AFRICA AHEAD

Applied Health Education and Development

ZIMBABWE A.H.E.A.D

Annual Report

April 2012 - March 2013

The Annual Report was prepared by Dr. Juliet Waterkeyn: CEO, Africa AHEAD

Acknowledgements

Chairman's Report	Anthony Waterkeyn: Chairman, Zimbabwe AHEAD Director of Programmes, Africa AHEAD
Zim AHEAD Project Reports:	Regis Matimati : Director of Programmes, Zim AHEAD Andrew Muringaniza Patricia Determan Morgan Haiza Moses Matondo Rangandu Muchipe
Financial Reports:	James Broadley (USA) Innocent Marivo (Zimbabwe) Birgit Roessner (South Africa)
Photographs:	Juliet Waterkeyn Patricia Determan Andrew Muringaniza Rangandu Mushipe

Front cover:
One of thousands of 'model kitchens' which Community Health Club members have in Zimbabwe.

For more information please visit the website:
www.africaahead.com

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ACRONYMS	
AMCOW	African Minister's Council on Water
BVIP	Blair Ventilated Improved Pit (latrine)
CHC	Community Health Club
CLTS	Community Led Total Sanitation
DFID	Department for International Development
DWSSC	District Water and Sanitation Sub-committee DA
EHD	Environmental Health Division (within MoHCW)
EHTs	Environmental Health Technicians
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MoH	MoHCW Ministry of Health and Child Welfare
NAC	National Action Committee
NGO	Non-Governmental Organisation
OD	Open Defecation
ODF	Open Defecation Free
PHHE	Participatory Health and Hygiene Education
PWSSC	Provincial Water and Sanitation Sub-committee
RDC	Rural District Council
VfM	Value for Money
VHW	Village Health Workers
WASH	Water, Sanitation and Hygiene
ZOD	Zero Open Defecation

AFRICA AHEAD 2013

VISION:

To empower men and women in developing countries to live in fully functional communities that are capable of improving child survival and development by effectively managing preventable diseases through attaining a common understanding, shared knowledge and unity of purpose .

MISSION STATEMENT:

To enable cost-effective and ***integrated*** development through the roll out of Community Health Clubs, particularly in Africa, so as to alleviate poverty, ignorance and disease through ***institutional-ized*** programmes that ensure improved living standards are ***sustained*** through ***self reliance***.

OBJECTIVES:

The objective of Africa AHEAD is to relieve sickness and poverty and promote good health by empowering communities through:-

(1) Disseminating, replicating, adapting and advocating for the scaling up of the '**Community Health Club (CHC) Model'** to improve standards of living through community health and hygiene; building social capital, self-reliance, poverty alleviation, knowledge and sustainable livelihoods;

(2) Developing capacity of local and international NGOs, Agencies and Government departments to use the 'CHC Model' to implement community projects directly where appropriate;

(3) Assisting in the foundation of, and providing on-going support to, local NGOs and other organisations to use the 'CHC Model' and by establishing partnerships between them and appropriate local and international organisations with a similar vision;

(4) Seeking opportunities for local and international research into development issues related to community health and hygiene, social capital, self-reliance, poverty alleviation, knowledge and sustainable livelihoods.'

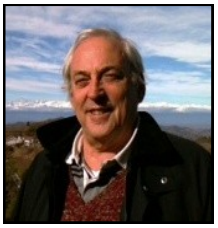
AFRICA AHEAD BOARD OF TRUSTEES

Chairman of Board
Prof. Sandy Cairncross, OBE

On 26th April 2013, Africa AHEAD was registered as a UK Charity (1151795) and we are honoured that Prof. Sandy Cairncross has accepted to be our first Chairman, as it was thanks to his initial insight that the Community Health Club methodology was first accepted as a subject for research at the London School of Hygiene and Tropical Medicine. His support for the first published paper on the cost-effectiveness of Community Health Clubs in 2005, has provided much credibility to this development Model, which is much appreciated. He leads the field in public health with over 150 publications and recently received an OBE for his services to the WASH Sector internationally as well as an AMCOW award in 2011.

Richard Bennison
Secretary Board

The Secretary to the Board is Richard Bennison, recently retired as a Senior Partner from the top financial firm KPMG LLP, as UK Chief Executive Officer and European Chief Operating Officer and a Member of its European Board. He kindly assisted us in the registration and hosted the inaugural meeting in London in April, 2013, when the new constitution was approved and officers were appointed.



Roger Short
Director of Advocacy

The current Executive Director of Zim AHEAD, Dr Juliet Waterkeyn has been appointed CEO of Africa AHEAD, and continues to head Research and Training in Africa AHEAD. Roger Short (left) was appointed Director of Advocacy.

Anthony Waterkeyn, current Chairman of Zim AHEAD, becomes Director of Programmes (AA-UK). Country Directors in both Zimbabwe and Rwanda will represent these countries on the Board. Existing staff in South Africa, Zimbabwe and Rwanda, will be linked into Africa AHEAD. (See Organogram, page 6.)

TRUSTEES

Barbara Evans

Dr. Richard Carter

Our governing Board is mainly academic, reflecting the strong interest we have as an organisation to ensure applied research continues to be conducted to stay at the cutting edge of development. Our Trustees, drawn from top universities will enable us to increase our standing in the WASH Sector internationally as well as enable us to have long term research partnerships with leading universities. Barbara Evans is a Senior Lecturer at Leeds University in UK , and in America, Prof. Jamie Bartram is the Head of the Water Institute of University of North Carolina. We also are delighted to have long time associate Prof Richard Carter, who for many years led the Community development Department of Cranfield University. Darren Saywell is Head of WASH for Plan International. Their time and commitment is much appreciated.

