



**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 30<sup>th</sup> 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 Ruairaidh 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.

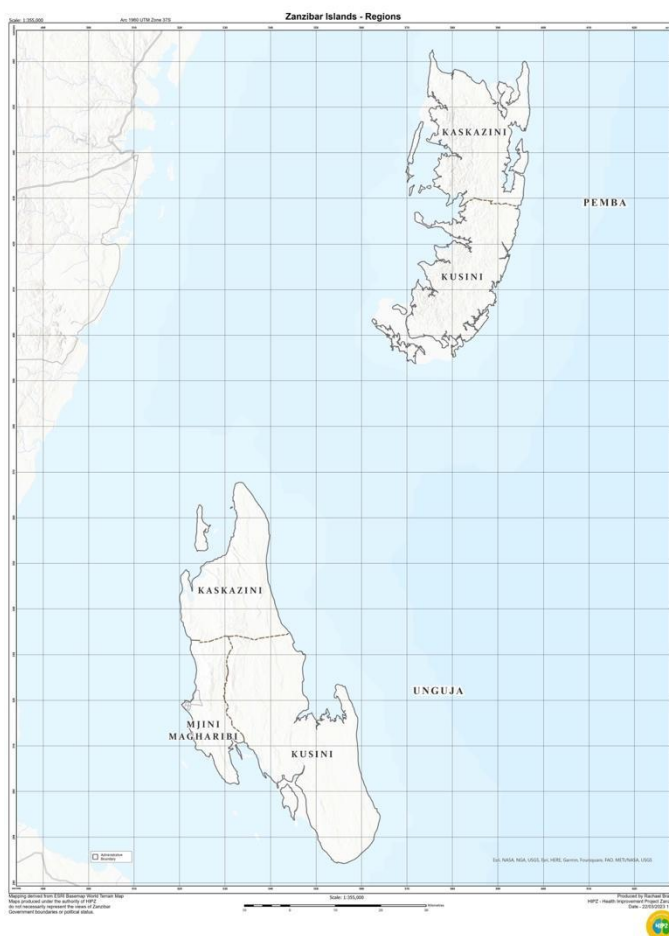
## 1.2 The context

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.

