

HIPZ (HEALTH IMPROVEMENT PROJECT ZANZIBAR)

England & Wales · Charity number 1171687

Details

Other names	HEALTH IMPROVEMENT PROJECT ZANZIBAR (PREVIOUS CHARITY NAME)
Status	Registered
Legal form	Charitable company
Company number	10168369
Registered	2017-02-20
Register	View on the Charity Commission register

Contact

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Applecombe Cottage
Wild Oak Lane
Trull
Taunton
Somerset
TA3 7JS

Phone 07812024314

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Website www.hipz.org.uk

Activities

Objects: 1) THE RELIEF OF SICKNESS AND THE PRESERVATION OF HEALTH AMONG PEOPLE RESIDING PERMANENTLY OR TEMPORARILY IN ZANZIBAR.2) TO RELIEVE SICKNESS AND TO PRESERVE THE HEALTH OF PATIENTS OF ZANZIBAR BY PROVIDING AND ASSISTING IN THE PROVISION OF EQUIPMENT, FACILITIES AND SERVICES.

Activities: HIPZ supports the healthcare provision in Zanzibar. HIPZ is responsible for two rural hospitals, at Kivunge and Makunduchi, where they have improved the physical conditions of the hospitals, provided equipment, developed the infrastructure and administration and provided significant clinical training. The charity runs a mental health programme and works in multiple primary health facilities.

Classification

- **How:** Provides Buildings/facilities/open Space, Provides Services
- **What:** The Advancement Of Health Or Saving Of Lives
- **Who:** The General Public/mankind

Geography

- Tanzania

Finances

Period end	Income	Expenditure	Assets	Employees
2025-06-30	-	-	-	-
2024-06-30	£994,039	£1,033,405	£94,208	15
2023-06-30	£897,628	£879,515	£133,574	12
2022-06-30	£500,655	£520,273	£114,831	12
2021-06-30	£366,229	£345,592	-	-
2020-03-31	£276,417	£297,949	-	-

Trustees

Name	Role	Appointed
RUARAIKH MACDONAGH FRCS BEM	Chair	2016-05-07
Dr Nicola Biggs		2021-01-01
Ebun Atinmo		2024-05-07
Ian Eric Franklin		2021-01-01
John Mahon		2024-05-07
Lindsay Solera-Deuchar		2024-05-07
Michael Edward Sugden		2021-01-01
NICHOLAS CAMPAIN BMEDSCI		2016-05-07
SUSAN MOORE		2016-05-07

HIPZ (HEALTH IMPROVEMENT PROJECT ZANZIBAR)

England & Wales - Charity number 1171687

Accounts



Health Improvement Project Zanzibar

**Report and Financial Statements
For the Year Ending 30 June 2024**

**Charity number 1171687
Company number 10168369**

**Health Improvement Project Zanzibar
(A company limited by guarantee)**

**Financial Statements
For the year ending 30th June 2024**

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1 Legal and Administrative Information

HIPZ (Health Improvement Project Zanzibar)

Report of the Board of Directors for the year ending 30th June 2024. The Board of Directors presents its directors' and trustees' report and independently examined financial statements for the year ending 30 June 2024.

Reference and Administrative Information

Charity Name: HIPZ (Health Improvement Project Zanzibar)

Charity registration number: 1171687

Company registration number: 10168369

Registered address:

Applecombe Cottage,

Wild Oak Lane, Trull

Taunton

TA3 7JS, UK

Board of Directors/Trustees

Chair: Dr Ruaraidh MacDonagh

Treasurer: Ian Franklin

Secretary: Dr Nicola Biggs

Caitlin Farrow (Stood down 31.12.2023)

Dr Nicholas Campain

Michael Sugden

Susan Moore

Helen Rafferty (Stood down 31.03.2024)

Lindsay Solera-Deuchar (May 2024)

John Mahon (May 2024)

Ebun Atinmo (May 2024)

Senior Management Team

Finance Director (UK): Juliette Webb

Fundraising Manager (UK): Kathryn Sheldon

Programme Director (Zanzibar): Simon Kühnert

Clinical Operations Director (Zanzibar): Jabir Ayindo

Partnerships Advisor (Zanzibar): Pamela Allard

External Accountants

SPX Oxford Ltd

Peace House

19 Paradise Street

Oxford

OX1 1LD

Bank

1.1 Background

Health Improvement Project Zanzibar (HIPZ) was founded in 2006. It is a Private Company Limited by Guarantee and a charity registered with the Charity Commission for England and Wales. In Zanzibar, HIPZ has a registered branch which is governed by the same Articles of Association and policies.

In the initial years the partnership between the Zanzibar Ministry of Health and HIPZ focused on the development and management of rural hospitals. With time the scope evolved to strengthen the wider health system in Zanzibar.

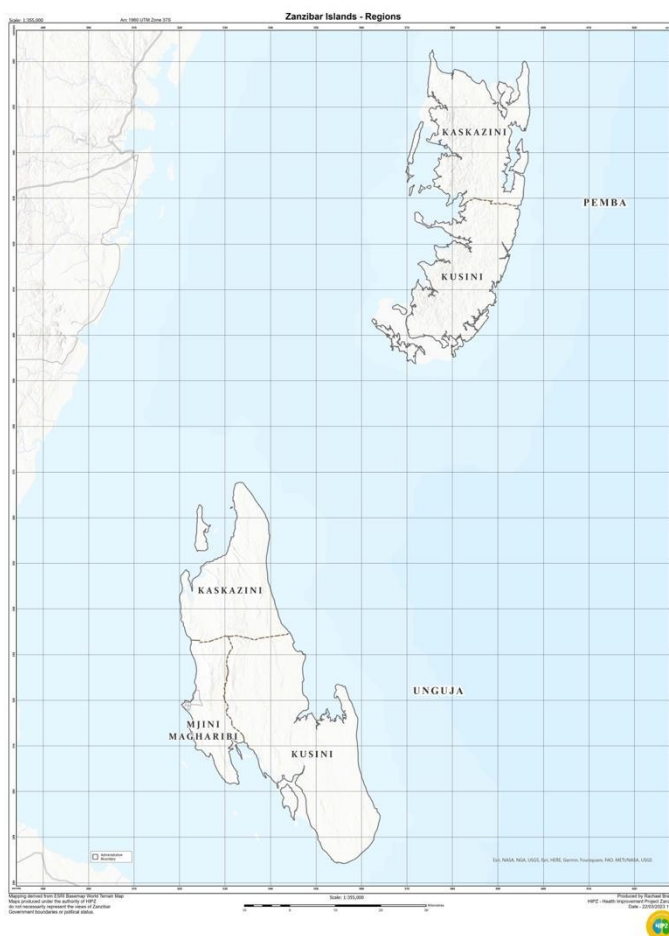
1.2 The context

Zanzibar is a semi-autonomous archipelago of the United Republic of Tanzania. It consists of two large islands, Unguja and Pemba and several small islands. Zanzibar has 5 administrative regions with 11 districts.

Zanzibar's population stands at around 1.8 million people. Around half of the population is under 18 years old (MOFP, 2022). Basic needs poverty affects 26% of the population (30% of the under 17s) (World Bank, 2022).

The Ministry of Health Zanzibar provides overall stewardship of the health sector.

Zanzibar has made significant gains in human resources for health in recent years/over the last 10 years. Currently, one doctor serves a population of 4,445 and one nurse serves a population of 1,258. However, these ratios remain far below the World Health Organisation (WHO) recommendations (of 2.5 skilled healthcare workers per 1000). Furthermore, 60% of the health workforce work in urban areas where only 18% of the population resides, meaning there is still significant disparity in accessing healthcare for the majority of the population who live in rural areas.



Zanzibar Performance towards SDG 3 targets

SDG Indicator	Zanzibar	SDG Target 2030
Under-five mortality rate per 1,000 live births	47 per 1,000 live births (MOH, 2022)	25 per 1,000 live births

Neonatal mortality rate per 1,000 live births	34 per 1,000 live births (MOH, 2022)	12 per 1,000 live births
Maternal Mortality ratio per 100,000 live births	133 per 100,000 live births (only includes institutional mortality) (MOH, 2022)	70 per 100,000 live births

The total health expenditure is approximately 3% of the Gross Domestic Product, falling below the WHO recommendation of at least 5% to achieve Universal Healthcare Coverage. People are frequently forced to spend their own funds on healthcare and out of pocket expenditure on healthcare in Zanzibar is high. This creates a financial risk of pushing households into poverty.

1.3 Our Aims and Objectives

HIPZ aims to strengthen the Zanzibari healthcare system. It is our mission to make it possible for all people in Zanzibar to access high quality healthcare to achieve our vision of a healthy people in Zanzibar.

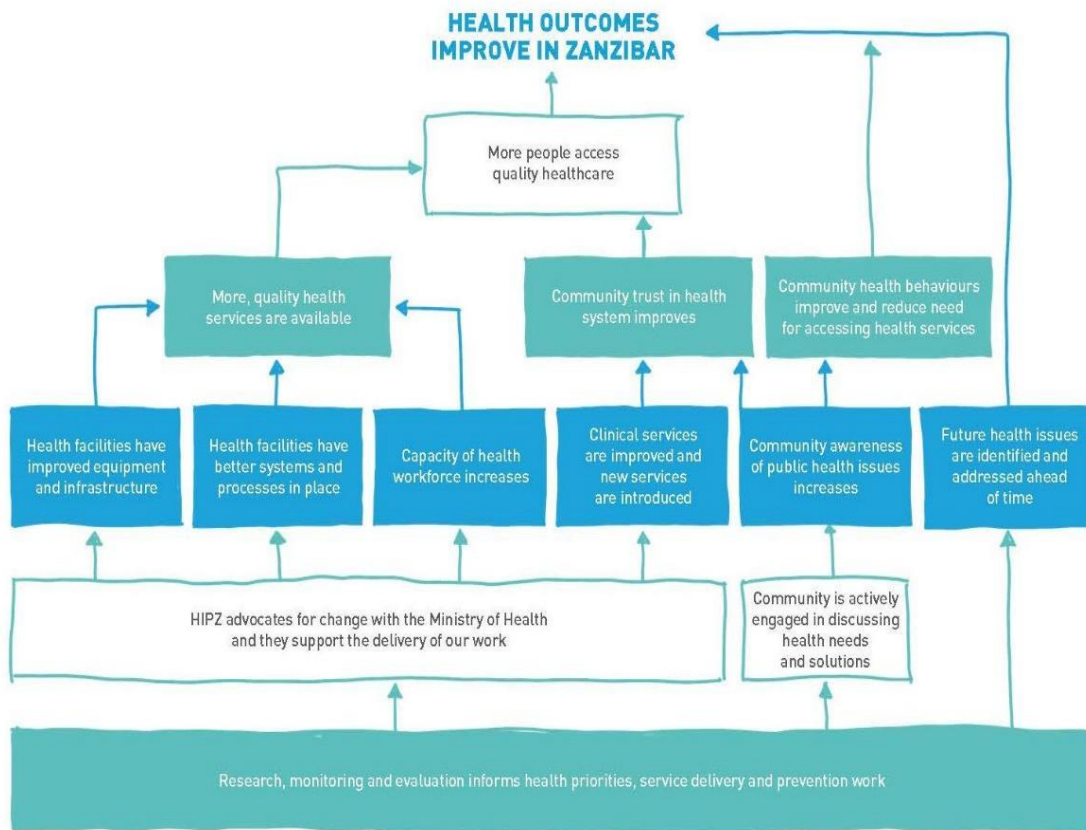
1.4 How we work

Our HIPZ model has been tried and tested over the past 18 years. This model is our blueprint for how healthcare can be transformed in resource-poor environments. We believe this has the potential to make a difference not just in Zanzibar, but can be replicated on a global scale.

Our works is derived from our values:

- We put patients first
- We are locally rooted and locally led
- We work for equitable, equal and consistent healthcare
- We are collaborators
- We create long-term, cost-effective, evidence-based solutions
- We have a whole health system approach

Based on these values and our in-depth understanding we have developed our theory of change to improve health outcomes in Zanzibar.



HIPZ Theory of Change

This model focuses around six pillars:

1. Build workforces. We train healthcare workers in all areas, equipping them with the knowledge and skills to take ownership of their services.
2. Expand Services. In line with the Zanzibar Essential Healthcare Package, we listen to the medical needs of the community and find cost-effective, evidence-based solutions to introduce impactful change.
3. Develop Infrastructure. We improve the structural condition of health facilities and fill gaps in equipment and consumables.
4. Work with the community. We learn from the community and share our experience to reduce barriers to positive health seeking behaviour.
5. Invest in research. We invest in locally relevant health research and share it with the global health community to improve health services delivery not just in Zanzibar, but around the world.
6. Strengthen systems. We co-develop processes, policies and strategies in collaboration with the government, health facilities and other development partners to improve care and create long-lasting change.

All this work is delivered in close partnership with the Revolutionary Government of Zanzibar (RGOZ) to ensure local ownership, alignment with national policies and priorities as well as sustainability of our programmes.

1.5 Performance and Achievements

This year we continued increasing the scope of our work across Zanzibar, working across all 11 districts and directly implementing initiatives in over 150 health facilities. We also opened a new sub-office in Chake-Chake, Pemba to better coordinate our work on the island.

HIPZ is working across all building blocks of the health system in a collaborative approach acknowledging and fostering the leadership role of the RGOZ to steer the health sector towards achieving Universal Health Coverage for its people. In the following report we will provide a brief overview of the work delivered across the HIPZ Strategic Results Areas:

1. Governance, Leadership and Health Financing
2. Infectious Diseases
3. Infrastructure and supplies
4. Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH)
5. Non-Communicable Disease
6. Mental Health
7. Emergency Medicine

Governance, Leadership and Health Financing

We are aiming to increase the resilience and sustainability of the Zanzibar health system by strengthening governance, leadership and health financing. We do this by providing technical assistance, financial support, and joint ventures with the Ministry of Health.

We provide technical assistance through participating in technical and governance platforms and seconding staff to the Ministry of Health. This year we participated in 8 Technical Working Groups, contributed to the review and development of national strategic plans in nutrition, antimicrobial resistance and health security. The latter is through a joint venture including the Ministry of Health, Resolve to Save Lives and the World Health Organization. Another key area of support is strengthening supply chain management through the Central Medical Store Agency (CMSA). We are supporting CMSA to pilot a new supply chain management system at the primary healthcare level which is a key building block to enable the operationalization of Zanzibar's Universal Health Insurance and facility-based financing model.

This year we have seconded 7 staff to various programs of the Ministry of Health to strengthen their institutional capacity and improve the alignment of HIPZ programmes with national priorities. We have seconded 3 staff to the Integrated Child Health Program, 1 to the Mental Health Program and 3 to Makunduchi Health Centre.

Through our Maternal Newborn and Child Health project we have partnered with the Ministry of Health, UNICEF and the Japan International Cooperation Agency to strengthen leadership and management within the health facilities in Zanzibar (see RMNCAH section). Strengthening the management and leadership of facilities is a critical aspect of our work to improve service provision and to prepare for the roll-out of facility-based financing modality envisioned by the Revolutionary Government of Zanzibar.

We also continued to participate in the Zanzibar Multisectoral Coordinating Committee on Antimicrobial Resistance as a member. The committee governs and oversees the implementation of the National Action Plan on Antimicrobial Resistance. Furthermore, we represent international non-governmental organizations as an

alternate member to the Zanzibar Global Fund Country Coordinating Mechanism governing and overseeing the Global Fund initiatives in Zanzibar targeting HIV/AIDS, Tuberculosis, Malaria and the COVID response.

Lastly, we continue to contribute to health financing through the Zanzibar Health Basket Fund, which aims to strengthen Primary Healthcare in Zanzibar.

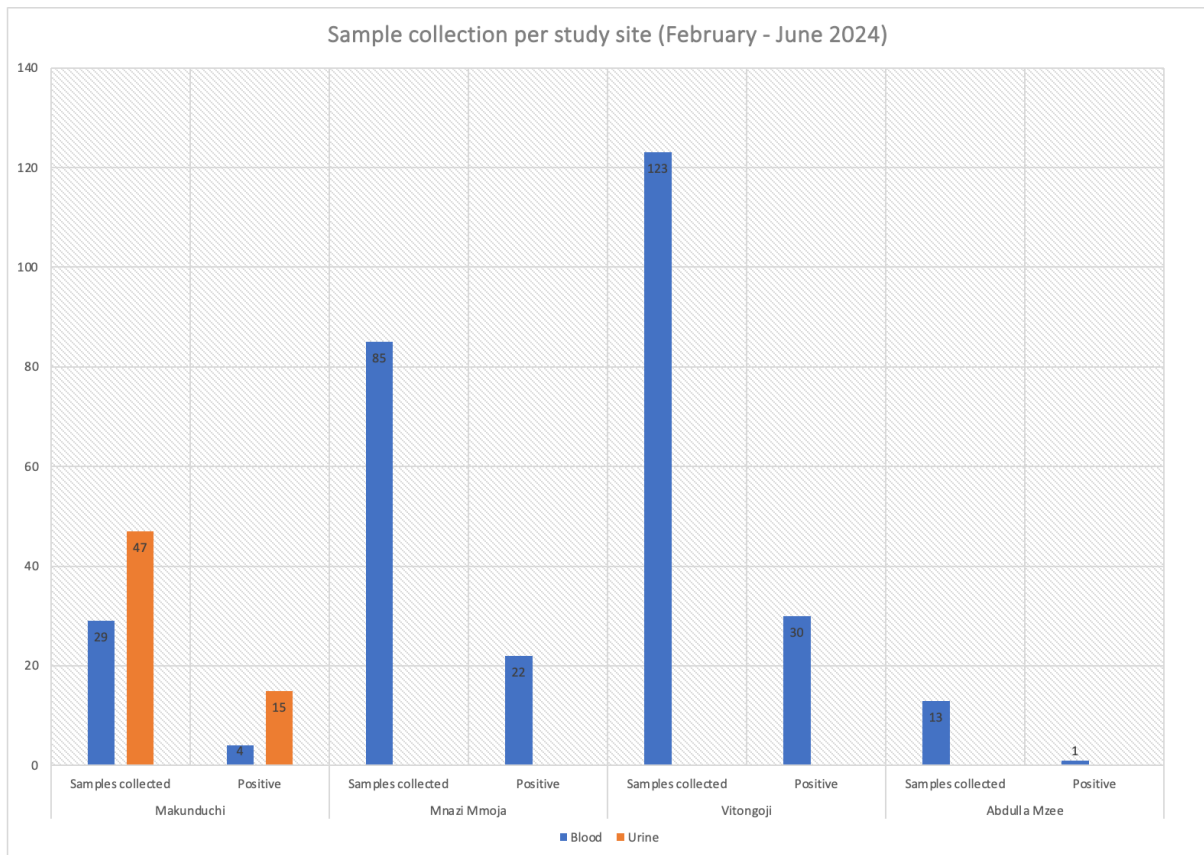
Infectious Diseases

The Joint External Evaluation report of International Health Regulations evaluated the core capacities of Zanzibar in 2023. The report indicated minimal capacity for AMR detection and surveillance of infections and scored level 2 for the antimicrobial resistance (AMR) surveillance system indicating limited capacity.¹ This was mostly related to a lack of standardised methods in laboratories conducting the Antimicrobial Susceptibility Test (AST). Following this, the Zanzibar AMR Multisectoral Surveillance Framework was developed. To strengthen the implementation of the AMR Surveillance Framework in human health we established a microbiology laboratory in the new laboratory building at Makunduchi Health Centre in partnership with the Bernhard-Nocht Institute for Tropical Medicine (BNITM). The microbiology laboratory is currently the only clinical laboratory in Zanzibar providing AST. Therefore, we have created a sample referral system together with the Zanzibar Health Research Institute to receive samples from across Zanzibar. This is embedded in an international AMR surveillance research project led by the BNITM. The current antimicrobial therapeutic options in Zanzibar are entirely based on a few studies, this AMR Surveillance will contribute to the establishment of local cumulative antibiograms for each facility to inform decision-making, drive local and national actions, and provide the evidence-base for national action and advocacy.

To achieve this, we have engaged two microbiologists who are staffing the microbiology laboratory and developed the necessary protocols. The laboratory team is engaged in a continuous knowledge exchange program with the BNITM as well as the National Institute for Medical Research in Tanga, Tanzania to ensure mutual learning and high quality of services. Starting February 2024, we have enrolled study sites and are currently providing AST for blood and urine samples from Makunduchi Health Centre, Mnazi Mmoja National Referral Hospital, Vitongoji District Hospital and Abdulla Mzee Regional Hospital. At the end of June we had collected 297 samples, as seen below in Figure 1.

¹ A Joint External Evaluation (JEE) is a voluntary, collaborative, multisectoral process to assess country capacities to prevent, detect and rapidly respond to public health risks whether occurring naturally or due to deliberate or accidental events. The JEE helps countries identify the most critical gaps within their human and animal health systems in order to prioritize opportunities for enhanced preparedness and response. A level 2 indicates low capacity of a country (WHO, 2022).

Figure 1 Samples collected



HIPZ also serves as an advisor to the ZANTOTO implementation research project led by the Zanzibar Health Research Institute which focuses on optimize antibiotic use among neonates and children and aims to design an implementation model for evidence-based AMS activities in Zanzibar.

In the next year, we aim to continuously strengthen AMR Surveillance by expanding the number of sites enrolled in the study and the number of samples processed. The data will allow us to develop local antibiograms for each facility. Further, we aim to conduct research into the knowledge attitudes and behaviour towards antimicrobial resistance within the general population, healthcare workers and farmers to inform the development of the behaviour change communication strategy under the National Action Plan on AMR.

Infrastructure and supplies

We continued to supply essential health commodities to the Ministry of Health through our partnership with International Health Partners. During this year we have handed over two consignments to the Ministry of Health. The medication was distributed by the Central Medical Store of the Ministry of Health to 156 health facilities representing 82% of all public health facilities in Zanzibar.

Our other infrastructure interventions focused on Makunduchi Health Centre in the South district of Unguja. We constructed an Emergency Medicine and Laboratory block with the generous support of the Lady Fatemah (a.s.) Charitable Trust (LFT) and the Jaffar Family Foundation. This building

Figure The President of Zanzibar is opening the Emergency Medicine and Laboratory Block at Makunduchi

addresses two key challenges: Firstly, the lack of a dedicated Emergency Medicine Department at the hospital; Secondly, the lack of adequate laboratory diagnostic services to guide clinicians in the diagnosis and management of disease. The new laboratory hosts haematology, parasitology, clinical chemistry and microbiology departments as well as room for quality control, sterilization and a phlebotomy with dedicated waiting area on the ground floor decongesting the hospital. Through our partnership with the Bernhard-Nocht Institute for Tropical



Medicine, we fully equipped the microbiology department and supply consumables for culture and sensitivity tests. The laboratory has provided services for 16,114 patients.

