



Africa AHEAD

Applied Health Education and Development



Annual Report

June 2014—March 2015

CONTACTS

Where you can find us and
Who to contact

For more information visit the website:

www.africaahead.com

For registration of Community Health Clubs

www.chcahead.org

The 2014 –2015 Annual Report

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REGISTRATION DETAILS

Africa AHEAD is now registered in five countries:

South Africa

Non Profit Sect. 21:2005/040379/08

United Kingdom

British Charity No: 1151795

USA

Not for Profit 501c(3) 38-3862007

Zimbabwe

Private Voluntary Organisation 19/2014

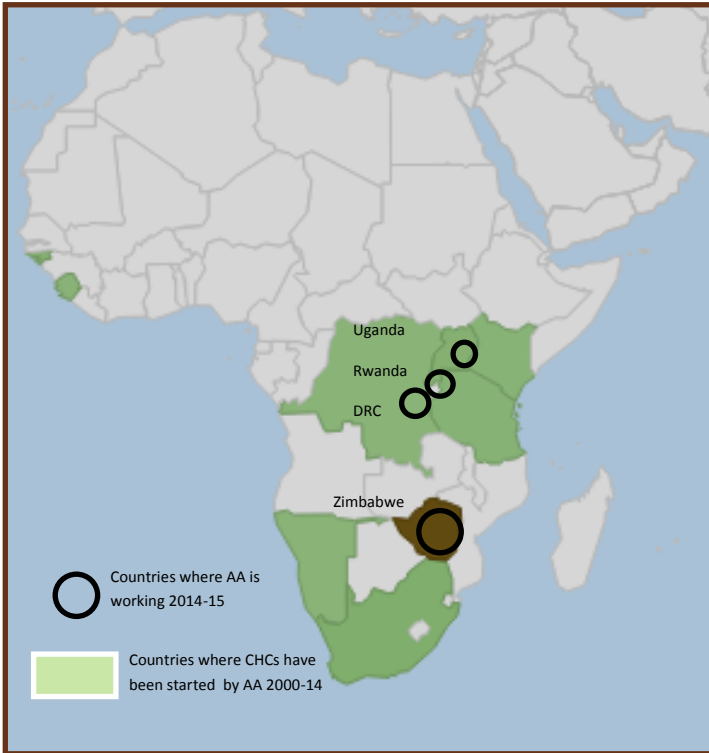
Rwanda

International NGO registered 177/DGI&E/13

COUNTRIES

Our 2014 operational countries

1



Current Countries

- Rwanda page 13 + 14
- Zimbabwe pages 15 – 20
- DRC page 21
- Uganda page 22

Our Strength lies in the dedication of our teams on the ground



The Zimbabwe Team 2014



The Rwandan Team 2015

THE BOARD

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Enhancing our credibility &
Ensuring good accountability



CHAIRMAN



Prof. Sandy Cairncross (OBE), London School of Hygiene & Tropical Medicine, London, UK.

SECRETARY



Mr. Richard Bennison
Retired CEO of KPMG (Europe)
Based in London, UK.

UNITED KINGDOM TRUSTEES

Prof. Richard Carter
University of Cranfield
Retired Head of WASH
Ex Head WASH - WaterAid



Ms. Barbara Evans
Senior Lecturer
Water Institute
University of Leeds &
Joint Monitoring Program

UNITED STATES OF AMERICA TRUSTEES



Mr. James Broadley
Financial Consultant
USA-AHEAD

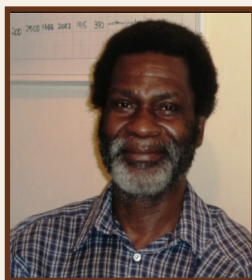


Prof. James Bartram
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Dr. Darren Saywell
Head of WASH- PLAN
Washington

AFRICA BASED ADVISORS



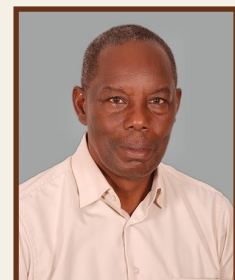
Mr. George Nhunhama
Water Advisor
Zimbabwe



