Strategic Plan
2008 - 2012
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Abbreviations and Acronyms

AAH-I Action Africa Help- International
ASAL Arid and Semi-Arid Lands
CBO Community Based Organisation
COAM Country Office Accounts Manager
CPA Comprehensive Peace Agreement
CSO Civil Society Organisation
DRC Democratic Republic of Congo
ED Executive Director
FAD Finance and Administration Director
GoSS Government of Sudan
CoSS Government of South Sudan
HIV/AIDS Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
HQ Head Quarters
IDP Internally Displaced Person
IGA Income Generating Activities
IPCS Institute for Promotion of Civil Society
MCH Maternal Child Health
MDG Millennium Development Goal
M&E Monitoring & Evaluation
MOU Memorandum of Understanding
PHC Primary Health Care
SP Strategic Plan
SPLM/A Sudanese People Liberation Movement/ Army
TD Technical Director
TL Team Leader
TOR Terms of Reference
UNHCR United Nations High Commissioner for Refugees
Watsan Water and Sanitation
WFP World Food Programme
AAH-I was established in 1991 by Dr. Vivian Erasmus to work with disadvantaged communities living in conflict and post conflict situations in southern Sudan and northern Uganda. Since then it has expanded its activities to other countries in Eastern Africa, where there have been no shortage of conflicts or difficulties.

AAH-I works with communities to assist them in re-establishing control over their own futures, promoting self-reliance, enhancing their self management systems and living standards. It works with communities and local counterpart agencies supporting the limited formal structures that might still exist, to introduce a development programme aimed at providing basic services including health, water and sanitation and basic education, promoting food and income security, and in peace building and strengthening of civil society.

In March 2007 Vivian died. I would like to regard the inspiration behind this Strategic Plan as part of his legacy to the peoples of Eastern Africa.

We have witnessed exceptional changes taking place in our areas of operation. One that stands out is the signing of the Comprehensive Peace Agreement (CPA) in Sudan in January 2005. This development has not only given AAH-I new impetus for its work in South Sudan, but has also called for re-focused programming. Short term doses of relief are not enough. We are now moving into laying the foundation for long-term sustainable development supporting communities to take the reins of their own development, making efficient use of our human and capital resources.

This Strategic Plan reflects our agenda for action for the next five years. It is the result of sustained consultations between our teams in our countries of operations, our donors and partners. We have considered our past achievements, the constantly changing external environment, and our inherent strength and expertise. The result is what we truly believe are the key strategic focal areas that our organization should spend its energy and resources on over the next five years. These are:

- Basic services – primary health care, water and sanitation and education
- Food and income security and environmental management and protection
- Civil society strengthening and peace building
- Institutional strengthening and knowledge management

Achieving these directions will indeed take the long term dedication of the communities we work with, our staff and donors. We are confident that we have what it takes, on our part, to deliver on these commitments as we strive to help communities become self-reliant.

Dr. Christopher Wood
Chairperson, AAH-I Board of Directors

Acknowledgement

This Strategic Plan is based on the life and work of Dr. Vivian Erasmus. It is the result of extensive consultations within AAH-I and with our partners, donors and friends in our different countries of operation and beyond. We would like to thank them all for their input, ideas, and inspiration that have helped shape this Plan.

We would in particular like to thank AAH-I staff, especially our directors, country coordinators and team leaders, who worked tirelessly to see this through. Special thanks go to our international Board members who participated in the formulation of this Plan and approved it once it was done.

We thank all those partners, friends, donors and colleagues, who attended the strategic planning workshop, and Maya and Ravi Prabhu, and Don Simpson of Innovation Expedition who facilitated it. Special thanks also go to Don Odera for his help in putting together this Plan.

As we move ahead with the implementation of this Strategic Plan we invite likeminded individuals and organizations to partner with us in our service to the communities that we work with.

Dr. Caroline Kisia
Executive Director

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Executive Director
Executive Summary

Action Africa Help – International (AAH-I) is a non-governmental organization headquartered in Nairobi, Kenya, and with operations in South Sudan, Uganda, Somalia and Zambia.

AAH-I’s strategy and approach of doing things with people rather than doing things to people was defined in 1987 during the Civil War in South Sudan. Displaced people and refugees were encouraged to solve their own difficulties by growing food wherever possible, by supporting their own health and education services and by governing themselves in their traditional style with the external agencies providing only resources and technical assistance. This approach was remarkably successful. The displaced people in Yei resumed an almost normal life, growing food and carrying on in their typical way of life, in marked contrast to other similar communities whose lives continued to suffer deep disruptions.

AAH-I has continued to use this approach to enable people, especially those in traumatized communities, to rebuild and take control of their own lives again, restore hope and vision, and to manage and govern their own development.

AAH-I currently supports and facilitates communities in South Sudan, Uganda, Somalia, Zambia and Kenya to improve the quality of life through programmes aimed at self-reliance. Key programme areas have included primary healthcare, education, food and income security, civil society strengthening and peace building, refugee and displaced persons care, and return and reintegration of displaced persons.

The purpose of this document is to set out the strategy for AAH-I over the next 5 years. This document also establishes the nature and focus of the organization, from its basic vision to its action programme.

AAH-I’s vision is of sustainable improved quality of life for disadvantaged communities in Africa.

The four pillars supporting this vision are: Community Participation; Gender Equity; Sustainability; and Capacity Building and Empowerment.

AAH-I’s mission is to support disadvantaged communities to sustainably improve their standard of living through community empowerment approaches in partnership with stakeholders.

As part of this plan, AAH-I intends to consolidate its activities within the Horn of Africa and then from there expand into the Greater Lakes region. AAH-I will therefore, in the next five years, focus its activities in a contiguous region stretching from the Democratic Republic of Congo (DRC), through South Sudan and Northern Uganda to Northern Kenya and Somalia.

AAH-I will continue to focus on its key niche area of working with disadvantaged communities affected by conflict. AAH-I will therefore continue to contribute to peace building and reconciliation, and healing and rehabilitation of communities affected by conflict.

AAH-I will work with conflict-affected disadvantaged communities to provide a seamless continuum of community-based emergency, rehabilitation and development programs.

To achieve this, AAH-I will carry out integrated multi-sectoral programs that focus on the following three main thematic areas: 1) Basic Services – primary health care, water and sanitation, and education 2) Food and income security and environmental management 3) Civil society strengthening and peace building.

HIV/AIDS, Gender Equity, Population Management and Family Life are cross-cutting issues that will be integrated into all AAH-I programmes.

AAH-I will also expand its services to communities at risk of conflict, in an effort to promote peace and prevent conflict. Such communities include pastoral communities living in arid and semi-arid areas that are being further affected by climate change and therefore more prone to conflict over pastures, water, and other limited resources. AAH-I is committed to the survival and peaceful integration of such pastoralist communities and will work with them to develop and implement effective sustainable development programs that respect their values and cultures.

AAH-I through this plan intends to work in collaboration with others through partnerships of mutual benefit, to participate in networks for the promotion of shared goals, and to forge strategic alliances where these are deemed to be of great advantage in realising AAH-I’s goals.

AAH-I is also committed to effectively applying new technologies, and to managing, utilising and sharing its knowledge with others where this can assist them. AAH-I will use evidence gathered from its work and elsewhere for lobbying and advocacy in support of vulnerable groups, communities and individuals in Africa.

To be able to deliver on this plan, and to respond in a timely manner to challenges and opportunities in its volatile areas of operation, AAH-I intends to decentralise its operations as a means of giving greater ownership and responsibility to its country offices. This is also aimed at encouraging a fuller utilization of the creative, ingenious and innovative gifts of AAH-I staff at all levels. In line with this, country offices complete with their own Board of Directors will be set up in Sudan and Uganda to start with, and later in the other countries once they have achieved predetermined levels of operations.

Secondly, AAH-I recognises that financial sustainability is key to ensuring the successful implementation of this plan. AAH-I is thus committed to diversifying its donor base, as well as developing mechanisms for long-term financial sustainability. To help achieve this, AAH-I will establish support offices in other European countries and in North America to provide a closer link to potential funding agencies as well as additional support to its fundraising efforts.

