Zimbabwe AHEAD

Organisation Annual Report

REPORT BY THE CHAIRMAN OF THE BOARD

Zimbabwe AHEAD was launched just fifteen years in 1995. It got off to a flying start with a rapid build-up of successful projects being implemented in many parts of the country. Development Partners like Oak Foundation, Danida and DFID quickly appreciated the innovative nature and striking potential of the Community Health Club (CHC) approach for achieving cost-effective, high impact rural development that was sustainable and holistic in nature. Projects were soon being implemented right across the country from Tsholotsho in the west to Makoni and Buhera in the east.

However by 2002, and as direct a consequence of the tragic experience that this country has been put through over the past ten years, Zimbabwe AHEAD was forced into a perilous situation where many funding partners decided to withdraw support for development projects in Zimbabwe. As such Zimbabwe AHEAD had to 'down-size' and re-locate its main office to Rusape where there were still some ongoing projects thanks mainly to loyal support from New Zealand Aid.

Great credit for the survival of the organisation during these extremely challenging times must go to my immediate predecessor as Chairman, Mr George Nhunhama, who managed to keep the organisation going by also taking on the role of Acting Executive Director as well. Somehow the organisation managed to survive these desperate years of hyper inflation and political, economic and social melt-down. By 2006 it was engaging with Mercy Corps in a number of districts in Manicaland with funding from the EU. By the time the cholera outbreak commenced in late 2008 Zimbabwe AHEAD had the capacity to respond decisively in Mutare and other areas and has since been cooperating closely with Oxfam, UNICEF and other partners including DFID and their PRP II programme.

Last year, in mid 2009, the head office had been brought back to Harare and Zimbabwe AHEAD's visibility and capacity in the WASH sector has been increasing ever since. The robustness of the CHC approach has thus been proven throughout this challenging ten-year period and is now considered as being best practice for Hygiene Promotion in Zimbabwe by the MoH and WASH sector.

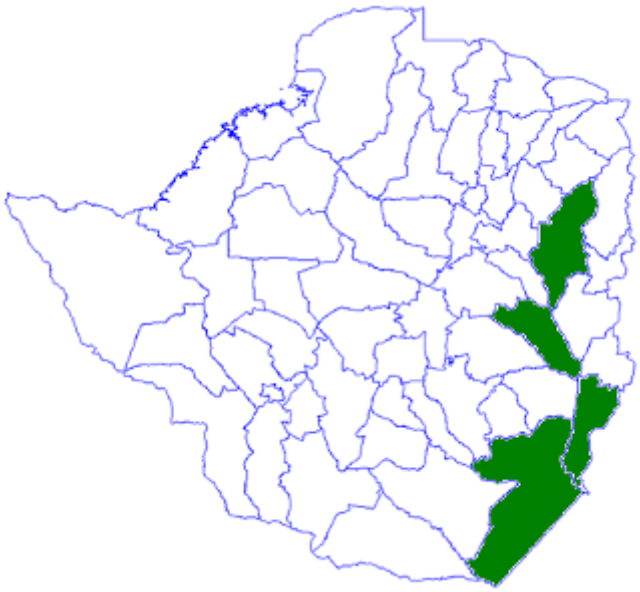
During this same decade while Zimbabwe AHEAD was fighting for survival against all odds the CHC approach was quickly gaining a reputation across the rest of the continent. In recent years since 2000 it has been taken up in countries across Africa including Rwanda and Uganda in East Africa, Sierra Leone and Guinea Bissau in West Africa and also South Africa. In addition, Vietnam in SE Asia is also now introducing CHCs within their national programme of preventative health. So, while Zimbabwe has been floundering, CHCs have been thriving! In fact an important document signed up to by no less than 19 major Development Agencies (including World Bank, UNDP, WHO, DFID, DANIDA, etc) actually singled out the CHC approach as being particularly effective for achieving hygiene behaviour change. This global document sited the Tsholotsho project (as implemented by Zimbabwe AHEAD and researched at the LSHTM), as being clear evidence of this.

