



**ANNUAL
REPORT**

2013



CONTENTS

2	CHAIRMAN'S MESSAGE
3	EXECUTIVE DIRECTOR'S MESSAGE
4	ABOUT AAH-I
5	WHERE AAH-I WORKS
6	OUR YEAR
7	DELIVERING HIGH-QUALITY HEALTH INTERVENTIONS IN HARD-TO-REACH ENVIRONMENTS
9	SECURING HOUSEHOLD AND COMMUNITY LIVELIHOODS
11	MEETING NEEDS THROUGH HUMANITARIAN RELIEF OPERATIONS AND LOGISTICS
13	AMPLIFYING COMMUNITY AND CIVIL SOCIETY VOICES
14	OUR DONORS
	AAH INTERNATIONAL BOARD MEMBERS
15	2013 FINANCIAL REPORT

CHAIRMAN'S MESSAGE

The past year, 2013, has been a pivotal year for AAH-I. We celebrated a milestone anniversary that marked a decade of progress on many fronts for our organisation. It was inspiring to see all the communities we serve and work with come together with the common goal of supporting the excellent work that has defined our journey.

It was also a year of transition. We launched our new Strategic Plan 2014-2018 that will set pace for our work for the next five years. With this Plan, we seek to consolidate our experiences gained from years of working with communities in conflict and post conflict situations. We pride ourselves in having a long history of responding to humanitarian emergencies using unique approaches that have ensured the active participation of the affected communities themselves. We do this without compromising their dignity; we focus on offering sustainable solutions to the people to develop themselves and what they need is for us to give them a hand to do so. We are also renewing our commitment to serve the host communities who sacrifice a lot to accommodate persons displaced by conflict.

As we move this Plan forward, we are very much alive to the rapidly changing environment in the places where we work, including changing governance and political arrangements. What this means for us is the need to build strategic platforms to take advantage of these new spaces where communities can fully participate. AAH-I will upscale its civil society strengthening programme to respond to these needs as we recognize that partnerships are crucial to our work and our approaches.

My role as chairman is to lead AAH-I's International Board and to ensure it is focused on its oversight role. I therefore thank the men and women who so tirelessly and generously give of their time to serve on this and the national boards. AAH-I has a remarkable legacy and a bright future and I remain optimistic that achieving the goals we have set for ourselves is within our reach.

Dr. Vinand Nantulya



EXECUTIVE DIRECTOR'S MESSAGE

It is my pleasure to present the 2013 AAH-I Annual Report, which is an opportunity for us to reflect on our accomplishments and learning over the past one year. I am particularly encouraged by the growth of our country portfolios that has led to a significant expansion of our activities. Of note is the award of three grants in 2013 to our South Sudan country programme – a USAID-funded maternal and child health integrated programme for delivery of health services in 3 counties and another from the World Bank/Government of South Sudan. UNCHR jointly with UNICEF provided funding for a humanitarian relief logistics project covering 9 out of the 10 States in South Sudan. Award of these grants continues to demonstrate the faith donors have in our ability to deliver good results. AAH-I remains committed to our mission, which is to support livelihood-challenged communities in Africa to sustainably improve their quality of life.

On 31st October 2013, we ushered in our new Strategic Plan (2014 - 2018) in a colourful event held in Nairobi, Kenya. This Plan will steer our work in the coming five years. It re-affirms our commitment to the communities we serve, more so those that are transitioning from conflict and need support to build themselves a better future. In the new strategic plan, we boldly describe how we will do our programming. We are keen on providing innovative solutions that will help communities reach their full potential. But to accomplish all that we have set out to do, we require a solid resource base. We are therefore continuing to reach out to our partners – communities, donors, governments and other development agencies, as well as exploring new frontiers in resource mobilisation that will bring in other non-traditional streams of investment to enable us do the work that is ahead of us.

An important milestone in 2013 was that we marked our 10th anniversary as an African-led development organisation. We look back with joy and humility at all that we have been able to achieve in this time, and look forward in expectation for the next phase of our work.

Finally, we couldn't have achieved all that we have without the hardworking staff that makes AAH-I what it is. I am extremely proud of all of you. Our International and National Boards have also been instrumental in directing what we do as an organisation and I appreciate their support and guidance. To all our partners and donors, thank you very much for your ongoing support, we look ahead to another year of cooperation.

