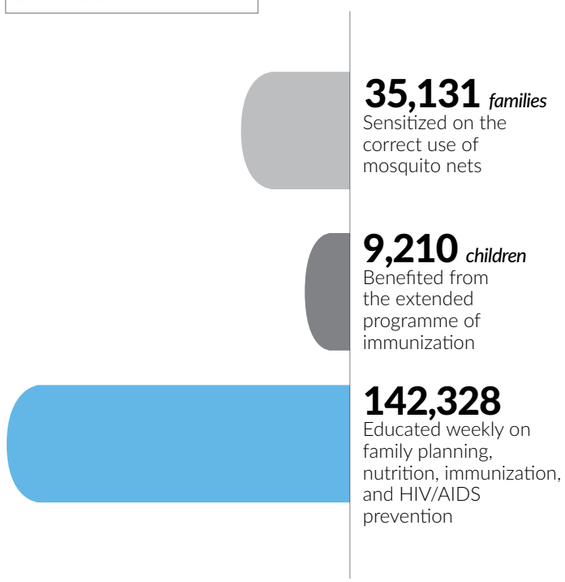
- Primary healthcare services
- Reproductive health, HIV/AIDS, and SGBV services
- Comprehensive nutrition package
- Mental Health and psychosocial support (mainly in the sites)
- Health infrastructure development



Achievements in 2017

Primary healthcare

186,669
Beneficiaries



Reproductive health and HIV/AIDS

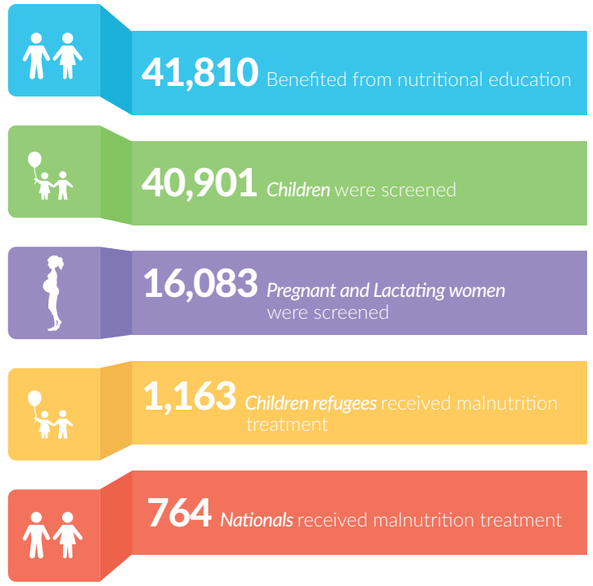
17,171
Beneficiaries



- Constructed ***maternity block*** with an operating theatre in ***Mandjou*** health center
- Trained government and AHA staff on basic emergency ***obstetric neonatal care*** training
- ***6,050 deliveries*** assisted by qualified health personnel
- ***12 SGBV*** cases have been received and managed effectively

Nutrition

56,984
Beneficiaries



AHA Cameroon intervention in East Region since 2010 has strengthened the technical capacity of government health facilities. AHA Cameroon supports directly 19 governmental health facilities- 1 regional Hospital, 4 district hospitals, 13 integrated health centers and 1 health post at Gado Site. Major interventions have been centered on primary healthcare services, comprehensive nutrition package, reproductive health including HIV-AIDS services and the development of health infrastructures. In the year 2017, AHA Cameroon finalised the construction of maternity block with an operating theatre in Mandjou health center, fully equipped with medical equipment. AHA Cameroon also trained and supported government health facilities to strengthen health systems and improve coverage of treatment for malnutrition.

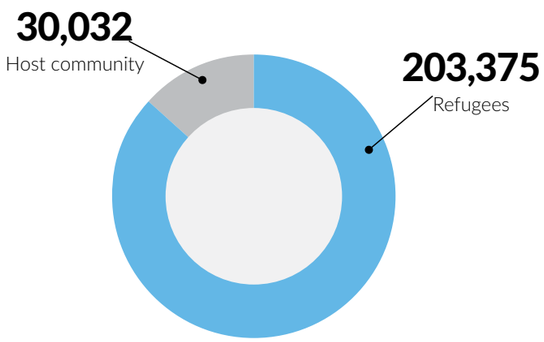
AHA's priority in 2018 focuses on:

1. Providing equipment for the remaining health facilities
2. Enhancing capacity in other domains, such as training on Malaria prevention and management, early tuberculosis (TB) screening and management, sampling and fixing of sputum on the slides for TB diagnosis (laboratory technicians), PMTCT
3. Strengthening the community health network by providing recreation and income generation activities to facilitate adhesion to different programmes.