So, after the challenges of this decade now past, we enter the next decade full of hope and optimism that Zimbabwe AHEAD will once again rise to new heights and quickly surpass the successful position it had reached by 1999. The fact that CHCs have become internationally recognised will likely lead to increasing interest and opportunities for Zimbabwe AHEAD to positively influence this exciting development sector at large. The fact that an inspiring country like Rwanda has recently taken up the challenge to train 45,000 Community Health Workers in the CHC methodology is likely to be taken up by any number of additional countries in the near future. To meet such challenges, Zimbabwe AHEAD must aim to strengthen further its already high standards of excellence in training, research and programme implementation so that it can positively influence the achievement of the MDGs in Africa and beyond.

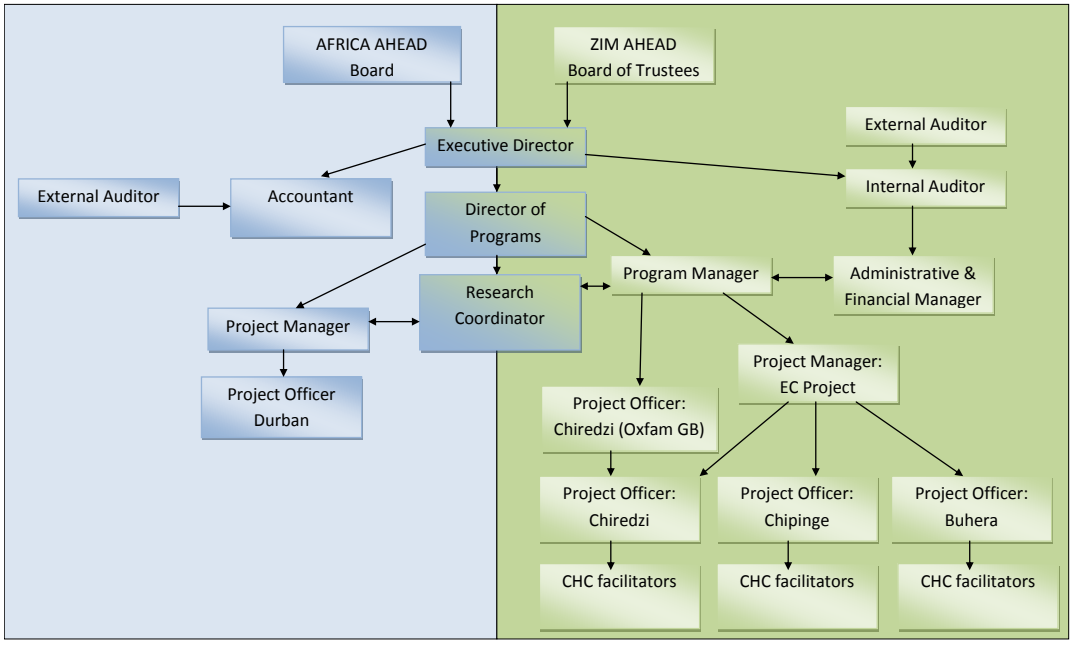
Anthony Waterkeyn

Chairman

4 Districts : Makoni, Chipinge, Chiredzi and Buhera



Organogram: Africa AHEAD linking to Zimbabwe AHEAD



STAFF in 2009

Executive Director:	Anthony Waterkeyn (1997)
Director of Programmes:	Juliet Waterkeyn (1997)
Programme Manager:	Regis Matimati (2007)
Finance and Admin Manager:	Innocent Marivo (2009)
Research Coordinator:	Jason Rosenfeld (Oct 2009)
Project Team Leader: EC	Barbara Ruwodo (2007-Sept 2009)
Project Manager, Chipinge:	Andrew Muringaniza (1999)
Project Officer, Buhera:	Morgan Hayiza (2007)
Project Officer, Chiredzi:	Nyasha Matembudze (2009)
Internal Accountant:	Ruth Evans (2007)
Public Health Promoter, Chiredzi:	Cecilia Chinhengo (2008)
Public Health Promoter, Chiredzi:	Canaan Makusha (2009)
Logistics Officer, Training Centre:	Walter Wakatama (1999)

Our strength is in our self motivated staff!