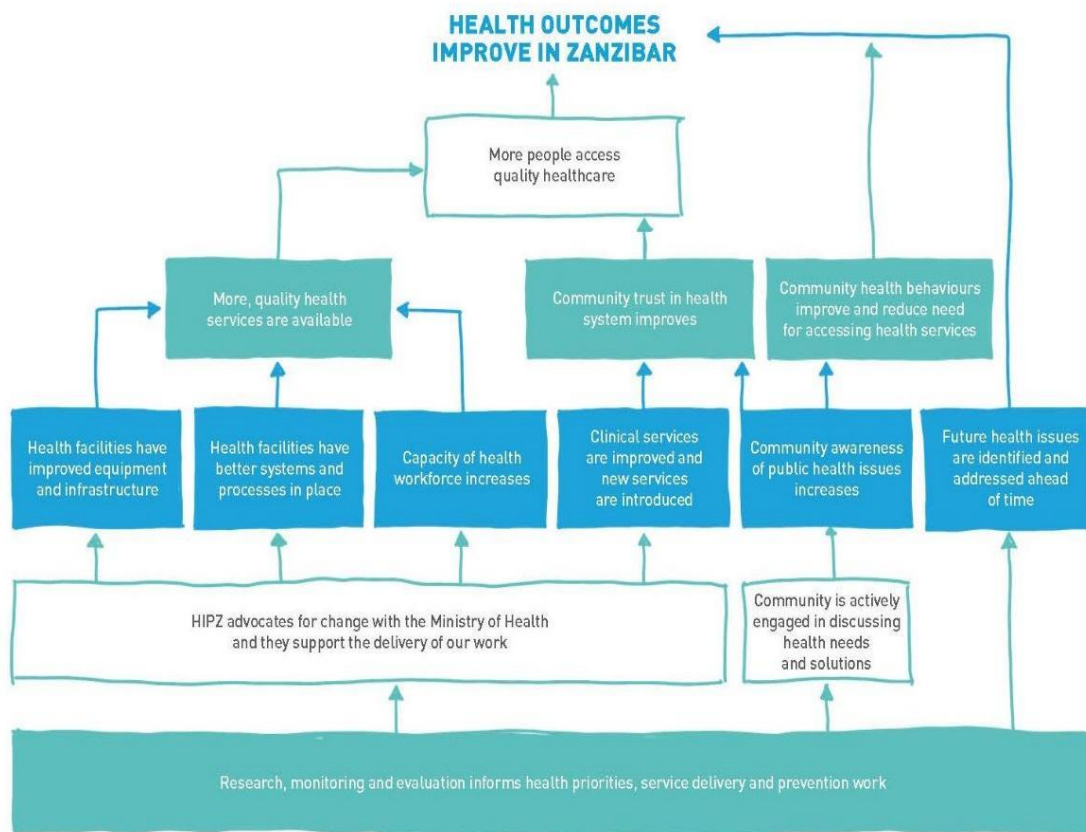
## 1.4 How we work

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.<sup>1</sup> 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.

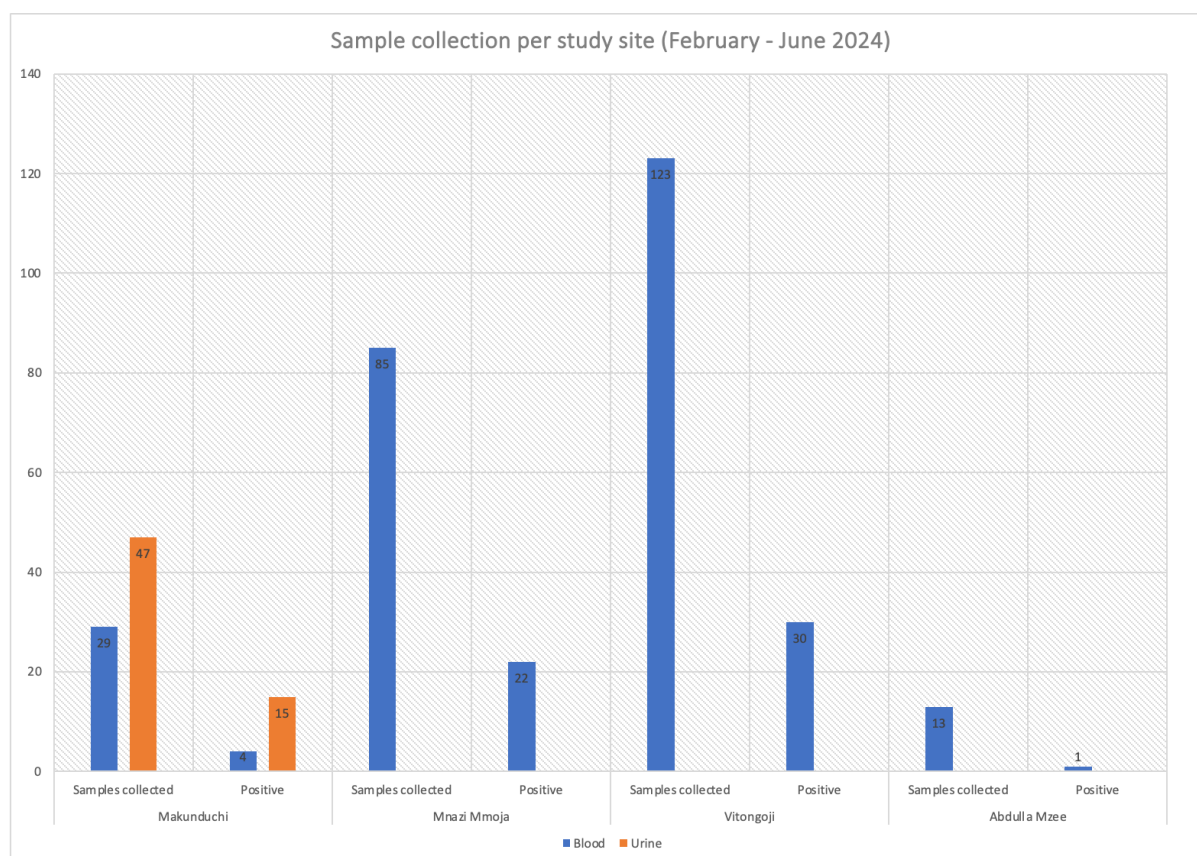
To achieve this, we have engaged two microbiologists who are staffing the microbiology laboratory and developed the necessary protocols. The laboratory team is engaged in a continuous knowledge exchange program with the BNITM as well as the National Institute for Medical Research in Tanga, Tanzania to 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.