Dr. Jamie Bartram

Dr. Darren Saywell

ISIS:
Our symbol of sound development
Chief Executive Officer
Dr. Juliet Waterkeyn

The women of dynastic Egypt (3,000 - 332BC) were a remarkable phenomenon in the ancient world. Subjected to none of the harsh restraints that Mesopotamian, Greek and Roman patriarchal tradition imposed on their womenfolk, Egyptian females were acknowledged in law to be full and Independent members of society, capable of rational thought and well able to account for the consequences of their own deeds. '

(*Tylesley, J. 1994.Daughter of Isis, Women of Ancient Egypt,)*

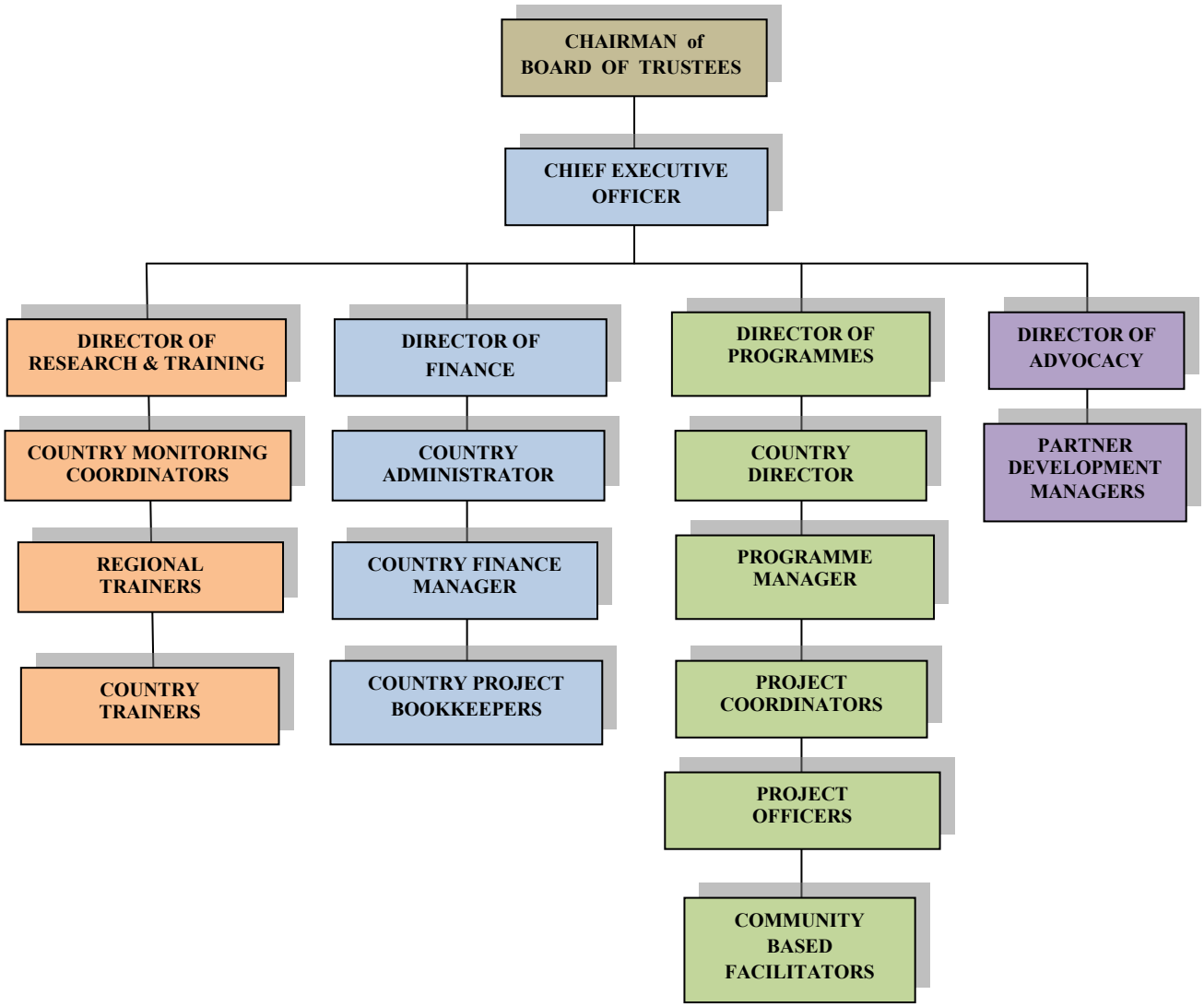
Since 1994, when we conceived the idea of Community Health Clubs, we have been working hard to achieve a similar vision as that of dynastic Egypt, to promote the empowerment of women in Africa. The system of getting women together regularly in a 'club' and thereby giving them time out of their otherwise hardworking lives, to discuss life-saving issues to enhance child survival and development, is part of the overall process of elevating women to their rightful position as respected and effective mothers. The 'art of development' is one which, to succeed, must be in harmony with the culture of the people with whom we work. Five thousand years ago, at the dawn of civilization in Egypt, women were respected and equal to men, but since then African culture has eroded the dignity of women who have become 'donkeys' for men folk, shouldering most of the hard work in the home.

Isis was considered the earth mother, the goddess of fertility, who ensured the Nile river delivered the annual flood which enriched the soils of the country and enabled the people to sustain their agriculture and prosper into one of the most advanced civilizations of all time. We have taken ISIS, an ancient symbol of growth and sustainability, to summarise our principles which guide our development model as we expand out of Zimbabwe, the birth place of the CHC Model, to other countries in Africa. Like parched earth, women are often 'intellectually starved', with little opportunity for information in under-developed areas. We seek opportunities to provide nourishment through education and common unity, and like the nutriments of the Nile, enable the seeds in the parched minds of under-educated women in Africa to grow and prosper so they can effectively manage their family health.

