



# ZIMBABWE AHEAD

Applied Health Education and Development



**Annual Report**  
**April 2012 - March 2013**



**The Annual Report** was prepared by Dr. Juliet Waterkeyn: Executive Director, Zim AHEAD

## **Acknowledgements**

Zim AHEAD Project Reports: Regis Matimati : Director of Programmes, Zim AHEAD  
Andrew Muringaniza: Programme Manager for USAID  
Patricia Determan: Knowledge Management Officer  
Morgan Haiza: Project Manager , Bindura  
Moses Matondo: Project Manager, Masvingo  
Rangandu Muchipe: Project Manager, Chipinge

**Financial Report:** Innocent Marivo  
**Auditor Report:** **PKF Chartered Accountants (Zimbabwe)**

## **WINNING PHOTO: 2012**

We launched a prize for the best photo to be taken by our staff this year on the Front cover. This was won by Rangandu Mushipe. See p.12. who captured this moment in Chipinge of a CBF feeding her baby as she mounted their bike to set off to meet her Community Health Club.

Community Based Facilitator: one of many multi-tasking women who continue to care for their families whilst they help their community.

**Project Photographs:** Juliet Waterkeyn, Patricia Determan, Andrew Muringaniza

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### **ACRONYMS**

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



This year Zimbabwe AHEAD has grown in leaps and bounds. Long awaited projects came to fruition and our staff compliment significantly rose from 9 in 2011 to 30 in 2012. with projects in seven districts of three Provinces.

### **Masvingo and Midlands Province with Action Contra la Faim (ACF)**

2012 started on a high note as the long awaited EU ACF partnership project for Gutu and Mberengwa finally materialized.

The 11 Project Officers and Bookkeeper headed by Andrew Muringaniza as Programme Manager started the training of Community Based facilitators in February 2012. By the end of the year, the project target of 450 CHCs was surpassed with 9 extra CHCs. There was considerable support from the DWSSCs and traditional leaders' which ensured that the blanket coverage of the 7,963 households in Gutu and 9,606 households in Mberengwa was achieved. In 2013, the sanitation component of the project kicks in, implemented through ACF. The validity of them providing a subsidy for latrines at this stage is questionable given that to date, 7,771 households have already built their own toilets through self supply. With the main programme completed, Andrew Muringaniza moved to Mutare for the new USAID project, and was replaced as Project Manager by Cecelia Chenengo, who continued to implement the School Health Club component in year 2 until her tragic death in March, 2013, when Moses Matondo took over.

### **Manicaland Province: Mutare Urban, Chimanimani and Chipinge Districts (USAID)**

The grant of US\$780,000 from USAID was approved in October 2012, and is being administered directly through Zimbabwe AHEAD and this a 'special case' in that we are being funded and supervised directly by the USAID-OCHA office in Harare. This has enabled the organisation to expand and there are now 30 full time staff in Zim AHEAD. It aimed to start CHCs in 5 wards of Makoni, Mutare Urban, Chipinge and Chimanimani. We moved four experienced Project Officers and a new bookkeeper onto that Project to make sure we deliver our best efforts. Andrew Muringaniza manages the Project with a new office in Mutare. However with long awaited elections brewing, 2012-2013 is a tense time in the rural areas, and this political temperature has already affected the programme. We were delayed by three months getting approval from the Provincial Administrator. With elections due in the next six months, it is likely to be a challenge for field operations and we expect NGOs experience difficulties in the field. With the late start due to delays from official approval, it will be a challenge to complete the project by the end of September 2013, but by dividing CHCs into clusters and 'fast tracking' training, we expect to be able to meet the targets.

### **Urban Projects: Chipinge (ACF), Bindura (GAA) Kadoma and Gweru (GIZ)**

Through the Urban WASH Fund through Unicef, we landed a project for Chipinge town, and in Bindura town with GAA running from October 2012 to September 2013. As part of the Cafod led consortium, we won bid to run a GIZ funded project in Kadoma and Gweru. We are working on the stakeholder consultative phase of the project where we assist Caritas doing the baseline KAP in both towns. Our role has been to train Caritas on the consultative process .

## WORKER OF THE YEAR: 2011: Tribute to Zimbabwe AHEAD Project Officer, Cecilia Chinhengo



*Cecilia Chinhengo, Project Manager  
Died 24th March 2013. MHSRIP  
Will be remembered by the Zim AHEAD Team-  
Right: Gutu - June 2012  
with her Community Based Facilitators in Ward*

Cecilia Chinhengo (nee Mudzengerere) joined ZA in October 2008 as Project Officer in Mutare for our first urban hygiene promotion project. She was deployed to Chiredzi urban in 2009 and then to Masvingo rural until 2010. In 2012, she was appointed District Team Leader in Gutu and rose through the ranks to her last appointment as Project Manager for the Gutu and Mberengwa project. She was then moved to become Project Manager based in Masvingo as we knew we could rely on her commitment to make this an exceptional project. Even when she was suffering and in pain from cancer she insisted in training at the workshops, and always put her community before her own needs.