Mrs. Janette Hetherton
Chairperson, Advisory
Board, Zimbabwe



Dr. Jaap Kuiper
Education Advisor
Zimbabwe



Mr. Zachary Bigirimana
Regional Representative
East Africa

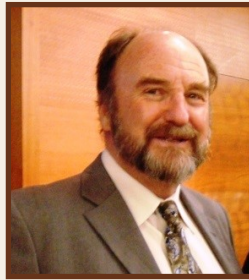
MANAGEMENT

The team responsible for running programmes in Africa

Africa AHEAD Founders



Dr. Juliet Waterkeyn
Chief Executive Officer



Mr. Anthony Waterkeyn
Programme Director



Mr. Joseph Katarbarwa
Country Director



Mr. Regis Matimati
Country Director



Mr. Lyle Aitkin (UK)
Chief Finance Officer
United Kingdom



Mrs. Birgit Roessner
Chief Accountant
South Africa



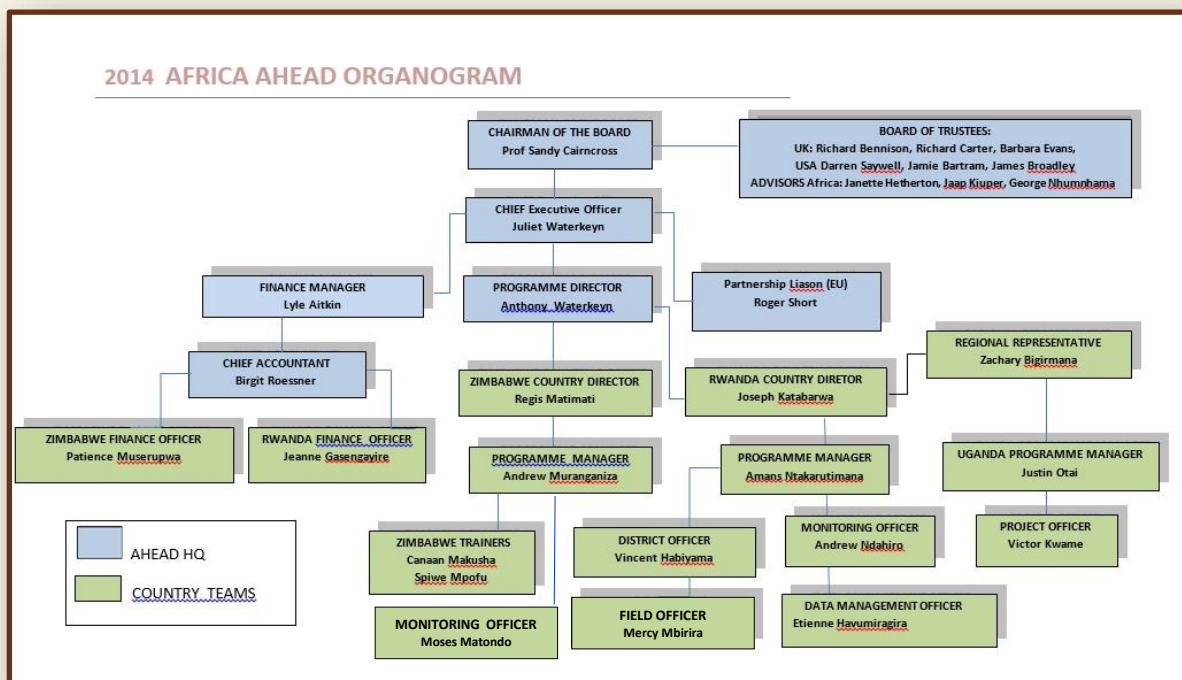
Mr. Roger Short, Director
Partnership Liason
Europe



Ms. Jeanne Gasengayire
Finance Officer
Rwanda



Ms. Patience Muserepwa
Finance Officer
Zimbabwe

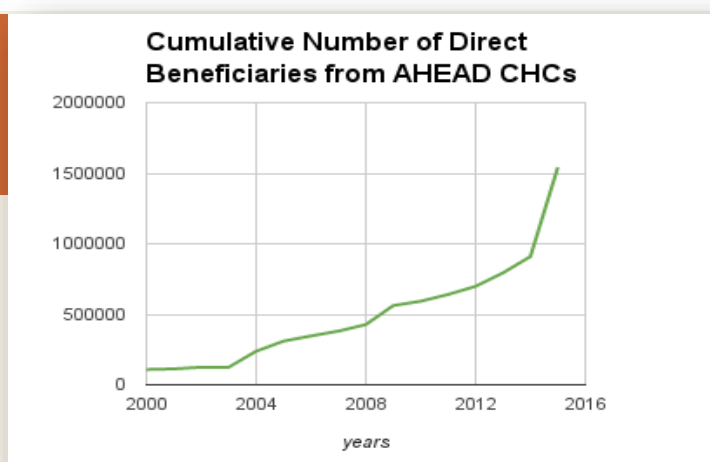


ACHIEVEMENTS

4 How many beneficiaries to-date?

Achievements to date

2000 - 2015: We have reached an estimated 1,542,220 beneficiaries through 3,213 CHCs training 257,040 CHC Members in 11 countries.



Beneficiaries are estimated as follows: Number of Community Health Clubs x 75 (average members per CHC) x 6 average household size)

How have we achieved this?

Over one million have benefitted in Zimbabwe alone, where a small team of dedicated development workers have been implementing projects directly since 1995. The team has varied from 2-30 people depending on funding.

The Zimbabwe AHEAD team have been responsible for training over 25 local and international NGOs in the CHC Model in the past 5 years.

The Founders of Africa AHEAD, Juliet and Anthony Waterkeyn, have been working as consultants in the countries listed below and have influenced other NGOs and Agencies to take up the CHC Model.

We have influenced policy as in Rwanda where there is a CHC in 14,800 villages but these indirect beneficiaries are not factored in to the estimation below.

