



Annual Report 2012



Action Africa Help | International
Better health and livelihoods



Contents

Chairman’s Message	1
About AAH-I	2
What we do	2
Section 2: Country Highlights:	5
AAH-South Sudan	5
AAH-Uganda	10
AAH-Zambia	16
AAH-Kenya	22
Board Members	28
Donors	29
Financial Report	30

Message of the Board Chairman

I am delighted to share with you an account of our work this past year – 2012. At AAH-I, we lived true to our vision of sustainably improving the quality of life for disadvantaged communities in South Sudan, Uganda, Zambia and Kenya through delivery of much needed interventions in the health, education, food security and governance sectors.

Of note is our AAH Kenya Country programme which launched its five-year Strategic Plan for 2012-2016 in April. This plan is poised to steer our youngest country programme in focusing its work among marginalised communities, including pastoralist and communities living in urban slums to sustainably improve their livelihoods and wellbeing. I am also pleased to announce that AAH Kenya was formally registered as a fully-fledged country programme and will be expanding its programming beyond Narok County where it has been operating since 2005, to other regions in Kenya as stipulated in its strategic plan.



In 2012, we also welcomed two new country directors for our AAH Zambia and AAH South Sudan Programmes. We are delighted to be working with these very talented and experienced individuals and we believe they will lead our country programmes to greater heights.

It is also exciting to note that in 2012, AAH-I got into a number of strategic partnerships with global institutions among them the renowned Institute for Health Metrics and Evaluation (IHME) based at the University of Washington, Seattle. AAH Kenya partnered with the Institute to implement a research project looking into costs and constraints surrounding health service delivery in Kenya.

AAH-I was also able to attract new streams of funding from USAID, the World Bank and several UN bodies for various projects throughout the year. We are humbled to know that our funding partners continue to believe in our ability to deliver results and for this we have re-doubled our commitment to the communities we serve and who make what we do worthwhile.

We know that all that we achieved could not have been possible without support from many quarters. It is therefore my pleasure on behalf of the International board, to extend my sincere thanks to everyone who supported our work in 2012. We are indebted to our donors, partners, staff of AAH-I and above all our communities with whom together we contributed to bettering the health and livelihoods of thousands of men, women and children in the region.

About AAH-I

Action Africa Help International (AAH-I) is an African-led non-governmental organisation based in Nairobi, Kenya. Its mission is to support livelihood-challenged communities in Africa to sustainably improve their well-being and standard of living.

The organisation has over 20 years’ experience working with communities in conflict and post-conflict situations, including refugees, internally displaced people (IDPs) and host communities. More recently it has expanded its activities to work with other marginalised communities, including pastoralist communities and communities in urban slums. AAH-I has Country Programmes in South Sudan, Kenya, Uganda, Somalia and Zambia.

AAH-I continues to play an important role in bridging the gap between community-based organisations and international stakeholders in the development and humanitarian sectors. This includes coordination of national and local research initiatives.

What we do

AAH-I works with communities, local government and other development partners to increase availability and quality of, and access to, basic services in health, education, water, hygiene and sanitation (WASH) and to improve food and income security and environmental management in all these settings; it also continues to work in humanitarian relief and recovery and to support peace building. More recently AAH-I has started to work with communities to address issues related to climate change.

In 2012 AAH-I:



...Supported over 130,000 people to access safe water and strengthen hygiene and sanitation; increased access to HIV/ AIDS and Maternal Health Services, and trained health care workers.



...worked with 150,000 people to increase food and income security by strengthening their production system, their access to inputs and services, and better positioning of their products on local and regional markets.



...delivered humanitarian services to over 104,028 refugees in four camps in Uganda and Zambia with a continued focus on long-term development rather than short-term goals.



...worked with 15 communities in South Sudan to empower them to become active participants in governance processes that promote development and peaceful co-existence.

We have been working with government and communities in Western, Central, and Eastern Equatoria States for almost 20 years to re-build and strengthen civil society, rehabilitate health services, and improve food and income security.

South Sudan

Better health and livelihoods

4



5

In 2012, AAH South Sudan expanded its activities across Western, Central and Eastern Equatoria States. Project activities focused on Primary Health Care (PHC), food and income security, education, Water Sanitation and Hygiene (WASH), and capacity building programmes for civil society strengthening and peaceful re-integration of refugees and Internally Displaced Persons (IDPs).

Regional Primary Healthcare Programme

This programme, funded by EED (Evangelischer Entwicklungsdienst/Church Development Service, Germany), worked in Yei, Morobo, Maridi and Ibba Counties in Western Equatoria State to improve health service delivery in 32 Primary Health Care (PHC) facilities. This includes 22 PHC facilities in Maridi County (three PHC Centres and 19 PHC Units) and 10 in Ibba County (one PHC Centres and 9 PHCUs). In 2012, 46,927 people received services from these facilities.