Cecilia was a tireless and hardworking woman who will be missed by all at ZA for her strong belief in CHCs, her charisma, and her leadership. Cecilia was a role model for other Project Officers and will be remembered especially for her visual documentation of projects. She drew from her teaching qualifications, effectively showcasing the project at a glance through graphics on the project office walls.

Cecilia was a public health resource plucked from among us. She passed away in Mutare on 24th March 2013 after a long battle with cancer and leaves behind a husband, Edmond, two sons, Takudzwa (23) and Tinashe (18), and a daughter, Tafadzwa (15). She was an Environmental Health Technician, a teacher, and a community participatory health and hygiene education promoter. Knowing her like we do, Cecilia continues to practice environmental health wherever she is. She is dearly missed by ZimAHEAD management, staff, and the thousands of stakeholders that she rubbed shoulders with in the districts over her five years with Zimbabwe AHEAD. In memory of her tireless spirit the least we can do is to honour her as 'Worker of the Year' as she worked until the end.

MAY HER SOUL REST IN PEACE

## ZIMBABWE AHEAD ORGANISATION SUMMARY OF PROJECTS 2012-2013

**Annual Budget: US\$ 1,251,000**

Province	District	Area	Project Title	Number of beneficiaries	Start and end date	Donor	US\$ Budget	Partner	Page
Manicaland	Mutare	Urban	Cholera Mitigation through CHCs	60 000	Oct 2012 -Sep 2013	USAID	125,000	local authorities	14
	Chipinge	Rural	Cholera Mitigation through CHCs	30 000	Oct 2012 -Sep 2013	USAID	250,000	local authorities	15
	Chipinge	Urban	Small Towns Hygiene Promotion and Capacity Building	25 676	Oct 2012 -Sep 2013	UNICEF	134,000	ACF,local authorities	20
	Chimanimani	Rural	Cholera Mitigation through CHCs	15 000	Oct 2012 -Sep 2013	USAID	125,000	local authorities	13
Masvingo	Gutu	Rural	Rural WASH for MDGs	15 000	Jan 2012 -Dec 2013	EC	246,000	ACF,local authorities	16
Midlands	Mberengwa	Rural	Rural WASH for MDGs	15 000	Jan 2012 -Dec 2013	EC	254,000	ACF,local authorities	16-19
Mashonaland Central	Bindura	Urban	Small Towns Hygiene Promotion and Capacity Building	44 033	Oct 2012 -Sep 2013	UNICEF	117,000	GAA,local authorities	21
				204,709			1,251,000		

Zimbabwe AHEAD Organisation with only 30 full time staff has positively enhanced the lives of 201,709 people in just one year, in the rural and urban areas of Zimbabwe, at a cost of US\$6.11 per person per annum, enabling them to manage their own health and hygiene and so prevent disease and improve their living standards, enabling them to live in dignity as a functional community.

## ZIMBABWE: Manicaland Province



*Andrew Muringaniza  
Programme Manager,  
USAID Programme*

**Donor: USAID (direct funding)**  
**Districts: Mutare, Chimanimani and Chipinge**  
**Number of Project Wards : 23**  
**Number of beneficiaries: 811,451**  
**Number of CHC Members: 15,911**  
**Cost of Project: US\$ 506,316**  
**Cost per Beneficiary: US\$2.34**  
**Start and end Date: October 2012- September 2012**

**Goal:** To improve hygiene and sanitation practices and to sustainably reduce the risk of transmission of preventable communicable diseases and build resilience within communities by way of education and application.

### **Achievements**

Establishment of Provincial Offices in Mutare  
 Approval from the Provincial Administrator  
 MOUs with the respective RDCs and Mutare City Council  
 Held Community sensitization meetings and reached out to 5,486 people  
 Selection of 240 Community Based Facilitators  
 Trained 234 Community Based Facilitators  
 Trained 9 EHTs  
 Trained 6 DWSSC members  
 Established 335 Community Health Clubs  
 Registered 15,911 CHC members: 14,631 females and 1,281 males  
 Provided CBFs with bicycles  
 PHHE sessions in progress

### **An All Inclusive Programme**

The project is now covering 15 rural wards of Chimanimani, Chipinge and in 8 urban wards of Chikanga and Dangamvura suburbs in Mutare. In 3 months of working with the all stakeholders, i.e. RDCs, Government departments in particular Environmental Health Technicians and the communities, the project is now yielding good results.

In April 2013, a total of 235 Community Based Facilitators were trained to roll out the programme in their respective villages and suburbs. 4 project Officers were deployed in the Districts to give back-stopping support and monitor progress. Progress is evident in the project wards especially in the rural areas. 334 Community Health Clubs have been established in 317 in rural areas. By June, club membership was 15,202 with the majority (93%) being female members 14,006.

