



Annual Report 2023

Africa Humanitarian Action



africahumanitarian.org



CREDITS:

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

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Pictures: Country Offices, www.aidamuluneh.com
Design and layout: www.spectrumplc.com

This report provides a concise overview of the varied activities of Africa Humanitarian Action (AHA) in the countries it served during 2023.

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ANC	Ante-Natal Care
ART	Anti-Retroviral Therapy
ASRH	Adolescent Sexual and Reproductive Health
AU	African Union
BPRM	Bureau of Population, Refugee, and Migration
BS	Blood Smear/Slide
BSFP	Blanket Supplementary Feeding Program
CDC	Centers for Disease Control and Prevention
CHD	County Health Department
CHWs	Community Health Workers
CHHPs	Community Health and Hygiene Promoters
CMAM	Community Management of Acute Malnutrition
CME	Continuous Medical Education
COVID PCR	Corona Virus Disease Polymerase Chain Reaction
EPI	Expanded Program on Immunization
ETM	Emergency Transit Mechanisms
FA	Folic Acid
FAO	Food and Agriculture Organization of the United Nations
FDC	Food Distribution Center
GFD	General Food Distribution
HCB	Hallow Concrete Block
HFF	Home Food Fortification
HHs	Households
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome
HP	Health Post
iCCM	integrated Community Case Management
IDPs	Internally Displaced Persons
IGA	Income Generating Activities
IOM	International Organization for Migration
IPD	In Patient Department
IPT	Intermittent Prophylactic Therapy
IRC	International Rescue Committee
IYCF	Infant and Young Child Feeding
KCCA	Kampala Capital City Authority
KOICA	Korea International Cooperation Agency
LARC	Long Acting and Reversible Contraceptives
LRTIs	Lower Respiratory Tract Infections
MAM	Moderate Acute Malnutrition
MAH	Maternal and Child Healthcare
MHPSS	Mental Health and Psychosocial Support
MoH	Ministry of Health
MoU	Memorandum of Understanding
MSGs	Mothers Support Group
NFIs	Non-Food Items
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
ORS	Oral Rehydration Solution
OTP	Outpatient Therapeutic Program
OPD	Outpatient Department
PFA	Psychological First Aid
PHC	Primary Health Care
PHCC	Primary Health Care Center
PHCU	Primary Health Care Unit

PLHIV	People Living with HIV
PLW	Pregnant and Lactating Women
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PNC	Post-Natal Care
PoCs	Persons of Concerns
PSEA	Prevention of Sexual Exploitation and Abuse
PSNs	People with Special Needs
RDTs	Rapid Diagnostic Tests
RH	Reproductive Health
RRS	Refugees and Returnee Service
RSF	Rapid Support Forces
SAF	Sudan Armed Forces
SAM	Severe Acute Malnutrition
SC	Stabilization Center
SFP	Supplementary Feeding Program
SGBV	Sexual and Gender-Based Violence
SRH	Sexual Reproductive Health
SSLs	Solar Street Lights
SMoH	State Ministry of Health
STIs	Sexual Transmitted Infections
TB	Tuberculosis
ToR	Term of Reference
TPM	Third Party Monitor(ing)
TSFP	Targeted Supplementary Feeding Program
TT	Tetanus Toxoid
TWG	Technical Working Group
U5	Under 5
UNDP	United Nation Development Program
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
URTIs	Upper Respiratory Tract Infections
VCT	Voluntary Counseling and Testing
VDRL	Venereal Disease Research Laboratory
VHTs	Voluntary HIV Testings
WFP	World Food Programme (UN)
WHO	World Health Organization (UN)
YFCs	Youth Friendly Corners

Assembly of **Trustees**

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Mr. Dawit Zawde, (President)
Mr. Joyce Mends-Cole
Mr. Mengesha Kebede
Mr. Misikir Tilahun, (Secretary)

Partners & **Supporters**

Since **1994**

AHA's partners and supporters include:

Active Learning Network for Accountability and Performance (ALNAP)
African Development Bank Group (AfDB)
Africa Initiative for Relief & Development (AIRDA)
African Union (AU)
The Conrad N. Hilton Foundation
DanChurchAid (DCA)
Danish Refugee Council (DRC)
Engendered Health Ethiopia
European Civil Protection and
Humanitarian Aid Operation (ECHO)
Farmacéuticos Mundi (Farmamundi)
Government of Angola
Government of Burundi
Government of Cameroon
Government of Chad
Government of DR Congo
Government of Ethiopia
Government of Guinea (Conakry)
Government of Kenya
Government of Liberia
Government of Namibia
Government of Rwanda
Government of Sierra Leone
Government of Somalia
Government of South Sudan
Government of Sudan
Government of Switzerland
Government of the United States of America
Government of Uganda
Government of Zambia
International Council of Voluntary Agencies (ICVA)
International Medical Corps (IMC)
International Organization for Migration (IOM)
International Rescue Committee (IRC)
Liberia Refugee Repatriation and Resettlement Commission (LRRRC)
Lutheran World Federation (LWF)
Norwegian Refugee Council (NRC)
Pathfinder Ethiopia
Reproductive Health Uganda (RHU)
Special Emergency Activities to Restore Children's Hope (SEARCH)
Swedish Refugee Aid
The Bureau of Population, Refugees, and Migration (BPRM)
UBS Optimus Foundation
UK Department for International Development
UN International Children's Emergency Fund (UNICEF)
UN Economic Commission for Africa (UNECA)
Food and Agriculture Organization of the United Nations (FAO)
UN High Commissioner for Refugees (UNHCR)
UN Office for the Coordination of Humanitarian Affairs (OCHA)
UN Population Fund (UNFPA)
UN Women
UN World Food Programme (WFP)
UN World Health Organization (WHO)
US Agency for International Development (USAID)
World Bank

Foreword



In August of 1994, the founders of AHA led a bold mission into Rwanda with a small team of African health workers with one objective: to provide lifesaving assistance to survivors of the genocide arriving from the rural hills into Kigali.

Thirty years on, that African spirit of responding to our neighbors and communities in need, whether displaced by conflict or natural causes, and to assist them rebuild and become resilient remains the guiding principle of our operations. This report on our activities in 2023 in Cameroon, Ethiopia, Rwanda, South Sudan, Sudan and Uganda summarizes how we reached the communities we serve through various initiatives.

I would like to take this opportunity to thank all our donors and partners whose generous support has allowed us to assist more than 568,000 refugees, IDPs, and local host populations. I would also like to recognize the tireless efforts of our dedicated staff, all of whom are Africans and 98% recruited locally from our countries of operation.

Humanitarian needs on our continent continue to grow at an alarming rate over the past few years, with crises increasing not only in regularity but also in scale, severity and complexity. As the effects of the climate crisis combine to displace populations alongside conflicts, AHA's experience of 30 years requires a forward-thinking vision and strategy to address new realities. In 2024-2025, we aim to undertake a review exercise to reset our priorities, broaden our resources, and strengthen our operations for the way forward.

As we present this annual report, we reflect on a year of immense challenges and remarkable resilience. From the Horn of Africa drought to the outbreak of war in Sudan, we remained steadfast in our commitment to alleviating suffering and promoting resilience. Nonetheless, challenges persisted including the safety and security of our own staff, access to affected populations, and the ever-dwindling availability of funding to meet humanitarian needs globally.

We invite you to take a look at the stories and statistics within these pages that illustrate the impact of our work and the lives we have aspired to touch. We hope they will serve as a reminder of the ongoing immense challenges throughout Africa and the critical need for continued support and advocacy.

Together with our donors, partners, and supporters, we have made significant strides, but much remains to be done. For our part, we will use the challenges and lessons learned during 2023 to inform our strategies and operations in the years ahead.

Thank you for standing with us in our mission. With your continued support, we remain motivated to do even more to alleviate suffering and promote human dignity in the communities we serve.

We invite you to take a look at the stories and statistics within these pages that illustrate the impact of our work and the lives we have aspired to touch.

Misikir Tilahun
Executive Director



About **AHA**

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

For 30 years, AHA's proximity to affected populations and understanding of local contexts maximizes the sustainability and accountability of its programs, and helps it deliver an African voice in the international humanitarian sphere.

AHA has extended its programmes to **20 African countries** and channeled nearly **$240 million** to reach over **27 million** people affected by the crisis regain their health, dignity and wellbeing. Guided by universal humanitarian principles and values, and upholding its independence, impartiality and integrity, AHA advocates on humanitarian issues. AHA takes responsibility for its actions and is accountable to those with whom it works and its programme supporters.

AHA's strength is in its African roots and reach. AHA is inclusive and makes use of the diversity and resources of the people with whom it works as it endeavors to deliver sound programmes and outcomes. AHA embraces change and innovation as it seeks lasting results.
Affected populations are at the forefront of all AHA activities, which ensures that its field office is supported by a Country Office and then by the Head Office team.

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

AHA works with a wide range of partners, notably the UNHCR. AHA holds special consultative status with the UN ECOSOC, has a bilateral partnership with the AU, Observer Status with the IOM, and is a member of ICVA. In addition to its legal status with the African nations where it operates, AHA is a tax exempt registered public charity in the USA and Canton of Geneva, Switzerland.

Vision & Mission

Our Vision

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

Our Mission

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

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

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

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





Story

Berka Mohammed Ali, an Eritrean refugee who has resided for 15 years in the Aysaita refugee camp, arrived in Ethiopia with her family when she was only 7 years old. She is one of thousands whom AHA has served.

Separated from her father during the border crossing from Eritrea, Berka says

“Life was uncomfortable in the refugee camp, girls weren’t sent to school but were assigned homemaking tasks and wood collection for household use”.

This exposed her and her friends to horrific vulnerabilities including sexual assault and attacks by wild animals as they traveled long distances barefoot. Berka recalls that shelter coverage was very low, with most refugees living in plastic sheets in the harsh weather, children lacked a safe place for after-school activities, and those unfit for school played in risky outdoor areas during hot weather.

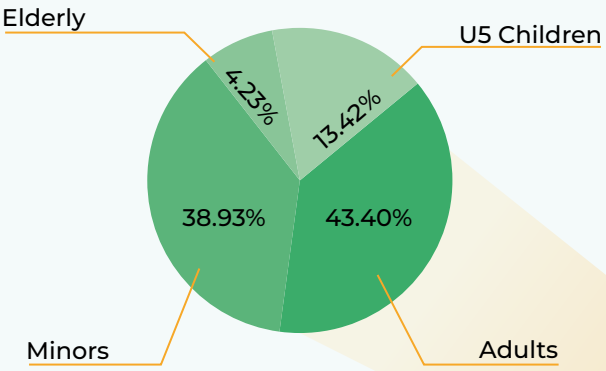
AHA’s Intervention

Africa Humanitarian Action’s (AHA) projects in the Afar region, supported by UNHCR, provided transitional shelters within the camp and started distribution of charcoal briquettes monthly for cooking. Berka, along with thousands of refugees, benefited from these opportunities. Now, she lives in a safe environment with her family and receives charcoal briquettes.