Dr. Caroline Kisia



ABOUT AAH-I

Action Africa Help International (AAH-I) is an African-led, not-for-profit humanitarian and development agency based in Nairobi, Kenya that supports livelihood-challenged communities in East and Southern Africa to sustainably improve their well-being and standard of living. With Country Programmes in South Sudan, Uganda, Zambia, Somalia, and Kenya, AAH-I has over 20 years' experience working with communities in conflict and post-conflict situations, including refugees, internally displaced people and host communities. More recently AAH-I has expanded its activities to work with other marginalised communities including pastoralists and urban slum dwellers.

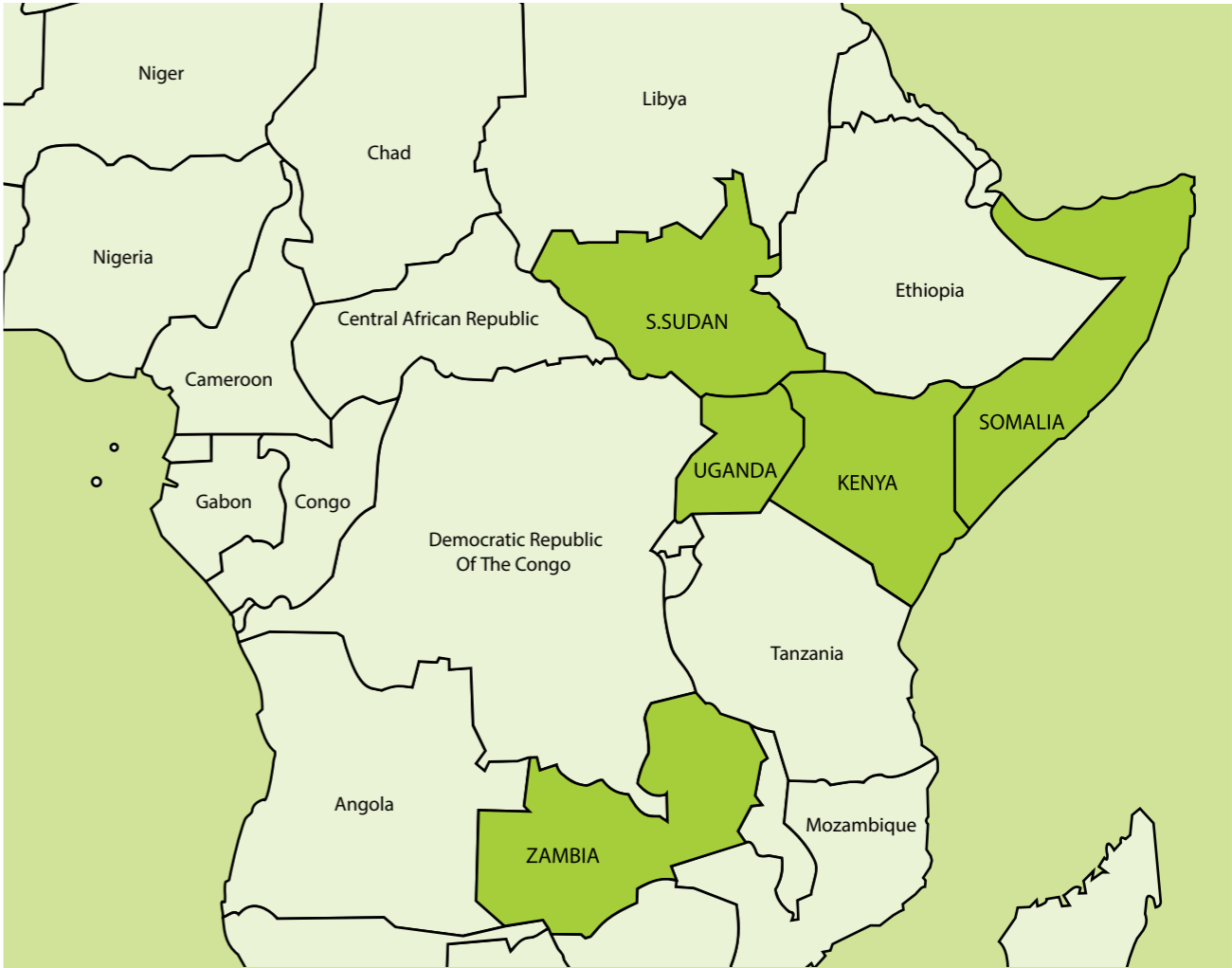
Our Vision

Improved quality of life for livelihood-challenged communities in Africa.

Our Mission

To support livelihood-challenged communities in Africa to sustainably improve their quality of life.