Number of beneficiaries by country 2000-2015

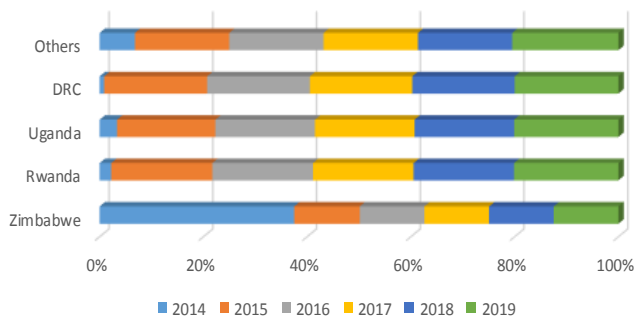
COUNTRY	Number of CHCs	Members	Beneficiaries
Zimbabwe	2137	170960	1,025,760
Rwanda	100	8000	48000
Uganda	200	16000	96000
South Africa	350	28000	168000
DRC	20	1600	9600
Tanzania	75	6000	36000
Kenya	30	2400	14400
Guinea Bissau	200	16000	96000
Sierra Leone	50	4000	24000
Vietnam	48	3840	23040
Namibia	3	240	1440
	3213	257040	1542240

CHALLENGE

How many beneficiaries in 5 years?

5

CHCs needed per year to reach 5 million beneficiaries before 2020



How many CHCs would be needed?

In order to reach our target of 5 million beneficiaries, we need 2,232 CHCs per year in 5 countries

An average of 446 CHCs per country

x 75 CHC members per club

x 6 family for each CHC member

= 200,808 beneficiaries per year.

Which Countries?

We are flexible but will follow the line of least resistance - whichever countries are prepared to scale up fastest.

At present we are working in Zimbabwe, Rwanda, Uganda & DRC.

We have started advocacy in Tanzania, Kenya, Burundi, Zambia and Namibia all of which would be keen if funds permitted.

'5 x 5'

5 years

5 diseases

5 million

5 countries

<US\$5 p.p

Which diseases?

The main diseases which affect infant and child morbidity & mortality

Pneumonia

Diarrhoea

Malaria

Malnutrition

Bilharzia

How will we do this?

1. Though direct implementation
2. Through training other NGOs
3. Through policy to instigate national CHC Programmes

Estimated number of CHCs needed in 5 countries to achieve 5 million beneficiaries in 5 Years

Year	Zimbabwe	Rwanda	Uganda	DRC	Others	TOTAL
2014	834	50	75	20	150	
2015	281	437	425	447	400	
2016	277	434	430	447	400	
2017	277	434	430	445	400	
2018	277	434	430	445	400	
2019	277	450	450	450	450	
CHCs	2223	2239	2240	2254	2200	
Members	166725	167925	168000	169050	165000	
Family	1,000,350	1,007,550	1008000	1014300	990,000	5,020,200

EXECUTIVE SUMMARY

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Overview : May 2014 — March 2015



Chief Executive Officer's Report

By Dr. Juliet Waterkeyn

Hands on and hard work paddling upstream this year to launch the teams in Rwanda and Zimbabwe.



This year has been one of **consolidation** of the various wings of the organisation under the UK registered Charity. We have been most grateful for the services of Mr. Lyle Aitkin, who joined us as Financial Manager in 2014 and who has introduced an **online accounting system** which is being controlled by him in the UK, ably assisted by our accountant Birgit Roessner in South Africa. Much time has been spent building the capacity of our Rwanda and Zimbabwe Offices to ensure international accounting standards.

As the MDGs give way to the new targets for the Sustainable Development Goals, we believe we are now on a solid footing to scale up our activities providing training for East and Southern Africa from our two hubs. We are now a team of 20, which is being managed by **two Country Directors**, Mr. Joseph Katarwa in Rwanda and Mr. Regis Matimati in Zimbabwe. Both Directors are known for their complete commitment to community development and for their long experience with the CHC approach in particular. We rely on them to take our organisation forward to the next stage.

With an increasing drive internationally for more sustainable and integrated community development, we expect that our way of 'doing development' is poised to move center stage in the next few years. We have always tried to highlight the necessity of building common unity within communities as a prelude to any type of inputs and this mantra was taken up at **World Water Week** this year where the daily newsletter highlighted our seminar which Africa AHEAD co-hosted with the Swedish Environment Institute.

We were delighted that in Zimbabwe the **Minister for Health visited our projects** and held them up as a case study for all to follow in the country, emphasizing that 'prevention' was the way to go so that communities can take more responsibility for their own health. It is only the restraint by international donors to invest in Zimbabwe which is hampering the immediate take up of the CHC countrywide in compliance with MoH policy.

We have revamped our website and all video can be found online: www.africaahead.com. In addition we have launched our new monitoring website as a CHC registry for all our partners with a standardized tool for assessing behavior change. www.chcahead.org

COUNTRY OVERVIEW

Highlights of achievements in
four countries

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We are honoring Mr. Regis Matimati, appointed Country Director for Zimbabwe this year with the Africa AHEAD Award for 2014 in recognition of his great advocacy efforts in the face of adversity.