AAH South Sudan received support from the World Health Organization (WHO) and United Nations Development Programme (UNDP) to run the Antiretroviral Therapy (ART) Centre in Maridi Hospital. In 2012, the Centre provided services to 405 clients of whom 77 received antiretroviral drugs (ARV). AAH South Sudan also provided Prevention of Mother to Child Transmission (PMTCT) services in Maridi and Ibba Counties with support from the United Nations Children’s Fund (UNICEF).



Facts and Figures

- In 2012, Maridi Hospital provided:
- Outpatient services to 7,126 clients.
 - 6,447 laboratory investigations for 5,147 clients.
 - Ante-Natal Care (ANC) services for 1,072 pregnant women on their first ANC visit.
 - 834 ANC clients were counselled and tested for HIV. 17 of them tested positive and 11 were started on ARV.
 - Out of 242 mothers who delivered in Maridi Hospital, 184 came back for postnatal care.
 - 11,407 children under 5 years in Ibba and Maridi Counties were fully immunized.
 - 1,860 children under 5 were diagnosed with Malaria; 718 were confirmed with Rapid Diagnostic Test of whom 361 had severe malaria.
 - 380 pneumonia cases and 526 Diarrhoea cases were seen in PHC facilities in Maridi and Ibba Counties.

Maridi Nurse Training School

AAH South Sudan provides support to the Maridi Nurse Training School, which offers certificate courses for Community Nurses and Community Midwives/Enrolled Midwives. Forty-three students (26 Community nurses and 17 Community Midwives) graduated in July 2012.

Basic Package of Health Services Project

In 2012, AAH South Sudan funded by the Multi-Donor Trust Fund (MDTF) provided support to health facilities in Yei County and Morobo Counties, Central Equatoria State. This project which started in September 2010 ended in May 2012.

The Disarmament, Demobilisation and Reintegration Programme

The objective of the Disarmament, Demobilisation and Reintegration (DDR) Programme is to give former soldiers in Eastern Equatoria State skills so that they can generate income to support themselves and their dependents. The programme targeted individual ex-combatants (particularly those with special needs such as Women Associated with Armed Forces (WAFF), the disabled and elderly), as well as their families and host communities.

The project counselled each beneficiary and assessed their needs and current skills. AAH South Sudan working with the Ministry of Education designed various training modules based on this needs and skills assessment. The programme delivered appropriate adult literacy and numeracy training, training in life skills and vocational training, and training in setting up a small business to 200 ex-combatants.

Emergency Food Crisis Response Project

Through this World Bank/Ministry of Agriculture and Forestry (MAF) South Sudan funded project, AAH South Sudan works with farmers in Yambio and Morobo Counties in Western and Central Equatoria States to help them improve their food production and household livelihoods. The Project does this through supporting improved extension services, and therefore improved farming practices, and improved marketability of products. The project helped increase access to and availability of food for consumption of 14,333 beneficiaries in the two counties.

Facts and figures

- 90 feddans were ploughed in Yambio County.
- 756 farm visits were conducted in Morobo County to inspect fields for seed beneficiaries.
- 7,316 farmers adopted improved technologies for food production.
- 3,625 farmers adopted new practices and initiatives for post-harvest handling and management.

Hope of a Nation



Today if they train me, tomorrow I will also train someone else. And that person will go and train another person which is great."

Isa Kuku joined the Sudanese People's Liberation Movement (SPLM) in 1988 to defend his country, the newly-formed South Sudan. "I was a soldier for many years fighting for the movement" he said. In 2005 the Sudanese Comprehensive Peace Agreement was signed, ultimately leading to South Sudan becoming an independent state on July 9th, 2011.

Young people like Isa were the hope of South Sudan as they gave themselves whole heartedly to defend their mother land. Now that peace is prevailing under an independent South Sudan, the need to have skilled labour to rebuild the nation is more than ever.

One of the many challenges facing the country is the lack of trained labour force. During the war, most people either fled to neighbouring refugee camps or joined the resistance denying them opportunities to further their skills.

Through the United Nations Development program and Disarmament, Demobilisation and Reintegration (DDR), AAH South Sudan has helped facilitate the training of over 200 ex-combatants and other family members in Torit of the Eastern Equatoria State. Isa is one of the beneficiaries of this programme.

Isa, a father of 10 is among those who received mechanic training through the programme. He now has skills to realize a better life for himself and his family. "People will have knowledge, the country will develop." He says. "Today if they train me, tomorrow I will also train someone else. And that person will go and train another person which is great."