WHERE AAH-I WORKS



Map Showing where AAH-I operates in East and Southern Africa

The year 2013 was exciting for us. We celebrated 10 years since becoming an African-led regional organisation and providing high-quality, community-centred development projects in conflict, fragile and emerging state contexts in Africa.

AAH-I was created over 20 years ago as a German organization and was originally known as Aktion Africa in Not e.V (AAIN) to respond to emergencies in South Sudan which at the time was going through civil war. In 1996, AAIN became Aktion Africa Hilfe e.V (AAH), registered in Munich, Germany. In 2003, our founders moved the organisation's headquarters to Nairobi, Kenya where we were registered as AAH-I. We now work with refugees, host communities and other marginalised and vulnerable groups in Kenya, Uganda, Somalia, Zambia and South Sudan, operating across a range of sectors to bridge the transition from relief to development and build on indigenous values, knowledge and experience.

Strategic Plan Launch and 10th Anniversary celebrations

Pomp and colour marked the launch of AAH-I's 2014 - 2018 Strategic Plan and celebration of our 10th anniversary at an event held on 31st October 2013 at the Panafric Hotel in Nairobi. The guest of honour was Dr. Ibrahim Mohammed, the Principal Secretary in the Ministry of East African Affairs, Commerce and Tourism. Over 150 invited guests (who included donors, communities, partners, board of directors and staff) graced the occasion. The entertainment by the Kayamba Africa troupe and rolling photos/videos of AAH-I's work over the years was followed by speeches, cake cutting ceremony to launch the Strategic Plan, and cocktails. Founding AAH-I board member, Prof Miriam Were told of the incredible journey of AAH-I work from humble beginnings in South Sudan to an effective organisation straddling the east and southern Africa region. Speeches by a number of key personalities drawn from the communities we work with, government and donor community praised AAH-I's enduring work with communities.



DELIVERING HIGH-QUALITY HEALTH INTERVENTIONS IN HARD-TO-REACH ENVIRONMENTS

AAH-I is a well-recognised player in primary health care, increasing access to basic health care services with strong community participation in very challenging and fragile environments, during war, post conflict and reconstruction.



South Sudan

In the Republic of South Sudan, health systems and infrastructure were devastated by the long-running conflict and key health indicators are among the worst globally. In this country, AAH-I is involved in the provision of integrated primary health care services under the USAID-funded Integrated Service Delivery Project. Working under the Maternal and Child Health Integrated Program in 2013, the project operated in Mundri-West, Ibba and Yei Counties in Western and Central Equatoria States respectively, delivering services to an estimated 400,000 people. In 2013, the project supported 34 facilities and, working at the community level, facilitated the treatment of common ailments for 60,000 children. Over 7,800 children under one year of age received DPT3 as part of the immunization campaign and over 23,000 under-fives received Vitamin A nutritional supplements.



Uganda

In Uganda, AAH-I through the UNHCR-funded multi-sector refugee programme provided health care services to 40,000 refugees and reached out to provide services to 80,000 host communities.





Zambia

The Lusaka urban refugee project treated 2,382 patients at the Makeni Transit Centre, while another 345 patients from the settlements in Northern Zambia were facilitated to receive specialised treatment in Lusaka.



Kenya

AAH-I is developing partnerships with internationally-recognised research leaders including the Institute of Health Metrics and Evaluation (IHME), University of Washington, Grand Challenges Canada (GCC) and several other academic institutes such as McGill University and Brock Universities in Canada and the Institute of Ayurveda and Integrative Medicine in India (I-AIM) in India.

In 2013, AAH-I, through its Kenya country programme, successfully concluded the Kenya component of a large multinational research project funded by the Bill and Melinda Gates Foundation. The Access, Bottlenecks, Costs and Equity project focused on building an evidence base on efficiency in health care delivery to inform policy decisions.

Three pilot projects funded by GCC are testing innovations, in the health sector. One is testing application of an innovative technology designed in India to enable water purification among resource poor urban and rural populations. Another is testing an electronic medical records system to improve access to health care in urban poor communities. The third pilot project is testing decision making related to application of self-sampling methodology for cervical cancer screening.



SECURING HOUSEHOLD AND COMMUNITY LIVELIHOODS

In most of the places where AAH-I works, communities lack food security. Our food and income security interventions seek to increase households productivity by promoting better farming and animal husbandry practices and improving access to markets and information. AAH-I works with individual farmers, associations, cooperatives and a variety of farmer-based organisations such as producer committees and farmer field schools.

