



Zimbabwe A.H.E.A.D. Organisation



Annual Report
2010



The Annual Report was prepared
by Kate Brogan

With contributions from the staff:

Photographs:

By Zim AHEAD team

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Zimbabwe AHEAD

2011



REPORT BY THE CHAIRMAN OF THE BOARD

Anthony Waterkeyn

This has been another significant year for Zim AHEAD that has been steadily gaining influence and respect within the WASH sector of Zimbabwe and beyond. I am particularly gratified by the fact that, after having had to mainly focus on emergency activities in response to the cholera outbreaks over the past few years, the organization is once again complementing the familiar 'CHC software' with more 'WS hardware' activities. In the past ZimAHEAD had a justified reputation for directly implementing effective and innovative water & sanitation technologies. These included installation/rehabilitation of 'user friendly' hand-pumps (DFID funded IRWSS programmes in Tsholotsho and Gutu); Upgraded Family Wells and zero-subsidy household latrines. The proud legacy of the AHEAD approach (effective integration of all WASH components towards achieving holistic development and poverty reduction outcomes) was somewhat suspended over the past few years when more focus had to be given to emergency hygiene behaviour change. However this past year's Annual Report reflects how ZimAHEAD has been re-engaging in water-point rehabilitation and improved sanitation and thereby re-capturing that elusive and all-important holistic balance. For this I am absolutely delighted and hope ZimAHEAD continues in this direction.

Through Africa AHEAD, our sister organization, there has been much academic research into the CHC methodology that has gained international attention over the past few years. My vision is to establish a Regional Resource Centre (RRC) to help disseminate the cost-effective AHEAD Model into SADC countries and beyond. This will require ZimAHEAD to constantly refine our methodology through rigorous research and to provide quality training & CHC Tool Kits to regional MoH and NGOs who will be able to utilize the RRC to this end.

As a result of the advocacy efforts of Africa AHEAD, 2010 was a particularly important year as two countries: Rwanda and Vietnam, have since adopted the CHC Approach nationally. Zim AHEAD's Director provided the training and developed the Toolkits for both countries. For this and her deep commitment to promote CHC's throughout Africa, it is very gratifying that she received international recognition through the AMCOW (African Minister's Council of Water) Award for 'distinguished woman leader of sanitation' at the Africa San Conference in Addis Ababa in November 2010.

A handwritten signature in black ink, appearing to read 'Anthony Waterkeyn'.

Board Chairman

RESEARCH ON THE CHC APPROACH

Director: Dr. Juliet Waterkeyn



In May 2010, with the revitalization of our Board of Trustees, I was once again asked to become Director of Zimbabwe AHEAD. I am grateful to Anthony, Director from 2008 to May 2010, for care-taking the organization, really revamping it the past two years, with the move back to Harare. We wish him luck in his new job as representative of WSP-World Bank for Fragile States. Having been Director on and off between 1997-2007, it is with great pleasure that I once again resume the duties of heading up our team.

However, consistent with my vision for ZimAHEAD as a genuinely indigenous organization, I have redefined my role to be more of a 'Mentor' than 'Manager' of the organization, and have designated Regis Matimati, as Director of Programmes, to be actively responsible for the daily running of Zim AHEAD, standing in as Acting Director, in case of my absence, ably assisted by Innocent Marivo, Administration & Finance Manager.

RESEARCH AND DEVELOPMENT

Zimbabwe AHEAD is a creative organization, trying and adapting new ideas all the time. To this end I enjoy invigorating our thinking by inviting young volunteer M.Sc. graduates to assist in research and documentation. In 2010, Jason Rosenfeld, from America, introduced the organization to a new data collection technology by which simple surveys can be instantly recorded using mobile phones, so vital for measuring behavior change accurately. He also assisted in the rewriting of the school health manual and spent much time in donor liaison and proposal writing. Our own son, Matthew Waterkeyn (chip off the old block), a volunteer for two months, brought the valuable skill of mapping using Google Earth to Zim AHEAD to ensure an accurate documentation of all CHCs in the country. We also invited Luke Whaley, from Cranfield University to do a comparative study between the sanitation outcomes of communities where CHCs and CLTS have been used, and the findings have been published and are already being used internationally in the debate on the most cost-effective method of changing behavior. As for the international recognition of my own on-going research as to the cost-effectiveness of CHCs, it was indeed gratifying to receive an AMCOW Award which I accepted on behalf of fieldworkers from both Zim AHEAD and Ministry of Health in Zimbabwe, who have made the CHC Methodology work so well.

