AAH
Action Africa Help | International
Better health and livelihoods

STRATEGIC PLAN 2019-2023

LINKING COMMUNITIES TO THE GLOBAL AGENDA

CONTENTS

Foreword		4
Executive Summary		5
1.	Who We Are	6
2.	Our Foot Print	7
3.	Topline Achievements, 2014-2018	8
4.	The Context	10
5.	Who We Will Reach	15
6.	Programming Pillars	18
7.	Pillar 5: Strengthen Organisational Effectiveness and Sustainability	24
8.	Cross-Cutting Themes	25
9.	Organisational Structure	27
10.	Strategy Map And Conceptual Framework	28
11.	Projected Reach and Financial Investment	29
12.	Strategy Results Framework	30

Annexes

Annex 1: Why Tanzania and Rwanda as the choice for expansion?	34
Annex 2: List of Tables	35
Table 1: Population	35
Table 2: Poverty Ranking	35
Table 3: Poorest locations based on National Poverty Statistics	35
Table 4: Countries with the worst food crises	36
Table 5: Displaced Populations	36
Table 6: Maternal and child health	36
Table 7: Youth Unemployment (% of total labor ages 15-25) modeled ILO estimates	36

FOREWORD

It gives me great pleasure to launch the new Strategic Plan (2019-2023) after a successful implementation of our previous Strategic Plan (2014-2018). In that strategy period, AAH-I invested US$125 million which enabled 11.5 million people to be reached directly with life-saving and resilience-building support in six countries namely; South Sudan, Uganda, Kenya, Zambia, Somalia and Djibouti. This is a demonstration of the continued faith our donors have in our ability to reach the most under-served populations, for which we remain indebted.

I would like to thank management for executing the strategy diligently despite the challenging implementation environment that sometimes posed threats to staff safety, especially in Somalia, South Sudan and parts of Kenya that limited our ability to access many people in need.

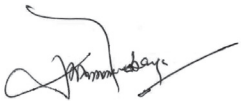
We have initiated engagements and formalised memoranda of cooperation with intergovernmental, regional and global development partners and a host of private sector actors to jointly seek community-centred solutions that enhance resilience of vulnerable people in The Horn of Africa, and East and Southern Africa. We owe our gratitude to these partners who have made our mission possible.

As an organisation, we continue to learn from the challenges and constraints and we are cognisant that as we move into the 2019-2023 strategy cycle, donor diversity still remains an area for greater focus. We can only overcome this through nurturing strategic partnerships.

Overall, AAH-I is poised on a trajectory to upscale its work with communities as informed by the lessons drawn from the last strategic plan period. Accordingly, we will explore expansion into Rwanda and Tanzania as new Country Offices. While the focus of this Strategic Plan is on the immediate 5 years, the overarching approach will be on enabling excluded communities link into the Global Agenda through proper targeting, greater commitments and alignment to the Sustainable Development Goals.

Finally, I welcome you all to join hands with us towards the realisation of this strategy.

Most obliged,



Dr. John Tabayi
Chairman, AAH-I International Board

EXECUTIVE SUMMARY

I am delighted to present to you the Action Africa Help International (AAH-I) Strategic Plan 2019–2023, which highlights the strategic goals we have identified to guide AAH-I in fulfilling our mission to sustainably improve the quality of life of communities in Africa.

As a community-centred organisation, born out of local community initiatives more than 30 years ago, AAH-I will leverage its experience working with needy communities in conflict-affected, marginalised and under-served regions to link those communities to the Global Agenda.

We shall do this through:

- **Greater focus for inclusion:** ensuring no one is left behind by targeting to journey together with women, children, youth, and other vulnerable segments of the community.
- **Spurring local potential to leap to the Global Agenda:** harnessing local human capital, shared resources, knowledge and values as critical ingredients for participation, ownership and sustainability.
- **Leveraging partnerships for momentum:** continuously nurturing strategic partnerships, including with Governments and the private sector, to collectively drive transformative development.
- **Innovating, leveraging technology and using an entrepreneurial approach** to harness the potential within communities to tackle root causes of poverty in an innovative way so as to realise sustainable development.

The process of formulating this new Strategic Plan took team work and dedication at all levels. I take this opportunity to offer our sincere gratitude to all those who have contributed to the various stages of the process.

As we work on implementing this Strategy, we look forward to nurturing synergies with like-minded people to contribute to improved quality of life for communities in Africa.

Dr Caroline Kisia
AAH-I Executive Director

1. WHO WE ARE

Action Africa Help International (AAH-I) is an international non-governmental organisation that works with communities in Africa, particularly women, children and youth, to sustainably improve their quality of life.

For over 30 years we have worked with communities (refugees, internally displaced people, host communities, pastoralists and people living in urban informal settlements) in the Horn of Africa, and East and Southern Africa.

OUR VISION

Communities in Africa living dignified[1] lives

OUR MISSION

To work with communities in Africa to sustainably improve their quality of life

OUR CORE VALUES

PASSION

We are passionately resolute in our ethos that all communities have a right to live a dignified life.

INTEGRITY

We are transparent and honest in all we do, keeping our promise to all stakeholders.

COMMUNITY-CENTRED

We engage with communities to participate effectively in finding solutions that drive sustainable change. Nothing for the community without the community.

INNOVATION

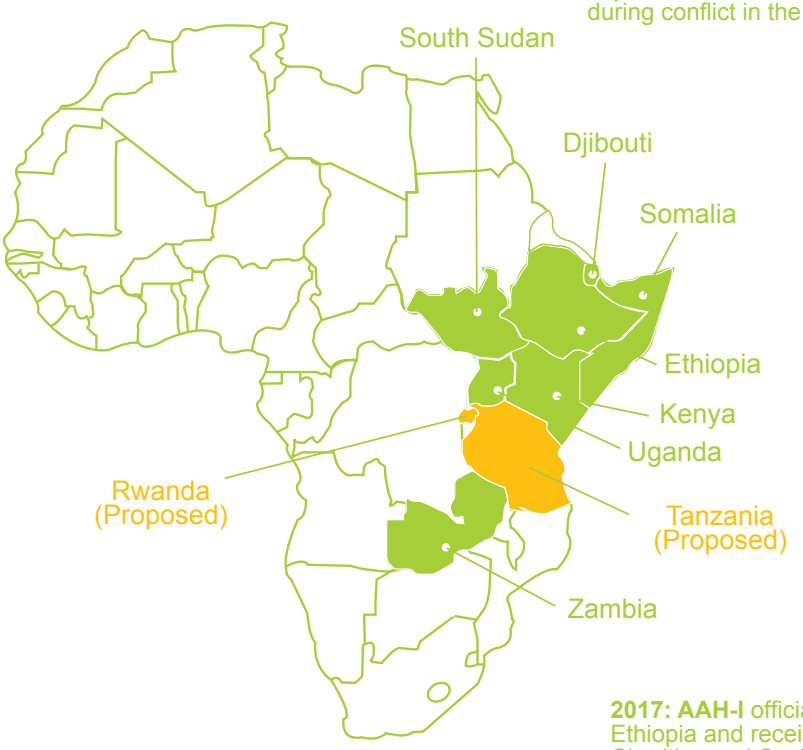
We co-create and apply cutting-edge solutions that provide sustainable high impact.

EXCELLENCE

We are committed to a culture and processes that give outstanding results.

1. Our definition of dignified lives is the ability for the communities to provide their basic needs, participate and voice out their views and embrace their human rights

2. OUR FOOTPRINT



1987: AAH South Sudan started to support internally displaced people, refugees, asylum seekers and the host community during conflict in the country.

1993: AAH Uganda established following the displacement of the population of Sudan in Kaya, Morobo and Yei to Uganda as refugees.

1997: AAH-I Somalia started work in Puntland with the Ministry of Health to lay the ground work for an effective health system.

2001: AAH Zambia launched a refugee management programme in Kala and Mwange Camps in Northern Zambia.

2003: AAH Kenya began a water, education and health programme in 14 sub-locations in Narok West Sub-county.

2017: AAH-I successfully implemented a health project in Djibouti, reached over 30,000 people.

2017: AAH-I officially registered in Ethiopia and received license from the Charities and Societies Agency.

3. TOPLINE ACHIEVEMENTS, 2014-2018

In 2014 AAH-I launched its Strategic Plan, 2014-2018. We have since implemented a range of community projects in six countries and improved organisational effectiveness. These efforts had tangible positive impact on the lives of communities as evidenced by the results of various evaluations carried out, and the positive feedback from communities, donors, government and partners.