Berka, now in Grade 1 at a School operated by the RRS, no longer travels long distances to collect firewood. Her parents are supportive of her education, and Berka praises AHA for the newly constructed shelters that provide a safe space for studying and spending after-school time. She also appreciates the shelter’s weather-friendly design that is resistant to wind damage and doesn’t trap unbearable levels of heat during the hot seasons.

PoCs Reached

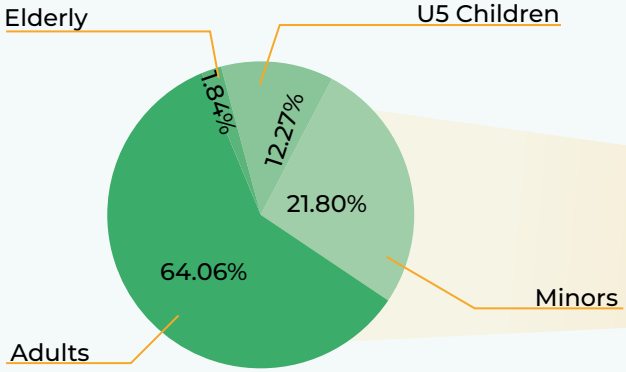
CAMEROON



TOTAL : 70,477

48.1 *51.9*

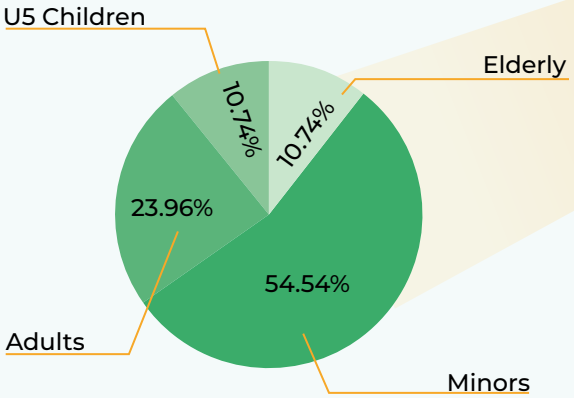
UGANDA



TOTAL : 71,597

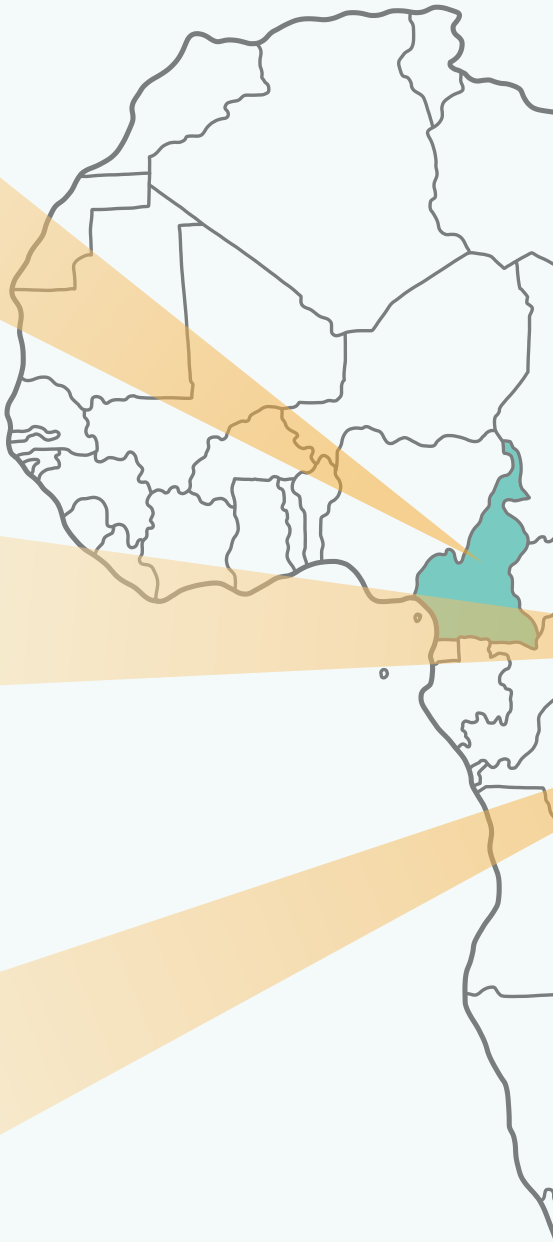
45.8% *54.2%*

RWANDA

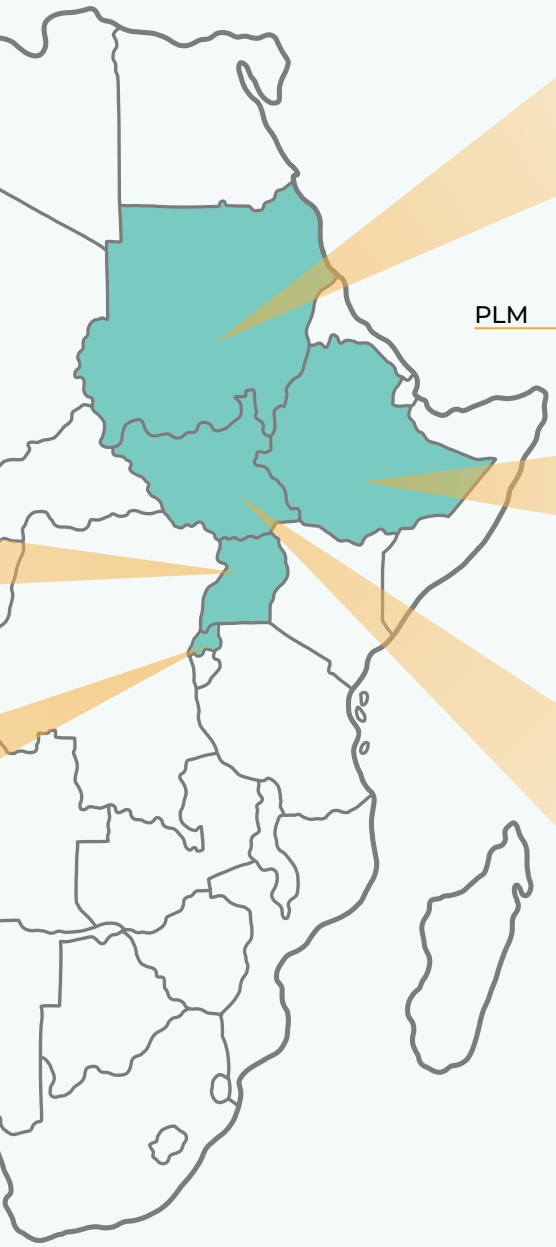


TOTAL : 39,234

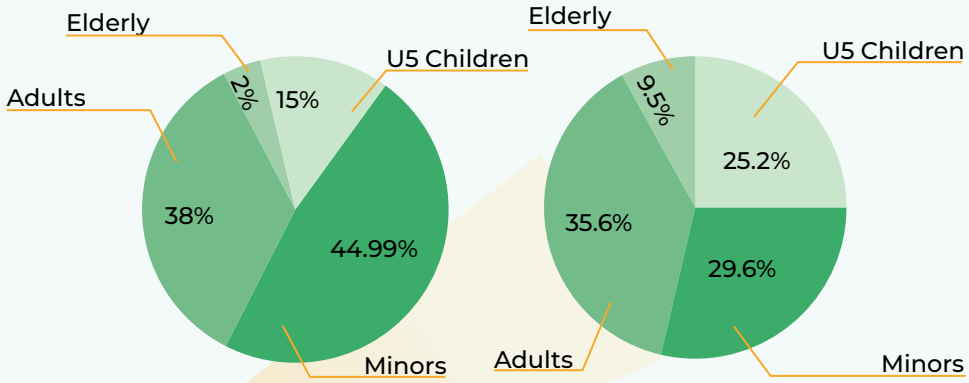
61.8% *38.1%*



2023



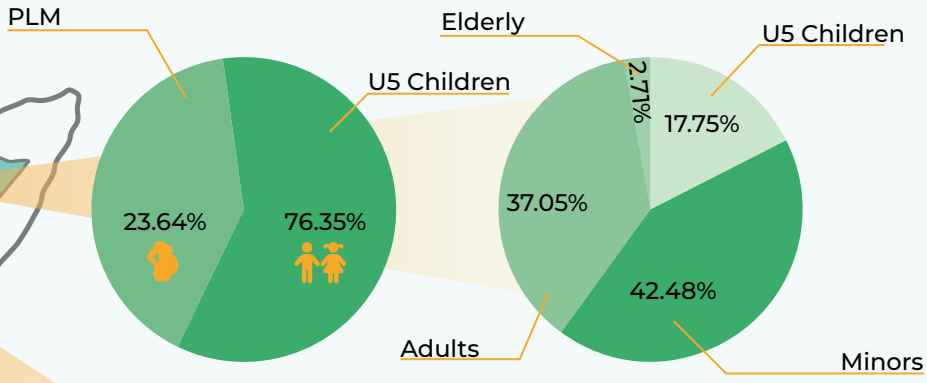
SUDAN



TOTAL : *24,626*
(Refugees)
48.6% *52.39%*

TOTAL : *246,033*
(IDPs)
48.1 *51.9*

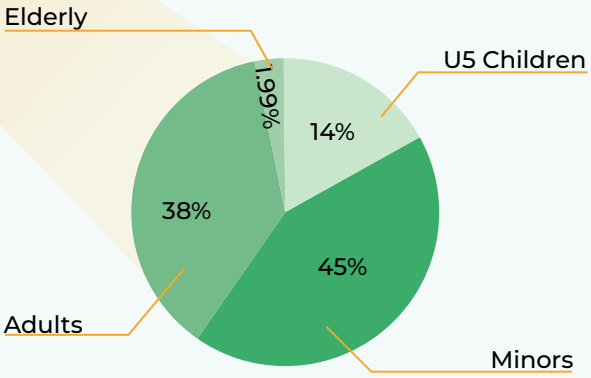
ETHIOPIA



TOTAL : *116,576*
(Oromia Region)

TOTAL : *61,246*
(Afar Region)
48.2% *51.7%*

SOUTH SUDAN



TOTAL : *43,306*
48.6% *51.4%*

U5 Children *(0-4)*
Minors *(5-17)*
Adults *(18-59)*
Elderly *(60+)*

Country Office **Brief**

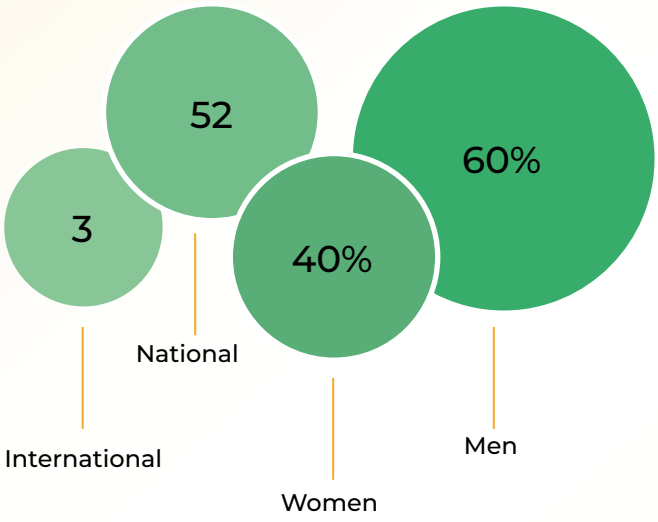
Cameroon

Nutrition
$ 328,000

Public Health in East & Adamaoua region
$ 500,000

▼ *Decreased by* **27%** *From* **2022**

Number of Employees



Impacts of our services

Primary Healthcare · Nutrition · Reproductive Health · Community Health

0.17/1,000	Population/ Month	Crude Mortality Rate
0.48/1,000	Population/ Month	Under Five Mortality Rate
14.86/1,000	Live Births	Infant Mortality Rate
5.24/1,000	Live Births	Neonatal Mortality Rate
92.9%		Pentavalent 3 &Polio 3
87.1%		Measles
97.3%		Pentavalent 3 &Polio 3
68.9%		Measles