Zim AHEAD is now being sought after as an indigenous partner by many international organizations. In 2010, with the call for proposals from the EU Water Facility, Zim AHEAD was invited by 8 INGOs to be their local partner. In this highly competitive environment, Action Contre la Faim (ACF) was successful in securing funds, in partnership with us, in 2011 -2012. This sees the largest CHC project in Zimbabwe to date with 450 Community Health Clubs and 50 School Health clubs amounting to 82,000 beneficiaries - We will thrive on this opportunity to demonstrate scale-up of the CHC approach. My thanks goes to my able staff and their dedication to the people of Zimbabwe.

BOARD OF TRUSTEES

Chairman: Anthony Waterkeyn
Secretary: Jeanette Heatherton

Trustees: Reginald Mashingaidze
George Nhunhama
Naboth Mawoyo
Josephine Mutandiro

**KEY STAFF
OF
2010**

Top Row: Nyasha Matembudze (PO), Cecilia Chinengo (PO), Juliet Waterkeyn (ED); F. Mutero (PO)

Executive Director / Founder	Dr. Juliet Waterkeyn	Since 1995
Director of Programmes	Regis Matimati	2007
Finance and Admin Manager	Innocent Marivo	2009
Internal Auditor	Ruth Evans	2007
Programme Manager	Andrew Muringaniza	1999
Research Coordinator	Jason Rosenfeld	2009
Project Manager, Mercy Corps	Morgan Hayiza	2007
Project Officer, Chiredzi	Nyasha Matembudze	2009
Public Health Promoter, Chiredzi	Cecilia Chinengo	2008
Public Health Promoter, Chiredzi	Canaan Makusha	2009
Logistics Officer, Training Centre	Walter Wakatama	1999
Groundsman / Security	Hamilton Orphan	2008

PROJECT DISTRICTS in 2010



PARTNERSHIP	PROJECT LOCATION	PROJECT DURATION
EC & Mercy Corps	Chipinge, Chiredzi, Buhera	31 months
OFDA (OXFAM)	Chiredzi	10 months
UN OCHA (OXFAM)	Masvingo City	6 months
OFDA (OXFAM)	Masvingo Rural	1 years: on-going
GRM (IWSD)	Throughout Zimbabwe	3 years: on-going
CCPT	Makoni	3 years
ADRA	Midlands	2 weeks
ACF	Matabeleland South	3 months

Director of Programmes: Regis Matimati

ZimAHEAD team was at it again in 2010 scoring major public health goals with outstanding achievements in all our programming areas.

The **EC funded project in partnership with Mercy Corps** drew to an end in October 2010 after three years of building community capacity to address health and nutrition in Buhera, Chipinge and Chiredzi. All project targets were exceeded at no extra cost. *(See page 9)*

In partnership with **Oxfam** on an **OFDA funded project**, we burst into national limelight which resulted into phenomenal hardware outputs, thanks to our Programme Manager, Andrew Muringaniza. **After only six months of software promotion, the Chiredzi community, constructed over 235 top of the range latrines and thousands other health and hygiene enabling facilities with zero subsidies.** Two Directors from Ministry of Health, from the Department of Environmental Health, and the Department of Infrastructure Development, toured the area and were spell bound by what they saw. Even the National Coordination Unit's Coordinator was surprised by what the communities did with stimulation from ZimAHEAD in Chiredzi and Masvingo urban. Communities took control, showing accountability, ownership and responsibility over their own health and development spurred by the motivation in the health club sessions.

(See page 10)

In particular the Garikai community attracted attention. Once they were the black spot of Masvingo town looked down upon by other residents of Masvingo. Their place is now a symbol of health after they joined the clubs and cleaned their area, they are now proud of their homes and walk with heads held high, a big difference from the past. *(See page 11)*. ADRA and ACF contracted us to offer them training and backstopping support and this was done to satisfaction, training their teams in Gokwe North and Matabeleland South.

