

2014

ANNUAL REPORT



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# About AAH-I

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We are a regional African-led non-governmental organisation that supports livelihood-challenged communities in East and Southern Africa to sustainably improve their well-being and standard of living.

We work in South Sudan, Uganda, Zambia, Somalia, and Kenya.

We are passionate about communities and have over 20 years' experience working with them in conflict and post-conflict situations. Our work supports a range of communities that include refugees, internally displaced persons, returnees and host residents around refugee settlements and camps, pastoralists and urban slum dwellers.



**Our Vision** is improved quality of life for livelihood-challenged communities in Africa.



**Our Mission** is to support livelihood-challenged communities in Africa to sustainably improve their quality of life.



## **Our key themes**

We deliver support in basic services (health, water, sanitation and hygiene, education), food and income security, governance, civil society strengthening and peace-building, humanitarian relief and recovery and, research to support thematic priorities.

# We Prevailed Despite the Odds

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It was a frenetic start of the year for us. Coordinating our response to the South Sudan crisis occupied most of our time. South Sudan is our biggest programme and responding to community needs, especially during emergency situations becomes our priority. We joined counterpart agencies working tirelessly to handle the humanitarian catastrophe that has displaced 1.5 million people while thousands of others have lost their lives since the start of the conflict in December 2013. The conflict and the ensuing instability in South Sudan has had a regional impact with almost 490,000 people having fled the country since the conflict broke out.

Most of these refugees have ended up in our other country programmes particularly, Kenya and Uganda. This has led to heightened operations especially at our Kyangwali Refugee Settlement in Uganda. In addition, our Humanitarian Relief and Logistics Project in South Sudan has supported the vital supplies lifeline and taking them where they are most needed.

2014 was important as it signified the start of implementation of our new Strategic Plan that we launched at the end of 2013. We recognise the importance of diversification of our resource base as we roll out the Plan. To do this, we stepped up our resource mobilisation by putting in place a strategy and a team to support the process of raising the resources that we need to support our work in the coming years.

We have continued to strengthen our governance function which has provided good support for the progress that AAH-I has continued to make. I salute the members of our International and National Boards for their commitment

throughout 2014. The year's highlight was the board retreat we held in November that refocused us to what is important - offering leadership that will make a difference for the thousands of communities that our work benefits.

I thank our dedicated staff team, all our supporters, partners, and the communities we work with. It is through your efforts, your contributions and your willingness to work with us that we are able to achieve all that we have achieved in 2014.

We enter 2015 in a healthy financial position and with a sound strategic plan. We will continue to look at new and innovative approaches to our work and to engage with our partners and communities. We have set our sights on an exciting future and we are confident that you will be part of this journey with us.

**Prof Vinand Nantulya,  
AAH-I Board Chair**

# A Year of Challenges, Progress and Opportunities

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We are happy to report on progress witnessed on various fronts within our organisation.

In 2014, our passion for African communities was evident in the interventions we supported that ensured better living standards for them. Our combined efforts in South Sudan, Kenya, Somalia, Zambia and Uganda transformed the lives of almost 3 million people. This was demonstrated by growth of our operations and their reach within communities. We went from implementing 23 projects in 2013 to 25 in 2014.

Our grant income grew from \$20 million in 2013 to \$23 million in 2014, thanks to this commitment.

Our re-launched operations into Somalia (South Central and Somaliland) saw us further develop our work supporting livelihoods for refugees and internally displaced persons.

Additionally, our support to communities in Kenya, the host for our headquarters since 2003, has expanded with our renewed mandate in this country. Already, the better part of 2014 saw the programme further strengthen its support to pastoralist communities in Mara, Narok County, to build skills in entrepreneurship to uplift their living standards. With one of our partners, we are set to start a livelihoods project in Kakuma Refugee Camp in 2015 that will benefit over 4,000 Persons of Concern.

Shifts in funding priorities, partly due to intensified humanitarian situations regionally and globally, meant reduced funding for our work in some of our country programmes like Uganda and Zambia. But at the same time, we attracted funds that helped us expand our interventions at various levels.