Thirdly, AAH-I further recognises that one of its key strengths is its fine, committed, experienced and competent staff, fully imbued with the AAH-I philosophy and vision. AAH-I will therefore, as part of this plan, continue to work on its human resource development. AAH-I will also have focused institutional development efforts that are aimed at ensuring effective and efficient delivery of its services and excellent management practices, with the intention of elevating AAH-I to an internationally respected and recognised organization in peace building, healing and rehabilitation of communities affected by conflict.
1.0 Introduction

1.1 Background

Action Africa Help International (AAH-I) is a non-governmental organization registered in Nairobi, Kenya in December 2003. AAH-I’s strategy and approach of doing things with people rather than doing things to people was defined in 1987 during the Civil War in South Sudan. Working in Yei, South Sudan, completely surrounded by rebels in this little garrison town, the people and aid agencies there were largely isolated.

Displaced people and refugees were encouraged to solve their own difficulties by growing food wherever possible, by supporting their own health and education services and by governing themselves in their traditional manner with the external agencies providing only resources and technical assistance.

This approach was remarkably successful. The 60,000 – 70,000 displaced people in Yei resumed an almost normal life, growing food and carrying on in their normal way, in marked contrast to other similar communities whose lives continued to suffer deep disruptions.

AAH-I recognises that a chronic disaster is very different from a short-term emergency. Life is disrupted by a long-running event or series of events. There is capacity for self-help, but if the intervention strategies do not take this into consideration, classical “top-down emergency” interventions become predominant and long-term, and dependency can easily result. Instead, the community needs to be re-empowered to make vital decisions for themselves - the approach of doing things with people.

In 1988, the area was visited by the German Ambassador to Sudan. He was impressed with what the projects had been able to achieve despite the constraints of the civil war and the limited financial and human resources. He encouraged us to form an organisation to work in the rebel controlled areas of Sudan under the auspices of Operation Lifeline Sudan. He felt certain that the German Government would support this as it was in favour of the concept that humanitarian assistance should be provided to all civilians despite who exercised factual control over them.

With this and other similar experiences in mind, a group of Aid Workers led by Dr. Vivian Erasmus, established, in 1990, an NGO called Aktion Afrika in Not e.V. (Action Africa in Need – AAIN), registered in Munich, Germany, to work in the South Sudan, in areas controlled by the Sudan People’s Liberation Movement/Army (SPLM/A). Operation Lifeline Sudan (OLS) had been established and under its auspices, AAIN began to operate in Equatoria Region, in South Sudan.

The projects designed and implemented between 1991 and 1996 were supported by the German Government through GTZ, USAID, ECHO and other donors, and
were initially in South Sudan. In 1993 AAIN started operations in Uganda, working mainly with Sudanese refugees. The projects were successful in developing the concept of providing development assistance within an emergency, or more properly, a “chronic disaster” situation. Due to various operational reasons, in 1996 AAIN was replaced by Aktion Afrika Hilfe e.V. (AAH), though the concepts, programmes and field staff remained the same.

In this second phase, the strategies were extended in Uganda to cover Koboko Ikafe, Parolinya, Kyangwali and Adjumani. In Kyangwali, over and above the refugee care project, AAH implemented a multi-sectoral programme that greatly increased food production to such a level that Kyangwali refugee settlement became a net exporter of food, rather than a recipient of food aid. In 1997 AAH extended its activities to Somalia covering the health and education sectors. In 2001, AAH was invited by UNHCR to repeat the Northern Uganda experience in Zambia. Following registration in Kenya, AAH also started project activities in Kenya. AAH thus grew in size and scope quite rapidly in these years. The beneficiaries of the projects now included refugees and residents, though the basic situation of a political disaster leading to insecurity, poverty and disease were the common underlying factor. What was most important was the concept of carrying out development in the midst of civil war and using largely community-based approaches which initially were viewed as “fringe lunacy”!

AAH-I Strategic Plan 2008-2012

Meanwhile the members of AAH, all Germans and Germany-based, felt that it was inappropriate for an organization supporting local self help efforts to be governed from Germany. Therefore they proposed a model that the German structure should continue fund raising and public awareness activities, while devolving strategic and management functions from the head office in Munich to an African counterpart. This counterpart was formed as Action Africa Help International (AAH-I), while AAH became Aktion Afrika Hilfe Förderverein e.V. AAH-I was thus registered as an international non-governmental organization in Nairobi, Kenya in December 2003. In October 2004, this transition was completed through a Memorandum of Devolution and a Memorandum of Cooperation. A new international Board was established that includes a representative from the German office and the countries of operation.

AAH-I continues to use the approach initially developed to enable people, especially those in traumatized communities, to rebuild and take control of their own lives again, restoring hope and vision, and to manage and govern their own development. AAH-I currently supports and facilitates communities in South Sudan, Uganda, Somalia, Zambia and Kenya to improve the quality of life through programmes aimed at self-reliance. Key programme areas include primary healthcare, education, food and income security, civil society and peace building, refugee and displaced persons care, and return and reintegration of displaced persons.

1.2 Development of the Plan

This Strategic Plan has been developed through a consultative process that involved AAH-I staff from all the different country offices, Board of Directors, partners and different stakeholders in electronic consultations, several country consultations and workshops, culminating in a 3-day Strategic Planning workshop in July 2007. The draft document produced after the workshop was further discussed and additional input considered from staff and Board members, resulting in this AAH-I Strategic Plan for 2008 to 2012.

1.3 Purpose of Strategic Plan

The purpose of this document is to set out the strategy for AAH-I over the next 5 years. The strategy developed here builds upon our belief on the strengths of our proven and unique identity as an organization, best reflected in Dr. Vivian Erasmus’s comment: “we’ve done more with less money than anyone else”.

This document also establishes the nature and focus of the organization, from its basic vision to its action programme.
2.0 Situational Analysis

2.1 External Environment

Awareness of contextual changes in AAH-I’s areas of operations which necessitate a certain flexibility has long been one of AAH-I’s strengths as a smaller and more manoeuvrable NGO. Some changing realities expected to be faced in this five year period might include:

2.1.1. Social

- The return of refugees and internally displaced people to their places of origin and their reintegration within host communities will increase pressure on the already insufficient basic services and scarce natural resources such as land and water, and could trigger renewed conflict within communities.
- The emergence and spread of disease as a result of population movement, leading to increased pressure on existing social services and health structures on the ground.
- Population growth as well as rural-urban migration and gender disparities will exacerbate tensions in communities.
- The HIV/AIDS epidemic as a problem in its own right will require the allocation of a great deal of resources.
- On a larger scale, the cost of living becoming extremely difficult to bear especially for the poor, as a result of the impact of globalization at community level.

2.1.2. Technological

- The increasing accessibility and affordability of information technology, and the need for AAH-I to be innovative in taking greater advantage of these media in order to increase its competitive advantage and its effectiveness and efficiency, particularly in Southern Sudan.
- Advancement in technology is also expected to result in a more informed beneficiary, as well as a more mobile and dynamic stakeholder requiring that AAH-I itself be better informed and technologically competent.

2.1.3. Economic

- A deepening of disparities in wealth distribution in chronic disaster areas with increasing poverty is expected. Furthermore we expect the region, particularly South Sudan, to be affected by oil revenues which may exacerbate these economic tensions.
- In Sudan: the introduction of a unified currency, and the transition from barter to a cash economy, has been accompanied by a reduction in the voluntary spirit that has previously been evident in the region. We also anticipate the escalation of
costs of living and higher labour costs necessitating higher funding to match this, as well as an increased competition as more NGOs establish projects in Southern Sudan.

- The Somalia currency which is aligned to the US Dollar has been recently devalued, and this is bound to have an impact on the price of commodities and services.
- As a result of the post 2007 election strife that occurred in Kenya, poverty levels, especially the number of people living on less than one dollar a day, has increased tremendously, as huge price increases have been witnessed in basic commodities and services. Inflation in Kenya as at March 2008 stood at over 21% per annum.

### 2.1.4. Ecological

- We anticipate population pressure on ecological systems, particularly urban slums, due to returnees and IDPs.
- Increasing environmental degradation, natural disasters and climate change especially in the arid and semi-arid pastoral areas will necessitate the generation of strategies for sustainable management of natural resources to avert potential conflicts over limited natural resources.

### 2.1.5. Political

- In Southern Sudan, the emergence of a government is a major development that will impact funding related to such programs especially in AAH-I’s Uganda programme.

### 2.2.2 Challenges

- AAH-I has a unique approach to working with communities to enhance their capacities to deal with challenges in their environment.
- AAH-I’s long experience working in conflict areas and in Southern Sudan specifically are a strength that will continue to be built upon.