Adoption and scale-up of NERICA production in South Sudan

AAH-South Sudan acts as a local partner on this project implemented under the guidance of ASARECA (Association for Strengthening Agricultural Research in Eastern and Central Africa) and funded by USAID-EA. This project is also being implemented in Northern Uganda. Based on ASARECA's previous experience of scaling-up orange fleshed sweetpotato and quality protein maize, the project is designed to promote adoption and scaling up of production of the high-yielding New Rice in Africa (Nerica) technology. The long-term goal is to increase food productivity and therefore food security and incomes in chronically food insecure communities. In 2012, AAH-I carried out the following activities in South Sudan:

- 5,840 kgs of Nerica 1 and 2 seeds were distributed to 513 rice farmers in Yei and Morobo States in South Sudan.
- Extension officers taught the farmers how to get the best from the new seed.
- 92 people, including farmers, agro dealers, a local seed company, traders, rice millers, transporters, extension advisory service representatives, development partners and micro finance organisations, attended "innovative platforms " designed to promote technology adoption in Morobo and Yei

Rajaf Honey Factory

This project is designed to promote honey production. Over the last four years, the project has given beneficiaries hives, equipment and training. After increasing production. AAH South Sudan supported establishment of a honey factory at Rajaf Payam near the capital, Juba. The factory has capacity to process between 2400 kgs to 4000 kgs (or 4,800 to 8000 500g jars) of honey per month.



We have been working with refugees and host communities in Northern Uganda for 17 years to improve basic services and increase food and income security.

Uganda

Better health and livelihoods



In 2012, AAH-Uganda, continued to implement integrated multisectoral support programmes for refugees in Kyangwali and Kiryandongo settlements in Northern Uganda with support from the United Nations High Commissioner for Refugees (UNHCR). It also implemented an emergency intervention in Rwamwanja settlement for refugees fleeing from hostilities in the Democratic Republic of Congo (DRC). The approach adopted by AAH Uganda in partnership with UNHCR has served to move refugees beyond crisis towards self reliance and benefited surrounding host communities. In 2012, AAH's Uganda Country Programme also continued with interventions designed to strengthen food and income security, this included implementation of the NERICA project in Uganda complementing similar work in South Sudan.

Adoption and scale-up of NERICA production in Northern Uganda

This USAID/MDTF-funded project carried out the following activities in Northern Uganda :

- The rice dissemination platforms that were established in 2011 (two in Gulu District and three in Amuru District) were monitored to ensure they were still functioning – which they were.
- 1,840 kg of NERICA seed were distributed to famers of whom over half were women through the dissemination platforms; farmers were taught how to plant rice in rows using the row marker.
- Nerica actors (farmers, traders, millers, extension workers) from Northern Uganda and South Sudan attended an outcome mapping workshop held in Gulu in August 2012 and defined the outcomes they expected from the project.

Emergency intervention in Rwamwanja refugee settlement

In July 2012, UNHCR contracted AAH-Uganda to implement interventions across a number of sectors, including health and agriculture, for refugees fleeing from hostilities in the Democratic Republic of Congo (DRC) at the Rwamwanja refugee settlement. Given the emergency, the contract was for an initial period of 6 months. At the beginning of the intervention, the population of Rwamwanja refugee settlement camp stood at 9,892, towards the end of December 2012 the figure had increased to 28,907.

Facts and Figures

- All the refugees had access to safe water by the end of the year.
- Sexual and Gender Based Violence (SGBV) groups were set up in 10 villages and Child Protection Committees were set up in 35.
- Seven SGBV survivors were referred - post-exposure prophylaxis was administered to 2 survivors while five got legal assistance.
- A case management team made up of representatives from AAH-Uganda, Office of the Prime Minister (OPM) , the Police, and UNHCR was set up and running by the end of the year.
- Non-food items were distributed to 27,500 refugees.



Programme in Kyangwali and Kiryandongo refugee settlements

AAH Uganda has been working with refugee and host communities in Kyangwali and Kiryandongo refugee settlement camps in western Uganda to support activities across a range of sectors including PHC services, education, WASH, food security and environmental management. In 2012, the project supported over 50,000 refugees in the two settlements.

EU Livelihoods Project

The EU funded project in Kyangwali and Kiryadongo refugee settlement is designed to strengthen production and marketing of food crops by refugees in the settlements and host communities. Through this project, AAH-Uganda facilitates improved farming practices by introducing farmers to better technologies and other inputs, supporting farmers to form farmers' cooperatives and strengthening understanding of local markets in order to sell their farm produce at more competitive prices, increase their income and uplifting their living standards.

- AAH-Uganda successfully linked farmers with Info-trade Uganda to provide agricultural market price data on a monthly basis. This information is disseminated to groups within the community. Access to market information has significantly improved the bargaining position of farmers, who get better prices for their produce as a result.
- Mobile health clinics were initiated to improve the health of livestock and crops. The clinic built farmers' capacity to identify different crop diseases. In addition, the clinics treated animals and castrated male animals where appropriate.
- 250 local goats and 108 Boer goats (a South African breed developed for meat production) were given out to farmers. One of the unintended impacts of Boer goats given out to farmers is the milk many of these farmers get from them. On average, one litre of milk is produced every day, which improves nutrition, particularly for children.
- 10 of the 46 in-calf heifers distributed in the middle of the year calved down. AAHU field staff trained farmers in best practices in milk hygiene.
- Farmers were trained in conservation agriculture techniques using a "training of trainers" approach. The training covered water conservation techniques, manure application, pest and diseases control without using chemicals, cover cropping, intercropping, mulching, diversion channels, composting, agro-forestry and zero tillage.
- Vegetation cover was increased by 77.3 hectares through re-afforestation.
- There was an increase in the adoption of energy saving devices, including a 3.1% increase in use of energy-saving stoves.