We boosted our health and agriculture operations in South Sudan while in Kenya we continued our global

collaborations in research by securing new funding from Grand Challenges Canada for an additional pilot project on health innovations. These are just but a few of the examples of our successful donor partnerships that have continued to energise our zeal for working with communities. We are sincerely grateful to our funders for continuing to believe in our capacity to deliver results.

Finally, all that we achieved in 2014 would not have been possible without the ever-enthusiastic AAH-I community comprising of the Board of Directors, management and staff. Our over 750 staff members who served in the remote locations deserve a special recognition, and we sincerely thank you. To all our supporters and partners, thank you for backing us in 2014.

Your continued interest is what motivates us to keep focused on our mission – supporting livelihood-challenged communities in Africa to sustainably improve their quality of life.

**Dr Caroline Kisia,**  
**AAH-I Executive Director**





*Shabagwe, a farmer in Kigoma Village, Kyangwali Refugee Settlement received seeds and training to start a thriving cabbage garden.*

# OUR IMPACT

In 2014, AAH-I transformed the lives of approximately **2,812,225** people by delivering development and humanitarian interventions.



**887,368** peoples' health needs including those of mothers and children were met through disease prevention and treatment allowing them to enjoy better and healthier lives.



**1,399,530** refugees and internally displaced people whose livelihoods had been devastated by conflict were provided with necessities to help them survive through the emergencies and interventions to help them regain control over their lives.



**186,327** people from farming households benefited from increased harvests and better incomes through support in training, seeds, tools and information.



**350,000** people were empowered to live peacefully and participate in their own development.

# Where We Worked in 2014

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## South Sudan

We worked with partners and communities in 8 out of the 10 States to transform the lives of approximately 2,539,676 people through delivery of development and humanitarian interventions.

## Uganda

We assisted 188,602 people whose lives and livelihoods were shattered by conflict and disaster to survive, recover, and gain control of their future.

## Somalia

We assisted 10,000 people whose lives and livelihoods were shattered by conflict and disaster to survive, recover, and gain control of their future.

## Kenya

We worked in collaboration with global research institutions on two pilot projects and partnering with 1,300 people to test innovations in health.

## Zambia

We assisted 20,000 people whose lives and livelihoods were shattered by conflict and disaster to survive, recover, and gain control of their future.





A child is immunised by an AAH Uganda midwife at a weekly immunisation and growth monitoring clinic.



## Partnering for Sustainable Basic Services

It is possible for communities to enjoy better, healthier lives. In 2014, we partnered to meet the health needs of **887,368** people particularly, mothers and children, through disease prevention and treatment, safe motherhood initiatives and health innovations research.

For the last 25 years our active role in improving the health of African communities has resulted in strong community-based Primary Health Care (PHC) systems. We partner with governments and communities to overcome the obstacles that prevent communities from attaining good health by making sure quality services are within reach.

Communities we work with either live in very remote places or have been displaced from their homes and countries of origin due to conflict and therefore have difficulty accessing healthcare services. Our work in the past year continued to support prevention and treatment of diseases, vaccination of children from life-threatening illnesses and promotion of safe health for mothers and children. We also worked with authorities and other partners to strengthen health systems through good leadership and policies.



In South Sudan, where decades of conflict have severely affected the functioning of health systems, we supported **63** health facilities that helped provide health care to over **700,000** people.



In Uganda, where women and children make up more than 80 per cent of the refugee population, mother and child health was one of our key priorities. We provided a range of health and nutrition services to nearly **125,000** people both in health centres and village outreach clinics. This included health screening, immunisation, breastfeeding advice, and supplementary feeding for malnourished children and the elderly.



In Zambia, we reached **20,000** people with health interventions and HIV/AIDS prevention services. This included communities living in Kawambwa District in Luapula Province and refugees and asylum seekers at the Lusaka Urban Refugee Programme.