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<sup>1</sup> 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 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.

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



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).<sup>2</sup>

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

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<sup>2</sup> 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**

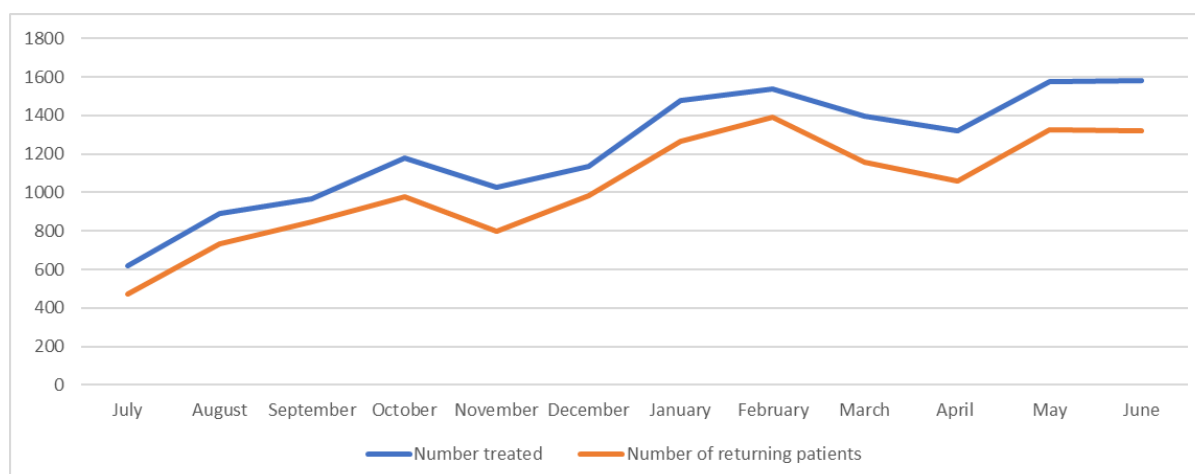
Cardiovascular disease accounts for a massive 34 % of deaths of people over 13 years in Zanzibar, with stroke being the leading cause of death (20.5) and hypertension being a leading cause of morbidity among the population (MOH, 2022). Cardiovascular disease therefore poses both a significant morbidity 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.

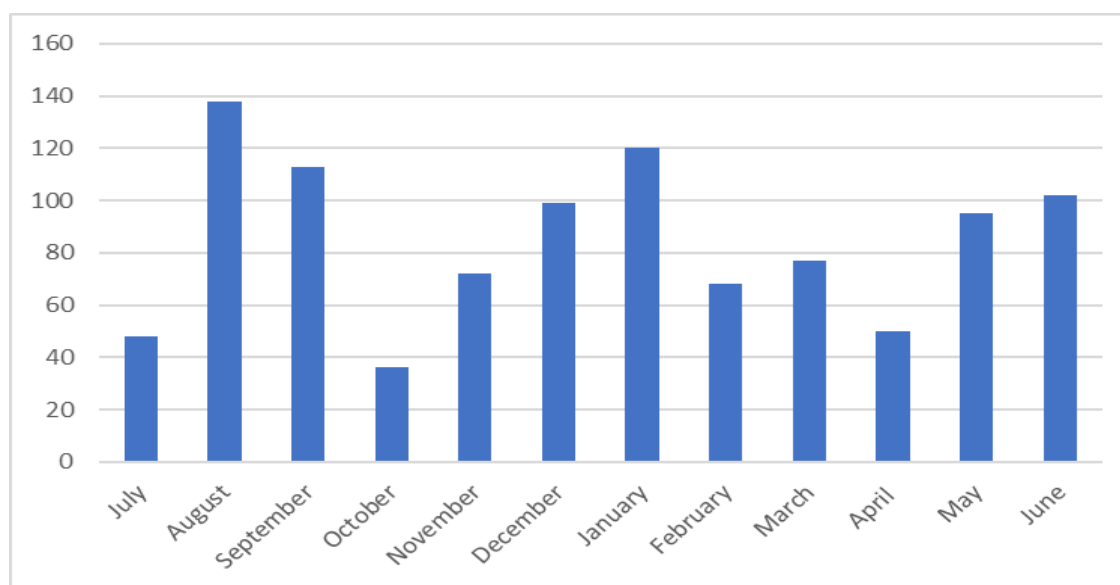
176,640 patients had their blood pressure measured surpassing the program's target of 155,346 individuals. Among those screened, 7.4% (13,063) were found to have elevated blood pressure (BP). 3.5% (6,112) of all patients screened were diagnosed with hypertension and received treatment. On average, 1,220 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:

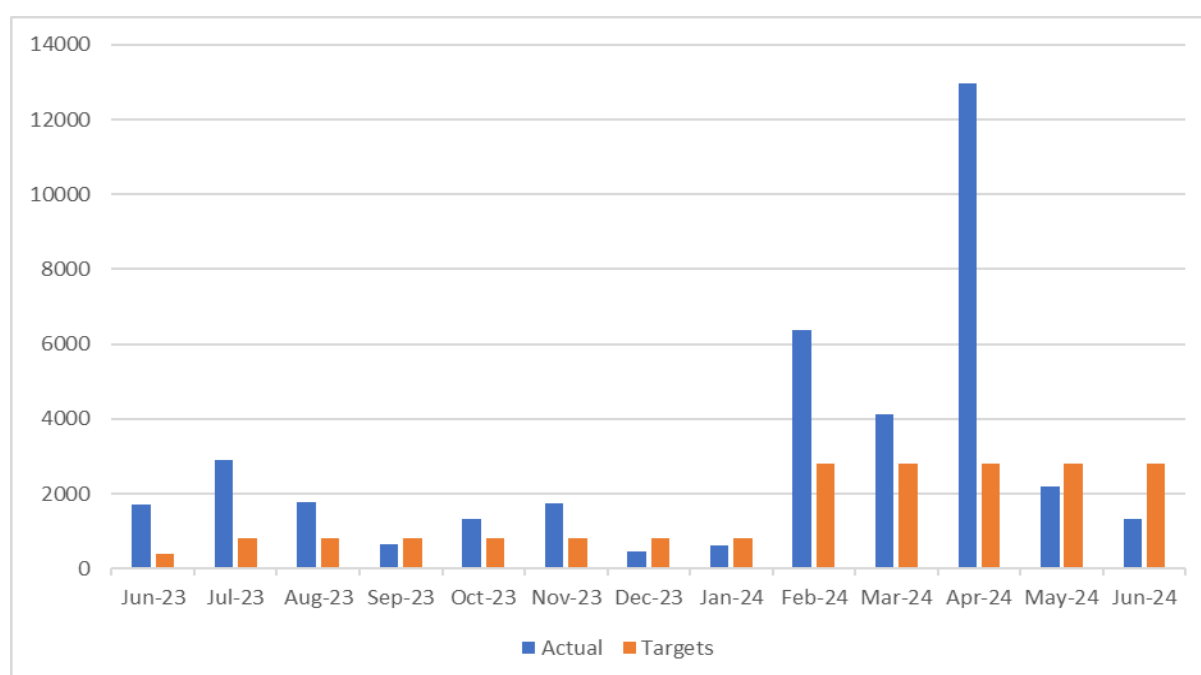
- Introduction to the concept of mental health
- Common mental disorders
- risk and protective factors
- Self-care
- Promote positive health-seeking behaviour