Country of Origin

Central Africa Republic

AHA Operation regions

East

Yokadouma, Ketté, Ndelele, Batouri, Bertoua and Garouaboulai

CSI Yokadouma Nord, HD Yokadouma, CSI Timangolo, CSI Lolo, CSI Mbile, HD Batouri, HR Bertoua, HD Garouaboulai, CSI Gado

Adamaoua

Djohong

HD Djohong,CSI Borgop, CSI Ngam

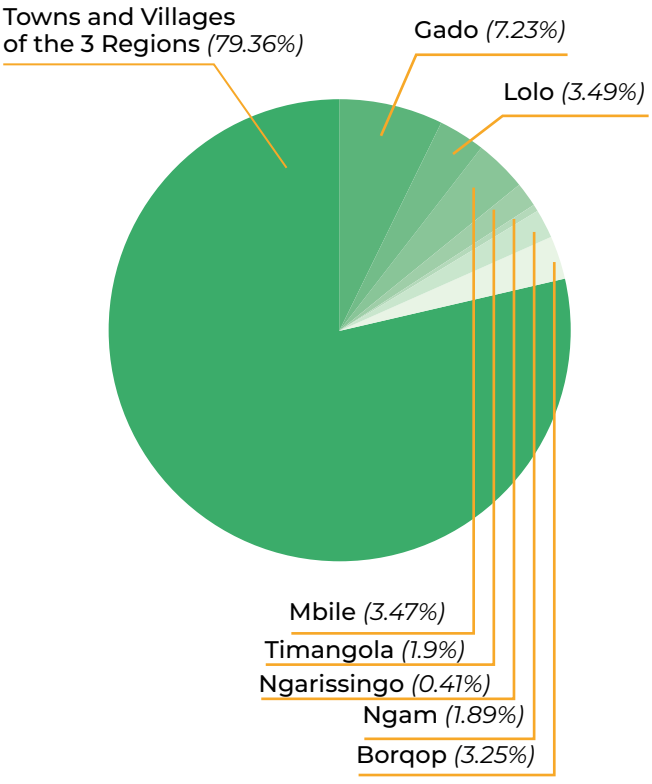
12 Health Facilities
7 Health Districts
In the 2 Regions



Since 2003, Cameroon has been providing refuge for a large number of refugees and asylum seekers from neighboring countries, notably the Central African Republic (CAR), which is experiencing socio-political crises. These refugees have arrived in several waves, including 2003 - 2008, 2014 - 2015 and more recently the small waves of new refugees arriving as of January 2021. This influx of refugees is not going smoothly, either socially, economically or politically. **The North, Adamaoua** and **East regions** remain as the largest refugee hosting areas.

Central Africa Refugees and host community

Total Beneficiaries **325,544**



To this end, the Government of Cameroon with the multi-faceted support of technical and financial partners, coordinated by the UNHCR, is providing healthcare assistance with integration of services with the nationals. Even though the emergency phase of the response was addressed with mobilization of different stakeholders, a number of challenges remain (e.g. the sharp drop in resources, the low proportion of refugees empowerment, the breakdown of the healthcare system, etc.) to consolidate the care of local populations and refugees, most of whom will remain in Cameroonian territory for some time to come, while retaining their status as vulnerable populations.

AHA will continue to provide health care to refugees, again prioritizing children and women, communicable and non-communicable diseases and epidemiological surveillance, strengthen primary health care by focusing on community-based prevention and case management in first-contact health centers, in order to minimize referrals to district hospitals and keep costs down. AHA will involve the community through the various community groups, as this has proved highly effective in ensuring the success of the project. AHA will encourage refugees to enroll in national health programs such as CSU, CHEQUE SANTE, etc.

Primary Health

100%

of refugees have access to healthcare in the 12 health facilities supported

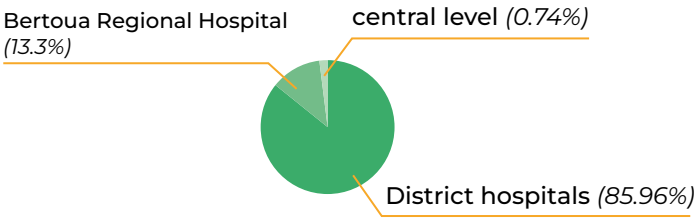
201

awareness-raising sessions were held

41,137 *participants*

47,983

refugees have benefited from outpatient and inpatient care



12,535

received their 3rd dose of IPT

TOTAL : 905

referrals made to higher levels

25.75%

Nat

25.75%

Ref

25.75%

Among the referrals, were emergency obstetric cases

Community Health

41,137

*participations in community awareness sessions on practical **basic health issues***

27,893

*participations in awareness-raising sessions on **IYCF practices***

36,439

*participations in awareness-raising sessions on **SRH and HIV/AIDS***

14,406

***home visits** were made throughout the year*

4,679

*people were **referred** from the community to health facilities*

Nutrition

Essential nutrition action awareness

134,568 **37.58%***(national)* **62.4%***(refugee)*
community and at health facilities

1,155
cooking demonstration

25,592 *participants (National & Refugee)*

Nutrition Screening

16,619
children aged 6 to 59 months

362 *severe acute malnutrition*

4
for children aged 6-59 months

1,240 *SAM cases* **57.98%***(national)* **42%***(refugee)*

Deworming & Vitamin A Supplementation

13,691 **41.2%***(Mebendazole)* **58.77%***(Vitamin A)*
children aged 6 to 59 months

2,451
pregnant women

2,451*(Iron and Folic)* **2,405***(TT3)* **2,308***(Deworming)*

HFF

31,993 **71.13%***(national)* **26.87%***(refugee)*
children aged 6 to 23 months received micro-nutrient powder

monitored on recommended IYCF practices

18,825 **65.1%***(national)* **34.89%***(refugee)*
mothers of children < 6 months

27,885 **67.3%***(national)* **32.7%***(refugee)*
mothers of children 6-23 months

Adolescent Nutrition

12,301 **50.4%***(National)* **49.6%***(Refugee)*
adolescent girls received FA for 12 weeks

60,408
teenagers were sensitized on nutrition, menstrual hygiene and early pregnancy prevention

Maternal Nutrition

20,034 **67.8%***(National)* **32.8%***(Refugee)*
pregnant mothers received FA for at least 90 days

13,085 **69.4%***(National)* **30.6%***(Refugee)*
pregnant mothers received deworming treatment

RH and HIV/AIDS

2,514

pregnant women received their first ANC consultation

43%

women came in the 1st trimester

2,330

deliveries were made

97%

attended by qualified personnel

70%

comprehensive ANC among refugees

1,066

women on contraceptive methods

4

cases of rape recorded and treated according to protocol

5,975

refugees voluntarily tested for HIV

2,496

pregnant women screened for HIV within the framework of PMTCT

99.3%

coverage

18

HIV-positive pregnant women monitored

16

gave birth according to the PMTCT protocol

1,605

women made 3 postnatal visits within 6 weeks after delivery

Lessons Learned

Over the course of the year, we have built on a number of remarkable strengths that have enabled us to guarantee a quality of service focused on our customers. For example:

- Assigning a capacity development focal person has enabled us to offer timely and quality care to refugees
- Through prioritization, the health needs of the most at-risk populations were addressed while giving attention to the rest of the population at the same time, including non-target refugees, for whom we facilitated access to care in health facilities.
- We note that the refugees are aware that they are primarily responsible for their own health, and make a great effort to cover the cost of care. However, the means are insufficient because most of them are not empowered. It is important to continue providing support with healthcare while working towards gradual disengagement with self-sufficiency in income generation.
- The framework agreement signed between the UNHCR and the Cameroon government offers a comparable advantage in terms of health care coverage as it enables refugees to have the same access to healthcare as nationals.
- Community mobilization is one essential component of health care, and is provided by community health workers. It is therefore important to put in place mechanisms to motivate CHWs and other community groups to ensure this essential healthcare program functions.
- Monitoring and evaluation are of paramount importance, enabling shortcomings to be corrected in good time and progress made towards the objective. The focal points have ensured good follow-up in the health facilities, particularly in terms of listening to and guiding refugees, but also with regard to expenses (making sure that there is no over-billing and avoiding fraud)
- When talking about opportunities worth taking, it's worth noting the significant contributions made by the government through a variety of health initiatives. These include programs focused on vaccination, nutrition, HIV, tuberculosis, and more. The CHEQUE SANTE initiative and the enrolment of refugees into universal coverage are also noteworthy efforts. The successful implementation of these programs is largely due to the effective collaboration between various humanitarian partners and health officials.

Country Office **Brief**

Ethiopia

UNHCR The UN Refugee Agency

Multi-Sectoral Interventions in Aysaita, Serdo and Barahle camps in Afar Region

$ 780,459

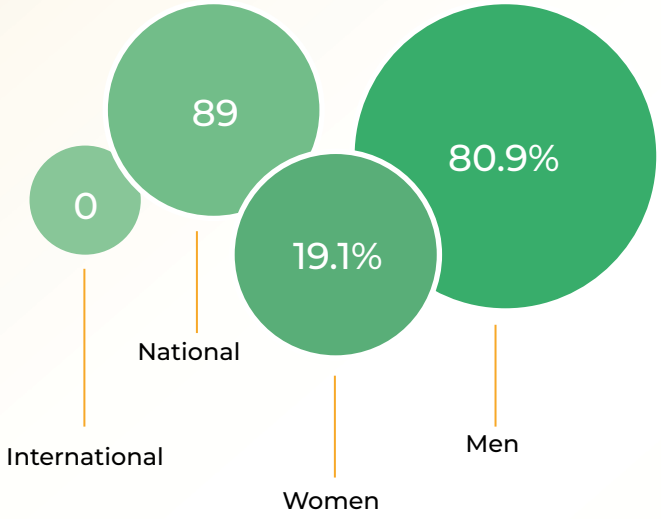
WFP

TPM

$ 366,491

▼ *Decreased by* **49%** *From* **2022**

Number of Employees



Afar region

61,246

Person of concern reached

100%

refugees

Oromia region

116,576

Person of concern reached

76.35%

Childeren under the age of 5

23.64%

pregnant and breast feeding mothers

Impacts of our services

Energy

Shelter

Enviromental Protection

Country of Origin

Eritrea

AHA Operation regions

Target Population

Refugees, Asylum Seekers, IDP, Returnees, Host Community

Afar regional state

Aysaita, Serdo and Barahle refugee camps

Oromia regional state

Gurewa, Beddenno, Babbilie, Melka Bello, Kurfa Chelie, GolaOda, Anchar, Gumbi Bordoddie, Chiro, Gubba Koricha, Burka Dhintu, Hawwi Guddina, Adamitulu JK, Gololcha, ShenenKolu, Shashemene, Shalla, Siraro, Negele Arsi, Dello Menna/ Dawe Kachen, Medewelabu, Raytu, Moyale and Miyo

Total Beneficiaries

183,822



The Afar project areas are located where the environmental conditions are generally harsh, with seasonal torrential rains and damaging wind blows, which made the delivery of sustainable services difficult and required additional efforts and financial resources for rehabilitation/ restoring the damaged facilities for appropriate service provisions.