RWANDA: We are delighted as the national Community Based Environmental Health Promotion Programme (CBEHPP) is making great gains in the country. There are registered CHCs in almost **every one of the 14,860 villages in the country and 40% have now been trained.** At a workshop hosted jointly by Unicef, USAID and Africa AHEAD, we were acknowledged as the driving force in the start up and roll out of the CHCs in Rwanda. It is now gratifying to see that Unicef and USAID will be supporting implementing partners to **ensure the remaining 60% of the country benefits from CBEHPP.** We are also expecting a positive outcome from the **Randomised Control Trial** in Rusizi District where preliminary results are showing that the CHCs are causing a strong community response and the District is already begging for scale up. We await the results of the impact evaluation being conducted by IPA due to be published next year. Meanwhile Gates Foundation is extending the Rwanda project until the end of 2016, to ensure all 150 villages have the same Classic CHC treatment. (p.13)

ZIMBABWE: Country Director, **Regis Matimati receives the Annual Africa AHEAD Award** in recognition his outstanding Advocacy efforts this year which has resulted in nearly US\$ 150,000 worth of consultancy training for Zim AHEAD with 6 NGOs. And through them we have assisted in the start up of 826 CHCs / SHCs with over half a million beneficiaries. We thought last year was good (when we were implementing our own projects) which resulted in 177,445 beneficiaries, but training other NGOs is more cost-effective at under US\$0.50 p.p. Despite the challenges of finding funding for project implementation in Zimbabwe, **40% of our target of one million beneficiaries has already been met** in the past two years, and Africa AHEAD at least in this country is well on target to meet our '5x5' challenge. (p.15)

UGANDA & DRC: We have two pilot projects, one in Uganda in partnership with ILF, almost complete and the other in Democratic Republic of the Congo in partnership with Tearfund which has just started in March 2015 and runs to the end of 2015. The DRC project may lead to more exposure for the CHC Model as the programme is being seriously monitored by **ODI who are measuring achievements** and impact and making a comparative analysis of the different approaches, including CLTS and 'Village Assaini'. Already the response from the community has told us CHCs are working as well as ever even in the DRC. (p.21)

ADVOCACY

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Summary of Advocacy Efforts



Presentations by Africa AHEAD 2014 -15

WORLD WATER WEEK CONFERENCE

Stockholm. August 2014.

AFRICA AHEAD & STOCKHOLM ENVIRONMENT INSTITUTE SEMINAR

This seminar provided an opportunity for discussion and debate as to whether the CHC Model is replicable at scale in other developing countries. It was reported in the World Water Week daily bulletin. www.africaahead.org/wp-content/uploads/2014/09/WWW-SUNDAY-LOW2.pdf

I'm Not Nobody now: Gender in Community Health Clubs

Dr. Juliet Waterkeyn <http://www.africaahead.org/2015/04/i-am-not-nobody-now/>

Hygiene Behaviour Change through CBEHPP in Rwanda

Dr. Arno Rosemarin (SEI) <http://www.africaahead.org/countries/rwanda/>

Mobilising for Improving Water, Energy and Sanitation in Uganda

Dan Wolf (ILF/Blue Planet) <http://www.africaahead.org/countries/uganda/>

5x5: Seeing is Believing

Anthony Waterkeyn <http://www.africaahead.org/2015/04/seeing-is-believing/>

Sustainable Sanitation Alliance (SuSanA) September, 2014.

Going for ZOD: Achieving Sustainable Sanitation through Community Health Clubs

Juliet Waterkeyn <http://www.africaahead.org/2015/04/going-for-zod/>

BILL & MELINDA GATES FOUNDATION PARTNER CONVENING

Hanoi, Vietnam. Feb, 2015

CBEHPP in Rwanda: Hygiene Behaviour Change through Community Health Clubs

Anthony Waterkeyn. Poster Presentation <http://www.africaahead.org/documentation/presentations/>

CBEHPP SCALE UP WORKSHOP: USAID, Unicef & Africa AHEAD

Kigali, Rwanda. March 2015

Progress towards the implementation of CBEHPP: Andrew Ndahiro, AA Monitoring Officer (Africa AHEAD)

<http://www.africaahead.org/documentation/presentations/rwanda-randomised-control-trial/>

MONITORING CHCS

Standard Monitoring & Evaluation Procedure

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Africa AHEAD has developed a standard set of metrics for monitoring all Community Health Club households. This Tool is known as the **Household Inventory**.

What? It tracks 10 main Golden Indicators. Each indicator has 5 sub indicator which are all observable. These observable indicators are proxy evidence of hygiene behavior in the home.

By Whom? The Household Inventory is conducted at every household by the Community Based Facilitator, and representative of the CHC executive committee, who are trained to recognize recommended standards.

When? The household inventory is collected once the CHC is formed but before any training has taken place. It may be collected 3 months later (Mid training) and one year later at the end of the 20 sessions, as annually, as funds permit.

How many? Ideally every household is monitored by the Community Based Facilitator (above), dependent on whether there is enough start up time and resources for the survey.

Why? The home visit provides an opportunity for mobilization to get as many households as possible into the CHC. If people know they are being monitored they are more likely to change and sustain the new behaviour or facility.

How? The household Inventory is collected using a standard booklet which is also used as a registry for the CHC. The CBF must then hand in the book to the MoH Environmental Health Officer or NGO Project Officer who has to collate the findings for each CHC and upload them online. If funds permit we can also collect the same inventory on a mobile phone in which case there is instant data analysis.

