



Action Africa Help | International
Better health and livelihoods



OUR PROFILE

WHO WE ARE

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, Kenya, Somalia, Uganda, Zambia and recently in 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.

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-centred sustainable solutions
- Respect for all stakeholders
- Partnership, with shared responsibilities
- Integrity in all that we do
- Efficiency in resource utilization
- Innovation in programming

Our Strategy

Our current five-year strategy (2014-2018) will focus on the following five strategic objectives:

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

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

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

OUR WORK

AAH-I has chosen to focus on the following thematic areas in an integrated development approach:

1. BASIC SERVICES

Health

Our health programmes are aligned to Sustainable Development Goal (SDG) 3 which seeks to achieve universal health coverage, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all. AAH-I is promoting healthy lives and well-being for all at all ages. We work with communities, governments and organisations to improve access to quality health services, with a focus on enhancing community structures and ownership in all our interventions. Our work includes rebuilding and strengthening government health systems, training health workers and raising awareness through health education among target communities. We also support increased access to comprehensive primary health care services for refugees and internally displaced persons affected by conflicts.



Water, Hygiene and Sanitation

Our WASH programmes focus on identifying key hygiene problems and then providing culturally-appropriate solutions for the target community. We seek to improve access to safe, clean water for communities through protection of springs, installation of water harvesting systems in schools and health centres and rehabilitation of boreholes and wells. AAH-I is also working with communities to promote hygiene and sanitation practices in partnership with health educators and promoters at the community level.



Education

We work to improve quality, access and delivery of basic and tertiary education for refugee students and host communities. We work with communities and other partners on interventions geared towards achieving better learning outcomes. Our work includes building and rehabilitating education infrastructure, provision of funds and learning materials to needy pupils and students, training teachers and school heads and capacity development of parent-teacher associations and school management committees.



2. FOOD AND INCOME SECURITY

Our work aims to increase community capacity to improve food and income security. We do this through promotion of better farming and animal husbandry practices and provision of skills enhancement, employment opportunities and enterprise development. Our projects ensure support on market development and access for farmers and businesses and are directly linked to environmental management and climate change initiatives. In refugee settings, AAH-I is successfully implementing livelihood projects to increase refugees' self-reliance and resilience.

3. GOVERNANCE, CIVIL SOCIETY STRENGTHENING AND PEACE-BUILDING

We support communities to become active participants in decision-making processes that promote development. We support the set-up and strengthening of community management structures in all our interventions, including Village Health Communities, Water Users Committees and Safe Motherhood Action Groups and many other community-based associations. We support a wide range of peacebuilding activities through the use of sports and cultural activities such as drama, songs and dances. We integrate media such as radio, video and arts to relay message that forge peaceful co-existence in communities that are moving out of conflict situations.

4. HUMANITARIAN RELIEF AND RECOVERY

We have over 25 years' experience as a humanitarian relief agency that applies a long-term development approach to working with communities in situations of chronic crisis. We deliver programmes focused on ensuring achievements of global standards. Our work in this area has continued to expand using innovative and sustainable approaches that promote self-reliance and resilience in the communities we serve. We are also involved in fleet management and logistics operations associated with humanitarian work in the region.

5. RESEARCH TO SUPPORT THEMATIC PRIORITIES

Our approach on research is to provide an evidence base to support delivery of our work. We are currently growing a portfolio of research projects in the region in collaboration with global research institutions and funding bodies, some that are testing innovations, mostly in health. We partnered with the TransDisciplinary University, India, to conduct research in Kenya that led to the development of a copper coil that kills diarrhoea-causing pathogens in water. The copper coil, Tamras, was launched in May 2017.

WHERE WE WORK

Our work spans six countries - South Sudan, Kenya, Somalia, Uganda, Zambia and Ethiopia. In addition, we have Board approval to expand to Tanzania, Rwanda and Burundi.

South Sudan

AAH South Sudan programme was started over 25 years ago and is the largest of AAH-I's six country programmes. It is uniquely known for its community empowerment approach for assisting refugees, stayees, returnees, and host communities get over the effects of war and other forms of conflict. The programme runs projects in primary health care services, food and income security, education, water, sanitation and hygiene, and capacity building programmes for peace and reintegration. Currently, the programme is operational in 7 out of the 10 States of South Sudan. Since January 2013, AAH-I has been the logistics partner for UNHCR in South Sudan with operations in Central Equatoria, Western Equatoria, Western Bhar El Ghazal, Unity and Upper Nile.

Our flagship health programme is working from the community to the policy level to improve health service delivery in 35 Primary Health Care facilities, Maridi Nurses/Midwifery Training School and Maridi Hospital. We have constructed two health facilities. We are supporting the training of nurses and midwives at the Maridi Nurses Training School and have to date graduated more than 900 frontline health workers to address the severe shortage of qualified health workers in the country. We are credited to have set up the first County Health Departments in Greater Maridi, Greater Mundri and Greater Yei counties.