Timely unavailability of the required local materials and the factory products from local markets particularly for construction works and water supply service and high cost of transportation as well as the frequent increase of material prices and the ever-increasing costs of skilled and unskilled labor have been major challenges for delivery.

Although many efforts have been made to satisfy the basic humanitarian services to the refugees during the last several years, there still remain unmet gaps to be addressed through designing different alternative approaches for securing the required resources for implementation.

On the other hand, other factors such as the shared culture, religion, language, and ethnic composition between the refugees and the host community have offered great opportunities for collaboration and peaceful coexistence.

Challenges incurred in reporting year

- The delay in signing of project partnership agreement and the repeated delay of budget release;
- Scarce availability of the required local materials and factory products from local markets;
- Frequent inflation of material prices and skilled and unskilled labor costs;
- Lack/shortage of project funds.

Enviromental Protection

160 & **20**
refugees *partner staff*

Capacity building on Natural resource management and shared environment for a better Environment protection, Tree plantation and woodlot development in harsh Environment provided

6 KM

***OSD** water line was rehabilitated from Awash River to reservoir in **Aysaita** refugee camp for seedling*

203

social workers and refugee representatives at various levels were reached through awareness on environmental protection and seedling management

2 KM

water distribution line was maintained from reservoir/storage to green areas within the camp for the use of seedlings

10,000

seedlings were prepared in nursery sites and distributed to beneficiaries

5

*plastic containers were provided and installed in each green area within the **Aysaita refugee camp***

Energy

2

communal kitchens were connected to the national electricity grid and maintained/or activated for the beneficiaries

980

*briquette stoves distributed to the beneficiaries in **Aysaita** and **Barahle** refugees' camps and training was provided on proper utilization of the stoves*

32,600 KG

*the production of **1 IGA** group for input production (Carbonized prosopis Juliflora) for the production of briquettes*

89 **52.8%***(Aysaita)* **47.2%***(Barahle)*

SSLs were installed

163,000 pcs

briquettes produced and distributed to beneficiaries

Shelter

60
transitional shelters

319
refugees benefited

15
***HCB** transitional shelters*

84
refugees benefited

258 & **150**
Aysaita *Barahle*

Shelter maintenance and repair

2
***25m²** refugees waiting areas were constructed at **Serdo** distribution area*

2
FDCs in Serdo camp was conducted

Temporary fencing of the HP, office blocks, women center, men center

1
Rubb Hall was Dismantled from AHA Semera zonal project coordination office, transported and installed to UNHCR Semera field office compound

Lessons Learned

AHA has been a partner organization for both RRS and UNHCR in implementing sustainable energy solutions for refugees in Afar operations. Under this program, Establishment and strengthening of IGA for local communities through production of charcoal from Prosopis Juliflora trees as primary input for briquette production as well as to liberate grazing/arable areas invaded by the plant. In this approach, AHA achieved production of alternative energy with relatively low carbon emission as well as control of the spread of the invasive shrub species. From this project refugees are able to get sources of energy access instead of traveling long distances for collecting firewood.

Outreach activities (local fundraising, networking events, coordination and partnership meetings etc.) conducted locally in the reporting year.

Throughout 2023, AHA participated in various needs assessment exercises and submitted proposals to donors including WFP; UNHCR, OCHA (Ethiopia Humanitarian Fund), and BPRM (in partnership with Christian Aid). Although our proposals did not succeed to obtain resources, the assessments and project design exercises were all useful learning opportunities.

Training/refresher conducted on code of conduct & PSEA

All AHA new deployed staff have taken online PSEA training and got certificates. All staff also signed AHA PSEA policy with their contractual agreements.

Country Office's notable achievement this year

The 100% completion of all the targeted activities executed by AHA in Afar and Oromia regions.

Most memorable moment this year

AHA was requested by the UNHCR to undertake the responsibility of the installation of the (SSLs) both in the designated sites within the Aysaita and Barahle areas, as a new task and experience, and AHA confidently took the responsibility and installed all of the proposed solar street lights successfully and handed over timely.

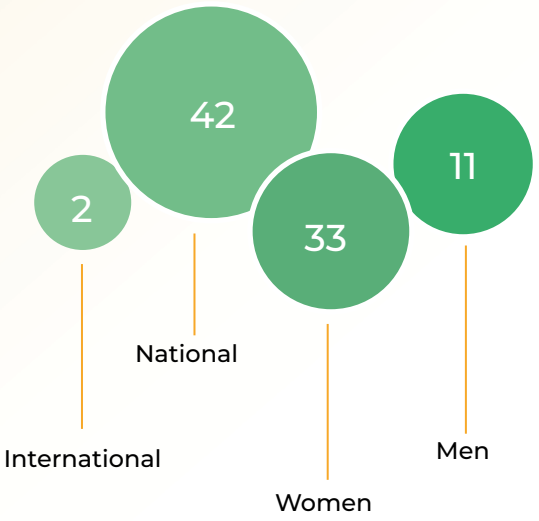
Country Office **Brief**

Rwanda

Primary Health	Reproductive Health	HIV/AIDS Program
$ 343,896	$ 92,156	$ 54,904

▼ *Decreased by* **79%** *From* **2022**

Number of Employees



Kiziba

20,408

Person of concern reached

75.5%

refugees

24.5%

host population

Gashora

699

regugees from transit and reception center

Kigeme

5,723

adolescents and youth

Mugombwa

4,803

adolescents and youth

Impacts of our services

Primary Healthcare

HIV/AIDS Program

Reproductive Health

Country of Origin

Congolese

97.3%

Others

Ethiopia, Eritrea, Somalia, Sudan, South Sudan

2.7%

AHA Operation regions

Target Population

Refugees, Asylum Seekers, IDP, Returnees, Host Community

- **Gashora Health Clinic**

  Bugesera District, Eastern Province,

- **Kigeme & Mugombwa Youth Friendly Corners**

  Nyamagabe & Gisagara Districts, Southern Province,

- **Kiziba HIV/AIDS & Youth Friendly Corner**

  Karongi District, Western Province.

Impact of our services / Key achievements

0.021/1,000 population/month

Crude Mortality Rate

0/1,000 population/month

U5 Mortality Rate

0/100,000 population/month

Maternal Mortality Rate

100%

Access to PHC, RH, HIV prevention and care services

100%

Global Malnutration rate

AHA Rwanda support (2023)

RH

3

refugee camps in the Eastern province, Southern province, and Western province

1

Transit Center in the **Eastern province, Southern province, and Western province**

26,633

Refugees & Asylum seekers from various countries of origin, majority being from the **Democratic Republic of Congo**

&

5000

Host Communities

70% PoCs

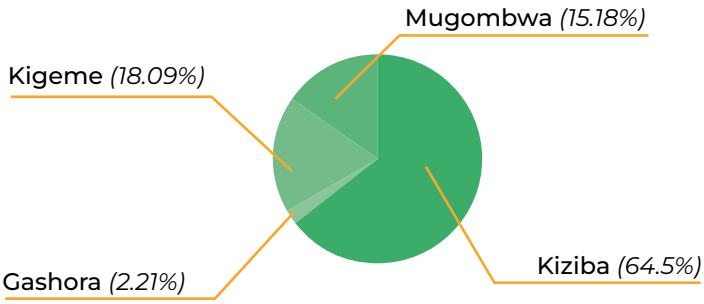
Referral to secondary and tertiary health care services was provided

100%

Safe motherhood services like antenatal care, delivery, postnatal care were provided beneficiaries in **Gashora**

Total Beneficiaries

31,633



AHA Rwanda operates the Gashora Transit Centre located in the Bugesera District which receives refugees and asylum seekers under an Emergency Transit Mechanism (ETM). In the Southern Province, AHA Rwanda operates **2 refugee camps Mugombwa** refugee camp in Gisagara District and Kigeme refugee camp in **Nyamagabe District**. In the Western province, it operates in **Kiziba** refugee camp located in the Karongi District.

In 2023, AHA Rwanda collaborated with UNHCR, UNFPA, and the Ministry of Health/CDC to provide services in the Health, Nutrition, Reproductive Health and HIV/AIDS sectors.

Under the ETM evacuees from Libya have been provided with basic preventative and curative services at the Reception & Transit Centre.

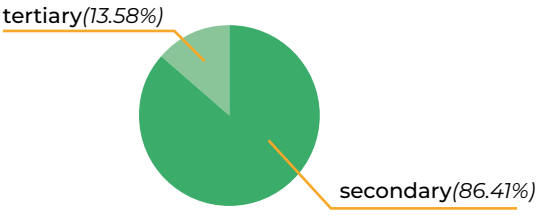
Referral to secondary and tertiary health care services was provided to PoCs in need of referrals. We couldn't provide referral services to all who need to be referred due to budget constraints. There was always a 24-hr ambulance service for emergency referrals especially for obstetrics cases to district and tertiary level hospitals.

Blanket feeding programs were provided to pregnant and lactating women, children between 6-59 months and patients with chronic medical cases (PLHIV & TB). Nutrition education and counseling service was provided to refugees at risk of malnutrition. Supplementary and therapeutic feeding programs are functioning well but no MAM and SAM cases were identified during the nutrition screening.