Facts and Figures

- Measles vaccination coverage increased from 87.1% in December 2011 to 100 % in June 2012.
- Under-5 mortality reduced from 1.4/1000/month in December 2011 to 0.4/1000/month at the end of 2012.
- An 80% increase in household food production and marketable surplus and a 72% increase in household income by the end of 2012.
- 94% of the farmers belong to a group/association in the livelihood project.
- Deliveries attended by skilled birth attendants increased from 55% in December 2011 to 84% by the end of 2012
- 90% of HIV-positive Persons received ARTs and improved home-based care services.
- WASH Coordination Committees were set up and 189 sets of communal sanitary tools ; washing detergents and plastic latrine floor slabs were provided to persons of concern.
- Education materials were provided to 526 vulnerable children (nearly half were girls).
- Over 5000 children were offered psychosocial support and guidance through routine home visits.
- The number of trained teachers increased from 78% in December 2011 to 87.5% at the end of 2012.
- Management of the woodlots was improved through activities of the Environment Protection Committees and Community Based Extension Workers.
- Three school environment clubs developed an environment action plan and villages are in the process of developing these plans which are designed to plan for, and reduce risks associated with, climate change.
- Enrolment in primary education for children aged 6-11 years increased from 72% in December 2011 to 75% at the end of 2012.

Lanchantute Farmers’ group

Peter Obita, from Lanchantute in Kiryandongo, has been a farmer his entire life. In 2000, he lost everything including his beloved pair of oxen that he has always used to till his land to cattle rustlers from the northeastern part of the country. Now, early mornings find Obita working in the field with Lanchantute farmers group and a new pair of oxen donated by AAH Uganda in partnership with the EU. “AAH Uganda has given us these two bulls with which we’re able to plough more land and reap a better harvest”, said Obita.

For a long time, farmers in Kiryandongo have been using hand hoes and bent sticks to cultivate which is time and energy consuming. Under the Enhancing Local Capacities for Self-Reliance Project, AAH-I Uganda in partnership with the EU have provided critical inputs to local farmers groups to improve livelihoods and productivity. These include, 10 pairs of oxen, as well as Boer goats, heifers, improved seeds, fertilizer and bee hives.

Lachantute Farmers Group was one of the beneficiaries of the oxen. Formed with the support of AAH Uganda in April 2011, the 33 member group has been able to rent land and use the oxen to plough a seven-acre field for their second season. This has increased the farmers’ income and allowed them to improve their yield.

In addition to increased yields, the farmers are also renting out the oxen to other farmers and earn income to maintain the pair of oxen. The group also hopes to purchase more oxen to benefit their community.



We have been working with refugee, host and urban communities in Zambia for the last 12 years to improve basic services, livelihoods, and more recently, environmental management.

Zambia

Better health and livelihoods



During 2012, AAH-Zambia continued to work with communities in the capital Lusaka and in Kawambwa in Northern Zambia across a range of areas including health (particularly HIV/AIDS and maternal and newborn health), WASH, education, income security, and environmental management. The Enhanced safe motherhood project with support from the Zambia Governance Foundation contributed to the quality of services in Mufwaya, Munkanta and Mushota catchment areas. The Kawambwa Central Environmental Project with support from the Civil Society Environmental Fund also operated in these areas, re-planting trees in partnership with local communities.

Lusaka Urban Refugee Project

This UNHCR-funded Project supports refugees residing in Lusaka and surrounding areas. The refugees are mostly from the Democratic Republic of Congo (DRC), Rwanda, Burundi, Angola and Somalia. The Project assisted a number of refugees from Maheba and Mayukwayukwa settlements to return to their home country under voluntary repatriation. However, continuing security instability in the Eastern DRC meant that refugees continued to arrive in Zambia during 2012 seeking asylum. The Project provides services to Persons of Concern including social welfare, legal assistance, education support, Primary Health Care, HIV/AIDS prevention and management, Transit Centre management, transport and other logistical support.