Protracted Relief Programme II

The PRP 2 is the second phase of aid to Zimbabwe by various donors with funds managed by the consultancy GRM supporting 22 national and international NGOs that contracted IWSD with assistance from ZimAHEAD to offer training and support, with a focus on introducing the CHC approach across the country. This training and evaluation work took us across the country backstopping a total of 22 NGOs implementing WASH projects in the districts. Most of the NGOs caught onto the CHC methodology and are doing well in their respective districts of operation. It is sad though to note that some have not achieved much and we identify the cause as certain institutional values that conflict with community empowerment and does not encourage true development partnership.

The whole year we participated effectively on the Strategic Advisory Group (SAG) and WASH cluster. The 'SAG' is a small group of about 9 NGOs (3 of them local) which sit together with Unicef and ECHO to advise the National WASH cluster on interventions in the sector. Zim AHEAD methodology is attracting attention from both government and other NGO partners. Although we are a small local NGO, we are at the cutting edge of development and our innovative ideas are highly sought after by international NGOs. However from past experience we are now wary of 'development capitalism', and we are now seeking partners which demonstrate equity in their working relationship with local NGOs. After years of small projects, we have proven our CHC approach and seek to scale up to national level. To this end we are working hard to institutionalise our community-capacitating methodology within the Ministry of Health and Child Welfare (Environmental Health Department) so that communities throughout Zimbabwe have to access this means of community empowerment.

THE ZIMAHEAD TEAM

8

“A successful team is a group of many hands but of one mind”

The resilience of our staff to overcome the many challenges of recent years in Zimbabwe, has moulded us into a family at Zim AHEAD. Loyalty and commitment is an essential attribute if you join our team, where the ethos is one of service and vocation to improve the lives of fellow Zimbabweans rather than just doing the job. In the field, our highly motivated team constantly strive to ensure best development practice working alongside the community with total dedication. Our objective academically is to provide the sector tangible evidence of cost-effective hygiene behaviour change.

VOLUNTEERISM

Our particular brand of development is not a job, but a passion and attracts interest internationally amongst young volunteers browsing the internet for a good cause.



One such inspired volunteer was Jason Rosenfeld, who was looking for experience in Africa. Firstly with Africa AHEAD based in South Africa as Project manager in Kwa Zulu Natal, and then with Zim AHEAD as a volunteer for a year. He joined our team in October 2009 introducing the use of the 'Mobile Research Platform' a state of the art method of data collection. He also spent much time rewriting the School Health Manual. Jason was invaluable in proposal writing initiating both the ACF and USAID proposal, both of which are set to project Zim AHEAD to a new scale of operation, and we are sorry to lose him.

ZA WORKER OF THE YEAR



Canaan Makusha represents the type of development worker that our organisation seeks to promote: a community member who has risen through the ranks of his Community Health Club to become a national trainer. As a young couple Canaan and his wife moved to Ngowe, Makoni, in 1999 and joined the local Community Health Club. Their own home became a model of self help, with herbs and vegetables fed by drip irrigation, bee keeping and a model kitchen - even his saucepans were home made!

Canaan became noticed for his enthusiasm and energy, and joined the Zim AHEAD team initially as a trainer in carpentry in 2002, and subsequently became a district trainer at the Sangano Community Centre near Rusape. With the closure of the centre he joined the core team as a CHC trainer, and worked in Chiredzi Rural with massive response from the

A MODEL CHC PROJECT

With his natural aptitude for training Canaan was tasked to coordinate a project in Public Health Promotion in Garikai, a marginalised settlement near Masvingo, considered a potential hot spot for cholera, with no sanitation or solid waste disposal, and limited water. Stimulated by Canaan, the residents mobilised and took back control of their community. Nowadays, not a scrap of litter can be found in the area, and each house now possesses a tippy tap and has cultivated a nutrition garden. People say that they are now proud to live there. It has become an example of how the CHC approach can turn things around.