Quality Control: All NGOs and partners as well as MoH can register the CHCs online using our new web based portal. This allows detailed data to be stored on each CHC as well as the ability to generate graphs on hygiene standards for each CHC. Those members who have attended all 20 sessions receive certificates

OUR PARTNERS ARE ENCOURAGED TO USE OUR NEW WEBSITE WHICH PROVIDES AN INSTITUTIONAL MEMORY, STANDARDS AND A DATA BASE FOR INTERNATIONAL COMPARISON.

See www.chcahead.org A user name can be given on request.

RWANDA

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Overview of achievements in Rwanda
in the year 2014 - 2015



Funder: Bill & Melinda Gates Foundation
Partner: Ministry of Health
Location: Rusizi District
Dates: Oct. 2013 - Dec 2016
Beneficiaries: 45,000
Cost: US\$781,060



Randomised Control Trial

The Evaluation is being conducted by Innovation for Poverty Action (IPA) who randomly selected 150 villages 50 'Classic' villages, 50 Lite villages & 50 control.

The Intervention

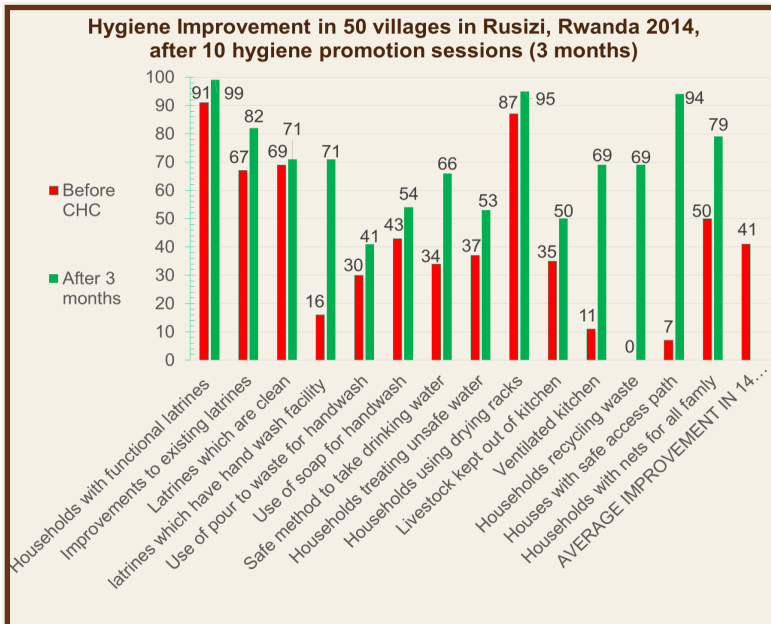
The CHC model was adopted for the Rwandan national Community-Based Environmental Health Promotion Programme (CBEHPP) based on previous experience which demonstrated CHCs capable of achieving high levels of cost-effective behavior change. An evaluation of the health and socio-economic impact that may be achieved using the CHC model is being conducted in Rusizi District, with Africa AHEAD supporting the Ministry of Health to implement this demonstration.

This Evaluation seeks to distinguish between two levels of intervention:

1. The 'Classic' CHC approach that consists of 20 sessions on WASH related topics as well as Nutrition, Child Care, Malaria, Bilharzia, Worms and skin disease. This 6 month period results in strengthened social cohesion and empowerment of women through shared knowledge understand and practice.
2. The Emergency 'Lite' version of 8 sessions similar to PHAST focuses only on WASH topics.



One of 50 Community Health Clubs which graduated from January - March 2015 in Rusizi District



Africa AHEAD and MoH have conducted a base line Survey, a mid line and post, and results are showing considerable changes.

Africa AHEAD Household Survey: Monitoring of Hygiene Behaviour Change

After six months of intervention, field monitoring by MoH and Local Government extension staff indicate that participating households (8,420) have made significant gains (See chart above) with an average 41% improvement in hygiene behaviors across 14 indicators included the following:

Improved fly-proof latrines with hand-washing facilities in use from 16% to 71%; ventilated kitchens from 11% to 69%, mosquito net usage from 50% to 79%, improved latrines from 67% to 82%.

Long term sustainability is anticipated as a result of anecdotal evidence of the strong engagement by district and sub-district leadership with those CHCs who have completed their training and now taking responsibility for management of their preventative health and hygiene enabling facilities.

Many CHCs are transforming into village-based enterprises, initiating projects such as soap making, production of local sanitation and hygiene products and opening bank accounts as a result of the marked increase in social cohesion and sense of accomplishment that is already evident. Such developments are likely to provide the means to achieve improved standards of sanitary facility as well as to sustain health gains.

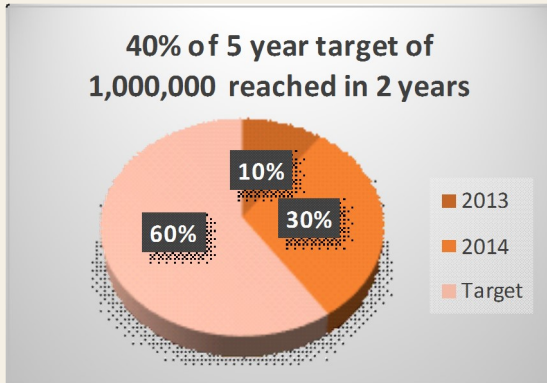
Ministry of Health has called on all partners to scale up training and implementation of CHCs across the entire country in order to achieve 100% CHC coverage in all 14,860 villages by 2018. Both Unicef and USAID have pledged to support this scale up with funding for multiplication of CBEHPP facilitation tools, training, monitoring and evaluation country wide.

