



**HEALTH
IMPROVEMENT
PROJECT
ZANZIBAR**
in the business of saving lives

**Health Improvement Project Zanzibar
Report and Financial Statements
For the Year Ending 31 March 2020**

**Charity number 1171687
Company number 10168369**

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

**Financial Statements
For the year ending 31 March 2020**

Contents	Page
Legal and administrative information	3
Report of the Board of Directors	4
Statement of financial activities	14
Balance sheet	15
Notes forming part of the financial statements	16

Health Improvement Project Zanzibar

Report of the Board of Directors for the year ending 31 March 2020

The Board of Directors presents its directors' and trustees' report and audited financial statements for the year ending 31 March 2020.

Reference and Administrative Information

Charity Name: 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: Ru MacDonagh

Treasurer: Mike Spencer Chapman

Secretary: Caitlin Farrow

Nick Campain

Susie Moore

Jon Rees

Laura Cunningham

Project team

UK Operations and Development Director (UK): Jess Price

Co-ordinator (UK): Melanie Cousins

Accountant (UK): Richard Hills

Programme Director (Zanzibar): Simon Kuhnert

Clinical Director (Zanzibar): Jabir James Ayindo

Finance Manager (Zanzibar): Zainab Ahmed Yussuf

Partnerships Advisor (Zanzibar): Pamela Allard

External Accountants

SPX Oxford Ltd

Peace House

19 Paradise Street

Oxford

OX1 1LD

Bank

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

Our aims and objectives

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

The trustees of HIPZ include UK doctors who have worked in Africa, along with professionals with other relevant experience including from the pharmaceutical, marketing and finance sectors. In partnership with the Zanzibar Ministry of Health, HIPZ strengthens the management and development of two rural Government hospitals - Kivunge Hospital (72 beds) in the north of Zanzibar and Makunduchi Hospital (42 beds) in the south.

Mission: In the business of saving lives

Vision: To make sustainable improvements to healthcare provision in Zanzibar

Principles of how we work:

- A whole hospital approach
- Sustainability and long-term solutions
- Working with local staff, including training and empowering them
- Working in partnership with the Zanzibar Government

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 in place with the Ministry of Health, 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. HIPZ provides volunteer doctors, local management, renovations, procurement of equipment and medical supplies, and clinical guidance and training. A fundamental part of our model is long-term clinical and financial sustainability so everything we do has sustainability at its heart.

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

Infant mortality: 45/1,000 live births

Neonatal mortality: 28/1,000 live births

Maternal mortality: 3/1,000 live births

The World Health Organisation (WHO) recommends the ratio of at least one doctor to every 10,000 people in developing 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.

The health sector has been allocated TSh 93,253,000,000 in the financial year 2018/19. This equates to \$31 per capita according to population counted in the 2012 census. The WHO recommends a per capita expenditure of at least \$60. UNICEF found that inadequate funding of health centres led to a decline in the quality of healthcare and an increase in patients paying for healthcare either in formal or informal settings. 21% of household expenditure in Zanzibar goes towards healthcare costs.

Sustainability

Our biggest challenge is to ensure that our work is sustainable and that the impact we have in Zanzibar can in the future continue without the need of HIPZ services. Every day the work that HIPZ carries out saves the lives of individual patients in Zanzibar, however we need to continue to make structural changes that will last. We achieve those structural changes by working in close partnership with the Revolutionary Government of Zanzibar. We have signed a Memorandum of Understanding with the Ministry of Health pertaining 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 improving the health care services on the islands.

Ensuring our work delivers our aims

We have made significant progress to our monitoring, evaluation and learning processes. We have introduced uniform processes across our programme work to ensure that each area of our work has clear and defined outcomes, outputs, activities and indicators that provide a clear picture of progress made towards our aims.

We have introduced new Clinical Improvement Groups (CIGs) which have empowered the local staff in the hospitals to improve and track service delivery in their own departments. By working with the staff in the hospital, together with the Hospital Management Teams we have been able to clearly identify areas of progress, and other areas that require more focus.

The audit in Zanzibar provided us with a clear set of actions that helped to improve our financial and operational working practices. As a result, we embarked on a project to improve these areas and we enlisted the support of Accountants for International Development (AFiD) for their support.

The focus of our work

We work with all residents of Zanzibar in the catchment area of the two hospitals - around 350,000 people. Our work is based on improving the whole hospital rather than focusing on one disease or one group of patients. It means that improvements will have multiple benefits across different patient groups. At the same time, we deliver evidence based interventions projects looking at the conditions we find to be most problematic on the ground. As a result we started to decentralize mental health care services and introduced a more recovery-oriented model of mental health in the North and South Districts of Unguja.