The acronym of 'ISIS' stands for the following-

- **Integration:** To be useful our programmes must be holistic, using health promotion as an entry point into water, sanitation, social development and income generation to ensure that communities achieve -
- **Sustainability:** By enabling communities to become functional through the structure of a Community Health Club there is genuine community management to ensure self-supply, self-sufficiency and resilience.
- **Institutionalisation:** As NGOs we should work through and in partnership with government Ministries, the rightful country authority to ensure that what is done reflects national policy.
- **Scale:** The time for pilot projects is over. We know the CHC Model works and it can be scaled up through instutionalisation of the CHC Model to reach every village in the country.

Africa AHEAD Organogram 2012-2013



STAFF : April 2012 - March 2013

Director of Research: Dr. Juliet Waterkeyn
Country Monitoring Officer: Patty Determan (Zim)
Regional Trainers: Regis Matimati (C.Africa); Amans Ntakarutimana (E.Africa).
Country Trainers: Morgan Haiza / Canaan Makusha (Zim); Justin Otai (Uganda).

Director of Finance: James Broadly (USA)
Country Administrator: Janette Heatherton (Zim).
Country Finance Manager: Innocent Marivo (Zim); Birgit Roessner (SA).
Country Bookkeepers: Nyasha Chinyamutangira, Elizabeth Chimbetete (Zim)**:**

Director of Programmes: Anthony Waterkeyn
Acting Director: Regis Matimati (Zim).
Programme Managers: Andrew Muringaniza (Zim) ; Amans Ntarutimana (Rwanda).
Project Co-ordinators: (Zimbabwe): Spiwe Mpofu (Zim) ; Moses Matondo, Morgan Hayiza,Rangandu Mushipe.
Project Officers: (Zimbabwe): Brighton Ngirazi, Fanuel Chihota, Felistus Mutimukulu, Leeroy Maliseni, Mercy Jamba,Muchisi Marange,Shingirai Marufu, Tamuka Betserai, Tendai Ndachengedzwa, Tendai Saunyama, Winston Muzhanye.
Store keepers: Hamilton Orphan, Alois Chidembo, Charles Makahwi.

Director of Advocacy: Roger Short
Partner Development Managers: Nigel Stuart (USA), Joanne Faulker (USA); Brian Matthew (UK)

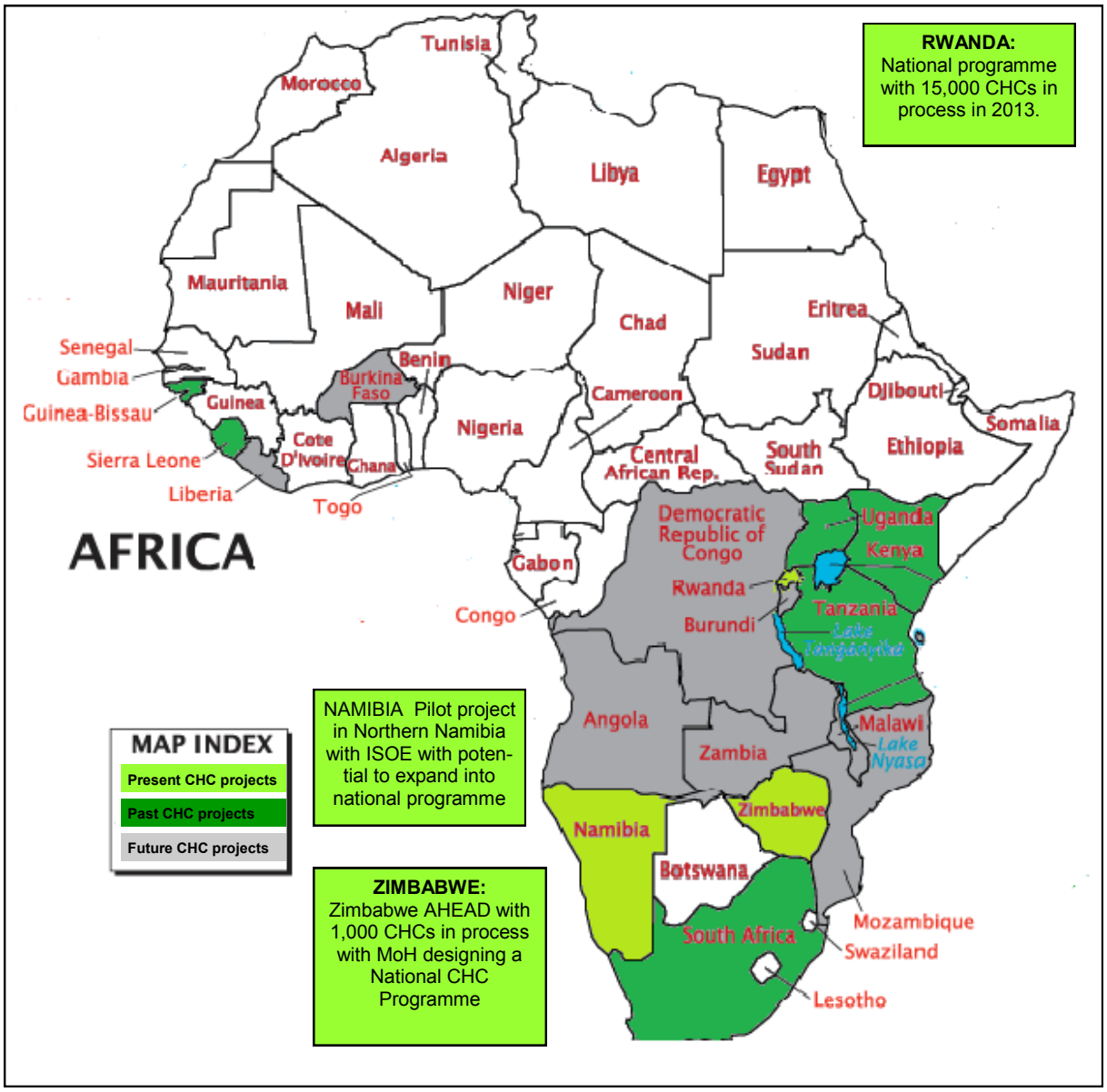
5 YEAR PLAN: 'REDUCTION 5x5'

'The reduction of 5 diseases in 5 million under 5's, at less than US$ 5, per person, in 5 years.

