Africa Humanitarian Action





2024 ANNUAL REPORT

africahumanitarian.org

Credits

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

Content: AHA Offices
Editors: Dr. Elias Mammo and Nebiyu Ermies
Pictures: Country offices
Design and layout: Spectrum Brand Solutions PLC

This report provides a concise overview of the varied activities of Africa Humanitarian Action (AHA) in the countries it served in the year to 2024.

For additional information please contact:

Communications Officer
Communications@africahumanitarian.org
Africa Humanitarian Action (AHA)
P.O. Box: 110 code 1250 Addis Ababa, Ethiopia
Tel: +251(0) 116 60 48 00
Fax: +251(0) 116 60 54 00
www. africahumanitarian.org

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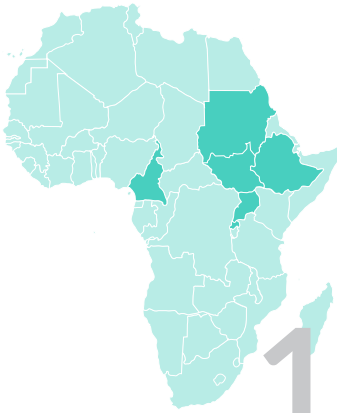
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Abbreviation Index

AHA- Africa Humanitarian Action
ASRH- Adolescent Sexual and Reproductive Health
ANC- Ante-natal Care
ART- Anti-Retroviral Treatment
AU- African Union Commission
BHA- Bureau for Humanitarian Assistance
BSFP- Blanket Supplementary Feeding Programme
BUB- Best Use Before
CDC- Centers for Disease Control and Prevention
CMAM-Community Management of Acute Malnutrition
CO- Country Office
CPs- Cooperating Partners
CSB++- Corn and Soya Blend
DHIS- District Health Information System
ESNFI & MPCA- Emergency Shelter/Non-Food Items and Multipurpose Cash Assistance
ETM- Emergency Transit Mechanisms
FDCs- Food Distribution Centers
FDPs- Forcibly Displaced Peoples
FLA- Field Level Agreement
FSP- Financial Service Provider
GBV- Gender Based Violence
HEWs- Health Extension Workers
HHI- Harvard Humanitarian Initiative
HIV/AIDS- Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
HPs- Hygiene Promoters
IDPs- Internal Displaced Peoples
ICVA- International Council of Voluntary Agencies
ID- Infectious Disease
IFA3- Iron and Folic Acid 3
IHR- International Health Regulations
IMAM- Integrated Management of Acute Malnutrition
INGO- International Non-Government Organization
IOM- International Office for Migration
IMC- International Medical Corps
IPs- Implementing Partners
IPC- Infection Prevention and Control
IPT- Interpersonal Psychotherapy
IYCF- Infant and Young Child Feeding
LEARN- Local Engagement and Response Network
LESS- Logistics Execution Support System
LNNGOs- Local and National Non-Government Organizations
LMS- Last Mile Solution
MAM- Moderate Acute Malnutrition
MHPSS- Mental Health and Psychosocial Support
MINEMA- Ministry in charge of Emergency Management
MMSG- Mother-to-Mother support group

MOH- Ministry of Health.
Mpox- Monkey Pox
MRC- Medical Referral Committee
MUAC- Mid-Upper Arm Circumference
NCDs- Non-Communicable Diseases
OCA- Organizational Capacity Assessments
OPD- Outpatient Department
PCOs- Project Coordination Offices
PDM- Post-Distribution Monitoring
PHC- Primary Health Care
PHCUD- Primary Health Care Unit Director
PHEOC- Public Health Emergency Operation Center
PLHIV- People Living with HIV
PNC- Post-Natal Care
PoC- People of Concern
PSEA- Protection from Sexual Exploitation and Abuse
RCCE- Risk Communication and Community Engagement
RISE- Responsive Information Services in Emergencies
RRT- Rapid Response Team
SAM- Severe Acute Malnutrition
SFP- Supplementary Feeding Programme
SNF- Specialized Nutritional Food
SOSOMA- Sorghum, Soybean, Maize blend
TB- Tuberculosis
TC- Transit Center
TPM- Third Party Monitoring
TSFP- Targeted Supplementary Feeding Programme
U5- Under 5
UN- United Nation
UN ECOSOC- UN Economic and Social Council
UNHCR- UN High Commissioner for Refugees
UNICEF- UN International Children's Emergency Fund
VCT- Voluntary Counseling and Testing
VSF- Vétérinaires Sans Frontières
WASH- Water, Sanitation, and Hygiene
WFMAs- Woreda Field Monitoring Assistants
WFP- UN World Food Programme
WHO- UN World Health Organization

Foreword



Misikir Tilahun
Executive Director

Thirty-one years ago, the events of the 1994 Rwandan genocide spurred into action a small team of African health workers in Ethiopia to deploy to Kigali as a rapid response team to provide life-saving aid to survivors. What began as a small mobile health team based on the grounds of Hôtel des Mille Collines led to the founding of Africa Humanitarian Action (AHA). Since then, we have continued to expand the depth and breadth of our reach, as much as our resources have allowed.

Over the last three decades, with the support of our donors, partners, and dedicated team, we have provided care to more than 33 million displaced people and their host communities, addressing essential needs such as primary health care, nutrition, shelter, environmental protection, and reproductive health, all through principled, efficient, and innovative methods.

The rising numbers of forcibly displaced people, driven from their homes by conflict, climate change, and related factors, have been at the heart of emerging humanitarian crises. Limited resources and declining financial support have left millions without essential aid, underscoring the urgent need for coordinated intervention. In this annual report, we invite you to review AHA's latest efforts and accomplishments to deliver life-saving and long-term assistance despite these challenges. We hope the report will reflect our resolve to meet the moment.

In Sudan, we distributed 1,536,000 liters of safe drinking water to 22,332 displaced people in El Fasher. In Rwanda, health interventions ensured the provision of essential health care to refugees and asylum-seekers hosted in the Gashora Transit Center. In Cameroon, essential healthcare reached some 23,000 children under the age of five, while proactive measures in the Ajuong Thok camp in South Sudan successfully prevented cholera outbreaks during a declared epidemic.

Our achievements extended to Uganda, where we surpassed targets for tertiary healthcare referrals and mental health support. Among the many remarkable stories is the recovery of a 23-year-old patient in the Kyaka II settlement. Her journey from progressive lower limb weakness caused by post-TB deformity underscores the life-changing effect of our sustained care. In Ethiopia, our partnership with the World Food Programme (WFP) provided dedicated oversight to ensure that essential food supplies reached the students who depend on them. Through the monitoring of feeding programs in 44 schools, we ensured that 12,275 students received vital nutrition.

These and other accomplishments outlined in this report exemplify our dedication to delivering lifesaving assistance and alleviating suffering for the populations we serve.

> **OVER THE LAST THREE DECADES, WITH THE SUPPORT OF OUR DONORS, PARTNERS, AND DEDICATED TEAM, WE HAVE PROVIDED CARE TO MORE THAN 33 MILLION DISPLACED PEOPLE AND THEIR HOST COMMUNITIES, ADDRESSING ESSENTIAL NEEDS SUCH AS...**

In our humanitarian policy advocacy work, we called on the African Union to intensify efforts towards the effective implementation of relevant AU instruments and policies. Specifically, we urged for focus on strengthening conflict prevention and resolution mechanisms, increasing continental humanitarian funding, expanding the implementation of the Kampala Convention, and integrating climate resilience strategies to address the root causes of displacement. In addition, we took part in the "High-level Pledging Event for the Humanitarian Situation in Ethiopia" held in Geneva, and shared our experience and perspectives on a panel discussion to drive transformative change in Ethiopia through community-led solutions for accountability and resilience.

I take this opportunity to extend our deepest gratitude to our partners, donors, and staff. Your continuous investment, skills, and efforts have allowed us to remain steadfast amid challenges. As we try to find innovative and sustainable ways to confront the recent shocks of budget cuts and reductions in official development assistance (ODA), our commitment to dignity, empowerment, and community-driven solutions remains unwavering.

Africa Humanitarian Action

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

Partners and Supporters since 1994

AHA'S PARTNERS AND SUPPORTERS INCLUDE:

Active Learning Network for Accountability and Performance (ALNAP)
Africa Development Bank Group (AFDB)
Africa Initiative for Relief & Development (AIRDA)
African Union Commission (AU)
The Bureau of Population, Refugees, and Migration (BPRM)
The Conrad N. Hilton Foundation

Dan Church Aid (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 Office for Migration (IOM)
Liberia Refugee Repatriation and Resettlement Commission (LRRRC)
Lutheran World Federation (LWF)
Norwegian Refugee Council (NRC)
Pathfinder Ethiopia
Reproductive Health Uganda (RHU)
Special Emergency Activities to Restore Children's Hope (SEARCH)
Swedish Refugee Aid
UBS Optimus Foundation
UK Department for International Development
UN International Children's Emergency Fund (UNICEF)
UN Economic Commission for Africa (UNECA)
UN Food and Agricultural Organization (FAO)
UN High Commissioner for Refugees (UNHCR)
UN 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

About AHA

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

For 31 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 programs to 20 African countries and channeled nearly $245 million to reach over 33 million people affected by crises to 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 program 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 programs 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 is 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 assigns an Executive Board, determines policies, and ensures quality and accountability to affected populations and donors.

AHA works with a wide range of humanitarian and development partners. 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 network. In addition to its legal status with the African nations where it operates, AHA is a tax exempt registered public charity in Washington D.C. in the USA and in the Canton of Geneva in Switzerland.



31 Years

20 African

COUNTRIES

$245 Million

CHANNELED

33 Million

PEOPLE AFFECTED BY CRISES REACHED



Vision

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



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 advise the international community, governments, the civil society, and the private sector on humanitarian issues of concern to Africa; and promote collaboration among them accordingly;
- Build partnerships and collaboration with national and local authorities, non-governmental 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.

Featured Story



CAMEROON - SUCCESS STORY 1

Health Center: District Hospital
IYCF Support Group: ZIA-MA
Created: in 2017 by the partner LWF and trained on agriculture
Dynamized: in April 2023 by AHA and trained on IYCF.
Number of members: 15 including 8 men and 7 women

«ZIA-MA IYCF support group. As part of our community awareness activities to prevent malnutrition and support IYCF in the community. Our group received support with seeds and training in vegetable growing techniques. We have planted an area of 1 hectare with cabbages, green vegetables, and okra. Part of which has been dedicated to consumption in our households, to culinary demonstrations and another for sale. The sales of these products gave us funds to expand our established farm, purchase more equipment and resolve our problems within the group; Our families had enough and our diet was varied. We also had soilless crops, in bags which also helped us a lot at home. At the community level, that is to say the market, the various garden products could be seen in large quantities and many households did not suffer from the shortage like in other years.

UGANDA - SUCCESS STORY 1

Post-TB Deformity Surgery and Rehabilitation

A 23-year-old female patient from Kyaka II settlement came to AHA with a history of progressive lower limb weakness, a consequence of post-TB deformity. She had been experiencing significant physical limitations, and after multiple reviews at Mulago National Referral Hospital, several investigations were conducted, including Liver Function Test, Renal Function Test, Magnetic Resonance Imaging, Complete Blood Count, Erythrocyte Sedimentation Rate, C-Reactive Protein, Spine X-ray, serum electrolytes, Hepatitis B Virus, Randomized controlled Clinical Trials, and Hepatitis C Virus, to understand her condition more thoroughly.

With the results in hand, it was clear that surgery was necessary. The patient was admitted and successfully underwent posterior decompression and instrumentation surgery to address the deformity. During both the pre- and post-operative phases, the patient was closely monitored and managed in the hospital ward until notable improvements were seen.

To further support her recovery, the patient was transitioned to outpatient care where she continued her management, including medications and rehabilitation. A blood transfusion was also given to assist in her recovery.

Alongside the medical treatment, the AHA medical team provided valuable counseling sessions before the surgery, offering both emotional support and encouragement, which greatly helped the patient feel more at ease and hopeful about the procedure.

Now, the patient is stable, and her progress has been remarkable. She can sit comfortably and stretch her legs, which were once difficult tasks for her due to the deformity. Her recovery continues with physiotherapy, and a follow-up appointment has been scheduled for November.