AHA Ethiopia

Total target population





Area of Operation

- Afar- Asayta and Barhale refugee camp
- Somali- Dollo Ado and Boqolmanyo districts of Liben zone

Country of Origin

- Refugees- Eritrean Afar Refugees from Eritrea
- Host community- Somali Regional State

Area of intervention

- WASH (Asayta)
- Community services (Asayta and Barhale) SGBV and child protection, education, HIV/AIDS prevention
- Transitional shelters construction and rehabilitation (Somali and Barhale)

Achievements in 2017

WASH

13,798
Beneficiaries - 14% female and 86 % male

- Water supply structure maintained
- Household sanitary facilities/ latrines constructed
- Monthly environmental health and hygiene campaigns conducted
- Provision of transportation mechanisms for disposal household waste

Community services

48,474
Beneficiaries - 38% Female 62 % Male

30,035
Host community

18,439
Refugees

- Training conducted on sexual violence and harmful traditional practices
- Child protection committee members trained on alternative child care
- Uniforms provided to preschool children
- School compound including class rooms, fences and latrines maintained
- Sensitization campaign on HIV/AIDS conducted in the camp

Transitional shelters construction and rehabilitation

14,425
Beneficiaries - 43% Female 57% Male

- Persons of concern receiving transitional shelter increased
- Construction materials supplied for the construction of new shelters

AHA Ethiopia, in 2017, provided humanitarian services in refugee camps in the Afar and Somali Regional States. AHA established and strengthened its project coordination offices in all refugee camp sites by deploying the required technical and support staff.

The intervention has increased coordination and implementation of programmes. AHA further organized campaigns to provide education and offered sensitization on prevention, care, and treatment of HIV/AIDS, and the prevention of gender-based violence. These campaigns significantly reduced the incidence of SGBV.

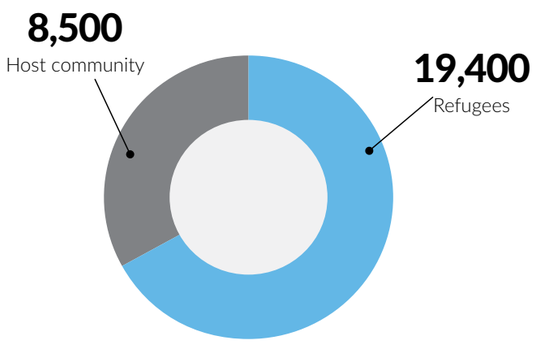
Refugees, in Bokolmanyo, Melkadida, Kobe, Helowein, and Barhale also benefited from the construction and provision of new transitional shelters. The transitional shelters have ensured protection and privacy particularly to primarytarget groups- women and children.





AHA Liberia

Total target population



Area of Operation

- Bahn camp, Nimba County
- PTP refugee camp, Grand Gedeh county
- Little Wlebo refugee camp, Maryland county

Country of Origin

- Refugees – Cote d'ivoire
- Host community – Liberia (10% of the total case load)

Area of intervention

- Healthcare
- Nutrition
- WASH
- Voluntary Repatriation



Achievements in 2017

Healthcare

39,751
Beneficiaries

- Referral services for emergency and complicated cases were ensured
- Immunization coverage was 100 percent
- ***6,200*** PoC benefited from health education on HIV/AIDS prevention
- Staffs trained on Integrated Management of Childhood Illness (IMCI) and Mental Health and Psychosocial Support (MPSS)

Nutrition

6000
Beneficiaries

5,340 *children*
Screened for nutritional status

175 *children*
Admitted and treated for malnutrition

Voluntary Repatriation

4700
Beneficiaries

- AHA conducted medical screening for 4,700 returnees
- Accompanied the convoy with ambulance and medical staffs during the voluntary repatriation