### 2.2.2 Challenges

- AAH-I intends to address the following challenges that exist within its systems through an institutional strengthening programme:
  - Capacity for proposal development is not well distributed within its systems through an institutional strengthening programme.
  - Formal programme management guidelines are absent.
  - Implementation of the ‘Human Resource Policies and Procedures Guidelines’ needs to be standardised in all the country offices subject to national legislation.
  - Donor dependence is still a major issue.
  - Some of the countries do not have boards, and where boards exist such as in the northern partner countries, they are not as active as they could be.

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<table>
<thead>
<tr>
<th>Millennium Development Goals (MDGs)</th>
<th>Targets</th>
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<tbody>
<tr>
<td>Goal 1: Eradicate extreme poverty and hunger</td>
<td>By 2015 halve the proportion of people whose income is less than $1 a day</td>
</tr>
<tr>
<td>Goal 2: Achieve universal primary education</td>
<td>By 2015 halve the proportion of people who suffer from hunger</td>
</tr>
<tr>
<td>Goal 3: Promote gender equality and empower women</td>
<td>Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling</td>
</tr>
<tr>
<td>Goal 4: Reduce child mortality</td>
<td>Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015</td>
</tr>
<tr>
<td>Goal 5: Improve maternal health</td>
<td>Reduce by three quarters the maternal mortality ratio</td>
</tr>
<tr>
<td>Goal 6: Combat HIV/AIDS, malaria and other diseases</td>
<td>Achieve, by 2015, universal access to reproductive health</td>
</tr>
<tr>
<td>Goal 7: Ensure environmental sustainability</td>
<td>Halve and begin to reverse the spread of HIV/AIDS</td>
</tr>
<tr>
<td>Goal 8: Develop a Global Partnership for Development</td>
<td>Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it</td>
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2.4. Strategic Niche and Areas of Comparative Advantage

2.4.1 Strategic Niche

AAH-I works with disadvantaged communities living in conflict and post conflict situations in an effort to empower them, promoting self-reliance, learning and enhancing their self management systems and living standards. It works with communities and local counterpart agencies supporting the limited formal structures that might still exist, to introduce an integrated development programme aimed at promoting food and income security, providing basic services including health, water and sanitation and basic education, and promoting peace and strengthening of civil society.

2.4.2 Areas of Comparative Advantage

Over time, AAH-I has acquired a unique set of comparative advantages that has ensured that it has been able to achieve maximum impact with minimal resources, and these include:
- Doing more with less – AAH-I continuously strives to provide a cost-effective service, to ensure that whatever it is entrusted with are used to promote as great a good as possible within the communities it works with.
- Innovation – AAH-I staff, stimulated by the challenge of working in difficult conflict situations, have often developed innovative ways of doing things focused on what works best in the given circumstances. Some of these have led to novel ways of doing things. An example is the “Vivian Erasmus Food Distribution Model” that enhances the dignity of the recipients of food aid in refugee camps and settlements. So successful was this model that WFP adopted it for use in most of its food distribution sites in Uganda.
- Doing things with people instead of for the people especially in conflict and post conflict situations, thus helping rebuild people’s self-efficacy and self-dependence.
- Length of successful experience in conflict and post conflict areas, especially South Sudan.
- Enhancing food security and sufficiency amongst refugees and within conflict and post conflict areas e.g. in Kanyauwali refugee settlement reducing the proportion of those needing food handouts to less than 5%, compared to over 85% in ‘typical’ refugee camps.
- Experience in maximising cost recovery and cost sharing in medical facilities including those in conflict and post conflict areas e.g. in Bossaso hospital increasing cost recovery from 10% in 2003 to over 50% at the end of 2007.

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Year Strategy (2007-2011). Decentralization, a cornerstone of the CPA, aims to bring administration and resources closer to the people, especially those who are poorest and have the lowest MDG indicators. The next step would consist of allocating the necessary resources to these plans and setting up efficient monitoring systems.

This Strategic Plan, whilst aware of Sudan and other regional governments’ commitments, also recognises the slow pace of progress in AAH-I’s target areas, as well as the fact that refugees or IDPs will normally be at the tail end of the service chain. AAH-I will, during this strategic plan period, attempt to supplement the efforts of the different governments in achieving the MDGs.

AAH-I Strategic Plan 2008-2012
3.0 Strategy

3.1 Vision and Mission

3.1.1 Vision Statement
AAH-I’s vision is of sustainable improved quality of life for disadvantaged communities in Africa.

The four pillars supporting this vision are:
- Community Participation
- Gender Equity
- Sustainability
- Capacity Building and Empowerment

3.1.2 Mission Statement
AAH-I’s mission is to support communities living in conflict or post conflict situations to sustainably improve their standard of living through community empowerment approaches in partnership with stakeholders.

3.2 Target Beneficiaries and Value Proposition

3.2.1 Target Beneficiaries
In the next five years of this Strategic Plan period, AAH-I will focus its activities and resources working with the following primary target beneficiaries:
- Disadvantaged communities within conflict and post-conflict areas;
- Refugees;
- Internally Displaced Persons (IDPs);
- Pastoralist and other communities found in areas where there is high potential for conflict, including informal settlements;
- Local CBOs and counterpart organisations such as government agencies.

AAH-I staff will work with members of local communities to identify and develop programmes that are owned by communities themselves.
3.2.2 Thematic Focus
AAH-I will intervene with these beneficiaries largely in the following 3 main thematic sectors:
1) Basic services - Primary Health Care, Water and Sanitation, and Education
2) Food and Income Security, and Environmental Management
3) Civil Society strengthening and Peace building

3.2.3 AAH-I’s Geographical Area of Operation
AAH-I intends to consolidate its activities within the Horn of Africa and then from there expand into the Greater Lakes region. AAH-I will therefore, in the next five years, focus its activities in a contiguous region stretching from the Democratic Republic of Congo (DRC), through South Sudan and Northern Uganda to Northern Kenya and Somalia.

AAH-I has hence decided to close its operations in Zambia within this strategic plan period, in order to focus its operations in the aforementioned areas.

3.2.4 Value Proposition
AAH-I contributes towards the sustainable improvement of the quality of life of its beneficiaries through community empowerment particularly for communities in chronic disaster areas in Africa.

3.2.5 Core Values
AAH-I upholds the following values in all that it does:
• Pursuit of a community-based approach, building on the participation and contribution of the community as the main actor.
• Commitment to empowering communities to enable them to make informed decisions and choices for development action.
• Commitment to accountability and transparency to the communities, donors, and other appropriate structures through the highest standards of professional competence.
• Respect of the dignity, uniqueness and intrinsic worth of every individual irrespective of status and background.
• Strong commitment towards mutual partnership, networks and alliances, particularly with local organizations and counterpart government structures.
• Commitment to lobbying and advocacy in support of vulnerable groups, communities and individuals in Africa.
• Beneficiary-centred and respecting community values and beliefs.
• Treating the community and its community-based institutions as equal partners and involving them fully in the process of planning, implementation and reporting.

3.3 Strategic Impact
AAH-I’s strategic impact is an empowered community with enhanced living standards despite living in conflict, post-conflict or disadvantaged settings.

3.4 Strategic Programme Themes
During this strategic plan period, AAH-I will implement the following strategic programmes in the different countries it operates in, using an integrated approach that will attempt to introduce all components of the identified programmes. The specific needs of the relevant community shall influence which programme may be emphasised more than the other, though AAH-I will, working with the community, attempt to ensure that the community enjoys the full suite of programmes.
1. Basic Services incorporating Primary Health Care Services, Water and Sanitation Services and Education
2. Food and Income Security and Environmental Management and Protection
3. Civil Society strengthening and Peace Building Initiatives
4. Institutional Strengthening

3.5 Cross-Cutting Issues
There are a number of issues that cut across several programmes and will therefore be integrated in the strategic approaches that AAH-I shall pursue. These include, but are not limited to:
• HIV/AIDS
• Gender Equity
• Population Management and Family Life

3.6 Strategic Institutional Approaches
AAH-I will implement its strategic programmes pursuing an integrated development approach comprising of its key thematic programmes based on geographical locations. It will accomplish this utilising the following approaches during the plan period:
• Providing a seamless continuum of community-based emergency, rehabilitation and development approaches.
• Assisting communities and partners to strengthen self-management capacity, and systems at local level. This capacity building and strengthening will be done through training, workshops, exchange programmes, and ‘walking with’ communities and partners through the whole cycle of programme development, implementation and reporting.
• Helping communities build good governance and respect for human rights. This will include building transitional initiatives where normal governance and administration do not exist.
• Lobbying and advocacy on issues that affect the communities served. This will also include how to deal with the issues of chronic disaster areas by going beyond basic humanitarian support.
• Strategic partnerships and networks including individual and institutional coaching and accompaniment.
• Organisational development.
3.7 Strategic Partnership Strengthening

AAH-I recognizes that collaboration is no longer just a nice idea. It is increasingly becoming a critical element for success. AAH-I therefore commits itself to practicing collaboration both internally and externally.