The Emergency Department provides easy access, an improved patient flow, a dedicated resuscitation area, triage, a consultation room, a treatment area with up to 8 beds and an isolation room. Further we equipped the Emergency Department with the necessary equipment for emergency care.

We have renovated the old laboratory to become a satellite blood centre and procured the relevant equipment. The satellite blood centre will improve the supply of blood at the hospital which is crucial for service delivery at the hospital.

To ensure radiology services are available at Makunduchi Health Centre we have installed a power stabilizer. This was necessary due to the regional wide low voltage of the national grid which led to suspension of radiology services.

Reproductive Maternal Newborn Child Adolescent Health

In partnership with the Ministry of Health Zanzibar we improve Reproductive Maternal Newborn Child Adolescent Health (RMNCAH) services across health facilities in Zanzibar as well as implement community-based activities in Unguja aiming to improve the ability of individuals to practice positive health-seeking and self-care behaviours. Our work supports Zanzibar's progress towards achieving the Sustainable Development Goals 3.1 and 3.2.

Maternal Newborn and Child Health Phase – 2

Following a successful Phase 1 in two districts in Unguja, we embarked on a nationwide scale up, termed as MNCH Phase 2 Project in partnership with the Ministry of Health and the LFT. This is a 3-year intervention aiming to strengthen maternal, newborn and child health services and contribute towards a resilient and sustainable health system. The project aims to achieve this by improving the capacity healthcare workers in RMNCAH,

training leaders in leadership and management, strengthening infrastructure and supplies, improving the capacity of the MOH in data management, monitoring and evaluation.

The roll-out of the project is delivered in phases. In the initial phase we focused on 6 districts with 90 health facilities, 95% at the primary level.

We conducted a baseline survey to inform the scale up: highlights from the baseline are:

- Majority of healthcare workers in RMNCAH are nurse midwives (66.3%)
- Most of the healthcare workers have a diploma (86.6%)
- About half (51.1%) of the healthcare RMNCAH workers had less than 5 years experience
- Various gaps in RMNCAH service delivery were self-expressed by up to 61% of healthcare workers
- 68.8% reported to receive on-job RMNCAH support and mentorship
- CME was conducted mostly in health centres and hospitals
- Various infrastructure and essential supplies gaps were identified, though none in the newer district hospitals
- Services of a technician for regular maintenance of equipment were reported in only 20% of health facilities. Technician for regular maintenance was mostly reported in District Hospitals
- About 80% of health facilities reported to implement IPC according to national guidelines
- Some health facilities reported lack of regular supply of electricity and water
- Various data management challenges were reported such as healthcare workers skills, overburdened with clinical duties, shortage of computers and internet, inadequate data utilization skills

Based on these findings we are employing a strategy of on-the-job capacity building, continuous medical education utilizing skill labs. We supported 6 secondary level facilities by consultants seconded to the Ministry of Health.

This year we strengthened the capacity of healthcare workers in the following areas:

- 448 healthcare workers trained in antenatal care, labour and delivery, postnatal care, paediatric care through short-term training, mentorship and on-the-job training.
- Established a cadre of 87 mentors to deliver mentorship at the primary level facilities.
- Together with Ministry of Health and UNICEF, developed a mentorship and leadership package for the primary level. We have piloted the package and trained 30 healthcare workers.
- Facilitated the training of 2 national managers
- 111 healthcare workers trained in data management to improve data quality
- 37 technicians and end-users trained in preventive maintenance

During the course of the implementation, the following outcomes were noted:

A total of 13,582 deliveries were conducted in the health facilities in the project areas. 1,142 caesarean sections were conducted (8%). The majority of women who delivered attended PNC within 2 days (12,974) (95%). However, follow up within 3 to 7 days post-delivery was very low, at 2,182 (16%) and this is one of most important visits for mother and newborn wellbeing.

There were 4,889 early ANC (before 12 weeks) contacts. However, very few attended the recommended 8 ANC visits (994) (20%).

The most common condition amongst pregnant women is anaemia and postpartum haemorrhage.

In view of the above morbidity, we will focus on: Intensifying mentorship especially for primary level health facilities which are the closest and initial point of contact for most people. Each mentor is targeted to deliver 2 mentorship sessions per month.

At facilities providing delivery services we will operationalise the successful findings of the E-MOTIVE trial led from the University of Birmingham to address the high burden of morbidity and mortality from postpartum haemorrhage (PPH).²

In addition to rolling out the management and leadership package for the primary level we will train hospital management staff at the secondary level in basic hospital management and quality improvement.

USAID Afya Yangu – Mama na Mtoto

USAID Afya Yangu - Mama na Mtoto is a five-year project (2022–2027) aimed to increase the demand for and use of quality integrated RMNCAH services in target regions, particularly by women and youths. The project is implemented in 11 regions of Tanzania mainland and Zanzibar. HIPZ implements community-based activities in Unguja aiming to improve the ability of individuals to practice positive health-seeking and self-care behaviours. We deliver these activities in Kati district as an implementing partner for the consortium leading USAID Afya Yangu – Mama na Mtoto in Tanzania. We promote community engagement and strengthen capacity to implement community-level activities by working with community leaders, community health workers, girl mentors and youth health champions (peer educators), healthcare workers and the district health management team. During the implementation period we have worked with 50 community health workers and 31 girl mentors/youth health champions. In previous years have trained them in the 'Naweza' and 'Power to Girls' methodologies. This year, we have built the capacity of the Community Health Workers (CHWs) by introducing new service packages focusing on:

- Male-centered intervention Kijiwe cha Kahawa aims to encourage men to engage in antenatal care, family planning and child health. This then encourages positive health seeking behaviour in pregnant women and mothers. We trained 18 CHWs to deliver this intervention, targeting male groups at social gatherings.
- Couple gender dialogue sessions at the community level to address harmful gender practices among community members, to reach a common understanding of gender relations and influence sustainable positive practices. We trained 48 CHWs to initiate and facilitate these couple gender dialogues.
- Parenting and caregiving training of CHWs to build the capacity of CHWs to lead groups or individual discussions in households and communities regarding healthy behaviours which support the upbringing of children.

To support CHWs, Girl Mentors and Youth Health Champions, we delivered 209 supportive supervision sessions and 9 meetings over the year. The CHWs, Girl Mentors and Youth Health Champions overseen by HIPZ managed

² The E-MOTIVE trial is the early detection of Postpartum Haemorrhage and treatment using the WHO MOTIVE 'first response' bundle: a cluster randomised trial with health economic analysis and mixed methods evaluation (<https://www.birmingham.ac.uk/research/bctu/trials/womens/emotive/e-motive>)

to deliver 2,273 sessions within the community, utilizing the USAID Afya Yangu Mama na Mtoto methodologies reaching 21,963 people and leading to 924 referrals.

In addition, we have delivered 5 Health Outreach Days and 3 school sessions reaching 1,654 people.

To strengthen the sustainability of quality RMNCAH service delivery and respectful care we delivered an action-oriented community feedback and planning meeting utilizing the Community Score Card methodology at 7 communities in Kati district to identify challenges and develop solutions. We brought together over 300 community members, healthcare workers, district health management teams and local leaders. During the Community Score Card event action plans were delivered and the bi-annual follow up visit showed that most of the actions have been completed or are in progress.

Non-communicable diseases

Non-communicable diseases (NCDs) create the highest disease burden to the Zanzibari population. We work in partnership with the MOH NCD Unit and the Mental Health Program. We aim to address these challenges by increasing awareness and creating positive behavioural changes to minimise risk factors and promoting access and awareness of these services and ensuring the quality of these services.

Part of this integrated strategy is to integrate NCD and mental health service delivery and awareness raising by delivering integrated outreaches. This year, 1,149 people were screened and treated for NCDs including mental health during outreaches conducted in communities in Unguja and Pemba.

We also supported the RGOZ to conduct the NCD STEP Survey to generate evidence on the prevalence and risk factors of NCDs in Zanzibar.

Cardiovascular Diseases

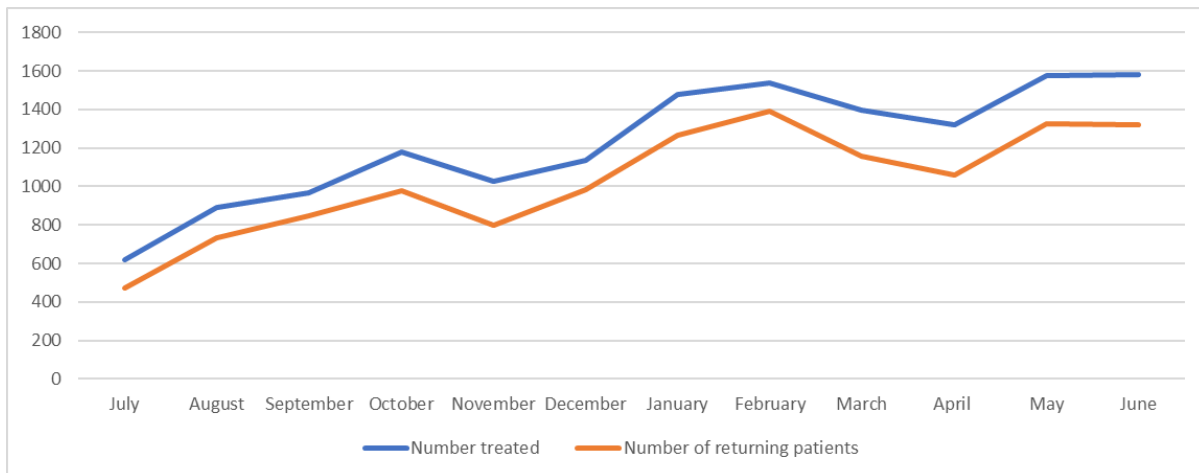
Cardiovascular disease accounts for a massive 34 % of deaths of people over 13 years in Zanzibar, with stroke being the leading cause of death (20.5) and hypertension being a leading cause of morbidity among the population (MOH, 2022). Cardiovascular disease therefore poses both a significant morbidity and mortality risk to the population of Zanzibar, and a substantial strain on an already overburdened healthcare system.

Under our hypertension project, HIPZ continued to scale up hypertension screening, diagnosis, management and awareness in Zanzibar.

The services were provided in 32 health facilities in North A, North B and Urban West districts in Unguja, mainly in primary healthcare facilities. This year we trained 43 healthcare workers. Together with the NCD Unit of the MOH and the District Health Management Teams we provided 181 mentorship sessions to ensure adherence to the national protocol and procedures. In addition, we conducted 100 joint supportive supervisions to support the facility focal person with the project implementation in their facilities.

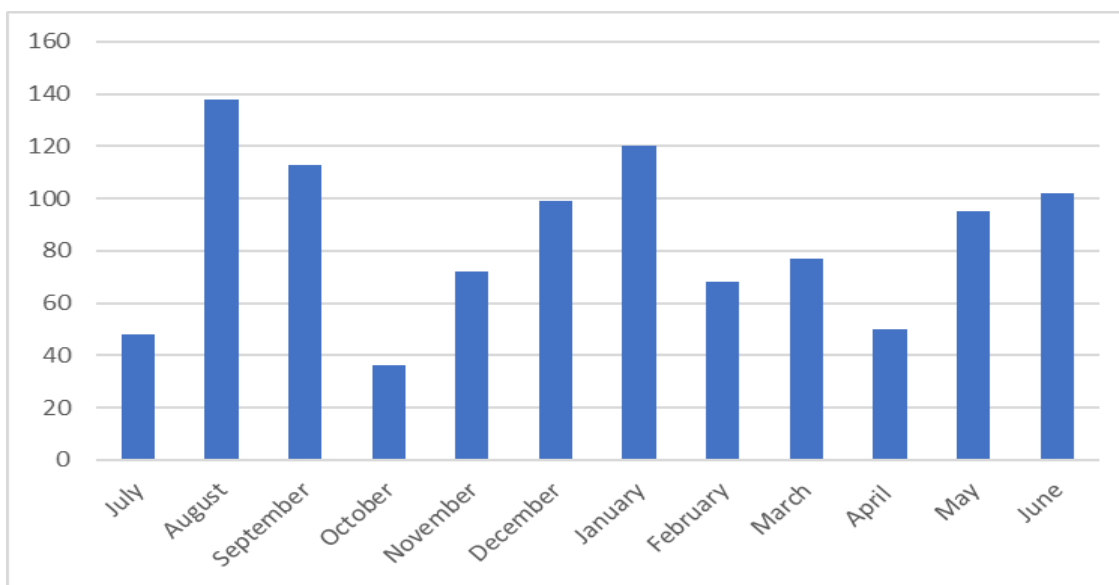
176,640 patients had their blood pressure measured surpassing the program's target of 155,346 individuals. Among those screened, 7.4% (13,063) were found to have elevated blood pressure (BP). 3.5% (6,112) of all patients screened were diagnosed with hypertension and received treatment. On average, 1,220 new and known patients were treated for hypertension each month. 1,028 returned for follow up and routine management of hypertension as shown below.

Figure 3 Number of patients treated and returning patients



The project also strengthened the referral pathways by improving communication across facilities and improving cardiovascular disease care at Kivunge District Hospital. On average 84 patients per month were referred for further treatment as shown below.

Figure 4 Monthly referrals - cardiovascular



We improved cardiovascular disease care at Kivunge District Hospital by providing clinical mentorship and specialist consultation through a seconded cardiologist placed at the hospital. We sent two of the resident doctors for a two-month cardiovascular training program at the Jakaya Kikwete Cardiac Institute in Dar es Salaam, Tanzania.

Lastly, to improve awareness of hypertension we delivered and participated in outreach services, delivered 14 health talks via the national media and aired 36 jingles throughout the year.

Mental Health

We work with the Mental Health Program of the Ministry of Health to improve access to holistic and recovery-oriented mental health services and create awareness across the population.

Pamoja Afya Bora Zanzibar

Together with the LFT and the MOH we established the Pamoja Afya Bora Zanzibar project. Pamoja Afya Bora methodology builds on the mental health first aid concept which has been successfully implemented in various countries. We adapted the methodology to the local Zanzibar context and developed a Kiswahili training manual which was endorsed by the Ministry of Health. Pamoja Afya Bora aims to:

- Increase mental health literacy
- Increase mental well-being through enabling the community to practice self-care
- Promote positive health seeking behaviour for mental health conditions
- Reduce mental health stigma

In total we aim to reach 90,000 youth and adults in Zanzibar. Pamoja Afya Bora is delivered by trained facilitators who conduct interpersonal communication group sessions within the community. The Pamoja Afya Bora package consist of 4 sessions covering:

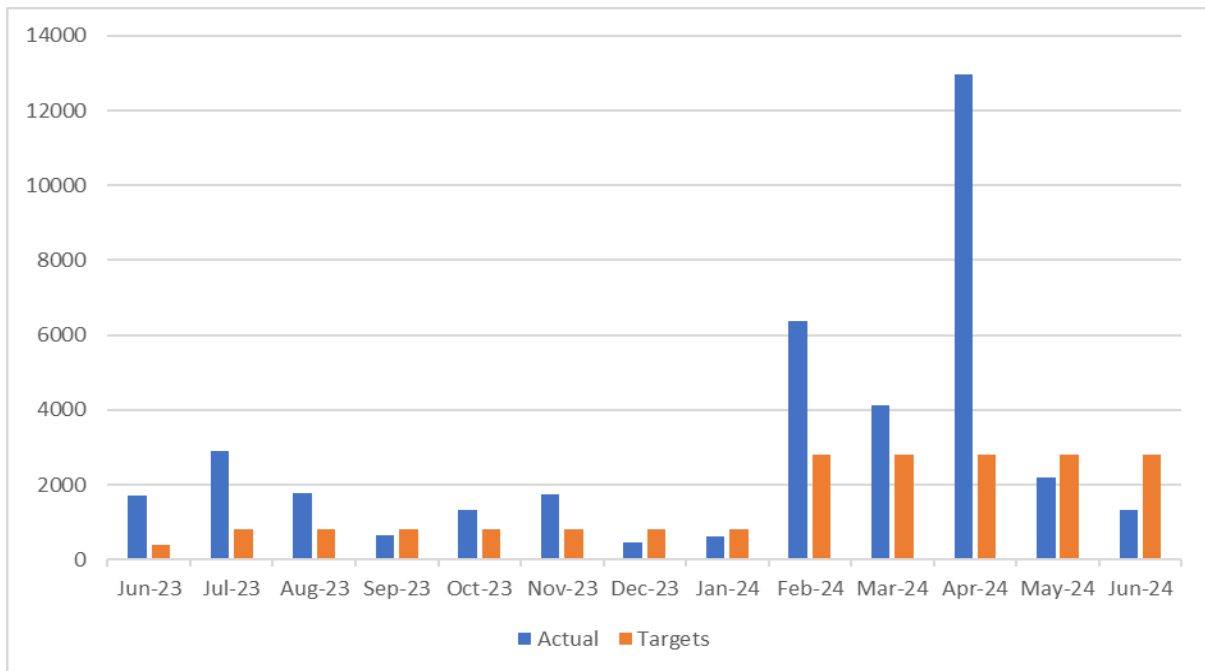
- Introduction to the concept of mental health
- Common mental disorders
- risk and protective factors
- Self-care
- Promote positive health-seeking behaviour

We trained 56 healthcare workers to facilitate Pamoja Afya Bora sessions across Zanzibar. The interpersonal communication sessions are delivered in the communities, reaching a total of 16,901 people in the last year.

In addition to interpersonal sessions in the community we also utilize the mass media and leverage existing events to spread awareness.

General population reached via all means in Pamoja Afya Bora against monthly targets

Figure 5 Pamoja Afya Bora Total Beneficiaries



We also supported the Ministry of Health to commemorate the Mental Health Week in Zanzibar. During the week the Pamoja Afya Bora facilitators increased the sessions offered (1,330 people reached) and in addition we:

- Hold engagement meetings with 202 community leaders to raise awareness of mental health issues and where to seek support.
- Conducted integrated community outreaches with a focus on mental health outreach in communities in Unguja and Pemba. 318 people were served
- Engaged in activities with the patients at the national mental health hospital and provided necessary supplies like food and clothes.
- Delivered mental health awareness events in schools reaching 238 students in Pemba.

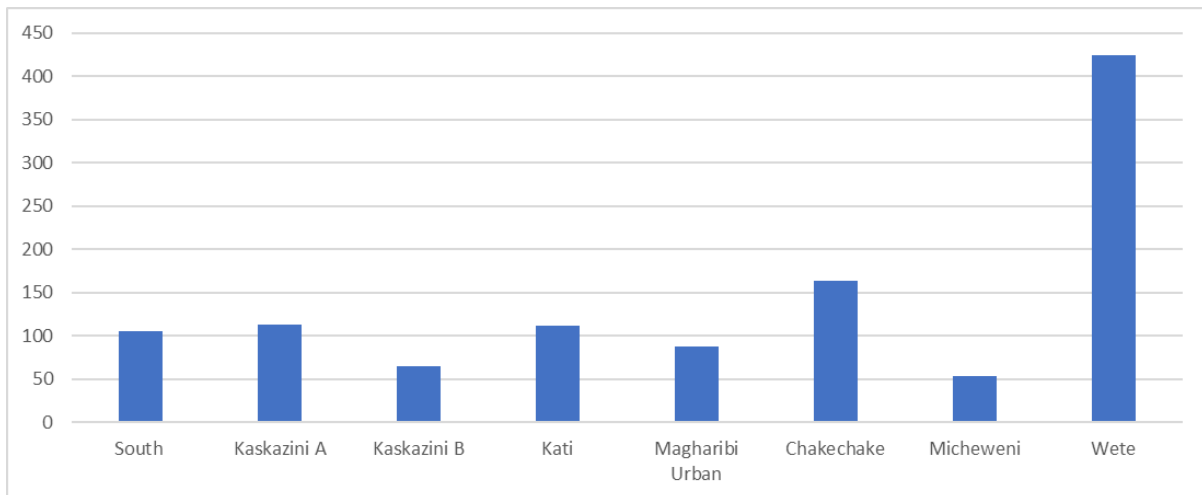
Dawati Rafiki

We delivered problem solving therapy delivered by trained Community Health Workers across Zanzibar. This year, 2,734 community-based mental health sessions were conducted in Unguja and Pemba. A total of 170 CHWs received refresher training and were provided with regular support and mentorship from their local supervisors who have also been oriented in Dawati Rafiki.

New patients made up 41% of all the sessions. Each patient is supposed to undergo six session. There was good collaboration with patients as we noticed only 0.2% were lost to follow-up.

By district, most new cases were attended in Pemba (Wete District) as shown below.

Figure 6 Dawati Rafiki - New patients by district



Mental Health Clinics

Our Mental Health Coordinator and the Pemba Coordinator continue to offer mentorship to strengthen the mental health clinics across the isles. In addition, we support the follow up of hard-to-reach patients by the clinicians running the mental health clinics.

Emergency Medicine

This year we established the Emergency Medicine Department at Makunduchi. The personnel received training in basic emergency care and advanced life support during the previous year. In addition, two doctors and two nurses were attached to the Emergency Department of the Muhimbili National Hospital in Dar es Salaam for two weeks. The department has already served over 400 patients.

1.6 Structure, Governance and Management

The Board of Trustees is supported by two committees, the Finance Audit and Governance Committee and the Health Programme Advisory Committee.

Our Senior Management Team consists of Programme Director, Clinical Operations Director, Finance Director, Programme Advisor and Fundraising Manager. The members of the Senior Management Team are located in the UK as well as Zanzibar.



Governing Document

The charity is controlled by its governing document, a deed of trust, and constitutes a limited company, limited by guarantee, as defined by the Companies Act 2006.

Directors/Trustees

Our board of trustees consists of experienced professionals from a range of backgrounds, including senior clinicians, communications and marketing, finance, charity and business planning.

Since we were incorporated in 2016, the trustees of the charity are also Directors of the company. All Directors give their time voluntarily and received no benefits from the charity. There were no trustees' remuneration or other benefits paid for the year ended 30 June 2024 .