It is critical to ensure better **quality control** of the CHC model in order to achieve maximum health impact. This will be achieved through standardized CHC training and the adoption of improved M&E using the web-based monitoring tool that BMGF has funded AA to develop in order to track the hygiene behaviour changes within each and every CHC in real time. See Monitoring page 12.

ZIMBABWE

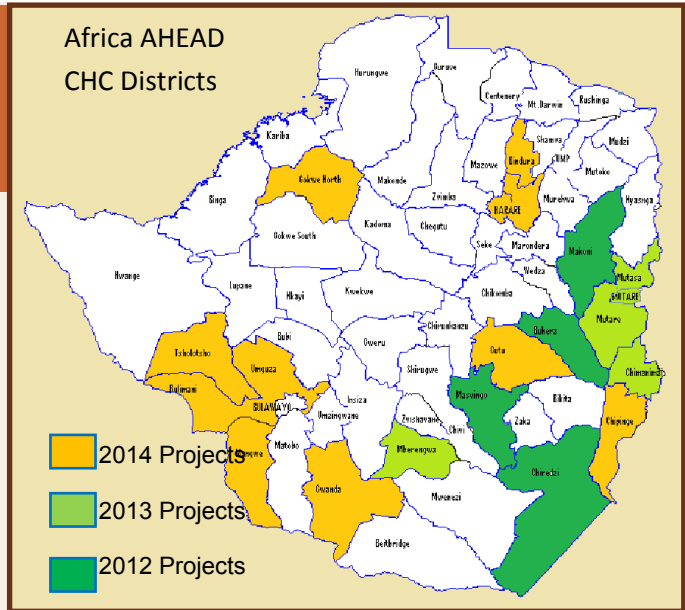
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Summary of Projects
2014 – 2015



Meeting our own Sustainable Development Goals!

509,700 beneficiaries in one year 2014-15 in Zimbabwe



This year Zimbabwe AHEAD was officially absorbed into Africa AHEAD, registered as an INGO. Our experienced team has been supporting many partners including CNFA, IMC, MSF, SNV & ADRA.

This year alone in Zimbabwe with a team of only 4 trainers, we have trained 826 Community Based Facilitators, and their roll on training has resulted in an estimated 509,700 beneficiaries (family members of CHCs) at a cost of only 27c (US\$) p.p.

This extraordinary achievement with an annual income of only US\$142,321 is an even better achievement than last year when we reached 171,445 beneficiaries through implementing our own projects directly at a cost of <US\$5.

We have reached 40% of our target of 1 million people in Zimbabwe in 2 years.

Partner	Funder	Location	US\$ Budget	Trainees	Beneficiaries*
Practical Action (p.16)	Australian Gov.	Bindura	2,000	40	18,000
ADRA (p.17)	Japanese Gov.	Gokwe North	17,714	250	112,500
CNFA & IMC (p.18)	United States AID	Matebeleland North & South	69,296	400	192,000
MSF (p.19)	Belgian Govt.	Harare	3,400	16	7,200
SNV (p.20)	European Union	Masvingo	49,911	120	180,000**
TOTAL			142,321	826	509,700

* Estimated by number of CHCs x average of 75 members x average of 6 per household benefitting from improved hygiene

** Estimated by 120 Schools with health clubs with an average of 250 pupils x 6 family members

ZIMBABWE

Scaling up CHCs in Bindura Town
with Practical Action

16



40 more Community Based Facilitators trained



Partner: Practical Action/UNICEF

Funder: Australian Government

Dates: Oct 2014 — Sept 2015

Area: Bindura Town

Budget: \$2,000

In 2008 a cholera epidemic affected over 10,000 people in Zimbabwe and took over 4,000 lives. Urban areas are still at high risk of Cholera outbreaks as water quality has deteriorated in the past decade. Bindura Town Public Health Promotion Project from October 2012 to September 2013 implemented by Zimbabwe AHEAD built trust between the residents and local authority through Customer Care training for council staff. This highly successful project covered the 12 wards of Bindura Urban and saw the establishment of 17 CHCs and Market Health Clubs, with a total CHC membership of 1,038 as well as 10 School Health Clubs established with a membership of 733 school children benefitting from knowledge and good hygiene practices.

In 2014, Practical Action contracted Zim AHEAD to train 40 more community based facilitators in Bindura, including retraining of some trained the previous year. This year the project will reach a further 3,000 CHC Members positively enhancing the lives of a further 18,000 beneficiaries. Although there may be duplication between various NGOs this serves to reinforce hygiene change of the critical mass and ensure the key messages reach everyone in the town.



Africa AHEAD has developed and supplied a Tool kit of Visual Aids which enable full participation of all CHC Members regardless of educational level. Nearly 2,000 kits have been sold this year to other NGOs.

