

**2017
ANNUAL
REPORT**

ACRONYMS

AAH-I	Action Africa Help International
ANC	Antenatal Care
CAPOR	Capacity building for Post-Conflict Reintegration
CLTS	Community Led Total Sanitation
CSEF	Civil Society Environment Fund
DFID	Department for International Development (UK)
FAO	Food and Agriculture Organization
GBV	Gender-based Violence
IOM	International Organization for Migration
NAPAD	Nomadic Assistance for Peace and Development
ODF	Open Defecation Free
PHCC	Primary Health Care Centre
WDC	Water and Development Committee
SDG	Sustainable Development Goals
SENARK	Sustaining Environment and Natural Resources project
SGBV	Sexual and Gender Based Violence
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme

Cover photo: Naiyari Taek, an adult learner from Emaiyan REFLECT Circle in Narok County, Kenya

Opposite Page: Students at Nkoilale Primary School learning the business of fish farming in Narok County, Kenya



OVERVIEW

This Annual Report highlights the work of Action Africa Help International (AAH-I) in 2017.

Improving the quality of life for livelihood-challenged communities is our main objective, and we are passionate about embracing innovative development models that result in sustainable change. Our programmes invest in learning and building the capacity of our staff, development partners and communities that benefit from our investments. We invite you to reflect on our journey of making a positive difference.

2018 marks the end of our current strategic plan. We look back at our achievements with humility and forward to making further progress towards our overall goal of supporting livelihood-challenged communities in Africa to sustainably improve their quality of life.

ABOUT US

Action Africa Help International (AAH-I) is a regional African-led non-governmental organization 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, Somalia, Zambia, Kenya, Djibouti and Ethiopia, AAH-I has over 25 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 marginalized communities including pastoralists and people living in informal urban settlements.

AAH-I is run by a Directorate based in Nairobi and governed by an International Board of Directors and National Boards in the countries of operation. AAH-I has decentralized its operations to give greater ownership and responsibility to Country Programmes, which are better placed to respond rapidly to local challenges and opportunities.

OUR STRATEGY

Our current five-year strategy (2014-2018) is centred around the following five strategic objectives:

1. Developing, promoting and implementing innovative entrepreneurial and sustainable livelihood programmes.
2. Designing and delivering sustainable basic services in partnership with livelihood-challenged communities.
3. Facilitating humanitarian relief and recovery programmes for displaced and returnee populations to attain sustainable resettlement.
4. Strengthening the capacity of implementing partners for sustained service delivery and governance.
5. Enhancing the capacity, efficiency, effectiveness and learning of AAH-I to innovatively deliver its mission.

We work closely with communities, local governments and other development partners to identify and develop programmes that promote ownership, are relevant and are sustainable.

OUR MISSION

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

OUR CORE VALUES

- **Compassion** for livelihood-challenged communities
- **Community-centered sustainable** solutions
- **Respect** for all stakeholders
- **Partnership**, with shared responsibilities
- **Integrity** in all that we do
- **Efficiency** in resource utilization
- **Innovation** in programming



Volunteer traditional birth attendants reviewing progress of their collaborative work in support of pregnant mothers in Kyangwali Refugee Settlement, Uganda



Lots to celebrate inspite of the dynamic development space.

FROM THE BOARD CHAIR

We had a lot to celebrate in 2017. We received official registration to operate in Ethiopia and implemented a health project in Djibouti, our first Francophone country. This brought to seven our countries of operation, and for the first time crossing and managing a portfolio of over USD \$30 million that benefitted at least 1,080,000 people. The *Waja ta Jena'* (Pain of a Child) film produced to promote social cohesion under our Capacity Building for Post-Conflict Reintegration project in South Sudan won four awards at the Juba Film Festival. We are proud that our Kenya Country Programme Manager Dr Kamau Githaiga made it into the top 20 finalists from over 300 nominations in the Aid & International Development Forum *The Innovator Of The Year Award*. The award celebrates individuals and teams who have introduced game-changing initiatives, created research or inventions that have made an impact on the humanitarian aid and development sectors in Africa.