Recruitment to the board of trustees is skills-based, and we regularly review the skills and experience we have represented on the board. In the last financial year one trustee stood down and we have now recruited 3 new Trustees with different areas of expertise from both within and beyond the healthcare sector.

Trustees gain knowledge from each other and HIPZ staff and keep up to date with the role of the trustee using Charity Commission guidance. Individual Trustees oversee specific areas of interest, for example health, finance, Human resources and fundraising.

Risk Management

HIPZ manages risk according to our Risk Management Policy. Risks are discussed at all levels of the organisation, and at the strategic level is overseen by an organisational risk register. The risk register is discussed regularly at the Finance, Audit and Governance Committee and as a standing agenda item at all Board meetings.

1.7 References

Ministry of Finance and Planning, Tanzania National Bureau of Statistics and President's Office Finance and Planning, Office of the Chief Government Statistician [Zanzibar]. The 2022 Population and Housing Census

Ministry of Health [Tanzania Mainland], Ministry of Health [Zanzibar], National Bureau of Ministry of Health [Zanzibar], 2022: Zanzibar Annual Health Bulletin 2021

Statistics, Office of the Chief Government Statistician, and ICF, 2022: Tanzania Demographic and Health Survey and Malaria Indicator Survey 2022 Final Report.

World Bank, 2022: Towards a more inclusive Zanzibar Economy. Zanzibar Poverty Assessment 2022.

World Health Organization, 2022: Joint external evaluation tool: International Health Regulation (2005), third edition

1.8 Financial Review

Financial Performance 2023-24

Income for the year at £994k was 32% lower than budgeted and represented a +11% increase from 2022-23. The majority of the additional income, compared to the previous year, came from Trusts and Foundations, and this includes income associated with donated goods in kind which became a material activity during this year.

Expenditure for the year at £1,033k was 28% lower than budgeted and represented a +17% increase compared to 2022-23. The spend continues to be mostly in the areas of capacity building and quality improvement as well as preventative services, with the increase vs prior year largely due to the value of donated goods in kind.

The small deficit of income vs expenditure of £39k was slightly higher than budgeted and resulted in a net asset position of £94k at the end of 2023-24

Principal Funding Sources

Our income sources for this financial year were:

- Trusts and Foundations 84%
- Major Donors 2%
- Individuals & Regular Gifts 4%
- Corporate support 6%
- Statutory 3%
- Community and Events 1%
- Income from charitable activities 1%

We continue to work hard to build up a portfolio of long-term supporters from a range of funding sources.

Investment Policy

The charity does not have any investments.

Reserves Policy

The reserves policy is designed to maintain a sufficient level of unrestricted funds to enable the charity to close down should it be required to. It allows for six months of basic operations to continue and would give time for staff in Zanzibar to make alternative employment arrangements. It is based upon the cost of three months' predictable liabilities.

The policy allows HIPZ to actively manage our finances and ensure we have the capacity to weather unforeseen financial problems.

Auditors / Independent examiner

UHY-Ross Brooke were appointed to conduct the independent examination of these accounts.

This report has been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of

Ireland (FRS 102) (effective 1 January 2015)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Companies Act 2006.

In Zanzibar, Hybrid Assurance was appointed to conduct the audit of HIPZ in Zanzibar. The audit was conducted in accordance with International Standards on Auditing issued by the International Auditing and Assurance Standards Board of the International Federation of Accountants.

In the opinion of the auditor the financial statements presented for Zanzibar presented a true and fair view of the state of affairs of HIPZ, as at 30 June 2024 and for the period then ended, accordance with International Public Sector Accounting Standards issued by the Public Sector Committee of the International Accounting Standards issued by the International Accounting Standards Board.

The Trustees have complied with the duty in section 17(5) of the Charities Act 2011 and have given due regard to public benefit guidance published by the Charity Commission. This report has been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

Approved by the directors on 10th December 2024 and signed on its behalf by:

A handwritten signature in black ink, appearing to read 'Ruaraidh MacDonagh', with a long, sweeping flourish extending to the right.

Dr Ruaraidh MacDonagh
Chair of the Board of Trustees

2 Independent Examiner's Report to the trustees of HIPZ (Health Improvement Project Zanzibar) for the year ended 30 June 2024

FOR THE PERIOD ENDED 30 JUNE 2024

I report to the charity trustees on my examination of the accounts of the Company for the period ended 30 June 2024, which are set out in pages 22-34.

RESPECTIVE RESPONSIBILITIES OF TRUSTEES AND EXAMINER

As the charity's trustees of the Company (who are also the directors of the company for the purposes of company law), you are responsible for the preparation of the accounts in accordance with the requirements of the Companies Act 2006 ("the 2006 Act").

BASIS OF INDEPENDENT EXAMINER'S REPORT

Having satisfied myself that the accounts of the Company are not required to be audited for this period under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of your charity's accounts as carried out under section 145 of the Charities Act 2011 ("the 2011 Act"). In carrying out my examination, I have followed the Directions given by the Charity Commission (under section 145(5)(b) of the 2011 Act).

INDEPENDENT EXAMINER'S STATEMENT

The company's gross income exceeded £250,000 and I am qualified to undertake the examination by being a qualified member of the Institute of Chartered Accountants in England and Wales.

I have completed my examination. I confirm that no material matters have come to my attention which gives me cause to believe that:

- accounting records were not kept in accordance with section 386 of the Companies Act 2006; or
- the accounts do not accord with such records; or
- the accounts do not comply with relevant accounting requirements under section 396 of the Companies Act 2006 other than any requirement that the accounts give a 'true and fair' view which is not a matter considered as part of an independent examination; or
- the accounts have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities (FRS 102).

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Caroline Webster FCA



UHY Ross Brooke
Windrush Court
Abingdon Business Park
Suite I
Bucklands Way
Abingdon
OX14 1SY

Date 12th December 2024

3 Statement of Financial Activities including Income and Expenditure Account

FOR THE PERIOD ENDED 30 JUNE 2024

	Note	Unrestricted £	Restricted £	Total 2024 £	Unrestricted £	Restricted £	Total 2023 £
Income							
Donations and legacies	3	81,207	902,684	983,891	122,236	772,691	894,927
Charitable activities	4	9,900	-	9,900	-	-	-
Investments		248	-	248	-	-	-
Other		-	-	-	3,331	-	3,331
Total income		91,355	902,684	994,039	125,567	772,691	898,258
Expenditure							
Fundraising costs	5	24,923	33,217	58,150	17,430	33,442	50,872
Charitable activities	6	60,832	914,433	975,265	152,171	676,472	828,643
Total expenditure		85,755	947,650	1,033,405	169,601	709,914	879,515
Net income/ - expenditure		5,600	- 44,966	- 39,366	- 44,034	62,777	18,743
Transfers between funds		905	- 905	-	702	- 702	-
Net movement in funds		6,505	- 45,871	- 39,366	- 43,332	62,075	18,743
Reconciliation of funds:							
Total funds brought forward		21,841	111,733	133,574	65,173	49,658	114,831
Total funds carried forward		28,346	65,862	94,208	21,841	111,733	133,574

The Statement of Financial Activities includes all gains and losses in the period and therefore a statement of total recognised gains and losses has not been prepared.

All of the above amounts relate to continuing activities.

The notes on pages 25-34 form part of these financial statements.

4 Balance Sheet

AS AT 30 JUNE 2024

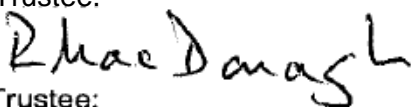
	Note	2024 £	2024 £	2023 £	2023 £
Tangible fixed assets	8		15,875		13,506
Current assets					
Debtors	9	67,675		31,580	
Cash at bank and in hand		49,044		111,332	
		<u>116,719</u>		<u>142,912</u>	
Creditors: amounts falling due within one year	10	<u>- 38,386</u>		<u>- 22,844</u>	
Net current assets			78,333		120,068
Creditors: amounts falling due in more than one year			-		-
Net assets			<u>94,208</u>		<u>133,574</u>
Funds					
Restricted funds	11		65,862		111,733
Unrestricted funds general	12		<u>28,346</u>		<u>21,841</u>
Total charity funds			<u>94,208</u>		<u>133,574</u>

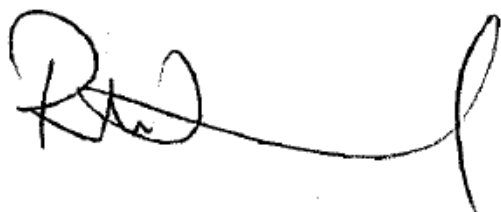
For the period ended 30 June 2024 the charitable company was entitled to exemption from audit under section 477 of the Companies Act 2006.

Trustees responsibilities:

- The members have not required the charity to obtain an audit of its accounts for the period in question in accordance with section 476; and
- The trustees acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and the preparation of accounts.

These financial statements were approved by the members of the committee and authorised for issue on 10th December 2024. and are signed on their behalf by Dr Ruaraidh MacDonagh, Chairman and Trustee.


Trustee:



5 Statement of Cash Flows

FOR THE PERIOD ENDED 30 JUNE 2024

	Note	2024 £	2023 £
Cash used in operating activities	15	<u>- 52,776</u>	<u>11,687</u>
Cash flows from investing activities			
Dividends and interest from investments		248	-
Proceeds from the sale of fixed assets		-	-
Purchase of fixed assets		- 9,760	- 9,077
Cash provided by (used in) investing activities		<u>- 9,512</u>	<u>- 9,077</u>
Increase (decrease) in cash and cash equivalents in the year		- 62,288	2,610
Cash and cash equivalents at the beginning of the year		111,332	108,722
Total cash and cash equivalents at the end of the year		<u><u>49,044</u></u>	<u><u>111,332</u></u>

6 Notes to the Accounts

FOR THE PERIOD ENDED 30 JUNE 2024

1. ORGANISATION STATUS

HIPZ (Health Improvement Project Zanzibar) is a Charitable Incorporated Organisation.

2. ACCOUNTING POLICIES

Basis of accounting

The charity constitutes a public benefit entity as defined by FRS102. The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) Statement of recommended practice: Accounting and Reporting by Charities (effective 1 January 2019) applicable to charities preparing their accounts in accordance with FRS 102 (Charities SORP (FRS102)).

Fund accounting

Unrestricted funds are available for use at the discretion of the trustees in furtherance of the general objectives of the charity.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Income

All income is included in the statement of financial activities when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy.

Fixed assets

Fixed assets (excluding investments) are stated at cost less accumulated depreciation. The costs of minor additions or those costing below £1,000 in the UK, or £300 in Zanzibar are not capitalised.

Depreciation

Depreciation is calculated so as to write off the cost of an asset, less its estimated residual value, over the useful economic life of that asset. There are currently no assets held in the UK. Our depreciation rates in Zanzibar are based on the Tanzanian Revenue Authority rates and are therefore as follows:

Depreciation rates - Zanzibar

Computers and accessories and motor cycles– 37.5% (reducing balance)

Furniture and fixings, office equipment and motor vehicles – 12.5% (reducing balance)

Expenditure

Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Expenditure represents amounts invoiced, including value added tax.

6 Notes to the Accounts

FOR THE PERIOD ENDED 30 JUNE 2024 (continued)

Taxation

The Charity is exempt from corporation tax on its charitable activities.

Going concern

The trustees consider that there are no material uncertainties as to the charity's ability to continue as a going concern.

Currency

The accounts are presented in GBP although the functional currency is TZS (Tanzanian Shillings). This is because most of the transactions occur in Zanzibar and are in TZS.

3. DONATIONS AND LEGACIES

	Unrestricted	Restricted	2024	Unrestricted	Restricted	2023
	£	£	£	£	£	£
Individual Giving	40,369	-	40,369	52,106	125	52,231
Corporate	12,200	44,652	56,852	10,910	78,954	89,864
Major Donors	20,000	-	20,000	26,500	-	26,500
Statutory	-	26,984	26,984	-	26,987	26,987
Community and events	7,880	-	7,880	27,173	-	27,173
Trusts and Foundations	758	831,048	831,806	5,547	666,625	672,172
	<u>81,207</u>	<u>902,684</u>	<u>983,891</u>	<u>122,236</u>	<u>772,691</u>	<u>894,927</u>

4. INCOME FROM CHARITABLE ACTIVITIES

	Unrestricted	Restricted	2024	Unrestricted	Restricted	2023
	£	£	£	£	£	£
Electives	9,900	-	9,900	-	-	-
	<u>9,900</u>	<u>-</u>	<u>9,900</u>	<u>-</u>	<u>-</u>	<u>-</u>

5. FUNDRAISING COSTS

	Unrestricted	Restricted	2024	Unrestricted	Restricted	2023
	£	£	£	£	£	£
Fundraiser salaries	11,513	18,026	29,539	8,573	14,887	23,460
Other fundraising costs	13,410	15,191	28,601	8,857	18,555	27,412
	<u>24,923</u>	<u>33,217</u>	<u>58,140</u>	<u>17,430</u>	<u>33,442</u>	<u>50,872</u>

6 Notes to the Accounts

FOR THE PERIOD ENDED 30 JUNE 2024 (continued)

6. EXPENDITURE ON CHARITABLE ACTIVITIES

	Unrestricted	Restricted	2024	Unrestricted	Restricted	2023
	£	£	£	£	£	£
Operational costs	2,863	43,929	46,792	28,787	18,799	47,586
Capacity building and quality improvement	18,387	300,175	318,562	36,314	233,966	270,280
Equipment and consumables, Infrastructure development and Pharmaceuticals	18,412	288,843	307,255	18,672	254,885	273,557
Policy advocacy / government liaison	11,809	76,942	88,751	8,549	17,951	26,500
Preventive Services	4,436	141,163	145,599	3,919	141,785	145,704
Administration	7,205	63,381	70,586	48,016	9,086	57,102
Exchange rate differences	- 2,280	-	- 2,280	7,914	-	7,914
	<u>60,832</u>	<u>914,433</u>	<u>975,265</u>	<u>152,171</u>	<u>676,472</u>	<u>828,643</u>

7. STAFF COSTS

	2024	2023
	£	£
Wages and salaries	244,144	212,257
Social security costs	34,631	36,590
Pension costs	1,063	818
	<u>279,838</u>	<u>249,665</u>
	2024	2023
Fundraising	2.0	2.0
Programme management & admin	12.6	9.6
Total	<u>14.6</u>	<u>11.6</u>

No employee received benefits exceeding £60,000

6 Notes to the Accounts

FOR THE PERIOD ENDED 30 JUNE 2024 (continued)

8. TANGIBLE FIXED ASSETS

	Motor vehicles	Equipment	Total cost
	£	£	£
Cost			
Cost at 1 July 2023	8,016	20,631	28,647
Additions	-	9,761	9,761
Exchange adjustment and other adjustments to align to Zanzibar accounts	- 629	- 1,621	- 2,250
At 30 June 2024	<u>7,387</u>	<u>28,771</u>	<u>36,158</u>
Depreciation			
At 1 July 2023	6,915	8,226	15,141
Charge for the period	307	6,025	6,332
Exchange adjustment	- 543	- 647	- 1,190
At 30 June 2024	<u>6,679</u>	<u>13,604</u>	<u>20,283</u>
Net book value			
At 30 June 2024	<u>708</u>	<u>15,167</u>	<u>15,875</u>
At 30 June 2023	<u>1,101</u>	<u>12,405</u>	<u>13,506</u>

9. DEBTORS

	2024	2023
	£	£
Trade debtors	51,542	16,810
Staff loans	393	761
Other debtors	11,833	10,782
Prepayments	3,907	3,227
	<u>67,675</u>	<u>31,580</u>

10. CREDITORS

	2024	2023
	£	£
Trade creditors	1,315	1,594
Accruals	15,024	9,804
Income in advance	8,833	-
Other creditors	13,214	11,446
	<u>38,386</u>	<u>22,844</u>

6 Notes to the Accounts

FOR THE PERIOD ENDED 30 JUNE 2024 (continued)

11. RESTRICTED INCOME FUNDS

	Balance at 30 June 2023	Income	Expenditure	Transfer (to) / from unrestricted funds	Balance at 30 June 2024
	£	£	£	£	£
Restricted funds					
AstraZenaca	26,238	32,261	- 41,580	- 56	16,863
BNITM	40,510	24,852	- 56,449	- 551	8,362
CM Lemos Foundation	-	182,631	- 182,631	-	-
Ethicall	2,407	-	- 2,407	-	-
Evan Cornish	-	10,000	- 6,235	- 20	3,745
Festival Medical Services	8,194	13,170	- 9,358	9	12,015
Grant Bradley Foundation	139	-	- 139	-	-
Geoff Harrington Foundation	331	27,383	- 7,987	- 22	19,705
Guernsey Overseas Aid	- 16,481	26,984	- 10,505	2	-
IHP donated goods	-	210,152	- 210,152	-	-
James Tudor Foundation	4,120	-	- 4,192	72	-
The Lady Fatemah Charitable Trust	22,519	294,008	- 316,126	- 401	-
PN Pharmanovia	-	12,391	- 12,391	-	-
Rotary Club of Stone Town	3,068	-	- 3,052	- 16	-
Rotary Global Grant (Makunduchi)	-	-	5	- 5	-
Radiology Partners Foundation	-	11,530	- 11,533	3	-
Resolve to Save Lives	-	9,805	- 4,759	42	5,088
St James Place Foundation	2,500	-	- 2,483	- 17	-
Todos Juntos	1,472	-	- 1,471	- 1	-
USAID	6,886	43,290	- 50,350	258	84
ZAHRI	-	1,866	- 1,866	-	-
ZIDO	9,830	2,361	- 12,187	- 4	-
Other	-	-	198	- 198	-
	<u>111,733</u>	<u>902,684</u>	<u>- 947,650</u>	<u>- 905</u>	<u>65,862</u>

There is a negative fund balance on the Guernsey Overseas Aid Commission. This is due to the funds being paid in arrears. In this case, an invoice to GOAC for £22k was raised in July and paid by the donor in July.

6 Notes to the Accounts

FOR THE PERIOD ENDED 30 JUNE 2024 (continued)

Purpose of restricted funds:

ZIDO is registered non-profit charitable organisation based in Canada. The registered name is Reaching out to Zanzibar International Development Organization and its mission is to improve the lives of the people of Zanzibar

- **ZIDO Biochemistry Machine.** ZIDO supported HIPZ to rent a biochemistry analyser and procure reagents. The biochemistry analyser is placed in a laboratory of Kivunge District Hospital. It vastly improves the diagnostic services and therefore the treatment and management of diseases.
- **ZIDO other small projects.** ZIDO has supported HIPZ to implement various projects to improve the health care service delivery at Makunduchi and Kivunge Hospital. The majority of the funds are used to provide infants with formula milk who do not receive enough breastmilk due to medical reasons. Additionally, ZIDO supports the ophthalmic clinics, psychiatric clinics, training for healthcare workers and the provision of medical equipment.

Rotary Zanzibar is the short form of Rotary Club of Zanzibar - Stone Town based in Zanzibar Town, Tanzania. It is an organisation to bring together business and professional leaders in order to provide humanitarian services and to advance goodwill and peace. It is a non-political and non-religious organisation open to all.

- **Rotary Global Grant Makunduchi.** The Rotary Global Grant in Makunduchi aims at improving the delivery of health care services at Makunduchi Hospital by improving the infrastructure, equipment and capacity of the health care workers. The Rotary Club of and HIPZ is downstream partner delivering parts of Global Grant and providing technical expertise to the Rotary Club of Zanzibar.

Comic Relief. Comic Relief is supporting us to implement a mental health project in North A and South Districts benefiting 180,000 people with the aim of improving access to mental health services in the community, improving quality of mental health services, improving awareness of mental health in the community.

Dorenburg Stiftung is a private family foundation funding medication and consumables for our paediatric work.

Evan Cornish Foundation is a UK based grant-giving organisation. They awarded HIPZ funding to deliver mental health community outreach days.

Ethicall is a historic partner of HIPZ and they reached back out to us in 2020, and generously offered to support our work. They donated £17,000 towards our surgical work which included renovating and equipping the operating theatre in Kivunge Hospital and purchasing a new theatre bed for Makunduchi Hospital.

The **Lady Fatemah Charitable Trust** is funding HIPZ to deliver a new maternal and new-born health programme in the hospitals and Primary Health Care Units we work in.

The **Costas M Lemos Foundation** is a private foundation supporting HIPZ's fundraising and operations functions.

6 Notes to the Accounts

FOR THE PERIOD ENDED 30 JUNE 2024 (continued)

<i>Previous year</i>	Balance at 30 June 2022	Income	Expenditure	Transfer (to) / from unrestricted funds	Balance at 30 June 2023
	£	£	£	£	£
Restricted funds					
AstraZeneca	-	54,054	- 27,816	-	26,238
BNITM	-	46,758	- 6,248	-	40,510
CM Lemos Foundation	- 43,165	181,318	- 138,153	-	-
Dornenburg Stiftung	702	-	-	- 702	-
Ethicall	16,729	-	- 14,322	-	2,407
Evan Cornish	- 925	9,916	- 8,991	-	-
Festival Medical Services	20,400	-	- 12,206	-	8,194
Grant Bradley Foundation	-	6,000	- 5,861	-	139
Geoff Harrington Foundation	-	5,060	- 4,729	-	331
Guernsey Overseas Aid Commission	10,169	26,987	- 53,637	-	- 16,481
ICARS	-	8,171	- 8,171	-	-
IHP donated goods	-	35,414	- 35,414	-	-
James Tudor Foundation	-	4,120	-	-	4,120
The Lady Fatemah Charitable Trust	14,595	302,404	- 294,480	-	22,519
Pharmanovia	5,925	24,900	- 30,825	-	-
Rotary Club of Stone Town	-	3,068	-	-	3,068
Rotary Global Grant (Makunduchi)	- 2,272	1,971	301	-	-
Scott Bader	-	4,000	- 4,000	-	-
St James Place Foundation	-	2,500	-	-	2,500
Todos Juntos	5,000	-	- 3,528	-	1,472
USAID	-	51,326	- 44,440	-	6,886
HIPZ Christmas Fundraiser	5,969	125	- 6,094	-	-
ZIDO	16,531	3,929	- 10,630	-	9,830
Other	-	670	- 670	-	-
	<u>49,658</u>	<u>772,691</u>	<u>- 709,914</u>	<u>- 702</u>	<u>111,733</u>

6 Notes to the Accounts

FOR THE PERIOD ENDED 30 JUNE 2024 (continued)

12. UNRESTRICTED INCOME FUNDS

	Balance at 30 June 2023	Income	Expenditure	Transfer (to) / from unrestricted funds	Balance at 30 June 2024
Unrestricted funds	£	£	£	£	£
General unrestricted funds	21,841	91,355	- 85,755	905	28,346
	<u>21,841</u>	<u>91,355</u>	<u>- 85,755</u>	<u>905</u>	<u>28,346</u>

<i>Previous year</i>	Balance at 30 June 2022	Income	Expenditure	Transfer (to) / from unrestricted funds	Balance at 30 June 2023
Unrestricted funds	£	£	£	£	£
General unrestricted funds	65,173	125,567	- 169,601	702	21,841
	<u>65,173</u>	<u>125,567</u>	<u>- 169,601</u>	<u>702</u>	<u>21,841</u>

13. ANALYSIS OF FUNDS BY ASSET TYPE

	Restricted	Unrestricted	Total cost
	£	£	£
Fixed assets	-	15,875	15,875
Net current assets	65,862	12,471	78,333
	<u>65,862</u>	<u>28,346</u>	<u>94,208</u>

Notes to the Accounts

FOR THE PERIOD ENDED 30 JUNE 2024 (continued)

14. TRUSTEE REMUNERATION, KEY MANAGEMENT PERSONNEL & RELATED PARTY TRANSACTIONS

No member of the board of trustees received any remuneration or were reimbursed for any expenses during the reporting period.