ZIMBABWE

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Integrated Projects: Bee Keeping in Community Health Clubs



Partner: ADRA
Funder: ADRA Japan
Date: Sept 2014 – June 2015
Location: Gokwe North
Beneficiaries: 112, 500
Budget: \$17, 714.00



As the same group of facilitators had already been trained in 2011 by Zim AHEAD, we persuaded ADRA to go to the next stage with these communities. The participants had a refresher on the hygiene sessions as well as learnt how to keep bees, make bee hives, bee protective gear and smokers. We introduced the Kenya top bar system to enable continual checking that aphids did not infect the colony. The training was attended by MoHCC, MoWAGCD and Agritex so as to ensure district and local level support systems for the Apiculture projects.

Specific Objectives:

- To increase health through improved hygiene in the home
- To provide women with Apiculture (bee keeping) skills to enable income generation
- To ensure high crop pollination by protect wild bee population in Zimbabwe from killer aphid

Activities:

- Developed a booklet for bee keeping
- Translated the CHC Training Manual into Shona
- Provided 250 toolkits for hygiene training
- Trained 250 Community Based Facilitators & 3 school committee members in 5 wards
- Transferred bee keeping skills and management of hives
- Demonstrated Kenya 'top-bar' hives, protective gear and smokers



ZIMBABWE

Amalima Project: Training of
Community Health Clubs

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Community Based Facilitators using visual aids to problem solve hygiene issues at a typical CHC training session



Partner: IMC & CNFA

Funders: CNFA-USAID

Date: March 2014 - May 2015

Location: N. & S. Matabeleland

Beneficiaries: 192,000

Budget: US\$ 69,276

Specific Objectives:

To facilitate increased access to sanitation and improved hygiene practices to reduce WASH related diseases for the rural poor communities of Zimbabwe.

To foster community ownership, and increase responsibility over water and sanitation.

To build and strengthen community resilience in the face of water and sanitation related diseases.

To strengthen sustainable community structures for linkages between WASH and Nutrition

Activities:

- Facilitate four Training of Trainers workshops of 5 days.
- To train 100 VHWs + 63 nurses + 20 EHTs + 5 project officials +12 DWSSC members
- Provide 400 CHC toolkits for participatory hygiene sessions in CHCs
- Provide 25 CHC Manuals for project officials and EHT
- Post training monitoring visits to Community Health Club and School Health Club sites in 4 districts
- Support to monitoring and evaluation officers in IMC/partner

	Pop.	HH	Wards	60% wards	Number of Trainees	Number of CHCs	Number of CHC Member	Number of Beneficiaries
Tsholotsho	113,895	24,151	22	13	50	100	8,000	48,000
Gwanda	116,357	26,773	24	14	50	100	8,000	48,000
Bulilima	90,757	19,761	22	13	50	100	8,000	48,000
Mangwe	67,005	13,806	17	10	50	100	8,000	48,000
Total	38,8014	84,491	85	50	200	400	48,000	192,000

ZIMBABWE

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Health Promotion for Harare
Urban Community Health Clubs



Partner: Medicine Sans Frontier
Funder: Belgium
Dates: Oct 2014 - Dec 2014
Location: Harare City
Beneficiaries: 7,200
Budget: USD \$3,504



Tanks for clean drinking water in Harare provided by MSF to mitigate against cholera.

This new partnership with Medicine Sans Frontier and Africa AHEAD was devised so that we provide the software through 16 Community Health Clubs while MSF is putting up the hardware. They erect water tanks, motorize the water pumps with electricity and diesel generator back up. Communities look after the water point through a Water Point User Committee that collects money monthly from the users to pay for operations and maintenance.

Activities:

- Public Health Promotion and WASH for Harare's vulnerable communities.
- Formation and support for CHCs.
- Training on Community Based Management of Communal water points,
- Community participation in Sanitation management of urban communities.

Urban Community Health Clubs being trained by Africa AHEAD to manage their facilities



ZIMBABWE

Breaking Taboos on Menstrual Hygiene in School Health Clubs

20



The highlight of the training was seeing school boys making these reusable sanitary pad kits for their sisters! This is breaking taboos and giving respect.



Partner: SNV

Funder:

Dates: Sept 2014-August 2015

Location: Masvingo District

Beneficiaries: 180,000

Budget: US\$ 49,911

This is a pilot facilitated by the Ministry of Health and Child Care's National Institute of Health Research, supported by SNV and Africa AHEAD who are working together to improve menstrual hygiene management (MHM) through starting and monitoring 120 school health clubs. This will improve school attendance for girls who previously would miss school when they have their menstruation resulting in poor school performance, which ultimately may affect their future career.

Activities:

- Training 120 School Health Masters on public health promotion
- Developed a new card set of visual aids for Menstruation
- Construction of 20 multi compartment Girl Friendly latrines in 20 schools

The project will continue until all the 203 primary and secondary schools in Masvingo have School Health Clubs and menstrual hygiene management is mainstreamed.

