



JUNE 2024

# 2025-2029 STRATEGIC PLAN

## List of acronyms

AAHI	Action Africa Help International
AfDB	African Development Bank
AIDS	Acquired Immune Deficiency Syndrome
AYSRH	Adolescent and Youth Sexual Reproductive Health
CDPP	Community Disaster Preparedness Plans
CHWs	Community health workers
CMAM	Community Management of Acute Malnutrition
CRRF	Comprehensive Refugee Response Framework
CSO	Civil Society Organization
DRC	Democratic Republic of the Congo
DRRM	Disaster Risk Reduction Management
ECD	Early Childhood Development
ERP	Enterprise resource planning
HIV	Human Immune Virus
HRD	Human Resource Development
ICT	Information and Communication Technology
IDP	Internally Displaced Persons
IEC	Information Education and Communication
IYCF	Infant and Young Child Feeding
M&E	Monitoring and Evaluation
MNCH	Maternal, Newborn and Child Health
SACCOs	Savings and Credit Co-operatives
SDGs	Sustainable Development Goals
TVET	Technical and Vocational Education and Training
UNICEF	United Nations Children Fund
VCLAs	Village Savings and Loan Associations
WASH	Water, sanitation and Hygiene
WFP	World Food Program
WHO	World Health Organization

## TABLE OF CONTENT

<b>FOWARD</b> .....	<b>IV</b>
<b>EXECUTIVE SUMMARY</b> .....	<b>V</b>
<b>1. INSTITUTIONAL PROFILE</b> .....	<b>1</b>
<b>2. TOPLINE ACHIEVEMENTS, 2019-2024</b> .....	<b>3</b>
<b>3. THE CONTEXT</b> .....	<b>4</b>
3.1 BACKGROUND.....	4
<b>4. WHO WE WILL REACH</b> .....	<b>7</b>
4.1 WOMEN.....	7
4.2 CHILDREN.....	7
4.3 YOUTH.....	8
<b>5. PROGRAMMING PILLARS</b> .....	<b>8</b>
5.1 PILLAR 1: COMMUNITIES ARE FOOD AND INCOME SECURE .....	9
5.2 PILLAR 2: COMMUNITIES ACCESS QUALITY HEALTH SERVICES .....	10
5.3 PILLAR 3: COMMUNITIES ACCESS QUALITY EDUCATION AND LIFE SKILLS.....	11
5.4 PILLAR 4: COMMUNITIES HAVE ADEQUATE CAPACITY FOR DISASTER RISK REDUCTION AND MANAGEMENT.....	12
5.5 PILLAR 5: STRENGTHEN ORGANISATIONAL EFFECTIVENESS AND SUSTAINABILITY .....	13
<b>6. CROSS CUTTING ISSUES</b> .....	<b>14</b>
6.1 GENDER EQUALITY AND EQUITY.....	14
6.2 CONFLICT SENSITIVITY .....	14
6.3 INFORMATION AND COMMUNICATION TECHNOLOGY FOR DEVELOPMENT (ICT 4D).....	14
6.4 GOOD GOVERNANCE, POLICY ABD PRACTICE INFLUENCING .....	14
<b>7. ORGANIZATIONAL STRUCTURE</b> .....	<b>15</b>
<b>8. STRATEGY MAP AND CONCEPTUAL FRAMEWORK</b> .....	<b>16</b>
<b>9. PROJECTED REACH AND FINANCIAL INVESTMENT</b> .....	<b>17</b>
9.1 ANNUAL PROJECT PARTICIPANTS REACH PER STRATEGIC PILLAR .....	17
9.2 ANNUAL FINANCIAL INVESTMENT PER STRATEGIC PILLAR.....	17
<b>10. STRATEGY RESULTS FRAMEWORK</b> .....	<b>17</b>
10.1 STRATEGY RESULTS FRAMEWORK.....	19
<b>11. ANNEXES</b> .....	<b>20</b>

## FORWARD



It gives me great pleasure to launch the new Strategic Plan (2025-2029) after a successful implementation of our previous Strategic Plan (2019-2023).

In that strategy period, AAH-I invested US\$70 million, which was 56% of the previous strategic plan period, (2014 – 2018), which enabled people to be reached directly with lifesaving and resilience – building support in six countries; South Sudan, Uganda, Kenya, Zambia, Somalia and Djibouti.

This is a demonstration of continued faith our donors have in our ability to reach the most under-served populations for which we remain indebted.