The key management personnel are the voluntary trustees and so there is no expenditure on key management personnel during the reporting period.

There were the following related party transactions during the reporting period.

Related party and relationship	Amount £	Nature of transaction
Michael Sugden, trustee and senior employee of VCCP Group LLP	1,200	Donation
Dr Nicola Biggs, Secretary	415	Sponsorship collected for bike ride
Caitlin Farrow, Trustee	1,695	Sponsorship collected for bike ride
Dr Nicholas Campain	240	Donation

15. RECONCILIATION OF NET MOVEMENT IN FUNDS TO CASH FLOW FROM OPERATING ACTIVITIES

	2024 £	2023 £
Net income/expenditure for the year (as per the Statement of Financial Activities)	- 39,366	18,743
Add back depreciation charge	6,332	6,890
Investment income	- 248	-
Loss on disposal of fixed assets and exchange adjustments	1,060	1,959
Decrease (increase) in stock	-	-
Decrease (increase) in debtors	- 36,096	- 26,053
Increase (decrease) in creditors	15,541	10,148
Net cash used in operating activities	<u>- 52,776</u>	<u>11,687</u>

**COMPARATIVE STATEMENT OF FINANCIAL ACTIVITIES
FOR THE PERIOD ENDED 30 JUNE 2023**

	Note	Unrestricted £	Restricted £	Total 2023 £	Unrestricted £	Restricted £	Total 2022 £
Income							
Donations and legacies	3	122,236	772,691	894,927	100,604	398,414	499,018
Other		3,331	-	3,331	1,636	1	1,637
Total income		<u>125,567</u>	<u>772,691</u>	<u>898,258</u>	<u>102,240</u>	<u>398,415</u>	<u>500,655</u>
Expenditure							
Fundraising costs	5	17,430	33,442	50,872	26,823	47,462	74,285
Charitable activities	6	152,171	676,472	828,643	122,176	323,812	445,988
Total expenditure		<u>169,601</u>	<u>709,914</u>	<u>879,515</u>	<u>148,999</u>	<u>371,274</u>	<u>520,273</u>
Net income/ - expenditure		- 44,034	62,777	18,743	- 46,759	27,141	- 19,618
Transfers between funds		702	- 702	-	22,806	- 22,806	-
Net movement in funds		- 43,332	62,075	18,743	- 23,953	4,335	- 19,618
Reconciliation of funds:							
Total funds brought forward		65,173	49,658	114,831	89,126	45,323	134,449
Total funds carried forward		<u>21,841</u>	<u>111,733</u>	<u>133,574</u>	<u>65,173</u>	<u>49,658</u>	<u>114,831</u>

HIPZ (HEALTH IMPROVEMENT PROJECT ZANZIBAR)

England & Wales - Charity number 1171687

Accounts



Health Improvement Project Zanzibar

**Report and Financial Statements
For the Year Ending 30 June 2023**

**Charity number 1171687
Company number 10168369**

**Health Improvement Project Zanzibar
(A company limited by guarantee)**

**Financial Statements
For the year ending 30th June 2023**

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1 Legal and Administrative Information

HIPZ (Health Improvement Project Zanzibar)

Report of the Board of Directors for the year ending 30th June 2023. The Board of Directors presents its directors' and trustees' report and independently examined financial statements for the year ending 30 June 2023.

Reference and Administrative Information

Charity Name: HIPZ (Health Improvement Project Zanzibar)

Charity registration number: 1171687

Company registration number: 10168369

Registered address:

Applecombe Cottage,

Wild Oak Lane, Trull

Taunton

TA3 7JS, UK

Board of Directors/Trustees

Founder and Chair: Dr Ruairaidh MacDonagh

Treasurer: Ian Franklin

Secretary: Caitlin Farrow

Dr Nicholas Campaign

Susie Moore

Michael Sugden

Dr Nicola Biggs

Helen Rafferty (appointed March 2023)

Senior Management Team

UK Operations and Development Director (UK): Jess Price (resigned Dec 2022)

Finance Director (UK): Juliette Webb (appointed January 2023)

Fundraising Manager (UK): Kathryn Sheldon (appointed March 2023)

Programme Director (Zanzibar): Simon Kühnert

Clinical Operations Director (Zanzibar): Jabir Ayindo

Partnerships Advisor (Zanzibar): Pamela Allard

External Accountants

SPX Oxford Ltd

Peace House

19 Paradise Street

Oxford

OX1 1LD

Bank

Royal Bank of Scotland (UK), Exim Bank (T) Ltd (Zanzibar)

1.1 Background

Health Improvement Project Zanzibar (HIPZ) was founded in 2006. It is a Private Company Limited by Guarantee and a charity registered with the Charity Commission for England and Wales. In Zanzibar, HIPZ has a registered branch which is governed by the same Articles of Association and policies.

In the initial years the partnership between the Zanzibar Ministry of Health and HIPZ focused on the development and management of rural hospitals. With time the scope has evolved to strengthen the wider health system in Zanzibar.

1.2 The context

Zanzibar is a semi-autonomous archipelago of the United Republic of Tanzania. It consists of two large islands, Unguja and Pemba and several small islands. Zanzibar has 5 administrative regions with 11 districts.

Zanzibar's population stands at around 1.8 million people. Around half of the population is under 18 years old. Basic needs poverty affects 26% of the population (30% of the under 17s).

The Ministry of Health Zanzibar provides overall stewardship of the health sector.

Zanzibar has made significant gains in human resources for health over the last 10 years. Currently, one doctor serves a population of 4,445 and one nurse serves a population of 1,258. However, these ratios remain far below the World Health Organisation (WHO) recommendations (of 2.5 skilled healthcare workers per 1000). Furthermore, 60% of the health workforce work in urban areas where only 18% of the population resides, meaning there is still significant disparity in accessing healthcare for the majority of the population who live in rural areas.



Zanzibar Performance towards SDG 3 targets

SDG Indicator	Zanzibar	SDG Target 2030
Under-five mortality rate per 1,000 live births	56 per 1,000 live births	25 per 1,000 live births
Neonatal mortality rate per 1,000 live births	28 per 1,000 live births	12 per 1,000 live births
Maternal Mortality ratio per 100,000 live births	118 per 100,000 live births (only includes institutional mortality)	70 per 100,000 live births

The total health expenditure is approximately 3% of the Gross Domestic Product, falling below the WHO recommendation of at least 5% to achieve Universal Healthcare Coverage. The global COVID pandemic has hit the Zanzibar economy especially hard as the country relies heavily on tourism. The Ministry of Health only implemented 84% of its budget, and as a result there is a gap in the service provision. Therefore, people are frequently forced to spend their own funds on healthcare and out of pocket expenditure on healthcare in Zanzibar is high. This creates a financial risk of pushing households into poverty.

1.3 Our Aims and Objectives

HIPZ aims to strengthen the Zanzibari healthcare system. It is our mission to make it possible for all people in Zanzibar to access high quality healthcare to achieve our vision of a healthy people in Zanzibar.

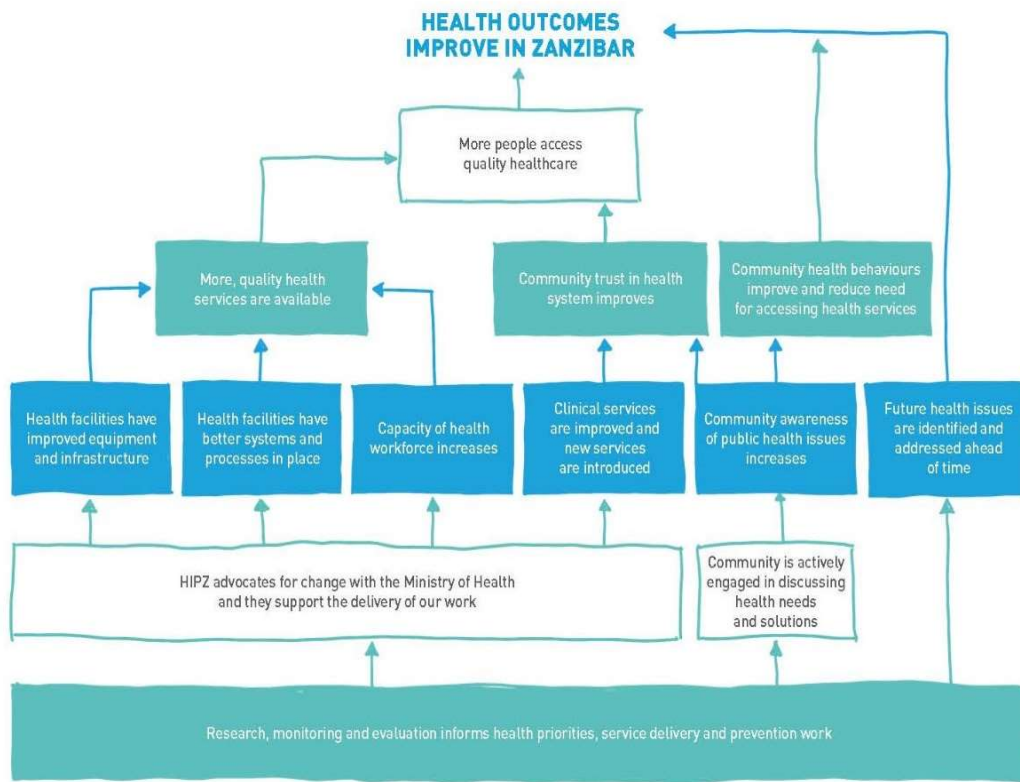
1.4 How we work

Our HIPZ model has been tried and tested over the past 15 years. This model is our blueprint for how healthcare can be transformed in resource-poor environments. We believe this has the potential to make a difference not just in Zanzibar, but on a global scale.

Our work is derived in line with our values:

- We put patients first
- We are locally rooted and locally led
- We work for equitable, equal and consistent healthcare
- We are collaborators
- We create long-term, cost-effective, evidence-based solutions
- We have a whole health system approach

Based on these values and our in-depth understanding we have developed our theory of change to improve health outcomes in Zanzibar.



HIPZ Theory of Change

This model focuses around six pillars:

1. Build workforces. We train healthcare workers in all areas, equipping them with the knowledge and skills to take ownership of their services.
2. Expand Services. In line with the Zanzibar Essential Healthcare Package, we listen to the medical needs of the community and find cost-effective, evidence-based solutions to introduce impactful change.
3. Develop Infrastructure. We improve the structural condition of health facilities and fill gaps in equipment and consumables.
4. Work with the community. We learn from the community and share our experience to reduce barriers to positive health seeking behaviour.
5. Invest in research. We invest in locally relevant health research and share it with the global health community to improve health services delivery not just in Zanzibar, but around the world.
6. Strengthen systems. We co-develop processes, policies and strategies in collaboration with the government, health facilities and other development partners to improve care and create long-lasting change.

All this work is delivered in close partnership with the Revolutionary Government of Zanzibar to ensure local ownership, alignment with national policies and priorities as well as sustainability of our programmes.

1.5 Performance and Achievements

For the first time HIPZ has been able to deliver work in Pemba. We supported over 50 public health facilities and implemented projects across 10 out of the 11 districts in Zanzibar.

In the facilities supported by HIPZ over 5,000 pregnant women received antenatal care and over 6,800 women delivered their babies in these facilities. At the same time, home deliveries reduced from 222 in the previous year to 72.

Through our hypertension project we enabled 15 health facilities to screen over 20,000 people for hypertension and 33% were found with an elevated blood pressure and received appropriate management.

This is a summary of our key achievements, each section reflecting the financial categories in note 8 of the financial statements:

1. Capacity Building
2. Equipment and Infrastructure
3. Policy advocacy and system strengthening
4. Preventive Services and work in the community

Capacity Building

We have continued to build the capacity of the health workforce in Zanzibar. We have trained health workers in various fields including Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH), Emergency Medicine, Hospital Management, Quality Improvement, Mental Health and Internal Medicine, with a focus on cardiology. We have done this through mentorship, on-the-job-training and formal short and long-term training. We have also engaged microbiologists to establish a microbiology department at Makunduchi Hospital. Now the biggest laboratory in Zanzibar?, it will improve diagnostic services and conduct Antimicrobial Resistance Surveillance.

Our maternal and newborn health project trained mentors who conducted over 500 mentorship sessions across primary health care facilities to build capacity of their fellow health care workers and improve referrals for more specialised care. Furthermore, we have established weekly continuous medical education sessions at Kivunge and Makunduchi hospitals and supported Maternal Perinatal Death Surveillance and Response sessions.

Together with the MoH and our project partner, the hypertension project developed a training package on hypertension and trained healthcare workers from all public facilities in North A district.

Our mental health programme involved training healthcare workers from health facilities across Pemba and Unguja to deliver evidence-based care to patients with mental illness and Community Health Volunteers (CHVs) to deliver problem solving therapy within the community.

Equipment and Infrastructure

HIPZ invested in the development of the infrastructure, equipment and provision of pharmaceuticals and equipment.

Partnership with International Health Partners

We have formed a 3-year partnership with International Health Partners to strengthen the supply of essential medicines in Zanzibar. A pilot consignment was successfully handed over to the Ministry of Health and the medicines have been distributed through government channels across the health facilities HIPZ supports.

Provision and maintenance of equipment

Through our hypertension project we have supplied medical equipment to 15 facilities in the North of Unguja supporting the early diagnosis and treatment of hypertension. Through our maternal and newborn health project we have supported 28 facilities with equipment supporting antenatal care and delivery services.

We engaged a biomedical engineer to establish pre-planned maintenance plans for Makunduchi and Kivunge hospitals, train local technicians and provide corrective maintenance when necessary across all facilities in North and South districts of Unguja.

Emergency Medicine and Laboratory Block

The old laboratory of Makunduchi Hospital consisted of only two small rooms. Whilst the Hospital team had done its very best to maximize this space, it was evident that the old laboratory was insufficient to accommodate all the laboratory services a District Hospital should provide according to the Essential Healthcare Package. Similarly, the Hospital and the Ministry identified that the provision of emergency care was hampered by the inadequate existing space which did not allow for a good patient flow, was not easily accessible, nor had it the required bed capacity. To address these needs HIPZ partnered with the Lady Fatemah Charitable Trust and Festival Medical Services to construct a new Emergency Medicine and Laboratory Block at Makunduchi Hospital.

When planning the design of this building we followed a human centered approach which builds on the existing standard design from mainland Tanzania. The design was adapted to our context and defined by the population size, the essential service package, availability of human resources for health, the disease patterns and alignment to the patient flow within Makunduchi Hospital, especially in relation to key services such as surgery, imaging, pharmacy, inpatient and outpatient.

The new laboratory will accommodate haematology, parasitology, chemistry and microbiology departments as well as a room for quality control, sterilization and a phlebotomy lab, plus a dedicated waiting area on the ground floor decongesting the hospital. It will also offer a conference room for the hospital.

The Emergency Department provides easy access, an improved patient flow, a dedicated resuscitation area, triage, a consultation room, a treatment area with up to 8 beds and an isolation room.

Ambulance boat

In order to strengthen the referral system and emergency care provision for the 18,000 people living on Tumbatu island, we provided the District Health Management Team with an ambulance boat to easily refer patients from the island to Kivunge Hospital. HIPZ also engaged and trained a captain to ferry patients from Tumbatu to the main island.

Policy advocacy and system strengthening

HIPZ has exceptional stakeholder relationships across the health sector, at local, regional, and national government level, as well as in the community.

We have participated in the Zanzibar Development Partners Group for Health and Nutrition, as well as in Technical Working Groups of the Ministry of Health. We have continued to contribute to the Zanzibar Health Basket Fund and have been participating in the Zanzibar Global Fund Country Coordinating Mechanism as an alternate representative of international non-governmental organizations.

We also have been appointed as a member of Zanzibar Multisectoral Coordinating Committee on Antimicrobial Resistance and supported the Ministry of Health through the Zanzibar Health Research Institute to develop a proposal addressing antimicrobial stewardship through an implementation research project based at Mnazi Mmoja and Chake Chake hospitals. HIPZ will now provide an advisory role to the project over the next 3 years.

Preventive Services and work in the community

We trained over 200 Community Health Volunteers (CHVs) in 'Dawati Rafiki' across 7 districts in Unguja and Pemba. Dawati Rafiki is an evidence-based, problem-solving therapy devised in Zimbabwe to support beneficiaries with anxiety and depression. The CHVs conducted 2,000 sessions and substantially improved access to basic mental health services at community level.

We have delivered 14 integrated mental health outreach days in Zanzibar in partnership with the Ministry of Health. The outreach days raised awareness of mental health and other NCDs as well as nutrition. Over 5,000 people were screened for NCDs and mental illnesses. We have also partnered with the Rotary Club of Stone Town and Urban Care to deliver Breast Cancer Outreach Camps in every district of Unguja.

In order to further raise awareness and create positive health seeking behavior we delivered radio and TV health talks on mental health and hypertension. In order to support this, together with the Ministry of Health we developed awareness and education materials on hypertension for print, audio and video.

We also delivered community-based activities to support sexual and reproductive health and safe journeys into motherhood. This included Girl mentors and Youth Health Champions conducting 427 sessions with a total of 7,607 youths. We also trained 50 CHVs who reached 3,700 people throughout 800 sessions community sessions. Around 25% of men in the catchment area participated in the sessions delivered by CHVs. This is a significant result, which helps ensure reproductive health and motherhood are safely supported at the household level.

Future plans

In the next year we plan to focus more on antimicrobial resistance which is an emerging public health concern. At Makunduchi hospital we want to establish a surveillance site. We will continue to support the antimicrobial stewardship project of the Zanzibar Health Research Institute at Mnazi Mmoja and Chake-Chake hospitals.

We plan to scale up our hypertension project and continuously build the capacity of Kivunge as a referral site for cardiovascular disease. We plan to support the NCD Unit of the Ministry of Health to tackle the increasing disease burden of NCDs in Zanzibar.

Our maternal, newborn and child health project in partnership with the Lady Fatemah Charitable Trust, will be scaled up across all of Zanzibar. We will also continuously promote positive health seeking behaviour for RMNCAH services, mental health and NCDs across the islands.

1.6 Structure, Governance and Management

We take our financial and governance responsibilities seriously. This is particularly important to support our work in Zanzibar and ensure the money we spend there is used as effectively as possible. In line with Charity Commission and Companies House requirements our accounts are independently examined annually and published on the relevant websites.

Our Senior Management Team consists of a Programme Director, Clinical Operations Director, Finance Director, Programme Advisor and Fundraising Manager. We have a small fundraising and partnerships team who lead our fundraising activities to ensure incoming funds support the vital activities in Zanzibar. All activities are overseen by the Trustees. Our board of Trustees scrutinise our finances at quarterly meetings and discuss the risks to the charity via our risk register.

We have two sub-committees supporting the work of the Board – the Finance, Audit and Governance Committee and the Medical Advisory Group. These groups report to the Board of Trustees and have been a great support to the trustees over the past year.

This year we have worked with a strategic leadership consultant specialising in the growth of small charities to help support our organisational development and strengthen our governance and management approach. The work has included developing our HR management, staff development, governance structures, finance and funding and strategy development.

Directors/Trustees

Our board of trustees is made up of experienced professionals from a range of backgrounds, including senior clinicians, communications and marketing, finance, charity and business planning.

Since we were incorporated in 2016, the trustees of the charity are also directors of the company. All directors give their time voluntarily and received no benefits from the charity. There were no trustees' remuneration or other benefits paid for the year ending 30 June 2023.

Recruitment to the board of trustees is skills-based, and we regularly review the skills and experience we have represented on the board. In the last financial year, we have recruited a new trustee with expertise in human resources to help support our work.

Trustees gain knowledge from other trustees and HIPZ staff and keep up to date with the role of the trustee using Charity Commission guidance. Trustees are encouraged to oversee specific areas of interest, for example finance, events, fundraising or planning.

Risk Management

Risk is discussed at all levels of the organisation, and at the strategic level is overseen by an organisational risk register. The risk register is discussed regularly at the Finance, Audit and Governance Committee and with the Board of Trustees.

Governing Document

The charity is controlled by its governing document, a deed of trust, and constitutes a limited company, limited by guarantee, as defined by the Companies Act 2006.

1.7 Financial Review

Financial Performance 2022-23

Income for the year at £898k was +47% higher than budgeted and represented a +79% increase from 2021-22 (£500k). The majority of the additional income (£286k), compared to the previous year, came from Trusts and Foundations and was raised during the year.

Expenditure for the year at £880k was +25% higher than budgeted in total and represented a +69% increase compared to 2020-21. The higher spend (£179K) was mostly in the areas of capacity building and quality improvement as well as equipment and pharmaceuticals (including goods donated in kind), and preventative services, for which restricted funding was raised during the year (incremental to the original budget as noted above).

The small surplus of income vs expenditure at +£18k was higher than budgeted and resulted in a net asset position of £134k at the end of 2022-23 (£115k 2021-22). This represents restricted funds received for ongoing projects in Zanzibar.