Performance and Achievements

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

When HIPZ began working in Zanzibar, both hospitals were seriously dilapidated, with little in the way of clinical staff or management. Outpatient services were disorganised, and the in-patient bed occupancy was very low. The local population previously had little access to healthcare. HIPZ has renovated and equipped the two hospitals. There are now dedicated Maternity Units and operating theatres with basic surgical services, a new purpose-built Primary Health Care Unit at each hospital, hospital managers, trained local staff, and public health education taking place in the community. Together with the Ministry of Health HIPZ is now providing healthcare and clinical services to around 350,000 people served by the two hospitals.

The populations around our hospitals have reduced access to basic services compared to the urban population near Zanzibar 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).

Key achievements

Thanks to good collaboration with the Ministry of Health Zanzibar and the generous support of our donors and volunteers we have been able to make big strides in serving the Zanzibari people during 2019/20.

We renovated and refurbished Makunduchi Hospital. We extended the female ward and doubled the bed capacity for female inpatients. We built a new C-PAC ward and strengthened the infection control and prevention as well as waste management at the hospital by constructing a new incinerator, providing critical training and equipment.

In Kivunge, we focused on improving the diagnostic capabilities by renting a fully automated clinical biochemistry analyzer and purchasing the necessary reagents as well as an echo-probe to diagnose heart diseases.

Malnutrition has continued to be a clinical focus at both hospitals, and we have supported the malnutrition clinics in both hospitals substantially.

We have been building the capacity of the hospitals in terms of human resources, building expertise, improving management structures, communication, leadership, work culture. In order to strengthen the clinical capacity of the hospitals HIPZ has placed 10 medical doctors and 4 nurses in the hospital offering on-job training, formalized training and leading the clinical improvement groups. HIPZ Clinical Operations Director is consulting the hospital teams to increase their clinical, administrative and management capacity.

A main focus of our work was to improve quality of community health care for patients with mental illness, improve access to mental health services and improved awareness of mental illness. We have made huge strides by training hospital and PHCU+ cadres in mhGAP, introducing Dawati Rafiki – a problem solving therapy - by training 100 community health workers and providing ongoing monthly supportive supervision. Now, we made community based mental health services available in all Shehias of North A and South District. Further we have been raising awareness through Sheha meetings, school outreaches and radio health talks. We continued our collaboration with traditional healers and strengthened the referral system from traditional healers to the mental health clinics.

We offered technical assistance to the Ministry of Health to plan the transition into a newly built maternity wing at Kivunge Hospital with a bed capacity of 130 beds.

Sustainability of our charity

We are thrilled that this year our income raised £276,417 thanks to fundraising efforts. We incurred £297,949 of expenditure, resulting in a deficit of £21,532 for the year. The reserves at the year end were £113,812 in total, of which £75,348 were unrestricted.

We have a mixed funding portfolio – from the generous individuals who collectively gave us over £50,000 to support from Comic Relief and multiple trusts and foundations. At the end of the financial year the impact of coronavirus was beginning to be felt which led to a renewed fundraising strategy being implemented at the end of this reporting period.

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 evaluation 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. Improving maternal and newborn health in the North and South of Unguja by building the capacity of the local staff. We also continue with our effort to decentralize services and implement a recovery-oriented model of mental health in Zanzibar. We have initiated local clinical improvement groups composed of local doctors and nurses who will spearhead the quality improvement in their respective clinical areas. The approach is the logical continuation of our underlying principles and will place quality improvement firmly within the hospitals.

Structure, Governance and Management

Although we are a small charity, we take our financial and governance responsibilities very 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 in the UK, as well as a Finance Manager and a Programme Director who oversees our finances in Zanzibar. In the UK we have a new 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. The trustees do not charge for their services. Our board of trustees scrutinises our finances at quarterly meetings and discusses the risks to the charity via our risk register.

Governing Document

The charity is controlled by its governing document, our articles of association, 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, 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 31 March 2020..

Recruitment to the board of trustees is skills-based, and we regularly review the skills and experience we have represented on the board. 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 events, fundraising or planning. Clinical trustees act as mentors to the volunteer clinicians working in Zanzibar.

Risk Management

HIPZ defines a risk as something that could impact the charity, our staff, patients or delivery of charitable purpose, but it is not certain that it will happen. Risk management is any activity undertaken to identify and then control the level of risk.

It is vital for us to manage risks in order to meet our objectives and ensure we do no harm. Importantly, HIPZ is a small but complex charity with the bulk of our work carried out in a high-risk environment in Zanzibar. As such it becomes even more important for the charity, and the trustees in the UK in particular, to have a strong sense of the risks we face and work towards mitigation.

HIPZ recognises that risk management is essential to our work and has developed a risk management process which is designed to ensure:

- the identification, assessment and management of risk is linked to the achievement of the charity's objectives;
- all areas of risk are covered - fiduciary, safeguarding, context, delivery, operational and reputational
- a risk exposure profile can be created that reflects the trustees' views as to what levels of risk are acceptable;
- the principal results of risk identification, evaluation and management are reviewed and considered;
- risk management is ongoing and embedded in management and operational procedures.