AAH-I will enter into partnerships that are intended to be mutually beneficial. These may consist of little more than informal agreement to collaborate over certain activities on the one extreme, to much closer strategic alliances on the other extreme. AAH-I will seek to formalize such agreements by signing Memoranda of Understanding (MOUs), or by specific contracts.

AAH-I further recognizes that building a collaborative culture for high performance requires not only new strategies but also new structures, new support systems, new skills, and new shared values. AAH-I will thus strive to work with its partners on these issues.

Skills in nurturing collaborative operations are a critical part in strengthening and growing the organization, and AAH-I will build the necessary capacity for this.

Types of partners

a) In general the following types of programmatic partners are important for AAH-I:
   • National governments,
   • NGOs,
   • Local CBOs,
   • Multilateral agencies.

b) Additionally, donors who are funding partners and can take various forms are another crucial partner.

c) The communities among whom activities are undertaken are also key partners that AAH-I will ensure are involved in all stages of all programmes.

d) Academic institutions, especially universities, provide a useful academic and research component to programmes, and AAH-I, recognising this, will actively seek to establish a collaborative relationship with at least two such institutions during this strategic plan period.

e) AAH-I will also establish partnerships with research institutions (local and off-shore) for support and reference.

f) AAH-I will additionally seek to establish partnerships with collaborating agencies and the private sector in the provision of services, inputs for food and livestock production, equipment, know-how and in-kind resources.

There are various types of NGOs who operate in very different ways. There are the big international organizations, and national and local (CBOs). Some are attached to churches or other international movements. For many, their mandate is emergencies and relief work (often relatively short-term) – fewer are committed to development (always longer term). Since AAH-I is committed to sustainable development amongst disadvantaged communities, it will seek to partner with other like-minded agencies to seek ways of ensuring sustainability of gains achieved beyond the emergency and relief work.

3.8 Knowledge Management Strategy

Knowledge management is a process and set of activities aimed at using the intelligence of the people who work for an organization to better serve the clients of that organization. It aims to:

• make the operational processes of the organization simpler, faster, smarter in meeting the value proposition of clients; and

• help the people who work in the organization to become more effective at what they do and to lower their stress level in carrying out their tasks.

The purpose of establishing a more successful Knowledge Management System for AAH-I is to allow all the people in the organization to access and utilize all resources available to them, in order to help them meet their beneficiary needs. It will facilitate the link between the organization’s people skills, information base, operational processes and its information and communication technologies. It will enable AAH-I to respond more efficiently and effectively to changes in the region and in specific communities, as well as to more successfully demonstrate its successes to its donors who support its community activities.

Furthermore, archiving AAH-I’s success stories in order to make them available to donors and organization members alike will promote a greater understanding of the organization’s nature, purpose and strengths as well as allow for valuable lessons to be learnt and applied elsewhere.

To achieve this, a knowledge management unit - a focal point for the management of knowledge - will be established for the gathering, storage and dissemination of AAH-I knowledge. This will:

• define the types of information needed,
• collect and categorize information,
• identify the uses and users of information, and
• identity and put in usage the vehicles of dissemination including country office libraries, computers, manuals etc.

Dissemination of knowledge will involve and will be the responsibility of staff at all levels. To facilitate this:

• Staff shall be trained in knowledge management skills...
This section of the strategic plan reflects the strategic programmes that shall be covered over the plan period. It should be noted that the programme implemented in each country of operation shall depend entirely upon the specific circumstances prevalent in that country and the specific programme area. Details of these country specific programmes shall be found in the Country Strategy Section, and in the more detailed Country Strategic Plans that will be developed for Sudan and Uganda.

4.1 Basic Services - Primary Health Care, Water and Sanitation, and Education

Outcomes
This programme aims to contribute towards the achievement of the following outcomes:
- Healthy population living in a healthy environment, with reduced infant and maternal mortality, and a reduced need for hospitalisation.
- Access to quality primary health care services, clean safe drinking water and sanitation, and quality education for target beneficiaries.
- Enhanced community mobilisation, and ownership of health and education facilities put up, and a hygienic living environment.

Outputs
The following results are expected to be achieved through implementation of the activities under this programme:
- Hospitals and primary health care facilities constructed or rehabilitated.
- Health facilities adequately stocked with necessary drugs and supplies.
- Well managed health facilities.
- Trained and adequately supervised health care workers.
- Health care worker training centres well managed and training the required health care workers.
• Children and the population inoculated against major illnesses.
• Disease outbreaks managed in an efficient and timely manner.
• Clean, safe water available for target population.
• Well maintained boreholes and wells constructed.
• Well maintained pit latrines.
• Trained members of the community participating in health facility, school, and borehole management committees.
• Schools and other educational facilities e.g. vocational training centres constructed or rehabilitated.
• Well managed educational facilities with adequate teaching materials, furniture and staff.
• Trained youth, women and men with a vocation.

Activities

Key activities to be implemented under this strategic programme include:
• Building and rehabilitation of health facilities.
• Supporting the staff component at the health facilities.
• Provision of essential drugs and materials for the health facilities.
• Facilitation and conducting of mass immunization campaigns.
• Facilitation and conducting of communicable disease epidemic control.
• Supervision of community health workers and staff of counterpart agencies (e.g. county health department staff).
• Provision of curative and preventive health care services to the target beneficiaries.
• Promotion of health services and hygienic practices.
• Digging, rehabilitating and protecting boreholes and shallow wells.
• Treatment of water at the main water reservoirs.
• Promoting or facilitating construction of pit latrines.
• Community sensitisation and mobilization for participation in health, education and water and sanitation activities.
• Development and training of community teams to manage boreholes, wells, health and education facilities.
• Refuse collection and management of community sanitation.
• Building and rehabilitating schools and other educational facilities.
• Provision of teaching materials.
• Support of teaching staff through provision of incentives.
• Provision of education to community members and their families.
• Vocational training including carpentry, mechanics, blacksmiths, brick laying and tailoring.

4.2 Food and Income Security and Environmental Management and Protection

Outputs

The following results are expected to be achieved through implementation of the activities under this programme:
• Tree and other plant nurseries established within the communities.
• Well farmed land.
• Trained community based extension workers available.
• Improved community based extension services available to farmers.

Outcomes

This programme aims to contribute towards the achievement of the following outcomes:
• Healthier and more prosperous self-sufficient communities.
• Reduced dependence on food relief and other hand-outs.
• Reduced environmental degradation taking place, and new woodlots established.
• Improved soil fertility and utilization of available rainfall.
• Local farmers trained in farming methods that increase yield such as bee-keeping, honey management and other areas of farming

• Increased livestock, food production and farm yield realised by the farmers.

• Profitable bee-keeping being practised.

• Organisation of micro-enterprise groups.

• Micro-enterprise groups within the target communities trained in various enterprises and linked to micro-enterprise support service providers.

• Local farmers linked to markets, produce sold, and income generated.

• Increased household income levels in areas of operation.

• Tree plantations owned by the community members grown.

• Members of the community trained in environmental protection and management.

• Solar cookers being used by community members.

**Activities**

Key activities to be implemented under this strategic programme include:

• Training of farmers on improved seed and livestock variety and farming techniques/practices (including ox-ploughing).

• Training of community based extension workers in the provision of quality support services necessary for local farmers.

• Provision of basic farm inputs including ox-ploughs and seeds.

• Introduction of ox-ploughing for planting and weeding of the farms.

• Introduction of cross-breeds to improve livestock variety.

• Establishment of demonstration farms on extension workers’ or other farmers’ land.

• Establishment of tree and other plant nurseries on extension workers land.

• Linking farmers to local and export markets.

• Awareness creation activities on the importance of environment protection and management.

• Planting and maintenance of tree nurseries.

• Encouraging farmers to plant woodlots or tree plantations.

• Introduction of solar cookers and training on their use.

• Provision of solar cookers.

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**4.3 Civil Society Strengthening and Peace Building**

**Outcomes**

This programme aims to contribute towards the achievement of the following outcomes:

• Communities actively involved in exercising and lobbying for their democratic and human rights.