Meanwhile the reduction in portfolio calls for every effort to be made to reverse the trend in the coming strategic plan period. (2025 – 2029) in the new context of reducing international resources to support the beneficiaries of AAHI focus.

I would like to thank management for executing the strategy 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 formalized 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 organization, we continue to learn from the challenges and constraints of the past operational period and we are cognizant that as we move into the 2025-2029 strategy cycle, donor diversity still remains an area for greater focus. We can only overcome this through nurturing strategic partnerships.

During the 2019 – 2023 implementation period, AAHI expanded its activities to Ethiopia and Sudan and measures were undertaken to strengthen activities in Uganda. AAHI evolved the strategy of “AAHI enterprise Development” to generate resources from internal capacity and harnessing local opportunities. This strategy will be strengthened in the new implementation period to promote self-reliance and sustainability.

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, Malawi, Chad, Democratic Republic of Congo 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 to 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 realization of this strategy.

Most obliged,

A handwritten signature in blue ink, appearing to read 'John Tabayi', written in a cursive style.

**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 2025–2029, 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 organization, born out of local community initiatives more than 30 years ago, AAH-I will leverage its experience working with needy communities in conflict-affected, marginalized and under-served regions to link these 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 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 and realize 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.

A handwritten signature in black ink, appearing to read 'Githaiga Kamau', written over a horizontal line.

**Dr Githaiga Kamau**

**AAH-I Regional Director**

# 1 INSTITUTIONAL PROFILE



## 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.



## MISSION

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



## VALUES

Communities in Africa living dignified lives



## VISION

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

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

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

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

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

**OUR FOOTPRINT**

**Figure 1: Map of operational Countries –2024**



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

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

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

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

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

**2024:** AAH Registered and started implementing project activities in Sudan Abyei region.

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

**2017:** AAH-I officially registered in Ethiopia and received license from the government during conflict in the Country

## 2 TOPLINE ACHIEVEMENTS, 2019 - 2024

In 2018 AAH-I launched its Strategic Plan, 2019-2024. We have since implemented a range of community projects in six countries and improved organizational 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\$ 70 million over the past 5 years, with annual grants portfolio decreasing from US\$21,480,712 in 2019 to US\$11,158,122, in 2023. 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. The decline in annual portfolio is dictated to ensure proficiency in project implementation and rigorous measures for resource mobilization and diversification of the donor base.

### **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 US\$4.0 million funded by UNICEF to strengthen health systems for better health outcomes. AAH-I managed to establish projects in new countries, namely; Ethiopia and Sudan. In Kenya, efforts to establish a Carbon trade related project is in its final stages. In the next 5 years we shall build on this multi-stakeholder and professional experience to expand to other countries and 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 regularly engaged on refugee issues through the Comprehensive Refugee Response Framework (CRRF) in Kenya, Uganda, Ethiopia and Geneva. 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, through quarterly meetings of National Advisory Boards and the International Board of directors. We are proud of an effective governance function that provides oversight, upholds the vision and mission of the organization and champions the mobilization of resources for the realization of organizational 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 utilization to achieve the desired impact. To this end, we have continued to mainstream key safeguarding policies that promote our brand, stewardship and accountability, in all the countries; namely: whistle blower policy, anticorruption and anti-fraud policy, anti-harassment policy, gender and diversity policy, safety and security management policy, among others. To further strengthen accountability systems the ERP was introduced to ensure all operational components are tracked, by the same software, namely; finance, procurement, warehousing, HRD and logistics.
- AAH-I strengthened the internal audit function at Country level by designating staff in the finance departments, to review all transaction file before temporary achieving to ensure proficient implementation of accountability systems. 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 cognizant of as we move into the 2024-2028 strategy cycle.

*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.*

### **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.

### 3 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.

#### 3.1 BACKGROUND

AAH-I has been operational in the East and Horn of Africa and part of the Great Lakes region of Sub-Saharan Africa for the past 36 years. The countries of operation are South Sudan, Uganda, Zambia, Somalia, Sudan, Kenya, and Ethiopia. Two of these countries (South Sudan and Somalia) are categorized as highly fragile states<sup>1</sup>. 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; DRC, Tanzania, Chad, Mozambique and Malawi. 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.