### **A Woman's Pride**

Community Health Clubs have a special appeal for women as they feel proud to be a member and to be able to make a contribution to health issues in the society. They completely run the show in these clubs, which provide a platform for women to voice their concerns on health and other social issues in their communities. Being a club member allows them to gain a status in the community and their self esteem is raised especially when elected to a position in the club committee. The pride is clearly visible when the club is meeting by way of dressing and the upkeep of the membership card which is an important identity of a club member.

## Manicaland Province : Chimanimani



**Project Title: Cholera Mitigation through Community Health Clubs**

**Objective:** Community Capacity and Resilience Building to WASH related diseases

**Date to start and finish: October 2012 - September, 2013**

**Donor: USAID direct funding**

**Partner: Local Authority**

**Wards: 13,16,21,22 and 23**

**Number of facilitators: 76**

**Number of EHTs: 3**

**Number of CHCs: 335**

**Number of members: 4,662**

**Number of beneficiaries: 23,776**

*Project Officer, Canaan Mukusha using one of the thousands of 'Tippy taps' constructed in his wards*

### Participatory Health and Hygiene Sessions (PHHE)

By May 2013, PHHE sessions were in full progress in all wards with the earliest CHCs having completed the 5th session of water sources out of the 20 sessions.

**Hygiene outcomes: As usual Canaan has stimulated outstanding response from the community and within 4 months the following has been constructed:**

- 496 Household hand wash facilities (See above photo)
- 927 refuse pits
- 927 Pot racks
- 794 temporary toilets have been constructed in the 5 wards of Chimanimani

### Exceptional sanitation response

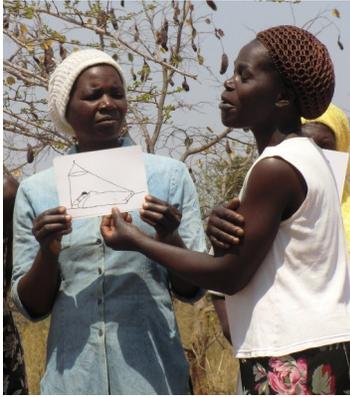
It is noted that the demand for sanitation is increasing in Chimanimani. EHTs are now teaming up in pegging of latrine pits in the villages. In ward 22 alone, 62 latrines have been pegged and 21 pits



have been dug and await lining. Club members are contributing money towards the purchase of cement and working in groups to dig the toilet pits and mould bricks. Club members in ward 27 in Chipinge are purchasing cement for the construction of enabling facilities at the club venues and for constructing latrines at their homes thus introducing the idea of a permanent venue which is a milestone towards sustainability. This is one such indicator that shows the acceptance of

the program. The EHTs in Chimanimani have started ward based training of CBFs on how to site and peg the toilets as a means of rationalizing the workload due to high demand from the communities.

## Manicaland Province : Mutare Urban



*Through interpreting pictures women learn to express their ideas about health issues in public.*

**Project Title: Cholera Mitigation through Community Health Clubs**  
**Objective:** Community Capacity and Resilience Building to WASH related diseases

**Date to start and finish:** October 2012 - September, 2013

**Donor:** USAID direct funding

**Partner:** Local Authority

**Wards:** Dangamvura: 6, 7, 8, 9, 15 and 18.

**Chikanga:** 14 and 16

**Number of facilitators:** 12

**Number of CHCs:** 18

**Number of members:** 664

**Number of beneficiaries:** 3,386

**Cost of Project:** 125,000

**Cost per beneficiary:** US\$ 36.9



### Urban Community Health Clubs

The appeal of getting together to discuss at a weekly forum does not only draw those in the rural areas. In the towns, women are equally pleased to have this forum and since 2008, when cholera threatened the lives of thousands in Zimbabwe, Zim AHEAD has been starting up urban health clubs. Mutare town was the first with a groundbreaking response in Sakubva, one of the most challenging high density suburbs in Mutare. The residents got together and shifted mountains of accumulated garbage that the council could not deal with. Similar clean up were done in Chiredzi and Masvingo towns in the following years. This year we are back in Mutare Urban in new wards of Chikanga and Dagamvura. The challenge is to get males involved in the clubs but the women, as ever, are flocking to the training. It appears the content is not too basic and still appeals to a more urban mindset. As most urbanites still retain their rural homes, it is expected that uncounted activities go on in the 'musha' which we cannot measure. Urban CHCs are a thing of the future.