Teachers are shown the Girl Friendly Latrine at one of 20 schools in this Pilot project for MHM



DR CONGO

21 Complimenting Village Assaini in peri urban areas



tearfund

Partner: Tearfund
Funder: DFID
Dates: Oct 2014—Sept 2015
Area: South Kivu, DR Congo
Beneficiaries: 18,959
Total Cost: US\$51,280



20 Community Based Facilitators were trained by Africa AHEAD in April 2014 in Karanga and Baraka, South Kivu

Africa AHEAD was part of the Oxfam/Tearfund consortium which was successful in the DFID Challenge in 2013. After a very successful visit to the CHCs in Rusizi, Rwanda in 2014 by a delegation from DRC, start up was delayed for over a year. Our Rwanda team is now working across the border from Rusizi District in South Kivu District of the DR Congo where the capacity of Tearfund is being built to enable them to pilot the CHC Approach. The project is monitored by ODI and extensive research is being conducted to document the relative advantages of Village Assaini and CLTS compared to CHCs in terms of level of hygiene behavior change.

The Rwandan Manual, produced by Africa AHEAD was translated into French and the Tool Kit of visual aids has also been adapted for use in Congo. There have been three visits by Programme Manager Amans Ntakarutimana to train Tearfund staff and local stakeholders in the CHC start up. Twenty Community Based Facilitators have now been trained and are signing up CHC members. A base line survey has been done and the CHCs are being registered on the CHC Registry online. Within the first month there were 14 CHCs with 1287 members and an average of 92 member per CHC. All training in the villages will be completed by October 2015.

Community Based Facilitators return to their villages to register CHC Members and start training



UGANDA

Supporting a Water Supply Project
with Community Health Clubs

22



Funders: Acqua 4 All /Hilton
Partners: International Lifeline Fund
Dates: October 2013– June 2015
Area: Apac District, Uganda
Total Cost: US\$66, 030
Number of beneficiaries: 27,000

In October 2013, Africa AHEAD teamed up with International Lifeline Fund, and Blue Planet Network to support a Water Supply project in the northern District of Apac where the American foundation is drilling 75 new boreholes in this arid area.

In an effort to augment their hardware project ILF asked Africa AHEAD to demonstrate the Community Health Club Approach and raised funds to support this pilot with 75 CHCs based at sites where boreholes were being drilled. Justin Otai joined Africa AHEAD as the Programme Manager and Project Officer Victor Kwame was based in the field for supervise the community mobilization, involving and building the capacity of MoH District staff to be fully apprised of the new approach. When the Founder/Director of ILF, Mr. Dan Wolf visited in May 2014 he was amazed by the community response. See his presentation online at www.africaahead.com. There is an average of 60 members per club, making an estimated 4,500 members and 27,000 beneficiaries. The Rwandan Manual was translated into Luo and used in the project, with photocopied visual aids. Graduations are being held and the project will be complete by June 2015.

Community Health Clubs Members and their children take part in a drama they have produced to educate people on good hygiene.



Climate Resilience Infrastructure Development Facility (CRIDF) - An initiative funded by DFID based in Pretoria, South Africa and covering 18 countries in the Southern Africa Development Community (SADC) Region. AA to provide Technical Assistance to develop and strengthen community mobilisation of the various infrastructure projects currently being undertaken by CRIDF, in particular in Hwange District of Zimbabwe as part of the KAZA (Kavongo-Zambezi) Conservation Area, which is set to become the largest game conservancy project ever as it encompasses these two huge river basin systems and extends across five countries (Zimbabwe, Botswana, Namibia, Angola and Zambia).

UNICEF and the Rural Water Supply Network. AA-Zim has been commissioned to undertake a study to measure impact and scalability of the Upgraded Family Well (UFW) pioneered during the early '90s by Mvuramanzi Trust an NGO started by AA's Programme Director, Anthony Waterkeyn. There are now around 300,000 family-owned and constructed UFWs across the country. UNICEF, WaterAid and others are keen to better understand the processes that led to such a widespread uptake in hope that this sustainable approach to rural water supply may be taken up by other countries in East, Central and Southern Africa. AA is conducting a survey to measure the health and socio-economic impact that can be achieved when CHCs are combined with the UFW approach. The Study will be completed by October this year and UNICEF plans to arrange a number of dissemination workshops of the findings into neighbouring countries. This should enable AA to gain further regional recognition as being a useful service provider to other organisations.

USAID Danish Aid People to people (DAPP) project has been delayed for over a year but is now due to start in July 2015. This is a \$1.5 million dollar, 2 year project in Goromonzi and Chipinge.

CNFA: Africa AHEAD submitted with CNFA for a joint bid for the USAID WASH, Livelihoods and Poverty Reduction RFP which is likely to be a successful bid.

Aqua 4 All / Humanure: The expansion of CHCs within Zimbabwe to create a higher density in Eastern Highland border areas and in Mozambique for the first time in Tete Province where a recent cholera epidemic is threatening to move into Zimbabwe. At a cost of less than US\$2.54 per person Africa AHEAD is able to ensure all 650 households (450 in Zimbabwe and 200 in Mozambique) have much needed health knowledge, through the 650 Community Health Clubs and 200 School Health Clubs.

Netherlands Embassy: AA-Zim have submitted a \$ 22,400.00 proposal for FAN clubs in Schools and are waiting for the decision.

Skoll Award:

This prestigious award is donated to 4-6 NGOs annually to enable social entrepreneurs to scale up innovative ideas, providing funding specifically for core costs. The CEO was invited by Skoll to compete and we are in the top twenty entries that have been short listed.