In 2013, AAH-I implemented food and income security projects in Uganda and South Sudan funded by USAID and the European Union targeting more than 300,000 people including refugees and their host communities. For example, the New Rice for Africa (NERICA) project funded by USAID through ASARECA was implemented in both Uganda and South Sudan and promoted the adoption and scaling up of production of the high-yielding rice with the aim of increasing food productivity in what has largely been chronically food- insecure communities.



Uganda

In Uganda, AAH-I in a project funded by the European Union worked with 23,350 refugees and 80,000 Ugandan nationals and helped increase food production of major food crops such as beans, maize, rice and cassava. This together with organizing farmers into producer groups and availing timely market information, helped raise household incomes by 200% from crop sales. For each US dollar invested in maize, farmers saw a return of 2 dollars and for each dollar invested in dairy farming, farmers saw a return of 1.5 dollars.



South Sudan

In South Sudan, the Emergency Food Crisis Response Project funded by the World Bank through the Government of South Sudan (GoSS)/Ministry of Agriculture and Forestry benefited 23,570 households through improved food production capacity and livelihoods by promoting better farming and animal husbandry practices. Small scale enterprises, agro-processing and marketing mechanisms were established to support the farmers.



Additionally, AAH-I since 2012 has been implementing the FARM (Farm, Agribusiness and Rural Markets) project through funding from USAID and in partnership with Abt Associates and ACDI/VOCA. In 2013, the project worked with 4,200 farmers to develop commercial smallholder agriculture. Through its Grant Facility, the project is providing support to farmer organizations and cooperatives to set up businesses that enable them to secure quality seeds and other inputs.



Zambia

Environmental management and responsiveness to climate change is vital in securing community livelihoods. In Zambia, the Kawambwa Central Environmental Project based in Luapula Province worked with the local community to rehabilitate areas where refugees had been hosted from 2001 to 2010. Close to 100,000 trees were planted and over 1,000 people sensitized on forest management. As a result over 150 households have adopted the use of energy-saving stoves.



MEETING NEEDS THROUGH HUMANITARIAN RELIEF OPERATIONS AND LOGISTICS

AAH-I's extensive experience in the humanitarian sector spans over 20 years and has delivered support to over 500,000 refugees through partnerships with key donors including UNHCR, UNICEF and WFP.



Uganda and Zambia

In 2013, AAH-I operated a multi-sectoral refugee programme in Uganda and Zambia.

AAH-I in Zambia has, in the last three years, been implementing the Urban Refugee Project in Lusaka that is providing social, health and logistics services to vulnerable urban refugees among them the chronically ill, elderly, single mothers, unaccompanied and separated children and the disabled, Sexual and gender based violence (SGBV) survivors and People living with HIV/AIDS among others.

In Uganda, the programme operated two refugees' settlements supported by the UNHCR to implement interventions in water, sanitation and hygiene (WASH), health, community services, education and environment. The Kyangwali settlement district in Hoima District hosted 34,048 refugees from the Democratic Republic of Congo (DRC), South Sudan, Rwanda, Kenya, Burundi and Somalia were supported. , Kiryandongo refugee settlement in mid-western Uganda hosted 4,403 refugees.

In Uganda, AAH-I availed emergency humanitarian assistance to 12,500 refugees from the Democratic Republic of Congo who fled the country as a result of renewed conflict in August. Services rendered to the new arrivals included health care, provision of shelter and household items to facilitate their settlement.





South Sudan

In South Sudan, a new partnership with UNHCR and UNICEF brought on board a logistics project that is operating in 9 out of the 10 states. In 2013, the project aided the movement and re-settlement of over 200,000 refugees. It also facilitated management of warehouses, fleet management including light weight vehicles and trucks, and construction of facilities such as schools and living quarters for the refugees.



Somalia

In Somalia, 2013 saw AAH-I re-establish operations in Somaliland and South Central Somalia (Mogadishu). In March 2013, AAH-I carried out a rapid needs assessment with Water Development Committee in Elwak and Bardera Districts of Gedo Region, South Central Somalia, and in August 2013 it carried out an assessment with UNICEF of 8 Maternal and Child Health Units in Sool and Sanaag Regions. An assessment to aid development of a logistics project funded by UNHCR was carried out in May and this culminated in the establishment of the project operating in Somaliland (Hargeisa), Bosaso (Puntland) and South Central Somalia (Mogadishu). At the same time, AAH-I assisted in developing a strategy for the management of urban refugees focusing on economic empowerment in Hargeisa in Somaliland.