Specifically, we celebrate the key accomplishments made in the under-mentioned domains, upon which we shall build for greater impact for the communities in the next five years.

Portfolio growth and reach: We invested US$125 million over the past 5 years, with annual grants portfolio increasing by 50% from US$20.5 million in 2013 to US$30.5 million in 2017. This is a demonstration of continued faith our donors have in our ability to reach the most under-served populations. With these resources we were able to reach directly, 11.5 million people in need with life-saving and resilience-building support.

Programme management capacity: We continued to build our internal capacity in managing programme portfolios, including taking consortium lead roles. For instance, in South Sudan AAH-I led 2 consortia with combined contract value of £8.2 million funded by DFID to strengthen health systems for better health outcomes. In the next 5 years we shall build on this multi-stakeholder and professional experience to grow our portfolio and reach to more communities in need.

Strategic partnerships and engagement: In line with our commitment to partnerships with shared responsibility, we engaged in strategic fora that allowed us to serve as a conduit to link local communities to the global development agenda. We worked with governments at national and sub-national levels. We engaged at the World Humanitarian Summit in 2016, regularly engaged on refugee issues through the Comprehensive Refugee Response Framework (CRRF) in Kenya, Uganda, Ethiopia and Geneva. In 2017 we formalized a memorandum of cooperation with the Intergovernmental Authority on Development (IGAD) to jointly seek community-centered solutions that enhance resilience of vulnerable people in The Horn of Africa. We have initiated engagement with the African Development Bank (AfDB), The World Bank and a host of private sector actors, which will continue in the coming years.

Corporate governance and leadership: We continued to strengthen our corporate governance at both international and national levels. We are proud of an effective governance function that provides oversight, upholds the vision and mission of the organisation and champions the mobilisation of resources for the realisation of organisational goals.

Accountability and compliance

AAH-I continues to uphold its core value of integrity, being good stewards, able to account for all resources entrusted to our care, ensuring their effective and efficient utilisation to achieve the desired impact. To this end, we have developed and adopted key safeguarding policies that promote our brand, stewardship and accountability, namely: whistle blower policy, anti-corruption and anti-fraud policy, anti-harassment policy, gender and diversity policy, safety and security management policy, among others.

In 2015 AAH-I established a fully-fledged autonomous internal audit function that reports to the Audit Committee of the International Board. Internal audits are conducted annually in all operating units and routine reviews of status of implementation of recommendations are done. External audits were carried out by renowned auditors. We consistently maintained a clean bill of audit in the past five years.

Key challenges: While we celebrate the achievements mentioned, there were also some challenges and constraints that we ought to learn from and be cognisant of as we move into the 2019-2023 strategy cycle. Specific ones are:

a. Narrow donor base and constrained funding mix. While we retained our major donors, donor diversity still remains an area of concern. Moreover the short-term single-year nature of most of the projects limits our ability to consolidate our successes and undermines our capacity to retain our talent.

b. The armed conflict in parts of our areas of operation limited our ability to access many people in need and posed threat to staff safety, especially in Somalia, South Sudan and parts of Kenya and Uganda.

c. Inadequate system for evidence gathering undermined our ability to consistently record and document evidence of our work, to demonstrate progress on our goal and objectives. However, in 2018 we launched a robust M&E management information system that will henceforth bolster our ability to measure progress, demonstrate impact and facilitate effective knowledge management.

Conclusion: Overall, AAH-I is poised on a trajectory to upscale its work with communities. The new strategy has been informed by the lessons drawn from the past period. While the focus is on the immediate five years, the overarching approach will be on enabling excluded communities link into the Global Agenda through proper targeting and greater commitments and alignment to the Sustainable Development Goals.

4. THE CONTEXT

The context analysis highlights the underlying socio-economic issues, the prospects and opportunities to tap into, while paying attention to factors that could undermine the efforts of AAH-I in making meaningful contribution towards enabling communities attain better quality of life.

4.1 BACKGROUND

The current operations of AAH-I are largely situated in the East and Horn of Africa and part of the Great Lakes region of Sub-Saharan Africa. The countries of operation are South Sudan, Uganda, Zambia, Somalia, Kenya, Djibouti and Ethiopia. Two of these countries (South Sudan and Somalia) are categorized as highly fragile states.[2] The political and institutions of governance which consist of elected governments are stable in Kenya, Zambia, and Uganda, but relatively unstable in South Sudan and Somalia. During this strategy cycle, AAH-I plans to grow its seed programmes in Ethiopia and Djibouti as well as open new country programmes in Rwanda and Tanzania. Preliminary macro level assessment information *(Annex 1)* in these two countries exhibit similar development challenges and poverty features like the current countries of AAH-I operation thus affirming the urgency for AAH-I to establish operations there.

During this strategy cycle, AAH-I plans to grow its seed programmes in Ethiopia and Djibouti as well as open new country programmes in Rwanda and Tanzania.

4.2 SOCIAL AND DEMOGRAPHIC FEATURES

The estimated population in our operating countries as of December 2018 is 263 million, and are characterized by high annual population growth rates, on average 3%. A significant proportion of this population has a median age of 18 years. Uganda, Somalia and Zambia are among the world's top 10 countries with the youngest population *(Table 1 in Annex 2)*. There is a greater shift towards urbanisation with an average of 32% of young people living in urban areas and country specific proportions ranked from highest to lowest as follows: Djibouti (74%), Zambia (39%), Rwanda (32%), Somalia (31%), Kenya (26%), Ethiopia (20%), South Sudan (19%) and Uganda (16%). More than half of the world's population now lives in towns and cities, and by 2030 this number will swell to about 5 billion.[3] Much of this urbanisation will unfold in Africa and Asia, potentially ushering in a new era of well-being, resource efficiency and economic growth. But the emerging cities are also home to high concentrations of poverty. There is also fertility disparities among women based on rural or urban location, education, and income. This exposes poor, uneducated women from rural areas to early marriages and early pregnancies.

2. Global fragility index 2018

3. United Nations Population Fund (2018)

To address these social and demographic issues, AAH-I will be deliberate in designing programmes that:

a. target communities in need in both rural and urban settlements;

b. support the uplifting of women, address the education and health needs of children, build youth to be active participants in their local economies, and;

c. partner with governments and key stakeholders in designing and implementing durable solutions for children, youth and women.

4.3 POVERTY

A total of 431 million people in Africa (33.4% of the population) live on less than $2 a day.[4] Of this number, 85 million people (20%) are from AAH-I countries of operation - on average 47% of the population where AAH-I operates live on less than 2 dollars a day *(Table 2 in Annex 2)*. The biggest proportion of poor people in these countries live in rural areas – 81.1% in Luapula province in Zambia, 60.8% in Karamoja in Uganda and 52.7% in Turkana in Kenya. *(Table 3 in Annex 2).* The high poverty levels can be attributed to declining agricultural production especially with crop and livestock farmers due to climate-related hazards, changes in consumer prices over time and conflicts that lead to massive displacement of people.

We will deliberately join hands with national governments to eradicate poverty in all its forms as enshrined in the Sustainable Development Goals. We will do this through:

a. targeting communities in real need based on available in-country evidence and

b. designing appropriate programmes that align with national development priorities and are relevant to the development needs of the poor. These are elaborated in respective national development frameworks: Kenya Vision 2030, Uganda NDP-II, Zambia 7NDP, Somalia NDP-2, and South Sudan Vision 2040.

4.4 HOUSEHOLD FOOD SECURITY

Agriculture is the main contributor to employment and national income in all AAH-I countries of operation. However, new or intensified and protracted conflict and insecurity in South Sudan, Somalia, and the Democratic Republic of Congo and climate disasters (mainly persistent drought and cyclical floods) in Somalia, Kenya, Ethiopia and Uganda also played a major role in exacerbating food insecurity. Somalia and South Sudan had the worst food crises in 2017. The Integrated Food Security Phase Classification (IPC) *(Table 4 Annex 2)* shows that all AAH-I countries are at risk and require close monitoring and actions to avoid populations sliding into famine crises, especially in South Sudan, Ethiopia and Somalia.

In Sub-Saharan Africa, 1 in 3 children experiences stunted growth because they are not getting enough food, or not getting the vitamins they need in their food.[5] The prevalence of stunting is 32% on average across the 6 countries (Somalia 40%, Zambia 39%, Ethiopia 32.5%, South Sudan 31% Uganda 27% and Kenya 24%) with

4. World Poverty Clock (Nov 2018)

5. World Poverty Statistics: Global Poverty Report 2018

wide disparity between the urban (27.6%) and rural (36.8%). On average 13% of the children are born with low birth weight, while 10% of children under five years are wasted, the highest contributors being from Somalia and South Sudan.