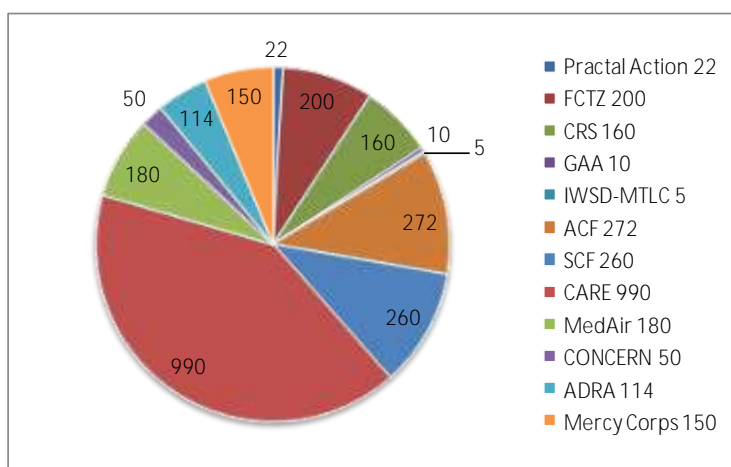
It is Canaan's huge success in achieving and surpassing all targets and his popularity as a trainer (see page 10, for community comments) which has prompted us to award him the honour of 2010 worker of the year.

As Director of Programmes has noted, 'Every project he touches turns to gold'. By highlighting Canaan's commitment we want to encourage all facilitators to emulate his example aiming to move from CHC member to full time staff with Zim AHEAD as Project Officer..

2010 TRAINING MATERIAL

As we believe that the basis of effective training is appropriate training materials we are constantly developing and refining our 'Tool kit'. The CHC training manual that we produced in 2009 is now being sold to other organizations, but only as part of training workshops given by Zimbabwe AHEAD. The manual is a guide for community workers who are running Community Health Clubs as a reference for the 24 sessions. It is used with the 'Tool Kit': a set of 13 card sets of between 10-20 illustrated cards in each set. These cards are used to play participatory games that encourage people to think about their health and hygiene issues. With the PRP2 programme, 22 other NGOs and agencies are beginning to use the CHC approach and 2,413 tool kits have been brought this year. It must be said, that in the past international organizations that should know better, have been reprinting our training materials directly without permission. After a public announcement to the WASH Cluster in 2009, that our materials should not be plagiarized, it appears this unethical practice has stopped as in the past year we have been supplying toolkits to 12 NGOs in Zimbabwe. This income is essential for our organization as it funds an important part of our work: to continue to revise and expand our training material.

**2,413 Toolkits
(Training Material)
supplied by Zim
AHEAD to 12
different NGOs
in Zimbabwe**



Health Promoting Schools: A Training Course for School Health Clubs in Zimbabwe

We were delighted that UNICEF selected Zim AHEAD to coordinate and revise the existing School Health Manual, which needed updating. The revisions were discussed at a workshop in March 2010, attended by 36 participants from leading NGOs and Ministry of Education. Following suggestions, Jason Rosenfeld undertook extensive research on each topic and wrote the text covering all the main topics of relevance to school children, and the manual was completely revised, providing up to date information for each topic as well as participatory activities for three levels of schools, junior, middle and senior. We hope it is going to be an invaluable resource for Zimbabwe.

New illustrations were done by top Zimbabwean artist Itayi Njagu, from Rusape, and Zim AHEAD donated many illustrations from the existing Tool Kits, which are to be used in conjunction with many of the activities.

The material was edited and organised into three main parts, one section for each term, with 10 sessions per term:

Part 1: General Health and Hygiene	56 pages
Part 2: Environmental Hygiene and Sanitation	44 pages
Part 3: Life Choices and Health	36 pages

The concept of a '**health promoting school**' is that all teachers and pupils are actively involved in protecting themselves and their environment from preventable diseases. With the manual, the School Health Master can form three levels of School Health Clubs, for junior, middle and high school getting together once a week as an extra-mural activity. For topic at each meeting has activities for three levels of pupils.

The manual (see page15) was submitted to Unicef in November 2010, and is currently being reviewed by Ministry of Education and should be available in 2011.

TARGET SURPASSED: 133%

FOOD SECURITY AND LIVELIHOOD

PROJECT AIM: to sustainably improve agricultural production, income and the productive asset base of vulnerable households by providing opportunities to acquire knowledge and expertise in a wide range of areas, such as public health and hygiene, nutrition, food production, irrigation farming and farming as a business to enhance the security of their livelihoods

THE ROLE OF ZimAHEAD was to provide all software relating to Health and Hygiene Education and the creation of Community Health Clubs (CHC's). Once the clubs had completed the hygiene training they moved to Stage 2, transforming into **Food, Agriculture and Nutrition (FAN) Clubs**.