Through the past difficult decade, Zimbabwe AHEAD has survived thanks to a dedicated and self motivated team, able to work largely unsupervised, with a deep vocation to improve the living conditions of fellow Zimbabweans.

The ethos of our organization is that we are here to serve our people, and our work is more than a job, and it goes on with or without support.

Morgan Haiza, … Regis Matimati, … Andrew Muringaniza, Josephine Mutandira
Juliet Waterkeyn, Walter Wakatama, Celia Chinhengo, Canaan Makusha, Nyasha Mutembudze

Our Appreciation

We would like to pay a special tribute to Josephine Mutandiro, who retired this year.
She joined the organization in 1999, and brought with her a deep understanding of good development practice, gleaned over 35 years of development, and her philosophy has inspired many younger development workers, as she drilled us with ***'Development is a Process!'***

As District Co-ordinator in Makoni from 2000-2008, she initiated the well know herb programme which has become a model for the FAN clubs which are now part of our Model. She leaves her knowledge of herbs in our new Herb training manual and will continue to facilitate training part time. We welcome her as she joins our Board of Directors, to continue her valuable

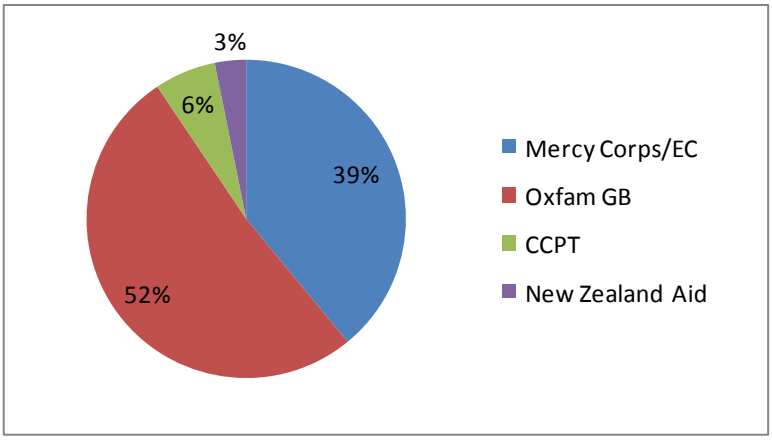
Our Worker of the Year

Andrew Muringaniza has been with the organization since 1999, and was responsible for the internationally recognized Tsholotsho Programme which has achieved some of the highest rates of hygiene behaviour change world wide. With Andrew as Project Manager of the Mercy Corps funded programme in Chipinge, Buhera and Cheredzai, the programme has not only met but exceeded all targets. Andrew in his humble and unassuming style, has established Zimbabwe AHEAD as a reliable partner in the field and with his deep understanding of the CHC Model he continues to ensure that our project meet expectations. He is then institutional memory of our organization having been with us from the start.

Meeting the Challenge

As a small NGO, dependent on external funding, we have had minimal support for core funding and our administration has had to be lean. This has been a constant challenge in a time when hyperinflation made accounting impossible, and the lack of auditing has further limited our chances of securing ongoing funds of any substance, despite our credibility.
However, since our Finance and Admininistration Officer **Innocent Marivo,** joined us in 2009, he has gone patiently through all the hoops and our accounts are now rejuvenated and have been recently audited. In one of the most challenging economic environments he has come up with all requirements for our donors and established Zim AHEAD as a reliable and transparent partner.

2009 Projects



	TOTAL		2009
Mercy Corps/EC	3 years	376,930	87,573.25
Oxfam GB	1.5 years	50,403	115,653.00
CCPT	4 months	13,975	13,975.00
New Zealand Aid	one year	7,106	7,106.00
DFID – IWSD	3 years	24,000	
TOTAL		472,414	224,307.25