Agriculture accounts for over 51% of jobs across the continent.[6] Thus a situation of food insecurity decreases the ability of these countries to develop their agricultural markets and economies. Access to food can result in good health outcomes, economic growth and job creation, poverty reduction, trade opportunities, and increased global security and stability.

AAH-I will support global, national and local efforts to strengthen agricultural production, improve household food security and contribute to global agenda of ending hunger through:

a. Being part of the regional and global initiatives intended to break the cycle of hunger and poverty in the Horn of Africa, and East and Southern Africa;
b. Supporting Governments and local communities to promote climate-smart agricultural practices and increase food production and utilization;
c. Supporting strengthening of capacities for disaster risk reduction and management at community and national levels;
d. Designing and implementing humanitarian food assistance interventions that address the immediate and medium term food needs of food insecure populations.

4.5 VULNERABILITIES AND DISPLACEMENT

There are increasing vulnerabilities in the AAH-I programming countries due to natural and human-triggered shocks and hazards such as cyclical drought and floods, epidemics (Ebola, cholera, and acute watery diarrhoea), animal-related diseases and conflict. Continued exposure to these shocks heightens communities' vulnerabilities to poverty.

A total of 68.5 million people around the world have been forced to flee from home. Among them are nearly 25.4 million refugees, over half of whom are under the age of 18 years. In 2017 alone, there were 30.6 million new internal displacements associated with conflict and disasters across 143 countries and territories.[7] Of that number, more than 8.7 million displaced populations are in countries where AAH-I operates *(Table 5 in Annex 2)*.

In this context, AAH-I will strengthen its capacity in disaster risk reduction and management (DRRM) and support communities' capacities for DRRM. AAH-I will also continue to implement programmes that address the immediate and medium term needs of displacement-affected populations in line with international, regional and national frameworks.

6. Alliance for a Green Revolution in Africa (AGRA), 'Africa Agriculture Status Report,' 2013.

7. http://www.internal-displacement.org/global-report/grid2018/

4.6 CHILD-RELATED ISSUES

a) Birth registration

Without identification acquired through birth registration as a first entry point to protection, there is no documentation of a child's existence and the law is incapable of protecting children from crimes and abuse. On average, only 25% of the children are registered at birth in AAH-I countries of operation. While Kenya has 67% of children registered at birth, the rest of the countries have less than 30%, with Somalia and Ethiopia at critically low levels of 3% each.

b) Child Marriage

Despite laws against child marriage, the practice remains widespread. Child marriage threatens girls' lives and health, and limits their future prospects. Child marriage increases the risk of complications in pregnancy or childbirth, a leading cause of death among older adolescent girls. Data from the 6 countries shows that on average 9% (Ethiopia 14%, Uganda 10%, South Sudan 9%, Somalia 8%) of girls were married before the age of 15 years, while 39% (South Sudan 52%, Somalia 45%, Ethiopia 40%, Uganda 40%) of them get married by the age of 18 years.[8]

c) Child Labour

Because of the harsh living conditions faced by a number of children in these countries, they often thrive by adapting coping strategies, which include offering child labour. On average, 34% of the children are engaged in some form of child labour across the 6 countries. The highest prevalence are in Somalia (49%), Zambia (41%), Ethiopia (37%), Kenya (26%) and Uganda (16%).

d) Female Genital Mutilation (FGM)

The prevalence of FGM among women is at 98% for Somalia and 65% for Ethiopia. The average among girls is at 46% Somalia and 16% for Ethiopia. This practice is reinforced by a high prevalence of the attitude for FGM, which is supported by about 25% of the population.

4.7 EDUCATION

The best way to equip children and youth for the future is to place their learning at the center.[9]

a) Pre-primary education

Pre-school offers the right place for a child's foundation for lifelong progress. Children taught at an early age usually have improved social skills, fewer behavioural problems and better grades without special attention. Self-confidence gained by learning in a playful manner adds to the personality development of the child.[10] The landscape[11] in AAH-I operating countries reveals that only 32% of children of pre-school going age are enrolled in pre-primary school. Kenya has up to 76% of the children enrolled in pre-primary education, while the rest of the countries have less than 30% enrolment.

8. UNFPA, 2018

9. World Bank Development report (2018)

10. www.progressiveteacher.org

11. Data from UNICEF – The State of the World's Children 2017

b) Primary school

While the net enrolment rate in primary school is over 80% in Uganda, Kenya, Zambia and Ethiopia, it is below 40% in South Sudan and Somalia. Across the 6 countries disparity in enrolment exists between urban (71%) and rural (57%) populations. Whereas there has been improvement in school enrolment, the survival rate to last primary grade is worrying.[12] Ethiopia, Uganda and Zambia have poor survival rates attributed to harsh social environments in which children live, unfriendly school environments and inadequate education support to children by parents.

c) Youth literacy and skills

By 2030, 25.6 million young workers aged between 15 and 29 years will enter the labour force and will need jobs. This increase in the youth labour force will occur almost entirely in Africa. However, low skills in market-driven jobs are closely linked to illiteracy. Although the youth literacy rate[13] is generally high in Zambia (89%), Kenya (86%), Uganda (84%), and Ethiopia (55%), Somalia and South Sudan have low youth literacy levels (<40%). These gaps in education present opportunities for AAH-I to work with national governments in order to 1) promote access to quality education and protection of children, 2) advocate for youth inclusion as the main drivers of change in these countries, 3) support actions that skill and equip the youth to be productive citizens.

4.8 HEALTH

Maternal and child health is both an indicator and a cause of extreme poverty. Decreasing the rates of maternal mortality and morbidity in developing countries is important because in many developing countries, complications of pregnancy and childbirth are the leading causes of death among women of reproductive age due to complications of pregnancy and childbirth. The situation in AAH-I areas of operation is not any better as shown in *Table 6: Maternal and child health, in Annex 2.* For every 1,000 children born, 41 will die before they turn five years old. 1 child in 36 dies in the first month in poorer areas like Sub-Saharan Africa, while in the world's high-income countries the ratio is 1 in 333.[14] Taking life expectancy as one measure of quality of life, the situation in AAH-I operating countries shows an average person is expected to live for 61 years (minimum of 56 years in Somalia, highest 67 years in Kenya).

Country specific data[15] shows that more effort is required to bring down the under-five mortality rate (61 children per 1000 live births in 2016) to acceptable levels in some of the countries where AAH-I works - Somalia 133, South Sudan 91, Ethiopia 68, Zambia 63, Uganda 53 and Kenya 49. Most under-five deaths are caused by preventable diseases like malaria, diarrhoea, and pneumonia, largely as a result of malnutrition, contaminated water, and poor sanitation and hygiene. Of specific concern is the high mortality of neonates[16] across the 6 countries (Somalia 39%, South Sudan 38%, Ethiopia 28%, Zambia 23%, Kenya 23%, and Uganda 21%). AAH-I will work with governments and other actors to address the root causes of maternal and child mortality and promote access and utilization of sexual and reproductive health rights services for adolescents.

12. Percentage of children entering the first grade of primary school who eventually reach the last grade of primary school

13. Number of literate persons aged 15–24 years, expressed as a percentage of the total population in that group.

14. 2017 UNICEF Child Mortality report

15. UNICEF – The State of the World's Children 2017

16. (Somalia 39, South Sudan 38, Ethiopia 28, Zambia 23, Kenya 23, Uganda 21) Neonatal mortality rate – number of children dying during the first 28 days of life, expressed per 1,000 live births.

5. WHO WE WILL REACH

AAH-I will work with in development contexts, and in communities affected by conflict and in post conflict, including refugees, internally displaced people, host communities, those living in informal urban settlements, pastoralists, fishing communities and other marginalized groups. Our primary focus will be **women**, **children**, and **youth** within the above communities.

5.1 WOMEN

Women play a significant role in the worlds' developing or developed economies alike. They are the frontline caretakers of the family (children and the elderly). It is the mothers who most often urge children of both genders to attend and stay in school, initiate healthcare support for children, and initiate chains of improvements in the family's and the community's long-term capacity through their formal and informal labor contributions. Despite all these significant attributes that women play, available evidence in our operating context shows a number of gaps in their social, economic, physical, psychosocial well-being[17], a situation which worsens during humanitarian crises.