WASH

16,720
Beneficiaries

315 Latrines and bathhouses maintained

63 Latrines and bathhouses constructed

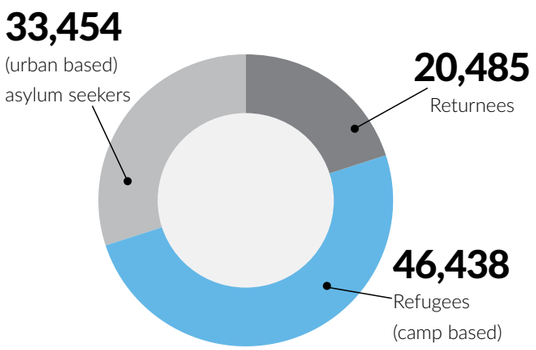
64 *Hand pumps repaired and maintained*

16,720 *PoC benefited from hygiene promotion*

During the 2017 operational year, ***AHA Liberia*** focused on transferring services and responsibility to the host country. During the reporting period, series of meetings were conducted to facilitate the smooth transition. The transition was conducted in different phases: training of staff, adaptation of MOH guidelines and reporting, transfer of resources and medical supplies etc. AHA handed over all the resources in all operation sites to the respective line ministries (MOH and Ministry of public works) before the end of the year.
We delivered humanitarian assistance with the aim to support refugees and their host communities and subsequently attain self-reliance of persons of concern through effective local integration.



Total target population



Area of Operation

- Kiziba, Kigeme & Mugombwa refugee camps
- Kijote & Nyarushishi transit centers
- Bugesera & Nyanza reception centers
- Kigali and Huye districts

Country of Origin

- Refugees and asylum seekers - DRC and Burundi
- Returnees- Rwanda

Area of intervention

- Health
- Nutrition
- Reproductive health & HIV/AIDS



Achievements in 2017

Healthcare

126,689
Beneficiaries

- Daily health education messages provided
- 126,689 benefited from curative services
- 95% immunization coverage achieved in all project locations
- All confirmed malaria cases in the camps treated
- Health staffs were trained on primary eye care and reading eye glasses provided for those in need

Nutrition

4,032
Beneficiaries

3,666 *pregnant and lactating women and people living with HIV and TB assisted in the blanket feeding program*

116 *children under five admitted and treated in supplementary feeding program*

Standardized Expanded Nutrition Survey *conducted in all the six camps*

RH & HIV/AIDS

4,852
Beneficiaries

315 Latrines and bathhouses maintained

63 Latrines and bathhouses constructed

64 *Hand pumps repaired and maintained*

16,720 *PoC benefited from hygiene promotion*

AHA Rwanda has been providing healthcare programmes to refugees, asylum seekers and host population since 1994. In 2017, AHA improved antenatal care, delivery, postnatal care, and access to 24-hr ambulance services for emergency referrals mainly for obstetrics cases. Access to primary healthcare services reached 100 percent in the camps and 70 percent for urban refugees.

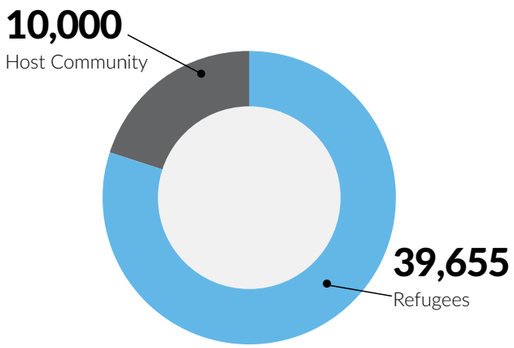
Blanket feeding programmes were provided to pregnant and lactating women and children between 6-53 months. Nutrition education and counseling service together with blanket feeding programmes resulted in low mortality related to malnutrition.

In collaboration with the district Epidemic Response Team (ERT), an effective infection prevention and control strategy, as well as isolation centers were put in place to prevent and respond to possible epidemic cases. Cases of cholera were effectively treated and rapidly controlled in Kijote and Nyarushishi transit centres. Regular monitoring visits were also carried out in all field locations by AHA management team. Similar programmes are being implemented in 2018.