The organization strengthened its governance through the inauguration of the first AAH-I Patron, Abou Moussa in March. This is part of our continuing efforts to boost the visibility of the mission and vision of AAH-I.

As we move into 2018, I am proud of what AAH-I accomplished in 2017 and optimistic about the future. Our community is strong and vibrant, and together we will continue our efforts to eliminate extreme poverty, uphold human rights, safeguard a sustainable planet and ensure human dignity for poor and vulnerable populations in Africa.

Dr John Tabayi



Strengthening partnerships for lasting impact

FROM THE EXECUTIVE DIRECTOR

I am proud to present AAH-I's 2017 Annual Report from a year that was full of change and progress.

We witnessed significant growth in programme implementation in all the countries we operate in. Some of the key highlights in 2017 include innovation in development models and aligning our work more closely to the Sustainable Development Goals. This Annual Report highlights our achievements and impact in the 7 countries we worked in. In addition, the report provides financial results for the 2017 fiscal year.

In 2018 we will be working on our next five-year Strategic Plan for the period 2019-2023, which will continue to lay emphasis on strengthening partnerships that will have a lasting and positive impact for our continent. We specifically look forward to joint programme design, resource mobilization and programme implementation following a new partnership with the Intergovernmental Authority on Development (IGAD), for activities within IGAD member states.

I would like to offer my personal thank you to everyone that supported us in 2017. The success of AAH-I is the success of the communities we serve. The key to meeting challenges and witnessing achievements in 2018 will be the continued concerted effort from all staff, funding partners and Board Members as we continue to invest in the communities that we serve.

Dr Caroline Kisia

OUR REACH IN 2017

Under Strategic Objective 1: Developing, promoting and implementing innovative entrepreneurial and sustainable livelihood programmes.

 54,301

People received income support from cash-for-assets project activities

 6,025

Farmers provided with farm input support

 84,500

Tree seedlings distributed to schools and communities

243


Vocational and technical skills training students graduated (successful completion and receipt of certification)

 3,469

People received enterprise development assistance


Under Strategic Objective 2: Designing and delivering sustainable basic services in partnership with livelihood-challenged communities.

 291,767

Curative consultations for people 5 years and older

 1,500

Learners provided with learning materials such as exercise books, pens, pencils and erasers

 47,355

People given access to safe water

 128,994

Curative consultations for children under 5 years

 5,430

People received Testing and Counselling services for HIV

 547

Health professionals trained

 4,437

Births were attended to by a skilled health worker

 6,088

Women who attended the 4th antenatal visit

Under Strategic Objective 3: Facilitating humanitarian relief and recovery programmes for displaced and returnee populations to attain sustainable resettlements.



33,505 Refugees, asylum seekers and internally displaced people relocated to safety



10,495 Refugees, asylum seekers and internally displaced women and girls received dignity kits



3,506 People received supplementary feeding to improve their nutrition status



9,957 Urban refugees, asylum seekers and the host community accessed primary health care



45,453 Refugees, asylum seekers and internally displaced people received core relief items



2,114 Refugees and asylum seekers received legal assistance

Under Strategic Objective 4: Strengthening the capacity of implementing partners for sustained service delivery and governance.



4,700 Refugees, asylum seekers, internally displaced people and members of the hosting community received social and legal services support at the Peaceful Coexistence Centre



1,150 Somali returnees benefitted from governance awareness and sensitization sessions



105 Community leaders, social workers, paralegals) trained on governance in order to strengthen community structures

PROGRAMME OVERVIEW

During the year under review, AAH-I implemented projects in South Sudan, Uganda, Somalia, Zambia, Kenya, Djibouti.