##### 3.1.1 SOCIAL AND DEMOGRAPHIC FEATURES

The estimated population in our operating countries as of June 2024 is 330 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.<sup>3</sup> 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 are also fertility disparities among women based on rural or urban location, education, and income. This exposes poor, uneducated woman from rural areas to early marriages and early pregnancies.

*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.*

##### 3.1.2 POVERTY

A total of 431 million people in Africa (33.4% of the population) live on less than \$2 a day.<sup>4</sup> 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 76% in Wajir 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.*

- a. We will do this through: 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.*

<sup>1</sup> A fragile [state](#) has several attributes. Common indicators include a state whose [central government](#) is so weak or ineffective that it has little practical control over much of its territory; non-provision of [public services](#); widespread corruption and criminality; refugees and involuntary movement of populations; and sharp economic decline.

### 3.1.3 HOUSEHOLD FOOD SECURITY

Agriculture is the main contributor to employment and national income in all AAH-I countries of operation. In Eastern Africa, conflict, inflation, disease outbreaks and poor access to nutritious diets and safe water continue to impact the state of food security and nutrition (WFP, March 2024). Overall, 58.2 million people in Eastern Africa are food-insecure, with hotspot countries being DRC (23.4 million), Sudan (17.7 million), Ethiopia (15.8 million people), and South Sudan (5.7 million), according to the latest (March 2024) Food Security and Nutrition Working Group (FSNWG) Situation in East Africa report. Crisis (IPC Phase 3) and Emergency (IPC Phase 4) outcomes persist in northern, central, southern, and eastern Ethiopia, with the areas of grave concern being Tigray, north-eastern Amhara, and western Afar where conflicts are most severe.

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.<sup>5</sup> 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 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.<sup>6</sup> 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.*

### 3.1.4 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 diarrhea), animal-related diseases and conflict. Continued exposure to these shocks heightens communities' vulnerabilities to poverty.

In 2024, a total of 81.2 million people were registered in Africa as refugees. During 2024, the AAHI operational countries, were home to 3,644,654 refugees (Uganda – 1.7 Million, Kenya – 770,000, Zambia – 102,654, Ethiopia – 1 million, Somalia, 38,000, Djibouti – 34,000). The conflict in Sudan had forced 12 million people to flee from their homes into IDP camps or refugee camps in neighboring countries.

*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.*

*Also, to mitigate conflict and promote peace building which central to vulnerability of communities in Africa, AAHI will seek to mainstream enhancing local capacities for peace in all program interventions.*

### 3.1.5 CHILD-RELATED ISSUES<sup>2</sup>

In Africa, During the 2023 period, children experienced overlapping humanitarian crises: multiple Level-3 (L3) and Level-2 (L2) emergencies, including L3 drought in the Horn of Africa (Kenya, Ethiopia, Somalia) and the L2 cholera and Tropical Cyclone Freddy crisis (Malawi, Mozambique). Many countries faced cholera (14 overall), polio, Ebola and Marburg outbreaks, and spillover effects of violence in Sudan. Climatic events, including El Niño, drove drought, flooding and food insecurity. Major conflicts included the L3/L2 emergency in Northern Ethiopia, while political and electoral tensions affected several countries. Some 120 million people, including 67 million children, needed humanitarian assistance. Internally displaced person (IDP) and refugee numbers rose from 3.91 million in 2022 to 4.4 million in 2023.

A WHO and UNICEF report found Africa has the highest prevalence of developmental delays and

<sup>2</sup> UNICEF 2023 End of Year Results Summary Extended Narrative

disabilities among children and young people. The Eastern and Southern Africa region is home to 28.9 million children with disabilities—the majority face little-to-no access to services and multiple deprivations. Over 66 per cent of children in sub-Saharan Africa are at risk of not attaining their full development potential. Young children need conditions that promote early learning opportunities, health, nutrition, protection and responsive care giving; yet public spending on holistic early childhood development (ECD) falls short. The price is high—a greater burden on education, health and welfare systems; reduced learning and earning potential; and intergenerational cycles of disadvantage that hinder equality and prosperity

Alarming 2023 food insecurity levels were accompanied by increased child admissions for wasting. In 2023, over four million children were affected by severe wasting, with some 2.1 million children admitted for treatment, slightly over 2022 numbers. Twenty-six million children remain stunted, with a UNICEF report on undernutrition among adolescent girls and women highlighting the serious situation in the Horn of Africa. Southern Africa countries have demonstrated the triple burden of malnutrition—wasting, stunting and obesity—in children. More innovative programming is needed to reflect the full scope of nutrition.