In Kenya, we collaborated with global research institutions to test innovations in health. AAH-I was a winner of two grants worth \$100,000 (Canadian dollars) each from the Canadian Government under the Stars in Global Health programme managed by Grand Challenges Canada.

The first project working with **250** households and benefiting nearly **1300** individuals in two countries (Kenya and India) sought to prevent infectious diarrhoea in communities by testing a low-cost, point-of-use method for safe drinking water. Adding a copper stick to a water reservoir was found to neutralise the diarrhoeal causing organisms in water.

Cervical cancer is a leading cause of cancer-related deaths among women in low-income African countries. Access to quality cervical screening services in these areas is a challenge. A second study tested how scenario-based planning could be applied in strategic health decision-making for the implementation of a cervical cancer sample self-collection programme in Kenya. The study, *Chaguo Letu* (Our Choice), was carried out in both urban and rural settings in Kenya. It involved women, health decision makers at national and county levels, and reproductive health experts.

The study showed that women can play a major role in reducing cervical cancer incidences. The study further demonstrated that the programme could be implemented successfully in both rural and urban settings. This is after taking into consideration the unique logistical differences.

Majority of women are unable to afford the cost of cancer screening and ways of managing these needs. Subsidising these costs is also a challenge. Considerations to be made would be to invest in the infrastructure and health staff. This would support screening and treatment once diagnosis occurs. Partnerships with the private sector to share the investment costs of such a programme was recommended.





*A midwife monitors a baby's growth and development while other mothers and babies wait their turn.*

# Saving lives by promoting safe motherhood

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## Hope for pregnant women



Mary\* smiles broadly as she tightly holds on to her two-day old baby boy. Sitting on a bed at a health centre in Lasu, South Sudan, you cannot tell that this 33-year-old is the same woman who cheated death a few days ago. She is beaming with health and is more than eager to tell her story - if only but to benefit other mothers.

"I almost bled to death by the roadside while giving birth to my baby. The pain was too much and I could not walk another step," she says, as she gazes at the infant she is holding. Mary is talking about the ordeal of having walked over 10 kilometres from her home to the nearest health centre to deliver her baby, and barely made it.

Luckily for her, she was able to get quick assistance from the health centre's only medical officer, Richard Wani, who was called to her aid by passers-by.

But not all women in this remote part of South Sudan are able to be supported like Mary. They struggle to access health facilities. Many never make it to the health facilities because of the long distances and end up giving birth at home where complications can sometimes result in much higher risk of death or injury of the mother or child. The only assistance they have available are the local traditional birth attendants (TBAs). AAH Sudan trains TBAs to advise mothers on when to seek care at health facilities when complications arise.

"We have lost a number of our mothers because we cannot get them to hospital on time. We know some who have died along the way before reaching Lasu Primary Health Care Centre and Nyori Primary Health Care Unit, both of which are ten and eight kilometres away," explains Mr Yunis Dukubua, Libogo Boma's Sub-chief.

It is out of this realisation that community members came together to put up the Libogo PHCU to save the lives of mothers and children. Through the local leadership, they gave construction materials such as sand, stones, timber and bricks. AAH South Sudan stepped in and provided additional materials and also covered the labour costs.

Mr Dukubua has big dreams for this community. "We are very pleased by this initiative. The previous structure was very small and congested. Our plan with the community is to put up a separate delivery unit and have a midwife stationed there," he says. But even before that is done, mothers like Mary can now sleep easy knowing they have help close by when that time comes, thanks to the efforts of a determined Libogo Boma community.

In 2014, AAH South Sudan provided 13,825 women with safe pregnancy services, ensuring good health for their unborn children. This was aimed at ensuring that many expectant women have access to quality healthcare services.

\*Not her real name



## A lifeline for mothers and children

*"In rural and remote areas with limited access to emergency medical treatment it is crucial that mothers give birth in health centres. Here skilled personnel are equipped to deliver healthy babies. Yet we found most women were choosing to give birth at home because it's convenient. But it is also very risky if there are any complications."*

**Joan Otimong, Primary Health Care Officer, AAH Uganda**

AAH Uganda began a behaviour change campaign in Kyangwali in 2014 starting with identifying traditional birth attendants within the community and re-training them as Safe Motherhood Promoters (SMPs). They receive refresher training twice a year and check-in with health staff every two weeks.