In line with the Sustainable Development Goals (SDGs) numbers 1 (ending poverty), 2 (ending hunger), 3 (ensure healthy lives), 4 (ensure inclusive & equitable quality education), 5 (achieve gender equality), 6 (ensure availability & sustainable management of water), 10 (reduced inequalities), 13 (environmental management) and 16 (promote peaceful and inclusive societies), the AAH-I Country Programmes worked with communities, local governments and other development partners to improve:

- Basic services (health, education, water, hygiene and sanitation)
- Food and income security
- Environmental management and responsiveness to climate change
- Governance, civil society strengthening and peace building
- Humanitarian relief and recovery
- Research to provide the evidence-based programming

Challenges in programme delivery

Insecurity remained a challenge in programme implementation in Somalia and South Sudan. In South Sudan, pockets of conflict in health projects sites in Mundri East, Maridi, Mundri West, Mvolo, Kajokeji, Yei, Morobo and Lainya restricted movement that resulted in delay of delivery of medical supplies, displacement of population, and closure of some health facilities. Of the 211 health facilities planned to be reached, only 82 (38%) were accessible as at December 2017. Explosions and car bombings in Elwak and Mogadishu disrupted project operations in Elwak and Mogadishu in our Somalia programme.

Implementation of the regular AAH Uganda programme was affected by an influx of refugees from the Democratic Republic of Congo and a cholera outbreak in Kyangwali Refugee Settlement in December 2017. We modified our projects from self-reliance approach to emergency mode in order to address the needs of the new caseloads of refugees.

Although we lost some health and logistics portfolios for our projects in South Sudan, funding continued for several large logistics and infrastructure projects in Maban and Jamjang, while some health projects got extensions.

Despite these challenges, we were able to innovatively reorganize our programme delivery, secure new funding, and ensure that the work of AAH-I continued to positively impact the communities with whom we work.



Painting trainees Said Qays (L) and Ahmed Qays(R), refugees from Yemen, getting ready for their class at the AAH-I-run Skills Production Centre in Hargeisa, Somaliland

PROGRAMME COVERAGE

Thematic Area 1

Basic Services: Health, Water, Sanitation & Hygiene and Education

At least 49,000 refugees, asylum seekers and internally displaced people, including adolescents, children, received support in basic services under our Programmes.



Health

Supporting access to quality healthcare services and access to safe, effective, quality medicines and vaccines for all.

Our programmes in South Sudan, Uganda, Zambia and Djibouti promoted healthy lives and well-being for all at all ages.

Modelling our implementation around already established government and community structures is key in ensuring a sustainable approach to support health outcomes of the communities that we serve. Our programme in South Sudan facilitated the development of joint County Health Department Annual plans for 2018. We trained 309 health workers in steward functions such as planning, management, coordination, supervision and monitoring at all levels, in accordance with the Ministry of Health Guidelines. 40 students were admitted at the AAH-I-run Maridi Nurses Training School, bringing to 120 the total student population. The Maridi Hospital carried out 359 major and 725 minor successful operations in 2017. In partnership with other stakeholders 27,107 youths were reached with health messages, and 12,480 children reached with growth monitoring and nutrition promotion services. 8 medical camps and outreaches conducted in 2017 reached 1,016 people and 873 children under 5 for immunization. The programme

ensured that 128,994 children under 5 years received curative consultations.

In 2017, the AAH Uganda continued to implement health projects in Kyangwali. In order to support national government efforts of health care delivery, 15 midwives were trained in emergency obstetric and neonatal care. 7,098 children were reached in a house-to-house polio immunization campaign, 23,608 children received nutrition screening, with 1,059 found to be moderately malnourished enrolled onto a special feeding programme. Additionally, 7,706 people received HIV counselling and testing, 1,307 mothers delivered at the recommended health facilities received dignity kits, 29,628 people received artemisinin-based combined therapy as a first line treatment for malaria and 4,658 children received routine immunization.

In Zambia 9,957 urban refugees, asylum seekers and members of the host community accessed primary health care services.

In Djibouti 2,602 people took voluntary HIV counselling and testing, anaemic women received 896 doses of vitamin A and 3,506 people received supplementary feeding through our interventions in Ali Addeh, Holl-Holl, Obock and Djibouti city. 332 patients benefitted from a well-maintained patient reception centre at referral facilities and an ambulance service to support referrals.



Waiting to be seen at the Maternal and Child Health Unit at the AAH-I-run Maridi Hospital in South Sudan.

Water, Sanitation & Hygiene (WASH)



Supporting safe drinking water and championing an end to open defecation.

Our WASH programmes use participatory approaches where the community is allowed to monitor and improve their own hygiene and sanitation habits. Projects are modelled to provide culturally-appropriate solutions to solve key hygiene problems in the target community.