Principal Funding Sources

Our income sources for this financial year were:

- Trusts and Foundations 75%
- Major Donors 3%
- Individuals & Regular Gifts 6%
- Corporate support 10%
- Statutory 3%
- Community and Events 3%

We continue to work hard to build up a portfolio of long-term supporters from a range of funding sources.

Investment Policy

The charity does not have any investments.

Reserves Policy

The reserves policy is designed to maintain a sufficient level of unrestricted funds to enable the charity to close down should it be required to. It allows for six months of basic operations to continue and would give time for staff in Zanzibar to make alternative employment arrangements. It is based upon the cost of three months' predictable liabilities.

The policy allows HIPZ to actively manage our finances and ensure we have the capacity to weather unforeseen financial problems. The Trustees have reviewed the position, noting that the yearend reserves are not at the level of the policy, but consider that there are no material uncertainties to continue as a going concern.

Auditors / Independent examiner

Ross Brooke were appointed to conduct the independent examination of these accounts.

This report has been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their

accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Companies Act 2006.

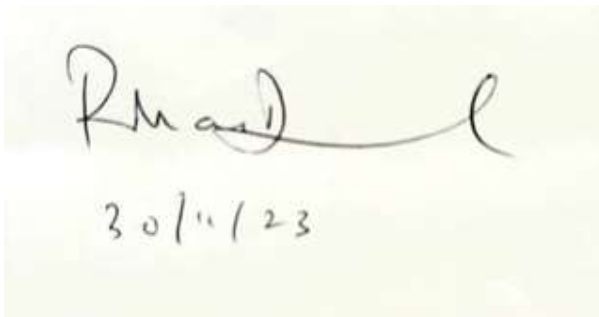
In Zanzibar, Hybrid Assurance was appointed to conduct the audit of HIPZ in Zanzibar. The audit was conducted in accordance with International Standards on Auditing issued by the International Auditing and Assurance Standards Board of the International Federation of Accountants.

In the opinion of the auditor the financial statements presented for Zanzibar presented a true and fair view of the state of affairs of HIPZ, as at 30th June 2022 and for the period then ended, accordance with International Public Sector Accounting Standards issued by the Public Sector Committee of the International Accounting Standards issued by the International Accounting Standards Board.

Public benefit

The Trustees have complied with the duty in section 17(5) of the Charities Act 2011 and have given due regard to public benefit guidance published by the Charity Commission.

Approved by the directors on 29th November 2023 and signed on its behalf by Dr Ruaraidh MacDonagh:



Ruaraidh
30/11/23

2 Independent Examiner’s Report to the trustees of HIPZ (Health Improvement Project Zanzibar) for the year ended 30 June 2023

FOR THE PERIOD ENDED 30 JUNE 2023

I report to the charity trustees on my examination of the accounts of the Company for the period ended 30 June 2023, which are set out in pages 14-24.

RESPECTIVE RESPONSIBILITIES OF TRUSTEES AND EXAMINER

As the charity’s trustees of the Company (who are also the directors of the company for the purposes of company law), you are responsible for the preparation of the accounts in accordance with the requirements of the Companies Act 2006 (“the 2006 Act”).

BASIS OF INDEPENDENT EXAMINER’S REPORT

Having satisfied myself that the accounts of the Company are not required to be audited for this period under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of your charity’s accounts as carried out under section 145 of the Charities Act 2011 (“the 2011 Act”). In carrying out my examination, I have followed the Directions given by the Charity Commission (under section 145(5)(b) of the 2011 Act).

INDEPENDENT EXAMINER’S STATEMENT

The company’s gross income exceeded £250,000 and I am qualified to undertake the examination by being a qualified member of the Institute of Chartered Accountants in England and Wales.

I have completed my examination. I confirm that no material matters have come to my attention which gives me cause to believe that:

- accounting records were not kept in accordance with section 386 of the Companies Act 2006; or
- the accounts do not accord with such records; or
- the accounts do not comply with relevant accounting requirements under section 396 of the Companies Act 2006 other than any requirement that the accounts give a ‘true and fair’ view which is not a matter considered as part of an independent examination; or
- the accounts have not been prepared in accordance with the Charities SORP (FRS102).

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Caroline Webster FCA

UHY Ross Brooke
Windrush Court
Abingdon Business Park
Suite I
Bucklands Way
Abingdon
OX14 1SY

Date

3 Statement of Financial Activities including Income and Expenditure Account

FOR THE PERIOD ENDED 30 JUNE 2023

	Note	Unrestricted £	Restricted £	Total 2023 £	Unrestricted £	Restricted £	Total 2022 £
Income							
Donations and legacies	3	122,236	772,691	894,927	100,604	398,414	499,018
Other		3,331	-	3,331	1,636	1	1,637
Total income		<u>125,567</u>	<u>772,691</u>	<u>898,258</u>	<u>102,240</u>	<u>398,415</u>	<u>500,655</u>
Expenditure							
Fundraising costs	4	17,430	33,442	50,872	26,823	47,462	74,285
Charitable activities	5	152,171	676,472	828,643	122,176	323,812	445,988
Total expenditure		<u>169,601</u>	<u>709,914</u>	<u>879,515</u>	<u>148,999</u>	<u>371,274</u>	<u>520,273</u>
Net income/ - expenditure		- 44,034	62,777	18,743	- 46,759	27,141	- 19,618
Transfers between funds		702	- 702	-	22,806	- 22,806	-
Net movement in funds		- 43,332	62,075	18,743	- 23,953	4,335	- 19,618
Reconciliation of funds:							
Total funds brought forward		65,173	49,658	114,831	89,126	45,323	134,449
Total funds carried forward		<u>21,841</u>	<u>111,733</u>	<u>133,574</u>	<u>65,173</u>	<u>49,658</u>	<u>114,831</u>

The Statement of Financial Activities includes all gains and losses in the period and therefore a statement of total recognised gains and losses has not been prepared.

All of the above amounts relate to continuing activities.

The notes on pages 17 to 24 form part of these financial statements.

4 Balance Sheet

AS AT 30 JUNE 2023

	Note	2023 £	2023 £	2022 £	2022 £
Tangible fixed assets	7		13,506		13,278
Current assets					
Debtors	8	31,580		5,527	
Cash at bank and in hand		111,332		108,722	
		<u>142,912</u>		<u>114,249</u>	
Creditors: amounts falling due within one year	9	<u>- 22,844</u>		<u>- 12,696</u>	
Net current assets			120,068		101,553
Creditors: amounts falling due in more than one year			-		-
Net assets			<u><u>133,574</u></u>		<u><u>114,831</u></u>
Funds					
Restricted funds	10		111,733		49,658
Unrestricted funds general	11		21,841		65,173
Designated			-		-
Total charity funds			<u><u>133,574</u></u>		<u><u>114,831</u></u>

For the period ended 30 June 2023 the charitable company was entitled to exemption from audit under section 477 of the Companies Act 2006.

Trustees responsibilities:

- The members have not required the charity to obtain an audit of its accounts for the period in question in accordance with section 476; and
- The trustees acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and the preparation of accounts.

These financial statements were approved by the members of the committee and authorised for issue on and are signed on their behalf by Dr Ruaraidh MacDonagh, Chairman and Trustee.

Trustee:

Ruaraidh MacDonagh
30/6/23

5 Statement of Cash Flows

FOR THE PERIOD ENDED 30 JUNE 2023

	Note	2023 £	2022 £
Cash used in operating activities	14	<u>11,687</u>	<u>- 17,734</u>
Cash flows from investing activities			
Dividends and interest from investments		-	-
Proceeds from the sale of fixed assets		-	-
Purchase of fixed assets		- 9,077	- 7,655
Cash provided by (used in) investing activities		<u>- 9,077</u>	<u>- 7,655</u>
Increase (decrease) in cash and cash equivalents in the year		2,610	- 25,389
Cash and cash equivalents at the beginning of the year		108,722	134,111
Total cash and cash equivalents at the end of the year		<u><u>111,332</u></u>	<u><u>108,722</u></u>

6 Notes to the Accounts

FOR THE PERIOD ENDED 30 JUNE 2023

1. ORGANISATION STATUS

HIPZ (Health Improvement Project Zanzibar) is a Charitable Incorporated Organisation.

2. ACCOUNTING POLICIES

Basis of accounting

The charity constitutes a public benefit entity as defined by FRS102. The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) with the Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006.

The financial statements have been prepared under the historical cost convention (SORP 2019), 'Accounting and Reporting by Charities', issued by the Charities Commission.

Fund accounting

Unrestricted funds are available for use at the discretion of the trustees in furtherance of the general objectives of the charity.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Income

All income is included in the statement of financial activities when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy.

Fixed assets

Fixed assets (excluding investments) are stated at cost less accumulated depreciation. The costs of minor additions or those costing below £1,000 in the UK, or £300 in Zanzibar are not capitalised.

Depreciation

Depreciation is calculated so as to write off the cost of an asset, less its estimated residual value, over the useful economic life of that asset. There are currently no assets held in the UK. Our depreciation rates in Zanzibar are based on the Tanzanian Revenue Authority rates and are therefore as follows:

Depreciation rates - Zanzibar

Computers and accessories and motor cycles– 37.5% (reducing balance)

Furniture and fixings, office equipment and motor vehicles – 12.5% (reducing balance)

Expenditure

Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Expenditure represents amounts invoiced, including value added tax.

6 Notes to the Accounts

FOR THE PERIOD ENDED 30 JUNE 2023 (continued)

Taxation

The Charity is exempt from corporation tax on its charitable activities.

Going concern

The trustees consider that there are no material uncertainties as to the charity's ability to continue as a going concern.

Currency

The accounts are presented in GBP although the functional currency is TZS (Tanzanian Shillings). This is because most of the transactions occur in Zanzibar and are in TZS.

3. DONATIONS AND LEGACIES

	Unrestricted £	Restricted £	2023 £	2022 £
Individual Giving	52,106	125	52,231	45,208
Corporate	10,910	78,954	89,864	66,009
Major Donors	26,500	-	26,500	21,000
Statutory	-	26,987	26,987	44,177
Community and events	27,173	-	27,173	11,352
Trusts and Foundations	5,547	666,625	672,172	311,272
	<u>122,236</u>	<u>772,691</u>	<u>894,927</u>	<u>499,018</u>

4. FUNDRAISING COSTS

	Unrestricted £	Restricted £	2023 £	2022 £
Fundraiser salaries	8,573	14,887	23,460	53,188
Other fundraising costs	8,857	18,555	27,412	21,097
	<u>17,430</u>	<u>33,442</u>	<u>50,872</u>	<u>74,285</u>

5. EXPENDITURE ON CHARITABLE ACTIVITIES

	Unrestricted £	Restricted £	2023 £	2022 £
Operational costs	28,787	18,799	47,586	32,057
Capacity building and quality improvement	36,314	233,966	270,280	226,158
Equipment and consumables, Infrastructure development and Pharmaceuticals	18,672	254,885	273,557	72,899
Policy advocacy / government liaison	8,549	17,951	26,500	9,314
Preventive Services	3,919	141,785	145,704	67,114
Administration	48,016	9,086	57,102	34,346
Exchange rate differences	7,914	-	7,914	4,100
	<u>152,171</u>	<u>676,472</u>	<u>828,643</u>	<u>445,988</u>

6 Notes to the Accounts

FOR THE PERIOD ENDED 30 JUNE 2023 (continued)

6. STAFF COSTS

	2023	2022
	£	£
Wages and salaries	212,257	144,642
Social security costs	36,590	18,876
Pension costs	818	1,104
	<u>249,665</u>	<u>164,622</u>
	2023	2022
Fundraising	2.0	2
Programme mgt & admin	9.6	10
Total	<u>11.6</u>	<u>12</u>

No employee received benefits exceeding £60,000

7. TANGIBLE FIXED ASSETS

	Motor vehicles	Equipment	Total cost
	£	£	£
Cost			
Cost at 1 July 2022	10,884	13,502	24,386
Additions	-	9,077	9,077
Disposals	- 1,469	-	- 1,469
Exchange adjustment and other adjustments to align to Zanzibar accounts	- 1,399	- 1,948	- 3,347
At 30 June 2023	<u>8,016</u>	<u>20,631</u>	<u>28,647</u>
Depreciation			
At 1 July 2022	8,479	2,629	11,108
Disposals	- 1,615	-	- 1,615
Charge for the period	514	6,376	6,890
Exchange adjustment	- 463	- 779	- 1,242
At 30 June 2023	<u>6,915</u>	<u>8,226</u>	<u>15,141</u>
Net book value			
At 30 June 2023	<u>1,101</u>	<u>12,405</u>	<u>13,506</u>
At 30 June 2022	<u>2,405</u>	<u>10,873</u>	<u>13,278</u>

6 Notes to the Accounts

FOR THE PERIOD ENDED 30 JUNE 2023 (continued)

8. DEBTORS

	2023	2022
	£	£
Trade debtors	16,810	-
Staff loans	761	2,127
Other debtors	10,782	-
Prepayments	3,227	3,400
	<u>31,580</u>	<u>5,527</u>

9. CREDITORS

	2023	2022
	£	£
Trade creditors	1,594	-
Accruals	9,804	4,465
Other creditors	11,446	8,231
	<u>22,844</u>	<u>12,696</u>

6 Notes to the Accounts

FOR THE PERIOD ENDED 30 JUNE 2023 (continued)

10. RESTRICTED INCOME FUNDS

	Balance at 30 June 2022	Income	Expenditure	Transfer (to) / from unrestricted funds	Balance at 30 June 2023
	£	£	£	£	£
Restricted funds					
AstraZeneca	-	54,054	- 27,816	-	26,238
BNITM	-	46,758	- 6,248	-	40,510
CM Lemos Foundation	- 43,165	181,318	- 138,153	-	-
Dornenburg Stiftung	702	-	-	- 702	-
Ethicall	16,729	-	- 14,322	-	2,407
Evan Cornish	- 925	9,916	- 8,991	-	-
Festival Medical Services	20,400	-	- 12,206	-	8,194
Grant Bradley Foundation	-	6,000	- 5,861	-	139
Geoff Harrington Foundation	-	5,060	- 4,729	-	331
Guernsey Overseas Aid Commission	10,169	26,987	- 53,637	-	- 16,481
ICARS	-	8,171	- 8,171	-	-
IHP donated goods	-	35,414	- 35,414	-	-
James Tudor Foundation	-	4,120	-	-	4,120
The Lady Fatemah Charitable Trust	14,595	302,404	- 294,480	-	22,519
Pharmanovia	5,925	24,900	- 30,825	-	-
Rotary Club of Stone Town	-	3,068	-	-	3,068
Rotary Global Grant (Makunduchi)	- 2,272	1,971	301	-	-
Scott Bader	-	4,000	- 4,000	-	-
St James Place Foundation	-	2,500	-	-	2,500
Todos Juntos	5,000	-	- 3,528	-	1,472
USAID	-	51,326	- 44,440	-	6,886
HIPZ Christmas Fundraiser	5,969	125	- 6,094	-	-
ZIDO	16,531	3,929	- 10,630	-	9,830
Other	-	670	- 670	-	-
	<u>49,658</u>	<u>772,691</u>	<u>- 709,914</u>	<u>- 702</u>	<u>111,733</u>

There is a negative fund balance on the Guernsey Overseas Aid Commission. This is due to the funds being paid in arrears. In this case, an invoice to GOAC for £22k was raised in July and paid by the donor in July.

6 Notes to the Accounts

FOR THE PERIOD ENDED 30 JUNE 2023 (continued)

Purpose of restricted funds:

ZIDO is registered non-profit charitable organisation based in Canada. The registered name is Reaching out to Zanzibar International Development Organization and its mission is to improve the lives of the people of Zanzibar

- **ZIDO Biochemistry Machine.** ZIDO supported HIPZ to rent a biochemistry analyser and procure reagents. The biochemistry analyser is placed in a laboratory of Kivunge District Hospital. It vastly improves the diagnostic services and therefore the treatment and management of diseases.
- **ZIDO other small projects.** ZIDO has supported HIPZ to implement various projects to improve the health care service delivery at Makunduchi and Kivunge Hospital. The majority of the funds are used to provide infants with formula milk who do not receive enough breastmilk due to medical reasons. Additionally, ZIDO supports the ophthalmic clinics, psychiatric clinics, training for healthcare workers and the provision of medical equipment.

Rotary Zanzibar is the short form of Rotary Club of Zanzibar - Stone Town based in Zanzibar Town, Tanzania. It is an organisation to bring together business and professional leaders in order to provide humanitarian services and to advance goodwill and peace. It is a non-political and non-religious organisation open to all.

- **Rotary Global Grant Makunduchi.** The Rotary Global Grant in Makunduchi aims at improving the delivery of health care services at Makunduchi Hospital by improving the infrastructure, equipment and capacity of the health care workers. The Rotary Club of and HIPZ is downstream partner delivering parts of Global Grant and providing technical expertise to the Rotary Club of Zanzibar.

Comic Relief. Comic Relief is supporting us to implement a mental health project in North A and South Districts benefiting 180,000 people with the aim of improving access to mental health services in the community, improving quality of mental health services, improving awareness of mental health in the community.

Dorenburg Stiftung is a private family foundation funding medication and consumables for our paediatric work.

Evan Cornish Foundation is a UK based grant-giving organisation. They awarded HIPZ funding to deliver mental health community outreach days.

Ethical1 is a historic partner of HIPZ and they reached back out to us in 2020, and generously offered to support our work. They donated £17,000 towards our surgical work which included renovating and equipping the operating theatre in Kivunge Hospital and purchasing a new theatre bed for Makunduchi Hospital.

The **Lady Fatemah Charitable Trust** is funding HIPZ to deliver a new maternal and new-born health programme in the hospitals and Primary Health Care Units we work in.

The Costas M Lemos Foundation is a private foundation supporting HIPZ's fundraising and operations functions.

6 Notes to the Accounts

FOR THE PERIOD ENDED 30 JUNE 2023 (continued)

11. UNRESTRICTED INCOME FUNDS

	Balance at 30 June 2022	Income	Expenditure	Transfer (to) / from unrestricted funds	Balance at 30 June 2023
Unrestricted funds	£	£	£	£	£
General unrestricted funds	65,173	125,567	- 169,601	702	21,841
	<u>65,173</u>	<u>125,567</u>	<u>- 169,601</u>	<u>702</u>	<u>21,841</u>

12. ANALYSIS OF FUNDS BY ASSET TYPE

	Restricted	Unrestricted	Total cost
	£	£	£
Fixed assets	-	13,506	13,506
Net current assets	111,733	8,335	120,068
	<u>111,733</u>	<u>21,841</u>	<u>133,574</u>

13. TRUSTEE REMUNERATION, KEY MANAGEMENT PERSONNEL & RELATED PARTY TRANSACTIONS

No member of the board of trustees received any remuneration or were reimbursed for any expenses during the reporting period.

The key management personnel are the voluntary trustees and so there is no expenditure on key management personnel during the reporting period.

There were no related party transactions during the reporting period.

14. RECONCILIATION OF NET MOVEMENT IN FUNDS TO CASH FLOW FROM OPERATING ACTIVITIES

	2023	2022
	£	£
Net income/expenditure for the year (as per the Statement of Financial Activities)	18,743	- 19,618
Add back depreciation charge	6,890	1,819
Investment income	-	-
Loss on disposal of fixed assets	1,959	- 854
Decrease (increase) in stock	-	-
Decrease (increase) in debtors	- 26,053	- 822
Increase (decrease) in creditors	10,148	1,741
Net cash used in operating activities	<u>11,687</u>	<u>- 17,734</u>

6 Notes to the Accounts

FOR THE PERIOD ENDED 30 JUNE 2023 (continued)

15. COMPARATIVE STATEMENT OF FINANCIAL ACTIVITIES FOR THE PERIOD ENDED 30 JUNE 2022

	Note	Unrestricted £	Restricted £	Total 2022 £	Unrestricted £	Restricted £	Total 2021 £
Income							
Donations and legacies	3	100,604	398,414	499,018	265,440	99,976	365,416
Other		1,636	1	1,637	813	-	813
Total income		102,240	398,415	500,655	266,253	99,976	366,229
Expenditure							
Fundraising costs	4	26,823	47,462	74,285	45,422	-	45,422
Charitable activities	5	122,176	323,812	445,988	207,053	93,117	300,170
Total expenditure		148,999	371,274	520,273	252,475	93,117	345,592
Net income/ -expenditure		- 46,759	27,141	- 19,618	13,778	6,859	20,637
Transfers between funds		22,806	- 22,806	-	-	-	-
Net movement in funds		- 23,953	4,335	- 19,618	13,778	6,859	20,637
Reconciliation of funds:							
Total funds brought forward		89,126	45,323	134,449	75,348	38,464	113,812
Total funds carried forward		65,173	49,658	114,831	89,126	45,323	134,449

HIPZ (HEALTH IMPROVEMENT PROJECT ZANZIBAR)

England & Wales - Charity number 1171687

Accounts



Health Improvement Project Zanzibar

**Report and Financial Statements
For the Year Ending 30 June 2022**

**Charity number 1171687
Company number 10168369**

**Health Improvement Project Zanzibar
(A company limited by guarantee)**

**Financial Statements
For the year ending 30th June 2022**

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1 Legal and Administrative Information

HIPZ (Health Improvement Project Zanzibar)

Report of the Board of Directors for the year ending 30th June 2022. The Board of Directors presents its directors' and trustees' report and independently examined financial statements for the year ending 30 June 2022.