Gashora

10,638
*consultations were carried out at **OPD***

171
patients were admitted and treated



TOTAL : 265
referrals made to higher level hospital

100%
***ART** treatment coverage as per the national protocol;*

99% +
deliveries were assisted by skilled health workers in health clinic;

100%
*access to **VCT, PMTCT, RH** services like the nationals;*

100%
*childeren between 6-23 months & **PLMs** were admited in **BSFP**;*

100%
TB** & **PLHIV** were admitted in the **SFP

Kigeme, Kiziba & Mugombwa

190

*comprehensive **HIV** prevention, care and treatment services provided*

36.8%



refugees

63.2%



nationals

*people living with **HIV (PLHIV)** in Kiziba health center with funding from **MoH/CDC***

*In Kiziba, all new HIV cases identified at the Health Facility level and through index testing approach were enrolled into **ART** program.*

183

*self-test kits for **HIV** were distributed to refugees in Kiziba mainly targeting **female sex workers**.*

*Monthly home visits were carried out to clients with poor adherence to **ART** and appropriate counseling was provided*

10-24 years of age youth

*in Kigeme, Kiziba and Mugombwa refugee camps with funding from **UNFPA/KOICA**. Testing for **STI**s and **HIV** were done at the **YFC**s in addition to consulting and counseling.*

Challenges incurred in reporting year

- Shortage of financial resources;
- Lack of incinerator, placenta pit & laundry service in Gashora health clinic.
- Lack of appropriate isolation center;

Lessons Learned

- Regular and close coordination of different partners with **UNHCR** & **MINEMA** has resolved many challenges;
- Partnership with district health/MoH has improved mentorship program for our staff.
- Integration of refugees with Hepatitis B and C infections into the National Health Care System;

Notable Achievement this year

With the help of the Executive Director and Board Members, the Country Office has managed to keep its presence in Rwanda to implement Healthcare programs in Gashora, HIV/AIDS programs in Kiziba and ASRH services in Kigeme, Kiziba & Mugombwa.

Training/Refresher conducted on Code of Conduct & PSEA

Staff members undertook online training and received certificates on **PSEA.**

Memorable moment this year

Continuing the **HIV** program with **MoH-CDC** for **HIV** services in Kiziba is seen as a good initiative to keep **AHA** in the Humanitarian sector and it may open the door to be involved in the development domain.

Country Office **Brief**

South Sudan

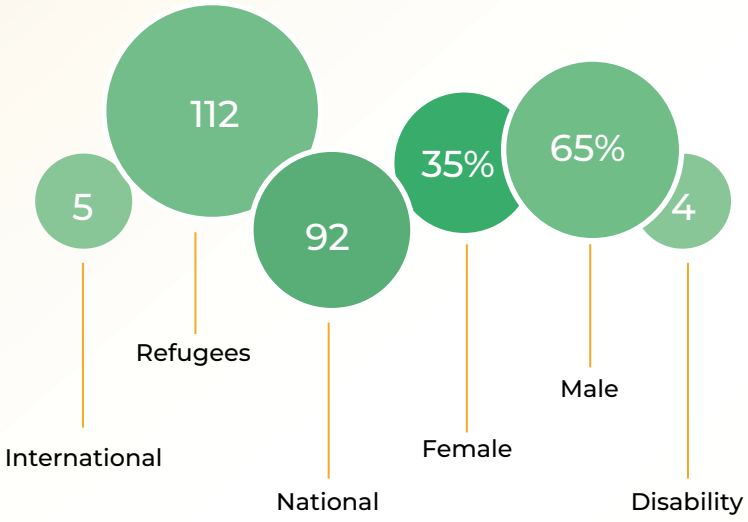
Primary Health, Nutrition
$ 1,353,505.19

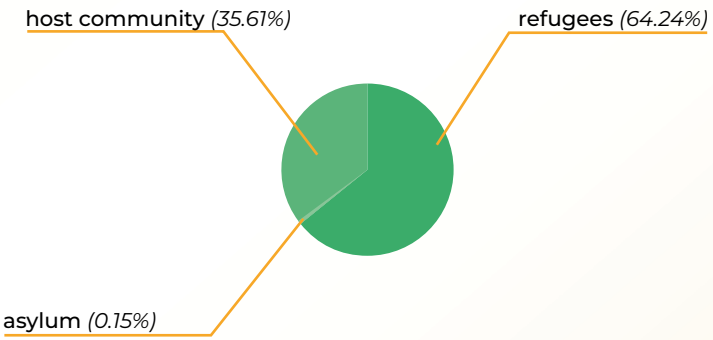
Hygiene Promotion
$ 636,332.81

Primary Health, Nutrition, Hygiene Promotion
$ 679,368.44

▼ *Decreased by* **17%** *From* **2022**

Number of Employees





Impacts of our services

- Sanitation & Hygiene Promotion Program
- Mental Health
- Home Base Care
- CMAM
- Consultation
- IPD
- HIV &TB preventation control program
- ICCM
- Maternal & Child Health Care

Country of Origin

Sudanese refugees/ Ethiopian Asylum seekers (Former UN peacekeepers)

AHA Operation regions

- **Ruweng Administrative area**
- **Pariang county**
- **Ajuong Thok refugee camp**

Target Population

Refugees, Asylum Seekers, Host Community

Total Beneficiaries

67,307



Ajuong Thok refugee camp is located in Paraing County; Jam Jang some 80 Kms from the Sudan border. The refugees are from the South Kordofan region of Sudan. The camp was first established in 2013. AHA, as UNHCR implementing partner, is operating the Health and Nutrition program for the 43.000+ refugees and 24,000 host community population of Jam Jang.

The camp is considered relatively stable with sporadic security incidents involving the refugees and host community members. Occasional theft and robberies are becoming more frequent in recent months. Following the Sudan crisis in April 2023, there has been an increasing security incident in the area.



With the interruption of movement of trucks and goods from Khartoum and the limited road access from Juba, due to the flooding in the neighboring state of Unity, access to food and other commodities was hampered, with skyrocketing prices of goods. The inconsistent availability of food and the devaluation of the South Sudanese pound with massive inflation aggravated the food security outlook and exacerbated the security incidents in the operational area.

We plan to continue the implementation of the UNHCR/BPRM projects, and continue the resource mobilization efforts and look for potential projects and expand our portfolio of services.

Sanitation and Hygiene Promotion Program

287,417 **45%***(male)* **55%***(female)*
total beneficiaries reached

32,880
house-to-house visits by CHHPs group sessions at the health facilities, schools, market and GFD sites.

711
house hold construction assisted by CHHPs (drop hole covers)

1,435
new taps

72,658
HHs

471,712
served bars of soap

1/4 year
review meetings with water committees to get feedback on issues of water and sanitation facilities and services.

116,658
jerry cans cleaned

23
campaign sessions

5 days **21***(male)* **29***(female)*
training CHHPs on the packages of hygiene promotion including community TB screening.

6 days **134***(male)* **26***(female)*
refresher training Model Households on community health package.

1 day **55***(community & religious leaders)*
refresher training on cholera IPC.

100 **PoCs**
trained in water management in collaboration with local authorities or other external partners.

Mental Health

820 **88.5%***(refugees)* **11.5%***(national)*
provided with mental health and psycho-social support services

259 **91.9%***(refugees)* **8.1%***(national)*
were provided with specialized mental health services

*A technical working group (***TWG***) was established by* **AHA** *and co-chaired by UNHCR and* **MoH/CHD**. *The* **TWG** *aimed to improve* **MHPSS** *coordination, inter-agency referral linkages, collaboration, and advocacy through evidence-based best practices.*

Home Based Care

741 **43.85%***(male)* **56.14%***(female)*
clients reached, the CHHPs provided education on psychosocial self-care, integration with family and neighbors, and reintegration

191 **37.8%***(male)* **62.8%***(female)*
received PFA for anxiety and other related medical conditions & problem-solving counseling sessions

191 **37.8%***(male)* **62.8%***(female)*
individuals in distress received PFA through trained helpers who assisted them to address immediate problems and basic needs via active listening, ensuring their safety, promoting calm, and providing referral to locally available services or resources.

Consultation

103,398 **18.55%***(refugee)* **18.45%***(national)*
beneficiaries consulted at Hakima PHCC and Ajuong Thok PHCU

40
patients per clinician per day;

Morbidity

51%
malaria

25%
URTIs & LRTIs

7.8%
OPD

IPD

6,129 **66%***(refugee)* **34%***(national)*
total admission

71,694
malerial tests conducted

58.56%

positivity rate

7,498
syphilis tests conducted

9.9%

positivity rate

3 days
training for clinical staff on rational use of antibiotics and combating antibiotic resistance.

6,030
clients received minor surgical services including wound debridement, dressing, abscess incision & drainage, burns and repair of laceration.

113,399
lab tests performed

26.2%

BS

73.78%

RDT

184
presumptive TB cases were tested using the **GeneXpert machine** *and the* **Microscopy method**

7
positive cases identified and enrolled into the program

5 days
training on counseling and provision of LARC was also conducted.

109
dental extractions.

353
voluntary male circumcisions performed.

iCCM

16,702 **49.5%***(male)* **50.5%***(female)*

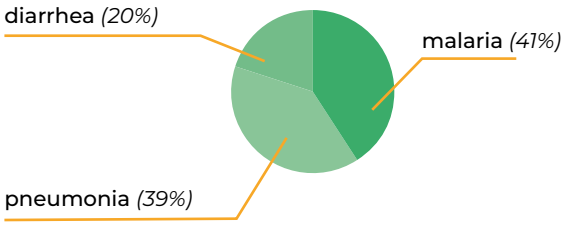
U5C reached with iCCM services

▲ *Increased coverage by* **20%** *From* **2022**

due to the strengthened effort on availability of supplies and improved promotion of the programme.

435 **50.6%***(male)* **49.4%***(female)*

U5 children were found with danger signs and referred to the health facility within 24 hours of onset.



Cases Seen

19,313

CMAM

1,581

children admitted into TSFP

481

PLWs with MAM were identified and enrolled into TSFP

246

U5 children with SAM were identified and enrolled into the OTP

42

children with SAM and medical complications were admitted and treated at nutrition SC

PLW & Childern 6-23 months

were supported with BSFP

HIV & TB Preventation & Control Program

19,588 **96%***(refugee)* **4%***(national)*

people were reached with HIV/TB educational messages.

4,349 **20.3%***(male)* **79.7%***(female)*

were counseled, and tested for HIV, with all positive cases linked to ART program

9 zones **Ajuong Thok refugee camp** *&* **Public places**

monthly awareness-raising campaigns on TB and HIV

Jam Jang FM 89.4

Conducted radio talks in collaboration with the Internews

Provided monthly adherence support program with the provision of the monthly sugar and wheat flour to clients on Anti-TB and on ART.

95%

sucess rate, out of the 39 clients who started Anti-TB treatment, 37 clients completed their treatment successfully

8,574

condoms were distributed.

MCM

22,860

lactating women with children aged **0-23 months** *attended awareness on appropriate* **IYCF** *practices provided through* **MCH** *staff,* **IYCF** *counselors and experienced key lead mothers selected from the* **84 MSG**s *that* **AHA** *supports.*

1,484 **83.4%***(refugee)* **16.6%***(host)*

pregnant women received **4 or more ANC.**

1,138 **77%***(refugee)* **23%***(host)*

live births were attended by skilled health personnel

95%

institutional deliveries

2,891 **84.4%***(refugee)* **15.6%***(host)*

postpartum women received **PNC** *services.*

100%

pregnant women attending antenatal care were tested for HIV, and those tested positive were linked to the **PMTCT** *program.*

2 **2023***(may)*

rounds of Vitamin A supplementation campaigns conducted.

7,586 **11%***(male)* **89%***(female)*
Vitamin A supplementation was given to children aged 6-59 months.

5 days **2023***(november)*

of Vitamin A supplementation and deworming campaign was conducted

7,204 **50.5%***(male)* **49.5%***(female)*
children aged 6-59 months received Vitamin A.