In partnership with the Nomadic Assistance for Peace and Development (NAPAD) and the Water and Development Committee (WDC), local community members in Wagberi 1 and 2, Halwadag, Madina and Bula Garas villages in Elwak and Wadajir village in Ausqurun were triggered using Community-Led Total Sanitation (CLTS) under AAH Somalia. We championed for open defecation free (ODF) communities and as a result 3 villages in Elwak were declared open defecation free, 177 pit latrines were constructed and hand washing facilities were set up. We rehabilitated two shallow wells and installed solar panels and water pumps in Elwak and in Ausqurun.

The Uganda programme supported 45,805 people to access safe water by ensuring that 100% of the target population in Kyangwali could access water within a 1km radius. We also provided maternal child health nutrition services to 12,556 children aged between 6-23 months and to 9,048 pregnant and lactating women in order to improve their nutrition status.

Through our programme in South Sudan 4 boreholes were repaired at Don Bosco Primary Health Care Centre (PHCC), Hospital staff compound, Community borehole in Bethsaida PHCC and in Maridi State Hospital. These boreholes will ensure improved access and supply of clean water to communities in

these areas.

Safe toilets were constructed at Kenani Refugee Transit Centre and at Mantapala Refugee Settlement through a partnership with Oxfam.

Education



Eliminating discrimination in education

AAH-I manages the Yemeni community School in Mogadishu, Somalia. 1,500 learners (1,000 Yemeni refugees and 500 from the host and internally displaced communities) accessed quality primary and secondary education through the provision of scholastics needs and free school transport, and the formation and establishment of Community Education Committees to support school governance. In Hargeisa, Somaliland, 49 learners were enrolled, retained and graduated in numeracy and literacy lessons, 62 in English and 54 in ICT.

In Uganda, 2,085 children aged between 3-5 years were supported to enrol in early childhood development centres, while 13 students received tertiary education scholarships. The UN Women-funded Karamoja Economic Empowerment Project facilitated 369 business mentorship sessions and equipped 75 women leaders with skills in leadership and good governance. The vocational training programme in the mechanical workshop in Adjumani district had over 50 youth trained in motor vehicle and motorcycle mechanics, welding and metal fabrication, plumbing and electrical installation.

AAH Zambia facilitated school enrolment for 558 students across lower primary to upper secondary levels.



**Learners at the Yemeni
Community School in Mogadishu,
Somalia.**

Thematic Area 2

Food and Income Security

1,286 refugees, asylum seekers and internally displaced people were supported to access self-employment.



Improving productivity and income for small-scale farmers

Our interventions in food and income security target the most vulnerable individuals and groups.

In 2017 the AAH Kenya programme trained 950 farmers in Kakuma and Kalobeyei that led to over 9,000kg worth of assorted vegetables being produced in the traditionally dry Turkana County. The farmers recorded a cumulative income of KES 895,405 in their first harvesting season from production in 12 acres, translating to 74.6% returns against projected output of 1,000 kg/acre. Still in Turkana County, 2,364 business owners from the host and refugee communities received training in business skills.

Grants worth KES 3,985,400 (approximately \$USD 39,000) were disbursed to 271 business owners. 17% of the loan recipients were from Village Savings and Loans Associations and used the grants to boost their savings and to expand their lending facilities to members in the group.

AAH Kenya championed access to bank loan facilities for refugees in partnership with Equity Bank, and the formation and institutionalization of the Turkana West Integrated Savings and Credit Cooperative Society so that communities in Turkana have access to affordable financial solutions. 374 youth in Turkana County benefitted from online mentoring and were equipped

with business and life skills through a digital learning platform. The content was digitally delivered through a private sector partnership with KUZA Biashara. Some of the graduates are already utilizing the skills to improve their business operations.

In Narok County in Kenya, at least 341 women in 17 REFLECT circles were socially and economically empowered through literacy, financial, family and livelihood skills weekly classes so that they can better manage their businesses and households for improved livelihoods.

In Somalia, 420 households benefitted from Self-Reliance and Livelihoods initiatives through receiving business grants to support their operations.