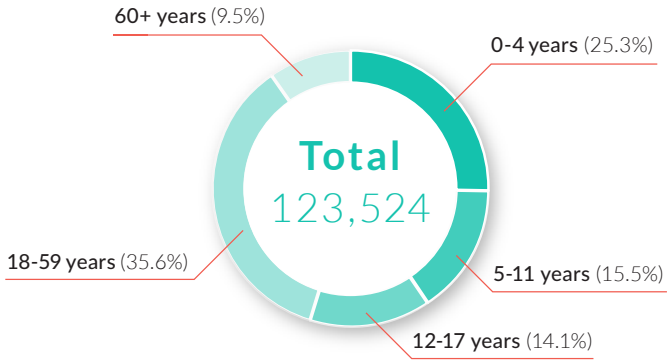
The patient expressed deep gratitude to AHA for the comprehensive care she received, particularly for the medicines, investigations, and counseling, which played a crucial role in her recovery. She appreciates the support from AHA team for their dedication to her well-being.



PoC's reac

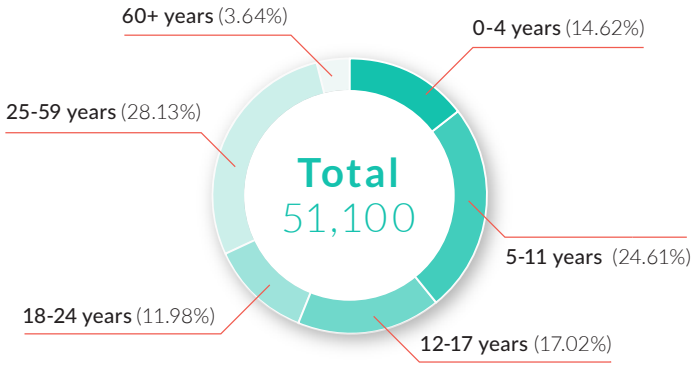
SUDAN

48% 52%



CAMEROON

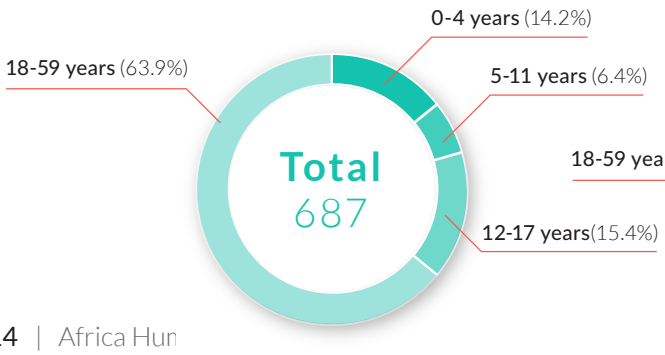
46.80% 53.20%



RWANDA

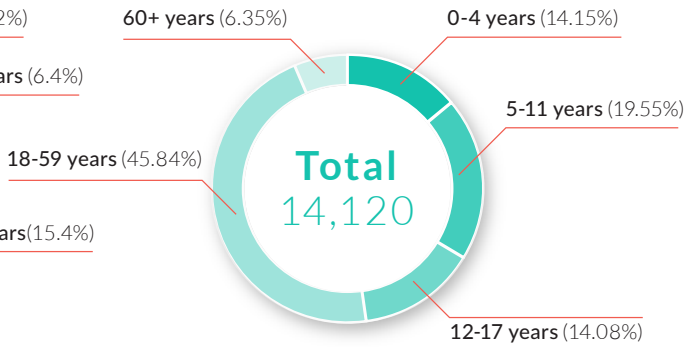
Gashora

54.4% 45.6%

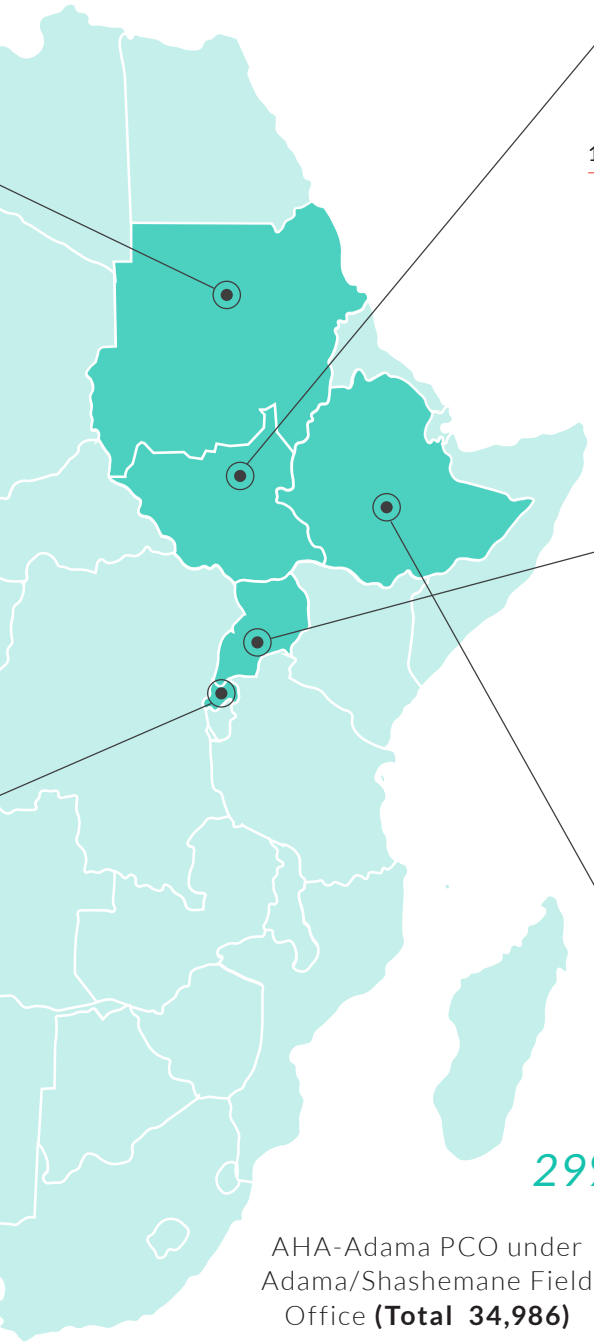


Kiziba

52.5% 47.5%

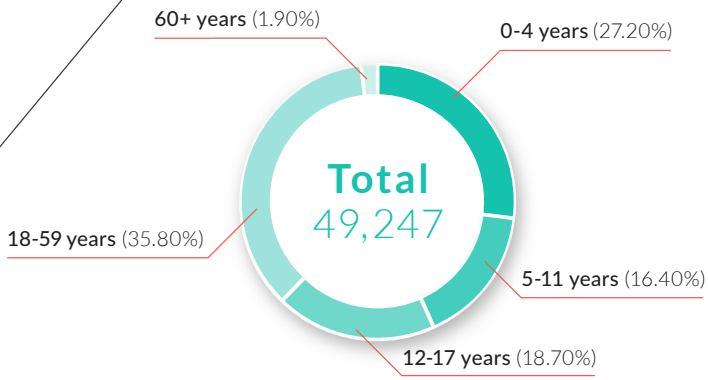


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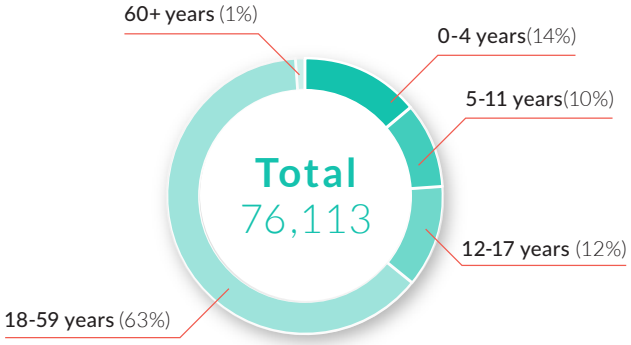
SOUTH SUDAN

44.8% 55.3%



UGANDA

44.1% 55.9%



ETHIOPIA

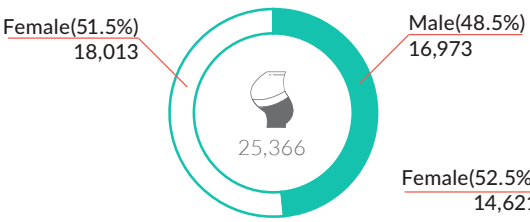
29% 71%

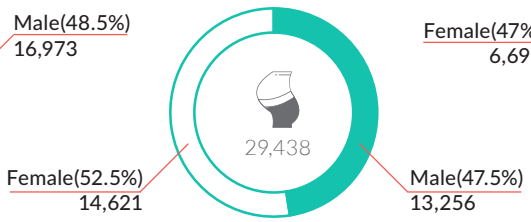
54,804

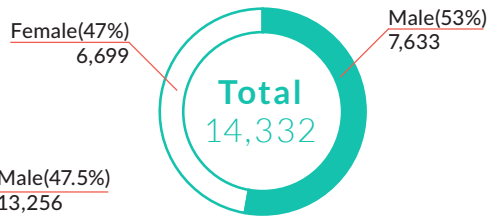
AHA-Adama PCO under Adama/Shashemane Field Office **(Total 34,986)**

AHA-Adama PCO under Dire Dawa/Harar Field Office **(Total 27,877)**

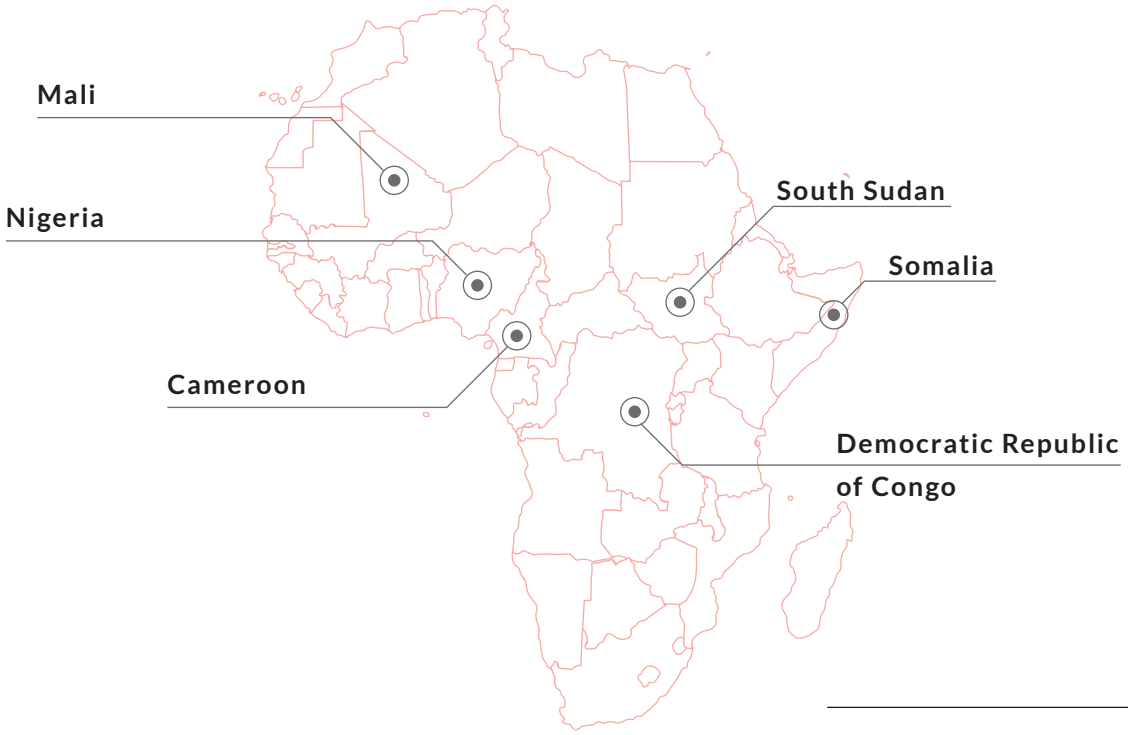
School Feeding AHA-Adama PCO under Shashemane Field Office







Story Country Office Brief:
Head Office



AREA OF OPERATION

40 LNNGOs

BENEFICIARY PROFILE

General Background of the humanitarian situation

LEARN aims to address the critical gaps in the capacity of LNNGOs as first responders to ID outbreaks in humanitarian settings. Led by IMC in consortium with AHA, VSF, HHI and the ICVA, the program seeks to empower 80 LNNGOs across 14 countries by strengthening their technical and operational capacities and fostering networks of local first responders.