Core actions for women

In light of the above facts, we are called to:

a. Work with governments, other partners, communities and women to provide appropriate, quality essential maternal and child health services both in development and humanitarian contexts.

b. Adopt programming that is gender responsive including empowering women and girls as change agents and leaders in their communities.

c. Work with governments, local authorities, partners to domesticate policies and practices that uphold the sexual and reproductive rights of women and their inclusion and participation in development activities.

17. Percentage Context analysis shows undesirable maternal mortality rates and poor health outcomes, all forms violence against women, limited empowerment and participation of women.

5.2 CHILDREN

The attainment of a complete physical, emotional, social and economic well-being is important for normal growth and development of a child. Children need to grow in an environment that provides for and promotes a holistic nurture of their well-being. In the contexts where AAH-I operates, quite often children suffer abuse and deprivation[18] resulting to a compromised well-being, they become a community liability and a lost generation. Therefore, AAH-I recognizes the importance of addressing the core child vulnerability issues from a holistic perspective, taking into account both the development and humanitarian contexts.

Core actions for children

With the above background, AAH-I commits to undertake the following:

a. AAH-I will work with communities, local authorities, governments and children to strengthen both formal and informal systems and mechanisms for protecting children. Specific attention will be to promote birth registration, child-friendly and safe environment at household, community and in schools and also to tap into the opportunities that children have as agents of peace to promote peace in their communities.

b. In collaboration with governments and other partners, we will take actions in ways that enable children access basic services on the basis of their rights. Specifically, all children access quality and complete their education, enjoy essential healthcare especially pre and postnatal care, adequate and quality food to address nutritional deficiencies, access safe water and sanitation facilities, have good clothing and live in habitable shelter to address vulnerabilities due to unhygienic conditions.

c. Work with governments, authorities and other partners to domesticate policies and frameworks that uphold the rights of children in both development and humanitarian contexts. We will apply child-responsive programming. We will promote child participation in our multi-sectoral interventions through age-appropriate approaches. We will fully comply with child policies, frameworks and legally binding instruments related to child inclusion and protection and children's rights to ensure that our programming is inclusive and appropriate.

5.3 YOUTH

The number of youth, aged between 15 and 24, in Africa is expected to have doubled to 400 million by 2045. A good share of these youth are neither in schools, nor in training, nor employed. *(Table 7: Youth unemployment in Annex 2)* shows unemployment rates in the AAH-I countries of operation as being a big problem among the youth. A large number of youth are migrating from rural areas to informal urban settlements in search of economic opportunities.

Like in most African countries, these countries are currently faced with the opportunity and challenge of the so

18. As presented in the context analysis section, the common abuses include: child marriage, labour, FGM, and deprivation take the forms of children out of school, children not registered at birth, malnourished, without shelter, with poor access to healthcare.

called ‘youth bulge’.[19] Youth unemployment has been described as a ticking bomb, with frustrated young men and women susceptible to negative coping strategies including drug abuse, prostitution, or even being lured into radicalism. There are a myriad of opportunities that AAH-I can tap into to transform these youth into drivers of development in their economies.

Core actions for youth

We will engage the hardest-to-reach youth, including adolescent girls, young women, survivors of sexual and gender-based violence and young people with disabilities. Specifically AAH-I will:

a. Work with governments, other partners and youth to design social enterprises that target youth with entrepreneurial, technical and life skills, including formal and non-formal education and on-the-job training that prepare them for gainful livelihood and employment opportunities in their economies.

b. Work with governments, other partners and youth to domesticate policies and frameworks for inclusion and engagement of displacement affected-youth (refugees, IDPs) in local opportunities, including education, skills development and employment through approaches such as digitization of information on potential economic opportunities and skills transfer.

c. Facilitate youth networking and information sharing that provides opportunities for them to voice their ideas, engage in decision making processes and develop their leadership potential. This will include promoting the use of data driven evidence to promote accountability to youth, as well as planning and designing youth programmes.

d. Work with youth to identify and promote youth-led initiatives in humanitarian protection and safety net programmes, including their role in conflict amelioration as connectors and peace builders.

19. According to UN definition, this phenomenon “occurs when more than 20 per cent of a country’s population is composed of young people”, which can be “a valuable asset for both present and future generations” but, at the same time, “a risk to development if social and economic conditions are not suitable” (UNDP 2013).

6. PROGRAMMING PILLARS

Arising from the context analysis and our achievements in over 30 years, AAH-I will prioritize working with our target communities to meet their immediate, medium and long-term needs by integrating relief, rehabilitation and development approaches. Our approaches will enable communities to engage in issues that affect them.
In line with our resolve to link communities to the global development agenda, our primary focus will be on four programming pillars: 1) Food and Income Security, 2) Health, 3) Education and 4) Disaster Risk Reduction and Management, as detailed below.

Pillar 1:

Communities are food and income secure

Our interventions in Pillar 1 will link communities to Sustainable Development Goals:

SDG 1: No Poverty

SDG 2: No hunger

SDG 12: Responsible consumption and production

SDG 13: Climate Action

SDG 15: Life on land

Pillar 2:

Communities access quality health services

Our interventions in Pillar 2 will link communities to Sustainable Development Goals:

SDG 3 : Good health

SDG 6: Clean water and sanitation

Pillar 3:

Communities access quality education and life skills

Our interventions in Pillar 3 will link communities to Sustainable Development Goal:

SDG 4: Quality education

Pillar 4:

Communities have capacity for disaster risk reduction and management

Our interventions in Pillar 4 will link communities to Sustainable Development Goal:

SDG 16: Peace and Justice

The Sendai Framework 2015-2030

The Comprehensive Refugee Response Framework (CRRF)

Our interventions across the four pillars will complement SDG 5: Gender equality and SDG 11: Sustainable cities and communities

Pillar 1: Communities are food and income secure

Reducing poverty is critical while addressing food insecurity. Poor people spend a large share of their income on food, leaving them vulnerable to high food prices, and many poor people obtain much of their income from farming, leaving them vulnerable to declines in agricultural output. AAH-I will work with communities to:

P1.1 Increase household food availability

Food availability addresses the supply side of food security and is determined by availability of production inputs and available yield-augmenting technologies. We will focus on ensuring the communities are food-secure all year round through:

a. Supporting increased agricultural production and diversification in crops, fisheries, livestock and forestry products, based on comparative and competitive advantage of each product and agro-ecological zones, using the value chain approach;

b. Collaborative linkage with agricultural research and extension services to identify and promote uptake of improved technologies in the communities where we work. Work to strengthen the production inputs distribution system, linking it to social enterprises and the private sector, where feasible;

c. Rolling out appropriate technologies to promote post-harvest loss reduction and value addition of the various agricultural products through processing and preservation.

d. Providing food rations to save lives in situations of emergency, followed by interventions that enable disaster-affected people acquire food, while rebuilding their livelihoods and assets.

P1.2 Improve climate change mitigation and adaptation

Mitigation addresses the root causes, by reducing greenhouse gas emissions, while adaptation seeks to lower the risks posed by the consequences of climatic changes. Both approaches will be necessary. Communities in our areas of operation are exposed to the vagaries of climate change and some of their economic activities contribute directly to climate change.[20]

a. Not all stakeholders are aware and informed about their vulnerability and the measures they can take to pro-actively adapt to climate change. Awareness raising, targeting communities and policy makers will therefore be an important component of the adaptation process.

b. We will undertake to support communities to adopt climate-smart techniques in order to ameliorate the negative impact of their economic activities, through promoting interventions that restore vegetation cover, habitats, degraded pasture and rangelands and are energy-efficient.

c. Based on local knowledge of seasonality and early warning systems, we will support community initiatives to develop adaptation infrastructure such as water pans, dykes, and raised river banks.

d. We will partner with specialised firms and institutions to assess the feasibility of leveraging some of our promising work with communities that could be eligible for carbon trading. This would contribute to reduction of greenhouse gas emission as well as accrue some incomes.