Facts and Figures:

- 116 high school pupils received education materials.
- 311 primary school children were supported with books and other educational materials.
- 11 students received post – secondary vocational scholarships.
- 2,139 asylum seekers and urban refugees had access to primary health care at Makeni transit centre clinic.
- 275 referred patients and their care-givers were provided with transport money for return to the settlements.
- 186 patients were referred to Lusaka for specialised tertiary health care.
- 39 chronically ill persons of concern received primary health services.
- 700 refugee youths were sensitized about HIV/AIDS through talent shows and health education.
- 600 women and men were helped to increase community-level activities to promote safe motherhood in Mushota, Mufwaya and Munkanta villages.
- 27 provincial and district policy makers attended the annual maternal health policy awareness meeting.
- 15 maternal-health related stories from Mufwaya, Munkanta and Mushota were collected and profiled for showcasing to district and provincial stakeholders and 15 open letters on maternal health were delivered.
- Counselling services were provided to 87 People of Concern.
- 16 Sexually Based Gender Violence (SGBV) victims were provided with legal assistance
- 27 refugee leaders were trained in Sexual and Gender Based Violence (SGBV) case management.
- 146 elderly, disabled, and chronically sick People of Concern were supported through cash grants.
- 45 detainees were assisted with food and other basic needs.
- 62 Children were identified and supported including 13 children who were assisted with financial support.
- 14 refugee families received financial and logistical support.

Kawambwa Maternal Health Project

The main objective of the Kawambwa Maternal Health Project, funded by the Zambia Governance Foundation, is to advocate to policy makers for increased focus and resources on maternal health in order for Zambia to achieve Millennium Development Goal 5 (to improve maternal health).

In 2012, the Project held:

- Quarterly monitoring and supervisory visits and quarterly review meetings on maternal health issues with stakeholders;
- Maternal health awareness meetings with key policy makers;
- Safe Motherhood Action Groups in each of the three main communities. Activities included engaging with the Provincial Head of Departments on Safe Motherhood and running a photo exhibition on maternal health .

Kawambwa Environmental Project

The main objective of this project funded by the Civil Society Environmental Fund, which started in June 2012, is to plant 100,000 trees in the area around the former Kala Refugee camp. The camp had been running for about 10 years and refugees had cut most of the trees in the surrounding area. Now that refugees have returned home, AAH-Zambia is working with local communities to replant the area. Inception activities included introducing the project to the district authorities, community mobilisation and sensitisation and training community members in tree nursery establishment and management.



Facts and Figures:

- 15 deliveries were supervised.
- 136 expectant mothers were tested for HIV/AIDS.
- 61 male partners were tested during antenatal clinic check-ups
- 27 policy makers, most from Kawambwa District, attended annual maternal health meetings.
- 2 radio discussions on maternal health were conducted.
- 15 maternal health related stories were collected and profiled.
- 15 open letters on maternal health were delivered.

Facts and Figures:

- 5 community nurseries were established in Munganushi, Jealous, Labani, Chungu and Mufwaya with over 79,000 trees in the nurseries.
- 6 community mobilisation and sensitisation meetings on sustainable forest management were attended by 129 people.
- An environmental management campaign reached 514 households.
- 280 households participated in a village tree planting competition.
- 250 households were introduced to, and are now using, wood-saving stoves.
- 352 people were informed about forest issues.
- 6 woodlots were improved, 1 foodbank and 2 fooder banks were established with 19,000 trees.

Mushota Clinic Provides Hope to Family

Mary Kunda and her one and a half old son Nicholas walk four kilometers to the Mushota Rural Health Clinic in Kawambwa District of Northern Zambia once a month to get their ART medication. Mary and her husband are both HIV positive; although she took preventative measures during pregnancy, labour, and after Nicholas was born, as advised by local health workers, it is possible that Nicholas may have the virus.



Mushota is one of three Rural Health Clinics in Kawambwa District that AAH Zambia works with. It is the only clinic within a 20 km radius that offers HIV medication and it is also a referral clinic which attracts some of the more difficult health cases in the area. On average people walk 10 Km to reach the facility, with others travelling upto 50 Km.

Through funding from the Zambian Governance Foundation, AAH Zambia has worked with the clinics and project communities to develop several initiatives to reduce deaths related to pregnancy and HIV infection. Close to 1,500 mothers are being assisted each year by the three clinics.

One of the most successful initiatives has been the introduction of Safe Motherhood Action Groups. Immanuel, the secretary of Mushota Clinic said, “We have seen an 80% rise in the number of mothers who come to the facility to give birth. This has greatly reduced both maternal and child mortality rate in the area.”

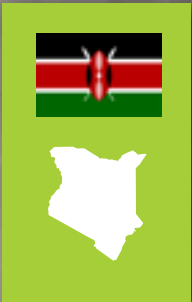
However, there is still more to be done as Immanuel explained, “We are trying to sensitize the community on the benefits of coming to the clinic for delivery. Now many of them want to come, but there is still the issue of transport, so there are some that want to come but can’t.”



Our newest Country Programme, AAH Kenya, has been working with marginalised pastoralist communities in Narok County to improve access to safe water, health and education.

Kenya

Better health and livelihoods



AAH Kenya was launched as a fully-fledged country programme in February 2012, a year that saw it significantly expand its portfolio of projects. In April, a five-year strategic plan was unveiled to chart AAH Kenya’s strategic direction and focus. The event was graced by Dr. Njeri Gakonyo, chair of Green Belt Movement, and attended by over 80 guests, who included AAHI Board Members and representatives of a broad range of stakeholders including the Government of Kenya.