6,466 **49.6%***(male)* **50.4***(female)*
children aged 6-59 months received albendazole.

1,484 **83.4%***(ref)* **16.6%***(host)*

pregnant women received **4 or more ANC.**

2,891 **84.4%***(ref)* **15.6%***(host)*

postpartum women received **PNC** *services.*

100%

pregnant women attending antenatal care were tested for HIV, and those tested positive were linked to the **PMTCT** *program.*

852 **39.2%***(male)* **60.8***(female)*

individuals were reached with sessions on prevention of unintended pregnancy.

Measles Outbreak in Ajuong Thok Camp

Even though measles cases were detected and confirmed with WHO's laboratory testing in January (epidemiological week 2) in Pamir camp, The first case of suspected measles in Ajuong Thok was detected in early February (epidemiological week 7) of 2023. Following the Emergency Preparedness and Response Plan, AHA immediately informed Stakeholders, including UNHCR, MoH and other partners and established a taskforce. The task force declared the response approach and strategies using the WHO's outbreak response pillars.

392 **week 7 - week 20** *(index case)*

cases of measles were identified. With death form the nationals, all indentified cases were discharged from isolation centers cured.

90%
national

10%
refugees

1
death

AHA Undertakings (Preventive & Control measure)

Community level

AHA, through CHHPs, strengthened the regular health education efforts on personal, environmental, food and water sanitation practices, mobilized the community on importance of immunization

conducted house to house visits to check the immunization status of U5 children;

awareness campaigns on early care seeking behavior once the child presents or developed high fever associated with skin rashes

CHHPs were trained on measles case definition and contact tracing and to promptly refer all U5 suspected cases to the health facilities

Key health messages on measles were developed by the UNHCR/AHA team and translated to Arabic. This was distributed to the CHHPs and sent Internews to be broadcasted through Jam Jang FM 89.4.

Community mobilization and sensitization of Refugee Leadership, Block Leaders, Health Committee and CHHPs was conducted

Facilities

Hakima PHCC and Ajuong Thok PHCU ensured continuation of basic services throughout the outbreak period.

AHA continued strengthening health education and hygiene promotion activities at triage area, IPD, nutrition and maternity departments.

All suspected cases are assessed by clinicians and suspected measles cases with cardinal sign (fever, skin rashes, red painful eye and cough) were admitted for observation and treatment isolation ward from other children.

A CME session was conducted on the measles case definition to all clinical officers and nurses

All suspected measles cases were recorded and analyzed, daily line listing of cases was developed for case detection and reporting.

Measles Vaccination Campaigns (*25th - 31 of March*)

6,264

Reactivation campaign

82%

targeted children were reached.

7,509

Integrated campaign

vaccination was given along with vitamin A supplementation and deworming in coordination with MoH/CHD, WHO and UNICEF

100%

of under five children in the camp were vaccinated

Impact of our services / Key achievements

0.021/1000 population/month

Crude Mortality Rate

0.012/1000 population/month

U5 Mortality Rate

0

Maternal Mortality Rate

95%

coverage of institutional delivery (skilled birth attendant at birth).

90.1%

MHPSS revealed satisfaction among the surveyed participants

Challenges incurred in reporting year

Shortage of Drugs and commodities

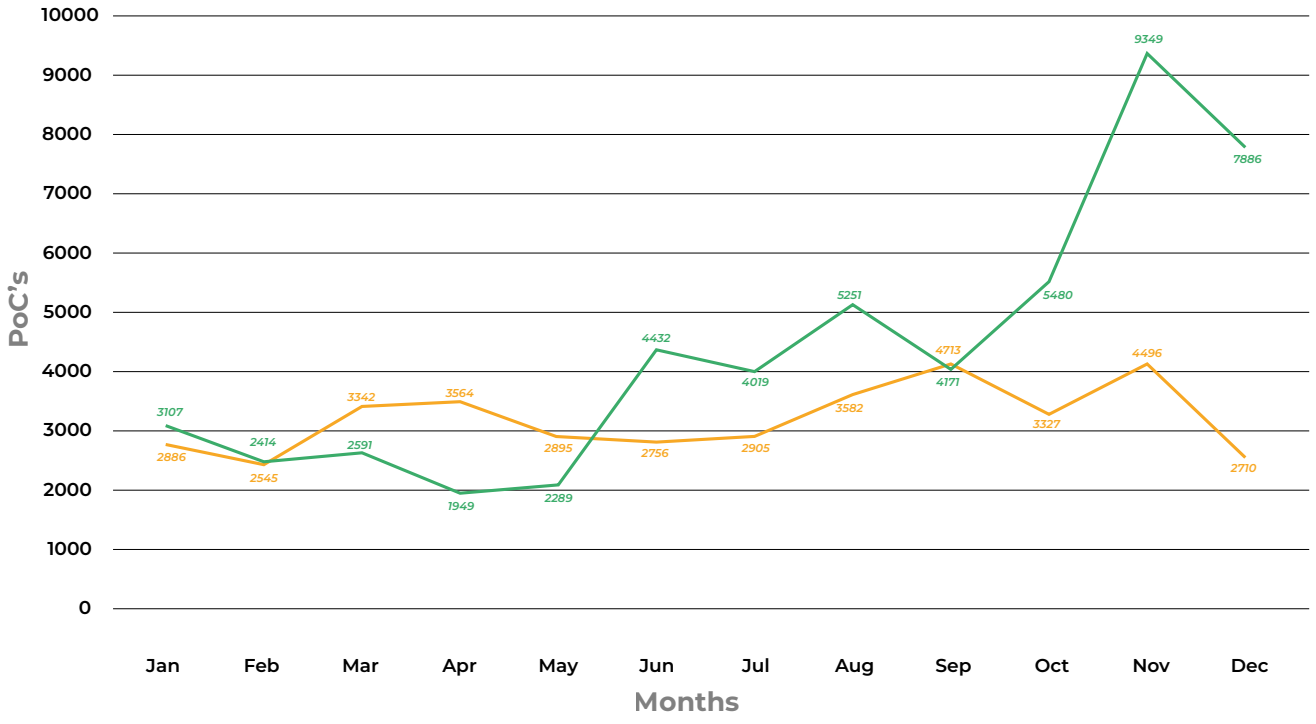
The year was characterized by shortage of some essential drugs and commodities. There was a MoU between UNHCR/UNICEF and WB that allowed UNICEF to fully support the health partners in Jam Jang with all the necessary drugs, supplies and commodities. Unfortunately the drugs and supplies have not been sufficient and in most cases not to the actual needs of beneficiaries. Repeated appeals for more drugs and supplies have been in vain. The supplies of Anti/TB and ART from UNDP/SMoH and RH commodities like contraceptives from UNFPA have been irregular and erratic as well, necessitating exchange and borrowing with other partners in the operational area.

Unprecedented cases of malaria:

The rainy season was characterized by an unprecedented level of Malaria cases in our health facilities. This has exerted pressure on human, materials resources; especially antimalarial drugs.

Malaria case load

TREND 2022 & 2023



Lessons Learned

Epidemiological analysis on the measles outbreak showed that host community children constituted 89% of the cases while refugee children accounted for only 11%. The same analysis revealed that 95% of affected children had not been vaccinated with the measles vaccine. This scenario reaffirmed the importance of achieving high measles vaccination coverage in the prevention of outbreak; at the same time lessons was learned that low coverage of measles immunization in the neighboring host communities poses a threat of outbreak in the camp hence the importance of strengthening efforts to reach more children in the host community with vaccination and improve the coverage.

Training/Refresher conducted on Code of Conduct & PSEA

AHA, as part of its protection and PSEA mainstreaming, holds mandatory annual PSEA training (online and in-person) for all its employees and associated personnel.

AHA utilizes well equipped trainers on PSEA and adapted training materials prepared in line with IASC PSEA guidelines and minimum of standards aimed at capacitating staff to know about PSEA

Comply to zero-tolerance PSEA policy

Take responsibility for reporting any allegation and collaborating during the investigation of the allegation

AHA is committed to arrange online or in-person training based on employees' skills and/or access to the internet

AHA is committed to enhance beneficiary population awareness by mainstreaming PSEA into Health project activities aimed at enabling beneficiaries to be able to know about PSEA, and reporting channels.

AHA developed an annual work plan and implemented PSEA capacity building accordingly. Ensured proper documentation of training events

282 **69.5%***(male)* **30.5%***(female)*
online

232 **68.5%***(male)* **31.5%***(female)*
in person

100%

training compliance rate

Based on the organizational capacity assessment made by UNHCR in 2023, AHA managed to strengthen its system to full capacity meeting all eight UN core standards on PSEA

Notable Achievement this year

AHA South Sudan's greatest achievement for the year 2023 is to secure the partnership and the mandate in the health project for refugees in Ajuong Thok for the year 2024-25. The massive reduction of funding to UNHCR South Sudan forced the latter to consolidate partners and discontinued partnership agreements with several NGO partners in Jam Jang and Maban camps.

Outreach activities (local fundraising, networking events, coordination and partnership meetings etc.) conducted locally in the reporting year

In 2023 AHA South Sudan established a consortium with IRC and applied for UNICEF World Bank grant for the health and Nutrition program in Ajuong Thok. A project spanning for a period of 18 months, till June 2024.

Engaged a team of 2 consultants; developed various concept notes and project proposals for funding which include UNICEF, FAO, UNHCR, and a ToR for the establishment of a training school for health workers in Pariang.

Country Office **Brief**

Sudan

Community-based protection and support for South Sudanese Refugees (SSR) in North Darfur

$ 125,299.35

Community-Based Protection and NFI/Shelter Projects for Internally Displaced Persons in North Darfur

$ 105,718.35

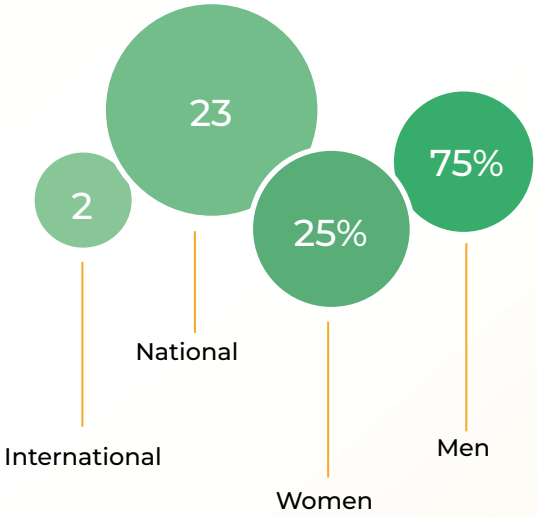
Emergency Response

$ 500,000

Expenditure from Conrad N. Hilton Foundation didn't begin until Jan 2024.