20. Deforestation is a significant contributor of carbon dioxide; livestock contribute to methane and nitrogen fertilisers release nitrous oxide

P1.3 Improve household nutrition

Despite the concerted efforts of governments, various development and humanitarian stakeholders, the nutrition needs still remain significant with the situation being aggravated by high burden of childhood diseases, household food insecurity, sub-optimal Infant and Young Child Feeding (IYCF) and poor WASH practices. Thus it is imperative for AAH-I to undertake the following in a bid to improve the nutritional situation:

a. AAH-I will support communities in effective food utilisation through increasing community knowledge in storing food, processing techniques and the basic principles of nutrition.

b. We will work with key partners to develop adequate community capacity for growth monitoring, skill development, transfer and adoption of appropriate technologies as well as influencing of policy and practice.

c. In situations of high malnutrition rates, we will scale up community integrated management of acute malnutrition (CMAM) and ensure every household member's food needs are met.

P1.4 Enhance the security of income in households

AAH-I will work with communities and other key partners to develop youth and women entrepreneurship skills for gainful employment, so as to improve their economic well-being. This will be done through interventions that;

a. Promote formation and strengthening of farmers' organisations (Village Savings and Loan Associations - VSLAs, Savings and Credit Co-Operatives – SACCOs, Produce and Consumer Co-operatives) into viable agri-business units that are able to mobilise and invest financial resources and pursue collective bargaining for better markets for their products;

b. Promote value addition, market access and financial inclusion through innovative and technology-driven solutions in partnership with the private sector. We will support incubation and scale up of business ideas into viable social enterprises.

Pillar 2: Communities access quality health services

Given the myriad of health challenges outlined afore, AAH-I will focus on building capacities for strengthened primary healthcare system at community level. In order reduce the vulnerabilities of the community particularly women, children and youth to health related challenges in normal and emergency situations, we will use a multi-sectoral and multi stakeholder approach while strengthening communities' capacities towards achieving the following objectives:

P2.1 Improve access and utilization of essential maternal, newborn and child health (MNCH) and adolescent and youth sexual reproductive health services (AYSRH)

AAH-I will strengthen sustainable and functional community referral systems for health and social services, deliver quality integrated health services and information in communities, provide a friendly environment for service

delivery, develop service provider skills to offer comprehensive primary healthcare, develop sustainable and innovative incentive systems for community health workers (CHWs), build the capacity of implementing partners on cross-cutting issues like income generation, monitoring and evaluation, gender and social change, and build partnerships to leverage services and influence policy change for better service provision and good governance.

P2.2 Communities are protected from infectious and communicable diseases

By promoting community-led social and behaviour change communication for adoption of healthy behaviours among the target population, AAH-I will strengthen partnerships with cultural and religious institutions to promote social change for better health, build the capacity of CHWs and local leaders to facilitate community conversations around health challenges and solutions, and improve the communication skills for health workers at all levels. We will work with partners to develop community capacity to prevent and mitigate against infectious and communicable diseases such as malaria, tuberculosis and HIV/AIDS.

P2.3 Improve access to safe water, adequate sanitation and hygiene

In ensuring that communities have access to safe water, adequate sanitation and hygiene practices, AAH-I will support the design and construction of appropriate water and sanitation facilities in targeted communities, schools, health facilities and other public institutions to improve availability of potable water, promote hygiene behaviour change through application of barrier analysis techniques and development of evidence-based materials and messages for behaviour change communication.

Pillar 3: Communities access quality education and life skills

Recognising that every child and youth has a right to quality education, AAH-I will continue to provide education services in both development and humanitarian contexts. Our goal is to ensure that children enrol in school and complete their learning cycle with better learning outcomes. Long-term sustainable approaches will be used in the development and protracted humanitarian situations while short-term approaches will be used during acute humanitarian crisis. Therefore tackling the root causes of factors that contribute to late enrolment by boys and girls, poor learning outcomes and or drop out of school will be top priorities. We will endeavor to achieve these by pursuing the following result areas:

P3.1 Children have access to quality pre-primary and primary education

In collaboration with the parents, local leaders and government authorities:

a. We will develop education interventions that respond to the needs of children in both humanitarian and development contexts.

b. In emergency context, we will support construction of safe learning spaces, advocate to the government to supply adequate teaching and learning materials in schools, implement school feeding programs as a way of encouraging pupils to remain and attend school.

c. We will work with communities, local leaders and education ministries to effect systems and policies for protection of children and deliver quality education services.

d. AAH-I will supplement development of locally appropriate teaching and learning materials where gaps have been identified, train teachers in new and appropriate teaching methods and child protection issues.

P3.2 Increase access to alternative basic education and accelerated learning programmes

Based on our past interventions in education in the region, a large number of children get excluded or drop out of formal school due to negative factors in their homes, community environment, conflict and displacement and widespread poverty. Designing and implementing non-traditional approaches to learning which are tailored to the unique needs of these children increases their chances of returning to formal education and ultimately their success in the education path.

AAH-I will therefore:

a. Work with communities to identify households with boys and girls who drop out of the formal education systems to understand their vulnerabilities and develop joint solutions for restoring these children to school.

b. Work with local governments and the departments responsible for education to develop and deliver appropriate, context specific learning curricula for alternative and accelerated education for both learners and teachers.

c. Work with governments to create an enabling policy environment that recognizes alternative and accelerated learning and accreditation of learners.

P3.3 Improve youth vocational and life skills

Youth unemployment is one of the critical factors to address today. If the youth are adequately prepared for gainful participation in their local economies, they present a huge supply of labour and good potential for effective demand for goods and services in the local economy. AAH-I commits to:

a. Empowering the youth with appropriate and marketable skills which enable employment or create self-employment opportunities through business, technical and vocational education and training (BTVET) that delivers knowledge and skills for employment.

b. Collaborating and partnering with private sector in the provision of placement and apprenticeship opportunities.

c. Scaling out the best digitised approaches to reaching more youth with training modules on entrepreneurship and business literacy as a whole.

d. Identifying and developing appropriate life skills programs for youth. This will be done through multi-stakeholder approach

Pillar 4: Communities have adequate capacity for Disaster Risk Reduction and Management

AAH-I has prioritised a holistic approach to disaster risk reduction and management (DRRM) by focusing on the following key areas to:

P4.1 Strengthen community capacity to mitigate, manage and respond to disasters

Disaster losses and damage is on the rise and has grave consequences on the livelihoods, survival and dignity of communities. AAH-I will:

a. Work with communities to develop their own community disaster preparedness plans (CDPP) and provide requisite capacity building support to implement monitor and review the CDPPs.

b. Continue to build its internal capacity for an efficient emergency response. The interventions will focus life-saving goods and services, support small-scale asset and livelihood recovery; design and implement food and cash-based safety net programmes to facilitate the transition from relief to recovery.

c. Promote the dissemination of appropriate location-based disaster risk information.

P4.2 Establish supply chain and logistics services for humanitarian operations

Given our past experience, AAH-I seeks to expand the range and reach and further professionalise the supply chain services to be more responsive and efficient in meeting emergency response needs using a sustainable business model in partnership with private sector. We will:

a. Manage warehousing, transportation, distribution and information systems for food and relief items.

b. Run engineering workshops that maintain and repair the vehicle fleet, equipment and plants used in humanitarian operations

P4.3 Improve humanitarian protection and accountability

AAH-I will ensure that the four key minimum standards of accountability with regard to protection, information provision, community engagement and participation are effectively addressed. Specifically we will:

a. Join hands with the international community, to ensure protection to asylum seekers and refugees.

b. Prioritize protection of women, children, youth, elderly and other vulnerable persons affected by natural and man-made disasters and strengthen local capacities to monitor rights violation, identify and support survivors of violence, victimization and oppression, uphold the rights and the dignity of crisis-affected populations.

c. Strengthen accountability towards those affected by crisis situations and ensure consistent application of core humanitarian standards and accountability by providing relevant information to beneficiaries and key stakeholders, consulting with communities, promoting participation and collecting and acting on feedback and complaints.

7. PILLAR 5: STRENGTHEN ORGANISATIONAL EFFECTIVENESS AND SUSTAINABILITY

To improve organisational effectiveness and sustainability, AAH-I will focus on key success factors categorised in three perspectives: (a) **funding and partner engagement;** (b) **internal business processes**; (c) **organizational learning and effectiveness**.

FUNDING AND PARTNER ENGAGEMENT

We will focus on growing and diversifying funding in restricted and un-restricted revenue by strengthening our partnerships to grow and maintain a healthy capital reserve, scale our programming for greater impact through:

Increasing and diversifying funding

We aim to progressively increase the volume of total annual funding from the current annual average of US$27 million to US$50 million, diversify donor base while retaining current donors, grow unrestricted funds reserve, increase use of non-financial resources (gifts-in-kind, technical expertise), develop capacity for resource mobilisation and support creation of an AAH-I endowment fund.