*During the 2024 – 2028 period, AAHI will address Children related issues, through; impacting on the background causes of the stated problems such as; improving food security and livelihoods, increasing use of safe water and environmental sanitation practices and participating in the provision of services focusing on neonatal, infant and childhood illnesses and the maternal condition during pregnancy, during and after pregnancy and issues of reproductive health.*

### 3.1.6 EDUCATION

The best way to equip children and youth for the future is to place their learning at the center<sup>3</sup>.



AAH Constructed Prei-primary School at Jamjang

#### 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<sup>4</sup>. The landscape 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.

#### 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<sup>5</sup>. 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<sup>6</sup> is generally high in Zambia (89%), Kenya (86%), Uganda (84%), and Ethiopia (55%), Somalia and South Sudan have low youth literacy levels (<40%).

<sup>3</sup> World Bank Development report (2018)

<sup>4</sup> www.progressiveteacher.org

<sup>5</sup> Percentage of children entering the first grade of primary school who eventually reach the last grade of primary school

<sup>6</sup> Number of literate persons aged 15–24 years, expressed as a percentage of the total population in that group.



*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.*

### **3.1.7 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<sup>7</sup> data 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<sup>16</sup> 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.*

## **4 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.

### **4.1 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<sup>17</sup>, a situation which worsens during

*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.*

### **4.2 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<sup>18</sup> resulting to a compromised well-being, they become a community liability and a lost generation. Therefore, AAH-I

<sup>7</sup> (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.

recognizes the importance of addressing the core child vulnerability issues from a holistic perspective, considering 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 childresponsive 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.*

### **4.3 YOUTH**

The number of youths, aged between 15 and 24, in Africa is expected to have doubled to 400 million by 2045. A good share of these youths 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 youths 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-called 'youth bulge'.<sup>19</sup> 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.*

## **5 PROGRAMMING PILLARS**

Arising from the context analysis and our achievements in over 36 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 Reduc



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

### 5.1 PILLAR 1: COMMUNITIES ARE FOOD AND INCOME SECURE

Reducing of 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



A vegetable garden under one of our projects. Credit: AAH

### **5.1.1 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, apiculture, 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.*
- e. *Empower community-based institution for participation and involvement through establishment of systems of community-based extension workers and production and marketing committees.*

### **5.1.2 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<sup>8</sup>.

- 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 specialized 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.*

### **5.1.3 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 utilization 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.*

### **5.1.4 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.*

## **5.2 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

<sup>8</sup> Deforestation is a significant contributor of carbon dioxide; livestock contribute to methane and nitrogen fertilisers release nitrous oxide

of the community particularly women, children and youth to health-related challenges in normal and emergency situations, we will use a multisectoral and multi stakeholder approach while strengthening communities' capacities towards achieving the following objectives:



### **5.2.1 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.

### **5.2.2 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.

### **5.2.3 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.

## **5.3 PILLAR 3: COMMUNITIES ACCESS QUALITY EDUCATION AND LIFE SKILLS**

Recognizing 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 enroll 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:

### **5.3.1 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.

### **5.3.2 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, learning environment in schools, 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.*

### **5.3.3 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 (BT/VET) 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 digitized 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*

## **5.4 PILLAR 4: COMMUNITIES HAVE ADEQUATE CAPACITY FOR DISASTER RISK REDUCTION AND MANAGEMENT**

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

### **5.4.1 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.*

### **5.4.2 P4.2 ENHANCE LOCAL CAPACITIES FOR PEACE THROUGH AGE AND GENDER SENSITIVE CHANGE IN KNOWLEDGE, ATTITUDES AND PRACTICES**

In due recognition of impact of conflicts in Africa lakes region and beyond and the rampant cases of conflicts in the world AAHI will expand its previous experiences in conflict mitigation and management to address chronic cases conflict.

- a. *Strengthen dialogue-based conflict management / peace building approaches amongst existing conflict management institutions.*
- b. *Establish systems for provision of IEC on peace building among youth in schools and out of schools and other community groups.*
- c. *Promote integration and participation of conflicting groups in community self-management social structures and promote establishment of common goals in social development.*

### **5.4.3 P4.3 ESTABLISH SUPPLY CHAIN AND LOGISTICS SERVICES FOR HUMANITARIAN OPERATIONS**

Given our past experience, AAH-I seeks to expand the range and reach and further professionalize 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*

#### **5.4.4 P4.4IMPROVE 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.*

#### **5.5 PILLAR 5: STRENGTHEN ORGANISATIONAL EFFECTIVENESS AND SUSTAINABILITY**

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

##### **5.5.1 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:

###### **5.5.1.1 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 mobilization and support creation of an AAH-I endowment fund.