***“Before we did not often wash our bodies or our clothing. Even our environment was very dirty, but now we are practicing good personal hygiene and environmental hygiene. And I like it!” says a CHC member who proudly carries her membership card in her head scarf.***

## Manicaland Province : Chipinge Rural



Project Officer: Fanuel Chihota



Project Officer: Tendai

**Project Title: Cholera Mitigation through Community health Clubs**

**Objective:** Community Capacity and Resilience Building to WASH related diseases

**Donor:** USAID direct funding

**Partner:** Local Authority

**Wards:** 16, 20, 21, 22, 23, 24, 26,27, 29 & 30

**Number of EHTs:** 6

**Number of Community Based Facilitators:** 146

**Number of CHCs:** 220

**Number of members:** 10,605

**Number of beneficiaries:** US\$ 44,571

**Cost of Project:** US\$30,000

**Cost per beneficiary:** US\$5.2

Trained 146 Community Based Facilitators

Trained 7 EHTs

Trained 5 DWSSC members

Established 220 Community Health Clubs

Registered 10605 CHC members:

Provided 146 CBFs with bicycles

PHHE sessions in progress

## Gutu and Mberengwa

### Zero Open Defecation: Communities Changing Practices

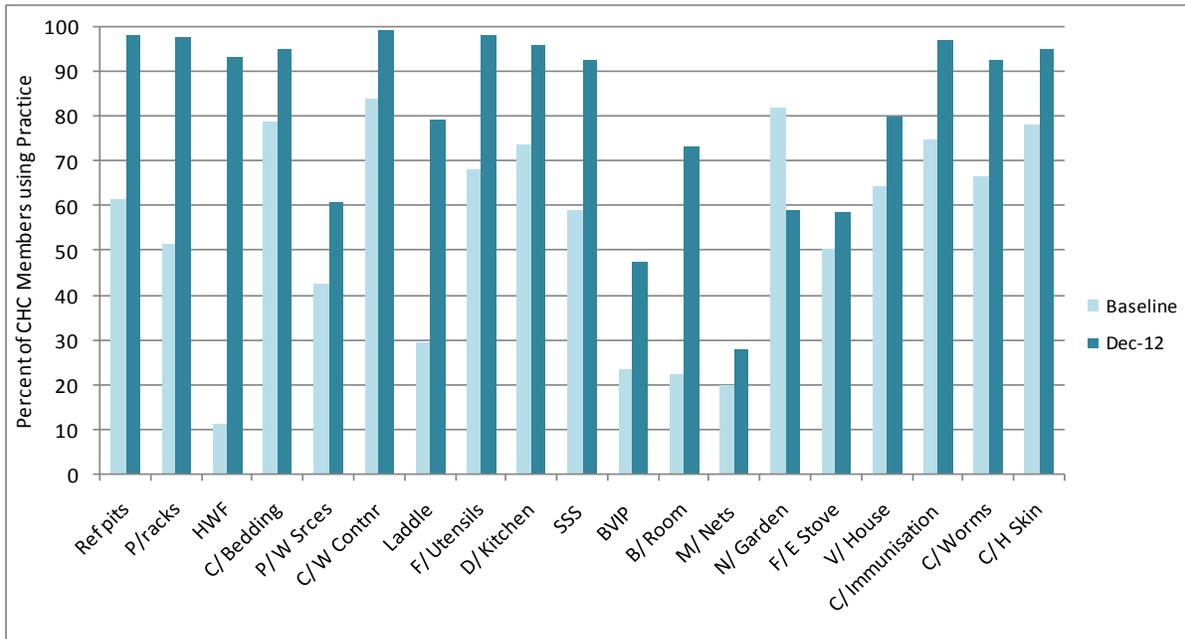
In 2012 ZimAHEAD started health and hygiene promotion in 11 wards of Gutu and Mberengwa districts of Zimbabwe (See next page). An intensive blanket coverage approach was adopted to rope in the participation of every household in the target wards. Villagers were enrolled into 457 Community Health Clubs led by 154 Community Based Facilitators and 11 Zimbabwe AHEAD Project Officers.

Of the 17578 households enrolled, 4,482 had toilets at baseline (25%) and the rest of the households practiced open defecation. The public health promotion sessions conducted in the following 6 months resulted in households building 4,559 toilets and an additional 3,212 pits being dug as work in progress. Upon completion of the dug pits, this would leave the communities with 12253 toilets (70% of the households with toilets). From a baseline of 25% coverage to an end line of 70% after 6 months of sanitation promotion is phenomenal. Thousands of temporal toilets were constructed and a village walk conducted by the villagers found there was no open defecation practices in the villages weeks after the sanitation sessions began. The involvement of traditional leaders was noted as key as they set example for community participation. Villages proudly stuck ZOD notices at strategic places in their villages to commemorate the achievement of Zero Open Defecation. Months later, more and more toilets are still being dug and constructed. This shows just how well communities can improve their health with appropriate stimuli from external stakeholders. They just need support to change their mind set from donor dependency to self supply initiatives. Community Health Clubs proved to be a vehicle to this change in behaviour. This cost \$3,65 per beneficiary per year, water and sanitation related diseases to generate changes in general health and hygiene practices .



