

Executive Summary for 2001

2001 was without doubt one of the most tragic years for Zimbabwe since its independence in 1980. In the run up to the Presidential election due in 2002, the rural areas were overrun by 'war veterans' who intimidated any suspected opposition supported and appropriated private property, causing widespread insecurity and homelessness. A country that started with one of the best infrastructures in Africa and an economy that was held as an example to the Third World, it has within the past two years been reduced to chaos, with an inflation rate of 116% while 70% of the population are unemployed, and at least 30% HIV positive. The country has been divided racially and politically, whilst government rhetoric has ruined all chances of attracting donors to assist in the increasingly desperate needs of a population. With the certainty of mass starvation in the rural areas this year due to the worst drought in living memory, the government continues to pursue an isolationist foreign policy whilst internally controlling the population by state sponsored anarchy and a rule of fear. All hope of this situation changing was abandoned when the ruling party again secured the election in March 2002, and is now set to maintain its draconian powers for the next six years flying in the face of international criticism. As such, sanctions have been placed on the leadership whilst international funding agencies have withdrawn all support for development in Zimbabwe.

Like most NGOs in the country, Zimbabwe A.H.E.A.D has been critically affected by the political climate, and has had to cut back its operations dramatically. The two main donors, DFID and DANIDA who had been responsible for funding major projects in three Districts declined to refund and these projects were accordingly wound up, despite the desperate need of the community for assistance. Only key project staff were retained in the hope that when normality eventually returns to the country, the Organisation will be in position to respond quickly. Since Feb 2001, the Executive Director, and Administrator have been on a part time voluntary basis, and overheads were cut by sub-letting a part of the Head Office. The two remaining project officers were moved to Rusape and a local office established in Makoni District, where the project continues to be remarkably successful with minimum funding despite all odds.

This is mainly due to the support of the New Zealand High Commission who has continued to fund Zimbabwe A.H.E.A.D in two new projects: the construction of a Training Centre to act as a focal point for health club activities in Makoni District and an AIDs project. The accommodation block for the Training Centre was completed with toilets and kitchen and this was done with full community input by 10 health clubs in the area, who burnt bricks, builders fees, collected and cut all the grass needed for thatching. The Organisation provided transport, technical assistance and brought items such as roof timbers, fittings, window and door frames, and cement. The centre will be an income generating project for the 10 clubs who each provide a twin bedded room full board and meals for participants. The first course 'Living positively with Aids' has been held there and was a great success. Participants from each ward were invited and have returned to replicate the training for home based carers in their clubs. An Adult Literacy Training was also held in August 2001, in conjunction with ALOZ (Adult Literacy Association of Zimbabwe) funded by the Irish NGO Trocaire, where 10 Co-ordinators were trained to start lessons for members within their own areas.

Despite the fact that the Zim A.H.E.A.D no longer directly supports the Ministry of Health financially, the Community Health Club project continues to grow in Makoni District, with the number of clubs expanding from 229 at the end of 2000, to the present number of 270 clubs. The dedicated EHTs in this district continue to run weekly health sessions and are as successful as ever in changing hygiene behaviour for the better. At the beginning of 2001, the 14 motorcycles, donated to Zim A.H.E.A.D by DANIDA were handed over to the Ministry of Health, who continues to operate this fleet efficiently with zero breakdown to-date. Thanks to Riders for Health Organisation, they are assisted with 60% of the running costs, whilst the Ministry of Health provides the balance from permits paid locally. This has been an exceptional model in sustainability: a pilot project that has gone to scale district-wide and been sustained effectively by government after the withdrawal of the NGO and donors. It also proves the effectiveness of the Community Health Club Methodology for improving living conditions in the rural areas.