###### **5.5.1.2 Initiating and nurturing strategic partnerships with organizations 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.

###### **5.5.1.3 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, Rwanda and Tanzania, DRC. Mozambique and Chad.

##### **5.5.2 INTERNAL PROCESSES**

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

###### **5.5.2.1 Strengthening leadership and governance**

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

###### **5.5.2.2 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.

###### **5.5.2.3 Strengthening Enterprise Risk Management**

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

##### **5.5.3 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:

#### **5.5.3.1 *Maintaining an engaged and motivated workforce***

We will purpose to develop a competitive Total Reward system and promote learning and staff development to enhance organizational performance.

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

#### **5.5.3.2 *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.

## **6 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.

### **6.1 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.

### **6.2 CONFLICT SENSITIVITY**

The environment we operate is characterized by real and potential conflicts. Our interventions and internal processes should not spur or aggravate conflict. We will at all times mainstream Do-No-Harm principles and practices in project planning and management and will act to minimize negative and maximize positive impacts on conflict. This will be applied throughout all areas of our work as an institutional approach.

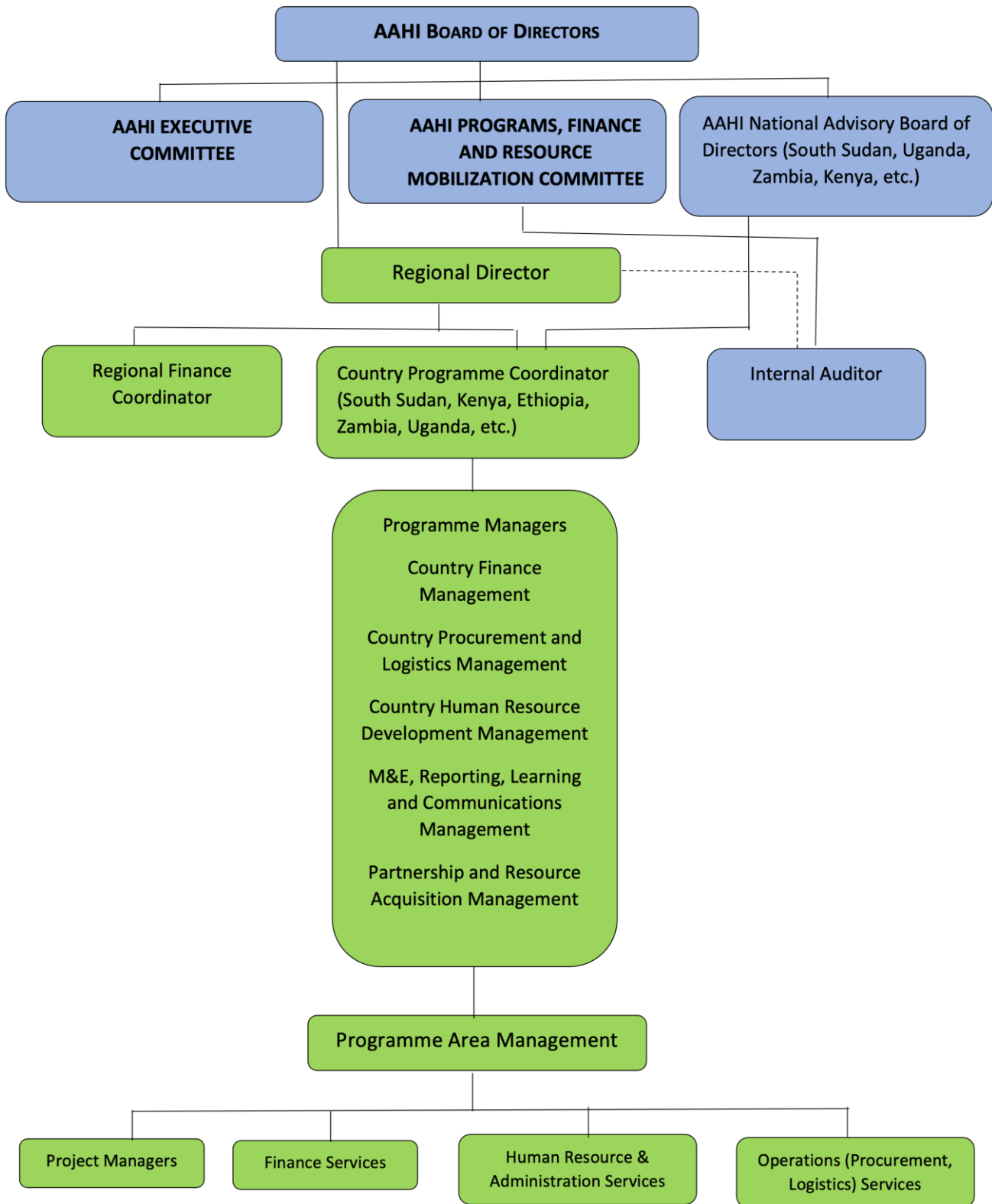
### **6.3 INFORMATION AND COMMUNICATION TECHNOLOGY FOR DEVELOPMENT (ICT 4D)**

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 marginalized people and communities live dignified lives; and c) supporting bridging the digital divide<sup>21</sup> 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, democratization and citizen engagement processes) in line with the Global Agenda.

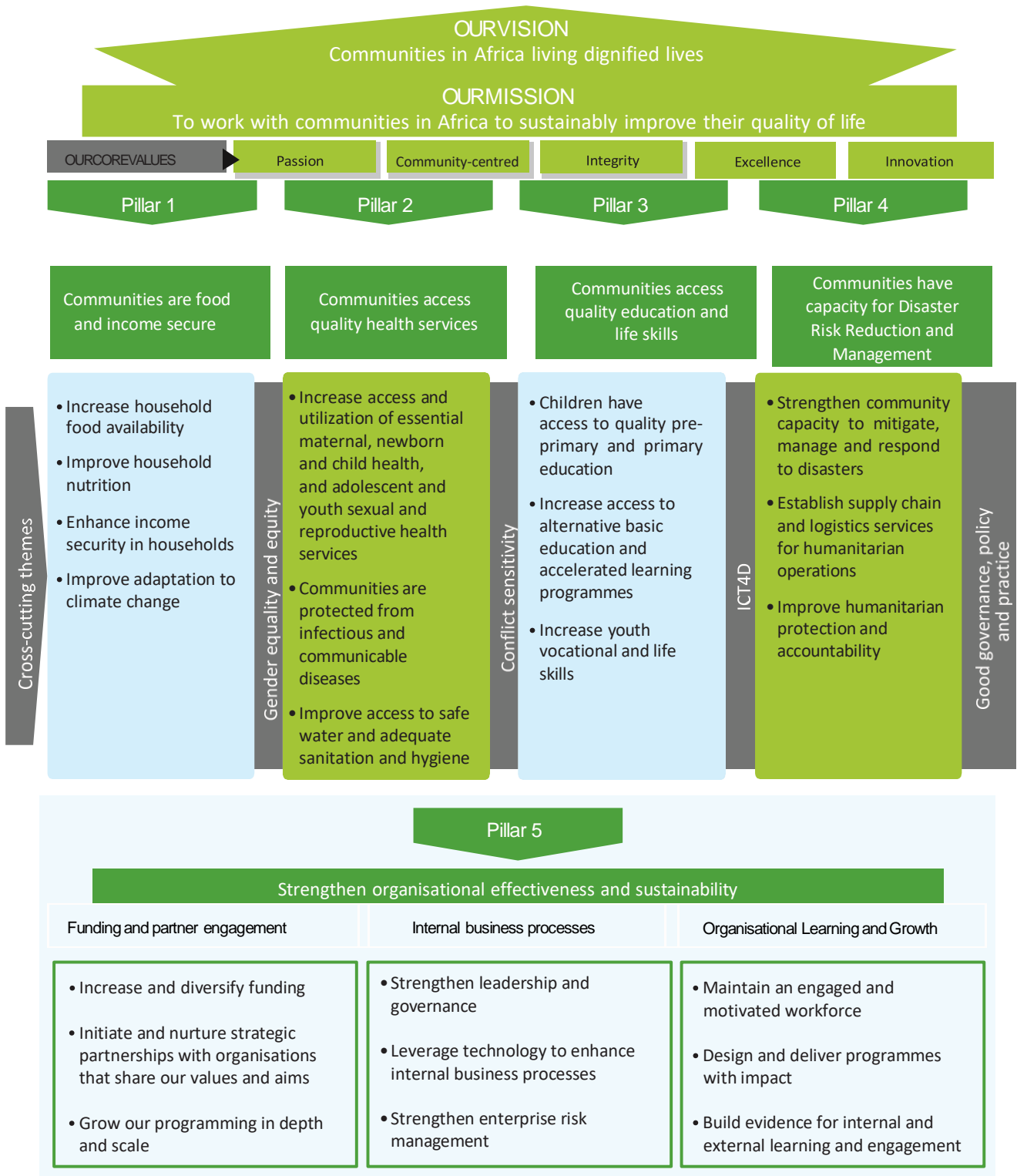
### **6.4 GOOD GOVERNANCE, POLICY AND PRACTICE INFLUENCING**