- **Food Security and Livelihoods Independence project** supported by the **EC** through **Mercy Corps** in Chipinge, Chiredzi and Buhera districts (on-going)
- **Public Health Promotion in Humanitarian emergencies** with **Oxfam** supported by OFDA in Mutare urban (completed)
- **Cholera response project in Dangamvura** – Mutare Urban with **OFDA** support through **Oxfam** (completed)
- **Public Health Promotion in Humanitarian emergencies** supported by **OFDA** through **Oxfam** in Chiredzi rural and urban districts (on-going)
- **Early Childhood Development Centres** construction in Makoni district with support from **NZAID** (completed)
- **Early Childhood Development** (ECD) support to 425 children in Makoni District with support from **Christian Community Partnership Trust** (CCPT) (on-going)
- **PRP 2 Training for CHC** :backstopping support to 22 local and international NGOs on the use of Community Health Clubs on the **DfiD** funded project (on-going)
- **Cholera Response project:** Consultancy training to **Care International** on their in Masvingo province's 4 districts (completed)
- **National Cholera Core team**: partnered with **UNICEF** and **IWSD** on training the provinces to proactively prepare for Cholera response

Programme Highlights

Programme Manager: Regis Matimati

'The AHEAD methodology is a crowd puller '

Strengths

The Zimbabwe AHEAD team of committed high-achievers managed to hold cholera at bay in their areas of work by adapting and switching from regular programming into an emergency response mode. We as a result managed to keep our funding partner OGB interested and we secured yet another contract with them when 6 other partners fell off.

The FAN clubs project target exceeded at 131% achievement. Food security and community livelihoods were significantly assured by the excess garden produce and improved community health. The capacity of the community to address their own developmental challenges and that of the government extension workers to assist the community has vastly improved following the several developmental workshops facilitated by Zimbabwe AHEAD.

The Early Childhood development project in Makoni has received acclaim from the community and the Ministry of Education as it ensures an early start for the children as well as relieving pressure of child care from the elderly grannies that look after orphaned and vulnerable children.

The AHEAD methodology continues to receive attention from other implementing organisations who keep asking for more tool kits and training.

Challenges

The one year funding regimen from OGB inhibits the full roll out of the AHEAD community development model leaving communities unready for self sustenance.

Zimbabwe AHEAD was dependent on Mercy Corps to rehabilitate boreholes ahead of the establishment of our communal nutrition gardens, which can not be started without reliable water. Therefore we achieved 68% of our own target realisation for the FAN garden in Chipinge, Chiredzi and Buhera.

By contrast, where Zimbabwe AHEAD was able to proceed without dependency on partners, in the individual gardens, coverage was actually 124%.

Government extension workers who we should be collaborating are not as pro active as they should be because they are often de-motivated by the lack of anticipated big incentives.

With only one project vehicle, we lacked adequate transport on all of our projects.

Opportunities

The cholera out-break was a *felt issue* in the community and it attracted overwhelming community participation in the urban areas. We did not disappoint in helping the community realise their role in community health.

The AHEAD methodology is a crowd puller and was not adequately used for sustainable community development owing to the short funding contracts. It was time up by the time the community was getting ready to take on responsibility over their health among other developmental issues.

Lessons Learnt

Community Health Clubs enable communities to can stand together in common unity to reduce challenges and threats to their well being.

Community capacity building is the best way forward but it requires a bit more time than the current one year projects to see the communities taking their first step on the journey to self reliance. We should seek more long term funding in our projects, rather than the one year emergency support.

Research and Training

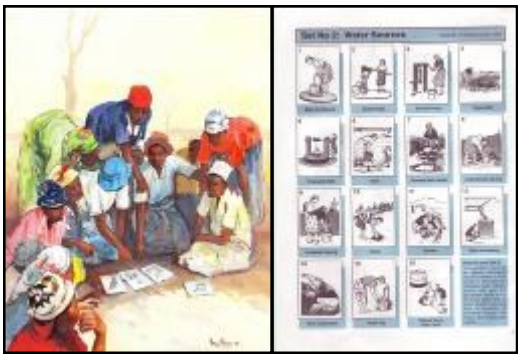
Programme Director: Dr. Juliet Waterkeyn

Our Organisation was founded to adapt, replicate, disseminate and scale up the Community Health Club approach. From 2002– 2005 I had the opportunity to research our projects at the London School of Hygiene and Tropical Medicine and the findings which showed convincing evidence that our approach was indeed cost-effective when compared with other similar projects world wide. I was fortunate to have these findings endorsed by Prof Sandy Cairncross who is one of the well known Guru's in our sector, and together we published a paper in the Journal of Social Science and Medicine (2005) that has been influential in getting the CHC Approach more widely appreciated. A book has now been published which provides academic readers with a solid read on our findings (available at www. amazon.com)

We have always been at the cutting edge of training methodologies, with the use of participatory activities, and as far back as 1994, when we were known as Studio AHEAD, we developed the first PHAST Tool Kit in the country.