Project Districts	Buhera	Chipinge	Chiredzi
Project Wards	1,2,8,10,31	24, 25, 26,27,29	1,2,3,4,5,25
Fan Clubs created	45	59	30
2010 Annual production of Rape greens	12,400 Bundles	16,000 Bundles	10,000 Bundles

PROJECT STATISTICS

Project duration: **31 months**
 Total beneficiaries: **64,020 people**
10,670 households.
 FAN Club Target: **102 FAN Clubs**
 FAN Clubs established: **134 FAN Clubs**



Right: Regis with one of many FAN club gardens; One bundle of rape can sell for 50c. In CHCs a total of nearly 40,000 bundles were grown in 2010, earning US\$ 20,000!

PROJECT RUNNING AND SUSTAINABILITY:

Community based facilitators were trained to run the FAN Clubs. These individuals had no structural authority within the community, and this was seen as an effective way of creating an environment conducive for learning and the exchange of ideas without fear of authorities. Garden committees were formed to manage the gardens, with a monitoring and evaluation system employed to ensure sustainability of the gardens and continued food security once the intervention came to an end.

One FAN member commented:

“The end of program or exiting of ZimAHEAD will not take away our knowledge, our smart/clean homesteads and our local facilitators, neither will it take away our gardens!”

DECREASE IN DISEASE

The increased availability and consumption of food as provided by the FAN Club gardens has been noted by health/clinic staff at the Kushambidzika club garden as greatly reducing the cases of malnutrition in this area. In ward 2 of Buhera, a significant drop in the reported cases of diarrhoea has been witnessed over the previous 2 year period which has been attributed to the intervention. The lack of Cholera outbreaks in project areas has also been attributed to the Clubs

FUTURE CHALLENGES. These flourishing gardens have increased the burden on water resources and creating potential competition between domestic, livestock and garden needs. FAN Clubs and CHC's should continue to work with the wider community to overcome this issue dedicating a borehole solely for FAN Club usage, ensuring continued livelihood and food security

TARGET SURPASSED: 180%

PUBLIC HEALTH PROMOTION THROUGH THE CHC APPROACH

PROJECT AIM: to stimulate a change in hygiene behaviour of the target community through the use of the Community Health Club approach, therefore reducing the occurrence of Water and Sanitation related diseases, while stimulating the desire to improve local sanitation and water condi-

PROJECT DISTRICT	PROJECT DURATION	Community Based Facilitators' (CBF) Trained		Community Health Clubs (CHC) Formed		School Health Clubs (SHC) Formed	
		TARGET	ACHIEVED	TARGET	ACHIEVED	TARGET	ACHIEVED
Chiredzi	10 months	20	30	100	180	15	85

The project locations were across Chiredzi Urban, and the Chiredzi Rural



Drying Racks at every home

FINAL OUTPUTS ACHIEVED

New Pot Racks	2981
New Refuse Pits	3044
Tippy Taps	2946
Temporary Latrines	995
Vip Latrines	235
Nutrition Gardens	617



Tippy Tap in use

CLEAN UP CAMPAIGN IN CHIREDDI URBAN

After the introduction of the CHC's in Chiredzi urban, 8 campaigns to free the city of its litter burden were initiated. Through joint efforts of the Community, Council, Local Businesses and NGO's, 212 m³ of waste was collected and moved to the dumpsite. A new attitude to litter has now been fostered, and each household actively manages and recycles their waste.

SOCIAL AWARENESS

Sessions on HIV/AIDS and social awareness were held in all clubs. Close ties were developed between the Victim Friendly Unit of the local police force and other AIDS service organisations working in the area to ensure the necessary support was there for club members.

DECREASE IN DOMESTIC VIOLENCE

The Officer-in-Charge of Chiredzi Police reported that since the introduction of the Clubs *there has been a sharp decline in abuse cases in the area*. He attributed this to the increased vigilance of the community following the sessions, and also to the fact that perpetrators now know abuse is unacceptable and will be reported to the relevant authorities.



Community facilitators promote community awareness and management of social and health issues networking with police and other community services.

AMAZING RESULTS

The project aimed to target 16,000 beneficiaries, but this was surpassed to a figure of 17,045. On project completion it was noted that 90% of project beneficiaries had adopted handwashing with soap or ash, while the same percentage were also collecting, storing and dispensing of water in the recommended way. The construction of latrines detailed above were initiatives driven by the community without subsidies.