# Major Changes in Household Sanitation and Hygiene

## Household Sanitation and Hygiene in Gutu Before and After CHC



Ref pits (Refuse pit)

P/Racks (Pot-rack)

HWF (Hand washing facility)

C/Bedding (Clean bedding)

P/W Srces (Protected water source)

C/W Contr (Covered water container)

F/Utensils (Family utensils)

D/Kitchen (Decorated kitchen)

SSS (Know how to make sugar/salt solution)

BVIP (Blair Ventilated Pita latrine)

B/room (Bathing room)

M/Nets (Mosquito nets)

N/Garden (Nutrition garden)

F/E Stove (Fuel efficient stove)

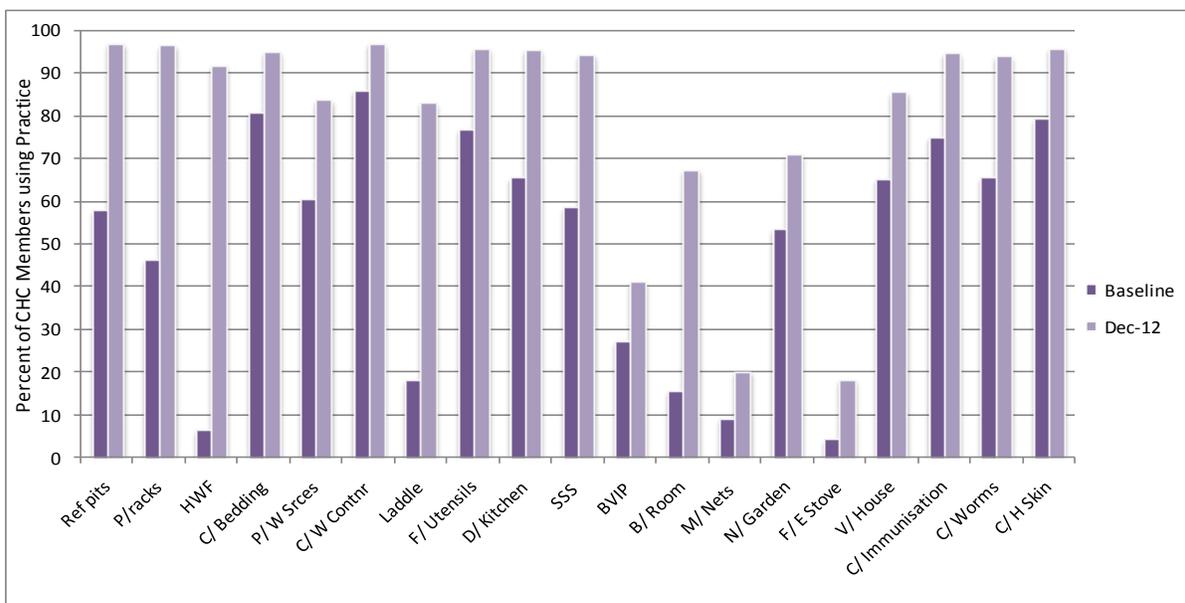
V/House (Ventilated housing)

C/Immunization (Children have been immunized)

C/Worms (Children have been dewormed)

C/H Skin (Children have no skin diseases)

## Household Sanitation and Hygiene in Mberengwa Before and After CHC





*Knowledge Management Officer:  
Patricia Determan*

## Visitors view of Community Health Clubs in Gutu and Mberengwa Districts

I visited health clubs in Gutu and Mberengwa districts during the months of May and June 2012 in order to monitor activities and observe developments in both project areas. During trips to the field, I conducted interviews and focus group discussions as well as observations of club meetings and homesteads. Several themes emerged in conversations with club members, facilitators, and officers.

### CHC members appreciate the chance to discuss and learn.

Club members displayed their appreciation of a new forum to discuss ideas both related and unrelated to sanitation and hygiene, an understanding of fecal-oral transmission of disease, and the implementation of structures such as hand washing facilities, pot-racks, and rubbish pits at their homesteads.

Club members also consistently appreciated the knowledge and leadership styles provided by their session. Club members described visible changes in their communities as a result of attending club meetings.

The most noticeable changes included hand washing facilities, pot-racks, rubbish pits, nicely swept yards, smart looking children, toilets, and zero open defecation. The tippy tap was a uniform structure in the communities I observed in both districts. facilitators.



*In Bafana Village (Ward 19, Mberengwa), a health club member shows Project Officer, Mercy Jamba, how she serves drinking water.*



***“It is ideal to keep on coming even after finishing the 20 sessions because we learn quite a lot. Now we are so united we can help each other in other issues, not only health issues . . . social issues or some other developmental issues,” says Portia, Club member from the Rise and Shine Club in Ward 24, Mberengwa.***



## ACF/EC: Gutu and Mberengwa

### Club Sustainability

Those interviewed predicted that their club would continue to meet even after completing the required sessions to graduate. Some members expressed that they would continue to meet for revision sessions and to encourage each other. For example, one member explained the importance of repeated future meetings in order to cultivate a culture of good hygiene. Her club hopes to meet until “good hygiene is now part and parcel of their daily living.”