Under the emergency livelihood response programme funded by the Food and Agriculture Organization (FAO) in Wau, South Sudan, 5,000 households received vegetable seed kits and were supported through training vegetable agronomic practices, post-harvest management at 3 demonstration sites and 3 farmers' field schools, each with 20 farmers.

To increase community agricultural production potential, AAH Uganda trained 125 households in improved piggery practices, 12 maize farmer groups were trained in value addition and milling and equipped 600 farmers were equipped with skills for dry-season vegetable growing. 60 representatives of the newly formed First Tier Farmer Organization received training in cooperatives principles and management. To further promote self-reliance, 50 youth were equipped with vocational skills training in motor vehicle and motorcycle mechanics, welding and metal fabrication, plumbing and electrical installation in Adjumani, while 10 women's groups received business financing worth UGX 5 million and training on leadership, good governance and conflict resolution.



Refugee farmers from assessing their okra and amaranth crop grown at the Choro farm in Kakuma. During the harvest season they take their produce to market weekly.

Thematic Area 3

Environmental management and responsiveness to climate change



Building knowledge and capacity to meet climate change.

AAH-I is working with local governments in Uganda, Zambia and South Sudan to build community resilience for climate change adaptation and management of natural resources and the shared environment.

To ensure that communities have sufficient access to and promote sustainable energy, AAH Uganda supported community promoters to build 500 energy-saving Rocket Lorena Stoves, trained 45 groups in production and use of briquettes, distributed moveable energy-saving stoves to at least 3,900 households and increased awareness in briquettes use through 2,464 home visits, reaching 7,120 people with environment conservation messages. Additionally, 98,072 seedlings were raised in community-based nurseries, with 85,400 of these distributed for planting in schools and communities.

In partnership with Oxfam, 51 refugee youth were trained on the making of 'green' braziers at Kenani Refugee Transit Centre, Nchelenge district, under AAH Zambia. The trainees made and sold 43 braziers in an effort to contribute towards reduction of pressure on the surrounding natural woodland forests.

In South Sudan, 3.3 km of drainage works was carried out under the Public Works project. This involved desilting, removal of vegetation and debris in water catchment drains and widening of the drains. Additionally, 57,208 square meters of community compounds were cleared and are being maintained.

Thematic Area 4

Governance, Civil Society Strengthening and Peace-building



Promoting equal access to justice and promoting participatory decision-making.

We support community governance systems, promote the rule of law and support equal access to justice for all.

The Capacity building for Post-Conflict Reintegration (CAPOR), through tailor-made activities in information, education and communication to build the capacity of the rural population of 19 Communities (Bomas) in Equatoria, empowered the community to participate in social and economic community development and to contribute to a peaceful reintegration and social rehabilitation of an independent post conflict South Sudan. Through CAPOR 81 live dramas and 62 puppetry shows in Yei, Mundri and Maridi reached 14,748 people and 71 youth from Mundri West and Maridi trained on early conflict warning and response frameworks. *Waja ta Jena* (The pain of a child), a CAPOR film production, won four awards at the Juba Film Festival in September 2017.

The AAH Uganda programme provided 2,114 people with legal support, including 253 GBV survivors. 36,206 community members were engaged in GBV prevention and response to ensure that the risk of GBV is reduced and quality of response improved. 10 community policing sessions were jointly conducted and reached 899 people.

In order to strengthen the capacity of implementing partners for sustained service delivery, 30 Community Health Workers, Community Action Group members and Village Health Teams received refresher training on antenatal, prenatal and postnatal care in Zambia.



*Briquette producer emptying charred biomass at Kyangwali
Refugee Settlement.*

Thematic Area 5

Humanitarian Relief and Recovery

45,000 people were provided with items to survive and live in emergency situations.



AAH-I is a logistics partner for UNHCR in Kenya, Uganda, Somalia, Zambia and South Sudan, where we provide vehicle and generator maintenance and repair, warehouse management and fleet and fuel management.

Our approach in humanitarian relief and recovery is people-centered and is planned and implemented in coordination with the relevant government authorities, humanitarian agencies, civil society organizations and the local community.