AHA
South Sudan

Total target population





Area of Operation

- Ruweng State, Jam Jang County, Ajuong Thok Refugee Camp

Country of Origin

- Refugees– Sudanese
- Host Community – South- Sudanese

Area of intervention

- Primary Health Care
- Mental Health and Psychosocial Support (MHPSS)
- Nutrition

Achievements in 2017

Primary Healthcare

46,071
Beneficiaries

- Ante Natal Care (ANC) coverage increased from 81% in 2016 to 97% in 2017.
- Contraceptive prevalence rate increased from 22% in 2016 to 41% in 2017.
- Morbidity rate reduced
- 1,233 women received post-partum care

Nutrition

4,924
Beneficiaries

12,636
lactating mothers counselled

Established additional 35 mother support groups

Mental Health and Psychosocial Support (MHPSS)

6,911
Beneficiaries

84 patients/clients received mental health care

Stigma against ***MH illness*** reduced

AHA in collaboration with South Sudan MoH developed a curriculum for the Health training school

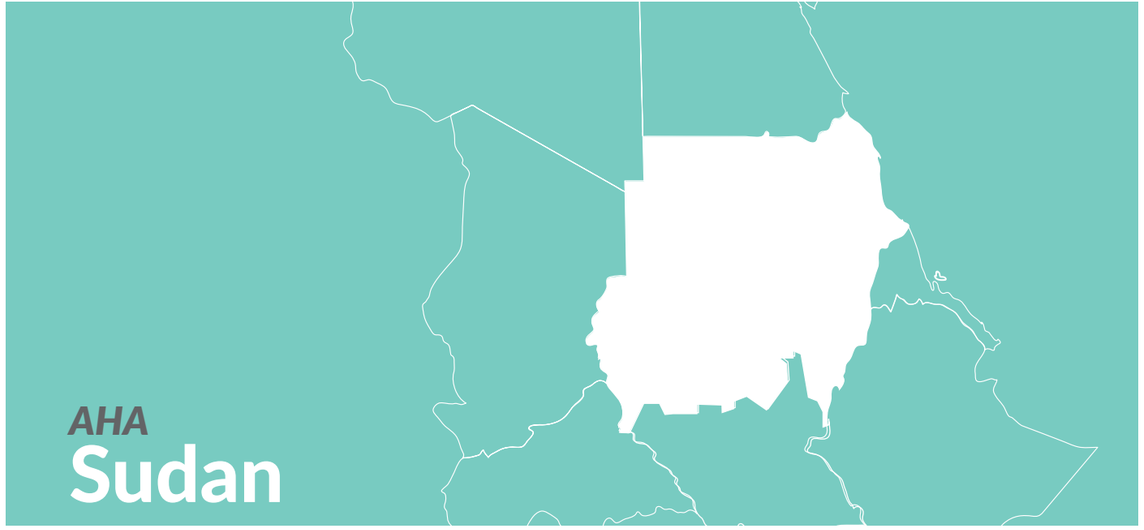
27 *health workers trained, graduated, and currently employed by AHA and other partners*

In 2017 all planned activities of ***AHA South Sudan*** have been realized and indicators attained. AHA South Sudan launched in 2016 and 2017 Mental Health Psychosocial Support (MHPSS) and health workers training with the support of BPRM to address the critical shortage of skilled health workers. The introduction of MHPSS has raised awareness on mental health sickness, cultural fetters and the need to integrate mental health care in health facilities. It has also addressed stigma and discrimination issues against mental sickness through sensitization programmes.

Health workers that graduated in 2016 and 2017 are already filling in the gap in health personnel in Ruweng State health facilities and other health project implementing partners. AHA itself absorbed 13 (45%) of the trainees.

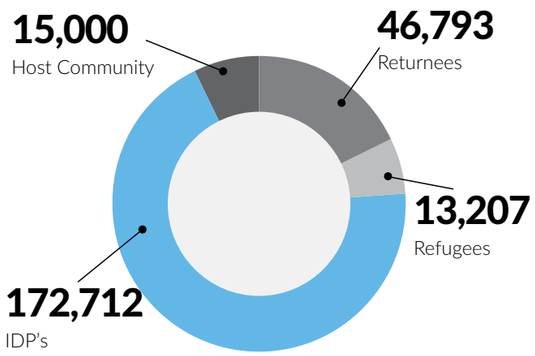
The iCCM (Integrated Community Case Management) project introduced in 2016 continued throughout 2017. The project has helped treat childhood illnesses in camps through CBDs. A decrease in the number of consultation and of patients per clinician per day, as a result, was recorded.

The minor dental care department similarly opened in 2016 have addressed the significant gap in dental care in the Ruweng State in 2017. It has attended to patients from within the State, including patients referred by other implementing partners (IRC from Pamir refugee camp, and CARE from Panriang hospital). AHA South Sudan in 2018 continues to implement programmes in partnership with UNHCR, UNICEF, and BPRM.