As Zimbabwe AHEAD, we have continued to update and expand on this Tool Kit and now offer the most comprehensive stock of PHHE Training materials in the country.

Due to our increased visibility through WASH cluster presentations and the PRP 2 projects support , Zim AHEAD has realised a surge in demand for Tool kits selling over ….. packs in 2009 to IOM, CARE International, OXFAM, Practical Action.



Over the past five years we have been developing two manuals which will also be available to organizations which opt for the training courses that we are now ready to provide at our new Training Centre near Harare.

Community Health Club Training:
Module 1: Introduction to CHC Approach
Module 2: How to start up CHCs
Module 3: PHAST Training in CHCs

Herb and Nutrition Training
Module 4: Herbs Can Help
Module 5: Nutrition

AFR ICA AHEAD RESOURCE AND TRAINING CENTRE

In the past decade, we have continued to network internationally as the Directors founded a sister organization called Africa AHEAD, which has been working not only in Africa but this year in Asia. However as we promote the CHC Approach as best practice, our projects are attracting international interest, and we now need to have the facility to scale up our training not only for other organizations in Zimbabwe but for other countries in Africa who continue to come on Look and Learn Tours.

Our new Training Centre in Christon Bank, 30 kms north of Harare on the Mazowe Road, now offers a top class venue for participants. In this delightful hill top garden, all the herbs that we use are grown and available as start up kits for the participants. Organic gardening, bee keeping, and eco-sanitation are also demonstrated. We also encourage interns interested in conducting M.Sc. research in our projects to study at our Resource Centre. In 2010, we will be offering regular courses in the CHC Approach and Herb and Nutrition, to other NGOs and Organisations at the Africa AHEAD Resource and Training Centre.

Food Agriculture and Nutrition (FAN) Clubs (EC Funded)

134 FAN Clubs in three areas: Chipinge, Chiredzi and Buhera.
Target surpassed: 131%
Number of beneficiaries = 64,020 people or 10, 670 households

Buhera Wards: **1, 2, 8,10 & 31**
Chipinge Wards: **24, 25, 26, 27 & 29**
Chiredzi Wards: **1, 2, 3, 4, 5 & 25**

HERB GARDENS: Training in growing and use of Herbs was done in 2008 and there are now 70 Herb growers who train other women in medicinal remedies

ESTABLISHMENT OF FAN CLUBS SURPASSES TARGET

A total of 134 FAN clubs have been established surpassing the project target by 32 FAN clubs : Chipinge (59), Chiredzi (30) and Buhera (45).The project target of 120 Fan Clubs has been achieved and the club methodology accepted and easily replicated by each facilitator in the formation of new clubs.

HIGH DEMAND FOR EXPANDING THE PROJECT

Although it is difficult to resist the demand for new clubs, it is felt that it is better to concentrate on the strengthening the existing clubs. Demands for new clubs are being raised by Village Heads in areas left out in the project wards and especially in those areas which were hard hit by the cholera outbreaks in the past rainy season . Buhera and Chipinge RDCs have also recommended the expansion of the FAN clubs in other wards. But the project cannot sustain such activity due to budgetary constraints.

66 communal gardens - 68% achievement so far

COMMUNAL GARDENS HELD UP BY LACK OF WATER SUPPLY

The required project target is 90 gardens. A total of 62 gardens (68%) have been established and supported by the project with seed, tools and wire fencing until the live fencing, a local euphorbia has grown. (Chipinge (21), Chiredzi (16), Buhera (25)

Self Supply in Buhera District six gardens have been voluntarily started even without any project support indicating that this approach is catching on and providing an inspiration of other outside the project area. This means there are 68 gardens in total with an estimated … beneficiaries.