HEALTH PROMOTION IN HUMANITARIAN EMERGENCIES

PROJECT AIM: to provide public health promotion, cholera mitigation and emergency preparedness in Masvingo Urban through Community Health Clubs.



Wards 1 – 10 of Masvingo Urban were selected as the project areas. To assist with implementation, 10 Community and 10 School Based Facilitators were selected and graduated after an intensive 5 day course of PHHE facilitation in July 2010 at Mucheke Hall.

Club	Number of Clubs	Number of Members	Male	Female	Number of Graduates
CHC	9	1165	53	1112	1120
SHC	10	930	442	488	930

REVISED CURRICULUM



As the project duration was only 6 months, a revised curriculum was created. 11 condensed PHHE sessions were held per club with a clean-up campaign being the first task at hand. The local communities took it upon themselves to clear all storm drains before the rains, and with the help of refuse trucks provided by the local council, this waste was then removed for dumping. This ownership and pride in their community continues today, with one CHC member noting the registration plate of a vehicle who threw litter out of their moving car and reported it to the council. The council successfully sued the driver, and a fine had to be paid!

CHC ACHIEVEMENTS IN MASVINGO URBAN

Illegal dumping of waste has been reduced to a minimum with Communities self-monitoring the situation. 570 Tippy taps have now been constructed across the city, with 220 pot racks and 260 refuse pits being counted in the Garikai area alone.

Community of Garikai, once a slum, proudly show us around their homes



COMMUNITY VOICES *'Canaan our facilitator, is, how can I say ... he is like God, because when he came there was only death, and now there is life!*

We people in Garikai now know how to survive! Those people in town they now respect us and our place is not looked down on as a dump anymore.' (Garikai CHC member)

PUBLIC HEALTH PROMOTION IN HUMANITARIAN EMERGENCIES (OFDA funded)

PROJECT AIM: To reduce the vulnerability of the high risk population of Rural Masvingo to water and sanitation related disease transmission through the Community Health Club Approach.

	Number of Clubs	Number of Members	Male
Target	108	5400	20%
Achievement	119	5120	23%

ON-GOING SUCCESS PREDICTED

With a *completion date of June 2011*, this on-going project has yet to have its final evaluation. **However, to date no cases of Cholera have been reported in the project area**, even though neighbouring communities and districts have reported cases (as at Feb 2011).



SCHOOL HEALTH CLUBS

9 SHC's are currently running in the project area with a total membership of 1,115 children.



COMMUNITY VOICE:

"The school books are now cleaner as the children wash their hands at the entrance to the classroom, as opposed to having the handwashing facilities at the toilet only"

"if this pump breaks again I won't need to ask anyone for help. I know exactly what to do. I am now as good as any pump mechanic"

Headmistress for Fusira Primary School,
Ward 27, Masvingo Rural.

WATER POINT REHABILITATION

A target has been set to carry out 8 pump repairs and 6 headwork repairs in the district. The local community are trained with the necessary skills to carry out the various rehabilitation works themselves and Water Point User Committees (WPUC) are also being created to ensure their continued management and maintenance.

Communities carrying out their own borehole rehabilitation after training



EARLY CHILDHOOD DEVELOPMENT ENRICHED PLAY CENTRES (CCPT Funded)

PROJECT AIM: to procure food stuffs for the Early Childhood Development (ECD) Centres in Dumbamwe (Ward 20) and Chiendambuya (Ward 5) of Makoni District.

PROJECT HISTORY

This is the second phase of the ECD project, where phase one involved the construction of 6 ECD Centres through funding from NZAID.

These centres were located at:

Ward 5: Chiendambuya, Mupururu and Muondozi

Ward 20: Mangunda, Dumbamwe and Nyahukwe

These Centres provide five key functions to the communities they serve;

- Early learning for children under 5
- Protection for orphans who may be exposed to abuses
- Teaching of traditional values, including song and dance by elderly community members
- Monitoring of the physical and mental growth of the child
- Support for the children's guardians

All ECD's aimed to provide a fully equipped play area, VIP toilets, nutrition gardens and a water source

FOOD PROCUREMENT

The following foodstuffs were delivered every month to the ECD's, where in 4 of the 6 centres guardians had devised a group food preparation rota.