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

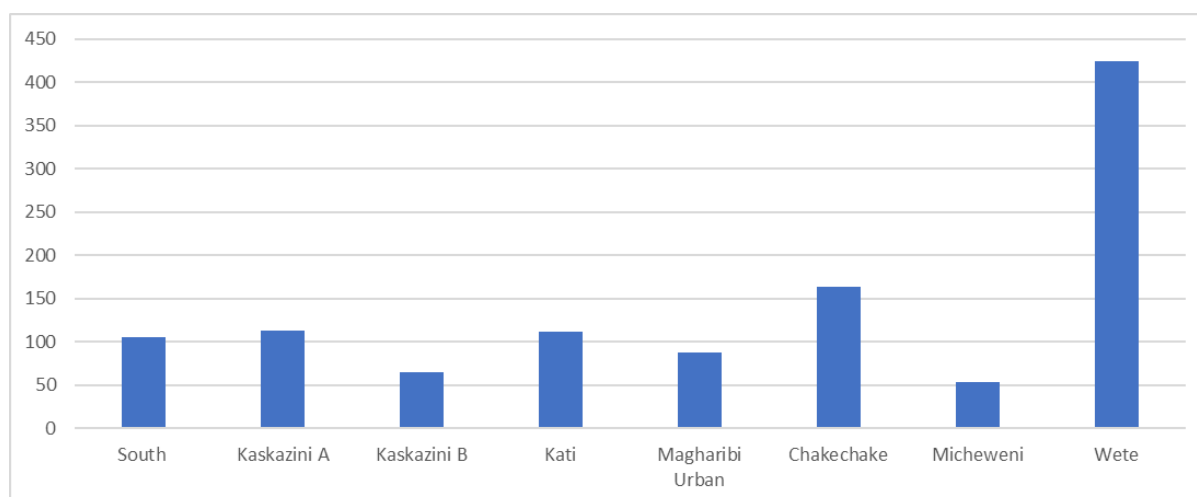
We delivered problem solving therapy delivered by trained Community Health Workers across Zanzibar. This year, 2,734 community-based mental health sessions were conducted in Unguja and Pemba. A total of 170 CHWs received refresher training and were provided with regular support and mentorship from their 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 10<sup>th</sup> December 2024 and signed on its behalf by:

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

Dr Ruairaidh 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

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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 12<sup>th</sup> 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 £
<b>Income</b>							
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
<b>Total income</b>		<b>91,355</b>	<b>902,684</b>	<b>994,039</b>	<b>125,567</b>	<b>772,691</b>	<b>898,258</b>
<b>Expenditure</b>							
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
<b>Total expenditure</b>		<b>85,755</b>	<b>947,650</b>	<b>1,033,405</b>	<b>169,601</b>	<b>709,914</b>	<b>879,515</b>
<b>Net income/ - expenditure</b>		<b>5,600</b>	<b>- 44,966</b>	<b>- 39,366</b>	<b>- 44,034</b>	<b>62,777</b>	<b>18,743</b>
<b>Transfers between funds</b>		<b>905</b>	<b>- 905</b>	<b>-</b>	<b>702</b>	<b>- 702</b>	<b>-</b>
<b>Net movement in funds</b>		<b>6,505</b>	<b>- 45,871</b>	<b>- 39,366</b>	<b>- 43,332</b>	<b>62,075</b>	<b>18,743</b>
<b>Reconciliation of funds:</b>							
Total funds brought forward		21,841	111,733	133,574	65,173	49,658	114,831
<b>Total funds carried forward</b>		<b>28,346</b>	<b>65,862</b>	<b>94,208</b>	<b>21,841</b>	<b>111,733</b>	<b>133,574</b>

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

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 10<sup>th</sup> December 2024. and are signed on their behalf by Dr Ruairidh MacDonagh, Chairman and Trustee.

*R MacDonagh*  
Trustee:

*R MacDonagh*

## 5 Statement of Cash Flows

FOR THE PERIOD ENDED 30 JUNE 2024

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	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

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## 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
	£	£	£
<b>Cost</b>			
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>
<b>Depreciation</b>			
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>
<b>Net book value</b>			
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
	£	£	£	£	£
<b>Restricted funds</b>					
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)

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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 opthalmic 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
	£	£	£	£	£
<b>Restricted funds</b>					
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 £
<b>Income</b>							
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
<b>Total income</b>		<u>125,567</u>	<u>772,691</u>	<u>898,258</u>	<u>102,240</u>	<u>398,415</u>	<u>500,655</u>
<b>Expenditure</b>							
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
<b>Total expenditure</b>		<u>169,601</u>	<u>709,914</u>	<u>879,515</u>	<u>148,999</u>	<u>371,274</u>	<u>520,273</u>
<b>Net income/ - expenditure</b>		- 44,034	62,777	18,743	- 46,759	27,141	- 19,618
<b>Transfers between funds</b>		702	- 702	-	22,806	- 22,806	-
<b>Net movement in funds</b>		- 43,332	62,075	18,743	- 23,953	4,335	- 19,618
<b>Reconciliation of funds:</b>							
Total funds brought forward		65,173	49,658	114,831	89,126	45,323	134,449
<b>Total funds carried forward</b>		<u>21,841</u>	<u>111,733</u>	<u>133,574</u>	<u>65,173</u>	<u>49,658</u>	<u>114,831</u>