About Action Africa Help – International

Action Africa Help International (AAH-I) is a Non-Governmental Organization based in Nairobi, Kenya and has over 20 years experience of working with livelihood challenged communities affected by conflict in Africa.

AAH-I facilitates programmes in primary health care, education, water and sanitation, food and income security, civil society strengthening and peace building and care of refugees and displaced persons in South Sudan, Uganda, Somalia, Zambia and Kenya. AAH-I recently got registered in the Democratic Republic of Congo (DRC).

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

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

The focus of the Zambia programme has been in the following 3 main thematic sectors:

Care and maintenance of refugees with provision of:

- Comprehensive health and nutrition services to the population of concern as well as to the surrounding host communities;
- Adequate safe water for human consumption;
- Environmental sanitation services; and
- Management of transit centers in border areas.

Conducting HIV/AIDS activities

Since 2005, AAH-I Zambia has been funded by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), to implement a sub-project in prevention, testing and treatment of HIV/AIDS—both within the refugees camps and in the host communities.

Facilitating Voluntary Repatriation of Refugees

Beginning 2007, AAH-I was one of UNHCR’s partners in facilitating the voluntary and dignified repatriation of more than 40,000 Congolese refugees back to the DRC.

About AAH-I Zambia Programme

AAH-I Zambia programme started operations in October 2001 on the request of the United Nations High Commissioner for Refugees (UNHCR) to take over the running of a refugee care and maintenance programme in Kala Camp, Kawambwa District in Luapula Province. In January 2008, AAH-I Zambia took up the operations of Mwange Camp in Mporokoso District in Zambia’s Northern Province.

With funding from the UNHCR, the programme provided health including HIV/AIDS, nutrition, and water and sanitation services to 45,000 refugees from the Democratic Republic of Congo (DRC). About 20,000 Zambian nationals residing around the camps (host communities) also benefited from the programme.

Operations in both camps ended in December 2010 following a successful 3-year repatriation exercise, which saw almost all refugees return to the DRC. Only less than 2000 refugees, of those who stayed in the two camps, opted to be resettled in Maheba refugee settlement in the North-Western Province.

About AAH-I Zambia Programme

AAH-I Zambia’s new 5-year strategy sets a new direction for the organisation.

Where will we work?

AAH-I Zambia will work in Lusaka and in Luapula and Northern Provincial districts of Mporokoso, Kawambwa, Mwense, Luwingu, Nchelenge, Chiengi and Kaputa and after consolidation will expand to the rest of the country.

Who will we work with?

Focus will continue to be on the key niche area of working with livelihood challenged communities affected by conflict, and Internally Displaced Persons (IDPs) such as victims of natural disasters; disadvantaged local and urban communities; and persons with disability.

What programmes will we implement?

AAH-I Zambia will carry out integrated multi-sectoral programmes that will focus on the following three main thematic areas:

- Improved Livelihoods - Primary Health Care, Water and Sanitation, Education and Food and Income Security
- Sustainability
- Institutional Strengthening

In implementing this Plan, AAH-I Zambia intends to:

- Improve the livelihoods of communities by implementing programmes in health, water and sanitation, education and food and income security.
- Diversify its donor base and develop mechanisms for long-term financial sustainability by strengthening its resource mobilization efforts.
- Form partnerships and collaborations of mutual benefit with like minded organisations to promote common goals and forge strategic alliances to advance the goals of the organization.
- Strengthen organizational governance and management systems by formulating clear policies, procedures, plans, budgets and programme to achieve an effectively and efficiently run organization.
- Manage, utilise and share its knowledge with others where this can assist them.
- Use evidence gathered from its work for lobbying and advocacy in support of vulnerable groups, communities and individuals in Zambia.

Crosscutting issues: HIV/AIDS, environment, gender equity, and disability will be mainstreamed into all AAH-I Zambia programmes.
A decade of major gains in working with refugees and host communities in Northern Zambia

Over the past 10 years AAH-I’s work in Zambia has gone beyond mere service delivery to achieving meaningful impact for the wellbeing of both refugees and host communities.

Improved health outcomes

Ensuring safe motherhood and healthy children

No mother should die while giving life. And this is what AAH-I Zambia was able to achieve in the 10 years of providing access to antenatal and post natal services to 45,000 refugees and 20,000 nationals. From a starting high of 400/100,000 maternal deaths a year in 2001, this significantly reduced to no death in the consequent years, in which an estimated 6,000 deliveries over a five year time frame.

This experience is currently being replicated in projects in rural Zambia and best practices shared with policy makers to influence home grown solutions for effective maternal health service provision in Zambia, which is among countries with the highest maternal death rate in the world at 591 per 100,000 live births.

Stopping Malaria in its tracks

In 2001 when the Zambia programme started, malaria accounted for 45% of the disease burden within the refugee camps.