Foodstuffs provided: Soya mince 12.5 kg : Beans 20 kg : Mahewu 10 kg : Salt 10 kg : Cooking oil 10 litres : Dried Matemba 10 kg. Non food items: Washing soap 4 bars

PROBLEMS ENCOUNTERED

With a combined attendance of 465 children at the Centres, the introduction of the feeding programme saw an increase in attendance by 30% due to scarcity of food at home. However, the availability of food also led to transfer in attendance from other centres in the area not under the projects remit. Unfortunately this led to some tensions in the community, as it was felt food should have been dispensed to all Centres in the ward. As project funds could not support this, it was decided on consultation with the stakeholders that the project should halt. The direct handout of food is increasingly becoming seen as a non sustainable short term solution which encourages dependency, whereas the Zim AHEAD ethos is to encourage long term self reliance.



Left: Food delivery at the ECD's, Programme Manager; Mr Matimati (right)

Right: Well nourished Triplets! The ultimate aim of all Zim AHEADs project are to ensure the survival and welfare of children by improving family health.

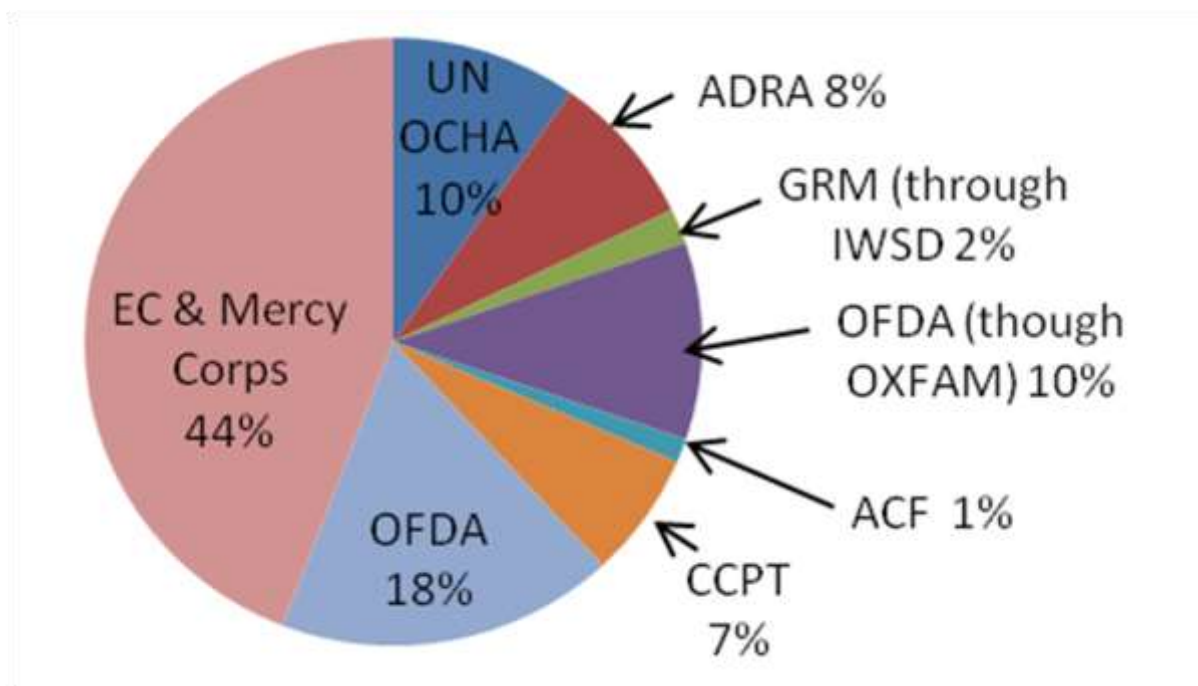


Play school at Sangano Centre near Rusape

FUNDS RAISED FOR PROJECTS 2010

PARTNERSHIP	FULL BUDGET	2010 EXPENDITURE
EC & Mercy Corps	\$376,929.93	\$124,821.38
OFDA (OXFAM)	\$50,000.00	\$50,000.00
UN OCHA (OXFAM)	\$27,500.00	\$27,500.00
OFDA (OXFAM)	\$111,312.00	\$29,582.93
GRM (IWSD)	\$24,000.00	\$5,281.00
CCPT	\$18,897.00	\$18,897.00
ADRA	\$26,980.00	\$22,980.00
ACF	\$3,600.00	\$3,600.00
TOTAL PROGRAMME INCOME and EXPENDITURE	US\$ 639,218.93	US\$ 387,110.38