Management Training

The CHC and Garden committees are also being trained in their roles and responsibilities. This is to harmonise the activities of the two committees with an umbrella committee being established at ward level. A monitoring and reporting system is being introduced. This is part of the exit strategy to capacitate the community which will enable FAN clubs to sustain the projects as the project comes to an end, and ensure long term food security.

Agritex has been engaged to ensure the environmental suitability of the garden sites, pegging of beds, fencing and planting. However in Chiredzi and Buhera there has been resistance by Agritex due to per diem issues.

5,100 individual gardens formed to date : 124% of target

COMMUNITY HEALTH CLUBS — Partnership: OXFAM

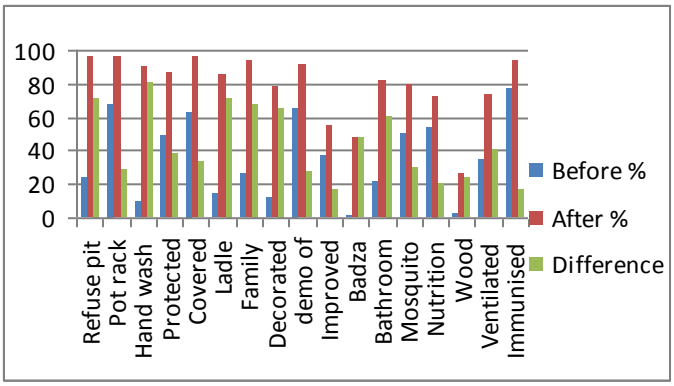
32 Community Health Clubs with 2,688 members
16 School Health Clubs with 1,514 members

Hygiene Behaviour change after 3 months :

Facility	Rural	Urban	Total
Hand wash facility	1287	668	1955
Pot racks	1419	650	2069
Refuse pits	1531	725	2256
Temporary toilets	246	-	246
Latrines	264	-	264

Partnership: Mercy Corps

District	Number of Clubs	Number of Graduates
Buhera	32	3,237
Chiredzi	16	8,53
Chipinge	54	3,190
Total	**102**	**7,280**



HIGH LEVELS OF HYGIENE BEHAVIOUR CHANGE

Once again it is gratifying to see that the magic formula for triggering Hygiene Behaviour Change has been effective in Chipinge District. Using a Household Inventory to monitor activities in each CHC home, the facilitators themselves collected this information, which was analyzed in Excel.

This shows that before the start of health promotion sessions there was an average of only 35.6 % adherence to practices shown in the table (left), and after one year this had increased by 43.7% to 79.5% uptake of recommended practices.

Ambuya neMuzukuru Enriched Play Centre NZAID and CCPT

NZAID –construction of ECDC completed with community participation donated US$7,100
CCPT- successful early childhood development project on-going

Although the high mortality rate (18.1%) from HIV/AIDS is decreasing slowly, the fallout from death of breadwinners in the past decade is an exceptionally high number of orphans dependent on grandparents, 1.3 million in Zimbabwe (UNAIDS, 2006), mainly in the rural areas. This dependency load on the elderly has been identified as a major challenge particularly in the current economic crisis recovering from an estimated 7000% inflation, and food shortage. This has significantly worsened the plight of the elderly and their dependents as they have limited access to social services, family labour for food production and disposable income.

The key functions of the play centres are:

1. **Cultural:** Traditional values transferred to orphans and vulnerable children, through participation of elderly with storytelling and teaching of traditional song and dance at play schools.
2. **Protection:** Daily attendance provides protection for orphans who may be exposed to physical, sexual or emotional abuse which can be monitored by trained supervisors.
3. **Early learning:** providing a stimulating environment and supervised play facilities for children under 5, enabling them to have a good start at school.
4. **Growth monitoring:** Monitoring the growth and development, physically and mentally of each child.
5. **Support to guardians:** Prevention of 'burn-out' of guardians (grandparents) by reducing the dependency load with supplementary feeding and supervision which every morning allowing car-

The aim is that each centre should consist of the following construction: VIP toilets, swings and playground, toys and equipment, nutrition garden, water source, and permanent shelter in case of bad weather.