The outstanding success of the year has been the rapid uptake of income generating projects within the 10 wards of Makoni District where the Community Health Clubs have moved onto Stage 3 (Poverty Alleviation) and Stage 4 (Social Development) of the A.H.E.A.D. Model. Eighty health clubs were trained in a variety of skills in the year 2000, and in the second year of operation the number of projects increased from 344 to 414 separate groups, with 7,007 active members, who have in the past year raised nearly Z\$ 7,000,000¹ in sales from their projects. After expenditure and profit sharing a balance of over Z\$ 4,000,000 is at present in the bank. This extraordinary effort was achieved in a year of drought and political turmoil and is a tribute to the determination of health club members to pull themselves out of the current crisis. Whilst the Organisation has donated a variety of appropriate technologies such as oil presses, peanut butter presses, paper making equipment etc, (in total 71 machines) to assist the members, all groups raised their own working capital to start the projects. In recognition of the viability of this project, the Ministry of Youth Development, Gender and Employment Creation (YDGEC) made available grants of Z\$20,000 each to 31 groups and an extract of their report received from the District Head reads:

"It is important to note that a lot has been achieved, in terms of business development for projects that were started by members of health clubs. Our organisation is quite grateful for Zim A.H.E.A.D for a job well done. As a way of showing our appreciation for this great achievement, we have funded many projects in the month of August 2001 and we are still continuing to support them. Our intention is to fund all such projects and also equip them with business knowledge, skills, attitude and behaviour. We now have a Ward Co-ordinator for each ward and a total of 226 village Business Development Workers in the District."

The implication of the success in Makoni District in setting up health clubs that are viable groups through which both Ministry of Health and Ministry of YDGEC can effectively channel their funds and expertise is that as an NGO, Zim A.H.E.A.D has shown how the CHC methodology can lead to long term, holistic and sustainable development, with minimum financial input. With the total expenditure by the Organisation in Makoni District amounting to less than Z\$3,000,000 this year, it is clear that development is achievable at minimal cost, as the people have the resources and determination to help themselves whilst government structures can be effectively supported so that the NGO is purely a facilitator. Credit for this goes largely to the Project Co-ordinator who has worked tirelessly this year to involve all relevant stakeholders in Makoni District to contribute their skills and make this project the resounding success that it is proving to be. She has set up a local representative of the health clubs in each ward, who monitor and report back monthly as well as provide skills training and back up to the members in income generating, literacy and AIDs support groups

As for the future we hope to expand Stage 3&4 of this project to the other ten wards, where the remaining 170 health club whose members have completed their health education stage, are anxiously waiting for the same transformation to appear in their areas. With assistance from the Ministry of YDGEC, this appears possible with minimum support. However the immediate issue is to identify agencies willing to support the NGO through this critical period, and in particular to source funding for a 'Sustainable Livelihoods' project in Tsholotsho where health club members have been particularly hard hit by the events of the previous year.

On the international front, the A.H.E.A.D Methodology is beginning to feature prominently in development literature. At a recent electronic conference, Community Health Clubs attracted the most dialogue, and enquiries for training continue to be received. The Director is enrolled for a PhD with the London School of Hygiene where the Community Health Club Model is being taken seriously by top development experts in the water and sanitation field, as a viable method of producing positive hygiene behaviour within rural communities. The results from the 2001 Research and Dissemination Project have been submitted to DFID, who are impressed by the fact that in the three Zim A.H.E.A.D districts in Zimbabwe where health clubs were operating between 1997-2000, a massive change in health knowledge has been recorded and a rigorous study shows indicators of hygiene behaviour of 60% difference between health club areas and control areas where there was no health club intervention. On

¹ Official Rate of Exchange for 2001: Z\$70 to one pound sterling has been artificially held by the government. However with the dollar in free-fall the rate of Z\$500 to the pound is usually taken as more realistic.

the strength of these findings the Royal Society for Tropical Disease and Hygiene awarded the Director with 1st prize for a poster showing this research, and a Fellowship of the Society. This research was also presented to the Regional Water and Sanitation Programme of the World Bank, in Kenya, and it is expected that the pilot project which was started by Zim A.H.E.A.D is likely to spread regionally to other parts of Africa. For example in the past year over 50 health clubs were successfully started in Sierra Leone, using Zim A.H.E.A.D training material and expertise. This project is already proving to be as successful in Sierra Leone as it has been in Zimbabwe. The Training Materials needed to run the health education course are still being purchased by other NGOs, in particular CARE, who are using the material both in Sierra Leone and in Zimbabwe.

Thus whilst the local funding is difficult to secure it is hoped that by keeping the A.H.E.A.D. concept alive internationally, the CHC Methodology will become recognised as an effective development strategy and that this will eventually lead to recognition of the NGO and subsequently increased funding in Zimbabwe.