▼ *Decreased by* **86%** *From* **2022**

Number of Employees



Impacts of our services

Refugee Program

IDP Programmes

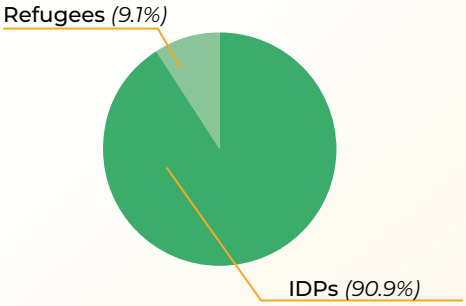
Emergency Response

Country of Origin

South Sudan
IDPs in North Darfur

AHA Operation regions

North Darfur state Elfasher town in Kabkabiya, Tawill, Kutum and Allite localities



Beneficiaries Profile

Total Beneficiaries
270,660

The humanitarian situation in Sudan has worsened in 2023 due to the eruption of the fighting between the SAF and the RSF across the Country, which caused widespread shortage of food, water, fuel, limited communications and access to services, and extreme inflation of prices of essential items. Millions of people were displaced due to the conflict. Darfur continues to face a complex humanitarian crisis, marked by violence, displacement, and human rights violations. Hostilities have intensified, leading to a convergence of a worsening humanitarian calamity and human rights crisis.



Refugee programs in Allite settlement sites

13

community-based refugee protection network members were given materials that include backpacks, stationery, notebooks, pens, plastic bags, and a monthly mobile credit card to strengthen the community-based protection networking

26

community-based protection members were given cell phones to monitor protection and report protection threats

Community-based Protection Performance Review meetings were held in the first and third quarters to discuss the risks and difficulties that refugees face associated with protection in light of the on-going conflict in the nation

1,398

PSN from South Sudanese refugees were identified and provided with non-food items

3 PoCs

Sleeping Mats and blankets

2 PoCs

Plastic sheets, Jerrycans and Mosquito nets

6

bars of soaps and a solar lamp per person



IDP

4

IDP camps had conducted the performance review meeting related to IDP protection in the first quarter of the year

56 **69.6%***(male)* **30.4%***(female)*

members attended the performance review meeting

64

Community-based IDP protection members were provided with back bags, notebooks, pencils, paper, and other stationary supplies in Kutum, Kabkabiya, Tawila, and Sortony IDP camps.

Impact of our services / Key achievements

Active participation of Refugees, IDPs, and returnees in decision-making.

The coordination mechanism for Protection Monitoring has strengthened.

Challenges incurred in reporting year

Lawlessness

The AHA-Sudan office was completely destroyed, and cars and office equipment were taken away, the militants occupied the office.

Closing of service-delivery institutions

The planned protection activities could not be implemented as anticipated due to bank closures, power outages, communication cut off, lack of transportation and movement restrictions.

Economic Crisis

The war between RSF and SAF led to acute shortages of gasoline, food, water, and medication for over 25 million people, or half of the country's population, posing serious humanitarian issues.

Challenges facing humanitarian agenciess

Scarcity of resources, bureaucratic roadblocks, theft, and instability are just a few of the issues that humanitarian groups must deal with. It is challenging to effectively aid individuals in need because of these obstacles.

Lessons Learned

Significance of peace building

As the Sudanese scenario makes clear, peace must be established in violent places in order to protect human rights and alleviate humanitarian problems.

Lessons from Humanitarian Operations

The significance of collaboration between public servants, donors, and humanitarian organizations is important to respond to crises and to advocate for access to affected populations jointly.

- **Training/Refresher conducted on Code of Conduct & PSEA**

25 **76%***(male)* **24%***(female)*

refresher training /orientation on Prevention of sexual exploitation and abuse was provided

- **Country Office's notable achievement this year**

Ensuring that all AHA employees were safe despite being in the midst of Sudan's ongoing war

Country Office **Brief**

Uganda

Provision of Comprehensive Primary Health and nutrition services to refugees and host population

$ 924,724

Supplement Provision of Comprehensive Primary Health and nutrition services to refugees and host population in Kyaka II R/S

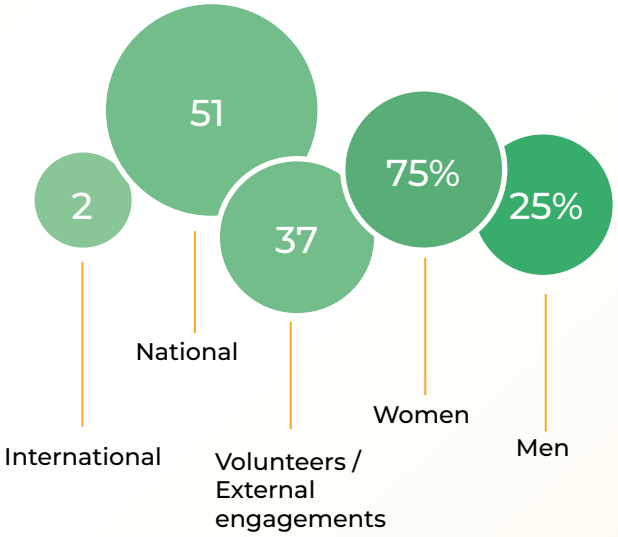
$ 406,096

▼ *Decreased by* **21%** *From* **2022**

Total Beneficiaries

115, 947

Number of Employees



Impacts of our services

Maternal & Child Health Care

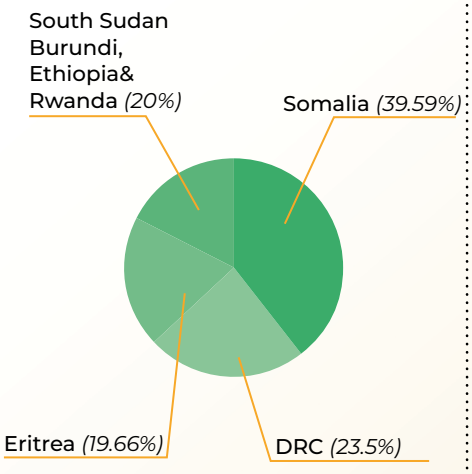
IDP Programmes

Consultation

Mental Health

Country of Origin

Somalia, Democratic Republic of Congo, Eritrea, South Sudan, Burundi, Ethiopia & Rwanda



AHA Operation regions

Central Region

Expenditure from Conrad N. Hilton Foundation didn't begin until Jan 2024.

Western Region

Kyegegwa District, Kyaka II Refugee Settlement.

Urban refugees in Kampala continue to experience substantial obstacles in accessing healthcare services, including access to essential medicines, medical investigations, and other crucial healthcare provisions. The health system in Kampala is already burdened by a large national population that an additional refugee population only serves to further exacerbate the situation. The health system is marred with frequent stock out of medicines and other medical supplies, overcrowding, and understaffing. Kampala is challenged with poor service delivery, non-functional community system, poorly funded leadership and governance for health services directed to the nationals.

The urban refugee population has tripled in the last five years and continues to grow while putting the current healthcare system under severe stress to address the health needs for both nationals and refugees. Refugees in Kampala, continue to face several challenges in accessing PHC services including limited availability of public health facilities, language barrier coupled with discrimination at the health facilities, frequent out of pocket expenditures to supplement services available at the facilities and high costs of healthcare.

These same challenges mirror the situation at refugee settlements and as such pose the same issues in Kyaka II Refugee settlement where AHA is supplementing and supporting the health project. AHA plans to increase the scope of its intervention, embark on an SGBV prevention and mitigation project in Kampala. This will be similar to the project currently in Kyaka II.

Kampala Project

4,835

were supported at the AHA access centers of Kabuusu and Nsambya

23

individuals reached, a group IPT session targeted refugee youths with substance misuse issues

Mental Health Care

48

group psychoeducation sessions on treatment adherence, self-care and caregiver cares

540

participants

AHA participated in twenty-one coordination meetings with various stakeholders, including KCCA advocating on behalf of refugees. Additionally, AHA supported initiatives such as the Polio Mass Vaccination Campaign through mobilizing urban refugees and providing logistics support

19 **in-person** **30** **tele-consulting**

sessions were conducted focusing on drug adherence

20

home visits were conducted

26

supported persons

145

individuals with emotional disorders and substance misuse received individual problem management and psychological intervention

125

individuals successfully recovered and reintegrated into the community

30

Hospital Aides were recruited and deployed

5

selected Public Health Facilities

2

Health Centre IVs

3

National Referral hospitals

7,333 **38.1%***(male)* **61.9%***(female)*

refugees and asylum seekers with translation services at Health facilities

70.4%



urban.

29.6%



settlements

3,438

supported in tertiary care units

18%



emergencies

82%



cold / stable cases

46%



investigation

39%



medicines

249 PoC's

AHA actively participated in 3 medical camps, providing specialized orthopedic care, surgical procedures, and comprehensive medical services

48

community dialogues organized

724 **37.6%***(male)* **62.4%***(female)*

reached beneficiaries on health topics including malaria prevention to mental health

7,267 **38.7%***(male)* **61.3%***(female)*

individuals were reached during sensitization efforts

128 **100%***(female)*

conducted 6 cooking demonstrations

Kyaka II Project

20 **70%***(male)* **30%***(female)*

Training on rational use of antibiotics was given from Bujubuli HC III, Mukondo HC II, and outposts in Kyaka II.

13,111

malaria treated

70.5%



The malaria positivity rate in under five children

3,012

diarrhea treated

2,421

pneumonia treated

200

delivered chemical reagents

350

delivered COVID PCR reagents

FREE

delivered COVID PCR machine for testing to Kyaka II.

AHA also procured medical supplies Including immunoassay tests, hematological supplies, malaria diagnostic kits, zinc/ORS co-packs, and thermal paper for laboratories.

Impact of our services / Key achievements

- **Number of U5 deaths per 1000**

250	0
Annual Target	*Actual*

- **Number of referrals for secondary/ tertiary care**

2,200	3,438
Annual Target	*Actual*

- **OPD consultations**

8,000	49,916
Annual Target	*Actual*

- **Number of women receiving IPT 3**

200	547
Annual Target	*Actual*

- **Number of women delivering from health facility**

400	380
Annual Target	*Actual*

Challenges incurred in reporting year

The financial burden to improve the quality of care and services within the health system, and on patients with high referral costs can be overwhelming and is a significant challenge to overcome.

Insufficient data recording in the District Health Information System 2 (DHIS2) hinders the ability to track and respond to health trends and needs.

Lessons Learned

The urban refugees are settled in various parts of Kampala. The only clusters that are easily identifiable are in Makindye, Rubaga and Central. This makes surveillance within these communities particularly difficult as the routine method, "VHT's" for the settlements, was not functional in the urban areas. AHA had to develop an alternative way to reach out to these communities which involved the use of ethnic leaders and volunteers to identify and respond to health needs respectively.