AMPLIFYING COMMUNITY AND CIVIL SOCIETY VOICES

AAH-I's philosophy is the pursuit of a community-based approach that builds on the participation and contribution of the community as the main actor in development. AAH-I views communities as the key drivers of their own development, and works to strengthen skills that lead to empowered communities who make informed decisions and choices for development action. In South Sudan, the CAPOR (Capacity building for Post conflict Reintegration) Project is working to support the peaceful return and reintegration process through use of Information, Education and Communication strategies such as drama, puppetry and music to disseminate peace and conflict mitigation messages and rally communities together for development.

In 2013, AAH-I through its country programmes worked with numerous community-based structures such as Village Health Committees, Water User Committees, Home Health Promoters, Safe Motherhood Action Groups, Producer Committees, Farmer Associations and many others to help communities address issues of concern to them.



OUR DONORS

INTERNATIONAL AGENCIES

- AAH Germany
- Evangelischer Entwicklungsdienst (EED) / Bread for the world (BfdW)
- European Union (EU)
- Grand Challenges Canada (GCC)
- Institute of Health Metrics & Evaluation/University of Washington
- United Nations Children's Fund (UNICEF)
- United Nations High Commissioner for Refugees (UNHCR)
- United States Agency for International Development (USAID)
- World Health Organization (WHO)
- The World Bank

FOUNDATIONS AND FUND AGENTS

- Abt Associates
- Bill and Melinda Gates Foundation
- Civil Society Environment Fund (CSEF)
- Jhpiego
- Zambia Governance Fund (ZGF)

PARTNERS

- Agricultural Cooperative Development International and Volunteers in Overseas Cooperative Assistance (ACDI/VOCA)
- Association for Strengthening Agricultural Research in Eastern and Central Africa (ASARECA)
- Ayurveda and Integrative Medicine in India (I-AIM)
- Brock Universities
- DKA/Horizont 3000
- Innovative Canadians for Change (ICChange) / University of Alberta
- McGill University

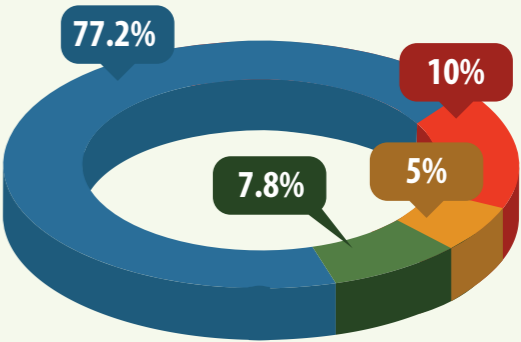
AAH INTERNATIONAL BOARD MEMBERS

- Dr. Vinand Nantulya – Chairman of the Board
- Dr. John Tabayi – Founding Member
- Mr. Lawrence A. Masaviru – Chair, AAH Kenya National Board
- Mr. Mutila Mulenga – Chair, AAH Zambia National Board
- Dr. Noerine Kaleeba – Chair, AAH Uganda National Board
- Hon. Benz Mbuya – Chair, AAH South Sudan National Board
- Prof. Edward Kairu – AAH Kenya Representative to the International Board
- Dr. Klaus Poser – Representative of AAH Germany
- Dr. Caroline Kisia – AAH-I Executive Director, Secretary to the Board

2013 FINANCIAL REPORT*

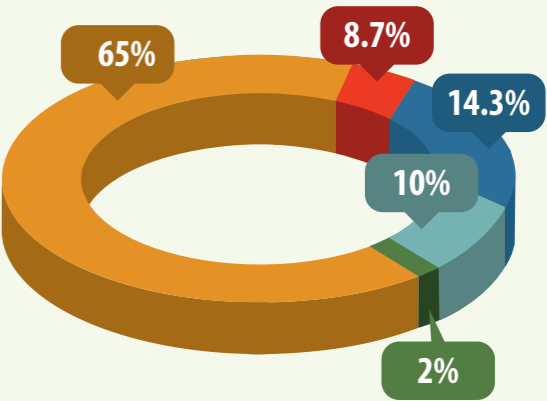
ANNUAL GRANT INCOME (US \$)

South Sudan	15,881,532
Uganda	2,060,453
Zambia	1,034,539
Kenya & HQ	1,598,472
TOTAL	20,574,995



