



**Africa AHEAD**

**Applied Health Education and Development**



**Annual Report**

**January 2015 — December 2015**

# CONTACTS

Where you can find us and  
Who to contact

For more information visit the website:

[www.africaahead.com](http://www.africaahead.com)

For registration of Community Health Clubs

[www.chcahead.org](http://www.chcahead.org)

## The 2014 –2015 Annual Report

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**Edited by** Anthony Waterkeyn

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Moses Matondo

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**Uganda:** Justin Otai

**DRC:** Amans Ntakarutimana

**Financials:** Richard Bennison

Lyle Aitkin

Birgit Roessner

## South Africa

### Chief Executive Officer

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## Rwanda

### Country Director

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Rwanda.

## 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

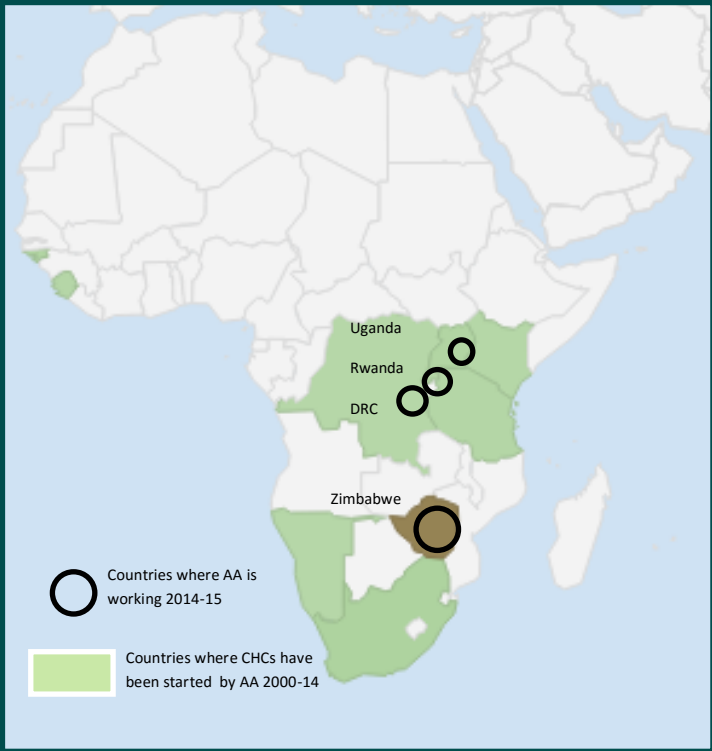
Private Voluntary Organisation 19/2014

Rwanda

International NGO registered 177/DGI&E/13

# COUNTRIES

Our 2014 operational countries



## 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 2015



The Rwandan Team 2015

# THE BOARD

2

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, Leeds &



Janette Hetherton Chairperson, Zimbabwe Advisory Board



Zachary Bigirimana Rwanda based E. Africa Regional Rep.

Kevin Laue Legal Advisor

### Update on Board of Trustees

An Africa AHEAD General meeting was held in America, University of North Carolina, in October 2015 and the two American based Trustees, Prof. Jamie Bartram and Dr. Darren Saywell have opted to come off the Board in the UK, due to inability to attend meetings. Instead they will be on the USA Board for the organisation should this become more active. We welcome two new trustees on the UK Board, Janette Hetherton and Kevin Laue, who joined the Board in July 2016. They are both long time supporters of Zimbabwe AHEAD, Kevin as one of the founding Trustees in 1999 and Janette head of New Zealand Aid as a donor. In Zimbabwe a Board of Advisors has been appointed consisting of Janette Hetherton as Chairperson, Goldberg Mangwadu and George Nhunhama, Jaap Kuiper, Graham Cheater. New Board members proposed are Mrs. Smolly Moyo and Mr. Mass Kirk. In Rwanda Zachary Bigirimana remains Regional Representative for East Africa the UK Board.