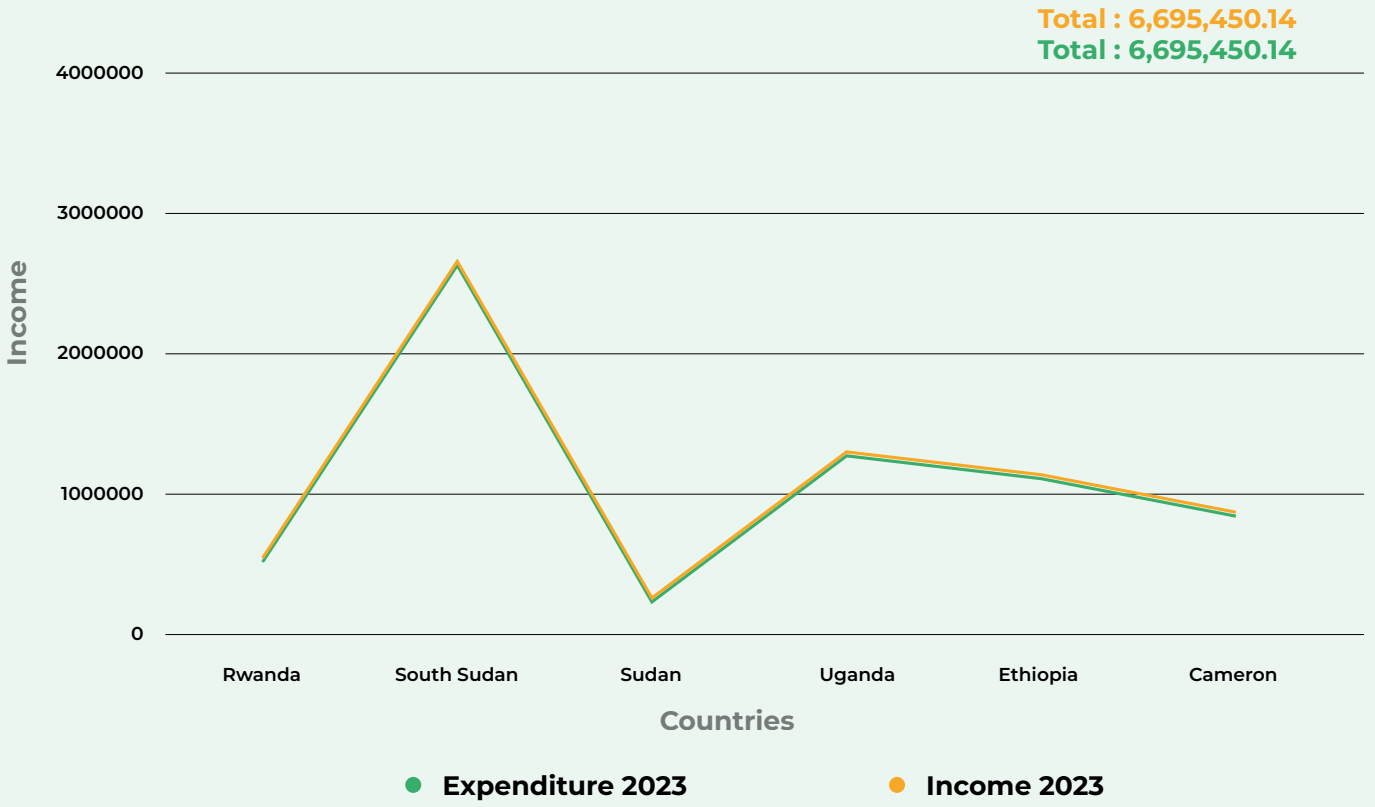
Another critical lesson is the significant impact of financial barriers on healthcare-seeking behavior. When investigations and medicines are not provided free of charge, individuals often face high out-of-pocket expenses, which can deter them from seeking necessary medical care.

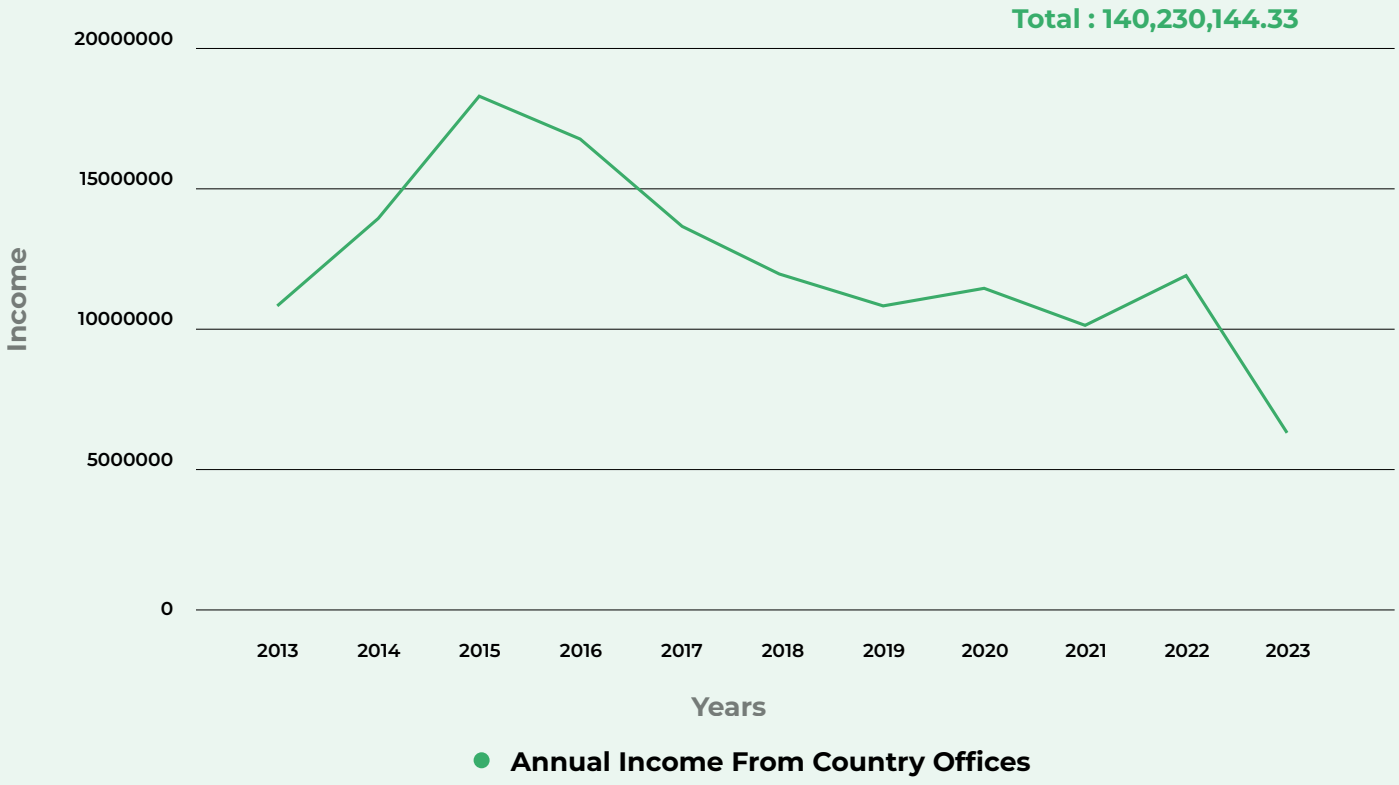
One key lesson learned is the need for collaborative efforts involving various stakeholders, including healthcare providers, policymakers, and patient advocacy groups, to address the unavailability of free investigations and medicines. Such collaboration is essential for identifying sustainable funding models and mechanisms to ensure the availability of these essential healthcare components at affordable or no cost.

- **Training/Refresher conducted on Code of Conduct & PSEA**

  The PSEA component is embedded in orientation, staff general meetings, and staff retreats.

Finance and Audit





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TZ AUDIT
Audit ■ Tax ■ Accounting

INDEPENDENT AUDITORS' REPORT TO THE MANAGEMENT OF AFRICA HUMANITARIAN ACTION ETHIOPIA COUNTRY OFFICE

Opinion

We have audited the accompanying statement of financial position of Africa Humanitarian Action Ethiopia Country Office for the year ended 31 December 2023, statement of income and expenditures for the year then ended and a summary of significant accounting policies and other explanatory information.

In our opinion, the accompanying statement of financial position of Africa Humanitarian Action Ethiopia Country Office as at 31 December 2023 present fairly, in all material respect, and its financial performance for the year then ended in accordance with generally accepted accounting principles applied on a consistent basis.

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 Financial Statements section of our report. We are independent of the company in accordance with the ethical requirements that are relevant to our audit of the financial statements 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.

Emphasis of Matter

We draw attention to Note 2 'Financial Statements Preparation' in the financial statements. This note explains that these financial statements constitute a separate set for the Ethiopia Country office. Our opinion is not modified in respect of this matter.

Responsibilities of Management's and those Charged with Governance

Management is responsible for the preparation of the financial statements in accordance with the generally accepted accounting principle, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the organization ability to continue as a going concern basis of accounting unless the management either intend to liquidate the organization or cease operations, or has no realistic alternative but to do so.

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Telephone: /+251 11 690 01 01/ +251 11 650 53 71, Email: tzaudit@tyzconsulting.com

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that include our opinion. Reasonable assurance is a high level of assurance, but not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatement 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 these financial statement.

As part of an audit in accordance with International Standards on Auditing, an audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial statements 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the presentation of the financial statements.

We will evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation. We communicate with the management regarding, among other matters, the planned scope and timing of the audit and significant audit findings.

Tensae and Zelalem TZ
Audit Partnership

Addis Ababa
28 March 2024

Deloitte.

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United Nations High Commissioner for Refugees ("UNHCR")

To: Matthew Crentsil ,UNHCR Representative, (Kampala/Uganda)
cc: Jason hepps, UNHCR Deputy Representative, (Kampala/Uganda)
cc: Lena Masila, UNHCR Country Office focal Person, (Kampala/Uganda)
cc: Wossen Taye, Country Representative, Africa Humanitarian Action, Ethiopia (Kampala, Uganda)
cc: Dunstan Balaba, Permanent Secretary OPM (Kampala, Uganda)

INDEPENDENT AUDITOR'S REPORT

Unmodified Audit Opinion

We have audited the accompanying Project Financial Report ("PFR") for the Provision of Comprehensive primary health and nutrition services to refugees and host population" provided by Africa Humanitarian Action, Ethiopia (the "Partner") which comprises cash receipts and disbursements as well as instalment payments between the contractual parties for the period covered by the PFR 1 January 2023 to 31 December 2023, including the liquidation period and a summary of significant accounting policies described under note 1.

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

Basis for Unmodified Opinion

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

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

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

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

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

MAKING AN IMPACT THAT MATTERS since 1845

Partners: N. Kaguiro A. N. Muraya* F. Okwiri* P. Ssali
*Kenyan
Associate of Deloitte Africa, a Member of Deloitte Touche Tohmatsu Limited
The firm is licensed and regulated by Institute of Certified Public Accountants of Uganda

INDEPENDENT AUDITOR'S REPORT (Continued)

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

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

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

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

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

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

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

The engagement partner responsible for the audit resulting in this independent auditor's report is CPA Paul Ssali, Practicing certificate No P0508.

Deloitte & Touche
Certified Public Accountant of Uganda

9 May 2024

Kampala

AHA's Footprint



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

**** Countries served in 2023***

AHA is a registered Charity in Switzerland

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

AHA is a longtime partner NGO with UNHCR and an awarded partner agency of the AU

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

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







We welcome your support

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Africa Humanitarian Action
Account Number: 279-d71055620
IBAN: CH5700279279D71055620
Swift Code: UBSWCHZH80A

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

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