No longer delivering babies, SMPs visit pregnant women in the community and use their influence to convince them to deliver at health centres. They also track and alert health staff of high-risk pregnancies. As the time to give birth nears, SMPs escort expectant women to a health centre where they are assured of professional care and referral to a hospital if necessary.

There are now 46 Safe Motherhood Promoters and more than 30 trained village health team members. Similarly, in 2014, 98 per cent of live births in Kyangwali were attended by skilled personnel up from 92 per cent the previous year.







## Strengthening Communities for Better Livelihoods

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For rural households that AAH-I works with, agriculture is their mainstay activity supplying food for daily subsistence. It also offers surplus for additional income to uplift their well-being.

AAH-I concentrated its food security work in 2014 in South Sudan, where years of conflict have destroyed much of the country's agricultural productivity, making it highly dependent on food imported from neighbouring countries.

But thanks to our sustained work with farming households over the last seven years, we have made remarkable strides strengthening communities efforts to make them food secure and turning the country's large tracks of fertile land into food baskets.

Farmers have been taught good agricultural practices which have replaced rudimentary farming methods. This has led to hundreds of hectares being put under productive cultivation. Farmers have access to better seed varieties and are more knowledgeable on planting, managing crops, harvesting and proper storage of their produce.

### Good seeds, training and information make all the difference

In 2014, we worked with **40,000** farmers to increase agricultural productivity, market access and trade and benefited a total of **183,870** people belonging to farming households and beyond. Approximately **9,500** hectares of new land was ploughed and put under cultivation. This combined with the distribution of over **400,000** kilogrammes of improved seeds (maize, cassava, sorghum, millet, sim-sim, ground nuts, rice and beans) and improved farming practices allowed farmers to increase their yields particularly for maize to between **1600-2000** kilogrammes per hectare up from **800** kilogrammes the previous year.

We trained **11,000** farmers on good agricultural practices such as land preparation and planting methods. These interventions were further supported by use of farmer extension services and demonstration plots to achieve greater access and understanding by farmers of the farming information through local hands-on training.

Farmers suffer huge losses as result of storing their harvest in poor conditions. To guard against this, AAH-I supported the construction of improved granaries capable of holding over **2** million kilogrammes of harvested produce. Farmers have also learnt the benefits of coming together to form groups that not only help them increase production but also assist in aggregating produce in large quantities that fetch better market prices. AAH-I assisted to establish over **700** farmer-based organisations and train their members.

Roads in good condition lead to ease of movement of commodities and ensure that buyers can reach the markets and buy from farmers. We therefore carried out the rehabilitation of feeder roads totalling **84** kilometres as well as bridges and created temporary employment for about **3,302** youth through the cash-for-work programme.





A farmer in South Sudan's Yugufe Boma in Yambio County spreads a portion of his maize harvest to dry.



# Transforming lives through farming

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Thousands of farmers in South Sudan are engaging in improved agricultural practices that are creating food security for their families and selling surplus, after interventions that increase their yield.

One of such farmers is Natale Zingisi, 47, in Ngindo Boma, Yambio County. He owns 15 feed-ans (15 acres) where he plants maize, both for sale and consumption. When conflict broke out in the country, many people were displaced and their homes were burnt down. Others fled to neighbouring countries such as Uganda for fear of attackers.

However, Zingisi decided to stay. He continued with his cultivation though not very productive as he did not have skills on proper agricultural practices.

But through the Emergency Food Crisis Project (EFCRP) being implemented by AAH South Sudan in conjunction with the Ministry of Agriculture with funding from the World Bank, Zingisi is among the 26,000 farmers who are benefiting from the project's interventions on improving food production.

He was among farmers who received training in good agricultural practices such as row planting and proper weeding. He also received seeds and farm tools.