The project was designed to cover 17 domains under four major blocks (humanitarian coordination, outbreak detection, community health and safety in outbreaks and operational management) and three cross cutting (One Health, Community Engagement and Planning) thematic areas. LEARN aimed at enhancing the timeliness, reach, and coverage of readiness and response efforts during ID outbreaks.

Country Office Data: Head Office

Main achievements

Stakeholder and Strategy Mapping:

AHA carried out a thorough desk review and key informant interviews to identify stakeholders, structures, platforms, relevant activities, policies, and strategies across Somalia, Mali, Nigeria, Cameroon, South Sudan, and the Democratic Republic of Congo (DRC) concerning outbreak preparedness and response.

Baseline and OCA:

The consortium conducted baseline assessments along with technical and operational evaluations to assess the status of 40 LNNGOs in outbreak response and customize training programs accordingly. Through extensive assessments in both English and French, the consortium pinpointed specific training needs and technical capacity gaps, ensuring focused and effective capacity-building initiatives.

Strengthening LNNGOs:

AHA adapted and organized training resources, documentation, and developed e-learning courses in both French and English on IHR, PHEOC, and Health Cluster coordination.

Webinars for LNNGOs:

AHA developed and facilitated webinars for 12 LNNGOs in Mali and Somalia, focusing on IHR, PHEOC, and Health Cluster principles.

Internal Capacity development:

To strengthen local emergency response efforts, AHA established a multisectoral core RRT team. Members completed over 40 hours of WHO and Africa CDC training courses to enhance their response capabilities. In addition, the team also participated in health cluster and risk communication and community engagement in person training facilitated by WHO and READY initiatives respectively. in coordination with IMC, Terms of Reference for the deployment of the RRT was developed. Members of the RRT also provided support in co-facilitating RCCE training in Ethiopia.

Simulation Training Exercises:

In coordination with VSF, ICVA and IMC, AHA developed training materials for tabletop simulation exercises on PHEOC and Health Cluster for planned in person training in Mali and Somalia. Unfortunately, the training was cancelled following the abrupt stop order from BHA.

Participation in Key Regional & Global Coordination Meetings:

AHA represented LEARN and took part in the Regional Dialogue on RISE. The team also actively engaged in monthly WHO Health Cluster coordination meetings, CDC Mpox Briefings, global coordination calls with Mpox protection partners, and various national and regional health cluster meetings.

Stakeholders Engagement in Somalia & Mali:

AHA with IMC conducted an engagement visit to Somalia, meeting with key stakeholders including IMC Somalia team, LNNGO representatives, the National Institute of Health, Somalia NGO forum, One Health Center, Somalia Health Cluster, and the BHA Somalia office.

Epidemiology bulletin:

AHA developed epidemiology bulletins that are regularly published on AHA's website, providing vital insights and updates on public health trends, emergency preparedness and response efforts.



Challenges

- The sudden stop-work order and the subsequent termination of the LEARN project had a significant impact on staff, beneficiary LNNGOs and on the AHA organization at large. AHA faced both legal and reputational consequences due to the abrupt termination of the project. AHA has engaged advisors on Ethiopian labor law to mitigate the consequences.



Lessons Learned

- Meetings with LNNGOs highlighted the urgent need to enhance their capacity for infectious disease response while also advocating for their meaningful involvement in infectious disease platforms.
- The visit to Somalia provided valuable insights that can shape the project's implementation. Observations and stakeholder feedback suggest that similar engagement visits to other cohort countries would be essential for the project's success, and AHA strongly recommended conducting such missions even though the project was terminated by the donor abruptly.

AHA Urges African Leaders to Address the Root Causes of Forced Displacement and Strengthen Continental Response

In February 2025, African leaders convened in Addis Ababa, Ethiopia, for the 38th Ordinary Session of the African Union (AU) Assembly of Heads of State and Government. On this occasion, AHA issued a statement urging Member States to take decisive measures to tackle the underlying causes of forced displacement and to allocate more continental resources to humanitarian efforts.

AHA urged the AU and its Member States to exert renewed efforts towards the effective implementation of relevant AU instruments and policies, with particular focus on strengthening conflict prevention and resolution mechanisms; increase continental humanitarian funding; implement the AU's Kampala convention; and integrate climate resilience strategies. AHA firmly believes that it is time for Africa to implement its own solutions to the continent's displacement crisis, aiming to promote self-reliance, continental unity, and the dignity of African peoples.

- Stakeholders, including the Ministry of Health and local NGOs, widely acknowledge the necessity of capacity development for community-based actors. A recurring recommendation was to provide financial and technical support to trained LNNGOs to strengthen their outbreak response capabilities.
- During the OCA-technical and baseline result presentation and validation session, LNNGOs in Somalia and Mali accepted the analysis report and strongly advocated for further capacity-building initiatives.

Future Plans

Since the LEARN, project was originally intended to span five years but was unexpectedly halted in its second year, AHA will engage in collaboration and advocacy with diverse stakeholders to explore possibilities for its continuation.

DONOR	AMOUNT IN $ (DOLLARS)
USAID FROM THE AMERICAN PEOPLE **Bureau for Humanitarian Assistance (BHA)**	216,084.56
LEARN PROJECT	



Country Office Brief: Cameroon



BENEFICIARY PROFILE

70,477

Refugees

COUNTRY OF ORIGIN

Central African Republic

TOTAL NUMBER OF STAFF

International - 3

National - 38

Female & male among the general staff -
12 Female 29 Male

Number of staff with disability: 0

30% **70%**

The project targeted Central African refugees settled in the 7 refugee sites in the East and Adamaoua regions. Over the period, the total number of refugees in the sites changed due to population movements, life-cycle events (2,367 live births, 158 deaths), resettlement and voluntary repatriation, which involved 6,939 refugees. A physical verification operation (biometrics) was carried out in all refugee-hosting areas, and by December 31, 2024, the population under our responsibility was estimated at 51,100 individuals. The majority are women (53.2%). Children under 5 represent 14.6%.

General background of the humanitarian situation

Since 2003, Cameroon's geographical location in the Central African sub-region has provided 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 from January 2021. This influx of refugees is not without its social, economic and political upheavals. To this end, the Cameroonian government has benefited from the multi-faceted support of technical and financial partners, coordinated by the UNHCR, to provide health care and help with the integration of these populations. This mobilization of partners has lifted the humanitarian emergency and stabilized the intervention. However, a number of challenges remain (e.g. the sharp drop in resources, the empowerment of refugees, the breakdown of the healthcare system, etc.) to consolidate the care of local populations and refugees, most of whom will remain on Cameroonian territory for some time to come, while retaining their status as vulnerable populations.

Country Office Data:



Primary health

45,904

Individual consultations

6,488

People were referred from the community to health facilities

23,102

Children U5 were provided health care

929

Chronically ill patients were monitored

911

people were referred for secondary or tertiary care



Nutrition

To prevent acute malnutrition and micronutrient deficiencies among children, pregnant and lactating mothers, AHA strengthened nutrition surveillance system, strengthened infant and young child feeding programs and strengthened screening, education and optimal nutrition for pregnant and lactating mothers. Below are the major activities.

2,086
Pregnant women were dewormed

63
New admissions to the integrated therapeutic nutrition center

2,091
Pregnant women supplemented with IFA3

266
New admissions to the severe ambulatory nutrition center

2,289
U5 children were receiving vitamin A in the expanded program on vaccination

3,307
People took part in cooking demonstration sessions

29,400
People were sensitized on early childhood nutrition practices

329
New admissions to community management programs for severe acute malnutrition



Reproductive Health and HIV/AIDS

AHA strengthened the capacity of UNHCR supported facilities to provide preventive, palliative and curative care on reproductive health and HIV/AIDS: Prenatal care, awareness on behavioral change, volunteer testing and counselling, prevention of mother to child transmission, promoting the use of condoms, child delivery cares among the services provided.

6,025
People tested for HIV

9,678
People reached by community HIV awareness campaigns

982

New users of modern contraceptive methods

2,392

Births were delivered

2,624

People had their first contact prenatal visits

6,626

had their follow-up prenatal visits

Impact of our services / Key achievements

INDICATOR	ANNUAL TARGET	ACTUAL
Individual consultations in UNHCR-supported health services	46,000	45,904
Children U5 receiving care	23,000	23,102
Proportion of children aged 9 months to five years vaccinated against measles	95%	90,3%
New case of malaria	11,000	11,035
New case of TB	20	19
Chronically ill patients monitored (without HIV)	950	929
People referred for secondary or tertiary care	900	911
Individual consultations in UNHCR-supported mental health and psychosocial support services	1,000	1,004
Number of people reached by the sensitization on primary health	40,000	39,666
People referred from the community to health facilities	6,500	6,488
HIV-positive patients on antiretroviral treatment	100%	37 new cases
HIV-positive pregnant women starting ART treatment	100%	100% (10/10)
First-contact prenatal visits	2,600	2,624
Prenatal follow-up visits	6,500	6,626
Total number of births	2400	2392
Proportion of births attended by skilled health personnel.	>95%	95,7%
Rape cases handled	5	6
New users of modern contraceptive methods	1,000	982
People reached by community HIV awareness campaigns	10,000	9,678
Number of people tested for HIV	10,000	6,025
Patients on ART treatment who received viral load tests	1027	423

Prevalence of global acute malnutrition in children aged 6 to 59 months		5%
New admissions to community management programs for severe acute malnutrition	325	329
People sensitized on early childhood nutrition practices	30,000	29,400
People who took part in cooking demonstration sessions	3,500	3,307
U5 children receiving vitamin A in the Expanded Program on Vaccination	2,300	2,289
Pregnant women supplemented with IFA3	2,100	2,091
Pregnant women dewormed	2,100	2,086
New admissions to the severe ambulatory nutrition center	265	266
New admissions to the integrated therapeutic nutrition center	60	63



Challenges

- A drastic reduction in financial resources, despite the vulnerability of refugees remaining the same.
- Limited effectiveness of the national program offering free treatment for U5 children, hindered by a shortage of free malaria medication, leading AHA to cover costs to prevent complications.
- A critical shortage of specialty medicines, particularly psychotropic drugs.
- Insufficient numbers of qualified healthcare professionals, such as nurses and midwives.
- Inadequate basic equipment in maternity wards, hospital units, and laboratories.



Lessons learned

- It's not enough to take charge of the refugee to ensure effective integration. Rather, the system must be functional and capable of supporting the refugee. Continuous reinforcement is therefore needed to support the system.
- Without community involvement, health indicators cannot be maintained or improved. We need to support the community and encourage them to take responsibility.
- Joint supervisions by regional health delegation, Districts and UN agencies promote and help change behavior. They enable us to get to the bottom of problems and gaps, and find solutions. It is important to increase the number of joint supervisions to encourage the pooling of efforts and respond to needs and gaps in the refugee response.

In terms of opportunities and lessons to build on, the government's contributions through various health programs, such as vaccination, nutrition, HIV, TB, CSU, and its CHEQUE SANTE initiative, are particularly noteworthy. To maximize the impact of these initiatives, close collaboration with health officials is essential.

Training/refresher conducted on code of conduct and PSEA.

- All AHA staff have been retrained on the PSEA.

Plans for 2025

AHA-Cameroon plan is to continue with the health assistance and find other resource to fill the gap.

Any other achievement, challenge, strategic changes etc. that should be reflected on the annual report. Any special project or activity conducted in the reporting period can be shared with a detailed report.