• Target communities enjoying peace.

• Reduced internal conflicts.

• Efficient and effective civil society organizations (CSOs).

**Activities**

Key activities to be implemented under this strategic programme include:

• Support to the Institute for Promotion of Civil Society (IPCS) to work with other CSOs.

• Promote early warning systems for conflicts in local areas.

• Assist communities in the establishment of groups to support their local initiatives and services (e.g. water or health or education management committees).

• Promote democratic processes within the groups established.

• Information dissemination to communities on topical social, political and economic issues (e.g. health promotion on HIV/AIDS, alcoholism and gender based violence).

• Awareness creation activities conducted amongst the target population on their human and other rights.
4.4 Institutional Strengthening

Outcomes

This aspect of the programme aims to contribute towards the achievement of the following outcomes:

• Good governance within AAH-I.
• An effective and efficiently run organization.
• Effective and efficient programmes at AAH-I.
• Access to efficient support services by all AAH-I staff and appropriate stakeholders.
• AAH-I becomes a Learning Organisation with an effective Knowledge Management System in place that is actively utilised.

Outputs

The following results are expected to be achieved through implementation of the activities under this aspect of the programme:

• A strengthened AAH-I with efficient running Boards and Satellite Support offices.
• Effective and efficient organisational teams in all the offices. Functions and tasks of project staff documented and understood by all.
• Team Leaders and team members well trained in project management and proposal development.

• Constant pool of proposals internally developed.
• Management systems in HR, Financial Management, Procurement and Stores, and Programmes at AAH-I working effectively and efficiently.
• Proper utilisation of resources (financial, human and capital) at AAH-I.
• Manual on AAH-I’s project and programme approaches and strategies well documented.
• AAH-I Teams working more efficiently and effectively.
• Well maintained equipment including motor vehicles, photo-copiers, telephone systems, Internet access, audio-visual in place in all offices as appropriate.
• Various support services for AAH-I’s programmes including procurement, financial management and storage available.
• A Knowledge Management manual in place and used.
• M&E policies and guidelines in place.

Activities

Key activities to be implemented under this strategic programme include:

• Establishment of Boards and recruitment of members in two countries of operation (Sudan and Uganda) and for Satellite Support offices.
• Conduct regular Board and constituent committee meetings.
• Conduct an Organisational Development prognosis, identifying areas of challenge and conduct strengthening process at both International and country office levels.
• Review the management team structures and strengthen communication, coordination and reporting systems, as well as inter-team collaboration and communications.
• Build capacity of supervisors in administration and management.
• Develop country yearly work plans.
• Revision and enhancement of policies, procedures and systems in Human Resource Management, Financial Management, Procurement and Stores Management and Programme Management.
• Review of organisational structures in each of the offices and strengthening of organisational teams to allow optimal implementation of AAH-I’s programmes.
• Develop policy guidelines in proposal development including developing a proposal-writing manual and training key field staff in proposal-writing.
• Develop Standardised tools for guiding field implementation processes
  (a) Standardize manual for community empowerment
  (b) Regularize and standardize staff appraisal forms
• Streamline M & E approaches at AAH-I projects/programmes
  (a) Develop standard guidelines/manual for M&E of AAH-I field programmes.
  (b) Sensitize existing staff on the M&E approaches.
• Document institutional and project field experiences and unique AAH-I experiences and learning, and creating a Knowledge Management System.
• Develop an internal network for sharing pooled knowledge amongst different country offices and projects, ensuring infrastructural support and assigning responsibilities for maintenance of the KM system in each country.
• Acquisition of necessary and appropriate equipment for each of the offices.
• Maintenance of machines and equipment at all offices and garages.
• Provision of support services to programmes in all offices including financial management, staffing, procurement and storage.
5.0 Internal Organization
- Governance and Management

5.1 Governance

AAH-I is run, as stipulated in its Constitution, by an International Board of Directors who in turn delegate the day-to-day running of the organisation to a Directorate headed by the Executive Director. The Board will ensure that AAH-I is managed according to the strategy and policies it approves.

Within this Strategic Plan period, a Board of Directors will be set up for Sudan and Uganda, to provide closer oversight for the programmes in these countries. In order to ensure direct feedback and input of policy issues from the National Boards to the AAH-I International Board and vice-versa, AAH-I will have representation from each of the National Boards at the International Board and vice-versa.

Similar Boards will be considered for the other countries of AAH-I’s operations once they have achieved predetermined levels of operations.

5.2 Decentralization

To be able to deliver on this plan, and to respond in a timely manner to challenges and opportunities in its volatile areas of operation, AAH-I intends to decentralise its operations as a means of giving greater ownership and responsibility to its country offices. This is also aimed at encouraging a fuller utilization of the creative, ingenious and innovative gifts of AAH-I staff at all levels. Continued and increased communication within AAH-I as a whole will facilitate the flow of ideas and expertise across country office boundaries.

In our understanding of devolution we explicitly recognize the local community as important in the provision of services and decision-making. Our strategy for decentralization will also extend to funding in that we will seek to ensure that it is broad based.
5.3 Management

The Directorate is headed by the Executive Director, and includes the Technical Director and the Finance and Administration Director. Each Country Office is headed by a Programme Coordinator. The Programme Coordinator coordinates the country staff who work in teams. Previously teams have been set up along sector lines. Within this Strategic Plan period the Teams will be reconstituted according to geographical coverage, and will be multi-sectoral so as to efficiently manage the integrated programmes within their localities.

The staff teams will continue to be headed by a Team Leader, and will include different Project or Programme officers responsible for the primary healthcare, water and sanitation, education, food and income security, civil society and peace promotion components of the programme. In addition to the project or programme staff, the teams shall also incorporate support staff including different categories of finance, human resource and administration staff.

Communication will be strengthened within and between teams, and teambuilding exercises held to foster improved team efficiency.

5.4 Satellite Support Offices

AAH-I will strengthen its AAH Germany Office to enable it act as AAH-I’s European Partner in relevant grant applications.

AAH-I will also, within this Strategic Plan period, establish satellite support offices in one other European country and in North America. This will provide additional support to its fundraising efforts, as well as provide a closer link to potential funding agencies.
AAH-I Strategic Plan 2008-2012

6.0 Finance Plan and Resource Mobilization Strategy

6.1 Finance Plan

AAH-I has been in existence in one form or another since 1987 and has over these years received almost the entire proportion (100%) of its funding from donors. Funding contracts term periods have tended to be for one year, although actual funding received has in most instances been for very many years reflecting the duration of the programme in question. In spite of this, new proposals have to be developed and new contracts negotiated for most programme activities every year. AAH-I will work towards securing longer term contracts whenever possible.

Total expenditure in 2006 was Euro 5.7 million, from 30 contracts. Euro 3.4 million (60%) was spent for the Sudan programme, and Euro 1.4 million (25%) for the Uganda programme. Euro 0.6 million (10%) was spent on the Somalia programme, and the remaining Euro 0.3 million (5%) supported projects in Zambia and Kenya.

In 2007, AAH-I’s total budget was Euro 7.8 million, of which Euro 7.1 million (91%) was for field operations and Euro 0.7 million (9%) was for country and headquarter offices operations.

AAH-I desires, during this new strategic plan period, to diversify both its donor funding base as well as its sources of funding. Expenditures shall continue to be focused for use on the integrated programmes namely:

1) Basic Services - including primary health care, water and sanitation, and education,
2) Food and income security, along with environmental management,
3) Civil Society Strengthening and Peace building, and
4) Institutional Strengthening – this includes 3 main components:
   a. Programme Support and Management,
   b. Development of systems, structures and capacities,
   c. Administration.
The following have been AAH-I’s key donors over the years:
- Evangelischer Entwicklungsdienst (EED)
- UNHCR
- Inter Church Organisation for Development (ICCO)
- The European Commission (EC)
- John Snow International (JSI - USAID)
- World Food Programme
- Catholic Relief Services
- UNICEF
- Royal Netherlands Embassy - Khartoum
- GTZ
- UNDP
- UNFPA
- AAH Germany Office
- FAO

AAH-I will seek to continue the funding partnership with the above donors, whilst developing new funding relationships that help diversify the donor base.

6.3 Resource Mobilization Strategy
AAH-I shall institute an ambitious resource mobilisation strategy that shall be used to raise the necessary funds for its programmes.