Other club members mentioned they will continue to meet, but will tackle other projects and income generating activities. Members described excitement within the club at having a forum to discuss issues in the village. Across clubs, such issues and activities likely to be discussed in the future include orphans and vulnerable children, income generating projects to raise funds to build toilets, replacement materials for pot racks and temporary latrines (rather than destroying vegetation to build structures that will eventually decay), molding bricks to erect permanent latrines, advocating for the construction of boreholes, and visiting homesteads to make sure hygienic practices are being implemented.



*Positive Peer pressure. At each CHC venue, the member draw a large map on the ground and mark their homes and sanitation facilities, which enable them to plan their latrine building as a group. This has resulted in 7771 latrine built in one year without subsidy.*



### Social Cohesion and Teamwork

Elements of social cohesion and teamwork emerged out of discussions with club members as well. Members gave examples of helping each other erect hygienic structures in their households and building new relationships. In particular, they are helping those who are elderly or disabled in the villages. One club member noticed emerging relationships between the elderly women and young women in her club.



A club member, called ‘Recommend’ from Gwandepi Village in Ward 5, Mberengwa bears witness to the changes, and notes:

***“There is a very good relationship between the elderly and those who are young . . . when the elderly are failing to make their floors clean, they will go and help them . . . and those who are still young, they learn from the experience of the elderly women around the village.”***

## GAA : Masvingo Province (Gutu) and Midlands



Moses Matondo,  
Project Manager, ACF project  
Masvingo Province

**Project Title:**

**Objective: Improve WASH in Schools**

**Donor: EC**

**Partner: GAA**

**Date to start and finish: Feb 2013 - Jan 2014**

**Number of Wards: Gutu: 5, 6, 7, 19, 23 Mberengwa: 24: 23, 25, 26, 27, 36**

**Number of School Health Clubs (SHCs): 53**

**Number of SHC members: Gutu: 1712, Mberengwa: 1389 = 3,101**

**Number of beneficiaries: 15,825**

**Cost of Project: US\$246,000**

**Cost per indirect beneficiary: 15.54**

**Cost per SCH Member: US\$79**

### Achievements to Date:

53 School based facilitators (SCFs) were identified (25 males and 28 females) and trained in PHHE a district level during a 5 day SBF TOT training at Gutu and Mberengwa. The Workshop included representatives from: Ministry of youth, Gender and women empowerment, Local authority, MOHCW was represented by P.E.H.T Ministry of Education. Each SBF was given a set of PHHE tool kits to use during facilitating sessions. The CBFs were awarded certificates of completion for the 5 day training,. SHC were formed and established at all 53 schools in the 11 wards of Mberengwa and Gutu districts. PHHE sessions are conducted once on a weekly basis and to-date a total of 537 out of a total of 1,060 sessions (50%) have been completed.

53 SHC constitutions and committees were drafted and collected for M&E and record keeping. Election and appointment of SHC Committees took place in each school and these officials will assist the SBFs in the facilitation of club activities. Establishment of 11 SBF committees who will arrange all SHC activities in the ward, including graduations and awareness campaigns

A School health baseline inventory conducted and all have been entered and analysed by the M+E Officer. The Zim AHEAD Project Officers have carried out 33 SBFs monthly meetings were successfully conducted in the 11 wards and a total of 151 visits have been conducted to 53 SHC for Monitoring and support. Ministry of Health EHTs have been included in monitoring and supporting of all SHCs in the 5 wards.

***The number of beneficiaries are not just limited to those who joined the clubs as the impact is being felt across the whole school; at one school in Mberengwa Makuwerere Primary school students are said to be laughing at any student who goes to the toilet and does not wash their hands upon return they refuse to even shake hands with anyone who has visited the toilet and has not washed their hands. Within the communities impact is also being seen as pot racks, tippy tapes, and temporary toilets are being and the old ones being resuscitated.***

Mercy Majambo, Project Officer.



**School Health Club conducting a survey of their school**

## Manicaland Province : Chipinge Urban



Rangandu Mushipe  
Project Manager,  
Chipinge, ACF project

**Project Title:** Small Towns Hygiene Promotion and Capacity Building  
**Objective:** To reduce morbidity and mortality through provision of Hygiene Promotion to people affected by diarrhoeal diseases.  
**Donor:** Unicef WASH Fund/ DFID  
**Partner:** ACF / Local Authority  
**Number of Wards:** 8  
**Number of CHCs:** 29 CHCs; 12 Market place clubs; 10 school health clubs  
**Number of members:** 2,144 (Males 220, Females 1924)  
**Number of beneficiaries:** 25,676  
**Cost of Project:** US\$134,000  
**Cost per beneficiary:** US\$5.2  
**Date to start and finish:** 6th November 2012 - September, 2013

### PROJECT ACHIEVEMENTS

- 14 Ward Project awareness meetings
- 1 Training of Trainers Workshop
- 30 Community based facilitators
- 11 School based facilitators trained
- 2 Ward and School meetings

Clubs formation: 30/01/13—15/4/13  
 512 Sessions done up to 30/04/13  
 127 Sessions monitored  
 29 tons of refuse removed by CHC members



Cleaning of two Business centres, Chinheya in ward 4 and Dzonzai in ward 2.