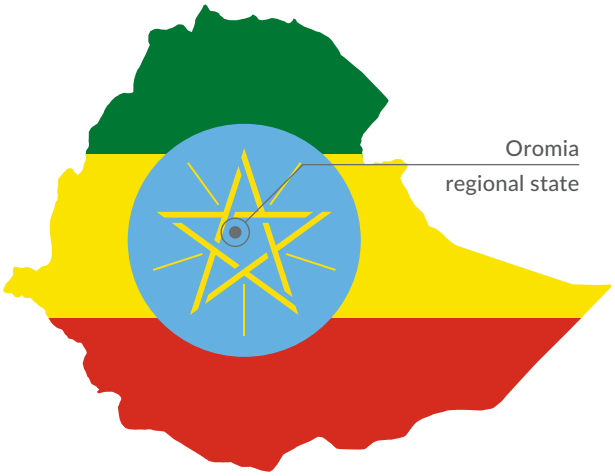
- AHA supported UNHCR in the physical verification and registration of refugees for its second phase. During the activity, AHA consulted and treated 295 people, including 125 staff members and 170 refugees.
- As part of the repatriation process, in collaboration with the relevant district teams, AHA carried out a medical screening that covered all candidates (medical screening for epidemiological, acute and chronic illnesses; checking the vaccination schedule and nutritional status of children under 5, pregnant and breast-feeding women; vaccination against yellow fever and Covid-19, Covid-19 screening, etc.). Throughout the repatriation process, the acute and chronic illnesses identified were managed. Chronic patient records, immunization records for children under 5, ANC records and family planning records were updated. Each chronic patient received a 3-month supply of medication. A total of 69,39 refugees were repatriated.

DONOR	AMOUNT IN $ (DOLLARS)
UNHCR The UN Refugee Agency	
PROJECT	
Health lives in the East and Adamawa regions	**500,000**

IT REMAINS THE SAME AS LAST YEAR



Country Office Brief: Ethiopia



AREA OF OPERATIONS

Oromia regional state Ethiopia

Arsi, East Shoa, East Hararghe, West Haraghe,West Arsi, Bale, Borena Guji, and West Guji zones.

24 Woredas/Districts namely Ethiopia

Girawa, Bedeno, Babile, Melka Bello, Meta, Gola Oda, Anchar, Gumbi Bordode, Chiro Zuria, Guba Koricha, Burka Dimtu, Hawi Gudina, Adamitulu Jido Kombolcha, Gololcha, Shashamane, Shalla, Siraro, Negele Arsi, Delo Menna, Raytu, Sewena, Moyale, and Miyo districts/ woredas.

TOTAL NUMBER OF STAFF

International: 0

National: 45

Female to male ratio among the general staff:
7 Female- 38 Male

Number of staff with disability: 0

15.5% **84.5%**

General background of the humanitarian situation

WFP has signed FLA with AHA in March 2024 for the period of November 31,2024, and extended to December 30,2024 for ten months to implement the project as the TPM arrangement. TPM project primary intended to provide support focused on improving and enabling better monitoring of supply needs, gaps, leakage, misuses and spoilage in the project Woredas while embedding performance and risk management routines alert and maintain close communication with WFP if

there are any supply issues immediately from the grass root level. AHA were engaged in ensuring proper elements of supply chain management system in place (request, distribution, storage and utilization) and misuse is not practiced at project woredas. Monitor and advocate supply recording tools are in place and correctly used.

The TPM also include Miyo Woreda School feeding program in 44 schools. Woreda food monitoring assistants visit both schools and health posts/FDCs to monitor live distribution and support HEWs and school communities on delivering health education on personal hygiene, food hygiene and the ways to prevent food contamination. To ascertain data quality and handle the compliance of the community it needs participating of beneficiaries and ensuring the transparency and accountability of service being provided. AHA encapsulate various structures and individuals in order to minimize the gaps that occur between the service providers (duty bearers) and right holders (community).

The TPM Project is implemented in twenty-four woredas in Oromia region under three field offices based on Adama, Harar and Shashamane to address 90% percent monitoring coverage as per the agreement. The overall goal of the project is to ensure the ability to collect and compile evidence based that informs the planning to carryout effective and timely assessment, delivery and distribution of SNF to the intended beneficiaries. AHA works as TPM partner on Nutrition program under project area.

To ensure continuity of an effective monitoring system, AHA has been working with government and beneficiary community to ensure that adequate capacity is built among the local work force. To this end, AHA closely monitor and ensure the smooth working environment with kebeles, Woreda, zonal and regional level stakeholders that provoke the efficient and effective use of limited resources to targeted beneficiaries. Besides, AHA strongly engaged on awareness creation on appropriate use of allocated resources to target Woreda to prevent misuse and work with those stakeholders whenever the misappropriation is occurred.

Country Office Data: ***Ethiopia***

UNHCR - Transition period activities

AHA completed the handover of UNHCR supported projects including shelter, environmental protection and energy production in Aysaita and Barahle camps in 2024.

WFP-TPM



Obtained access and mapped

- All the 616 SNF final distribution sites and maintain beneficiary contact person in each community.



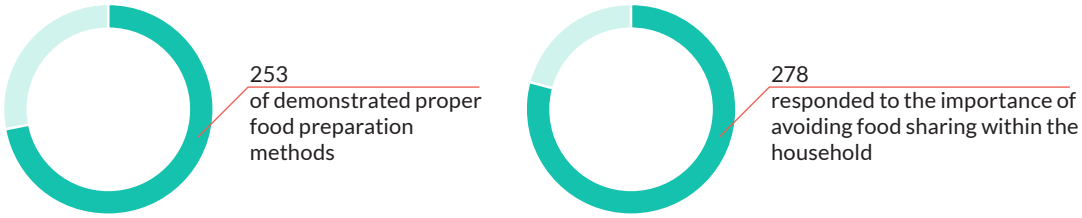
Monthly IMAM program monitoring (MODA) System.

- Data collection and validation was implemented in all 24 woredas monthly. Data Accuracy was assessed by Cross-checking reported data (e.g., number of children screened, admitted, and discharged) with findings from in person monitoring. Data discrepancy was observed in 20% of monitored health posts.
- 100% HEWs were given on site coaching.

Home Visit

During home visit U5 children and pregnant and lactating women were interviewed on utilization method of SNF and techniques used during preparation. In addition, safe keeping of supplies at household level is monitored. The finding indicates

- Among a total of 350 interviewed beneficiaries, 253 of demonstrated proper food preparation methods and 278 responded to the importance of avoiding food sharing within the household.



- In few monitored households, products that are damaged, had changed color, developed signs of infestation (bugs/beetles) and unpleasant odors were identified in Moyale, Siraro, A/T/J/K, Mio, Gololcha and Meta woredas in the month of November, 2024.

PDM:

With the aim of assessing the effectiveness, efficiency, and impact of SNF interventions on the target population (children with moderate acute malnutrition), AHA conducts PDM. Accordingly,

- First round PDM was conducted covering 80 and 219 households under Dire Dawa and Adama sub-offices respectively.
- Second round PDM have been implemented under Dire Dawa covering 360 households.

Logistical monitoring of storage facilities and receipt of SNF by CPs:

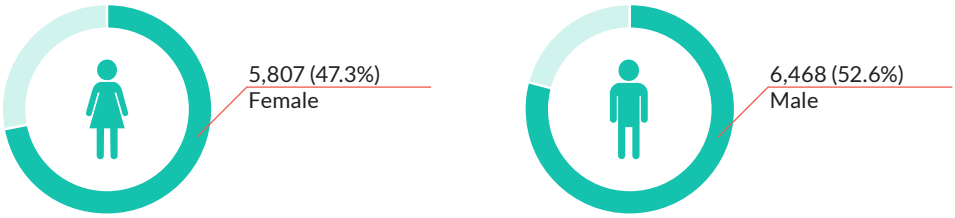
Arrival of SNF dispatches to distribution sites were confirmed at 673 FDCs every month. Receipt of Nutritional supplies to CPs is verified using LESS application in all 24 woredas. Proper storage and warehousing standards were evaluated on monthly bases.

Risk incidents and reporting:

Total of 14 incidents of SNF misplacement and theft were identified during project implementation, with recovered supplies returned to health posts for distribution.

School Feeding Program:

AHA monitored feeding program in 44 schools with 12,275 (Male = 6,468 and Female = 5,807) students. A total amount of Food Distribution CSB+ = 531.647MT of CSB+, 255.74MT of rice and 64.902MT of Vegetable Oil were allocated by WFP.



Supportive Supervision Findings:

Supportive supervision was conducted at various woredas and respective health posts/ FDCs and observed the following points in general in all supervised areas;

- Health Extension Workers: Well-oriented on program objectives, actively engaged in targeted supplementary feeding.
- Awareness & Misconception Tracing: Strong awareness creation among beneficiaries; effective misconception tracing noted, especially in Bokolo health post (Moyale Woreda).
- Screening & Documentation: Regular screenings for pregnant and lactating mothers and under-five children; well-organized documentation and timely reporting.
- Defaulter Tracing: Strong mechanisms using existing government structures in some health posts.
- School Feeding Program Challenges (Miyo Woreda): Concerns included non-enrolled schools, kitchen utensils shortages (mostly resolved), lack of cookers' protective equipment, sanitation and storage issues, discrepancies in SNF allocation, and untrained storekeepers.
- Impact on Schools: Increased student enrollment and reduced dropout rates attributed to school feeding programs; improved community ownership through kitchen construction and cookers' salary contributions.
- Remaining Challenges: Lack of standard kitchens, non-food items (NFI), proper feeding spaces, standardized storage, and water supply issues requiring students to bring water from home.



Communication and Coordination:

To enhance MAM management, AHA, as a TPM partner, ensured effective coordination and communication across stakeholders:

- Program Updates & Field Coordination: Delivered guidelines and decisions from implementing partners and donors to field teams in all 24 TPM woredas.
- Information Flow: Relayed field-level challenges, successes, and lessons learned to higher-level decision-makers.
- Community Engagement: Raised awareness about IMAM services, ensuring beneficiaries understood objectives, access points, and participation criteria.
- Stakeholder Collaboration: Facilitated coordination among implementing partners to align field activities with program goals.
- Annual Review & Local Collaboration: Organized review meetings across all 24 woredas, with WFMAS presenting project priorities and monitoring feedback, strengthening collaboration with local authorities.



Facilitation of near BUB SNF supply.

- Short BUB CSB++ delivery has been implemented under TPM monitors responsibility since April, 2024 with full coverage (100%). Organizing live distribution events and ensuring timely consumption of supply were completed effectively in all woredas with short BUB (100%).



Create conducive environment for the successful implementation for the project;

- Recruitment & Transfers: New staff recruited for Sewena, Melka Belo, Bedeno, and Delo-Mena woredas; internal transfers made for Siraro and Girawa woredas under TPM.
- Training & Orientation: On-the-job training provided on WFP priorities, strategies, guidelines, and national acute malnutrition protocols. New staff received orientation and were assigned with logistics support.
- Field Coordination: Field monitors introduced to woreda health offices by coordinators, with discussions on IMAM activity performance in collaboration with CPs (March 2024).
- LMS Training: Virtual LMS training conducted by WFP Adama Sub Office; access confirmation completed, enabling new staff to utilize the LESS application with minimal support.
- Data Collection & Reporting: Training provided on database usage, with experienced Woreda food monitoring assistants supporting new recruits in mastering ODK and LMS tools.
- Logistics: Motorbike licenses renewed for all Woreda monitors on time.

Last Mile Solutions

Facilitation of Food delivery and confirmationthrough LMS:

The project aims to ensure safe food delivery, enhance monitoring, improve community feedback mechanisms, and prevent misuse, ensuring transparency and proper beneficiary targeting. AHA, as a TPM partner, played a key role in SNF dispatch and confirmation through LMS:

- Accessibility filtering of health posts under respective woredas.
  - Identifying HPs with security issue, discussing with Woreda Health Office and PHCUD.
  - Identifying HPs with difficult Road condition/unreachable for transportation
- Ensuring availability of HEW on each site at the time of offloading SNF
  - Identifying those on annual leave/maternity leave/sick leave and arranging the possible solution
  - Identifying HPs actively providing service/Open
- Preparation and confirmation of Stamp/ink and Model 19 availability at each Health Post.
- Enhanced level of Communication with woreda health office, PHCUD, HEW and Kebele leaders on the process of SNF dispatch process and ensuring safe warehouse
  - Identifying those HPs which do not have store /warehouse for proper SNF storage,
  - Identifying those HPs with no guard for the store,
  - Repeated Discussion held with Woreda Health Office/Woreda Administrative Office/Health Center to solve those issues.