Reference and Administrative Information

Charity Name: HIPZ (Health Improvement Project Zanzibar)

Charity registration number: 1171687

Company registration number: 10168369

Registered address:

Applecombe Cottage,

Wild Oak Lane, Trull

Taunton

TA3 7JS, UK

Board of Directors/Trustees

Chair: Dr Ruaraidh MacDonagh

Treasurer: Ian Franklin

Secretary: Caitlin Farrow

Dr Nicholas Campaign

Susie Moore

Dr Jon Rees (Resigned 28th April 2022)

Laura Cunningham

Michael Sugden

Dr Nicola Biggs

Operational Team

UK Operations and Development Director (UK): Jess Price

Bookkeeper (UK, Freelance): Anna Kwar

Programme Director (Zanzibar): Simon Kühnert

Clinical Operations Director (Zanzibar): Jabir James Ayindo

Finance Manager (Zanzibar): Zainab Ahmed Yussuf

Partnerships Advisor (Zanzibar): Pamela Allard

Mental Health Coordinator (Zanzibar): Haji Hafidh Fatawi

Monitoring & Evaluation Officer (Zanzibar): Dr. Zubeda Suleiman Ngware

External Accountants

SPX Oxford Ltd

Peace House

19 Paradise Street

Oxford

OX1 1LD

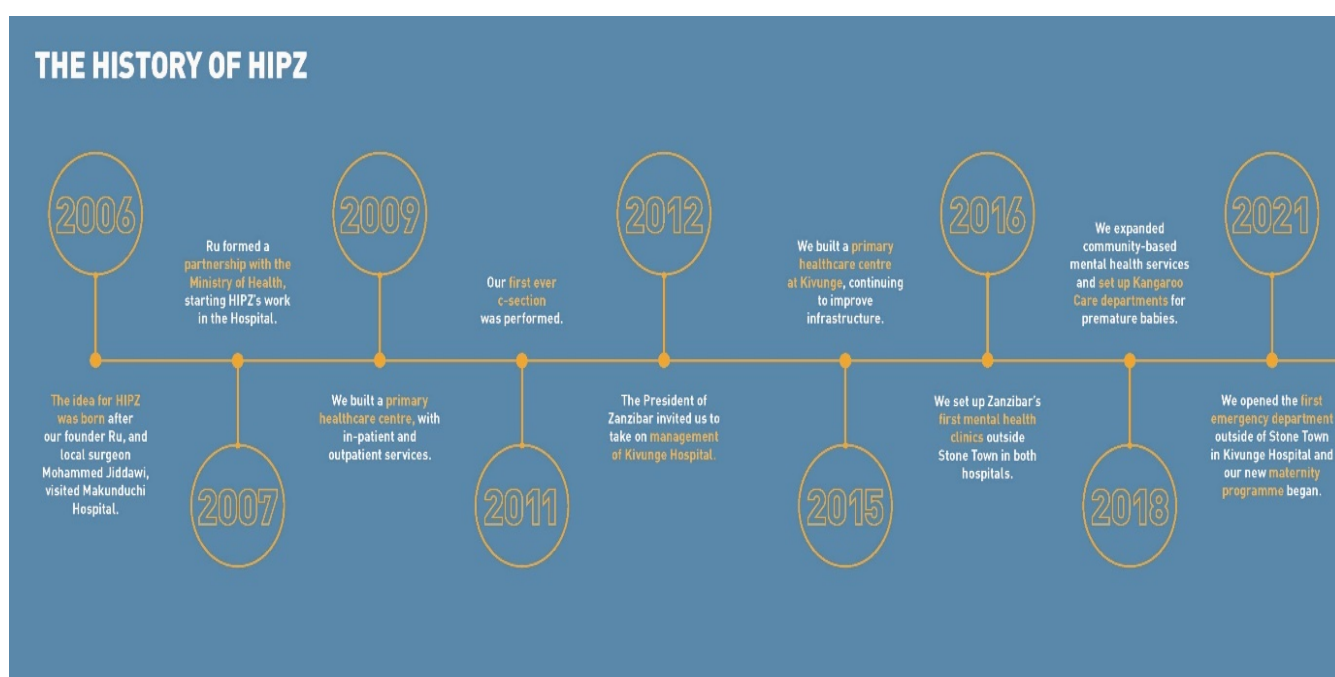
Bank

2 Trustees Report

2.1 Background

Health Improvement Project Zanzibar (HIPZ) was founded in 2006. It is a Private Company Limited by Guarantee and a charity registered with the Charity Commission for England and Wales. In Zanzibar, HIPZ has a registered branch which is governed by the same Articles of Association and policies.

In the initial years the partnership between the Zanzibar Ministry of Health and HIPZ focused on the development and management of rural hospitals. With time the scope evolved to strengthen the wider health system in Zanzibar.



2.2 The context

Zanzibar is a semi-autonomous archipelago of the United Republic of Tanzania. It consists of two large islands, Unguja and Pemba and several small islands. Zanzibar’s population stands at around 1.8 million people. Around half of the population is under 18 years old. Basic needs poverty affects 26% of the population (30% of the under 17s).

Zanzibar Performance towards Sustainable Development Goals (SDG) 3 targets

SDG Indicator	Zanzibar	SDG Target 2030
Under-five mortality rate per 1,000 live births	56 per 1,000 live births	25 per 1,000 live births

Neonatal mortality rate per 1,000 live births	28 per 1,000 live births	12 per 1,000 live births
Maternal Mortality ratio per 100,000 live births	118 per 100,000 live births (only includes institutional mortality)	70 per 100,000 live births

Zanzibar has made significant gains in human resources for health in recent years/over the last 10 years. Currently, one doctor serves a population of 4,445 and one nurse serves a population of 1,258. However, these ratios remain well below the World Health Organisation (WHO) recommendations (of 2.5 skilled healthcare workers per 1,000). Furthermore, 60% of the health workforce work in urban areas where only 18% of the population resides, meaning there is still significant disparity in accessing healthcare for the majority of the population who live in rural areas.

The total health expenditure is approximately 3% of the Gross Domestic Product (GDP), falling below the WHO recommendation of at least 5% to achieve Universal Healthcare Coverage. The global COVID pandemic has hit the Zanzibar economy especially hard as the country relies heavily on tourism. The Ministry of Health only implemented 84% of its budget, and as a result there is a gap in the service provision. Therefore, people are frequently forced to spend their own funds on additional healthcare and out of pocket expenditure on healthcare in Zanzibar is high.

2.3 Our Aims and Objectives

HIPZ aims to strengthen the Zanzibari healthcare system. It is our mission to make it possible for all people in Zanzibar to access high quality healthcare to achieve our vision of a healthy population in Zanzibar.

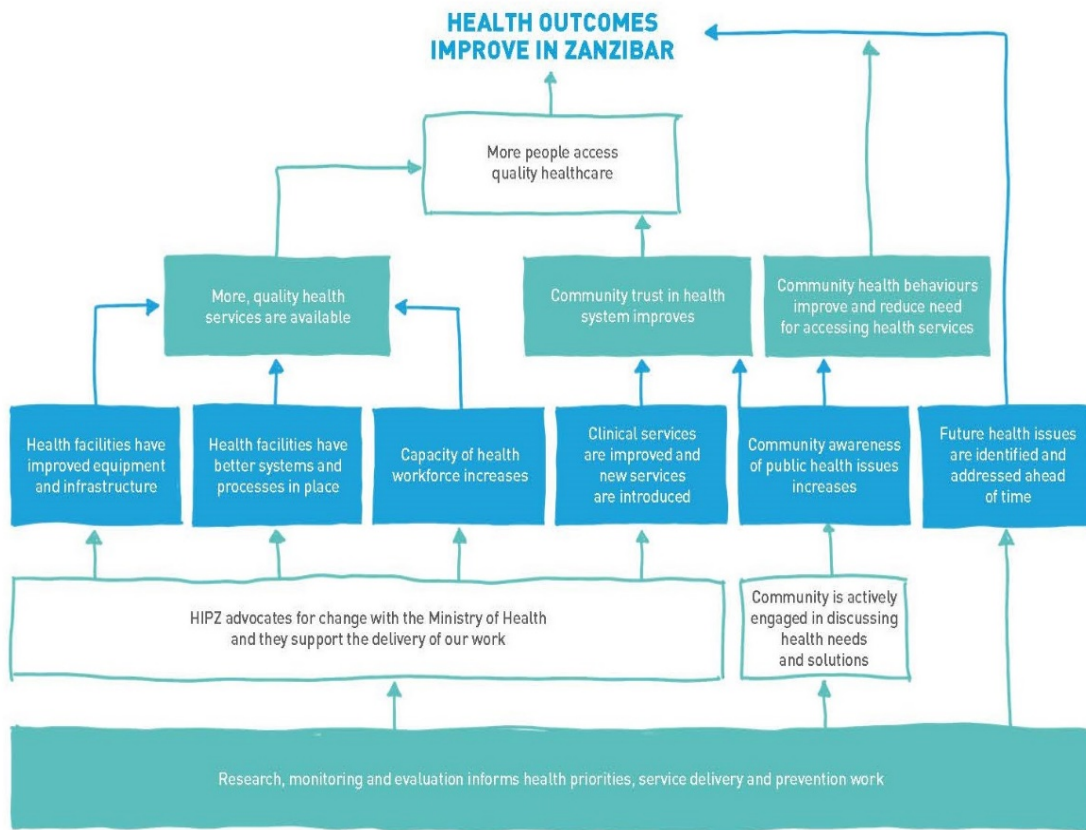
2.4 How we work

Our HIPZ model has been tried and tested over the past 15 years. This model is our blueprint for how healthcare can be transformed in resource-poor environments. We believe this has the potential to make a difference not just in Zanzibar, but on a global scale.

Our works is derived from our values:

- We put patients first
- We are locally rooted and locally led
- We work for equitable, equal and consistent healthcare
- We are collaborators
- We create long-term, cost-effective, evidence-based solutions
- We have a whole health system approach

Based on these values and our in-depth understanding we have developed our theory of change to improve health outcomes in Zanzibar.



HIPZ Theory of Change

This model focuses around six pillars:

1. Build workforces. We train healthcare workers in all areas, equipping them with the knowledge and skills to take ownership of their services.
2. Expand Services. In line with the Zanzibar Essential Healthcare Package, we listen to the medical needs of the community and find cost-effective, evidence-based solutions to introduce impactful change.
3. Develop Infrastructure. We improve the structural condition of health facilities and fill gaps in equipment and consumables.
4. Work with the community. We learn from the community and share our experience to reduce barriers to positive health seeking behaviour.
5. Invest in research. We invest in locally relevant health research and share it with the global health community to improve health services delivery not just in Zanzibar, but around the world.
6. Strengthen systems. We co-develop processes, policies and strategies in collaboration with the government, health facilities and other development partners to improve care and create long-lasting change.

All this work is delivered in close partnership with the Zanzibar Government to ensure local ownership, alignment with national policies and priorities as well as sustainability of our programmes.

2.5 Performance and Achievements

We are proud of the impact we have made in Zanzibar since we were founded. The following statistics demonstrate the breadth and depth of that impact, delivered by HIPZ together with the Ministry of Health. Most of our work has been achieved through the hospitals in Makunduchi and Kivunge, and the surrounding primary healthcare facilities.

1. More than 27,500 infants and children are treated every year in the two hospitals we work in.
2. Since 2007 more than 614,000 surgical procedures have been carried out in Kivunge and Makunduchi hospitals
3. Over 500 new patients are supported through our mental health projects every year.
4. Our community outreach work has provided health education to over 400,000 people on topics including pre- and post-natal care, mental health and nutrition.
5. More than 1,432 Caesarean-sections have been carried out in the hospitals – a procedure that was only available in Stone Town up until 2011, making it inaccessible for women in the rural communities due to distance and lack of transport infrastructure.
6. Every year more than 5,000 patients receive eye treatment in the ophthalmic clinics of Kivunge and Makunduchi hospitals.
7. The number of doctors working in both hospitals has increased from 0 in 2007 to 43 in 2022.
8. We have provided training for over 1,000 healthcare workers in areas including mental health, surgery, anaesthesia, hospital management and emergency medicine.
9. We have renovated more than 20 wards across the two district hospitals.
10. In 2007, only 1,200 babies were born in Makunduchi and Kivunge Hospitals. By 2021, that had increased to over 5,700 babies.

Key achievements in the year

We aim to achieve our goals in alignment with the development agenda of the Zanzibar Government. As in previous years, the core of our work has supported the management and development of Makunduchi and Kivunge District Hospitals in Unguja as well as the service provision in the surrounding health facilities. In total we have supported 27 health facilities across Zanzibar.

A summary of the key achievements in the following areas reflecting the financial categories in note 8 of the financial statements:

1. Capacity Building
2. Equipment and Infrastructure
3. Policy advocacy and system strengthening
4. Preventive Services and work in the community

Capacity Building

We are building the capacity of the health workforce. We have trained over 500 health workers in various fields from Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH), Emergency Care, Hospital Management, Quality Improvement, Mental Health, Infection Prevention and Control, Surgery, Anesthesia and Theatre Management among others. We have done this through mentorship, on-the-job-training as well as formal short and long-term training. Two nurses successfully graduated from their studies in anesthesia, which is a bottleneck area in delivering 24/7 Comprehensive

Emergency Obstetric and Newborn Care (CEmONC) and other surgical services at Makunduchi Hospital.

Equipment and Infrastructure

HIPZ invested in the development of the infrastructure and provision of pharmaceuticals and equipment.

We have supported continuous maintenance by engaging a biomedical engineer who is delivering training of end-users, technicians and setting up a pre-planned maintenance plan at the second line facilities. Among others we have repaired vital equipment such as anesthetic machines, and laboratory equipment. To alleviate the shortages in essential consumables we are procuring life-saving commodities for the hospitals.

In addition, we have focused on the refurbishment and extension of the Kivunge Laboratory. These works ensured Infection Prevention and Control (IPC) standards and created space for new departments such as Microbiology.

We have refurbished the old Maternity ward at Kivunge Hospital to become a dedicated Emergency Department and equipped it. It now has a dedicated waiting area, triage, three consultation rooms, two treatment areas with a capacity of six beds as well as an isolation facility. It is the first Emergency Department in Unguja outside of the capital.

We have renovated and equipped the surgical theatre in the Maternity wing at Kivunge Hospital ensuring the functionality of a dedicated theatre for pregnant women.

Policy advocacy and system strengthening

HIPZ has exceptional stakeholder relationships across the health sector, local, regional and national government as well as in the community.

We have supported the development of various key documents such as the Zanzibar Health Sector Strategic Plan, the Zanzibar Essential Healthcare Package and the National Referral Guideline.

We have participated in the Zanzibar Development Partners Group for Health and Nutrition, as well as in Technical Working Groups of the Ministry of Health. Further we have continued to contribute to the Zanzibar Health Basket Fund. We also have been appointed as a member of Zanzibar Multisectoral Coordinating Committee on Antimicrobial Resistance and have been elected as an alternate representative of International NGOs to the Zanzibar Global Fund Country Coordinating Mechanism.

Preventive Services and work in the community

As a result, we have dramatically improved the accessibility of mental health services in North A, North B, Central and South Districts of Unguja by decentralizing mental health services. We are in the process of training over 160 Community Health Volunteers (CHVs) and over 60 CVH Supervisors in 'Dawati Rafiki' in each Shehia (smallest administrative area in Zanzibar) in North A and South District. Dawati Rafiki is a problem-solving evidence-based therapy devised in Zimbabwe to support beneficiaries with anxiety and depression, delivered by CHVs.

We have delivered the first integrated mental health outreach in Zanzibar together with the Ministry of Health. In total we delivered 22 outreaches reaching over 3,600 people.

We have also partnered with the Rotary Club of Stone Town and Urban Care to deliver Breast Cancer Outreach Camps.

Future plans

We aim to strengthen Emergency Care in the Northern and Southern Regions of Unguja. Therefore, we want to build the capacity of the human resources for health in emergency care, improve referral system including the establishment of an ambulance boat for hard-to-reach islands as well as constructing a dedicated Emergency Department at Makunduchi Hospital.

Another focus is strengthening the diagnostic capacity of Makunduchi Hospital by constructing a laboratory, procuring equipment for new departments such as clinical microbiology and training laboratory staff.

In order to address the increasing burden of non-communicable diseases (NCDs) we aim to deliver a project tackling hypertension. We plan to continue working on RMNCAH.

We aim to scale up our RMNCAH programme to new districts including Pemba as well as adding a community component to increase positive health seeking behaviour.

Lastly, we want to conduct more locally driven medical research in Zanzibar to generate evidence and build the research capacity in isles.

2.6 Structure, Governance and Management

We take our financial and governance responsibilities seriously. This is particularly important to support our work in Zanzibar and ensure the money we spend there is used as effectively as possible.

In line with Charity Commission and Companies House requirements our accounts are independently examined annually and published on the relevant websites. We have a part-time bookkeeper, and plan to recruit a Finance Director in the UK in 2022 – 23; and a Finance Manager and a Programme Director who oversee our finances in Zanzibar. We have a small fundraising and partnership team who lead our fundraising activity to ensure incoming funds support the vital activities in Zanzibar.

All activities are overseen by the Trustees, a number of whom also provide operational support to the management team. Our board of Trustees scrutinise our finances at quarterly meetings and discuss the risks to the charity via our risk register.

We have two sub-committees supporting the work of the Board – the Finance, Audit and Governance Committee and the Medical Advisory Group. These groups report to the Board of Trustees and have been a great support to the trustees over the year.

Governing Document

The charity is controlled by its governing document, a deed of trust, and constitutes a limited company, limited by guarantee, as defined by the Companies Act 2006. The charity also has a Memorandum of Understanding with the Zanzibar Government allowing it to operate in the two hospitals.

Directors/Trustees

Our board of trustees is made up of experienced professionals from a range of backgrounds, including senior clinicians, communications and marketing, finance, charity and business planning.

Since we were incorporated in 2016, the trustees of the charity are also directors of the company. All directors give their time voluntarily and received no benefits from the charity. There were no trustees' remuneration or other benefits paid for the year ended 30 June 2022.

Recruitment to the board of trustees is skills-based, and we regularly review the skills and experience we have represented on the board. In the last financial year one trustee stood down and we are in the process of recruiting new trustees to the board.

Trustees gain knowledge from other trustees and HIPZ staff and keep up to date with the role of the trustee using Charity Commission guidance. Trustees are encouraged to oversee specific areas of interest, for example finance, events, fundraising or planning.

Risk Management

Risk is discussed at all levels of the organisation, and at the strategic level is overseen by an organisational risk register. The risk register is discussed regularly at the Finance, Audit and Governance Committee and with the Board of Trustees.

2.7 Financial Review

Financial Performance 2021-22*

Income for the year at £500k was +8% higher than budgeted and represented a +37% increase from 2020-21. The majority of the additional income, compared to the previous year, came from Trusts and Foundations.

Expenditure for the year at £518k was aligned with the budget in total and represented a +50% increase compared to 2020-21. The higher spend was mostly in the areas of capacity building and quality improvement as well as preventative services.

The small surplus of expenditure vs income at -£17k was slightly lower than budgeted and resulted in a net asset position of £117k at the end of 2021-22

** Prior year figures for 2020-21 were for a 15-month period due to realignment of the financial year period*

Principal Funding Sources

Our income sources for this financial year were:

- Trusts and Foundations 62%
- Major Donors 4%
- Individuals & Regular Gifts 9%
- Corporate support 13%
- Statutory 9%
- Community and Events 2%

We continue to work hard to build up a portfolio of long-term supporters from a range of funding sources.

Investment Policy

The charity does not have any investments.

Reserves Policy

The reserves policy is designed to maintain a sufficient level of unrestricted funds to enable the charity to close down should it be required to. It allows for six months of basic operations to continue and would give time for staff in Zanzibar to make alternative employment arrangements. It is based upon the cost of three months' predictable liabilities.

The policy allows HIPZ to actively manage our finances and ensure we have the capacity to weather unforeseen financial problems.

Auditors / Independent examiner

SPX Accounting were appointed to conduct the independent examination of these accounts.

This report has been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Companies Act 2006.

In Zanzibar, Hybrid Assurance was appointed to conduct the audit of HIPZ in Zanzibar. The audit was conducted in accordance with International Standards on Auditing issued by the International Auditing and Assurance Standards Board of the International Federation of Accountants.

In the opinion of the auditor the financial statements presented for Zanzibar presented a true and fair view of the state of affairs of HIPZ, as at 30 June 2022 and for the period then ended, accordance with International Public Sector Accounting Standards issued by the Public Sector Committee of the International Accounting Standards issued by the International Accounting Standards Board.

Approved by the directors on 15th March 2023

and signed on its behalf by:

Ru MacDonagh

Ru Macdonagh (Mar 15, 2023, 5:32pm)

Dr Ruairidh MacDonagh
Chair of the board of Trustees

3 Independent Examiner’s Report to the members of HIPZ (Health Improvement Project Zanzibar) for the year ended 30 June 2022

FOR THE PERIOD ENDED 30 JUNE 2022

I report to the charity trustees on my examination of the accounts of the Company for the period ended 30 June 2022, which are set out in pages 14-22.

RESPECTIVE RESPONSIBILITIES OF TRUSTEES AND EXAMINER

As the charity’s trustees of the Company (who are also the directors of the company for the purposes of company law), you are responsible for the preparation of the accounts in accordance with the requirements of the Companies Act 2006 (“the 2006 Act”).

BASIS OF INDEPENDENT EXAMINER’S REPORT

Having satisfied myself that the accounts of the Company are not required to be audited for this period under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of your charity’s accounts as carried out under section 145 of the Charities Act 2011 (“the 2011 Act”). In carrying out my examination, I have followed the Directions given by the Charity Commission (under section 145(5)(b) of the 2011 Act).

INDEPENDENT EXAMINER’S STATEMENT

The company’s gross income exceeded £250,000 and I am qualified to undertake the examination by being a qualified member of the Chartered Institute of Certified Accountants.

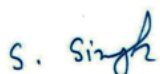
I have completed my examination. I confirm that no material matters have come to my which gives me cause to believe that:

- accounting records were not kept in accordance with section 386 of the Companies Act 2006; or
- the accounts do not accord with such records; or
- the accounts do not comply with relevant accounting requirements under section 396 of the Companies Act 2006 other than any requirement that the accounts give a ‘true and fair’ view which is not a matter considered as part of an independent examination; or
- the accounts have not been prepared in accordance with the Charities SORP (FRS102).

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Surinder Singh FCCA

SPX Oxford Ltd
19 Paradise Street
Oxford OX1 1LD



Date 16/03/2023

Statement of Financial Activities FOR THE PERIOD ENDED 30 JUNE 2022

	Note	Unrestricted £	Restricted £	Total 2022 £	Unrestricted £	Restricted £	Total 2021 £
Income							
Donations and legacies	3	100,604	398,414	499,018	265,440	99,976	365,416
Other		1,636	1	1,637	813	-	813
Total income		102,240	398,415	500,655	266,253	99,976	366,229
Expenditure							
Fundraising costs	4	26,823	47,462	74,285	45,422	-	45,422
Charitable activities	5	122,176	323,812	445,988	207,053	93,117	300,170
Total expenditure		148,999	371,274	520,273	252,475	93,117	345,592
Net income/ -expenditure		- 46,759	27,141	- 19,618	13,778	6,859	20,637
Transfers between funds		22,806	- 22,806	-	-	-	-
Net movement in funds		- 23,953	4,335	- 19,618	13,778	6,859	20,637
Reconciliation of funds:							
Total funds brought forward		89,126	45,323	134,449	75,348	38,464	113,812
Total funds carried forward		65,173	49,658	114,831	89,126	45,323	134,449

The Statement of Financial Activities includes all gains and losses in the period and therefore a statement of total recognised gains and losses has not been prepared.