'SMART' Targets:

Specific: We aim to reduce the top five diseases that kill children 'under 5s'.
Measurable: With a fixed target group within a CHC, and a standard survey tool we measure change. Aim to start with 13,000 CHCs.
Achievable: We are aiming for at least 2,600 CHCs p.a.. This is achievable as Africa AHEAD has already done 1,000 CHCs during the past year in Zimbabwe alone.
Relevant: We aim to reduce preventable diseases through improved hygiene, sanitation and water which is also an MDG target, in line with government priorities of most developing countries.
Time Bound: The target is to achieve this within the next 5 years.

The potential CHC countries who have all expressed an interest in the CHC Model are all within the category of the lowest 20 Human Development Index countries in the world. These are: Burkina Faso, Liberia, Sierra Leone, DRC, Uganda, Kenya, Burundi, Malawi, Zambia and Mozambique, as well as the border areas of middle income countries such as South Africa, Namibia and Angola.



BACKGROUND TO AFRICA AHEAD: 2012

Rationale for Registration in the UK
Anthony Waterkeyn
Chairman Zimbabwe AHEAD and
Director of Programmes
Africa AHEAD

On Tuesday 2nd April 2013, the Inaugural Meeting of *Africa AHEAD-UK* was held at the KPMG Head-office in Blackfriars, London, during which the new Board of Trustees was elected and the Constitution was formally adopted. Two weeks later Africa AHEAD was formally registered by the UK Charities Commission. This was the culmination of several years of considerable preparation, the whole purpose of which is to enable AA-UK to better respond to the challenges and opportunities that have been steadily building up to expand the CHC Model to new countries and regions. This is highlighted by the fact that within just two months of UK Registration, Africa AHEAD-UK is about to become officially registered in Rwanda and Zimbabwe thanks to the pro-active support of the Ministries of Health in both countries who are determined to roll-out the CHC Model at national level.

The demand to disseminate the CHC Model has steadily grown since 1995 when this innovative approach for achieving community-based health and development was first pioneered by Zim AHEAD. The Model has been proven to be exceptionally cost-effective, sustainable and appropriate for most developing countries as evidenced by the fact that it has been successfully introduced into a variety of countries that include Uganda and Sierra Leone (Care International); South Africa (Danida); Guinea Bissau (Effective Interventions); Rwanda (World Bank-WSP & UNICEF) and Vietnam (Danida). The model has also been taken up by a number of NGOs in Tanzania, Dominican Republic and Haiti and some of the large INGOs have recently been expressing a keen interest to adopt CHCs. These include World Vision (Zambia), Oxfam (Liberia), Tear Fund (DRC) and IRC (various regions). With this level of interest in the AA 'product' that is founded on solid results wherever CHCs have been introduced, it has become increasingly clear that a more structured and well-located Head Office with strong Board of Trustees would ensure the Model was properly understood and that quality of delivery could be better assured. To this end it was decided to have a central hub located in UK that could facilitate the whole expansion of CHCs to new countries and regions.

This rationale for establishing AA in the UK was further strengthened when the Bill & Melinda Gates Foundation decided (in 2012) to fund an intensive Monitoring and Evaluation (RCT) of the CHC model in Rwanda in order to determine not only the health impact, cost effectiveness and sustainability of this behaviour change model but also to investigate a whole range of other socio-economic aspects including the empowerment of women and the strengthening of social capital. Although the published results of this Gates Evaluation of CHCs in Rwanda will only come out in 2016 we need to anticipate that they are likely to be impressive. This could well trigger a significant surge of interest from the international WASH community into the AA approach for achieving holistic and integrated development that is sustainable. Clearly *Africa AHEAD* needs to be ready and able to respond in a meaningful way and we believe that with a central hub in UK and with a wide spread of 'Associated Practitioners' and well experienced CHC Trainers located in different regions, we should be well positioned to respond to the anticipated demand.

Health & Water Conference North Carolina, USA October 2012

Africa AHEAD hosted a side event at the Water Institute Health and Water Conference at Chapel Hill, North Carolina, where we provided a forum for debate on integrated development using the CHC model with case studies from Dominican Republic, Tanzania, Zambia, and Zimbabwe.
This was a full day event chaired in the morning by Darren Saywell, WASH coordinator for PLAN and in the afternoon by Jan Willem Rosenboom, Global Health, Bill & Melinda Gates Foundation. The morning session show-cased the AHEAD work in Zimbabwe and Rwanda followed by non AHEAD CHC adaptations by Health Science Department (presented by Jason Rosenfeld, University of Texas) in Dominican Republic, Village Network Africa in Tanzania (Anita Boiling) World Vision/Emory School of Public Health in Zambia.

In the afternoon an important discussion on the relative advantages of CLTS and CHC and how to combine the approaches was well handled and provided a practical way forward for those NGOs wanting the benefits of ODF sanitation coverage within a more holistic framework of the CHC approach. The one day event was well attended by a committed group of academics and practitioners and it is clear this is a formula that should be repeated next year.

Dr. Waterkeyn presented a paper on the CHC approach at the UNC Water and Health Conference, and costs were covered by a much appreciated 'scholarship' from UNC for her paper on criteria for evaluating health promotion programmes. A paper, based on the presentation was accepted for publication in the Journal of Water, Sanitation and Hygiene for Development in 2013.