AHA, through WFMAs, managed SNF distribution and LMS confirmation across targeted woredas, with all completing distribution without convoy, except Siraro woreda during LMS startup. Efforts continue to optimize food delivery and monitoring processes.

Challenges

- Difficulties acquiring funds from Donors, even though many proposals submitted.
- Very limited budget allocation from UNHCR for 2024 Transition Period and delay in releasing the same budget to undertake the targeted activities.
- Short supplies of BUB and late arrival.
- Long process and delay in budget releasing/installment for timely implementation of the targeted activities of the TPM-WFP project, in addition to constraints associated with its WFP reimbursement policy.
- Security issues in some areas like Merti, Heban Arsi, as well as at some FDCs of Adamitulu Jido Kombolcha woreda that creating difficulties for smooth mobility of AHA-TPM staff.
- Accidents during field operations.

Lessons learned

- Strengthen communication and relationship-building with existing and potential donors through regular updates, success stories, and impact-driven reporting.
- Explore diversified funding sources, including private sector partnerships and multilateral grants.
- Coordinate closely with WFP teams to identify supply bottlenecks and forecast needs earlier.
- Initiate dialogue with WFP to jointly review and simplify the budget disbursement and reimbursement policy where possible.
- Develop internal bridging mechanisms or reserve funds to pre-finance activities pending WFP reimbursement, ensuring timely implementation.
- Strengthen financial planning and documentation to meet WFP's reimbursement requirements efficiently.
- Work with local authorities, security agencies, and community leaders to assess risk and implement mitigation strategies in insecure areas.
- Establish rapid response and support systems for dealing with accidents, including insurance coverage and first aid readiness.

Outreach activities

(local fundraising, networking events, coordination and partnership meetings etc.) conducted locally in the reporting year. In line with local fund raising and responding to local needs including humanitarian emergencies or development gaps, if there are any needs assessment conducted and or shared with donors.

- In addition to preparing various project proposals/concept notes presented in table below and submitting them to different donors, efforts were also made to discuss and explain to the concerned stakeholders including RRS and UNHCR to sustain the partnership of long years with AHA-Ethiopia.

Any other achievement, challenge, strategic changes, etc. that should be reflected on the annual report. Any special project or activity conducted.

- Since the termination of a 16 years consecutive partnership with UNHCR, AHA-Ethiopia is facing funding issues and couldn't continue providing the required services to the concerned communities while it sustains/continue the partnership only with WFP since 2022.

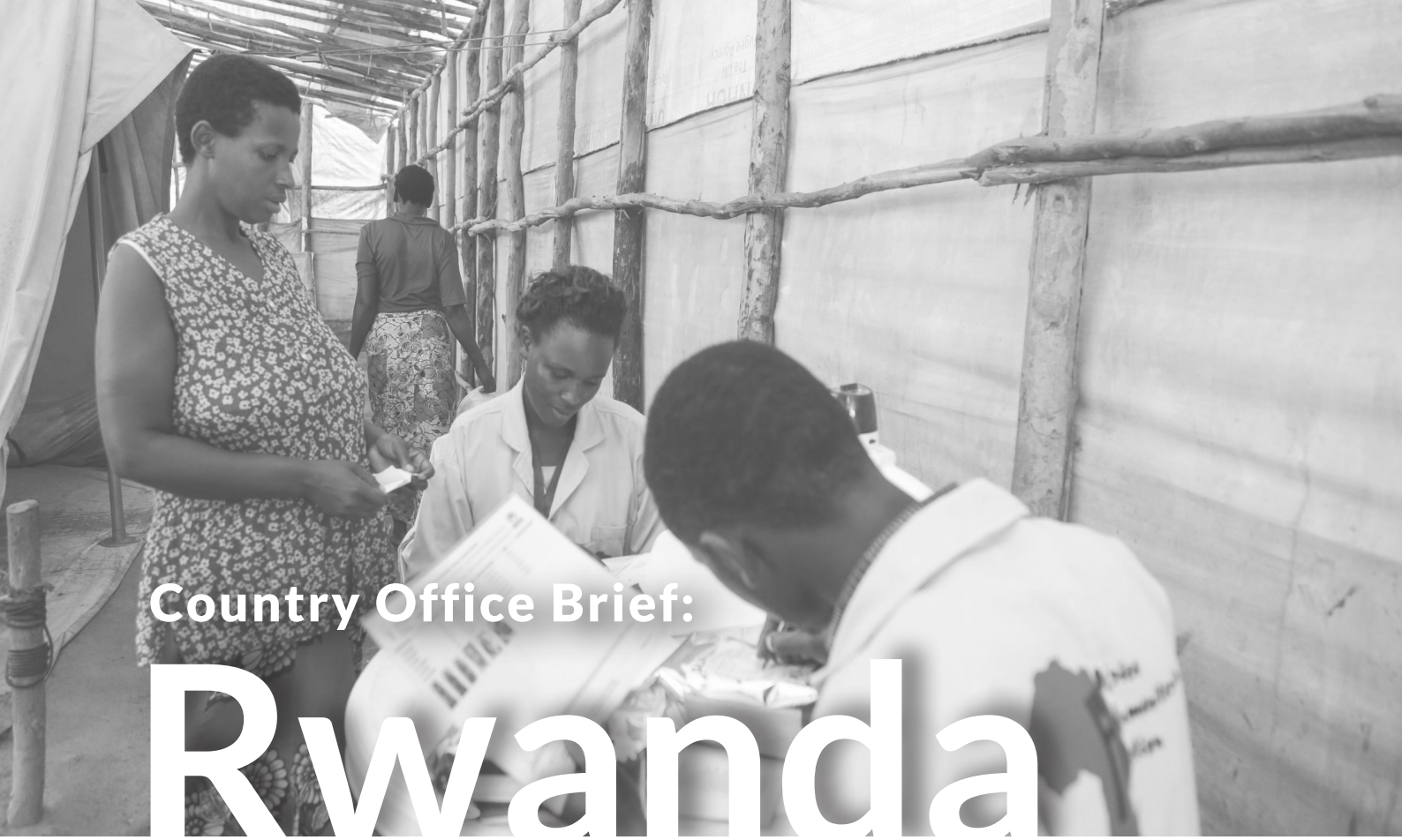
Plans / projects for 2025

- Project /FLA/ agreement for AHA-TPM project is already signed between AHA and WFP for a total of 6 months (Jan. 2025 to June 2025).
- The project is going to be implemented in 24 woredas of Oromia region focusing on 694 Nutrition 44 schools feeding sites.
- Total budget allocated for the proposed project period is 225,501 USD out of which 199,720 USD from WFP and 25,781 USD from AHA-Eth in kind.

TOTAL: 538,431 USD

DONOR	PROJECT	AMOUNT IN $ (DOLLARS)
WFP World Food Programme	TPM	490,434
UNHCR The UN Refugee Agency	Transition period for reporting and handover of 2023 refugee projects in Afar (Aysaita, Serdo and Berha camps)	47,997

DECREASED BY ABOUT 64.3 %



Country Office Brief: Rwanda



AREA OF OPERATIONS

Kiziba Refugee Camp, HIV Prevention & ASRH –

Kiziba, Karongi District, Western Province

COUNTRY OF ORIGIN

Kiziba: Burundian, Congolese

Gashora: Cote d'Ivoire, Eritrea, Ethiopia, Somalia, South Sudan, Sudan

TOTAL NUMBER OF STAFF

International – 2

National – 45 national (3 refugee support staff)

Female to male ratio among the general staff – 19 Female and 28 Male

Number of staff with disability – 2

40% **60%**

General background of the humanitarian situation

Gashora ETM was established in 2019 by UNHCR in collaboration with the government of Rwanda and Africa Union to facilitate the voluntary evacuation of people of concern from Libya and provide transit mechanism for third country resettlement. Since it became functional, the center has received around **1,700** refugees. AHA provides a comprehensive range of promotional,

preventive, and curative health care services to refugees with **100%** access to primary health care services.

In 2024, AHA-Rwanda office had operations in Gashora ETM and Kiziba refugee camp. In Gashora, AHA provided comprehensive primary health care for people of concern evacuated from Libya. The services provided ranges from screening on arrival to referral to secondary and tertiary hospital when the need arises. In Kiziba camp, the refugee population figure of **14,064** according to UNHCR report where AHA-Rwanda continues to provide services such as adolescence reproductive health, prevention and care of HIV/AIDS, and nutrition.

A 24/7 health care system is available for all individuals, including women, men, children, and people with disabilities, adopting a client-centered approach. In Gashora health clinic, **9,074** consultations were conducted, including **6,122** new and **2,952** repeat visits. A total of **170** patients were admitted for in-patient care. **9** new TB cases were enrolled in the TB program, and 8 TB patients are currently undergoing anti-TB treatment as of the end of the reporting period.

IPC measures were strengthened to prevent outbreaks. Routine preventive measures, including screenings, vaccinations, and hand-washing education, continued. **40** COVID-19 tests were conducted in Gashora TC, with no positive cases identified.

Both supplementary and therapeutic feeding programs are functioning effectively. Among children under five, **12** cases of MAM and **5** cases of SAM were identified. **2** adult SAM cases were also detected and assisted.

AHA collaborates closely with MINEMA, government health institutions, other IPs, UNHCR, and relevant UN agencies to carry out the activities outlined in the project. AHA has renewed its partnership agreements with public health facilities to ensure smooth referral mechanisms.

Country Office Data: *Rwanda*

Gashora

Primary health

Medical Consultation

563

new arrivals attended medical screening

9,074

consultations were held, 6,122 new and 2,952 repeat consultations, averaging 756.2 patients per month

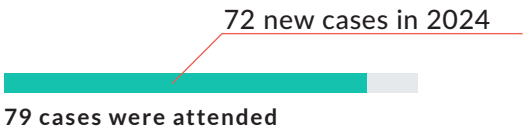
9,217
laboratory tests were conducted by qualified laboratory technicians

170
patients were admitted to the clinic, with an average of 14.2 admissions per month

24
patients with NCDs - 11 new cases and 13 follow-ups—were seen by medical doctors

Mental health services

79 cases were attended, including 72 new cases in 2024 and 7 follow-ups from 2023. A total of 208 counselling sessions were conducted.



The leading causes of morbidity includes: -

- Upper Respiratory Tract Infections,
- Dental conditions,
- Skin diseases,
- Gastritis and injury,
- Watery diarrhea,
- Intestinal worms,
- Lower Respiratory Tract Infections (LRTI),
- Sexually Transmitted Infections (STI),
- Chronic diseases, and
- Urinary Tract Infections (UTI).

Immunization

112
children (63 girls and 49 boys) were vaccinated

52
children received the measles vaccine at 9 months, and 15 children completed full immunization

Reproductive Health & HIV

Safe motherhood

ANC

150

pregnant women attended ANC services, including 38 new visitors, with one under 18 years of age

22

deliveries were registered, with 1 home delivery, resulting in 95.4% of deliveries attended by skilled workers. Of the 22 live births, 8 required Caesarean sections due to the Fetal distress (2), Previous repeated uterine scar (3), Indication of placenta abruption (1), Indication of cephalopelvic disproportion (2)

PNC

- 6 first visits, 7 second visits, and 6 third visits were conducted, with 8 mothers completing all three PNC visits.

Family Planning

48

refugees are actively using modern family planning methods

137

Awareness campaigns such as family planning and cervical cancer have reached 137 refugees (118 women, 19 men)

HIV Care and Treatment

7

active PLHIV (2 women and 5 men) were receiving ART at government health facilities

1,084

clients underwent regular VCT, with 2 testing positive for HIV

Hepatitis screening and testing

1,557

individuals were screened for Hepatitis B and C. 11 individuals tested positive for Hepatitis B, with 2 eligible for ART treatment. No cases of Hepatitis C were identified

Access to referral services supported

- A referral system is in place, with refugee patients being referred to government health facilities, with costs for medical care, accommodation, meals, and transport covered.
- 318 patients were referred to Nyamata District Hospital, and 100 patients were referred to tertiary hospitals for specialized care.

Nutrition

IYCF

48

sessions on breastfeeding

280

sessions of anemia were held at the nutrition-feeding centre

SFP

46 *pregnant and* **34** *lactating*

as well as PLHIV and TB patients, participated in the SFP, receiving monthly SOSOMA

Nutrition Surveillance

A functional nutrition surveillance system is in place, including monthly growth monitoring and anemia screening for children under five years of age.