The main activities that will be carried out in order to achieve this are as follows:

a) Resource Mobilisation from Traditional sources
- Develop an annual resource mobilisation strategy.
- Maintain and enhance relationships with traditional funding partners, including timely reporting, updating and meeting of contractual requirements.
- Implement annual resource mobilisation activities including donor visits and holding donor round table meetings.
- Project and Programme Proposals developed and submitted by all country offices and AAH-I to donors – both existing and potential ones.
- Training in project proposal development for staff from all country offices.
- Sourcing for new funding partners by all offices and Satellite Support offices.

b) Resource Mobilisation from Non-Traditional sources
- Development and fundraising for an Endowment Fund for AAH-I’s sustainability with a key role being undertaken in this by the Satellite Support offices.
- Development and mobilisation of ‘Unrestricted Undesignated Fund or Reserve’ for AAH-I’s sustainability.
- Setting up on-line donation platforms on AAH-I’s website.
- Review and develop income generating activities at all AAH-I country offices maximising on garage and other incomes in the field offices.

c) Mobilisation of Non-financial resources
- Development of an ‘Intern and Volunteer Policy’ that encourages hosting of Interns and Volunteers at each of the country offices.
- Active recruitment of interns and volunteers as the case may warrant.
- Seeking private sector partnerships and encouraging their in-kind contributions.

6.4 Projected Resource Needs
Following is a finance plan indicating the resources required to implement this plan between 2008 and 2012.

**AAH-I FINANCE PLAN: 2008-2012**

<table>
<thead>
<tr>
<th>Year</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INCOME</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Committed Funding - Programmes &amp; Institutional</td>
<td>7,370,000</td>
<td>4,500,000</td>
<td>2,200,000</td>
<td>1,200,000</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Resources to be mobilised</td>
<td>661,000</td>
<td>5,720,000</td>
<td>8,864,000</td>
<td>11,430,000</td>
<td>11,789,000</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>8,031,000</td>
<td>10,220,000</td>
<td>11,064,000</td>
<td>12,630,000</td>
<td>12,789,000</td>
</tr>
</tbody>
</table>

| **EXPENDITURE** | | | | | |
| 1 Basic Services (PHC, Water & Sanitation & Education) | 4,585,000 | 5,158,000 | 5,475,000 | 6,452,000 | 6,488,000 |
| 2 Food & Income Security & Environment Management | 2,294,000 | 3,009,000 | 2,609,000 | 2,860,000 | 3,136,000 |
| 3 CSS & Peace Building | 210,000 | 515,000 | 825,000 | 830,000 | 615,000 |
| 4 Institutional Strengthening | | | | | |
| Programme Support & Management | 428,000 | 642,000 | 828,000 | 951,000 | 978,000 |
| Development of systems & capacities | 178,000 | 267,000 | 414,000 | 476,000 | 489,000 |
| Administration Costs | 286,000 | 429,000 | 663,000 | 761,000 | 783,000 |
| Capital Expenditure & Endowment Fund | 50,000 | 200,000 | 250,000 | 300,000 | 300,000 |
| **Sub-total** | 942,000 | 1,538,000 | 2,155,000 | 2,488,000 | 2,550,000 |
| **Total Costs** | 8,031,000 | 10,220,000 | 11,064,000 | 12,630,000 | 12,789,000 |

**Excess Income/ (Expenditure)**
<table>
<thead>
<tr>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
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</table>
Notes to the Financial Plan

The Financial Plan has been developed after taking into consideration the following:

i) Committed funds

Amounts have been included here only for the situation where contracts have been signed with funding partners or there is a high certainty of contracts being signed for the stated funding.

ii) Resources to be mobilised

These figures represent the estimated resources that AAH-I shall have to mobilise during the strategic plan period beyond the amounts already committed by funding partners. They nevertheless include amounts that might be received from existing as well as new donors, but where AAH-I has not yet received any commitment.

iii) Health Sector Costs

From 2009 expenditure on the health programme in Sudan shall rise to Euro 3.0 per capita compared to the current levels of Euro 2.0 per capita. AAH-I shall also increase its coverage in Sudan to at least 10 counties.

iv) Food & Income Security

AAH-I currently serves 26,000 households in Sudan. However from 2009 the coverage shall be increased by 25%, with geographical spread being increased to cover at least 10 counties.

v) Cost of living increase

An annual cost of living increase of 10% has been factored into the plan.

Analysis of Projected Income 2008-2012

Key

Series 1
Committed Income over the plan period as of April 2008.

Series 2
Total Projected Income – this consist of committed funds and funds to be mobilised for which there is no commitment yet.
AAH-I, during this strategic plan period, is intent on ensuring that no effort is spared in achieving the projected results and making the expected lasting difference on its target beneficiaries. AAH-I also recognises the importance of strengthening its internal capacity to monitor the achievement of these results.

AAH-I will pursue the following steps in implementing, monitoring and evaluating the implementation of this strategic plan:

- Development of annual operational plans with identified results (both outputs and outcomes) and indicators in line with this strategic plan;
- Review of attainment of the results of the operational plan, paying specific regard to the identified indicators.
- Review on an annual basis (or more frequently should the case warrant) of implementation of the strategic plan.
- AAH-I will continuously track and document its different experiences and lessons that may have been learnt in an effort to inform future initiatives by the organisation or other stakeholders.
- Mid-term evaluation of the strategic plan (mid-2010) with staff from the different country offices objectively assessing their colleagues from other country offices and the progress of attainment of the strategic results.
- End-term or end of plan evaluation conducted by an external objective team reviewing results achieved especially impact made and outcomes achieved.
- Annual country and AAH-I consolidated reports indicating progress in the attainment of the strategic results.
- In an effort to avoid dependency syndrome amongst its target beneficiaries, AAH-I will seek to empower the community and critical stakeholders including the relevant government agencies to take over the management of the different initiatives it commences. The organisation in these situations shall move away from implementing to facilitating where adequate capacities have been built amongst the other stakeholders.
8.0 Country Strategic Profiles

This section gives a broad overview of the strategic programmes envisaged for the different countries of operation within this strategic plan period. It should however be noted that detailed strategic plans will be drawn up for the main programmes, in particular for Sudan and Uganda, that will contain more specific information on the programme in the country, and the indicators that will be used to monitor results achieved. These will factor in the specific operating context of the particular country, and the needs therein, while still remaining within the framework outlined in this overall AAH-I plan.

8.1 AAH-I Sudan Country Strategic Programme

AAH-I commenced its initial operations in South Sudan during the war period. Though the challenges were immense, AAH-I remained in South Sudan and continued its partnership and work with the people of South Sudan, specifically in Western and Central Equatoria.

AAH-I has had over 15 years of grass-roots experience with community-based approaches within the health, food and income security sectors in Equatoria Region (now Equatoria States) of South Sudan and in civil society activities in partnership with an indigenous institution – the Institute for the Promotion of Civil Society (IPCS) in Yei – since 1996.

Since the signing of the CPA and the advent of peace in South Sudan the demand for AAH-I’s services have multiplied severally, even as more refugees continue to return to the south.

New Strategic Role

Over the years AAH-I has developed well acknowledged skills, experiences and approaches of working in the region to develop and expand the provision of health care and maximisation of food and income security to the community. During this new strategic plan period, whilst continuing with some of the activities and programmes it has been pursuing, AAH-I Sudan shall undertake the role of Lead Agency in select states in the South, in the provision of Health Care Services for the people, introducing at the same time its integrated programme of basic services, food and income security, civil society strengthening and peace building.
AAH-I shall ensure that it continues to facilitate the provision of integrated development programmes as follows:

1. Basic Services
   a) PHC Services
      • Provision of leadership for the building of the Health Referral System and supply of PHC services including the establishment and activation of health centres in the community-based primary health care program in the selected states.
      • Provision of community based health care.
      • Provision of MCH care and health education.
      • Immunisation of children.
      • Promotion of good nutrition.
      • Promotion of family life education and planning.
      • Promotion of good hygiene.
      • Treatment of simple illnesses.
      • Building of PHC units and PHC centres.
      • Renovation or rehabilitation of hospitals for referral and trainings.
      • Working with counter-part government departments and assisting them to co-ordinate activities and building their capacities to oversee planning and implementation of PHC to the people.
      • Provision of different types of formal training including basic training for community health workers and community mid-wives and nurses.
      • Formal training for continuing professional development through an in-service programme.
      • Communicable disease and epidemic control.