In 2012, AAH Kenya implemented three new projects in addition to the ongoing micro projects in Mara Division:

The ABCE project

In a new partnership with the Institute of Health Metrics and Evaluation (IHME) of the University of Washington in Seattle, AAH Kenya had the opportunity to implement a nationwide health research project looking at the cost of health services delivery in Kenya. The Access, Bottlenecks, Costs and Equity (ABCE) project is part of a multi-country initiative funded by Bill and Melinda Gates foundation to provide evidence for improving the equity and cost effectiveness of health systems for use by policymakers, development partners and national stakeholders.

The project was implemented in 259 facilities in 8 provinces and 58 districts in Kenya. A dissemination workshop to policy makers on the research findings will be carried out in 2013.



In 2012, the project achieved the following:

- 24 research assistants collected data from 259 facilities in the 8 provinces and 58 districts in Kenya. This included 37 dispensaries, 86 health center/clinic, 56 hospitals, 10 Voluntary Counseling and Testing Centers and 19 pharmacies.
- 60 ART facilities were visited and 15,943 medical records related to HIV care were extracted, of these 46% were electronic medical records.
- 6,737 exit interviews were conducted 1,517 these being related to HIV care.

Kibera Medical Record Initiative (KMRI) Project

AAH Kenya in partnership with Innovative Canadians for Change (ICChange) launched an innovative project looking at the use of Electronic Medical Records (EMR) to improve access to health services in Kibera, the largest slum in Nairobi where almost 800,000 people reside.



In its pilot stage, the project funded through a grant by Grand Challenges Canada (GCC)-Stars in Global health- round 2 is working with three health facilities namely; AMREF Kibera Community Health Centre, Ushirika Medical Clinic and Vostrum Clinic.

By close of 2012, the project had:

- i. Completed training at all three clinics to ensure familiarity and uptake of the EMR in a real-time fashion by all clinic staff throughout clinical activities.
- ii. Developed and launched a marketing and education campaign to gain support and trust within the Kibera community.
- iii. Created partnership with Pamoja FM, a local community radio station, to start a recurring health segment that will educate the populace on various health topics while promoting the benefits of KMRI.
- iv. Built partnerships with and obtained necessary permissions from the Ministry of Public Health and Ministry of Medical Services to support KMRI.

- v. With the expertise of IT developers from the University of Alberta, commenced customization of OpenMRS to transform the EMR for outpatient use and to incorporate the needs of each clinic involved in KMRI.
- vi. Developed partnership with F12 Networks, a networking company in Edmonton, Alberta, Canada to provide hardware and networking expertise for KMRI.

In 2013, the project is expected to:

- i. Install KMRI hardware in three pilot clinics in Kibera and launch the EMR system in two clinics.
- ii. Develop partnership with Strathmore University to create internships that will develop local capacity for KMRI by involving IT students.
- iii. Commence monitoring and evaluation assessment of the EMR system at facility and community levels.

Improving the standards of living for pastoralist communities in Mara Division



In 2012, AAH Kenya continued to engage with communities living in Mara Division of Narok County by partnering with them to improve access to water, education and health services. The project received a one-year grant from DKA Austria through Horizont3000 to build the capacity of Mara District Development Programme (MDDP) and 14 Community Development Committees (CDCs) to enable them take leadership of development projects in their community.

The capacity building project achieved the following:

- Supported formation and training of MDDP’s board of directors and management committee in leadership and governance
- Facilitated the development of MDDP’s 5-year Strategic Plan and Operational Plan.
- Conducted PICD I & II (Participatory Integrated Community Development) training for the 14 CDCs Organised and facilitated a Leadership workshop attended for local leaders, and partners within Mara Division.

In 2012, the following was achieved under the micro projects:

Health

- A solar lighting system was installed and four mosquito nets, beds and mattresses were supplied to Leshuta dispensary.
- The government delivered the first consignment of drugs to Leshuta dispensary and posted a community health nurse.

Water

- Ositeti community contributed towards the installation of a rain water harvest system, with hand washing units for Ositeti Community Dispensary

Education

- 92 school desks were supplied to Esoit boarding primary school and Olderkasi primary school.
- Siana Primary school received 467 books from GrafHeinrich Volsschule (school).
- A classroom was constructed at Ereteti primary school.