% Funding by partner in 2010



Zimbabwe AHEAD has generated US\$ 387,110 in 2010 which have been spent according to budget plans on the various projects. All project expenditure has been audited by the donor organizations themselves and therefore does not appear in the Financial Statements prepared by Zimbabwe AHEAD's RP Auditor Graham Cheater, who states in his Financial Report,

"In my opinion, the financial statements give a true and fair view of the financial position of the Trust as at 31st December, 2010, and of the financial performance for the year then ended, in accordance with International Financial Reporting Standards and in the manner required by the companies Act (Chapter 24.03) and the relevant Statutory Instruments ("SI") SI 33/93 and SI 62/96"

ZIMBABWE A.H.E.A.D.
Statement of Financial Position
31st December, 2010

ASSETS	US\$ 2010	US\$ 2009
Non Current assets		
Property, Plant and equipment	<u>7,102</u>	<u>905</u>
Current Assets		
Inventory	44,122	35,778
Accounts receivable	18,297	
Bank and cash balances	27,385	53,006
Total Assets	<u>96,906</u>	<u>89,734</u>
 CAPITAL AND LIABILITIES		
Capital		
General fund	<u>87,030</u>	<u>87,509</u>
Current Liabilities		
Trustee' loan account	-	1,850
Accounts Payable	<u>9,875</u>	<u>375</u>
	<u>9875</u>	<u>2,225</u>
Total Capital and Liabilities	<u>96,906</u>	<u>89,734</u>

A copy of the Zimbabwe AHEAD audited financial statements is available on request from the Finance and Admin Officer: Innocent Marivo, email: innocent@africaahead.com

STATEMENT OF COMPREHENSIVE INCOME
for year ending 31st December 2010

	US\$ 2010	US\$ 2009
REVENUE		
Donations	18,897	207,344
Income for services	32,111	-
Surplus on sale of training material	53,916	69,162
OTHER INCOME		
Interest	59	22
Disposal of vehicles	-	5,800
EXPENDITURE		
Auditing and accounting fees	-	3,736
Allowances - field and Facilitators	3,579	26,296
Bank Charges	1,566	3,769
Depreciation	3,898	450
Electricity, rates, rent, water	3,734	4,503
Food and commodity supplies	24,621	7,990
Legal Fees	-	1,000
Office Expenses	1,697	11,454
Staff	50,986	121,597
Travel	-	7,506
Trustees expenses	971	1,850
Vehicle Expenses and hire	8,964	36,101
Workshops	<u>5,446</u>	<u>21,735</u>
	<u>105,462</u>	<u>247,985</u>
DEFICIT / SURPLUS FOR THE YEAR	479	34,343

FUTURE PROJECTS (2011 – 2012)

Zimbabwe AHEAD will continue its project with OXFAM in Masvingo Rural up to June 2011, under the OFDA funded project for Public Health Promotion in Humanitarian emergencies. It is hoped that this relationship will be ongoing and potential future collaborations will be possible in the future.

Medair have requested training and backstopping support in PHHE for their WASH programme in The Midlands, and this should run for a period of 2-3weeks in the early part of 2011

A two year project with Action Contre la Faim is currently in the pipeline which will be focused on Sanitation, Water & Hygiene in Rural areas of Zimbabwe: An Empowering & Sustainable Approach for the Millennium Development Goals. It will run in the districts of Gutu and Mberengwa and is expected to start in May 2011.

International Relief and Development, then implementing arm of USAID, launching rainwater harvesting in Chitungweza have expressed interest in working with ZimAHEAD on future projects to help strengthen their approach to PHHE,

We completed all the mandatory checks for becoming a registered vendor with a DUNS number and have submitted a three year project to USAID for 1.5 million for scaling up to 9 districts and await their response.

PRP 2 through IWSD continues to request the support of Zim AHEAD as training continues until June, 2011, and we expect that this will continue into the third phase in 2011.

Advocacy and Research is also ongoing internationally and it is expected that Zim AHEAD will be used for training internationally, in association with Africa AHEAD as a international partner.