Waterkeyn, J & Waterkeyn, A. (2013) Creating a Culture of Health: Hygiene behaviour change in community health clubs through knowledge and positive peer pressure.

ABSTRACT

Understanding the mechanisms that trigger behaviour change to overcome risky hygiene is critical to improving family health. Research in an integrated health promotion programme in 382 Community Health Clubs (CHCs) in three districts of Zimbabwe showed clearly the value members attached to gaining 'knowledge', which was their strongest motivation for joining CHCs. In these rural areas, where only 38% had completed primary school, randomly sampled CHCs ranked the 'Need for Knowledge' second highest after 'Safety'. A survey of 880 CHC members showed that an average of 80% of CHC members who had '*full* knowledge of diarrhoea', also practised ten recommended hygiene practices ($p > 0.001$), compared to 17% who had '*some* knowledge', and 6% who had safe hygiene, but '*no* knowledge'. In the control group only 50% with '*full* knowledge' of diarrhoea, also practised safe hygiene, 30% fewer than the CHCs. Therefore, thorough training is needed to ensure a critical mass have 'full knowledge'. This justifies the CHC Model with 24 weekly sessions reinforcing key messages over a six month period. Positive peer pressure through shared knowledge, understanding and experience, combines to change group values ensuring that even uninformed individuals adopt safe hygiene practices through the adoption of a 'Culture of Health'.

REGISTRATION & RESEARCH IN RWANDA

Joseph Katabarwa, Head of Environmental Health in Rwanda , James Habiryamana Principle Investigator (Georgetown University), Tom Clasen (London School of Hygiene & Tropical Medicine, Radu Ban, Project Officer for Gates Foundation with Juliet and Anthony Waterkeyn of Africa AHEAD on start up of Research Project in Rwanda. December 2011.

SCALING UP IN RWANDA

The Community Health Club Model of development is being rolled out across Rwanda to every one of the 15,000 villages in the country through the Community Based Environmental health Promotion Project, and at least 15 organizations are supporting MoH to achieve universal coverage of hygiene promotion. However there are concerns that this may affect the quality of the programme. Therefore Juliet and Anthony Waterkeyn persuaded the Bill & Melinda Gates Foundation to conduct a randomized Control trial to measure the effectiveness at scale of this approach.

There are five main objectives for this intervention in 3 years:

1. **To build capacity in MoH for cost-effective training of communities for hygiene behaviour change**

2. **To enable MoH to effectively monitor behaviour change through evidence-based data collection**

3. **To ensure functional and responsible communities exist in 150 villages in Rusizi district**

4. **To provide a demonstration on how hygiene behaviour change can be sustained**

5. **To demonstrate a cost-effective Change Model capable of improving family health at scale.**

The Role of Africa AHEAD is to support MoH and ensure quality control as well an enhance monitoring system within the country for the outcomes of the CHCs to be tracked.

STARTING UP IN RWANDA—RUSIZI DISTRICT

Amans Ntakarutimana,
Project Manager Rwanda

Africa AHEAD has registered in Rwanda and is in the process of starting up a CHC project in 100 villages in Rusizi District in the far south of the country, bordering DRC and Burundi. This will begin in September 2013, with the usual community mobilization, household inventory (base line survey) of all CHC homes, selection and training of 'ASOC Mentors' - a new cadre of Community Health Workers in Rwanda dedicated to public Health in each village. They will be responsible for starting 50 CHCs and training the communities from January to August 2014

EVALUATION OF THE COMMUNITY HEALTH CLUB APPROACH

A Randomised Control Trial (RCT) is currently being undertaken by IPA, in conjunction with leading universities - London School of Hygiene in UK & Tropical Medicine and Georgetown University in USA. There are to be a total of 150 villages assessed with repeated surveys during the course of the 4 year trial, to ascertain levels of hygiene behaviour change, as well as measure reduction of diarrhoea, skin disease, and malaria, as well as social outcomes such as the increase social solidarity, cohesion, trust and reciprocity as a result of the Community Health Clubs. The selection of 150 villages by randomization has involved a survey of all 600 villages in the district, and by August 2013, the villages for the three arms will have been designated and divided into three arms to measure the difference between the 'Classic' text book version of the CHC training, a lighter version more typical of the CHC training, which approximates PHAST training, and the control areas. With no training.

Juliet and Anthony Waterkeyn have visited Rwanda five time in the past years to set this programme up and have been responsible for designing the programme. The main role for Africa AHEAD will be to assist MoH to implement the training of the community and ensure quality control, so that the evaluation is able to measure a model CHC Programme. We are also assisting in the monitoring system so that MoH can have a standardized system for the whole country and develop a data base of all CHCs, with reporting being uploaded electronically onto the website from the district. We are once again introducing the 'Mobenzi' data collection using cell phones to monitor hygiene behavior change at village level, which is automatically collated at national level.

80 Enumerators from the IPA teams have already completed the collection of base line data from 100 of the 150 villages. We accompanied them as they visited some of the islands by boat in the most remote areas on Lake Kivu, on the border with DRC, where hygiene is at it's worst.

SIERRA LEONE A RAPID RURAL APPRAISAL OF CLTS

A Unicef evaluation of CLTS in Sierra Leone showed lack of sustainability of Open Defecation as a result of triggering, and DFID commissioned Africa AHEAD to do a scoping study on health promotion strategies to produce more sustainability in behaviour change. The challenge specified in the Terms of Reference, was to explore the possibility of using the CHC Model to ensure that the sanitation coverage, created by the CLTS triggering is maintained.