Addressing Micronutrient Deficiencies

Quarterly awareness campaigns, screening, and provision of Vitamin A and de-worming treatments for pregnant women and children were conducted.

Kiziba Refugee Camp

24

outreach visits for index partners tracing and family counseling and testing were conducted

48

home visits for patients who have missed appointments were conducted

12
home visits for pregnant/lactating women on ART who missed their appointment were conducted

12
monthly quality improvements on HIV services meetings were conducted

96
laboratory sample (Recency) for all clients were transported

12
monthly data quality audits and data analysis of HIV indicators were conducted

12
monthly meetings of peer educators to validate their performance and discuss challenges encountered were conducted

30
Conducted quarterly support group meetings for 30 discordant couples

Impact of our services / Key achievements

INDICATOR	ANNUAL TARGET	ACTUAL
U5 deaths per 1,000	0	0
Referrals for secondary/ tertiary care	350	309
OPD consultations	8,025	9,074
Women receiving IPT 3	121	48



Challenges

- Lack of appropriate Isolation Centre.
- Lack of Youth Friendly Centre.
- Inadequate salary scale for staff members.



Lessons learned

- Close coordination with UNHCR and MINEMA has helped resolve many challenges.
- Partnerships with local health authorities have enhanced staff mentorship programs.
- Integration of refugees with Hepatitis B and C into the National Health Care System has been successful.

Training/refresher conducted on code of conduct and PSEA.

A new PSEA clause was included in contracts with suppliers and hospitals, and AHA is in contact with the UNHCR PSEA focal point to organize staff training.

Plans for 2025

AHA-Rwanda plans to reduce the incidence of HIV in general population, reduce morbidity and mortality among PLHIV, ensure full integration of HIV in other clinical facilities, strengthen the biological follow-up of PLHIV, strengthen the capacity of healthcare workers to improve the quality if services delivered, and to achieve and maintain a high standard of infection prevention and control practices in order to minimize healthcare-related infections.

CO's greatest achievement this year.

There was no death of the PoC, almost complete utilization of the availed budget, continuing to partner with UNHCR in 2025, no findings during the internal verification done by UNHCR.

TOTAL: 412,036 USD

DONOR	PROJECT	AMOUNT IN $ (DOLLARS)
UNHCR The UN Refugee Agency	Nutrition, Primary health care, reproductive health care, Access to referral services supported	355,610
CDC CDC-MOH	HIV Prevention	56,426

DECREASED BY 16.1%



Country Office Brief: South Sudan



BENEFICIARY PROFILE

Refugees

49,247

Host community

24,000

Increased by approximately 5,000 due to influx of new Sudanese arrivals following the ongoing conflict in Sudan.

COUNTRY OF ORIGIN

Sudan, Ethiopia

AREA OF OPERATIONS

Ajuong Thok refugee camp, Jam Jang, Ruweng Administration Area, South Sudan

TOTAL NUMBER OF STAFF

International – 5

National – 94

Refugee - 117

Female to male ratio among the general staff – 130:86

Number of staff with disability – 3

60% **40%**

General background of the humanitarian situation

Ajuong Thok refugee camp is located in Jam Jang County of the Ruweng Administration Area, about 80 km from the southern border with Sudan. The camp was first opened in 2013 to host

Sudanese refugees fleeing the war between Sudanese government forces and the Southern People's Liberation Army North (SPLA-North). The refugees are from the Southern Kordofan region of Sudan. Currently, the camp hosts a population of **49,248**. Following the current conflict in Sudan, there has been a surge in the number of refugees arriving at the camp. The growing number of refugees and South Sudanese returnees exerts enormous pressure on the limited humanitarian response capacity.

Various UN agencies and INGOs provide assistance and protection services to the PoCs. Despite this, there are enormous unmet humanitarian needs. Food insecurity is one of the major challenges for the refugee community. The continuous decline in humanitarian funding has forced the WFP to conduct targeted food distribution to approximately **20%** of vulnerable people. Limited livelihood opportunities, a lack of infrastructure, and logistics-related challenges exacerbate food insecurity. Consequently, there is a rising rate of malnutrition and security incidents in the camp.

The unfavorable climate and living conditions in the camp predispose the refugee population to a number of health problems, such as malaria, respiratory tract infections, and waterborne diseases. The decline in funding affects the delivery of health services by AHA. The small and irregular supply of drugs by UNICEF has resulted in frequent and prolonged stock-outs of some essential medicines.

The security situation remains fluid. There have been incidents of forceful looting, sporadic gun violence, and inter-communal clashes over cattle raiding in nearby host community locations.

Country Office Data: *South Sudan*



PHC

103,398

PHC consultations

2

PHC facilities supported by AHA



IYCF

7,740

Pregnant women attended individual counselling for IYCF

9,495

Lactating women of children 0-23 months attended individual counselling for IYCF

1,008

MMSG sessions were held

716

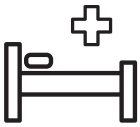
Household were trained and supported for kitchen gardening



HIV and AIDS

156

Refugees/Asylum Seekers were reached with HIV/TB educational messages



Secondary and Tertiary Health Care services provided or supported

202

Persons were referred to secondary and tertiary medical care



Support to safe motherhood services provided

1,163

Births were supported at health facilities

1,484

Pregnant women attended ANC services (4 or more visit)

Impact of our services / Key achievements

INDICATOR	ANNUAL TARGET	ACTUAL
U5 mortality rate	<2/10,000	0.13/10,000
Maternal Mortality	0	0
Skilled birth attendance	>95	97%
TB treatment success rate	>90	95%
Measles vaccination coverage	>95	87%
ART treatment adherence	90	80%



Challenges

- The implementation of the Government Health Sector Transformation Plan (HSTP) that was scheduled to commence in July 2024 and was postponed three times. Each time, AHA had to prepare to hand over the health facilities to the Government and recommence till the next round. This has put heavy workload, particularly on the Finance & Admin department, as it had, each time, to issue contract termination notifications, pay all dues and then restart issuing new contracts, etc.



Lessons learned

- Health, nutrition, and MHPSS/GBV screening for new arrivals remained a priority throughout the 2024 reporting period, ensuring the well-being of both new arrivals and the existing camp population. The multidisciplinary team conducted comprehensive assessments, including screening for MHPSS needs, reproductive health issues, urgent medical conditions, and nutritional status. Key interventions included enrolling malnourished children and pregnant and lactating mothers into nutrition programs, administering vaccinations, and providing MHPSS services and referrals.

- Through effective coordination with various actors and stakeholders, AHA delivered lifesaving support and mitigated the risk of disease outbreaks in the camp.

Training/refresher conducted on code of conduct and PSEA.

- Awareness-raising training sessions were conducted for staff and community members on the code of conduct, fraud prevention, and PSEA. These included training on reporting mechanisms, privacy and confidentiality, and whistleblower protection. A PSEA focal person was designated, and suggestion boxes were installed at the camp management office and both health facilities to enhance accountability.

Plans for 2025

AHA-South Sudan will continue its partnership with UNHCR for the year 2025. Similarly, AHA has valid partnership with BPRM till August 2025 for provision of health services. In Jan 2025, AHA submitted a concept note to BPRM call for expression of interest for the provision of health and nutrition services for refugees and returnees in South Sudan and is awaiting response.

CO's greatest achievement this year.

The South Sudan government declared an epidemic of Cholera in September 2024. Since then, the outbreak expanded across various parts of the country affecting great number of countries including the nearby Paraing and Unity. Despite this and the limited available resources, AHA was able to avoid the occurrence of Cholera cases in the camp. AHA engaged massively the community health and hygiene promoters in awareness creation activity related to cholera prevention.

TOTAL: 2,285,728

DONOR	PROJECT	AMOUNT IN $ (DOLLARS)
UNHCR The UN Refugee Agency	Primary Healthcare, Reproductive Health, Nutrition and Hygiene promotion	310,669
PRM Bureau of Population, Refugees, and Migration United States Department of State	Primary Healthcare, Reproductive Health, Nutrition and Hygiene promotion	1,975,059

DECREASED BY 14%



Country Office Brief: Sudan



BENEFICIARY PROFILE

123,524 IDPs of which **22,332 IDPs** were supported by Conrad N. Hilton Foundation project and **101,192 IDPs** were supported by IOM RR-Fund

AREA OF OPERATIONS

North Darfur state, El Fasher town, El Fasher IDP gathering centers, Abushock and Zamzam IDP camps

TOTAL NUMBER OF STAFF

International – 1

National – 19

Female to male ratio among the general staff – 1:3

Number of staff with disability – 1

40% **60%**

General background of the humanitarian situation

Sudan plummeted into an alarming conflict in mid-April 2023, when fierce fighting between the Sudan Armed Forces (SAF) and the Rapid Support Forces (RSF) erupted across the country. The battle has severely damaged essential infrastructure and service delivery facilities, as well as caused widespread displacement, making the humanitarian situation in areas of operation

extremely complex and difficult. The complex humanitarian situation in the areas of operation comprises acute WASH services shortage, food insecurity with famine conditions in some of the impacted areas, luck of services delivery facilities including luck of health facilities, lack of financial services and total block down of communications. The conflict has disproportionately affected, Women, children, and vulnerable populations. The situation in our operational area, North Darfur state, El Fasher city in particular, has significantly declined. From decimated civilian infrastructure such as health facilities and livelihood opportunities, disrupted supply chain of goods and items coming from other states, and hampered humanitarian access to the town, which is home to nearly 1 million IDPs, forced residents to relocate from the northern, eastern, and south-eastern neighborhoods to other parts of the town, mainly the Southern El Fasher IDP gathering centers and the Zamzam IDP camp. This has expanded the already restricted resources for IDP families.

The ongoing attack has had a critical impact on North Darfur's WASH situation, resulting in the destruction of important WASH infrastructure such as water supply systems and sanitation facilities. This has posed substantial issues in delivering safe water and sanitation services to the population, particularly among IDPs, and has severely restricted access to safe drinking water and sufficient sanitation facilities, forcing many communities to rely on unsafe sources.

Country Office Data: *Sudan*



Emergency WASH and Family hygiene kit support

- Daily delivery of **48,000** liters of potable drinking water to IDPs in Abushock and Zamzam camps via water truck.
- Trained **38** water treatment and management committee members at Zamzam IDP camp and El Fasher IDP gathering centers to ensure safe drinking water during two rounds of training.
- Construction of **80** emergency latrines (**60** from Conrad N. Hilton Foundation and **20** from IOM).
- The rehabilitation of **10** non-functional hand pumps.
- Distribution of hygiene promotion tools (wheelbarrows, metallic rakes, durable hand leather/ gloves, shovels, scuttles, pickaxes, aprons, garbage bags, liquid soap barrels, and caps) in **19** IDP centers targeting **20,238** households/**101,192** individuals.
- Distribution of **2,500** family hygiene kits in Tawila locality.
- Trained **140** HPs to undertake hygiene promotion initiatives.
- **76** hygiene promotion campaigns were implemented.

Impact of our services / Key achievements

A total of 1,536,00 liters of safe drinking water was distributed for 22,332 IDPs from February 2024 to October 2024 through emergency daily water trucking that significantly contributed to better health by reducing water borne diseases among the IDP community.

Reached 90,000 most vulnerable IDPs and host community members were reached with basic hygiene practices. Measuring the impact in terms of behavioral change among beneficiaries could be complicated and we did not have a long-term project with behavioral change interventions and surveys to measure the change.



Challenges

- Security Concerns: The ongoing armed conflict, which often included indiscriminate shelling into El Fasher, increased the risk of the causality of AHA staffs, where amongst the staff, two were killed by the bombing which created panic and infrastructure destruction affecting the timely delivery of services.
- Movement restrictions: Difficult and limited movement of people and goods due to continued insecurity and indiscriminate bombings.
- The transportation costs from Chad to El Fasher are significantly high due to multiple checkpoints, each demanding substantial payment. Additionally, elevated fuel prices and increased insurance fees—stemming from a rise in attacks—further contribute to the overall expense.
- There is also a depletion of the underground water sources for the water trucking where partners are working on the development of water sources which will help for the water trucking to supply the IDPs. AHA has also undertaking the preparatory work for the developing 2 underground water sources with funds from other sources.
- Excessive transfer cost request by the FSP as there is no functional bank in the project areas. AHA has negotiated and settled the reasonable price for the service provider.