International Board Members

Dr. Vinand Nantulya – Chairman of the Board
Mr. Mutila Mulenga – Chair, AAH Zambia National Board
Dr. John Tabayi – Founding Member
Mr. Lawrence A. Masaviru – Chair, AAH Kenya National Board
Dr. Klaus Poser – Representative of AAH Germany (Member)
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. Caroline Kisia – AAH-I Executive Director, Secretary to the Board

AAH South Sudan National Board

Hon. Benz Mbuya – Chair of the Board
Dr. Olivia Lomoro – Member
Dr. Mark Zangabeyo – Member
Filiberto Gabresi – Ex-officio Member
Ms. Neha Erasmus – Member
Dr. John Tabayi – Member
Dr. Caroline Kisia – Member

AAH Uganda National Board

Dr. Noerine Kaleeba – Chair of the Board
Ambassador Bernadette Olowo-Freers – Member
Dr. Jesse Kagimba – Member
Prof. Nyeko Pen-Mogi - Member
Dr. Vinand Nantulya – Member
Dr. Nelson Wajja – Ex-officio Member
Dr. Caroline Kisia – Member

AAH Zambia National Board

Mr. Mutila Mulenga – Chair of the Board
Dr. Joseph Kasonde – Member
Dr. Boniface Maket – Member
Dr. Clara Mbwili Muleya – Member
Mr. Mungule Daudi Chikoye – Member
Florence Phiri – Country Director, Secretary to the Board
Dr. Caroline Kisia – Member

AAH Kenya National Board

Mr. Lawrence Masaviru – Chair of the Board
Prof. Edward Kairu – Member
Mr. Mark Ole Karbolo – Member
Prof. Mutuma Mugambi – Member
Mrs. Edith King’ori – Member
Mrs. Ann Thuo – Ex-officio Member
Dr. Caroline Kisia – Member

Directorate

Dr. Caroline Kisia – Executive Director
Mrs. Dinah Njoroge – Finance and Administration Director
Dr. Umar A. Baba – Technical Director

Country Programme Management

Dr. Nelson Wajja – Country Director, AAH Uganda
Florence Phiri – Country Director, AAH Zambia
Mrs. Ann Thuo – Ag. Country Programme Manager, AAH Kenya
Filiberto Gabresi – AAH South Sudan Country Director

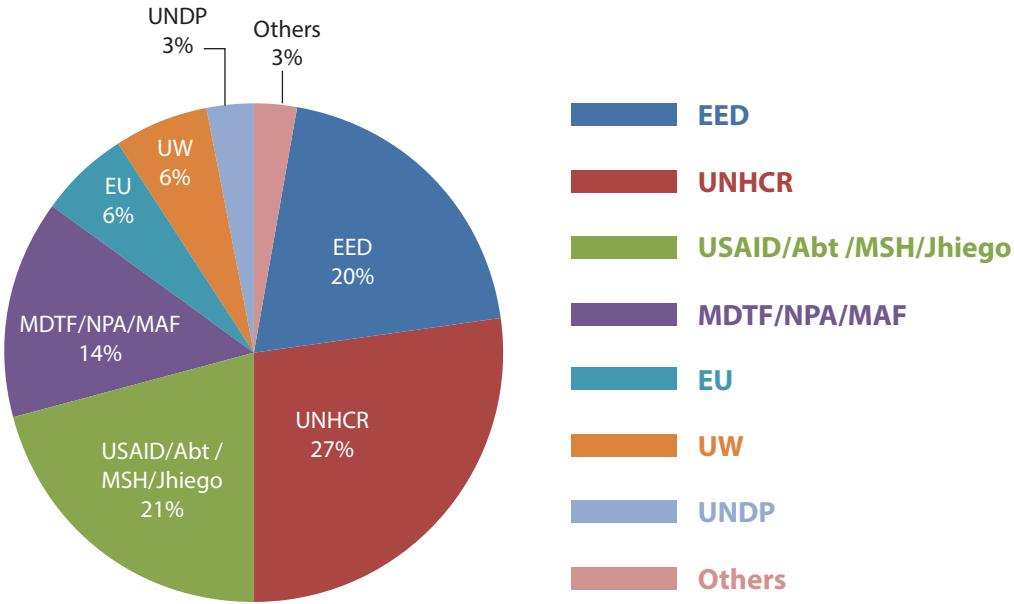
Donors in 2012

Abt associates/USAID
Aktion Afrika Hilfe - (AAHev)
Association for Strengthening Agricultural Research in Eastern and Central Africa (ASARECA)
Civil Society Environment Fund (CSEF)
DKA/Horizont 3000
European Commission (EU)
Evangelischer Entwicklungsdienst (EED)
Institute of Health Metrics and Evaluation (IHME)/University of Washington
Innovative Canadians for Change (ICChange)/Grand Challenges Canada
Jphiego/USAID
Management Services for Health (MSH) /USAID
Multi Donor Trust Fund (MDTF)/Ministry of Agriculture - South Sudan (MAF)
Multi Donor Trust Fund (MDTF)/Norwegian People’s Agency (NPA)
United Nations Children’s Fund (UNICEF)
United Nation Development program (UNDP)
United Nations for Human Rights commision (UNHCR)
United Nation’s Officer for Project Service (UNOPS)
World Health Organization (WHO)
Zambia Governance Fund (ZGF)