## AFRICA BASED ADVISORS



George Nhunhama Water Advisor



Dr. Jaap Kuiper Education



Smolly

## UNITED STATES OF AMERICA TRUSTEES



Dr. Darren Saywell Head of WASH-PLAN



Prof. James Bartram, Head of Water Institute Uni. of North Carolina

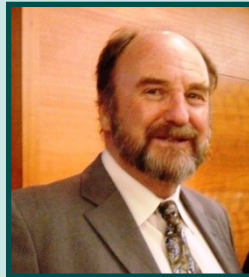
# MANAGEMENT

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



Mr. Roger Short, Director  
Partnership Liason  
Europe

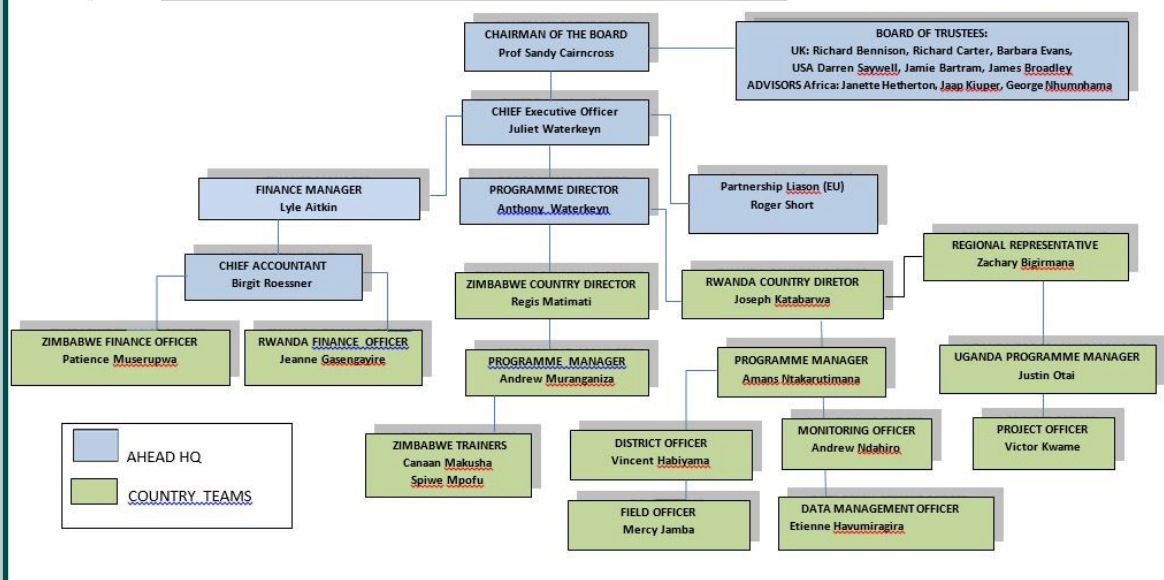


Ms. Jeanne Gasengayire  
Finance Officer  
Rwanda



Ms. Patience Muserupwa  
Finance Officer  
Zimbabwe

## AFRICA AHEAD ORGANOGRAM

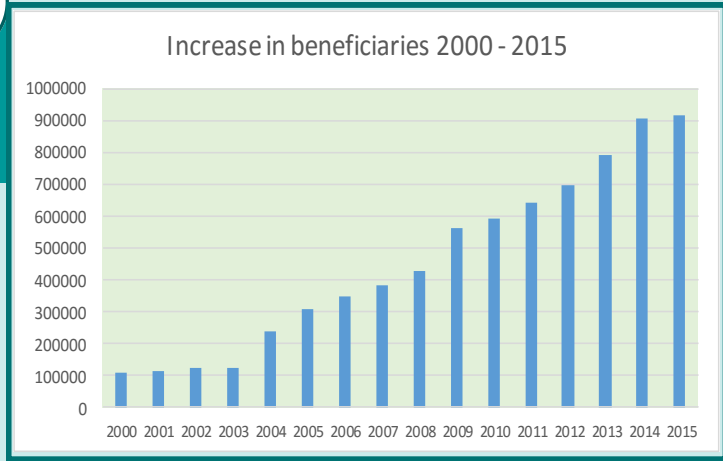


# ACHIEVEMENTS

## 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.



### 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.

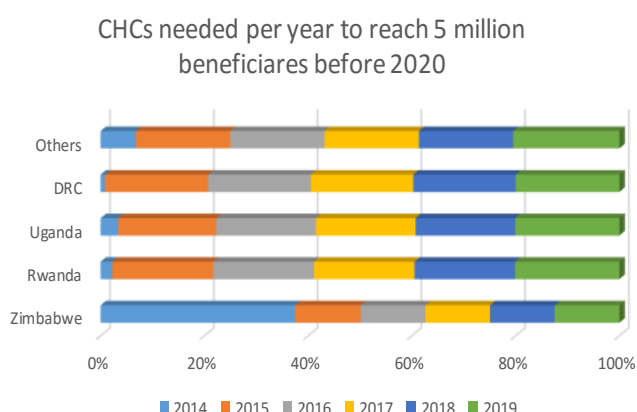
We influenced policy the Rwanda which has resulted in 14,800 CHCs with approximately 1 million beneficiaries which with the 1.5 million below would make a total 2.5 million beneficiaries.

### Number of beneficiaries 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
	<b>3,213</b>	<b>257,040</b>	<b>1,542,240</b>

## CHALLENGE

How many beneficiaries in 5 years?



**'5 x 5'**  
 5 years  
 5 diseases  
 5 million  
 5 countries  
 <US\$5 p.p

### 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.

### 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

6

Overview : January 2015 — December 2015



*Chief Executive Officer's Report*

*By Dr. Juliet Waterkeyn*

*Two country offices in Rwanda and Zimbabwe are now fully operational with sound accounting systems.*



With the international endorsement of the Sustainable Development Goals in 2015, we expect that the holistic CHC development model used by Africa AHEAD is poised to move center stage in the next few years, particular once we have some evidence of cost-effectiveness from the Randomised Control Trial in Rwanda, due out in June 2016.

Our mantra of building 'common unity' was well represented by an ex-staff member, Jason Rosenfeld who made this the subject of his TED Talk, based on his replication of the approach in the Caribbean. At **World Water Week** in August, Africa AHEAD co-hosted a seminar with the Swedish Environment Institute and at the UNC conference in October, our AA side event was chaired by the Head of WASH, PLAN International and the Gates Foundation representative in the Rwandan RCT.