To support improved delivery of humanitarian supplies, AAH South Sudan managed the rehabilitation and expansion of Ajuong Thok Airstrip from 0.9km to 1.5km long, and from 20m to 40m wide. The airstrip can now accommodate much larger cargo flights. 5 primary schools (Kadaka, King of Nuba, Tiraka, Yida and Mankuor), and 7 child-friendly spaces were constructed under our infrastructure projects in Jau and Jamjang Counties to support early childhood development, benefiting at least 1,700 learners. We also constructed Hope Primary Health Care Centre, Ajuong Thok Primary Health Care Unit, 2 refugee camp management offices and built and equipped the Intensive Care Unit in Ruweng State referral hospital.

AAH-I continues to manage new refugee arrivals at the Yida transit center. The programme relocated 15,727

refugees to a new site in Maban after clashes between the refugee communities. 18,099 refugees and asylum seekers were accommodated, 17,958 relocated from Yida to Pamir/Ajuong Thok refugee camp and 1,700 emergency shelters were provided.

Mobile workshops were used to provide vehicle/generator maintenance and repairs in remote locations such as Mingkaman, Aweil, Melut and Kuajok. The South Sudan country programme managed 38 warehouses in which over 11,000 metric tonnes of goods was stored and distributed.

AAH Kenya in partnership with UNHCR saw the relocation of 15,000 of new refugee arrivals from Nadapal border point and Daadab refugee camp to Kakuma refugee camp. Our projects in Turkana County oversaw fleet and fuel management and vehicle, motorcycle and generator maintenance and repair for refugee services. AAH Kenya managed 7 rub halls for the storage and distribution of core relief items for refugees and asylum seekers.

In Zambia 523 refugees were relocated to Mayukwayukwa and Meheba settlements and supported 9,957 urban refugees, asylum seekers and the host community to access primary health care.

The AAH Uganda programme ensured safety and dignity for 4,450 new refugee arrivals and 96 asylum seekers through infrastructure development and maintenance of the Reception Centre. 1,619 households received medical screening, hot meals, accommodation and core relief items.

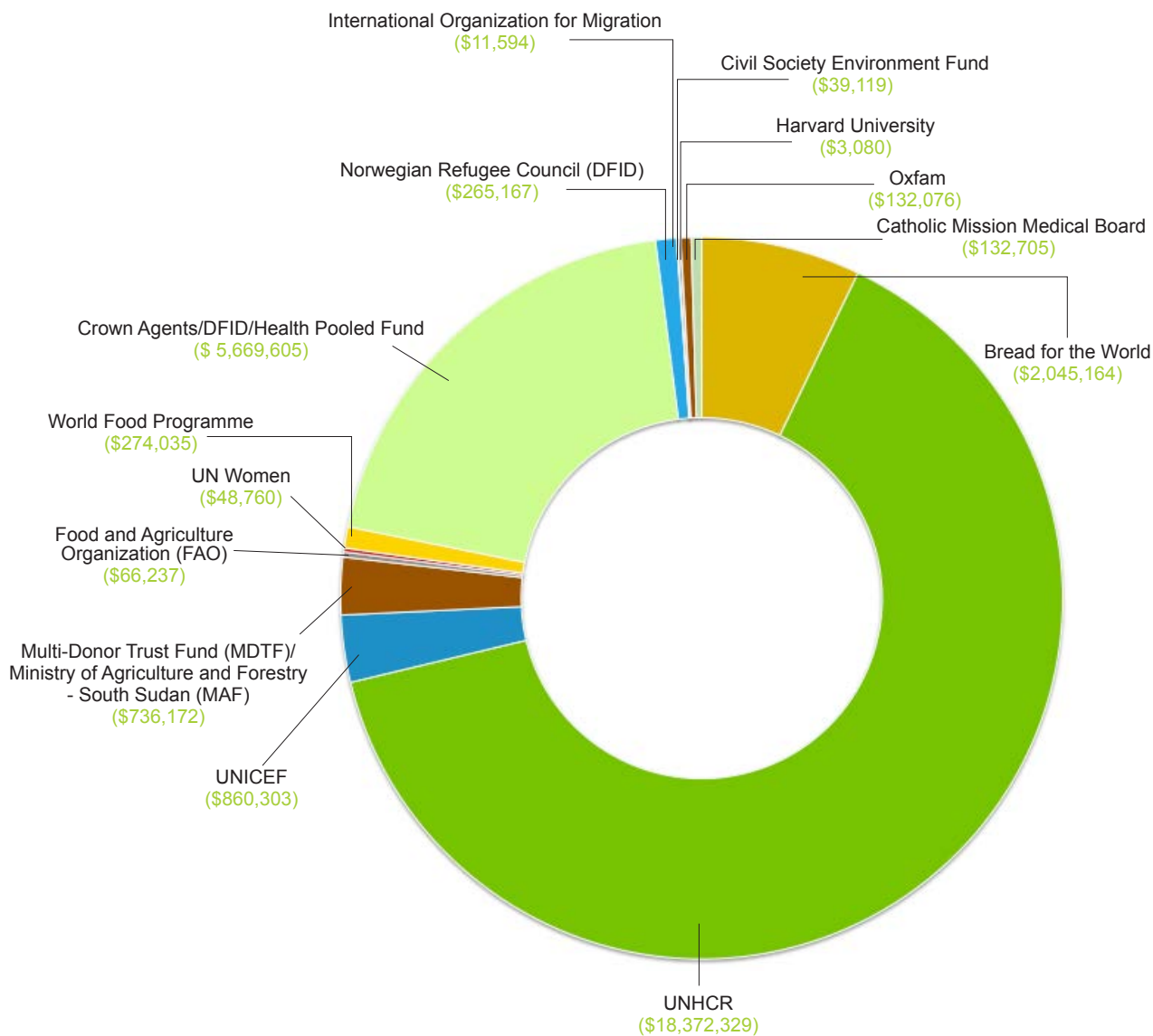
AAH Somalia continued to operate two warehouses in Mogadishu from which 262,135 core relief items were dispatched.