AHA
Sudan

Total target population





Area of Operation

- Dar Zagawa locality (Karnoi, Tena and Kutum administration unit).
- Al Laite locality
- Dar Alsalam locality (Shangal Tobay and Sha-dad IDPs camp)
- Al Fasher locality (Korma IDPs camp)

Country of Origin

- Returnees – Sudanese citizens from Chad
- Refugees- South Sudan
- IDPs- Sudan
- Host community – Sudan

Area of intervention

- Emergency Relief and Recovery
- WASH
- Protection and Peaceful co-existence

Achievements in 2017

Emergency Relief and Recovery

172,712
Beneficiaries

- Improved access to food
- Saved lives of internally displaced families
- Improved the nutrition and health status of children, pregnant and lactating women

WASH

15,000
Beneficiaries

Constructed gender sensitive latrines

Increased access to potable water supply

Improved sanitation and hygiene in the area

Protection and peaceful coexistence

60,000
Beneficiaries

Community based protection committee established

Protection awareness increased in all villages

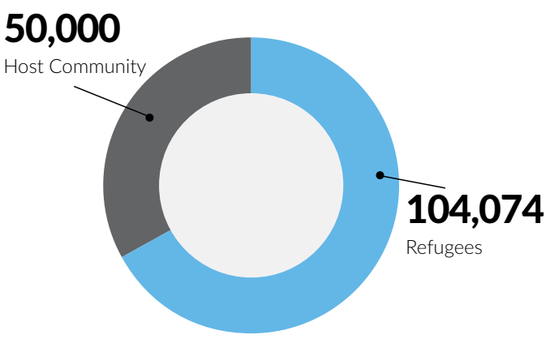
Living conditions of IDPs, returnees and vulnerable households improved

In 2017, ***AHA Sudan*** implemented activities providing services such as food /nutrition assistance to IDPs; provision of potable and safe water, sanitation and hygiene programmes; community-based protection (reintegration and peaceful co-existence); small-scale income-generating activities; capacity building and training for returnees and host community in different localities in North Darfur state.
The successful achievement of the projects has significantly improved the lives of beneficiaries. The relative improvement in security situation in Darfur has also eased restriction of movement, increasing access and assistance to local areas.
However, climate change, drought, poverty, a huge influx of refugees from South Sudan, and returnees from Chad have intensified the need for more service in the present & coming years. AHA-Sudan's perspective in 2018 and beyond is to continue basic livelihood service, re-integration, and early recovery, and support development activities in current operational areas and possibly expand to other regional states.



AHA Uganda

Total target population





Area of Operation

- Kyaka II refugee settlement, Kyegegwa district
- Rwamwanja refugee settlement, Kamwenge district

Country of Origin

- Refugees – DRC
- Host community – Uganda

Area of intervention

- Health and Nutrition
- SGBV Prevention and Response
- SFP and MCHN

Achievements in 2017

Health and Nutrition

154,074
Beneficiaries

- Provided OPD consultations, IPD admissions, laboratory testing, HIV care and counselling, nutrition and reproductive health care through 166 clinical staff
- 45 (541 in the year) mothers monthly were operated surgically at AHA's operation theatre.
- 14,000 refugees benefitted from SFP and MCHN programme

SGBV Prevention and Response

72,025
Beneficiaries

Provided economical support to 200 SGBV victims

Improved functionality of screening and counselling out-posts at reception centres

Provided functional skills training to youth groups i.e. leadership, computer literacy and language skills

With support from UNHCR and BPRM, ***AHA Uganda*** was able to significantly improve the health status of refugees residing in Kyaka II and Rwamwanja refugee settlements in 2017. We enhanced refugees' access to primary healthcare services, provision of reproductive health and HIV services, safe motherhood services, and management of malnutrition. The reduction in the current level of SGBV cases has echoed our success in combating SGBV incidences through our creative preventive measures.

As of January 2018, Uganda has received about 30,000 new arrivals from DRC and the number is expected to inflate to about 150,000 by end of the year. The protracted conflict in the DRC has continued to force communities to flee from their habitual places of residence in search of safety and persecution. This has, therefore, increased the demand for enhanced access to health and nutrition services. AHA Uganda's priority in 2018 focused on responding to emergencies. We have expanded our services and deployed emergency health response teams to the new arrivals without compromising the services offered to the old settlers. AHA Uganda will strive to maintain its collaborative relationships with all partners and stakeholders to ensure that all life-saving services are accessed by the new arrivals.