All of the above amounts relate to continuing activities.

The notes on pages 16 to 22 form part of these financial statements.

Balance Sheet AS AT 30 JUNE 2022

	Note	2022 £	2022 £	2021 £	2021 £
Tangible fixed assets	7		13,278		6,588
Current assets					
Debtors	8	5,527		4,705	
Cash at bank and in hand		108,722		134,111	
		<u>114,249</u>		<u>138,816</u>	
Creditors: amounts falling due within one year	9	<u>- 12,696</u>		<u>- 10,955</u>	
Net current assets			101,553		127,861
Creditors: amounts falling due in more than one year			-		-
Net assets			<u><u>114,831</u></u>		<u><u>134,449</u></u>
Funds					
Restricted funds	10		49,658		45,323
Unrestricted funds general	11		<u>65,173</u>		<u>89,126</u>
Total charity funds			<u><u>114,831</u></u>		<u><u>134,449</u></u>

For the period ended 30 June 2022 the charitable company was entitled to exemption from audit under section 477 of the Companies Act 2006.

Trustees responsibilities:

- The members have not required the charity to obtain an audit of its accounts for the period in question in accordance with section 476; and
- The trustees acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and the preparation of accounts.

These financial statements were approved by the members of the committee and authorised for issue on and are signed on their behalf by Dr Ruairidh MacDonagh, Chairman and Trustee.

Trustee:

2.8 Statement of Cash Flows

FOR THE PERIOD ENDED 30 JUNE 2022

	Note	2022 £	2021 £
Cash used in operating activities	14	<u>- 17,734</u>	<u>23,467</u>
Cash flows from investing activities			
Purchase of fixed assets		- 7,655	- 405
Cash provided by (used in) investing activities		<u>- 7,655</u>	<u>- 405</u>
Increase (decrease) in cash and cash equivalents in the year		- 25,389	23,062
Cash and cash equivalents at the beginning of the year		134,111	111,049
Total cash and cash equivalents at the end of the year		<u><u>108,722</u></u>	<u><u>134,111</u></u>

2.9 Notes to the Accounts

FOR THE PERIOD ENDED 30 JUNE 2022

1. ORGANISATION STATUS

HIPZ (Health Improvement Project Zanzibar) is a Charitable Incorporated Organisation.

2. ACCOUNTING POLICIES

Basis of accounting

The charity constitutes a public benefit entity as defined by FRS102. The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) issued on 16 July 2014, as updated by Update Bulletin 1 issued on 2 February 2016, with the Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006.

The financial statements have been prepared under the historical cost convention 2015 (SORP 2015), 'Accounting and Reporting by Charities', issued by the Charities Commission.

Fund accounting

Unrestricted funds are available for use at the discretion of the trustees in furtherance of the general objectives of the charity.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Income

All income is included in the statement of financial activities when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy.

Fixed assets

Fixed assets (excluding investments) are stated at cost less accumulated depreciation. The costs of minor additions or those costing below £1,000 in the UK, or £300 in Zanzibar are not capitalised.

Depreciation

Depreciation is calculated so as to write off the cost of an asset, less its estimated residual value, over the useful economic life of that asset. There are currently no assets held in the UK. Our depreciation rates in Zanzibar are based on the Tanzanian Revenue Authority rates and are therefore as follows:

Depreciation rates - Zanzibar

Computers and accessories and motor cycles– 37.5% (reducing balance)

Furniture and fixings, office equipment and motor vehicles – 12.5% (reducing balance)

Expenditure

Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Expenditure represents amounts invoiced, including value added tax.

3.4 Notes to the Accounts

FOR THE PERIOD ENDED 30 JUNE 2022 (continued)

Taxation

The Charity is exempt from corporation tax on its charitable activities.

Accounting period

The charity changed its year end from 31 March to 30 June in 2021 and the comparative figures cover a 15 month period from 1 April 2020 to 30 June 2021. The current year figures are for twelve months.

3. DONATIONS AND LEGACIES

	Unrestricted £	Restricted £	2022 £	2021 £
Individual Giving	41,215	3,993	45,208	70,767
Corporate	22,587	43,422	66,009	55,699
Major Donors	21,000	-	21,000	73,184
Statutory	-	44,177	44,177	27,562
Community and events	11,352	-	11,352	19,142
Trusts and Foundations	4,450	306,822	311,272	119,062
	<u>100,604</u>	<u>398,414</u>	<u>499,018</u>	<u>365,416</u>

4. FUNDRAISING COSTS

	Unrestricted £	Restricted £	2022 £	2021 £
Fundraiser salaries	23,173	30,015	53,188	42,349
Other fundraising costs	3,650	17,447	21,097	3,073
	<u>26,823</u>	<u>47,462</u>	<u>74,285</u>	<u>45,422</u>

5. EXPENDITURE ON CHARITABLE ACTIVITIES

	Unrestricted £	Restricted £	2022 £	2021 £
Operational costs	8,846	23,211	32,057	21,247
Capacity building and quality improvement	48,713	177,445	226,158	124,832
Equipment and consumables, Infrastructure development and Pharmaceuticals	20,194	52,705	72,899	77,330
Policy advocacy / government liaison	4,940	4,374	9,314	10,672
Preventive Services	9,031	58,083	67,114	36,922
Administration	26,352	7,994	34,346	24,860
Exchange rate differences	4,100	-	4,100	4,308
	<u>122,176</u>	<u>323,812</u>	<u>445,988</u>	<u>300,171</u>

3.4 Notes to the Accounts

FOR THE PERIOD ENDED 30 JUNE 2022 (continued)

6. STAFF COSTS

	2022	2021
	£	£
Wages and salaries	144,642	145,505
Social security costs	18,876	21,362
Pension costs	1,104	840
	<u>164,622</u>	<u>167,707</u>

	2022	2021
Fundraising	2	2
Programme mgt & admin	10	10
Total	<u>12</u>	<u>12</u>

No employee received benefits exceeding £60,000

7. TANGIBLE FIXED ASSETS

	Motor vehicles	Equipment	Total cost
	£	£	£
Cost			
Cost at 1 July 2021	9,634	5,176	14,810
Additions	-	7,655	7,655
Disposals	-	-	-
Exchange adjustment and other adjustments to align to Zanzibar accounts	1,250	671	1,921
At 30 June 2022	<u>10,884</u>	<u>13,502</u>	<u>24,386</u>
Depreciation			
At 1 July 2021	6,548	1,674	8,222
Charge for the period	1,082	737	1,819
Exchange adjustment	849	218	1,067
At 30 June 2022	<u>8,479</u>	<u>2,629</u>	<u>11,108</u>
Net book value			
At 30 June 2022	<u>2,405</u>	<u>10,873</u>	<u>13,278</u>
At 30 June 2021	<u>3,086</u>	<u>3,502</u>	<u>6,588</u>

3.4 Notes to the Accounts

FOR THE PERIOD ENDED 30 JUNE 2022 (continued)

8. DEBTORS

	2022	2021
	£	£
Staff loans	2,127	2,307
Prepayments	3,400	2,398
	<u>5,527</u>	<u>4,705</u>

9. CREDITORS

	2022	2021
	£	£
Accruals	4,465	4,510
Other creditors	8,231	6,445
	<u>12,696</u>	<u>10,955</u>

10. RESTRICTED INCOME FUNDS

	Balance at 30 June 2021	Income	Expenditure	Transfer (to) / from unrestricted funds	Balance at 30 June 2022
	£	£	£	£	£
Restricted funds					
ZIDO - Biochemistry machine	3,655	4,983	- 10,372	-	- 1,734
ZIDO - Other Smaller Projects	8,750	26,641	- 17,126	-	18,265
Rotary Global Grant (Makunduchi)	- 785	-	- 1,487	-	- 2,272
Comic Relief	27,823	-	-	- 27,823	-
Dornenburg Stiftung	702	-	-	-	702
Evan Cornish	3,000	-	- 3,925	-	- 925
Ethicall	2,887	15,000	- 1,158	-	16,729
The Lady Fatemah Charitable Trust	8,706	127,595	- 121,706	-	14,595
Costas M. Lemos Foundation	- 9,415	118,682	- 152,432	-	- 43,165
Friendship Bench	-	521	- 565	44	-
Festival Medical Services	-	20,400	-	-	20,400
Todos Juntos	-	5,000	-	-	5,000
Souter Charitable Trust	-	3,000	- 3,355	355	-
Guernsey Overseas Aid Commission	-	44,178	- 34,009	-	10,169
HIPZ Christmas Fundraiser	-	8,993	- 3,024	-	5,969
PN Pharmanovia	-	23,422	- 17,497	-	5,925
Other	-	-	- 4,618	4,618	-
	<u>45,323</u>	<u>398,415</u>	<u>- 371,274</u>	<u>- 22,806</u>	<u>49,658</u>

3.4 Notes to the Accounts

FOR THE PERIOD ENDED 30 JUNE 2022 (continued)

Purpose of restricted funds:

ZIDO is registered non-profit charitable organisation based in Canada. The registered name is Reaching out to Zanzibar International Development Organization and its mission is to improve the lives of the people of Zanzibar

- **ZIDO Biochemistry Machine.** ZIDO supported HIPZ to rent a biochemistry analyser and procure reagents. The biochemistry analyser is placed in a laboratory of Kivunge District Hospital. It vastly improves the diagnostic services and therefore the treatment and management of diseases.
- **ZIDO other small projects.** ZIDO has supported HIPZ to implement various projects to improve the health care service delivery at Makunduchi and Kivunge Hospital. The majority of the funds are used to provide infants with formula milk who do not receive enough breastmilk due to medical reasons. Additionally, ZIDO supports the ophthalmic clinics, psychiatric clinics, training for healthcare workers and the provision of medical equipment.

Rotary Zanzibar is the short form of Rotary Club of Zanzibar - Stone Town based in Zanzibar Town, Tanzania. It is an organisation to bring together business and professional leaders in order to provide humanitarian services and to advance goodwill and peace. It is a non-political and non-religious organisation open to all.

- **Rotary Global Grant Makunduchi.** The Rotary Global Grant in Makunduchi aims at improving the delivery of health care services at Makunduchi Hospital by improving the infrastructure, equipment and capacity of the health care workers. The Rotary Club of and HIPZ is downstream partner delivering parts of Global Grant and providing technical expertise to the Rotary Club of Zanzibar.

Comic Relief. Comic Relief is supporting us to implement a mental health project in North A and South Districts benefiting 180,000 people with the aim of improving access to mental health services in the community, improving quality of mental health services, improving awareness of mental health in the community.

Dorenburg Stiftung is a private family foundation funding medication and consumables for our paediatric work.

Evan Cornish Foundation is a UK based grant-giving organisation. They awarded HIPZ funding to deliver mental health community outreach days.

Ethicall is a historic partner of HIPZ and they reached back out to us in 2020, and generously offered to support our work. They donated £17,000 towards our surgical work which included renovating and equipping the operating theatre in Kivunge Hospital and purchasing a new theatre bed for Makunduchi Hospital.

The **Lady Fatemah Charitable Trust** is funding HIPZ to deliver a new maternal and new-born health programme in the hospitals and Primary Health Care Units we work in.

The **Costas M Lemos Foundation** is a private foundation supporting HIPZ's fundraising and operations functions.

3.4 Notes to the Accounts

FOR THE PERIOD ENDED 30 JUNE 2022 (continued)

11. UNRESTRICTED INCOME FUNDS

	Balance at 30 June 2021	Income	Expenditure	Transfer (to) / from unrestricted funds	Balance at 30 June 2022
Unrestricted funds	£				£
General unrestricted funds	89,126	102,240	- 148,999	22,806	65,173
	<u>89,126</u>	<u>102,240</u>	<u>- 148,999</u>	<u>22,806</u>	<u>65,173</u>

12. ANALYSIS OF FUNDS BY ASSET TYPE

	Restricted	Unrestricted	Total cost
	£	£	£
Fixed assets	-	13,278	13,278
Net current assets	49,658	51,895	101,553
	<u>49,658</u>	<u>65,173</u>	<u>114,831</u>

13. TRUSTEE REMUNERATION, KEY MANAGEMENT PERSONNEL & RELATED PARTY TRANSACTIONS

No member of the board of trustees received any remuneration or were reimbursed for any expenses during the reporting period.

The key management personnel are the voluntary trustees and so there is no expenditure on key management personnel during the reporting period.

There were no related party transactions during the reporting period.

14. RECONCILIATION OF NET MOVEMENT IN FUNDS TO CASH FLOW FROM OPERATING ACTIVITIES

	2022	2021
	£	£
Net income/expenditure for the year (as per the Statement of Financial Activities)	- 19,618	20,637
Add back depreciation charge	1,819	150
Investment income	-	-
Loss on disposal of fixed assets	- 854	- 583
Decrease (increase) in stock	-	-
Decrease (increase) in debtors	- 822	- 644
Increase (decrease) in creditors	1,741	3,907
Net cash used in operating activities	<u>- 17,734</u>	<u>23,467</u>



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HIPZ (HEALTH IMPROVEMENT PROJECT ZANZIBAR)

England & Wales - Charity number 1171687

Accounts



Health Improvement Project Zanzibar
Annual Report and Financial Statements
For the Year Ending 30 June 2021

Charity number 1171687
Company number 10168369

Health Improvement Project Zanzibar (A company limited by guarantee)

Financial Statements For the year ending 30th June 2021

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1 Legal and Administrative Information

HIPZ (Health Improvement Project Zanzibar)

Report of the Board of Directors for the year ending 30th June 2021. The Board of Directors presents its directors' and trustees' report and independently examined financial statements for the year ending 30 June 2021.

Within this financial year, we amended our year end to align with Zanzibar's financial year. We moved the year end from March 31st to June 30th. This set of accounts runs from April 1st 2020 – 30th June 2021, and comprises 15 months of accounts. The comparison year in the income and expenditure statement is for 12 months to March 2020 and the 2020 balance sheet date is 31st March 2020.

Reference and Administrative Information

Charity Name: HIPZ (Health Improvement Project Zanzibar)

Charity registration number: 1171687

Company registration number: 10168369

Registered address:

Applecombe Cottage,
Wild Oak Lane, Trull
Taunton
TA3 7JS, UK

Board of Directors/Trustees

Chair: Dr Ruaraidh MacDonagh

Treasurer: Ian Franklin (appointed 1st January 2021)

Secretary: Caitlin Farrow

Dr Nicholas Campain

Susie Moore

Dr Jon Rees

Laura Cunningham

Michael Sugden (appointed 1st January 2021)

Dr Nicola Biggs (appointed 1st January 2021)

Retired: Dr Michael Spencer Chapman (Stood down 1st January 2021)

Project team

UK Operations and Development Director (UK): Jess Price

Bookkeeper (UK, Freelance): Anna Kwar

Programme Director (Zanzibar): Simon Kühnert

Clinical Operations Director (Zanzibar): Jabir James Ayindo

Finance Manager (Zanzibar): Zainab Ahmed Yussuf

Partnerships Advisor (Zanzibar): Pamela Allard

Mental Health Coordinator (Zanzibar): Haji Hafidh Fatawi

External Accountants

SPX Oxford Ltd

Peace House

19 Paradise Street

Oxford

OX1 1LD

Bank

Royal Bank of Scotland (UK), Exim Bank (T) Ltd (Zanzibar) & People's Bank of Zanzibar (Zanzibar)

2 Trustees Report

2.1 Our Aims and Objectives

HIPZ (Health Improvement Project Zanzibar) is a UK-registered charity established in 2006.

In partnership with the Zanzibar Ministry of Health, HIPZ strengthens the management and development of two rural Government hospitals - Kivunge Hospital (201 beds) in the north of Zanzibar and Makunduchi Hospital (42 beds) in the south.

Mission: To make it possible for all people in Zanzibar to access quality healthcare

Vision: Healthy people in Zanzibar – A model for accessible healthcare

Our work operates under six strategic pillars, which were renewed during our strategic review in 2021:

1. We capacity build the health workforce to improve quality of care
2. We strengthen systems and processes to improve patient outcomes
3. We expand clinical services to meet the local need
4. We develop the health infrastructure and procure and maintain equipment to enable service delivery
5. We invest in health research to inform health service delivery and to enable our model to be shared
6. We work with the community to inform our work and to increase health awareness

Our values are:

- We put patients first
- We are locally rooted and locally led
- We work for equitable, equal and consistent healthcare
- We are collaborators
- We create long-term, cost-effective, evidence-based, innovative solutions
- We have a whole health system approach

Our approach is a simple and effective method of transforming healthcare in a resource-poor setting. Our innovative model is based on shared responsibility and collaboration between the charity, the Zanzibar Government and associated bodies, and the two hospitals that we support - Makunduchi and Kivunge.

HIPZ has a Memorandum of Understanding (MoU) in place with the Ministry of Health for each hospital, which gives HIPZ the autonomy to change the way that services are delivered within the hospitals, in order to embed good clinical practice. Most significantly, the statutory responsibilities of the government are not being replaced as the local staff, salaries, basic utility and other services are still provided by the government.

2.2 The context

Zanzibar is a semi-autonomous archipelago of the United Republic of Tanzania. It consists of two large islands, Unguja and Pemba and several small islands. Zanzibar's population stands at around 1.6 million people. About 43% of the population live below the international poverty line, with the average wage at less than \$1.9 per day.

Key health statistics

Life expectancy: 65 years

Under-5 Mortality: 56/1,000 live births

Neonatal mortality: 8/1,000 live births

Stillbirth rate: 21/1,000 live births

Institutional Maternal Mortality: 118/100,000 live births

The World Health Organisation (WHO) recommends a ratio of at least one doctor to every 10,000 people low resource countries. For the first time, Zanzibar has now reached that minimum ratio. However, it is worth noting that the UK has one doctor to every 400 people, and that in Zanzibar, 60% of the health workforce work in urban areas in which only 18% of the population resides.

Whilst healthcare in Zanzibar is free, the health system cannot deliver everything people need. The total expenditure for health is approximately 1.7% of the total government expenditure. The per capita health sector expenditure is USD \$25 per capita. The WHO recommends a per capita expenditure of at least USD\$60. As a result, people are frequently forced to spend their own funds on additional healthcare and out of pocket spending on healthcare in Zanzibar is high.

Sustainability

Our biggest challenge is to ensure that our work is sustainable and that the impact we have in Zanzibar can continue in the future without the need of HIPZ services. The work that HIPZ carries out saves lives each day, but we need to focus on structural improvements to the overall health system to ensure we can achieve the target of sustainable improvements. We achieve this by working in close partnership with the Revolutionary Government of Zanzibar.

We have a signed MoU with the Ministry of Health pertaining to the development and management of Makunduchi and Kivunge Hospitals. This allows us to embed all our projects within the existing governmental structures. The core of our activities is building local capacity which will improve the health care in Zanzibar in the long-term.

Key to the success of our work is our local Zanzibari team which understands the needs of the beneficiaries, the hospital staff and other relevant stakeholders. The team in Zanzibar allows us to continuously receive and react to beneficiary feedback which allows HIPZ to design relevant, culturally appropriate and cost-effective projects that achieve the aim of improving the health care services on the islands.

Ensuring our work delivers our aims

We have a set of internal policies and procedures that ensure our work is relevant and delivers the intended outcomes whilst ensuring value for money.

Our workplan is derived from the HIPZ Strategic Plan and the process of developing the workplan is underpinned by our Standard Operating Procedure to ensure the work we deliver is relevant, aligned with our strategic pillars and cost-effective.

Monitoring and evaluation of our work, across our programme outcomes and our finances, is a priority for HIPZ. Throughout this financial year, we have made significant efforts to improve all of our processes in this area. We have developed an overall workplan and budget that enables us to track our progress in each activity area, both against our financial expectations and against our planned outcomes and impacts.

We have introduced Xero accounting software to improve our financial reporting, and we are using categories in Xero that match our workplan areas. This enables us to better connect our UK and Zanzibar accounting processes and reporting by having one system to allow greater transparency. We now have an accessible view of what we have delivered, what it has cost us and what the impacts are.

Our next critical step will be to introduce a permanent monitoring and evaluation role in Zanzibar during the next financial year. The focus of this role will be to develop and execute the effective delivery of monitoring and evaluation assessments across all our programme areas, to enable us to continue to improve the value and impact of the programmes that we deliver.

The focus of our work

Approximately 350,000 people in the Northern and Southern Region of Unguja, Zanzibar benefit directly from our work. Our work is primarily focused on improving the entire service delivery at Makunduchi and Kivunge hospitals. As part of our holistic approach to service delivery, this work also extends to the surrounding Primary Healthcare facilities and community based mental health care services, introducing a more recovery-oriented model of mental health.

2.3 Performance and Achievements

How our activities deliver public benefit, and who benefits from our services

When HIPZ began working in Zanzibar, both hospitals were in a state of dilapidation, with little in the way of clinical staff or management. Outpatient services were disorganised, and in-patient bed occupancy was very low. The local population had little access to healthcare. In the time we have been operating on the Island, HIPZ has been responsible for the renovation of the two hospitals, both of which are now equipped to support the local communities that they serve.

The population around our hospitals have reduced access to basic services compared to the urban population near Stone Town and suffer multiple deprivations as a result. Household out of pocket (OOP) expenditure on health is extremely high at 21% compared to the 10% which the World Bank considers as a threshold that could put households into poverty. “Low public health expenditure coupled with high household expenditure on health make it likely that health events could result in catastrophic spending and impoverishment” (UNICEF 2017). The prevalence of disability around Kivunge hospital accounts for 35% of the entire disabled population of Zanzibar despite only 14% of the population living in the region (HBS, 2015).