A Rapid Rural Appraisal took place lasting three weeks in February, 2013. Two consultative workshops were held with all implementing partners, currently doing CLTS. The team of MoH staff with Juliet and Anthony Waterkeyn, conducted a 10-day field visit to 7 districts. Whilst it was clear that CLTS triggering method had kick-started communities into constructing their own latrines in vast numbers, it was equally obvious that less than 50% of the latrines which had been built were still in existence. As local materials were used the shacks tended to collapse in the rains and were seldom rebuilt so three years after the start of the programme the claims of ODF take-up were false.

Although , there was strong interest by Ministry of Health, especially at District Level, to 'evolve' CLTS, some members of WASH Sector with vested interest to maintain classic CLTS, naturally reacted strongly to the less than complimentary findings. However, others were keen to enable CHCs to fill the 'behaviour change gap' and to use CHCs to provide the community with a much deeper understanding of the need for improved hygiene. With a 36% literacy rate in Sierra Leone, there is a crying need for health information. Experience shows that the CHC methodology works well with the most illiterate communities in the most under-developed rural areas. We await further developments as to whether stakeholders are prepared to 'evolve their own thinking' based on evidence and let Sierra Leone take a more visionary route, following the example of Rwanda.

LIBERIA: Anthony Waterkeyn also attended a WASH workshop in neighboring Liberia hosted by the WASH Consortium, that was less defensive of the CLTS programme. They have subsequently expressed an interest to pilot the CHC Model.and Concern has requested training from Africa AHEAD within the OXFAM Consortium bidding for the DFID WASH Challenge Fund.

DRC: Africa AHEAD project Manager from Rwanda attended a similar workshop in Bukavu, across the border from Rusizi, and as a result Tearfund has requested a pilot project in South Kivu.

NAMIBIA: A small field trial of urban ablution for vacuum sewerage disposal in 3 informal settlements in the small town of Otaki in northern Namibia. Africa AHEAD, together with Regis Matimati, from Zim AHEAD trained community based facilitators for DAPP in how to run a CHC project. The training was completed in early 2012 and the ablution blocks have now been constructed. Africa AHEAD will shortly be doing the valuation of the effect of CHC on community management

As these projects wait for resolution let us remember our beneficiaries, the women of Africa and their children who deserve better.

Africa AHEAD - South Africa

Income and Expenditure Statement for the Year Ended 28th February, 2013

REVENUE	SA Rand DR	SA Rand CR
Grants Income		2,949,816.41
EXPENDITURE		
Accounting fees	2,300.00	
Bank Charges	3,462.00	
Computer Expenses	1,610.00	
Consultant Fees J. Waterkeyn	120,943.64	
Consultant Fees A Waterkeyn	244,015.12	
Entertainment expenses	1,300.50	
General Expenses	1,513.35	
Interest Paid	4.71	
Motor Vehicle– Fuel	565.24	
Printing & Stationary	4,660.40	
Repairs & Maintenance	500.00	
Security	3,705.59	
Subscriptions	500.00	
Telephone & Fax	6,550.39	
Travel & Accommodation	32372.40	
Nett Profit	2,525,813.07	
	2949,816.41	2,949,816.41
Nett Profit		2,525,813.41
Retained Income (Accumulated Loss)	36,242.85	
Directors Loan		38,580.26
Computer Equip– Accum Depre		3,746.48
Furniture & Fittings– Accum Depre		1,488.11
Standard Bank 27 037 983 5	2,529,130.48	
Standard Bank 07 208468 5	172.00	
Supplier Control Account	356.47	
Opening Balance /Suspense Acc	3,726.47	
	R.2,569,627.92	R.2,569,627.92
RoE: Rand 8.83: US$1	US$ 291,011.08	US$ 291,011.08

AFRICA AHEAD: Consolidated Accounts

INCOME STATEMENT - 12 Months Ended December 31,2012

		South Africa	US$ Rate	South Africa	Zimbabwe	USA	Consolidated
REVENUE		**SA Rand**	**8**	**US $**	**US $**	**US $**	**US $**
	Grants Income	R 2,949,816.41		$368,727.05	$451,041.00	$35,357.31	$855,125.36
	Training Material Sales	R 0.00		$0.00	$67,258.00	$0.00	$67,258.00
	Consultancy Income	R 0.00		$0.00	$21,400.00	$0.00	$21,400.00
	Other Income	R 0.00		$0.00	$3,765.00	$0.00	$3,765.00
	Total Income	**R 2,949,816.41**		**$368,727.05**	**$543,464.00**	**$35,357.31**	**$947,548.36**
GRANT EXPENSES							
	Computer Expenses	R 38,748.57		$4,843.57	$0.00	$0.00	$4,843.57
	Planning & Mentoring Support	R 191,457.00		$23,932.13	$0.00	$0.00	$23,932.13
	Transfers to AfricaAHEAD	R 0.00		$0.00	$0.00	$35,357.31	$35,357.31
	Travel Expenses	R 104,667.34		$13,083.42	$0.00	$0.00	$13,083.42
	Total Grant Expenses	**R 334,872.91**		**$41,859.11**	**$0.00**	**$35,357.31**	**$77,216.42**