Lessons learned

- Ensuring safe and unhindered access is crucial for effective humanitarian response. Efforts should focus on negotiating secure corridors and advocating for the protection of humanitarian operations.
- Building strong partnerships with local organizations can enhance the resilience of humanitarian operations in challenging environments.
- Protection should remain a central component of humanitarian responses, ensuring that vulnerable populations are shielded from further harm

- Community-based approaches can enhance the reach and effectiveness of humanitarian aid, especially in areas with limited access.
- Securing adequate and timely funding is essential for maintaining the scale and impact of humanitarian responses, particularly in protracted crises.



Training/refresher conducted on code of conduct and PSEA.

- 19 staff were trained on PSEA and code of conduct.



Plans for 2025

AHA-Sudan plans to provide Emergency WASH and cash for food assistance and ESNFI & MPCA Support Project for internally displace peoples in Zamzam and El Fasher IDP gathering centers.

CO's greatest achievement this year

AHA-Sudan achieved notable milestones in 2024 through its WASH initiatives at the Zamzam and El Fasher IDP camps in North Darfur state, despite ongoing conflict and substantial humanitarian challenges. AHA efforts to reduce distress and improve resilience among vulnerable IDPs amid ongoing humanitarian crisis in the year were notable. The organization's most significant achievement was its water trucking program, which effectively addressed severe water shortages in the camps despite logistical challenges and funding constraints. This achievement was remarkable, especially considering that other international NGOs have discontinued water trucking operations creating huge demand–supply gap. The work was much-admired by the North Darfur WES (Water and Environment Sanitation) department sector, HAC (Humanitarian Aid Commission) and the WASH cluster lead, who observed that AHA's expansion of water trucking services significantly reduced the water supply gap for IDPs due to the cessation by other agencies. These achievements represent vital contributions to improving living conditions for internally displaced persons in Zamzam camp during one of Sudan's most severe humanitarian crises.

Outreach activities

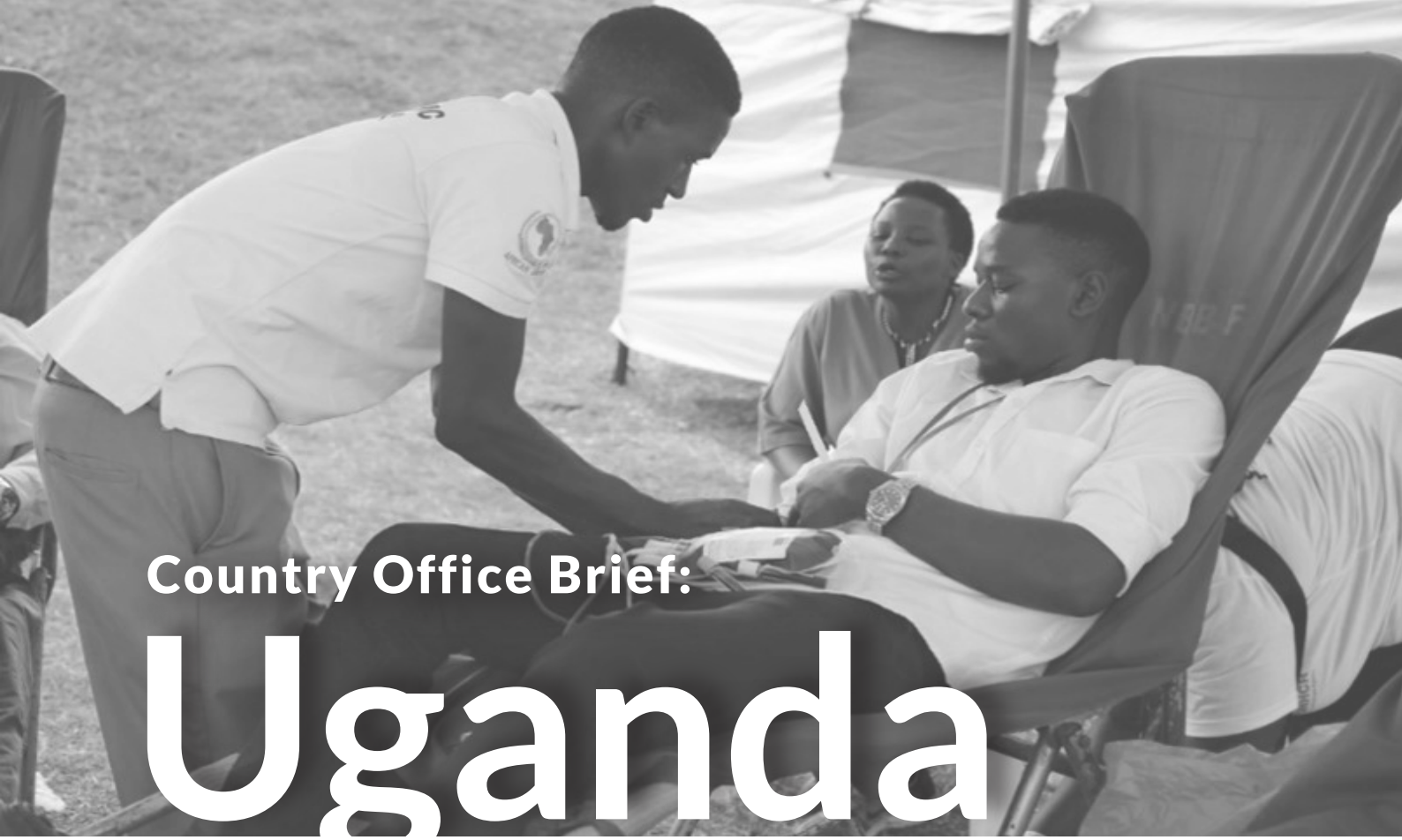
(local fundraising, networking events, coordination and partnership meetings etc.) conducted locally.

AHA-Sudan's North Darfur team participated in multispectral need assessment of IDPs and host communities in North Darfur state.

TOTAL: 711,539

DONOR	PROJECT	AMOUNT IN $ (DOLLARS)
CONRAD N. HILTON FOUNDATION	**Emergency WASH Support for Internally Displaced People in Zamzam and Abushock IDP camps, North Darfur**	**500,000**
IOM-Rapid Response Fund **(RRF)**- Sudan	**Emergency WASH Response and Family hygiene kit support for Internally Displaced and Vulnerable Communities in North Darfur**	**211,539**

INCREASED BY MORE THAN 100%



Country Office Brief:

Uganda



BENEFICIARY PROFILE

Refugees and Asylum Seekers

159,149

1.55%

increase from 2023 **(115,947)**

COUNTRY OF ORIGIN

Somalia, DRC, Eritrea, South Sudan, Ethiopia, Burundi, Rwanda, Sudan, Pakistan, Türkiye, Yemen, Syrian Arab Republic, Central African Republic, Congo, Republic of the, Egypt, Afghanistan, Chad, Kenya, United Republic of Tanzania, Mali, Cameroon

AREA OF OPERATIONS

Kampala-Uganda

TOTAL NUMBER OF STAFF

International – 2

National – 50

Female to male ratio among the general staff – 2:3

Number of staff with disability – 0

40% **60%**

General background of the humanitarian situation

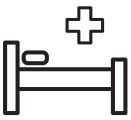
In 2024, urban refugees in Kampala still face significant barriers in accessing healthcare services, including essential medicines, diagnostic tests, and other critical medical resources. The city's healthcare system, strained by the demands of its large national population, is further overwhelmed by the growing refugee community. Challenges such as frequent shortages of medicines and medical supplies, overcrowded facilities, and insufficient staffing persist. Additionally, Kampala's healthcare system struggles with weak service delivery, dysfunctional community structures, and inadequate funding for leadership and governance, which primarily focus on serving the national population.

Over the past five years, the urban refugee population has tripled and continues to rise, placing immense pressure on the already overstretched healthcare system to meet the needs of both refugees and nationals. Refugees in Kampala encounter numerous obstacles in accessing PHC services, including a lack of public health facilities, language barriers, discrimination at healthcare centers, frequent out-of-pocket expenses to cover gaps in services, and the high overall cost of healthcare.

These challenges are not unique to Kampala; they are also evident in refugee settlements like Kyaka II, where organizations such as AHA are working to supplement and support health initiatives. The situation underscores the urgent need for strengthened healthcare systems and increased support to address the growing demands of both urban and settlement-based refugee populations.

Uganda experienced a significant influx of Sudanese refugees in 2024, further intensifying the strain on the country's already overburdened healthcare and social services.

Country Office Data: *Uganda*



Referrals for secondary or tertiary care

Referral management

- Community-based activities i.e. dialogues, sensitization, medical outreaches.
- Linkage of patients at Primary health care.
- HMIS (Health Management Information System) strengthening in facilities.
- Coordination with stakeholders.
- Mental health and psycho-social support services.
- GBV prevention activities.
- Medical referral committees.
- Medical consultations and counselling at Access center.
- Home visits and emergency community support.

3,762

referrals to secondary and tertiary healthcare facilities were facilitated with the top five causes of referral:

- Neoplasms **(589)**, (malignant **(533)** and benign **(56)**),
- Musculoskeletal conditions **(542)**,
- Cardiovascular issues **(375)**,
- Mental illnesses **(360)**, and
- Eye conditions **(349)**

45

6 MRC meetings were conducted, 45 patients (19 females and 26 males) attended these meetings, receiving specialized medical referrals and consultations



MHPS

1,158

47 weekly mental health clinics at Kabuusu Access Centre were conducted, offering care for 1,158 patients, including both new and existing cases

497

497 FDPs (195 Male, 302 Female) suffering from emotional disorders and substance misuse benefited from individual problem management plus psychological intervention



Sexual and Reproductive Health services

Maternal Health

5,033

refugees accessed antenatal services, of these, 1,551 women attended their first ANC visit, with 484 receiving critical ANC during the first trimester of pregnancy

900

deliveries were recorded



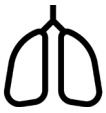
HIV/AIDS prevention, care, and treatment

8,204

FDPs were tested for HIV/AIDS

596

FDPs are receiving ART



TB prevention, care, treatment services

41

new and relapse TB cases were registered in the TB treatment unit



Nutrition

Food and cooking demonstration

- **12** cooking demonstrations were conducted.
- **399** participants attended food demonstration and sensitization.
- **276** households were reached with family MUAC.
- **161** households were trained in using MUAC tapes to monitor the nutritional status of children aged **6** to **59** months.

Community Activities

Sensitization activities

18,378

AHA conducted extensive sensitization activities on various health issues reaching a total of 18,378 FDPs (F-11,960, M-6,279)

IPT

1,085

1,085 participants were reached where the sessions addressed critical mental health topics, including interpersonal psychotherapy, depression, and stress management

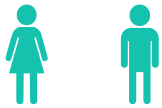
Medical camp

- African Humanitarian Action was involved in a total of **8** medical significant medical camps.
- AHA collaborated with Kisenyi Health Center IV to conduct a two-day medical camp at Lubiri Playground during world refugee day celebrations. **538** patients were served with essential health services.
- AHA participated in an orthopedic camp at St. Francis Naggalama Hospital, where **20** patients from various refugee settlements received care.
- AHA supported four forcibly displaced persons in participating in an artificial limb camp organized by Nkolo Orthopedics Rehabilitation Center. 3 participants were successfully fitted with artificial limbs while 1 individual did not qualify for the prosthetic support.

Orthopedic camp held in Hoima

119
patients were screened, with the majority from Kyangwali settlement

26
surgeries were performed, with the highest number of surgeries from Kyangwali (13 surgeries)



62% **38%**

Of the 26 surgeries, 16 were female and 10 were male

In addition, 3 patients were referred to Mulago Hospital for further treatment, and 1 was referred to CORSU, a specialized rehabilitation center.

Top five health problems affecting refugees

- Malaria **(6%)**,
- Mental health issues **(4%)**,
- Urinary tract infections (UTIs) **(4%)**,
- Typhoid fever **(3%)**, and
- Respiratory infections **(2%)**.