Clean up campaigns have been done in four wards (2, 3, 5 and 6) and were very successful with all club members in these wards participating and even non club members were tempted to join these campaigns. The refuse removed was approximately 29 tonnes.

Activities done by clubs:  
 WASH Fund has been discussed and some of the clubs have already started contributing towards this pocket.

After the session on the use of individual cups one club contributed and purchased tea cups and each member got three cups.

Cleaning of alternative water sources (protected springs) by two clubs, scheduled for every

*To Zimbabwe AHEAD:*

*May we take this opportunity to thank you for the wonderful work you did in the last project and for the cordial working relationship which both enjoy.*

*Community Services Officer  
 For Chief Executive Officer*

**CHIPINGE  
 RURAL DISTRICT COUNCIL**

## Mashonaland Central Province : Bindura Urban



**Morgan Haiza,  
Project Manager,  
Bindura. GAA project**

**Project Title:** *Hygiene Promotion and Capacity Development Programme for Bindura Town*

**Donor:** Unicef Wash Fund

**Partner:** GAA

**Date to start and finish:** October 2012 -Sept 2013.

**Number of Wards:** 12

**Number of Community Health Clubs:** 17

**Number of CHC members:** 1,038

**Number of SHCs:** 10

**Number of School health Club Members:** 733

**Number of beneficiaries:** 5,294

**Number of indirect beneficiaries:** 44,033

**Cost of Project:** US\$117,000

**Cost per beneficiary:** US\$2.65

### Objectives:

1. to increase equitable access to WASH services for vulnerable people **with a** special focus on gender
2. To improve hygiene practices among the residents of Bindura with special focus on gender and vulnerability.
3. To improve the operational performance of Bindura Town Council as well as enhance the sustainability of services, and measure the impacts of implemented interventions.

After significant delays in the start up due to political suspicions around the introduction of a new NGO into a highly sensitive area, a 5 day ToT was conducted in January 2013. which marked the start of the long awaited Community Health Clubs in Bindura. After training CBFs received T/shirts, hats and bags and their training Toolkit. Feedback meetings were held in the 12 wards and CHCs started to mushroom. To date we have a total of 17 CHCs, 1,038 registered CHC members, 10 SHCs and 733 registered members. Registration is still ongoing. This is a real achievement considering the sensitivity of the area and is due entirely to the determination of the Project Manager, Morgan Haiza, who is one of the most experienced trainers in the country, having been one of the first to start CHCs in 1995. By June 2012, CHCs have done 12 of the 20 topics, whilst in the schools they are on topic number 5 because of delays due to the school holidays. Despite the hurdles this project will be completed on time.

*'When you move around the streets in various suburbs of Bindura there is marked change in terms of environmental hygiene. Piles of refuse which were quiet visible before the inception of the project are now a thing of the past. The community is organising clean up campaigns at ward level and they clean their respective areas. This has been done in wards 4, 5 and 6. Other wards are planning to do the same because of peer pressure from their neighbours. BTC has provided a tractor, shovels, racks, gloves and other tools to enhance thorough cleaning. At times they hire a front end loader to help the community load the refuse into trucks. The CHC committees play a vital role in linking the community and Town Council in this cleaning exercise.*

*Broken down boreholes are being repaired through CHC initiatives. Before this project, there was bad blood between Bindura Town Council and residents. They were two worlds apart. CHCs came at the right time because now good relations are being created. BTC has begun to meet residents through the CHCs. Critical issues are discussed during the meetings. BTC has taken the project as council's baby and not as a departmental issue. Various council departments team up when they go out to meet the residents through the CHCs.'*

## Acknowledgment of Donations

Zimbabwe AHEAD has always been severely crippled in its activities by a lack of adequate transport. Short term emergency projects often result in donors avoiding the necessity of expensive investment in vehicles for implementing partners. This was true of an EC funded project in partnership with Mercy Corps where for the first year we relied on 12 year old vehicle donated by the Directors. Again in the OXFAM emergency projects between 2008-2010 we struggled without transport running our only truck into the ground distributing NFI kits. However, things improved considerably this year with donations from OXFAM and IMC. We received a Toyota Hilux twin cab from the OFDA through Oxfam for the 3 years we worked on the OFDA. Although we had hoped to work with International Medical Corps (IMC), the emergency phase in Zimbabwe is now over and IMC have now closed offices in Harare kindly donating 4 vehicles (Nissan Wolf Twin Cabs) and other equipment. Now our offices look like a used car sales department but we delighted as all our staff are now motorized.