Children and women of child bearing age were the most affected. In that year alone, malaria was responsible for 25 child deaths, 45 still births, 92 spontaneous abortions and 8 neonatal deaths. 106 of the 1113 babies born that year had low birth weight (below 2.5kgs) due to malaria.

10 years later and thanks to a multi-pronged strategy, malaria was no longer a threat to the refugee and host population. By 2010, malaria accounted for a mere 4% of diseases treated annually. Strategies included promoting preventive measures at household level, early detection and treatment at the lowest level possible, change of treatment regime, aggressive community awareness campaigns and training of health workers in malaria management and treatment.

Over 10,000 Long Lasting mosquito nets (LLITNs) were distributed to households with pregnant mothers, children under the age of five years, the chronically sick, and the physically challenged.

All pregnant women attending antenatal care clinics were given Intermittent Presumptive Treatment of Malaria (IPT) along with LLITNs.

Community health workers, medical staff and traditional birth attendants received training in malaria management including use of Rapid Diagnostic Tests (RDTs) to enhance early case detection and treatment.

More than 10 health posts in both camps were opened under the charge of Community Health Workers (CHWs) to increase access to malaria testing and treatment.

Strengthening refugees’ response to HIV/AIDS

In 2005, AAH-I launched a strong response for HIV/AIDS in Kala Camp with funding from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) focusing on prevention and testing as entry point for other supporting and curative services as well as employing behaviour change strategies for different groups.

Increased demand for services and reduced stigma associated with the disease was a major achievement. In Kala for example, the number of people opting to undergo VCT increased significantly from as low as 400 annually in 2005 to over 3000 by 2010. The prevalence rate in Kala was 1.9% compared to 7.3% in the host community.

Tackling prevention of HIV transmission in Mwange camp also proved successful with prevalence rate at 3.5% compared to 4.5% in the host community.

For its efforts in HIV/AIDS work, AAH-I Zambia has been given due recognition, including an award by the Centers for Disease Control (CDC) for best results in the 2007 national sentinel surveillance survey.
Taking refugees home: Success of the voluntary repatriation programme

Since 2007, AAH-I has been actively involved in the UNCHR-assisted voluntary repatriation of close to 40,000 Congolese refugees back to the Democratic Republic of Congo (DRC).

AAH-I’s role during the process has been to ensure that returnees are repatriated with dignity by providing them with pre-departure medical assistance, escorting vulnerable persons and dealing with medical emergencies during transit.

In 2010, the last year of assisted repatriation, 8,068 refugees (4,678 from Kala Camp and 3,390 from Mwange) refugees were repatriated. Only 2,087 opted to stay in Zambia and were resettled in Maheba Settlement in the North-Western Province.

When he tested positive, he was enlisted as one of the first clients in Mwange camp to begin using ARVs and that's when he decided to come out in the open to encourage more refugees to know their status and start treatment.

Augustino was trained as a Peer Educator under the PEPFAR Programme. He became the voice of reason especially among the elderly people who assumed they were at no risk of contracting HIV. He once said: “I am old and living positively. My greatest desire is to let every old man and woman and youth know that this disease is real and can infect you, at whatever age, so take heed of the prevention messages.”

36-year-old Mangi was among 3,000 refugees who left Mwange refugee camp on 8th May 2010 for DRC.

Mangi was mentally challenged. AAH-I ensured her stay in Mwange camp was peaceful and that she was well taken care of. Though at times she would leave her decent accommodation to stay in an abandoned structure within the camp, Mangi still received food rations and the medical care she needed.

The AAH-I nurse escorting Mangi on the road trip to Mpulungu harbor ensured she was comfortable. Throughout the long trip, Mangi was very cooperative and did not show any sign of agitation. And when the convoy finally made it to Moba, she was handed over to waiting relatives very cooperative and did not show any sign of agitation. And when the convoy finally made it to Moba, she was handed over to waiting relatives safely and with dignity.

Mangi’s case is an example of the many such cases that AAH-I handled during the repatriation exercise. AAH-I staff travelled with such vulnerable refugees and ensured that their cases were handed over to other medical staff across the border for follow-up.

AAH-I Zambia's vision is sustainable improved livelihoods for disadvantaged rural and urban communities in Zambia.

AAH-I Zambia’s mission is to support disadvantaged communities improve their livelihoods through community empowerment approaches in partnership with stakeholders.

AAH-I Zambia Core values integrated in all its programmes are:

• 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 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 Zambia;
• Beneficiary-centred and respecting community values and beliefs; and
• Treating the community and its community-based institutions as equal partners and involving them fully in the process of planning, implementation and reporting.

AAH-I Zambia will work with the following primary target beneficiaries: refugees, Internally Displaced Persons (IDPs) such as victims of natural disasters; Disadvantaged rural and urban communities; and Local community based organizations.