Three of the centres are in Ward 5 – Chiendambuya, Makoni North about 75 kilometres from Rusape and the other three are in Ward 20-Dumbamwe/Sangano area - Makoni East about 30 kilometres out of the district town (Rusape).

Secondly, we supply supplementary feeding at each playschool consisting of a nutritional meal at lunch (corn soya blend, Mahewu drink and vegetables from the nutrition garden.

COMMUNITY HEALTH CLUBS IN A TIME OF CHOLERA:
Mutare : Sakubva & Damgamvura

Zimbabwe AHEAD played its part in the national cholera emergency, by galvanising communities to protect themselves from this killer disease through the training in Community Health Clubs (CHCs). Whist in normal circumstances, Community Health Clubs in Zimbabwe have a six month course of 24 health sessions, the training was curtailed to a 10 session training. Our project started in Mutare in October 2009, targeting the sprawling high density suburb of Damgamvura in an effort to contain the outbreak. A few months later there were 10 health clubs, varying from 61 – 496 members, with the average club size of 182 active members. Club attendance rose over the past few weeks to a total of 3,320 people but regular registered members are 1,400 of which 84 (6%) were male while 1,316 (94%) were female. The reason for this sudden upsurge in attendance is attributed to the fact that CHCs are a new phenomenon and many people hoped this was a way of getting onto the Non Food Item (NFI) register, a package given to the most vulnerable. Instead by joining CHCs they are provided with the means, by health knowledge, to defend themselves against cholera by their own efforts.

Non Food Item emergency packages
The 2,375 NFIs beneficiaries who receive the emergency package have been given Cholera awareness and response sessions by Zimbabwe AHEAD with their accompanying relatives and family members, at the distribution site. 2,375 beneficiaries received double issue of soap and cotton wool from the NFI handouts, and the remainder 625 will receive during a mop up exercise as distribution was hindered by incessant rains that fell during the distribution period.

Trainer of Trainers for School Health Clubs
A five day training for school health masters / School Based Facilitators (SBFs) was held in Mutare from 09 to 13 February 2009 and was attended by 24 school health masters, as well as the Mutare City Chief Nursing Officer, one Environmental Health officer, four District Education Officers and two officers from the Min. of Education 'Better Schools Program'.

Scaling Up Cholera Response
Based on the success of the community mobilisation through Health Clubs, Zimbabwe AHEAD was asked to scale up activities into six more wards in the Mutare area (Wards 15,6, 18, 9,7,8) training volunteers to help prevent the spread of Cholera. A training was held for 40 Public Health Promotion (PHP) volunteers on 11th/12th Feb, 2009, to ensure they understand cholera

Public Health Promotion
After the training volunteers were returned to their suburb, to do their duties which are going well. Cholera awareness and response sessions were conducted in some sections of all the 6 wards with volunteers going in groups of six. Door to door campaigns were also done as well as public meetings and attendances to public gatherings were discussions were facilitated. During the Non Food Item (NFI) distribution, daily a pre-distribution public health promotion was held with all prospective beneficiaries and their accompanying relatives In total, an estimated 10,896 people were reached during the month in this exercise. In one of the wards people were mobilised and held a clean up campaign on their own. Schools were also approached and an estimated total of 1,250 pupils were reached.

The Sakubva Clean Up
Sakubva known as being one of the most vulnerable areas for cholera given it proximity to Mozambique and the market which attracts travellers and sellers is a hot spot, with no sanitation and open sewerage in much of the suburb. The fact that there was only one case in Sakubva and no deaths at all, has been attributed to the effectiveness of our health promotion campaign run through the many health clubs. This community mobilisation was seen in action on the day of the clean up, when mountains of rotting garbage that had not been collected for the last four months, was swiftly dealt with by the community health club members. They turned out in their thousands to separate rubbish, burning and recycling until the roads were clear. The Council can to inspect and could not believe the difference and has pledged to attend to the broken sewers to ensure that residents who have done their part are rewarded with government back up.