We now have two established hugs in East and Southern Africa managed by **Country Directors**, Mr. Joseph Katararwa in Rwanda and Mr. Regis Matimati in Zimbabwe. Both Directors have long experience with the CHC approach and have shown a strong commitment to community development. As they take our organisation forward to the next stage, we plan to build strong teams under them as we move to a new generation with the capacity to scale up our activities providing training internationally.

In terms of governance, we have strengthened the Zimbabwe team with an Advisory Board as we continue to be an attractive partner for other INGOs in Zimbabwe providing training for CNFA, IMC, MSF, SNV & ADRA. A total of 826 Community Based Facilitators were trained in 2015 with only 4 trainers, and their efforts have resulted in an estimated 509,700 beneficiaries at a cost of only 27c (US\$) p.p.

We were delighted that in Zimbabwe the **Minister for Health visited our projects** and held a AA project in Chipinge 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. We have revamped our website to include many videos of CHC activities. [www.africaahead.com](http://www.africaahead.com).

This year has been one of **consolidation** of the various wings of the organisation under the UK registered Charity and ensuring international standards with an **online accounting system** which is being controlled by our new Finance Manager in the UK.

By the end of 2015 our new monitoring website was operating as a CHC registry with a standardized tool for assessing behavior change using cell phones to collect household data. This promises to be a useful tool in the future to attract partners, and we are currently in consultation with CoWater, ADRA and GHH for long term partnerships. [www.chcahead.org](http://www.chcahead.org)



## COUNTRY OVERVIEW

Highlights of achievements in  
four countries

7



*We are honoring Mr. Amans Ntakarutima, Programme Manager for DRC, this year with the Africa AHEAD Award for 2015 in recognition of his great advocacy efforts in the face of personal danger and commitment to war torn communities.*

**DEMOCRATIC REPUBLIC OF CONGO:** Africa AHEAD was part of the winning bid in a DFID funded initiative and in March 2015 we started work in the DRC in partnership with Tearfund in the Swift consortium which includes OXAM. By the end of 2015, the response from the health clubs that CHCs are particularly popular and effective in the difficult environment of the peri-urban South, where civil war has torn apart communities. (p.21)

**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) We have also submitted an extensive proposal to USAID in a consortium which is led by ADRA, and includes UNC and SEI for evaluation. If this is successful it will lead to a 2 year programme in 8 districts.