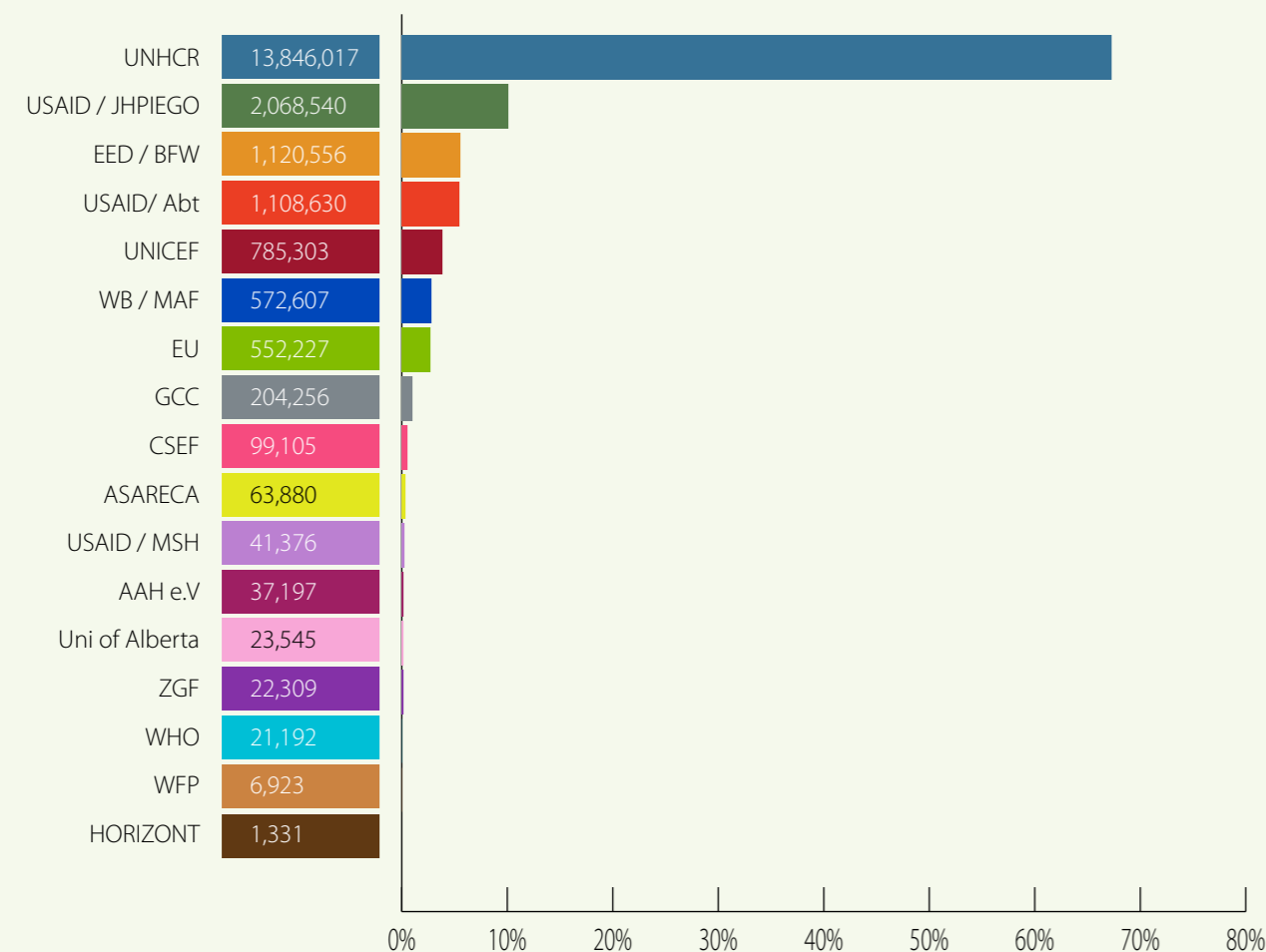
EXPENDITURE BY THEMATIC AREAS (US \$)

Basic Services - Primary Health Care, Water, Hygiene and Sanitation and Education	2,832,903
Food and Income Security and Environmental Management and Protection	1,711,996
Refugee Management Programme	12,981,175
Civil Society Strengthening and Peace Building	368,419
Administration & Support	2,015,770
TOTAL	19,910,263



*Unaudited figures

INCOME BY DONORS (US \$)



FAWE House, Ground Floor, Chania Avenue | P.O. Box 76598 00508 Nairobi, Kenya
Telephone: +254 (0) 20 465 7755/6 | Mobile: +254 (0) 722 207 726, +254 737 20 77 27
Email: headoffice@actionafricahelp.org | Website: www.actionafricahelp.org