"Before I was trained on good farming activities, I used to get only 700 kilogrammes of maize per feed-an (one acre) but after the training I now get between 900 kilogrammes to 1,000 kilogrammes per feedan," Zingisi proudly says adding: "The training has turned around my life for the better."

With the profits, he has managed to pay school fees and bought bicycles for his children, bought a motor cycle for transporting his produce to the local market and also built a permanent house for his family.

Zingisi also joined together with 37 other farmers and contributed money to form the Ngindo Saving and Cooperative Society where they would get dividends as per their contribution. AAH South Sudan through the project bought them a maize huller, which they now use to grind their maize into flour for sale.

Senior Clerk at the county agriculture department, Charles Soro says the training on modern agricultural practices has enabled farmers improve their yields for various crops in the region.

"Before the training, farmers used traditional planting methods which would result in poor yields. Currently, up to 70 per cent of farmers who were trained practice modern methods. Families have enough to eat and sell," Soro says.

Emergency Food Crisis Response Project (EFCRP) supports three broad activities. These are agricultural productivity (provision of improved inputs for field crops, vegetable production, large scale cultivation and technology transfer), support to community safety nets (storage facilities, granaries, markets and road rehabilitation) and project management.





A cast from the Mundri Active Youth Association (MAYA) during one of their community performances.



## Building Capacity for Sustainable Governance and Development

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AAH-I truly believes that real development happens when communities are active participants of that process. We therefore develop programmes together with communities and we listen and take their ideas to heart. We walk with them providing skills and advice that leads to empowered communities that are key drivers of their own development.

In 2014, we worked with communities to solve their local problems ranging from forging strategies for peaceful co-existence and development in South Sudan, to strengthening leadership structures for service delivery in refugee communities in Somalia.



In South Sudan, we supported local communities' capability to participate in peaceful reconstruction and reintegration through the Capacity Building for Post conflict Reintegration (CAPOR) project that worked in 4 Payams (locations) and 15 Bomas (sub-locations). The project uses various creative media approaches such as drama, music, puppetry, art and football tournaments to reach out, educate and transform communities. The project trained over 23,750 people belonging to community-based groups such as Peace Peer Educators, Boma

development committees, and information dissemination groups that in turn supported the dissemination of messages on peace, reconciliation and health reaching, a combined 350,000 people during the year.

In Somalia, AAH-I supported refugee communities in Hargeisa, Somaliland to re-establish a functioning leadership structures that ended a three-year leadership vacuum and provided the space for better service delivery to the communities of concern. By creating responsive leadership structures, this is already bearing results, and providing the opportunity for AAH-I to begin to engage them in a livelihoods intervention supported by the UNCHR. It will benefit over 2,000 refugees and 6,800 asylum seekers.









## Youth using films to disseminate messages to the community

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A determined youth group in South Sudan is producing films. Some of the productions are being aired on the country's national television. Mundri Active Youth Association (MAYA) recently produced three films, including one on early and forced marriage.

"This one (forced marriages) is being aired on South Sudan Television every Saturday and Friday and the other two are on girl child education and leadership," says Woro Odrande, MAYA executive director.

Since 2005, AAH South Sudan has been partnering with MAYA, a community-based-organisation (CBO). It was registered in 2014 as a community initiative by the youth of greater Mundri Counties. Areas of partnership include information dissemination, capacity building in health education, civic education and livelihoods.

MAYA has received support from the Capacity Building for Post conflict Reintegration (CAPOR), a project AAH South Sudan initiated in 2007. CAPOR is aimed at supporting communities' capability to participate in peaceful reconstruction and reintegration. The project has been working in Central and Western Equatoria States in Juba, Yei and Maridi, Mundri-West counties respectively. It is active in four Payam (locations) and 15 Bomas (sub-locations), where it supports similar youth groups. In 2014, the project reached more than 30, 000 community members with diverse educational messages through performances by groups such as by MAYA.