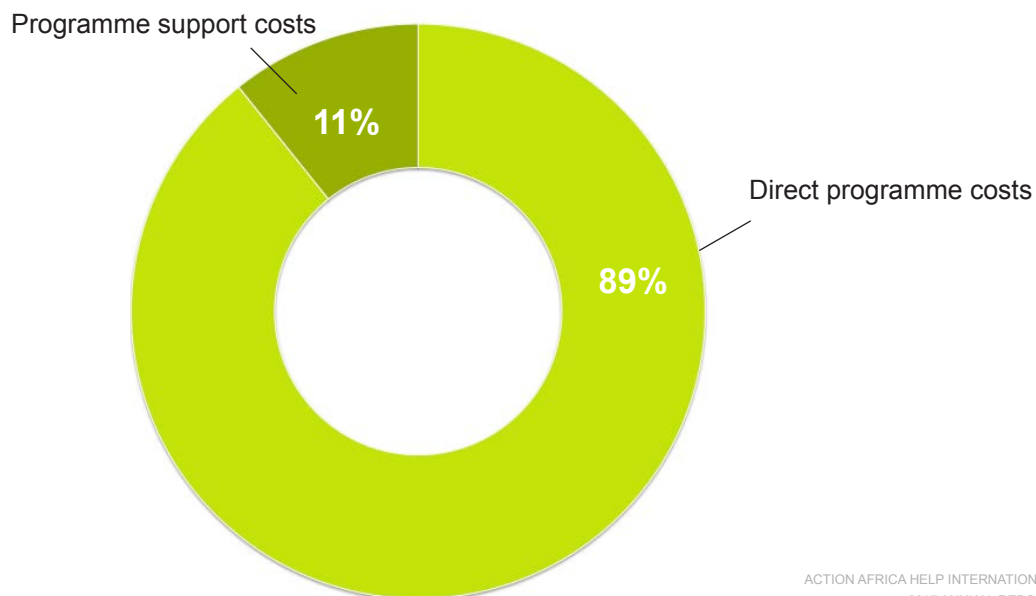
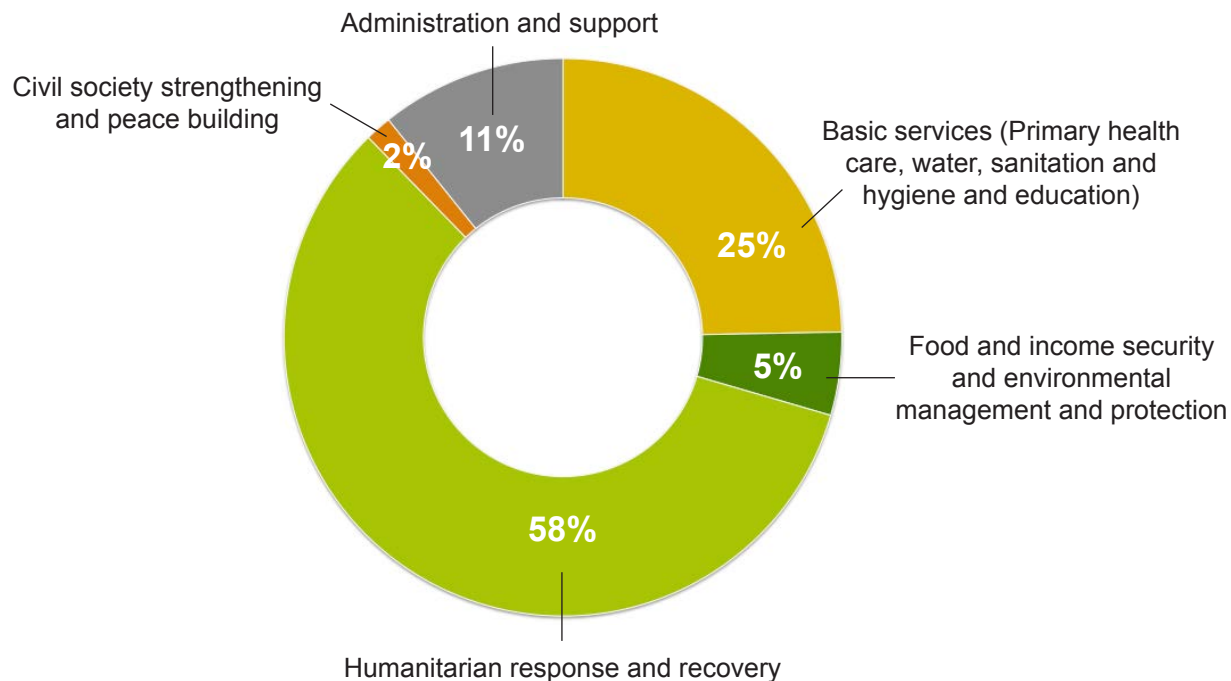
Newly expanded Ajoung Thok airstrip is now receiving larger humanitarian and local business cargo flights