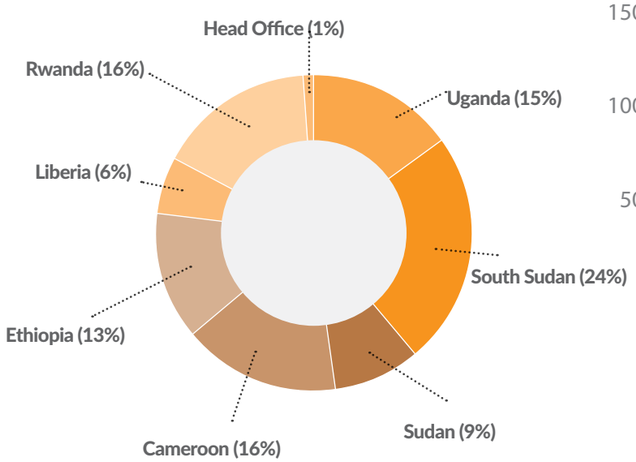
Finance and Audit

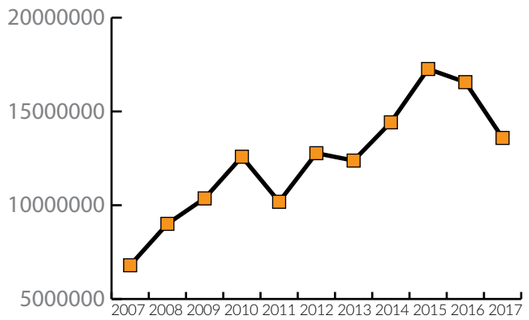
Income & Expenditure for 2017

No.	Country	Income	Expenditure
1	Camerron	2,153,516.00	2,153,391.00
2	Ethiopia	1,721,766.62	1,721,766.62
3	Head Office	197,013.50	115,114.63
4	Liberia	808,000.00	807,866.58
5	Rwanda	2,134,244.00	2,125,996.00
6	South Sudan	3,294,100.93	3,216,420.93
7	Sudan	1,294,778.47	1,219,535.89
8	Uganda	1,984,160.14	1,946,258.15
Total		***13,587,579.66***	***13,306,349.80***

Year	Annual Income 2007-2017
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
2017	13,587,579.66
	135,928,316.34

Income 2017 proportion to Global Budget





Sample Audit Report



محاسبون ومراجعون قانونيون
Certified Accountants & Auditors
البشير وشركاؤه

Auditor's Report

AFRICA HUMANTARIAN ACTION (SUDAN OFFICE)

We have audited The Revenue & Expenditure for Africa Humantarion Action (Sudan Offic), as at 31\12\2017, which have been prepared under the historical - cost conventions and the accounting polices.

Respective Responsibilities of Directors and Auditors :-
The Organization is\are responsible for the preparation of financial statement, it is our responsibility to from an independent opinion based on our audit on those statements, and to report our opinion.

Basis of Opinion :-
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 performed our audit so as to obtain all the information and explanation which we 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 Opinion :-
In our opinion the The Revenue & Expenditure give a true and fair view of the Africa Humantarion Action (Sudan Office), as at 31\12\2017.

El Basheir & Co
Certified Accountants & Auditors

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3. INDEPENDENT AUDITOR'S REPORT ON THE FUND ACCOUNTABILITY STATEMENT

The Country Representative
Africa Humanitarian Action South Sudan
Hai Juba Nabari
Plot No. 568 Block 3_ K South, 1st class
Juba
SOUTH SUDAN

We have audited the fund accountability statement of the Health Project for Refugees and Host Community in South Sudan, Unity/Ruweng State Pariang County, Jam Jang Payam Ajoung Thok funded by Bureau of Population Refugees and Migration under the award number S-PRMCO-16-CA-1109, for the Period September 15, 2016 to August 31, 2017. The fund accountability statement is the responsibility of AHA management. Our responsibility is to express an opinion on the fund accountability statement based on our audit.