MAYA received support from CAPOR through training in fine arts, drama, puppetry, proposal writing, computer applications and script writing with the aim to support their mandate.

"In 2014, the project supported us with 7,000 South Sudanese Pounds (2363 USD) for various activities our town of Mundri town. And through the fundraising skills we had acquired from the project, we were able to source for additional funds from other organisations such as HIV/AIDS Alliance South Sudan and OXFAM Novib," says Odrande, adding that so far they have received over US\$ 150,000 to implement different projects and also cover their office-running costs.

The organisation has been able to support itself through the community awareness sessions they have held. "Through AAH South Sudan we have become known both locally and nationally and our performances highlighting issues such as girl child education, early marriage, and gender-based violence among others have featured in many fora, including the International Women's Day Celebrations," he explains. Through such fora, many youth express the need for a mentorship programme; something which they have incorporated in their project.



## Delivering Humanitarian Aid for Survival and Recovery

We work in a region that is prone to conflicts and our work over the last 20 years has helped communities to survive and recover through the emergencies. This is in addition to alleviating suffering and hardships in the short term while providing long term solutions to help them recover and regain self-sufficiency.

In 2014, we supported humanitarian relief and recovery programmes in South Sudan, Uganda, Somalia and Zambia in partnership with UNHCR that assisted **1,399,530** refugees and internally displaced people whose livelihoods had been devastated by conflict and provided them with interventions to regain control over their lives.



In South Sudan, the conflict which broke out in December 2013 precipitated a humanitarian crisis that has affected more than **1.5** million people fleeing the conflict. AAH-I, in collaboration with other partners and through the support of UNHCR, intervened in the three most affected states of Unity, Upper Nile and Jonglei as well as Western Bahr-el-Ghazal and Lakes States responding to the needs of over **240,000** refugees, asylum seekers and directly and indirectly reached out to over **1** million internally displaced persons. The project established a reception centre at the Yida refugee camp in Unity State that provided assistance to **14,330** newly arrived persons before they were later relocated to the newly-established Ajuong Thok camp. We assisted to move nearly **15** million kilogrammes of core relief items and supplies including food, medicines, shelter and other basic essentials such as fuel and water to various destinations where they supported survival of affected communities.



In Uganda, the conflict in South Sudan caused an influx of more than **110,000** refugees into West Nile in Northern Uganda. AAH-I in Uganda plays a crucial support role for UNHCR and other partners and during the emergency, we stepped up to help relocate more than **90,000** newly arrived refugees from border points to the reception centre and later to the various settlements in Adjumani, Arua and Koboko. Our trucks also transported core relief items including the firewood used to prepare much needed hot meals at reception centres and some **6,000** litres of water in the early days of the emergency, before other partners took over.

*A mother and her children receives a house kit to help them start a new life at a refugee settlement.*





## Donors and Partners

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We thank you our donors and partners for supporting us in transforming many lives in 2014.

### INTERNATIONAL AGENCIES

- Evangelischer Entwicklungsdienst (EED) / Bread for the World (BfdW)
- Grand Challenges Canada (GCC)
- United Nations Children's Fund (UNICEF)
- United Nations High Commissioner for Refugees (UNHCR)
- United States Agency for International Development (USAID)
- World Health Organisation (WHO)
- The World Bank
- The World Food Programme

### FUND AGENTS, MANAGING AND IMPLEMENTING PARTNERS

- Abt Associates
- JHPIEGO
- Zambia Governance Fund (ZGF)
- Agricultural Cooperative Development International and Volunteers in Overseas Cooperative Assistance (ACDI/VOCA)
- Ayurveda and Integrative Medicine in India (I-AIM)
- Positive Action for Children Fund (PACF)
- Brock University
- McGill University

# AAH-I Board Members 2014

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**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