Initiating and nurturing strategic partnerships with organisations that share our values and aims

In order to leverage our comparative advantage and promote a knowledge transfer circle, we will engage in strategic partnerships with businesses, not-for-profits, governments, knowledge-based institutions and global agencies as mechanisms and arrangements for co-applications for funding and sub-grants.

Growing our programming in depth and scale

To reach the targeted 18 million beneficiaries (over the 5 years strategy period) with a specific focus on women, children and youth, we will expand in depth in our current operational areas and initiate new country programmes in Ethiopia, Djibouti, Rwanda and Tanzania.

INTERNAL PROCESSES

We will strengthen our leadership and governance structures, nurture a culture of innovation, integrate technology for development and position the organisation to create value for all our stakeholders through:

Strengthening leadership and governance

Our focus will be to align the organisational structure to the strategy, ensure continued compliance to legal frameworks and internal policies and strengthen organisational sustainability

Leveraging technology to enhance internal business processes

We will build strategic partnerships with ICT innovators and market leaders to improve the internal ICT infrastructure and human capacity for innovation and better integration of ICT4D.

Strengthening Enterprise Risk Management

To effectively manage risks, we will develop a risk management framework, undertake mitigation measures and continous risk monitoring.

ORGANIZATIONAL LEARNING AND EFFECTIVENESS

We will invest in our people for leadership and talent development, grow our evidence and learning initiatives and enhance our visibility through:

Maintaining an engaged and motivated workforce
We will purpose to develop a competitive Total Reward system and promote learning and staff development to enhance organisational performance.

Designing and delivering programmes with impact
We will grow staff competencies in monitoring and evaluation for effective programme performance management.

Building evidence for internal and external learning
We will use our expertise in research and M&E to generate evidence for programming, engagement, visibility and thought leadership.

8. CROSS-CUTTING THEMES

This set of four cross-cutting themes are seen as critical for any of the programming pillars to attain the desired impact. We will mainstream and integrate them effectively through the operational framework that will render better results in terms of inclusive targeting, empowerment, engagement and responsiveness to operating contexts.

8.1 GENDER EQUALITY AND EQUITY

As a pre-requisite for achieving the other SDGs, AAH-I will adopt a gender-sensitive programming process where the gender dimension is systematically integrated into every step of the project cycle management including policy dialogue and practice.

8.2 CONFLICT SENSITIVITY

The environment we operate is characterised by real and potential conflicts. Our interventions and internal processes should not spur or aggravate conflict. We will at all times strive to gain a sound understanding of the two-way interaction between our interventions and contexts, and acting to minimise negative and maximise positive impacts on conflict. This will be applied throughout all areas of our work as an institutional approach.

8.3 INFORMATION AND COMMUNICATION TECHNOLOGY FOR DEVELOPMENT (ICT 4D)

The analysis of AAH-I internal business processes as well as programming domains demonstrates greater need for AAH-I to take advantage of the opportunities and innovations within the ICT space. Therefore, AAH-I will approach this by focusing on three main areas: a) improving internal business processes through automation and use of relevant technologies; b) adopting information and communication technologies (ICT) that improve cost effectiveness in programming and programme delivery, with a particular emphasis on helping poor and

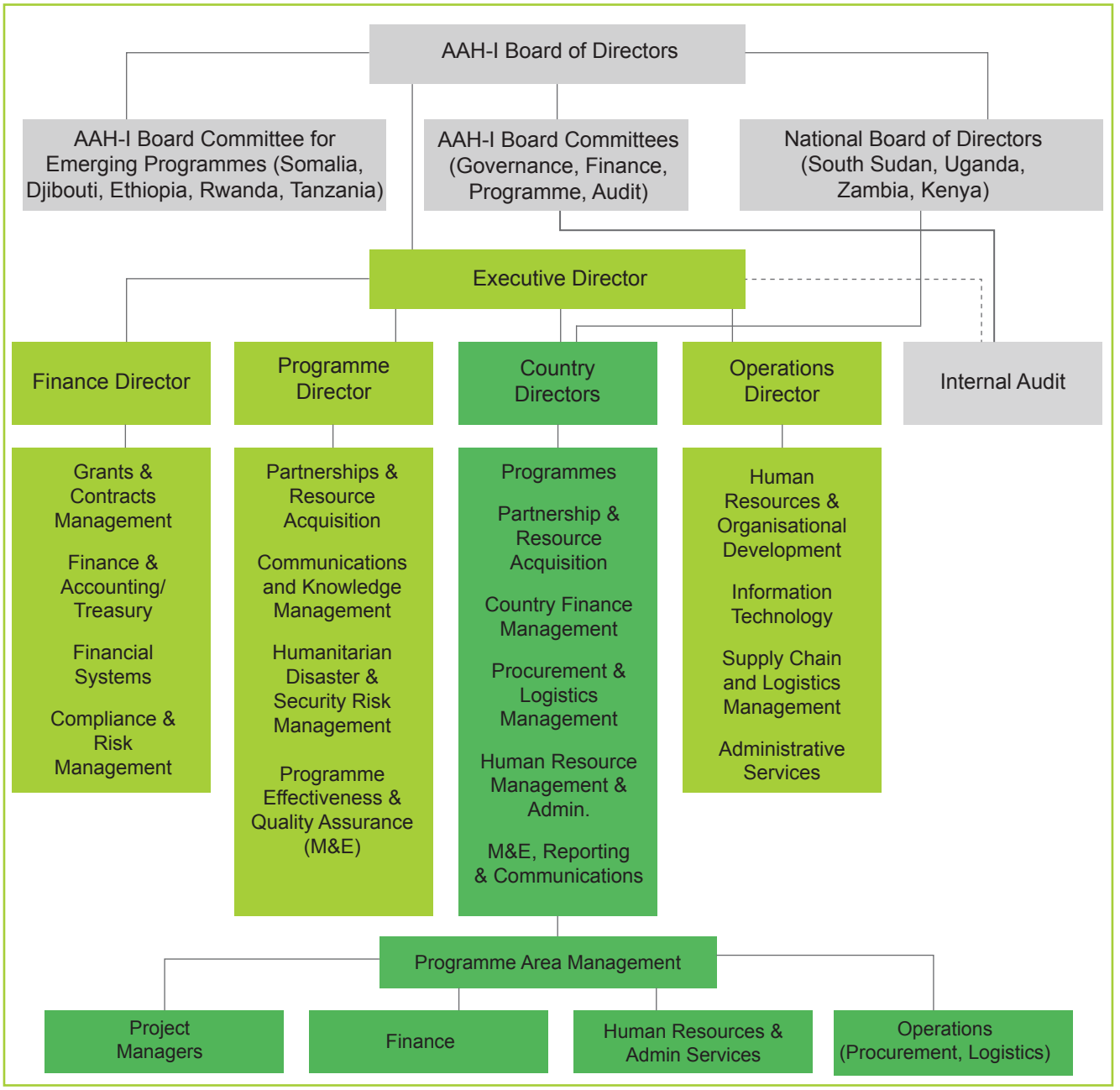
marginalised people and communities live dignified lives; and c) supporting bridging the digital divide[21] by enabling the local communities to have equitable access to technologies and engage / participate in national, regional and global dialogue on pertinent issues that affect their lives (trade, policy, democratisation and citizen engagement processes) in line with the Global Agenda.