Impact of our services / Key achievements

INDICATOR	ANNUAL TARGET	ACTUAL
Number of U5 deaths per 1000	0	0.2
Referrals for secondary/ tertiary care	3,500	3,762
OPD consultations	35,000	51,345
Individuals provided with mental health and psycho-social support services	2,000	5,000
MRC meetings held	6	6
Mental health clinics held	40	47
Percent of facilities reporting into DHIS2	10	12
Facility deliveries	500	900
Women receiving IPT 3	500	695
Persons tested for HIV	5,000	8,204



Challenges

- Shortage of Somali translators and Arabic translators.
- Frequent stockouts of sodium valproate, a critical medication for managing epilepsy and bipolar disorder.
- Shortages of medicines and limited investigation capacity within the health system.
- Insufficient timely data recording in the District Health Information System II.



Lessons learned

- Critical importance of collaboration among a wide range of stakeholders, including healthcare providers, policymakers, NGOs, and patient advocacy groups.
- Substantial impact of financial barriers on healthcare-seeking behavior. The lack of access to free medical investigations and medications resulted in significant out-of-pocket expenses for individuals, discouraging many from seeking necessary medical care.
- The importance of robust monitoring systems also became clear during the project. A strong monitoring and evaluation framework allowed us to track progress, measure impact, and make data-driven decisions for course correction.
- Regular training sessions, along with staying updated on best practices, are crucial for maintaining high standards of care and ensuring that healthcare workers are equipped to deliver quality services.
- Engaging refugees and host community members in the decision-making process and tailoring interventions based on their feedback ensured that the services provided were relevant and effective.



Training/refresher conducted on code of conduct and PSEA.

- AHA staff have had two sessions to discuss PSEA, prevention, reporting channels by PSEA focal person



Plans for 2025

AHA-Uganda plans to continue sourcing alternative sources of funding other than the traditional donors.

CO's greatest achievement this year

- Surpassing the targets for referrals to tertiary healthcare facilities (3,762 against a target of 3,500) and mental health support (5,000 beneficiaries against a target of 2,000).
- 51,343 consultations were facilitated at UNHCR-supported facilities, exceeding the goal of 35,000 for consultation.
- AHA's interventions ensured that community-based mechanisms were leveraged for disease surveillance, nutrition monitoring, and health promotion.
- Efforts to enhance food security and nutrition included training 276 households in family MUAC assessments and conducting 12 food and cooking demonstrations for 399 participants.
- AHA achieved 100% reporting compliance through DHIS2, ensuring improved tracking of health trends.

TOTAL: 1,574,928

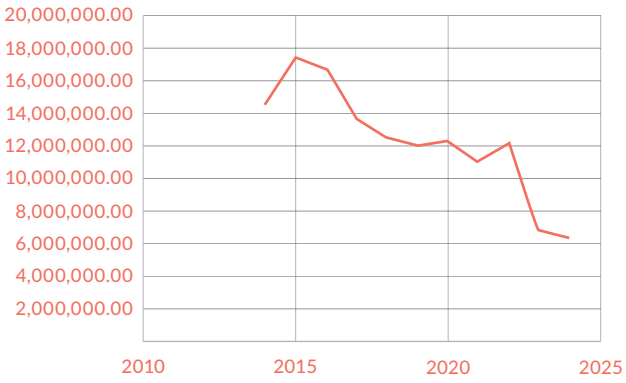
DONOR	PROJECT	AMOUNT IN $ (DOLLARS)
UNHCR The UN Refugee Agency	Improving Access to Primary Health Care for Urban Refugees and Asylum seekers and Facilitating Access to Tertiary Health Care for All Refugees and Asylum seekers in the Uganda operation	1,187,163
FARMA MUNDI FARMACÉUTICOS MUNDI	Supplement Provision of Comprehensive Primary Health and nutrition services to refugees and host population in Kyaka II R/S	331,702
Pfizer	To strengthen the community-based delivery of care for infectious diseases among urban refugees in Kampala.	56,063

INCREASED BY 15.5% FROM LAST YEAR (1,330,820)

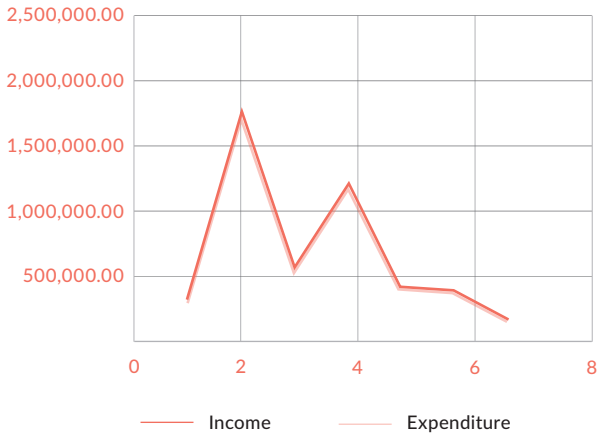
Finance and Audit

NO.	COUNTRY	INCOME	EXPENDITURE
1	**Rwanda**	412,036.00	411,806.47
2	**South Sudan**	2,285,728.17	2,283,478.57
3	**Sudan**	711,539.00	711,539.00
4	**Uganda**	1,574,928.00	1,574,881.00
5	**Ethiopia**	538,431.00	538,431.00
6	**Cameroon**	500,000.00	500,000.00
7	**Head Office**	216,084.56	216,084.56
	Total	6,238,746.73	6,236,220.60

ANNUAL INCOME FROM COUNTRY OFFICES



INCOME AND EXPENDITURE



YEARS	ANNUAL INCOME FROM COUNTRY OFFICES
2014	14,419,184.00
2015	17,263,882.00
2016	16,561,615.68
2017	13,587,579.66
2018	12,389,279.00
2019	11,968,125.60
2020	12,111,626.16
2021	10,828,367.73
2022	12,023,055.36
2023	6,696,950.14
2024	6,238,746.73
Total	127,849,665.33

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Ernst & Young LLP
Certified Public Accountants
Kenya Re Towers
Upper Hill
Off Ragati Road
P.O. Box 44286 - 00100
Nairobi GPO, Kenya

Tel: +254 20 2886000
Email: info@ke.ey.com
www.ey.com
LLP/2015/52

3. INDEPENDENT AUDITOR'S REPORT ON THE SCHEDULE OF EXPENDITURE OF FEDERAL AWARD

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

REPORT ON THE AUDIT OF THE SCHEDULE OF EXPENDITURE OF FEDERAL AWARD

Opinion

We have audited the accompanying Schedule of Expenditure of Federal award (the schedule) managed by Africa Humanitarian Action (AHA) under the Health Project for Refugees and Host Community in South Sudan, Ruweng State, Jam Jang County, Ajoung Thok under award number S-PRMCO-23-CA-0183-M001 for the period September 1, 2023 to August 31, 2024 and the related notes as set out on pages 15 to 19.

In our opinion, the Schedule of Expenditure of Federal award referred to above presents fairly, in all material respects, program revenues, costs incurred and reimbursed, and commodities and technical assistance directly procured by PRM for the Health Project for Refugees and Host Community in South Sudan, Ruweng State, Jam Jang County, Ajoung Thok under award number S-PRMCO-23-CA-0183-M001 for the period September 1, 2023 to August 31, 2024 in accordance with the terms of the Cooperative Agreements and in conformity with the basis of accounting described in Note 4.1.1.

Basis for Opinion

Except for not having an external quality control review by an unaffiliated audit organization as discussed in the following paragraph, we conducted our audit in accordance with International Standards of Auditing (ISA) in conjunction with U.S. Government Auditing Standards (GAGAS) issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Schedule section of our report. We are required to be independent of AHA and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

We did not have an external quality control review by an unaffiliated audit organization as required by Chapter 5, paragraph 5.155 and 5.179 of the U.S. Generally Accepted Government Auditing Standards (US GAGAS), 2024 Revision on the auditor's report. We believe that the effects of this departure from U.S. Government Auditing Standards is not material because we participate in the Ernst & Young worldwide internal quality control review project 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. In addition, Ernst & Young Member Firms adopted International Standard on Quality Management (ISQM) 1 on December 15, 2022. The annual evaluation conclusion for EY Kenya as of June 30, 2024 is that the System of Quality Management provides reasonable assurance that the objectives of the system of quality management are being achieved.

Responsibilities of Management for the Schedule

Management is responsible for the preparation and fair presentation of the schedule in accordance with the terms of the Cooperative Agreement and in conformity with the basis of accounting described in Note 4.1.1, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the schedule that is free from material misstatement, whether due to fraud or error.

Partners: C O Alinda, A K Gichuhi, F N M Kamau, N M Muhoya, T O Nyakwe, C N Kiroithe, Hyuanyoro, D Mupisha.
A member firm of Ernst & Young Global Limited.
Licensed by ICPAK as a Limited Liability Partnership of Certified Public Accountants.

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3. INDEPENDENT AUDITOR'S REPORT ON THE SCHEDULE OF EXPENDITURE OF FEDERAL AWARD (CONTINUED)

Auditor's Responsibilities for the Audit of the Schedule

Our objectives are to obtain reasonable assurance about whether the schedule as a whole 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 absolute assurance and therefore is not a guarantee that an audit conducted in accordance with the ISA's in conjunction with GAGAS will always detect a material misstatement when it exists. 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. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the schedule.

In performing an audit in accordance with the ISA's in conjunction with GAGAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the schedule, whether due to fraud, or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the schedule.
- 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 AHA's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the schedule.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

OTHER REPORTING REQUIREMENTS

In accordance with US Government Auditing Standards, we have also issued our report dated 6 November, 2024 on our consideration of AHA's internal control over financial reporting and our tests of its compliance with certain provisions of the Agreement and applicable laws and regulations and other matters. Those reports are 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.

This report is intended for the information of AHA and PRM. However, upon release by PRM, 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 Number 2283.

For and on behalf of Ernst & Young LLP
Certified Public Accountant
Nairobi, Kenya

6 November, 2024

Eskias Fikre Certified Audit Firm
Chartered Certified Accountant (UK)
Certified Auditor (Ethiopia)
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Independent Auditors' Report

On The Financial Statements of Africa Humanitarian Action (AHA)

Section I- Report on the Financial Statements

Opinion

We have audited the financial statements of Africa Humanitarian Action (AHA), which comprise the statement of financial position as at 31 December 2024, the Statement of Income and Expenditure, the Statement of Changes in Fund balance, the Statement of Cash Flows, for the year then ended and the notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Africa Humanitarian Action (AHA) as at 31 December 2024 and its financial performance, the change in its fund balance and the cash flows for the year then ended in accordance with the accounting policy adopted by Africa Humanitarian Action (AHA)

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 International Ethics Standards Board for Accountants' code of Ethics for Professional Accounts (IESBA Code) together with the ethical requirements that are relevant to our audit of the financial statements in Ethiopia, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the IESBA Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion

Responsibilities of the Management and those Charged with Governance for the Financial Statements

The management is responsible for the preparation and fair presentation of the financial statements in accordance with its accounting policies, and for such internal control, as

Addis Ababa, Bole Sub City, Around Hayahulet, Zurga Building 2nd Floor room # 22.
Mob0912929293/717050422/717632395 Email efkaudit2023@gmail.com / eskuneet@gmail.com

management determines is necessary, to enable the preparation of the financial statements is free from material misstament, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern, and using the going concern basis of accounting unless management either intends to liquidate the company or to cease operations, or have no realistic alternative but to do so.
Those charged with governance are responsible for overseeing the company's financial reporting process.

Auditor's Responsibility for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole 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 these financial statements.

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

- Identified and assessed the risks of material misstatement of the financial statements, whether due to fraud or error, designed and performed audit procedures responsive to those risks, and obtained 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.
- Obtained 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 company's internal control.
- Evaluated the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Concluded on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the company to cease to continue as a going concern.

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 2024*

- 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

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

UBS Switzerland - Geneva
UBS SA
Case Postale CH-1211 Geneva 2
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

Africa Humanitarian Action
P.O. Box 110 Code 1250
Addis Ababa, Ethiopia
Tel.: +251 (0) 11660 48 00
Fax: +251 (0) 11660 534 00
info@africahumanitarian.org
www.africahumanitarian.org