Uganda

In 1993, AAH-I started operations in Uganda through humanitarian assistance to more than 80,000 South Sudan refugees in the West Nile. Since then AAH has delivered services in five refugee settlements (Moyo, Adjumani, Rwamwanja, Kyangwali and Kiryandongo) and gradually evolved into a comprehensive multi-sectoral programme, benefiting multi-national refugees from South Sudan, Democratic Republic of Congo (DRC), Burundi, Rwanda, Ethiopia, Somalia and Kenya. Currently, AAH Uganda is implementing humanitarian assistance programs for about 300,000 refugees, asylum seekers and an equal number of host communities in Adjumani, Hoima, Kiryandongo, Arua and Moyo districts. Our livelihoods development programs are supporting vulnerable young women and girls in difficult circumstances and those living with HIV and AIDS in the Karamoja region. Through its holistic, integrated approach AAH programs promote community-led and results-oriented interventions in the areas of essential services (Health, Education, Water, Sanitation and Hygiene); Community services and Protection for the most vulnerable particular to sexual and gender based violence; Livelihoods and food security improvements for vulnerable families; Energy and Environmental management; and Logistical support for humanitarian services and community capacity building to enhance community participation. In the recent past, AAH Uganda programs have been funded by UNHCR, UN Women and the European Union, among other non governmental funding entities.

WHERE WE WORK

Somalia

AAH-I moved into Puntland in 1997 and worked with the Ministry of Health in the initial years laying the groundwork for an effective health system in Bari region despite on-going conflict and insecurity. From 1997 to 2011 we laid the groundwork for an effective health system in Bari Region despite the on-going conflict and insecurity at that particular time. Between 2002 and 2006, AAH Somalia implemented the European Commission-funded Integrated Basic Health Services project, which included providing integrated Primary Health Care services in 6 districts, rehabilitating and strengthening of Bosasso Hospital, 18 health posts, and 4 Maternal Child Health facilities.

From the start of 2014, the programme was selected as a UNHCR implementing partner for livelihoods and self-reliance interventions in Somaliland and for a logistics project in South Central Zone. The Peaceful Coexistence Centre under the livelihoods intervention was launched in Hargeisa to increase the capacity of refugees (including those with special needs such as women, youth and disabled) through integration with local communities, in order to diversify their livelihoods and reduce their dependency

on humanitarian assistance. Our work in Elwak District, Gedo region, mainly focuses on water and sanitation – partnering with the local community and building local capacity in the rehabilitation of shallow wells, training on Community-Led Total Sanitation and micro enterprise for women.

AAH-I is also championing an urban refugee education project in Mogadishu to support refugees from Yemen access basic primary education through cash-based interventions.

Zambia

AAH Zambia programme was launched in 2001 initially to manage a refugee management programme supported by UNHCR in Kala and Mwanze Camps in Northern Zambia. The programme, which ran for 10 years, benefitted over 45,000 refugees mainly from the Democratic Republic of Congo. From 2012 AAH Zambia has been involved in an Urban Refugee Project, which manages two transit centres in Lusaka. Through this project refugees and asylum seekers receive support in health services, reception and accommodation, primary social welfare assistance, legal assistance, education and protection.

Our work in HIV/AIDS particularly focuses on prevention and maternal and child health in partnership with District Health Management Teams, rural health facilities and local community-based structures.

In the Kala and Mwanze former refugee camps, efforts are geared towards running environmental management campaigns, including tree planting. AAH Zambia also runs a logistics and warehouse management programme in Maheba and Mayukwayukwa refugee settlements.

WHERE WE WORK

Kenya

AAH Kenya is using a strong community-based approach to address development challenges in partnership with marginalized Kenyan communities mainly living in low-income urban and rural settings including arid and semi-arid areas. We have been working in Narok County since 2005 under the flagship 'Improving the Standard of Living of Pastoralist Communities in Mara Division' programme covering water, education and health sectors in the 14 sub-locations of Mara Division, in partnership with local community development committees and the Mara Division Development Programme.

In 2015 AAH-I was appointed by UNHCR as the lead livelihoods implementing partner in Kakuma Refugee Camp, Turkana County. We rolled out the Kakuma Refugee Assistance Programme (KRAP), aimed at enhancing self-reliance and sustainable livelihoods of 4,080 refugees through models to address skills enhancement, employment opportunities and enterprise development.

Under MEMD, we supported women traders through training in entrepreneurship and business skills, partnered with Mara livestock producers to help them improve their livestock breeds and supported communities to set up and stock two fish ponds as part of support to diversifying food production.

These interventions are aimed at increasing the levels of household incomes for the communities. Starting 2015, our renewed mandate for Narok County saw us begin the Mara Enterprise Development (MEMD) Project in Mara area, geared towards the development of an 'entrepreneurial mindset' among community members.

Djibouti

In 2017 AAH-I worked in Djibouti to improve the health and nutrition status of 32,500 refugees and other vulnerable persons by supporting increased access to quality and comprehensive health services and strengthening chronic disease prevention and response to epidemics. Our approach was to partner with Community Representatives, the Ministry of Health, the Refugees Assistance Agency (ONARS), UNHCR and other stakeholders to ensure delivery of quality comprehensive health services to meet the health needs of this group.

Ethiopia

AAH Ethiopia was registered in October 2017 by The Charities and Societies Agency. Our focus in Ethiopia is on both humanitarian and development opportunities. The main targeted areas for humanitarian programming are those currently hosting the majority of the country's refugees - Gambella, Somali, Tigray and Afar regions. The main targeted areas for development programming are Amhara, Southern Nations, Nationalities, and Peoples' region and Addis Ababa. AAH-I has an MoU with IGAD and plans to work in cross border areas of the greater Mendera Triangle (greater Liben in Ethiopia, Mendera in Kenya and Gedo in Somalia), the greater Turkana triangle (the common boundary between Kenya, Uganda, South Sudan and Ethiopia), the Dhikil cluster (general areas between Djibouti, Ethiopia and Somalia) and in Gambella (border of Ethiopia and South Sudan). Cross border programming is projected to be in pastoral livelihoods, peace reconciliation and security, health and agriculture.