We are proud of the impact we have made in Zanzibar since we were founded. The following statistics demonstrate the breadth and depth of that impact, delivered by HIPZ through the hospitals in Makunduchi and Kivunge, and the surrounding primary healthcare and mental health services that we have developed:

1. More women than ever are experiencing safe births – maternal mortality has reduced from 364 in every 100,000 births to 118 in every 100,000.
2. Infant mortality has reduced from 54 in 1,000 when HIPZ was founded, to 45 per 1,000 today.
3. More than 27,500 infants and children are treated every year in the two hospitals we work in.
4. Every year, our programmes treat more than 1080 patients for malnutrition.
5. Since 2007 more than 614,000 surgical procedures have been carried out in Kivunge and Makunduchi hospitals
6. Over 500 new patients are supported through our mental health projects every year.
7. Our community outreach work has provided health education to over 400,000 people on topics including pre- and post-natal care, mental health and nutrition.
8. More than 40 doctors and nurses have volunteered in Zanzibar – creating a valuable source of knowledge exchange.
9. More than 1432 Caesarean-sections have been carried out in the hospitals – a procedure that was only available in Stone Town up until 2011, making it inaccessible for women in the rural communities due to distance and lack of transport infrastructure.
10. Every year more than 5,000 patients receive eye treatment in our ophthalmic clinics.
11. The number of doctors working in both hospitals has increased from 0 in 2007 to 43 in 2022.
12. We have provided training for over 1,000 healthcare workers in areas including mental health, surgery, hospital management and emergency medicine.

13. We have renovated more than 20 wards across the two district hospitals.
14. In 2007, only 1,200 babies were born in Makunduchi and Kivunge Hospitals. By 2021, that had increased to over 5,700 babies.

Key achievements in the year

We aim to achieve our goals in alignment with the development agenda of the Revolutionary Government of Zanzibar (RGoZ). We support the management and development of Makunduchi and Kivunge District Hospitals in Unguja and deliver a mental health project in North A and South districts delivering community-based mental health services and mental health outreach days in the community. Within this reporting period HIPZ also started a maternal and newborn health project within the same districts which will also benefit Primary Health Care facilities. To date we have trained 100 healthcare workers in intrapartum care.

In the wake of the COVID-19 pandemic, we adjusted our operations to collaborate with the Government to ensure emergency preparedness and the continuation of essential services in the facilities. We provided relevant training, personal protective equipment, infection prevention and control equipment and consumables to the hospitals. To support the health workers, HIPZ provided staff bus services for Makunduchi and Kivunge hospitals. Due to the increased psychosocial burden, HIPZ trained healthcare workers to deliver psychosocial support together with the MoHSWEGC. Alongside this effort, the Dawati Rafiki programme continued to deliver community-based problem solving therapy rendered by trained Community Health Volunteers.

In response to the global supply chain challenges, HIPZ supported the hospitals with drugs and consumables to continue to provide essential services to the people of North A and South districts. This support included the continued use of a fully automated clinical biochemistry analyser and the purchase of necessary reagents at Kivunge Hospital.

Despite the global health emergency, HIPZ continued to support the hospitals in terms of human resources, building expertise, improving management structures, communication, leadership and work culture.

Sustainability of our charity

We are pleased to report that this year we generated income of £366,229 thanks to fundraising efforts. We incurred £345,592 of expenditure. The reserves at the year-end were £134,449 in total, of which £89,126 were unrestricted.

Two of our key partners – The CML Foundation and the Lady Fatemah Charitable Trust – that are committed to significant multi-year grants, one focused on salaries and one on project costs. These investments improve our overall stability. We have also been delighted to be working with new funders including Guernsey Overseas Aid, and Pharmanovia, both of whom will begin supporting HIPZ in the next financial year. Our number of regular donors is steadily increasing and the generous long-term support of existing partners such as VCCP, ZIDO, Blackdown Partners and Festival Medical Services is key to our stability.

Future plans

With the team structure embedded in Zanzibar, we are now in a strong position to reach our goals in the coming years. We will continue to make progress in streamlining our work, focusing on the areas we know make the most impact and evaluating our progress. Value for money and sustainability will remain at the heart of what we do.

Our clinical focus is driven by what we are experiencing on the ground in Zanzibar. Key areas in the upcoming year are improving emergency care in both hospitals and improving maternal and newborn health in the North and South of Unguja. We also continue with our effort to decentralize services and implement a recovery-oriented model of mental health across Zanzibar. We have in place a number of clinical priorities for the 2021-2024 period, with new focus areas including malnutrition, anti-microbial resistance and the prevention of burns, as well as the continuation of our existing work.

2.4 Structure, Governance and Management

We take our financial and governance responsibilities seriously. This is particularly important to support our work in Zanzibar and ensure the money we spend there is used as effectively as possible.

In line with Charity Commission and Companies House requirements our accounts are independently examined annually and published on the relevant websites. We have a volunteer accountant and part-time bookkeeper in the UK, as well as a Finance Manager and a Programme Director who oversee our finances in Zanzibar. In the UK we have an Operations and Development Director who leads our fundraising activity to ensure incoming funds support the vital activities in Zanzibar.

All activities are overseen by the Trustees, a number of whom also provide hands-on support. Our board of Trustees scrutinise our finances at quarterly meetings and discuss the risks to the charity via our risk register.

In this financial year we introduced a new sub-committee – Finance, Audit and Governance. This committee is made up of two Trustees including our Treasurer, the UK Operations and Development Director, the UK Bookkeeper, the Zanzibar Finance Manager and the Zanzibar Programme Director. The committee meets monthly to review our finances and all linked areas, using a risk management approach. This sub-group reports to the board of Trustees and has greatly improved our financial management processes.

We also introduced the use of the Xero accounting software package in 2021 which will greatly improve our financial reporting capacity.

Governing Document

The charity is controlled by its governing document, a deed of trust, and constitutes a limited company, limited by guarantee, as defined by the Companies Act 2006. The charity also has a Memorandum of Understanding with the Zanzibar Government allowing it to operate in the two hospitals.

Directors/Trustees

Our board of trustees is made up of experienced professionals from a range of backgrounds, including senior clinicians, communications and marketing, finance, charity and business planning.

Since we were incorporated in 2016, the trustees of the charity are also directors of the company. All directors give their time voluntarily and received no benefits from the charity. There were no trustees' remuneration or other benefits either for the year ended 30 June 2021.

Recruitment to the board of trustees is skills-based, and we regularly review the skills and experience we have represented on the board. In the last financial year we appointed three

new Trustees, and one Trustee stood down. The new Trustees who were welcomed to the Board were:

- Ian Franklin, has joined as our Treasure and has extensive expertise as Finance Director.
- Dr Nicola Biggs, joining us in a clinical capacity with expertise in emergency medicine.
- Michael Sugden, joining us with a focus on communication, brand and partnerships.

Trustees do not receive formal training, but gain knowledge from other trustees and HIPZ staff. Trustees are encouraged to oversee specific areas of interest, for example finance, events, fundraising or planning. Clinical trustees act as mentors to the volunteer clinicians working in Zanzibar.

Risk Management

Within this financial year, HIPZ implemented a new format of our Risk Management Policy and Risk Register to improve our risk management processes. We review all organisational risks at both the monthly Finance, Audit and Governance Subcommittee meetings and at the quarterly Board meetings.

2.5 Financial Review

Principal Funding Sources

We are pleased to have diversified our income streams in this financial year. Our income sources for this financial year are:

- Trusts and Foundations 33%
- Major Donors 20%
- Individuals & Regular Gifts 19%
- Corporate support 15%
- Statutory 8%
- Community and Events 5%

We continue to work hard to build up a portfolio of long-term supporters from a range of funding sources.

Investment Policy

The charity does not have any investments.

Reserves Policy

The reserves policy is designed to maintain a sufficient level of unrestricted funds to enable the charity to close down should it be required to. It allows for six months of basic operations to continue and would give time for staff in Zanzibar to make alternative employment arrangements. It is based upon the cost of three months' predictable liabilities.

The policy allows HIPZ to actively manage our finances and ensure we have the capacity to weather unforeseen financial problems.

Auditors

SPX Accounting were appointed to conduct the independent examination of these accounts.

This report has been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Companies Act 2006.

Approved by the directors on 28th March 2022 and signed on its behalf by Dr Ruaraidh MacDonagh:



3 Independent Examiner’s Report to the members of HIPZ (Health Improvement Project Zanzibar) for the year ended 30 June 2021

FOR THE PERIOD ENDED 30 JUNE 2021

I report to the charity trustees on my examination of the accounts of the Company for the period ended 30 June 2021, which are set out in pages 14-22.

RESPECTIVE RESPONSIBILITIES OF TRUSTEES AND EXAMINER

As the charity’s trustees of the Company (who are also the directors of the company for the purposes of company law), you are responsible for the preparation of the accounts in accordance with the requirements of the Companies Act 2006 (“the 2006 Act”).

BASIS OF INDEPENDENT EXAMINER’S REPORT

Having satisfied myself that the accounts of the Company are not required to be audited for this period under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of your charity’s accounts as carried out under section 145 of the Charities Act 2011 (“the 2011 Act”). In carrying out my examination, I have followed the Directions given by the Charity Commission (under section 145(5)(b) of the 2011 Act.

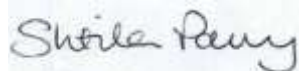
INDEPENDENT EXAMINER’S STATEMENT

The company’s gross income exceeded £250,000 and I am qualified to undertake the examination by being a qualified member of the Chartered Institute of Certified Accountants.

I have completed my examination. I confirm that no material matters have come to my which gives me cause to believe that:

- accounting records were not kept in accordance with section 386 of the Companies Act 2006; or
- the accounts do not accord with such records; or
- the accounts do not comply with relevant accounting requirements under section 396 of the Companies Act 2006 other than any requirement that the accounts give a ‘true and fair’ view which is not a matter considered as part of an independent examination; or
- the accounts have not been prepared in accordance with the Charities SORP (FRS102).

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.



Sheila Parry FCCA

SPX Oxford Ltd
19 Paradise Street
Oxford OX1 1LD

Date ...28 March 2022.....

3.1 Statement of Financial Activities

FOR THE PERIOD ENDED 30 JUNE 2021

	Note	Unrestricted £	Restricted £	Total 2021 £	Unrestricted £	Restricted £	Total 2020 £
Income							
Donations and legacies	3	265,440	99,976	365,416	173,252	97,626	270,878
Charitable activities	4	-	-	-	4,400	-	4,400
Other trading activities	5	-	-	-	1,072	-	1,072
Investments		-	-	-	67	-	67
Other		813	-	813	-	-	-
Total incoming resources		266,253	99,976	366,229	178,791	97,626	276,417
Expenditure							
Fundraising costs	6	45,422	-	45,422	40,666	2,525	43,191
Charitable activities	7	207,053	93,117	300,170	135,696	119,062	254,758
Other		-	-	-	-	-	-
Total resources expended		252,475	93,117	345,592	176,362	121,587	297,949
Net income/ -expenditure		13,778	6,859	20,637	2,429	- 23,961	- 21,532
Transfers between funds		-	-	-	14,215	- 14,215	-
Net movement in funds		13,778	6,859	20,637	16,644	- 38,176	- 21,532
Reconciliation of funds:							
Total funds brought forward		75,348	38,464	113,812	58,704	76,640	135,344
Total funds carried forward		89,126	45,323	134,449	75,348	38,464	113,812

The Statement of Financial Activities includes all gains and losses in the period and therefore a statement of total recognised gains and losses has not been prepared.

All of the above amounts relate to continuing activities.

The notes on pages 16 to 22 form part of these financial statements.

3.2 Balance Sheet

AS AT 30 JUNE 2021

	Note	2021 £	2021 £	2020 £	2020 £
Tangible fixed assets	9		6,588		5,750
Current assets					
Debtors	10	4,705		4,061	
Cash at bank and in hand		134,111		111,049	
		<u>138,816</u>		<u>115,110</u>	
Creditors: amounts falling due within one year	11	<u>- 10,955</u>		<u>- 7,048</u>	
Net current assets			127,861		108,062
Creditors: amounts falling due in more than one year			-		-
Net assets			<u>134,449</u>		<u>113,812</u>
Funds					
Restricted funds	12		45,323		38,464
Unrestricted funds general	13		89,126		75,348
Designated			-		-
Total charity funds			<u>134,449</u>		<u>113,812</u>

For the period ended 30 June 2021 the charitable company was entitled to exemption from audit under section 477 of the Companies Act 2006.

Trustees responsibilities:

- The members have not required the charity to obtain an audit of its accounts for the period in question in accordance with section 476; and
- The trustees acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and the preparation of accounts.

These financial statements were approved by the members of the committee and authorised for issue on 28th March 2022 and are signed on their behalf by Dr Ruairaidh MacDonagh, Chairman and Trustee.

Trustee:



3.3 Notes To The Accounts

FOR THE PERIOD ENDED 30 JUNE 2021

1. ORGANISATION STATUS

HIPZ (Health Improvement Project Zanzibar) is a Charitable Incorporated Organisation.

2. ACCOUNTING POLICIES

Basis of accounting

The charity constitutes a public benefit entity as defined by FRS102. The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) issued on 16 July 2014, as updated by Update Bulletin 1 issued on 2 February 2016, with the Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006.

The financial statements have been prepared under the historical cost convention 2015 (SORP 2015), 'Accounting and Reporting by Charities', issued by the Charities Commission.

Fund accounting

Unrestricted funds are available for use at the discretion of the trustees in furtherance of the general objectives of the charity.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Income

All income is included in the statement of financial activities when the charity is legally entitled to the income and the amount can be quantified with reasonable accuracy.

Fixed assets

Fixed assets (excluding investments) are stated at cost less accumulated depreciation. The costs of minor additions or those costing below £1,000 in the UK, or £300 in Zanzibar are not capitalised.

Depreciation

Depreciation is calculated so as to write off the cost of an asset, less its estimated residual value, over the useful economic life of that asset. There are currently no assets held in the UK. Our depreciation rates in Zanzibar are based on the Tanzanian Revenue Authority rates and are therefore as follows:

Depreciation rates - Zanzibar

Computers and accessories and motor cycles– 37.5% (reducing balance)

Furniture and fixings, office equipment and motor vehicles – 12.5% (reducing balance)

Expenditure

Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Expenditure represents amounts invoiced, including value added tax.

**NOTES TO THE ACCOUNTS
FOR THE PERIOD ENDED 30 JUNE 2021 (continued)**

Taxation

The Charity is exempt from corporation tax on its charitable activities.

Accounting period

The charity has changed its year end from 31 March to 30 June. These accounts cover a 15 month period from 1 April 2020 to 30 June 2021. The comparative figures are for twelve months.

3. DONATIONS AND LEGACIES

	Unrestricted £	Restricted £	2021 £	2020 £
Individual Giving	70,767	-	70,767	28,001
Corporate	38,699	12,000	55,699	17,395
Major Donors	73,184	-	73,184	22,503
Statutory	-	27,562	27,562	50,913
Community and events	19,142	-	19,142	11,103
Trusts and Foundations	63,648	55,414	119,062	140,963
	<u>265,440</u>	<u>99,976</u>	<u>365,416</u>	<u>270,878</u>

4. INCOME FROM CHARITABLE ACTIVITIES

	Unrestricted £	Restricted £	2021 £	2020 £
Electives	-	-	-	4,400
	<u>-</u>	<u>-</u>	<u>-</u>	<u>4,400</u>

5. OTHER TRADING ACTIVITIES

	Unrestricted £	Restricted £	2021 £	2020 £
Other trading income	-	-	-	1,072
	<u>-</u>	<u>-</u>	<u>-</u>	<u>1,072</u>

6. FUNDRAISING COSTS

	Unrestricted £	Restricted £	2021 £	2020 £
Fundraiser salaries	42,349	-	42,349	30,017
Other fundraising costs	3,073	-	3,073	13,174
	<u>45,422</u>	<u>-</u>	<u>45,422</u>	<u>43,191</u>

**NOTES TO THE ACCOUNTS
FOR THE PERIOD ENDED 30 JUNE 2021 (continued)**

7. EXPENDITURE ON CHARITABLE ACTIVITIES

	Unrestricted	Restricted	2021	2020
	£	£	£	£
Operational costs	21,247	-	21,247	-
Capacity building and quality improvement	87,391	37,442	124,832	133,150
Equipment and consumables, Infrastructure development and Pharmaceuticals	40,643	36,688	77,330	62,367
Policy advocacy / government liaison	10,672	-	10,672	13,919
Preventive Services	15,544	21,378	36,922	17,429
Administration	24,634	225	24,860	28,276
Exchange rate differences	6,923	- 2,615	4,308	- 383
	<u>207,052</u>	<u>93,118</u>	<u>300,170</u>	<u>254,758</u>

8. STAFF COSTS

	2021	2020
	£	£
Wages and salaries	145,505	88,832
Social security costs	21,362	36,358
Pension costs	840	-
	<u>166,866</u>	<u>125,190</u>
	2021	2020
Fundraising	2	2
Programme mgt & admin	10	8
Total	<u>12</u>	<u>10</u>

No employee received benefits exceeding £60,000

**NOTES TO THE ACCOUNTS
FOR THE PERIOD ENDED 30 JUNE 2021 (continued)**

9. TANGIBLE FIXED ASSETS

	Motor vehicles	Equipment	Total cost
	£	£	£
Cost			
Cost at 1 April 2020	14,406	-	14,406
Additions	-	405	405
Disposals	- 4,957	-	- 4,957
Exchange adjustment and other adjustments to align to Zanzibar accounts	186	4,770	4,956
At 30 June 2021	<u>9,634</u>	<u>5,176</u>	<u>14,810</u>
Depreciation			
At 1 April 2020	8,656	-	8,656
Charge for the period	- 1,527	1,674	147
Exchange adjustment	- 581	-	- 581
At 30 June 2021	<u>6,548</u>	<u>1,674</u>	<u>8,222</u>
Net book value			
At 30 June 2021	<u>3,086</u>	<u>3,501</u>	<u>6,588</u>
At 31 March 2020	<u>5,750</u>	<u>-</u>	<u>5,750</u>

10. DEBTORS

	2021	2020
	£	£
Staff loans	2,307	2,605
Prepayments	2,398	1,456
	<u>4,705</u>	<u>4,061</u>

11. CREDITORS

	2021	2020
	£	£
Accruals	4,510	7,048
Other creditors	6,445	-
	<u>10,955</u>	<u>7,048</u>

**NOTES TO THE ACCOUNTS
FOR THE PERIOD ENDED 30 JUNE 2021 (continued)**

12. RESTRICTED INCOME FUNDS

	Balance at 31 March 2020	Income	Expenditure	Balance at 30 June 2021
	£	£	£	£
Restricted funds				
ZIDO - Biochemistry machine	1,090	14,953	- 12,388	3,655
ZIDO - Other Smaller Projects	8,750	-	-	8,750
Rotary Global Grant (Makunduchi)	- 1,766	5,635	- 4,654	- 785
Comic Relief	30,390	27,562	- 30,129	27,823
Dorneburg Stiftung	-	702	-	702
Evan Cornish Foundation	-	3,000	-	3,000
Ethical	-	17,000	- 14,113	2,887
Lady Fatemah Charitable Trust	-	31,124	- 22,418	8,706
Costas M Lemos Foundation	-	-	- 9,415	- 9,415
	38,464	99,976	- 93,117	45,323
	38,464	99,976	- 93,117	45,323

Purpose of restricted funds:

ZIDO is registered non-profit charitable organisation based in Canada. The registered name is Reaching out to Zanzibar International Development Organization and its mission is to improve the lives of the people of Zanzibar

- **ZIDO Biochemistry Machine.** ZIDO supported HIPZ to rent a biochemistry analyser and procure reagents. The biochemistry analyser is placed in a laboratory of Kivunge District Hospital. It vastly improves the diagnostic services and therefore the treatment and management of diseases.
- **ZIDO other small projects.** ZIDO has supported HIPZ to implement various projects to improve the health care service delivery at Makunduchi and Kivunge Hospital. The majority of the funds are used to provide infants with formula milk who do not receive enough breastmilk due to medical reasons. Additionally, ZIDO supports the ophthalmic clinics, psychiatric clinics, training for healthcare workers and the provision of medical equipment.

Rotary Zanzibar is the short form of Rotary Club of Zanzibar - Stone Town based in Zanzibar Town, Tanzania. It is an organisation to bring together business and professional leaders in order to provide humanitarian services and to advance goodwill and peace. It is a non-political and non-religious organisation open to all.

- **Rotary Global Grant Makunduchi.** The Rotary Global Grant in Makunduchi aims at improving the delivery of health care services at Makunduchi Hospital by improving the infrastructure, equipment and capacity of the health care workers. The Rotary Club of and

NOTES TO THE ACCOUNTS FOR THE PERIOD ENDED 30 JUNE 2021 (continued)

HIPZ is downstream partner delivering parts of Global Grant and providing technical expertise to the Rotary Club of Zanzibar.

Comic Relief. Comic Relief is supporting us to implement a mental health project in North A and South Districts benefiting 180,000 people with the aim of improving access to mental health services in the community, improving quality of mental health services, improving awareness of mental health in the community.

Dorenburg Stiftung is a private family foundation funding medication and consumables for our paediatric work.

Evan Cornish Foundation is a UK based grant-giving organisation. They awarded HIPZ funding to deliver mental health community outreach days.

Ethicall is a historic partner of HIPZ and they reached back out to us in 2020, and generously offered to support our work. They donated £17,000 towards our surgical work which included renovating and equipping the operating theatre in Kivunge Hospital and purchasing a new theatre bed for Makunduchi Hospital.

The **Lady Fatemah Charitable Trust** is funding HIPZ to deliver a new maternal and new-born health programme in the hospitals and Primary Health Care Units we work in.

The Costas M Lemos Foundation is a private foundation supporting HIPZ's fundraising and operations functions.

13. UNRESTRICTED INCOME FUNDS

	Balance at 31 March 2020	Income	Expenditure	Balance at 30 June 2021
Unrestricted funds	£			£
General unrestricted funds	75,348	278,253	- 252,475	101,126
	<u>75,348</u>	<u>278,253</u>	<u>- 252,475</u>	<u>101,126</u>

**NOTES TO THE ACCOUNTS
FOR THE PERIOD ENDED 30 JUNE 2021 (continued)**

14. ANALYSIS OF FUNDS BY ASSET TYPE

	Restricted	Unrestricted	Total cost
	£	£	£
Fixed assets	-	6,588	6,588
Net current assets	45,323	82,538	127,861
	<u>45,323</u>	<u>89,126</u>	<u>134,449</u>

15. TRUSTEE REMUNERATION, KEY MANAGEMENT PERSONNEL & RELATED PARTY TRANSACTIONS

No member of the board of trustees received any remuneration or were reimbursed for any expenses during the reporting period.

The key management personnel are the voluntary trustees and so there is no expenditure on key management personnel during the reporting period.

There were no related party transactions during the reporting period.