   Projected Results shall include:
   • Increasing geographical coverage from the current 8 counties to include work in at least 10 counties over the strategic plan period.
   • The number of tutors increased to at least 3 per course (certificate nurse, midwifery and CHW) and the current tutors upgraded.
   • Health Committees strengthened through capacity building and joint quarterly meetings.
   • 80% of pregnant mothers have access to ante-natal services and 40% have up to 4 ANC visits and have supervised deliveries by trained health workers (including Traditional Birth Attendants) in the identified states.
   • DPT3 coverage increased to 80% in <1year children.
   • At least 20% of schools have active school health committees established

   b) Water and Sanitation Services

   AAH-I shall continue its focus on the provision of clean safe water to the people of South Sudan within the identified states of operation:

   Projected Results shall include:
   • Improved quality, quantity and accessibility to safe clean potable water.
   • Improved community awareness on importance of clean safe water.
   • Reduced incidence of water borne diseases and improved hygienic practices.
   • Improved hygiene and pit latrine coverage.

   c) Education

   AAH-I shall continue to facilitate the provision of basic education to the children of South Sudan in the selected states of operation. This programme shall include the following:

   • In-service training for the teachers at the schools.
   • Continued financial and other support for teachers.
   • Support the provision of teaching aids and materials (books, stationery, desks and chairs) for the schools.
   • Support basic training of teachers.
   • Strengthen the school supervision system focussing on school committees.

   Projected Results shall include:
   • At least 14 schools built and completed by the end of the strategic plan period leading to increased number of learning spaces with permanent classrooms.
   • Increased number of girls attending and completing school with a higher retention rate.
   • Increased number of teachers in primary schools undergone basic training in teacher education and administration courses.
   • Improved sanitation at the schools.
   • Increased number of pupils passing final examinations.

2. Food & Income Security and Environment Management

   AAH-I is well known for successfully supporting and encouraging its beneficiaries to achieve near full food and income security. This process shall be continued in the selected states. The programme shall incorporate the following components:

   • Facilitation for increased food production.
   • Improvement in stocks of the different livestock.
   • Facilitation in the provision of extension services and capacity building.
   • Facilitation and linkage with markets for different goods and livestock.
   • Improved and sustainable use of natural resources and livestock.
   • Facilitation of the environment and joint quarterly meetings.

   Projected results shall include:
   • Increase the geographical coverage from the current 6 counties to 10 counties by the end of the strategic plan period. This will be done mainly by integrating food and income security activities within the PHC programme areas where they are at present not included.
   • Productivity of main food crops increased from the current less than 33% of their potential yield level to at least 40-50%.
   • Livestock productivity increased through introduction of high performing cross breeds of goats, chicken and cows.
   • Improved and sustainable use of natural resources and increased use of appropriate energy saving devices.
   • All schools under AAH-I support involved in the environment management and tree planting programme.
   • Improved extension services through development of community based extension workers and capacity building of government extension workers.

3. Civil Society Strengthening and Peace Building and Management

   This shall be a key component of the integrated approach to development employed by AAH-I, and shall involve the following:

   • Mobilisation of the community into different groups that shall be involved in supporting not only the peace management initiatives but also the management of the basic services and food and income security projects.
   • Engage the community through CSO and other groups and facilitate the building of their capacity to engage in peace management and the management of basic services, food and income security projects.
   • Identify with the community the potential areas of conflict and devise and implement activities on how to address them.
   • Facilitate interventions that strengthen and promote good governance, human rights, and the role of the community.
   • Facilitate the strengthening of human rights issues in the traditional justice systems, and encourage their usage by the community.
• Review with the community the role of uniformed people and the rights of the community to justice and service from them.
• Capacity building for post-conflict re-integration (CAPOR) so that the community can handle the return and reintegration of the refugees.
• CBOs strengthened to enable them to perform and advocate good governance and human rights issues.

Projected Results:
• CSO groups mobilised shall be actively involved in the management of peace initiatives and states as well as the basic services, food and income security projects in each of the selected counties.
• Conflict relating to land issues reduced.
• Strengthened traditional justice system in place in all selected states of operation.
• Communities actively participating in the governance of community related activities (schools, health facilities, water points, and food and income security initiatives).

4. AAH-I Sudan Institutional Strengthening programme

As part of its efforts to ensure the provision of effective and efficient quality services to its beneficiaries in South Sudan, and the sustainability of the organisation, AAH-I Sudan shall embark on an institutional strengthening programme.

This programme shall incorporate the following:
• Developing an in-country strategic plan that provides the details of how the plan outlined here will be operationalised.
• Comprehensive review of its human capital to ensure full utilisation of the available expertise, and the further development of its talent and diversity to improve upon the efficiency and effectiveness of its programme implementation.
• Programme management and performance management strengthening (standardised tools for programme management and M&E, proposal writing manual, programme management manual and performance standards in place).
• Resource mobilisation strategy implemented (donor round table meetings, donor and partner field visits, collaborative agreements with private sector and consultants and volunteer programme functioning).
• Governance strengthening (board established and new board members inducted, trained and active in providing country programme oversight).

8.2 AAH-I Uganda Country Strategic Programme

During the last several years, AAH-I’s programmes in Uganda have focused on working with refugees, especially those from South Sudan. With the signing of the CPA by both the Government of Sudan and the SPLM/A and with the benefits of peace beginning to become evident, the repatriation or return of refugees from the different locations including the settlements in Uganda has been going on in earnest.

During this strategic plan period it is clear that there shall still be refugees waiting to be moved back to South Sudan, the DRC, and other locations, but these shall be in much smaller numbers than has been the case in the past. This therefore calls for a change of focus in Uganda.
Strategic Focus: 2008 - 2012

During this strategic plan period the AAH-I Uganda programme intends to focus its activities on the following:

1. Refugees – Refugee Care, Repatriation and Environmental Management

AAH-I will continue its work with refugees, focusing during the first three years of the plan period on the following programmes:

- Refugee care activities, including provision of basic services - health, water and sanitation, and education.
- Repatriation of refugees to their countries of origin.
- Continuation of refugee care operations with focus on mitigation of environmental effects of refugee’s settlement.

2. Internally Displace Persons (IDPs) in Northern Uganda

AAH-I Uganda will during the strategic plan period work with IDPs based in settlements in Gulu, Kitgum, Pader and Lira. The focus of this programme shall be on attempting to replicate the successful Kyangwali experience with special emphasis on the following components:

- Resettlement of the IDPs in their communities of origin once the peace deal is finalised.
- Implementing a food and income security programme that promotes self-sufficiency.
- Provision of Basic Services - primary health care, water and sanitation, and environmental management.
- Civil society strengthening and peace building.

3. Pastoralists in Conflict Potential Areas of North-Eastern Uganda

AAH-I Uganda will, during the strategic plan period work with pastoralists in the conflict-prone areas of Northern-Eastern Uganda especially in the Karamoja and Teso areas, on the following programmes:

- Facilitate the strengthening of the pastoralists’ livestock through the provision of veterinary services, restocking, stock-quality infusion, improved pasture, increased water-points and markets.
- Provision of Basic Services – primary health care, water and sanitation, education, and environmental management.
- Civil society strengthening and peace building and conflict reduction.

AAH-I in an effort to ensure sustainability of its work with these target groups will attempt to extend its programme across the border into Kenya to forestall cattle-rustling between these very similar groups of people living on both sides of the Kenya/ Uganda border.

4. Chronically Disadvantaged/ Underdeveloped Areas of Kanungu and Nakasongola

AAH-I intends to work with these marginalised semi-nomadic groups that are facing eviction by the government from lands that they settled in as they migrated with their livestock. Areas of Programmes focus shall include:

- Basic Services – primary health care, water and sanitation, education, and environmental management.
- Food and Income Security
- Conflict resolution and peace building especially over land and resource based issues.

5. AAH-I Uganda Institutional Strengthening programme

As part of its efforts to ensure the provision of effective and efficient quality services to its beneficiaries in Uganda, and the sustainability of the organisation, AAH-I Uganda shall embark on an institutional strengthening programme.

This programme shall incorporate the following:

- Resource mobilisation strategy implemented (donor round table meetings, donor and partner field visits, collaborative agreements with private sector and consultants and volunteer programme functioning).
- Governance Strengthening (board established and new board members inducted and trained).

8.3 AAH-I Somalia Country Strategic Programme

AAH-I is currently implementing two health projects through which it is supporting the running of 18 health posts, 4 MCH facilities, and one regional referral hospital in Bossaso. There is also a community driven development project already being implemented in 3 of AAH-I’s 20 villages of operation.