**Mr Emmanuel Minari**  
Board Member

**Ms Margaret Oriaro**  
Member

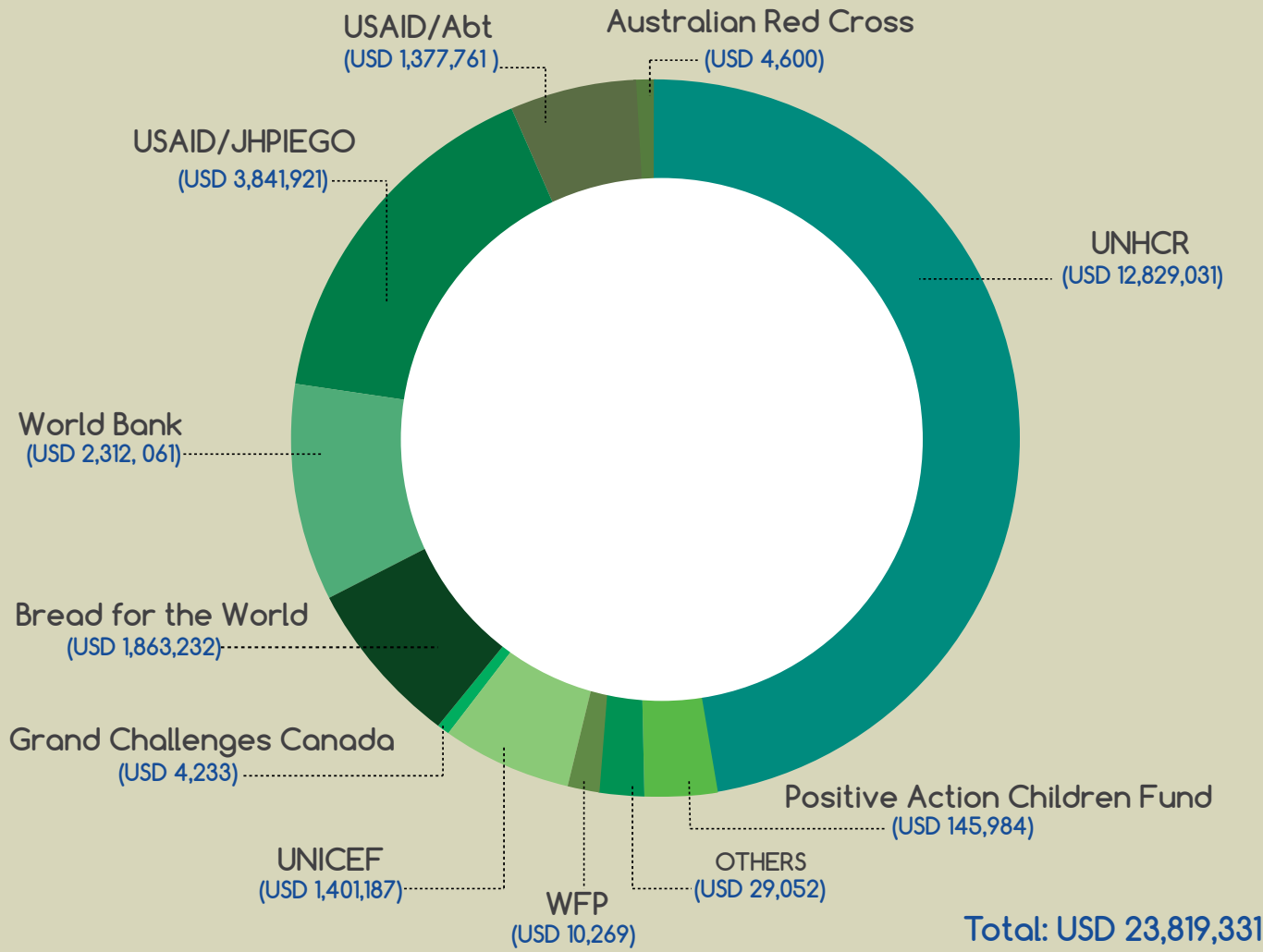
**Mr Haron Wachira**  
Board Member

**Dr Caroline Kisia**  
AAH-I Executive Director,  
Secretary to the International Board



# Financials

## Sources of funds



# Financials

## How we spent funds







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