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 marginalization of vulnerable groups. This will also include influencing the transformation of harmful traditional practices and taboos that impinge on people's rights.

## 7. ORGANISATIONAL STRUCTURE



# 8. STRATEGY MAP AND CONCEPTUAL FRAMEWORK



## 9. PROJECTED REACH AND FINANCIAL INVESTMENT

### 9.1 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	
2024	509,500	877,500	311,400	1,132,300	2,830,700
2025	754,100	911,200	314,200	1,162,500	3,142,000
2026	1,046,300	941,650	348,760	1,150,900	3,487,610
2027	1,393,640	1,006,500	387,100	1,084,000	3,871,240
2028	1,858,200	1,161,400	464,550	1,161,400	4,645,550
<b>Total</b>	<b>5,561,740</b>	<b>4,898,250</b>	<b>1,826,010</b>	<b>5,691,100</b>	<b>17,977,100</b>

### 9.2 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
2024	4,707,700	8,107,600	2,877,000	10,461,500	4,915,400	31,069,200
2025	6,967,400	8,418,900	2,903,100	10,741,400	5,123,100	34,153,900
2026	9,667,200	8,700,500	3,222,400	10,634,000	5,686,600	37,910,700
2027	12,876,700	9,299,800	3,576,800	10,015,200	6,312,100	42,080,600
2028	17,169,000	10,730,600	4,292,200	10,730,600	7,574,500	50,496,900
<b>Total</b>	<b>51,388,000</b>	<b>45,257,400</b>	<b>16,871,500</b>	<b>52,582,700</b>	<b>29,611,700</b>	<b>195,711,300</b>

## 10 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

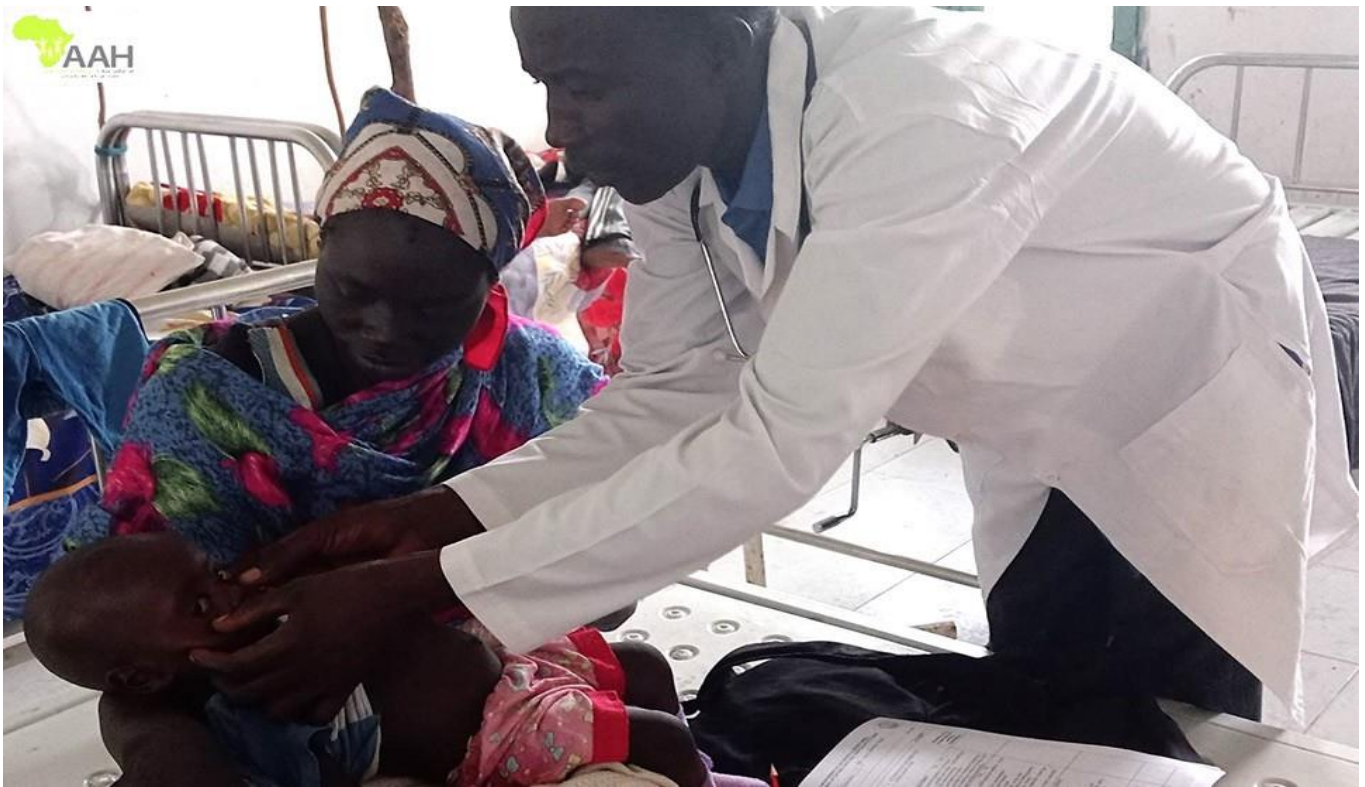
help AAH-I document and share our contribution towards the SDGs. The table below provides a summary of the strategy results framework.