INCOME STATEMENT - 3 Months Ended March 31,2013

		South Africa	US$ Rate	South Africa	Zimbabwe	USA	Consolidated
REVENUE		**SA Rand**	**9.5**	**US $**	**US $**	**US $**	**US $**
	Grants Income	R 2,290,629.58		$241,118.90	$201,363.06	$0.00	$442,481.96
	Training Material Sales	R 0.00		$0.00	$20,908.55	$0.00	$20,908.55
	Consultancy Income	R 0.00		$0.00	$6,218.00	$0.00	$6,218.00
	Other Income	R 0.00		$0.00	$9,824.45	$0.00	$9,824.45
	Total Income	**R 2,290,629.58**		**$241,118.90**	**$238,314.06**	**$0.00**	**$479,432.96**
GRANT EXPENSES							
	Computer Expenses	R 0.00		$0.00	$0.00	$0.00	$0.00
	Monitoring Costs	R 30,730.88		$3,234.83	$0.00	$0.00	$3,234.83
	Personnel	R 0.00		$0.00	$0.00	$0.00	$0.00
	Planning & Mentoring Support	R 46,020.00		$4,844.21	$0.00	$0.00	$4,844.21
	Program Supplies	R 0.00		$0.00	$37,644.77	$0.00	$37,644.77
	Running Costs	R 0.00		$0.00	$0.00	$0.00	$0.00
	Start-up Costs	R 0.00		$0.00	$0.00	$0.00	$0.00
	Training	R 46,507.50		$4,895.53	$0.00	$0.00	$4,895.53
	Transfers to Africa AHEAD	R 0.00		$0.00	$0.00	$0.00	$0.00
	Travel Costs	R 91,150.53		$9,594.79	$0.00	$0.00	$9,594.79
	Total Grant Expenses	**R 214,408.91**		**$22,569.36**	**$37,644.77**	**$0.00**	**$60,214.13**

CONSOLIDATED EXPENDITURE STATEMENT - 12 Months to December 31,2012

	South Africa	US$ Rate	South Africa	Zimbabwe	USA	Consolidated
	SA Rand	8	US $	US $	US $	US $
GENERAL EXPENSES						
Accounting Fees	R 2,300.00		$287.50	$0.00	$0.00	$287.50
Bank Charges	R 3,758.39		$469.80	$3,939.00	$55.00	$4,463.80
Board Expenses	R 0.00		$0.00	$540.00	$0.00	$540.00
Cleaning Expenses	R 0.00		$0.00	$1,288.00	$0.00	$1,288.00
Communication Costs	R 7,368.86		$921.11	$5,412.00	$0.00	$6,333.11
Computer Expenses	R 1,610.00		$201.25	$225.00	$0.00	$426.25
Consulting & Professional Fees	R 17,650.00		$2,206.25	$110.00	$850.00	$3,166.25
Depreciation, Amortization & Impairments	R 0.00		$0.00	$25,748.00	$0.00	$25,748.00
Employee Costs	R 0.00		$0.00	$242,884.00	$0.00	$242,884.00
Employee Welfare	R 0.00		$0.00	$16,306.00	$0.00	$16,306.00
Entertainment	R0.00		$0.00	$0.00	$0.00	$0.00
General Expenses	R 2,513.35		$314.17	$47,151.00	$0.00	$47,465.17
Hire	R 0.00		$0.00	$54.00	$0.00	$54.00
Insurance	R 0.00		$0.00	$1,483.00	$0.00	$1,483.00
Interest Paid	R 4.71		$0.59	$0.00	$0.00	$0.59
IT Expenses	R 0.00		$0.00	$5,100.00	$0.00	$5,100.00
Lease Rentals	R 0.00		$0.00	$22,106.00	$0.00	$22,106.00
Licenses	R 0.00		$0.00	$141.00	$0.00	$141.00
M&E Baseline/Monitoring	R 0.00		$0.00	$3,777.00	$0.00	$3,777.00
MoH HQ	R0.00.		$0.00	$0.00		$0.00
Marketing Expenses	R 0.00		$0.00	$12,145.00	$0.00	$12,145.00
Motor Vehicle Expenses	R 765.24		$95.66	$21,812.00	$0.00	$21,907.66
Office Supplies	R 0.00		$0.00	$4,841.00	$0.00	$4,841.00
Parking & Toll Fees	R 0.00		$0.00	$103.00	$0.00	$103.00
Printing & Stationery	R 4,660.40		$582.55	$34,997.00	$0.00	$35,579.55
Promotional Expenses	R 0.00		$0.00	$15,597.00	$0.00	$15,597.00
Repairs & Maintenance	R 500.00		$62.50	$12,564.00	$0.00	$12,626.50
Security	R 4,121.69		$515.21	$0.00	$0.00	$515.21
Subscriptions	R 500.00		$62.50	$0.00	$0.00	$62.50
Training Expenses	R 0.00		$0.00	$6,431.00	$0.00	$6,431.00
Travel Expenses	R 45,372.40		$5,671.55	$16,808.00	$2,664.33	$25,143.88
Travel Expenses - Meals	R 1,600.50		$200.06	$0.00	$0.00	$200.06
Utilities	R 0.00		$0.00	$1,909.00	$0.00	$1,909.00
Total Expenses	**R 92,725.54**		**$11,590.69**	**$503,471.00**	**$3,569.33**	**$518,631.02**
NET INCOME	**R 2,522,217.96**		**$315,277.25**	**$39,993.00**	**($3,569.33)**	**$351,700.92**