8.4 GOOD GOVERNANCE, POLICY AND PRACTICE INFLUENCING

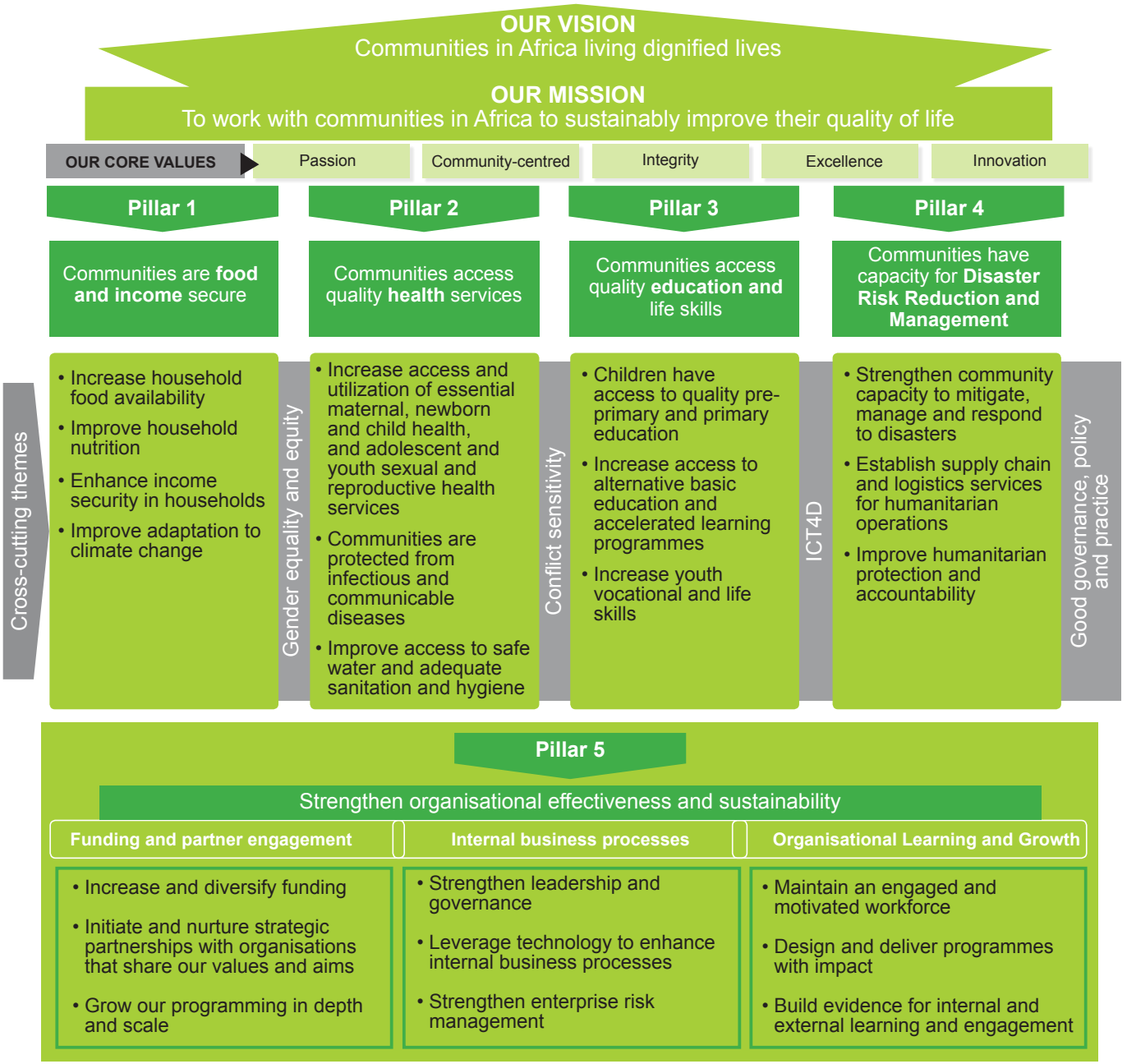
We will focus on enhancing the capacity of project participants and local grassroots institutions to engage effectively in dialogue with duty bearers for social accountability and effective delivery of essential services. Using insights from those we serve and evidence from our work, we will collaborate with CSO networks, religious, development and research institutions and traditional leaders to influence positive change in policies, practices and structures that impede access to development opportunities and perpetuate poverty and marginalisation of vulnerable groups. This will also include influencing the transformation of harmful traditional practices and taboos that impinge on people's rights.

21. Digital divide is an economic and social inequality in the access to, use of, or impact of information and communication technologies (ICT)

9. ORGANISATIONAL STRUCTURE



10. STRATEGY MAP AND CONCEPTUAL FRAMEWORK



11. PROJECTED REACH AND FINANCIAL INVESTMENT

11.1 ANNUAL PROJECT PARTICIPANTS REACH PER STRATEGIC PILLAR

We will aspire to reach 18 million project participants including women, youth and children through relief, development and advocacy efforts in collaboration with partners. The table below shows the projected annual beneficiary reach per pillar and the total per annum.

Year	Pillar 1	Pillar 2	Pillar 3	Pillar 4	Total
	Communities are food and income secure	Communities access quality health services	Communities access quality education and life skills	Communities have capacity for disaster risk reduction and management	
2019	509,500	877,500	311,400	1,132,300	2,830,700
2020	754,100	911,200	314,200	1,162,500	3,142,000
2021	1,046,300	941,650	348,760	1,150,900	3,487,610
2022	1,393,640	1,006,500	387,100	1,084,000	3,871,240
2023	1,858,200	1,161,400	464,550	1,161,400	4,645,550
Total	**5,561,740**	**4,898,250**	**1,826,010**	**5,691,100**	**17,977,100**

11.2 ANNUAL FINANCIAL INVESTMENT PER STRATEGIC PILLAR

Over the next five years, we will continue to grow our revenue to better deliver results, through a myriad of approaches geared towards expanding our revenue base and volume. The table below shows the annual revenue growth per pillar and the total projected growth estimated at the end of the strategic period.

Year	Pillar 1	Pillar 2	Pillar 3	Pillar 4	Pillar 5	Total
	Communities are food and income secure	Communities access quality health services	Communities access quality education and life skills	Communities have capacity for disaster risk reduction and management	Strengthen organizational effectiveness and sustainability	$USD
2019	4,707,700	8,107,600	2,877,000	10,461,500	4,915,400	31,069,200
2020	6,967,400	8,418,900	2,903,100	10,741,400	5,123,100	34,153,900
2021	9,667,200	8,700,500	3,222,400	10,634,000	5,686,600	37,910,700
2022	12,876,700	9,299,800	3,576,800	10,015,200	6,312,100	42,080,600
2023	17,169,000	10,730,600	4,292,200	10,730,600	7,574,500	50,496,900
Total	**51,388,000**	**45,257,400**	**16,871,500**	**52,582,700**	**29,611,700**	**195,711,300**

12. STRATEGY RESULTS FRAMEWORK

A strategy is only as good as its execution, and its execution is as good as the credible evidence that supports it. Therefore tracking the progress of AAH-I programmes towards enabling women, children and youth live a dignified and improved quality of life shall be an important part of our work. In that regard, we will deploy our new M&E management information system and build capacity across the organisation. We will be deliberate in our quest to demonstrate impact of our work with communities by adopting metrics for tracking prioritized indicators. This will also help AAH-I document and share our contribution towards the SDGs. The table below provides a summary of the strategy results framework.

COMMUNITIES PERSPECTIVE	
P1. Communities are food and income secure	
Sub-objectives	**Outcome Indicators**
P1.1. Increase household food availability	1101. Household Dietary Diversity Score (HDDS)
P1.2. Enhance the security of income in households	1201. Number of households where one or more adults are earning an income
P1.3 Improve household nutrition	1301. Prevalence of wasting among children under 5 years of age
P1.4. Improve adaptation to climate change	1401. Number of households using renewable sources of energy
	1402. Revenue earned from carbon credit
P2. Communities access quality health services	
P2.1. Improve access and utilization of essential MNCH and AYSRH services	2101. Percent of children fully immunized
	2102. Percent of antenatal clients who attended 4th visit or more
	2103. Percent of births attended by skilled health personnel
	2104. Percent of youth who have access to Youth Friendly Reproductive Health services
P2.2. Communities are protected from infectious and communicable diseases	2201. Number of HIV-infected pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission
	2202. Percent of children under 5 years old with fever in the last 2 weeks who received antimalarial treatment according to national policy within 24 hours from onset of fever
	2203. TB treatment success rate
P2.3. Improve access to safe water, adequate sanitation and hygiene	2301. Percent of households with access to potable water
	2302. Percent of target population practicing appropriate hand washing behavior