Except as discussed in paragraph 3 below, we conducted our audit of the Fund Accountability Statement in accordance with *U.S. Government Auditing Standards*, issued by the Comptroller General of the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the Fund Accountability Statement is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the Fund Accountability Statement. An audit also includes assessing the accounting principles used and significant estimates made by the management of AHA, as well as evaluating the overall financial statements presentation. We believe that our audit provides a reasonable basis for our opinion.

We did not have an external quality control review by an unaffiliated audit organization as required by Chapter 3, paragraph 3.82 and 3.96 of US Government Auditing Standards. We believe that the effect of this departure from US Government Auditing Standards is not material because we participate in the Ernst & Young worldwide internal quality control review program which requires our partners to be subjected, every three years, to an extensive quality control review by partners and senior managers from other affiliate offices.

The results of our tests did not disclose questioned costs as detailed in the Fund Accountability Statements.

Unqualified Opinion

In our opinion, the Fund Accountability Statement presents fairly, in all material respects, program revenues and costs incurred and reimbursed, for the period September 15, 2016 to August 31, 2017, in accordance with the terms of the Agreement and in conformity with the basis of accounting described in Note 4.1 (a).

In accordance with *US Government Auditing Standards*, we have also issued our report dated November 30, 2017, on our consideration of AHA's compliance with Agreement terms and applicable laws and regulations and other matters. That report is an integral part of an audit performed in accordance with *US Government Auditing Standards* and should be read in conjunction with this Independent Auditor's Report in considering the results of our audit.

3. INDEPENDENT AUDITOR'S REPORT ON THE FUND ACCOUNTABILITY STATEMENT (CONTINUED)

This report is intended for the information of AHA and BPRM. However, upon release by BPRM, this report is a matter of public record and its distribution is not limited.

The engagement partner responsible for the audit resulting in the independent auditor's report is CPA Tom Nyakoe Practicing certificate No. 2283.

Ernst & Young
Nairobi, Kenya.
30 November 2017

AUDIT OPINION

Independent Auditor's Report to the UNHCR Representative

Project Financial Report

Unmodified Opinion

Partner	African Humanitarian Action Uganda
Location	Uganda
Period covered by the audited PFR	1 January to 31 December 2017
Project name	Comprehensive Primary Health and Nutrition care in Kyaka II and Rwamanja Settlement
PPA number	448

We have audited the accompanying project financial report submitted by African Humanitarian Action Uganda ('the Partner') covering the above-mentioned Project Partnership Agreement for the reporting period from 1 January to 31 December 2017. The project financial report has been prepared on the cash receipts and disbursements basis of reporting described in the Project Partnership Agreement and includes eligible transactions during the liquidation period up to 31 January 2018.

Unmodified opinion

In our opinion, the accompanying project financial report presents fairly, in all material respects, the receipts collected and expenses paid during the period ended 31 December 2017 in accordance with the cash receipts and disbursements basis of reporting described in the Project Partnership Agreement and includes eligible transactions during the liquidation period up to 31 January 2018.

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 this report.

We are independent of UNHCR and the Partner in accordance with the IESBA Code of Ethics for Professional Accountants. 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.

Emphasis of matter

Without qualifying our opinion we draw your attention to the financial finding totalling UGX 8,894,000 (US$ 2,449.66) as set out in the relevant section of our report which represents expenditure amounts included in the project financial report which, in our opinion, are ineligible for funding or incorrectly recorded under the contractual conditions of the Project Partnership Agreement. This finding represents 0.2% of the total expenditure amount reported and amounts to less than US$ 50,000 and is therefore not considered material in the context of our audit.

We also draw your attention to the internal control findings as set out in the relevant section of our report which represent important control weaknesses which we identified during the conduct of our financial audit.

Our opinion is not modified in respect of these findings.

Responsibilities of the Partner for the project financial report

The management of the Partner is responsible for the preparation of the project financial report in accordance with the cash receipts and disbursements basis described in the Project Partnership Agreement and for such internal control as management determines is necessary to enable the preparation of the project financial report to be 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 project financial report 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 the project financial report.

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 project financial report, 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.

We communicate with the management of the Partner 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.

Mark Henderson
Partner

Moore Stephens LLP
150 Aldersgate Street
London EC1A 4AB

24 May 2018

MOORE STEPHENS

TAKE ACTION

Please join us in assisting and protecting forcibly displaced population in Africa.

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AFRICA HUMANITARIAN ACTION