CONSOLIDATED EXPENDITURE STATEMENT - 3 Months to March 31,2013

	South Africa	US$ Rate	South Africa	Zimbabwe	USA	Consolidated
	SA Rand	9.5	US $	US $	US $	US $
GENERAL EXPENSES						
Accounting Fees	R 9,300.00		$978.95	$0.00	$0.00	$978.95
Bank Charges	R 1,133.06		$119.27	$1,236.49	$0.00	$1,355.76
Board Expenses	R 0.00		$0.00	$0.00	$0.00	$0.00
Cleaning Expenses	R 285.38		$30.04	$0.00	$0.00	$30.04
Communication Costs	R 5,539.47		$583.10	$2,533.00	$0.00	$3,116.10
Computer Expenses	R 4,087.70		$430.28	$390.00	$0.00	$820.28
Consulting & Professional Fees	R 0.00		$0.00	$0.00	$0.00	$0.00
Depreciation, Amortization & Impairments	R 1,563.00		$164.53	$0.00	$0.00	$164.53
Employee Costs	R 0.00		$0.00	$102,834.32	$0.00	$102,834.32
Employee Welfare	R 0.00		$0.00	$425.00	$0.00	$425.00
Entertainment	R 2,827.10		$297.59	$0.00	$0.00	$297.59
General Expenses	R 1,225.45		$128.99	$13,392.32	$0.00	$13,521.31
Hire	R 0.00		$0.00	$0.00	$0.00	$0.00
Insurance	R 0.00		$0.00	$3,799.00	$0.00	$3,799.00
Interest Paid	R 0.00		$0.00	$0.00	$0.00	$0.00
IT Expenses	R 0.00		$0.00	$528.00	$0.00	$528.00
Lease Rentals	R 0.00		$0.00	$8,908.40	$0.00	$8,908.40
Licenses	R 0.00		$0.00	$0.00	$0.00	$0.00
M&E Baseline/Monitoring	R 0.00		$0.00	$4,593.05	$0.00	$4,593.05
MoH HQ	R 7,950.32		$836.88	$0.00	$0.00	$836.88
Marketing Expenses	R 0.00		$0.00	$16,574.23	$0.00	$16,574.23
Motor Vehicle Expenses	R 2,603.00		$274.00	$18,710.33	$0.00	$18,984.33
Office Supplies	R 0.00		$0.00	$5,065.44	$0.00	$5,065.44
Parking & Toll Fees	R 0.00		$0.00	$39.00	$0.00	$39.00
Printing & Stationery	R 356.12		$37.49	$13,665.00	$0.00	$13,702.49
Promotional Expenses	R 0.00		$0.00	$0.00	$0.00	$0.00
Repairs & Maintenance	R 1,867.00		$196.53	$0.00	$0.00	$196.53
Security	R 1,805.92		$190.10	$0.00	$0.00	$190.10
Subscriptions	R 535.00		$56.32	$0.00	$0.00	$56.32
Training Expenses	R 0.00		$0.00	$17,448.89	$0.00	$17,448.89
Travel Expenses	R 43,561.02		$4,585.37	$5,359.12	$0.00	$9,944.49
Travel Expenses - Meals	R 0.00		$0.00	$0.00	$0.00	$0.00
Utilities	R 4,878.69		$513.55	$782.15	$0.00	$1,295.70
Total Expenses	**R 89,518.23**		**$9,422.97**	**$216,283.74**	**$0.00**	**$225,706.71**
NET INCOME	**R 1,986,702.44**		**$209,126.57**	**($15,614.45)**	**$0.00**	**$193,512.12**

BALANCE SHEET - December 31, 2012

		South Africa	US$ Rate	South Africa	Zimbabwe	USA	Consolidated
		SA Rand	8	US $	US $	US $	US $
ASSETS							
	Cash at Bank	R 2,526,271.52		$315,783.94	$97,046.00	$1,195.58	$414,025.52
	Trade & Other Receivables	R 0.00		$0.00	$2,912.00	$0.00	$2,912.00
	Inventories	R 0.00		$0.00	$21,258.00	$0.00	$21,258.00
	Total Current Assets	R 2,526,271.52		$315,783.94	$121,216.00	$1,195.58	$438,195.52
	Fixed Assets	R 6,378.00		$797.25	$29,341.00	$0.00	$30,138.25
	Total Assets	**R 2,532,649.52**		**$316,581.19**	**$150,557.00**	**$1,195.58**	**$468,333.77**
LIABILITIES							
	Accounts Payable	R 8,217.03		$1,027.13	$55,825.00	$908.15	$57,760.28
	Shareholders/ Directors Loans	R 38,457.38		$4,807.17	$0.00	$3,856.76	$8,663.93
	Reserves	R 0.00		$0.00	$3,786.00	$0.00	$3,786.00
	Retained Income/ Loss b/fd	R -36,242.85		($4,530.36)	$51,053.00	$0.00	$46,522.64
	Retained Income/ Loss current	R 2,522,217.96		$315,277.25	$39,993.00	($3,569.33)	$351,700.92
	Total Liabilities	**R 2,532,649.52**		**$316,581.19**	**$150,657.00**	**$1,195.58**	**$468,433.77**

BALANCE SHEET - March 31, 2013

		South Africa	US$ Rate	South Africa	Zimbabwe	USA	Consolidated
		SA Rand	9.5	US $	US $	US $	US $
ASSETS							
	Cash at Bank	R 2,206,413.05		$232,254.01	$90,397.40	$1,195.58	$323,846.99
	Trade & Other Receivables	R 0.00		$0.00	$2,912.00	$0.00	$2,912.00
	Inventories	R 0.00		$0.00	$16,078.00	$0.00	$16,078.00
	Total Current Assets	R 2,206,413.05		$232,254.01	$109,387.40	$1,195.58	$342,836.99
	Fixed Assets	R 13,432.30		$1,413.93	$59,341.00	$0.00	$60,754.93
	Total Assets	**R 2,219,845.35**		**$233,667.93**	**$168,728.40**	**$1,195.58**	**$403,591.91**
LIABILITIES							
	Accounts Payable	R 208,426.34		$21,939.61	$42,737.00	$908.15	$65,584.76
	Shareholders/Directors Loans	R 37,797.38		$3,978.67	$0.00	$3,856.76	$7,835.43
	Reserves	R 0.00		$0.00	$3,786.00	$0.00	$3,786.00
	Retained Income/ Loss b/fd	R -13,080.81		($1,376.93)	$137,819.85	($3,569.33)	$132,873.59
	Retained Income/ Loss current	R 1,986,702.44		$209,126.57	($15,614.45)	$0.00	$193,512.12
	Total Liabilities	**R 2,219,845.35**		**$233,667.93**	**$168,728.40**	**$1,195.58**	**$403,591.91**