<b>COMMUNITIES PERSPECTIVE</b>	
<b>P1. Communities are food and income secure</b>	
<b>Sub-objectives</b>	<b>Outcome Indicators</b>
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
<b>P2. Communities access quality health services</b>	
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
<b>Sub-objectives</b>	<b>Outcome Indicators</b>
<b>P3. Communities access quality Education and Life Skills</b>	
<b>Sub-objectives</b>	<b>Outcome Indicators</b>
P3.1. Children have access to quality preprimary 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
<b>P4. Communities have capacity for disaster risk reduction and management</b>	
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
<b>FUNDING AND PARTNER ENGAGEMENT PERSPECTIVE</b>	
<b>P5. Strengthening organisational effectiveness and sustainability</b>	
<b>P5(a). Increase funding for growth and sustainability</b>	
<b>Sub-objectives</b>	<b>Outcome Indicators</b>

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

## 10.1 STRATEGY RESULTS FRAMEWORK

<b>INTERNAL PROCESS PERSPECTIVE</b>	
<b>P5(b). Strengthen leadership and governance</b>	
<b>Sub-objectives</b>	<b>Outcome Indicators</b>
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
<b>P5(c). Leverage technology to enhance internal business processes</b>	
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
<b>P5(d). Strengthen Enterprise Risk Management</b>	
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
<b>ORGANISATIONAL LEARNING AND EFFECTIVENESS PERSPECTIVE</b>	
<b>P5(e). Maintain an engaged and motivated workforce</b>	
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
<b>P5(f). Design and deliver programmes with impact</b>	
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
<b>P5(g). Build evidence for internal and external learning</b>	
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



## 11. ANNEXES

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

#### TANZANIA

Tanzania<sup>9</sup> 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<sup>10</sup>. The WHO<sup>11</sup> further reported 81 cases of anthrax in January 2019; while in 2019, INFORM<sup>12</sup> 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<sup>26</sup>. While launching the fifth Integrated Household Living Condition Survey (EICV5) report by the National Institute of Statistics of Rwanda (NISR December 2018), the Prime Minister 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.

<sup>9</sup> Also ranked among the top 10 countries in the world with population living in extreme poverty

<sup>10</sup> UNHCR 2018 <https://reliefweb.int/sites/reliefweb.int/files/resources/67375.pdf>

<sup>11</sup> WHO 2019 <https://reliefweb.int/sites/reliefweb.int/files/resources/OEW04-1925012019.pdf25>. [//www.inform-index.org/](http://www.inform-index.org/)

<sup>12</sup> 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 1564, 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 % Achoi 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)