P3. Communities access quality Education and Life Skills	
Sub-objectives	**Outcome Indicators**
P3.1. Children have access to quality pre-primary and primary education	3101. Number of pre-school children who have access to organised learning
	3102. Number of children in grade 3, achieving at least a minimum proficiency level in reading and mathematics
P3.2. Increase access to alternative basic education and accelerated learning programs	3201. Number of out of school children accessing alternative primary education
P3.3. Increase youth vocational and life skills	3301. Percent of youth engaging in gainful employment
P4. Communities have capacity for disaster risk reduction and management	
P4.1 Strengthen community capacity to mitigate, manage and respond to disasters	4101. Number of households who faced a disaster and were able to employ an effective disaster risk reduction or positive coping strategies
P4.2. Establish supply chain services for humanitarian operations	4201. Number of beneficiaries reached with critical humanitarian supplies on time
	4301. Number of communities with functional protection and accountability mechanism
P4.3. Improve humanitarian protection and accountability	4302. Prevalence of Gender Based Violence (GBV)
	4303. Percent of children who report reduced incidences of violence, neglect abuse or exploitation
FUNDING AND PARTNER ENGAGEMENT PERSPECTIVE	
P5. Strengthening organisational effectiveness and sustainability	
P5(a). Increase funding for growth and sustainability	
Sub-objectives	**Outcome Indicators**
P5.1. Increase and diversify funding for sustainability	5101. Number of donors
	5102. Annual Portfolio (US$)
	5103. Number (%) of unrestricted funds
P5.2 Initiate and nurture strategic partnerships with organizations that share our values and aims	5201. Number of strategic fora where AAH-I is a member
P5.3 Grow our programming in depth and scale	5301. Number of new operational areas expanded to in-country
	5302. Number of new country programmes established

12. STRATEGY RESULTS FRAMEWORK

INTERNAL PROCESS PERSPECTIVE	
P5(b). Strengthen leadership and governance	
Sub-objectives	**Outcome Indicators**
P5.4. Ensure compliance to legal frameworks and internal policies	5401. Number of Country programmes filling NGO returns on time
	5402. Number of staff who demonstrate knowledge of key policies consented
P5.5. Align organisational structure to strategy	5501. Number of approved organizational structures aligned to the strategy
P5.6. Strengthen organizational sustainability	5601. Number of board members (National & International) that are effectively engaged in resource mobilisation
P5(c). Leverage technology to enhance internal business processes	
P5.7. Improve internal ICT Infrastructure and capacity	5701. Enterprise Resource Planning (ERP) system components in use
P5.8. Build strategic partnerships with ICT innovators and market leaders	5801. Number of innovative products implemented
P5(d). Strengthen Enterprise Risk Management	
P5.9 Develop risk assessment mechanism	5901. Existence of corporate risk management framework
	5902. Number of country programmes with risk management plans
P5.10 Maintain operations and functionality through mitigation measures	51001. Number of operating units with functional security management plans
P5.11 Promote risk monitoring	51101. Number of operating units scoring at least 'acceptable' risk rating in internal audit
ORGANISATIONAL LEARNING AND EFFECTIVENESS PERSPECTIVE	
P5(e). Maintain an engaged and motivated workforce	
P5.12. Develop a competitive Total Reward system	51201. Staff engagement index
P5.13. Learning and development to enhance organisational performance	51301. Number of staff meeting at least 75% of their annual performance objectives
P5(f). Design and deliver programmes with impact	
P5.14. Develop M&E capacities	51401. Number of staff meeting M&E competency standards
P5.15. Monitor performance for quality execution	51501. Number of Country Programmes meeting acceptable performance standard
	51502. Number of project participants reached

P5(g). Build evidence for internal and external learning	
P5.16 Building technical expertise for quality improvement and engagement	51601. Functional knowledge management system exists
	51602. Number of programming frameworks developed and being utilised
P5.17. Research for evidence based programming and engagement	51701. Number of research initiatives implemented in collaboration with strategic partners
P5.18 Deliver content with impact for visibility and thought leadership	51801. Number of publications on AAH-I work

ANNEXES

Annex 1: Why Tanzania and Rwanda as the choice for expansion?

TANZANIA

Tanzania[22] has an estimated population of 60.9 million people with a median age of 18 years according to the world population clock 2018. The World Poverty Clock 2018, also estimates that 31% of the population in Tanzania are living in extreme poverty. The unemployment among the youth ages 15-24 is 9.4% (male: 7% female: 11.7%). The humanitarian outlook shows the presence of 327,723 Persons of Concern in Tanzania according to UNHCR[23]. The WHO[24] further reported 81 cases of anthrax in January 2019; while in 2019, INFORM[25] rated Tanzania's risk of humanitarian crisis as high, at 5.6/10. According to the Government of Tanzania Ministry of Finance and Planning (June, 2018), there are eight major risks that undermine economic growth and these are classified as internal (inadequate funds, land ownership conflicts, inadequate participation of the private sector, high rate of population growth, environmental degradation and climate change and external (regional and global economic and political shocks, natural calamities and politics which can breed wars and conflict).

RWANDA

Rwanda has an estimated population of 12.7 million people with a median age of 18 years according to the World Population Clock 2018. Like other countries in East Africa, Rwanda has a young population with up to 42% of the population in the age group 0 -14 years. The World Poverty clock (Nov 2018), estimated 5.3 (42.4%) million people living in poverty, unemployment among the youth ages 15-24 at 2%. The humanitarian outlook also shows the presence of 191,392 Persons of Concern in Rwanda according to UNHCR[26]. While launching the fifth Integrated Household Living Condition Survey (EICV5) report by the National Institute of Statistics of Rwanda (NISR December 2018), the Prime Minster of the Republic of Rwanda said: "Today's EICV 5 results call for doubling efforts by all stakeholders to end poverty. We must not continue to do business as usual. This involves the Government of Rwanda, all Rwandans, the private sector, development partners and faith-based Organizations...," As AAH-I we heed to this call to make poverty history in this part of the continent.

22. Also ranked among the top 10 countries in the world with population living in extreme poverty

23. UNHCR 2018 https://reliefweb.int/sites/reliefweb.int/files/resources/67375.pdf

24. WHO 2019 https://reliefweb.int/sites/reliefweb.int/files/resources/OEW04-1925012019.pdf

25. //www.inform-index.org/

26. UNHCR 2018 https://reliefweb.int/sites/reliefweb.int/files/resources/67375.pdf

Annex 2: List of Tables

Table 1: Population

Indicator	South Sudan	Uganda	Zambia	Somalia	Kenya	Ethiopia	Djibouti	Rwanda
Population aged 0-14, per cent, 2018:	41	47	44	46	40	40	34	42
Population aged 15-64, percent, 2018:	55	50	53	51	57	56	62	56

Source: Worldometers, 2018

Table 2: Poverty Ranking

Indicator	South Sudan	Zambia	Somalia	Rwanda	Uganda	Kenya	Ethiopia	Djibouti
People in poverty (millions)	11.8	9.5	6.2	5.3	14.2	14.6	23	0.123
Proportion of people in poverty	85.6%	53.4%	52.6%	42.4%	32.7%	29.1%	21.0%	14.3%

Source: World Poverty Clock, Nov 2018

Table 3: Poorest locations based on National Poverty Statistics

South Sudan	Zambia	Somalia	Uganda	Kenya
All the states	Luapula 81.1% Northern 79.7% Lusaka District 17.7%	All the regions	Karamoja 60.8 % Bukedi 47.5 % Busoga 42.1 % Elgon 40.9 % Teso 40.5 % Acholi 34.7 % West Nile 27.2 %	Wajir 76% Turkana 52.7% Narok 49% Samburu 42.2% Kwale 41.3% Kilifi 39.1% Mandera 38.9% Busia 33.5% West Pokot 26.3% Marsabit 23.8%

Table 4: Countries with the worst food crises

Estimates of food insecure population in need of urgent assistance in 2018	Countries in this category
Between 5 and 6.99 million people	South Sudan, Ethiopia
Between 1 and 2.99 million people	Somalia, Kenya, Uganda
Below 0.5 million people	Zambia, Djibouti

Source: World Poverty Clock, November 2018

Table 5: Displaced Populations

Indicator	Somalia	South Sudan	Uganda	Kenya	Ethiopia	Zambia	Rwanda	Djibouti	Total
Persons displaced	2,187,585	2,202,145	1,595,148	506,915	1,980,983	68,340	191,392	27,004	8,759,512

Source: UNHCR 2018

Table 6: Maternal and child health

Indicator	Somalia	South Sudan	Uganda	Kenya	Ethiopia	Zambia
Maternal mortality ratio (deaths per 100,000 live births), 2015	732	789	343	510	353	353
Adolescent birth rate per 1,000 women aged 15 to 19, 2006-2017	64	155	140	96	80	141

Source: Data from UNICEF – The State Of The World's Children 2017

Table 7: Youth Unemployment (% of total labor ages 15-25) modeled ILO estimates

Indicator	South Sudan	Zambia	Somalia	Rwanda	Uganda	Kenya	Ethiopia	Djibouti
Youth unemployment rate (%)	17.6	15.3	10.9	2.0	2.9	26.2	7.4	11.7

Source: World Bank (citing: International Labour Organization, ILOSTAT database, November 2017)

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