FINANCIALS

Source of funds



How we spent funds



PARTNERS

Bread for the World

Catholic Mission Medical Board (CMMB)

Civil Society Environment Fund (CSEF)

Crown Agents (DFID) / Health Pooled Fund

Food and Agriculture Organization (FAO)

Harvard University

International Organization for Immigration (IOM)

Multi Donor Trust Fund (MDTF)/Ministry of Agriculture and Forestry - South Sudan (MAF)

Norwegian Refugee Council (DFID)

Oxfam

United Nations for High Commissioner for Refugees (UNHCR)

United Nations Children's Fund (UNICEF)

United Nations Women (UN Women)

World Food Program (WFP)

BOARD MEMBERS

Dr John Tabayi – Chair, AAH-I

Dr Vinand Nantulya – Founder Member, AAH-I

Mr Leonard Logo – Chair, AAH South Sudan National Board

Amb. Bernadette Olowo-Freers - Chair, AAH Uganda National Board

Mr Mungule Chikoye – Chair, AAH Zambia National Board

Mr Lawrence Masaviru - Chair, AAH Kenya National Board

Ms Margaret Oriaro - AAH-I Board Member and Treasurer, AAH-I

Mr Haron Wachira - AAH-I Board Member

Ms catherine Odoi - AAH-I Board Member

Prof. Aggrey Abate - AAH-I Board Member and Somalia Caretaker Committee Chair

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

AAH-I PATRON

Mr Abou Moussa

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We are passionate about communities

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