**ZIMBABWE:** Advocacy efforts head by Country Director, Regis Matimati in 2015, has resulted in nearly US\$ 150,000 worth of consultancy training for Zim AHEAD with 6 NGOs. Despite the challenges of finding direct funding for project implementation in Zimbabwe due to political isolation by donors, Africa AHEAD is well on target to meet our '5x5' challenge with **40% of the target of one million beneficiaries has already met in the past 2 years.** (p.15) In October, 2015, the USAID funded programme in two districts finally got started and our teams have been busy training all the field staff for DAPP as the programme rolls out. There are now xxx CHCs in XXX with an estimated xxx members and xxx beneficiaries.



*In 2015, our presentations tended to focus on how CHCs empower women and enable Sustainable Development Goals to be met.*

### Presentations by Africa AHEAD 2015

#### **BILL & MELINDA GATES FOUNDATION PARTNER CONVENING February 2015. Hanoi, Vietnam.**

Waterkeyn, A: *CBEHPP in Rwanda: Hygiene Behaviour Change through Community Health Clubs*  
Poster Presentation: [www.africaahead.org/documentation/presentations/](http://www.africaahead.org/documentation/presentations/)

#### **CBEHPP SCALE UP WORKSHOP: USAID, Unicef & Africa AHEAD March, 2015. Kigali, Rwanda.**

Ndahiro, A: *Progress towards the implementation of CBEHPP*  
[www.africaahead.org/documentation/presentations/rwanda-randomised-control-trial/](http://www.africaahead.org/documentation/presentations/rwanda-randomised-control-trial/)

#### **Women in Water, Amabhubesi Conference, May 28th, 2015. Johannesburg, South Africa**

Waterkeyn, J. *Empowerment of Women through Water Management in Community Health Clubs, South Africa'*

#### **Public Health Association of South Africa Conference 9th October: Durban, South Africa.**

Waterkeyn, J. *An introduction to the community health club approach for women's empowerment — a cost-effective model for preventing disease through integrated & sustainable development*

#### **Water and Health Conference: Where Science Meets Policy, Water Institute, October 30th, 2015: Water Institute, University of North Carolina, USA.**

#### **Side Event by Africa AHEAD: *Urban Sanitation: Sustainability through Civic Organisation.***

Chairman: Darren Saywell (Plan International) & Jan Willem Rosenboom (Gates Foundation)

#### **Presentations:**

Waterkeyn, J. *A Practical Model to meet eight of the Sustainable Development Goals through Community Health Clubs*

Rosenfeld, J. *Community Health Clubs in Haiti*

Tobergte, L. & Muringaniza, A. *Sustainability of Community Health Clubs*

Katarwa, J. & Pantoglou, J. *Monitoring Behaviour Change in Rwanda.*

Matimati, R & Waterkeyn, J. *Civic organization in 6 Towns in Zimbabwe.*



Country Director, Joseph Katarwa, (right) at the high table on behalf of Africa AHEAD with USAID and Unicef, co-hosting a Scale-up Planning workshop for the Community Based Environmental Health Promotion Programme.

# MONITORING CHCS

Standard Monitoring & Evaluation Procedure

12



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](http://www.chcahead.org) A user name can be given on request.

# RWANDA

13

## 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

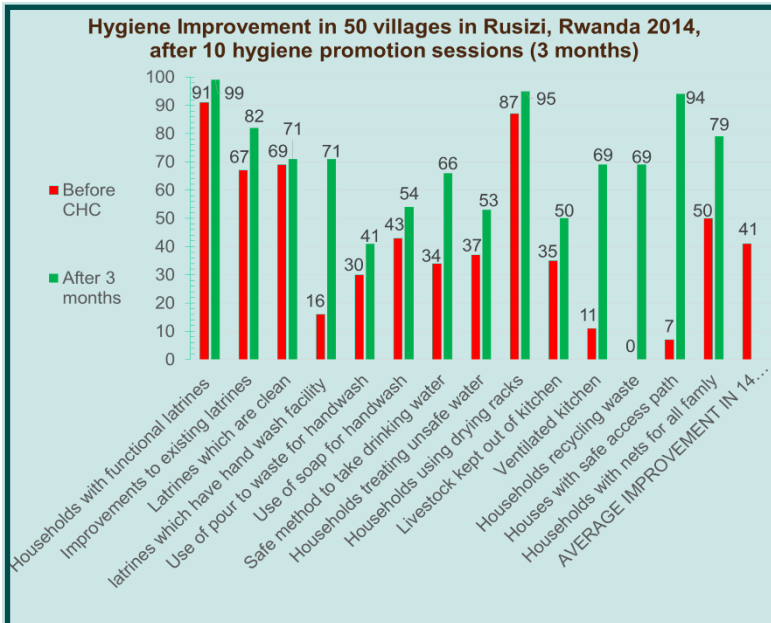
The CHC model was adopted for the Rwandan national Community-Based Environmental Health Promotion Programme (CBEHPP) based on previous experience which demonstrated CHCs capable of achieving high levels of cost-effective behavior change. An evaluation of the health and socio-economic impact that may 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, registering as cooperatives 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.