2012 Financial Report

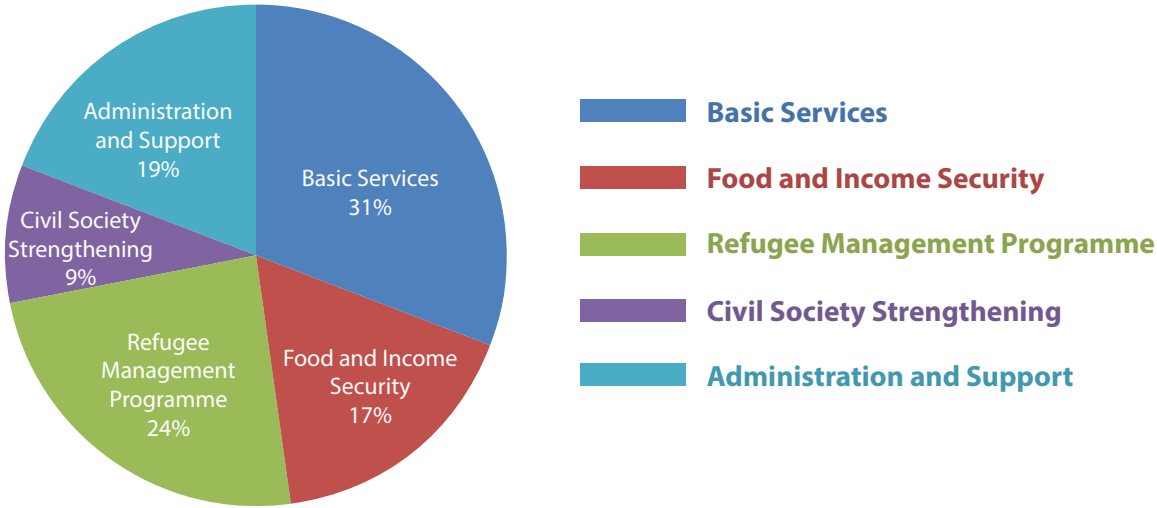
Income by Donor

EED	1,423,994
UNHCR	1,918,938
USAID/Abt /MSH/Jhiego	1,507,226
MDTF/NPA/MAF	987,533
EU	406,288
UW	388,882
UNDP	230,769
Others	243,266
TOTAL	7,106,895



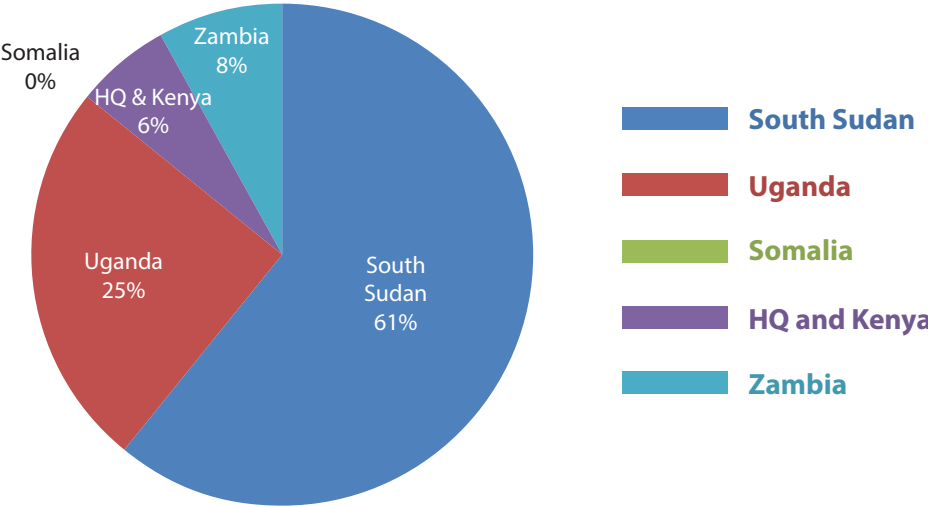
Expenditure by Thematic areas

Basic Services	2,147,162
Food and Income Security	1,210,525
Refugee Management Programme	1,669,617
Civil Society Strengthening	664,845
Administration and Support	1,374,993
TOTAL	7,067,142



Income by country

South Sudan	4,302,539
Uganda	1,746,822
Somalia	4,904
HQ and Kenya	460,193
Zambia	592,438



Hands of Action

[Our Work in Africa]



Basic Services:

We work on programmes that promote healthy populations living in healthy environments by improving access to quality services in Primary Health Care, Water and Sanitation and Education.



Food & Income Security and Environmental Mgt. & Protection:

We work with communities to enhance increased food production capacity and improve livelihoods.



Civil Society Strengthening and Peace Building:

We work on programmes that enable communities to become strong actors in peace building and active participants in their own development.

AAH-I works in South Sudan, Uganda, Zambia, Kenya & Somalia





FAWE House, Ground Floor, Chania Avenue | P.O. Box 76598 00508 Nairobi, Kenya. | Tel: +254-(0) 20 3007755/6 | Mobile: +254 (0) 722 207726 | Fax: +254 (0) 20 3007768
| Email: headoffice@actionafricahelp.org | Website: www.actionafricahelp.org