Somalia continues to witness serious insecurity challenges that have often affected the activities of AAH-I and other development agencies. This situation is unlikely to improve drastically during this strategic plan period.

Nevertheless AAH-I still intends to be actively involved in working with the communities of selected districts using AAH-I’s integrated programme approach incorporating basic services, food and income security, civil society and peace management.

Taking into account Somalia’s specific circumstances, AAH-I shall undertake the following activities:

1. Consolidate the current PHC project that incorporates the following:

- Physical infrastructure rehabilitation and building and equipping of hospitals, MCH facilities and health posts.
- Training of health personnel at hospitals and other healthcare facilities especially nurses for the MCH facilities, community health workers for the health Posts, and laboratory staff for the hospital and MCH facilities.
- Undertake in-house training at the hospital.
- Provision of drugs and supplies to the healthcare facilities.
- Supervision of health care workers to ensure improvement of the quality of health care provided at all the MCH facilities and health posts being managed.
- Consolidate current management of hospital and sustain current 50% cost recovery.
- Strengthen and promote the community driven development in the following areas:
  - Environment protection and management – includes sanitation, facilitating construction and use of pit latrines, refuse collection and disposal.
  - Promotion and use of solar cookers for preservation of the environment and for better nutrition by encouraging cheap cooking of e.g. beans which otherwise would take a lot of expensive fuel to cook.
  - Provision of clean portable water utilising sand filtration and other methods.
  - Facilitate and promote income generating activities at household level especially through the encouragement of poultry keeping that also supports good nutrition.
  - Facilitate the running of selected primary schools.
Projected Results:
• During this strategic plan period AAH-I intends to strengthen its coverage in the 6 districts it currently covers – Bosaso, Gardo, Waiye, Iskushuban, Bender Beyla and Rako.
• At least 80% of PHC facilities have adequately trained staff.
• Reduced infant mortality by at least 10% from baseline levels.
• Reduced maternal mortality by at least 10% from baseline levels.
• At least 80% of all PHC facilities conduct regular MCH clinics (at least 3 clinics per week).
• At least 40% of pregnant women have at least 2 antenatal checks.
• At least 30% of deliveries are attended by trained staff.
• Increased immunisation coverage from the current very low rate (5-10%) by at least 10%.
• At least 80% of PHC facilities have essential equipment items available and functioning at any one time.
• At least 80% of all PHC facilities have all essential drugs and other medical supplies at any one time.
• Family planning services available at the hospital and all PHC facilities.
• Health facilities supported including the community driven development component increased by at least 10 facilities and the districts covered also increased to at least 10.
• Geographical coverage increased to include Somaliland (AfriAfya) and into the Sool and Sanag areas of Puntland and Somali land.

3. Upscale Coverage of Integrated Programmes
There shall be an up-scaling of the integrated programmes into new areas including Somaliland (working in collaboration with AfriAfya) and into the Sool and Sanag areas of Puntland and Somali land.

The Integrated Programme shall comprise of:
• Basic Services – primary health care, water and sanitation, education, and environmental management.
• Food and Income Security and Environment Management.
• Civil society strengthening, conflict resolution and peace building especially over land and resource based issues.

Projected results:
• Geographical coverage increased to include Somaliland and Sool and Sanag areas.
• Develop collaborative programmes with at least one other development agency working in the area.
• Increased number of CHWs trained and working in health facilities.
• Health facilities supported including the community driven development component increased by at least 10 facilities and the districts covered also increased to at least 10.
• Family planning services available at the hospital and at all the MCH facilities.
• Strengthened mental health services, including trained MCH staff and CHWs to provide these services.
• Capacity building for the AAH-I national staff done. This will include improving their English language and computer skills, refresher training for health staff and management and accounting training for administration staff. Exposure to AAH-I programmes in other countries will also be done to help sensitize national staff on what can be done and in motivating them to do the same in their own country.

8.4 AAH-I Kenya Country Strategic Programme

The Kenya Country Programme is the newest and the smallest of AAH-I’s programmes. It currently consists of one project aimed at improving the standards of living in Mara Division, Narok District, where the Mara community has a staggering 87% of its population living below the poverty line.

Although Mara Division is home to the world famous Maasai Mara Game Reserve which is visited by a large number of tourists every year and raises a huge amount of income for the Country, its communities are amongst the poorest in Kenya. Its communities lack many of the most basic necessities. Health services are lacking in most of the rural area forcing patients and expectant mothers to walk for up to a whole day to receive medical attention. Not all children of school going age are sent to schools, and of those who do, there is a high level of drop outs, especially for girls who are forced to marry at an early age. In some schools almost all the girls drop out at some point in their primary education with only one or two going into secondary levels. Getting clean water is another problem area for the Maasai communities and many of the women have to walk over 10 km one way to fetch water for the family. It is also AAH-I’s intention to address sensitive issues that are likely to cause conflict within the area. Some of these volatile issues have to do with climate and socio-economic changes...
that are occurring within the area. The Maasai communities who traditionally have been pastoralists are now facing challenges that threaten their way of life and their livelihoods. Climate changes as well as changes in the ownership of land (from communal ownership to individual ownership) in the area threaten their livelihood which is tied to the pastoralist way of life. Shortage of pasture due to climate change usually forces them to move into the Game Reserve in search of pasture which puts them in conflict with wild animals as well as the authorities.

The new proposed individual ownership of land will further restrict the movement of cattle which makes the situation a conflict waiting to happen. AAH-I, using the community based approach, hopes to address these issues by developing strategies together with the community before the situation gets out of hand.

The AAH-I Kenya programme shall witness both a consolidation and an expansion during the proposed strategic plan period following AAH-I’s preferred Integrated Development Programme approach.

1. Consolidation of the Mara Project
The Mara project has involved the facilitation of the communities of the Mara division in mobilising their own resources to achieve their selected programmes. During this new strategic plan period there shall be a consolidation of the project pursuing the AAH-I integrated development approach and facilitating resource mobilisation to ensure inclusion of the following programme components:

• Pastoralist Services - improved stocks, pasture management, water provision, provision of veterinary services, restocking, and markets
• Provision of Basic Services – primary health care, water and sanitation, education, and environmental management.
• Food and Income Security and Environment Management
• Civil society strengthening and peace building and conflict reduction (including resource based conflict prevention).

2. Expansion of the Programme into new areas
AAH-I shall look to expand its programmes to other areas in Kenya. This might include any of the following:

• The divisions neighbouring the Mara division e.g. Loita Division.
• The arid and semi-arid regions of the country (ASAL areas) e.g. Ucambani.
• The North Western parts of Kenya covering the Karamoja, Turkana and Pokot areas neighbouring the North Eastern parts of Uganda.

As with other AAH-I interventions, an integrated development approach shall be pursued, and shall therefore include components of Basic Services (PHC, education, water and sanitation), Food and Income Security and Environmental Management, and CSS and Peace building.

Projected Results:

• Expansion of geographical coverage into at least one other area within Kenya during the plan period.

3. Programme Incorporating IDPs
As a result of the post election violence that was witnessed in Kenya following the December 2007 elections, over 250,000 people are estimated to have been displaced and a large proportion of them ending up as IDPs in camps. The government and other relief and development agencies are all working to assist these IDPs resettle.

AAH-I intends to work with the IDPs in the following manner:

• Work with the Government and the Kenya Red Cross and other relief agencies to assist in the resettlement of the IDPs.
• Facilitate peace building, healing and reconciliation.
• Implement water and sanitation projects.
• Provide primary health care services.
• Support increased food and income security amongst the IDPs being resettled.

In addition to collaborating with the Kenya Red Cross on this, AAH-I also intends to do so with other agencies including AhiAya and its various networks.

8.5 AAH-I Zambia Country Strategic Programme
The AAH-I Zambia Country Programme has run since 2001, and was started in response to a request by UNHCR to provide refugee care services similar to those that were being provided in Uganda.

AAH-I was thus registered in Zambia, and the project started. To date AAH-I Zambia has continued to run a refugee care project in the Northern part of Zambia, that mainly looks after Congolese refugees.

In 2007 a Board decision was taken for AAH-I to phase out its activities in Zambia. AAH-I will therefore exit from Zambia and close its Zambia office within this strategic plan period.

AAH-I will thus communicate the intention of phasing out of Zambia within this strategic plan period to all concerned. We will then use the time during the course of the current project to develop a clear exit plan and identify appropriate agencies to hand over the camps that AAH-I is running in Zambia to.
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