## The Need for Transport:

Thanks to the ACF Project all our project officers have a motorbike and this is essential to enable field staff to perform properly. ACF have also handed over a 4x4 for the Project Manager, who for the whole of 2011-2012 was having to hitch rides with their own Programme Manager.

We are also delighted to be able to distribute 50 bicycles to the Community based facilitators who have to ride between the CHC that they run in the remote rural areas. Whilst in some mountainous areas they might be difficult to use, owning a bicycle is a reward they earn by giving their time voluntarily. So as to encourage sustainability of the programme, they are not paid directly for their time, but they are kitted out with a T shirt and hat as well as a bag to house the training materials.

# Independent Auditors' Report

## **Qualified Opinion**

In our opinion, except for the possible effects of the matters described in the Basis for Qualified Opinion paragraph, the financial statements present fairly, in all material respects, the financial position of Zimbabwe Applied Health Education and Development as at December 31, 2012, and its financial performance and cash flows for the year then ended in accordance with International Financial Reporting Standards, and the requirements of the Companies Act.

## ***Report on Other Legal and Regulatory Requirements***

As required by the Companies Act we report to you, based on our audit, that:

- we have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of our audit;
- -in our opinion proper books of account have been kept by the company, so far as appears from our examination of those books; and
- The company's statement of financial position and profit and loss account are in agreement with the books of account.

## **PKF Chartered Accountants (Zimbabwe)**

September 2013.



## Zimbabwe AHEAD - Zimbabwe

### Income and Expenditure Statement for the Year Ended 31 December, 2012

REVENUE	US\$	US\$
	DR	CR
Grants income		451,041.00
Sale of Training Material		67,258.00
Consultancy Income		21,400.00
Other Income		3,765.00
		543,464.00
EXPENDITURE		
Marketing Expenses	12,145.00	
Bank Charges	3,939.00	
Cleaning Expenses	1,288.00	
Computer Expenses	225.00	
Consulting and Professional fees	110.00.00	
Depreciation, Armotisation and Impairments	25,748.00	
Employee costs	242,884.00	
Licenses	141.00	
Parking and Toll Fees	103.00	
Office Supplies	4,841.00	
Board Expenses	3,777.00	
M+E Baseline	54.00	
Hire	5,100.00	
IT Expenses	1,483.00	
Insurance	22,106.00	
Lease rentals	21,812.00	
Motor Vehicle Expenses	47,151.00	
General Expenses	34,997.00	
Promotions	15,597.00	
Repairs & Maintenance	12,564.00	
Staff Welfare	16,306.00	
Communication Costs	5,412.00	
Training	6,431.00	
Travel Costs	16,808.00	
Utilities	1,909.00	
	503,471.00	
<b>SURPLUS FOR THE YEAR</b>	<b>39,993.00</b>	
<b>GENERAL FUND—December 2012</b>		<b>39,993</b>

## Statement of Financial Position

Figures in US Dollars	2012	2011
<b>Assets</b>		
Non-Current Assets		
Property, plant and equipment	29,341	19,803
Current Assets		
Inventories	21,258	48,368
Trade and other receivables	2912	2400
Cash and cash equivalents	97,046	5,632
	121,216	56,400
<b>Total Assets</b>	<b>150,557</b>	<b>76,203</b>
<b>Equity and Liabilities</b>		
<b>Equity</b>		
Reserves	3,786	-
Retained income	90,946	51,053
	94,732	51,053
<b>Liabilities</b>		
Current Liabilities		
Trade and other payable	55,825	25,150
<b>Total Equity and Liabilities</b>	<b>150,557</b>	<b>76,203</b>

**Financial Statements or the year ended December 21, 2012**  
**Statement of Comprehensive**  
**Income**

<b>Figuers in US Dollar</b>	<b>2012</b>	<b>2011</b>
Revenue	518,299	161,498
Cost of Sales	(33,952)	(35,488)
<b>Gross Profit</b>	484,347	126,010
Other Income	25,165	80,282
Operating Expenses	(469,619)	(242,270)
<b>Operating Profit (loss)</b>	39,893	(35,978)
<b>Profit (loss) for the year</b>	39,893	(35,978)
<b>Other comprehensive income:</b>		
Gains ad losses on property revaluation	3,786	-
Total comprehensive income (loss)	43,679	(35,978)
Total comprehensive income (loss) attributable to:		
Owners of the parent	43,679	(35,978)

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**Financial Statements for the year ending December 31st, 2012****Statement of Changes in Equity**

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<b>Figures in US Dollar</b>	<b>Revaluation Reserve</b>	<b>General Fund</b>	<b>Total Equity</b>
Balance at January 01, 2011	0	87,031	87,031
	0	(35,978)	(35,978)
Total changes	0	(35,978)	(35,978)
<b>Balance at January 01, 2012</b>	0	51,053	51,053
Changes in equity			
Total comprehensive income for the year	3,786	39,893	43,679
Total changes	3,786	39,893	43,679
Balance at December 31, 2012	3,786	90,946	94,732