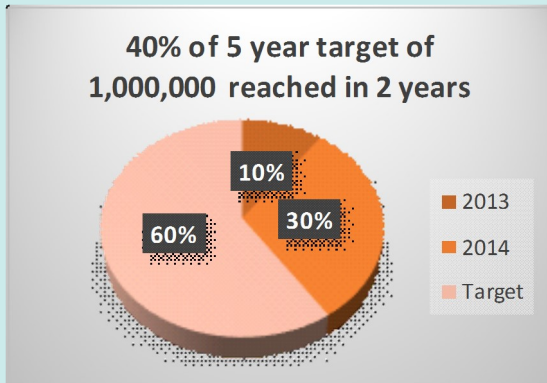
Ministry of Health has called on all partners to scale up training and implementation of CHCs across the entire country in order to achieve 100% CHC coverage in all 15,000 villages by 2018. Both Unicef and USAID have pledged to support this scale up with funding for training country wide.

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 tracking the hygiene behaviour changes within each and every CHC in real time. See Monitoring page 12.

# ZIMBABWE

15

Summary of Projects  
2014 – 2015



Meeting  
our own  
Sustainable  
Development  
Goals!

**509,700**

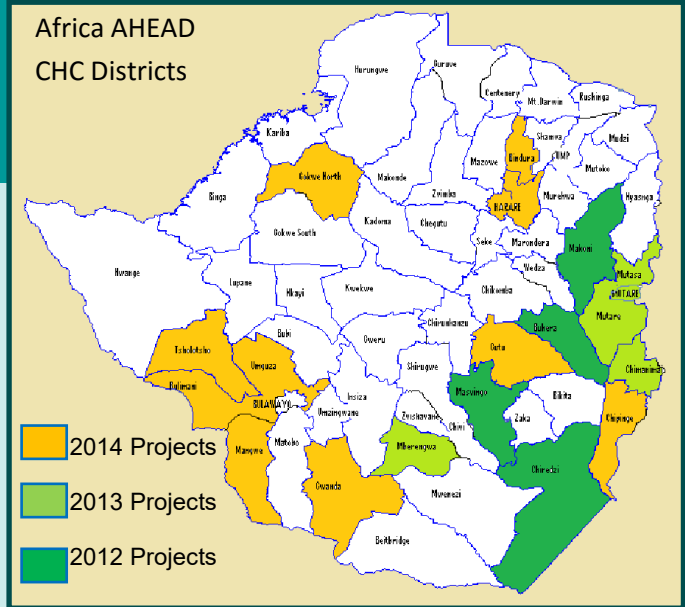
beneficiaries  
in one year  
2014-15 in  
Zimbabwe

In 2015 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 2014 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.



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

\* Estimated by number of CHCs x average of 80 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

1



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 2013, 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

17

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

18



**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
<b>Tsholotsho</b>	113,895	24,151	22	13	50	100	8,000	48,000
<b>Gwanda</b>	116,357	26,773	24	14	50	100	8,000	48,000
<b>Bulilima</b>	90,757	19,761	22	13	50	100	8,000	48,000
<b>Mangwe</b>	67,005	13,806	17	10	50	100	8,000	48,000
<b>Total</b>	38,8014	84,491	85	50	200	400	48,000	192,000

## ZIMBABWE

19

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.

SNV SMART DEVELOPMENT WORKS



**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 was 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 appraised 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](http://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.