Part of our Standard Operations Procedures is using the Logical Framework Approach including a risk assessment, mitigation and control for each project. In addition we operate an organisation wide risk register. This register is a 'living document' and is our main tool for risk management. We recognise that new risks will appear and other risks will become less or more severe or may disappear over time. Thus, risk management is a continuous process within HIPZ. We assign a risk owner to each risk who is responsible for overseeing and managing the risk. The Risk Register is reviewed monthly by the Finance, Audit and Governance Committee and Quarterly by the Trustees or whenever a risk is escalated to them.

Financial Review

As with many charities, it has been a challenging year for raising the funds required to continue our vital work in Zanzibar. We were delighted to welcome a new member of staff to lead our fundraising in November 2019 and will help further develop our fundraising strategy.

Principal Funding Sources

Our principal sources of funding were: grants from trusts and other bodies; individual donations; corporate donations and fundraising events.

Investment Policy

The charity does not have any investments.

Reserves Policy

Reserves are that part of a charity's unrestricted funds that is freely available to spend on any of the charity's purposes. HIPZ maintains free unrestricted reserves of at least 6 months.

- to provide a level of working capital that protects the continuity of our core work
- to provide a level of funding for unexpected opportunities
- to provide cover and to fulfil ongoing obligations such as staff salaries etc. and for risks such as unforeseen expenditure or unanticipated loss of income.

Auditors

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

This report has been prepared in accordance with the-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 27.01.21 and signed on its behalf by:



Caitlin Farrow
Trustee

INDEPENDENT EXAMINER'S REPORT TO THE MEMBERS OF HIPZ (HEALTH IMPROVEMENT PROJECT ZANZIBAR)

FOR THE YEAR ENDED 31 MARCH 2020

I report to the charity trustees on my examination of the accounts of the Company for the year ended 31 March 2020, which are set out in pages 7-16.

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 year 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).

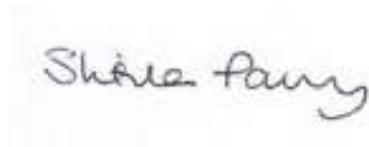
INDEPENDENT EXAMINER'S STATEMENT

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 January 2021.....

STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 MARCH 2020

	Note	Unrestricted £	Restricted £	Total 2020 £	Unrestricted £	Restricted £	Total 2019 £
Income							
Donations and legacies	3	173,252	97,626	270,878	28,561	128,596	157,157
Charitable activities	4	4,400	-	4,400	12,000	-	12,000
Other trading activities	5	1,072	-	1,072	68,697	8,996	77,693
Investments		67	-	67	23	-	23
Total incoming resources		178,791	97,626	276,417	109,281	137,592	246,873
Expenditure							
Fundraising costs	6	40,666	2,525	43,191	9,934	7,197	17,131
Charitable activities	7	135,696	119,062	254,758	122,958	74,402	197,360
Total resources expended		176,362	121,587	297,949	132,892	81,599	214,491
Net income/ - expenditure		2,429	- 23,961	- 21,532	- 23,611	55,993	32,382
Transfers between funds		14,215	- 14,215	-	3,180	- 3,180	-
Net movement in funds		16,644	- 38,176	- 21,532	- 20,431	52,813	32,382
Reconciliation of funds:							
Total funds brought forward		58,704	76,640	135,344	79,135	23,827	102,962
Total funds carried forward		75,348	38,464	113,812	58,704	76,640	135,344

The Statement of Financial Activities includes all gains and losses in the year 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 23 form part of these financial statements.

**BALANCE SHEET
AS AT 31 MARCH 2020**

	Note	2020 £	2020 £	2019 £	2019 £
Tangible fixed assets	9		5,750		7,742
Current assets					
Debtors	10	4,061		7,938	
Cash at bank and in hand		111,049		127,786	
		<u>115,110</u>		<u>135,724</u>	
Creditors: amounts falling due within one year	11	<u>- 7,048</u>		<u>- 8,122</u>	
Net current assets			<u>108,062</u>		<u>127,602</u>
Net assets			<u>113,812</u>		<u>135,344</u>
Funds					
Restricted funds	12		38,464		76,640
Unrestricted funds general	13		75,348		58,704
Designated			-		-
Total charity funds			<u>113,812</u>		<u>135,344</u>

For the year ended 31 March 2020 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 year 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 28.01.21 and are signed on their behalf by:



Caitlin Farrow
Trustee

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

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 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 as follows:

Motor vehicles – 20% straight line

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.

Taxation

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

**NOTES TO THE ACCOUNTS
FOR THE YEAR ENDED 31 MARCH 2020 (continued)**

3. DONATIONS AND LEGACIES

	Unrestricted	Restricted	2020	2019
	£	£	£	£
Individual Giving	28,001	-	28,001	15,639
Corporate	17,395	-	17,395	12,392
Major Donors	22,503	-	22,503	-
Statutory	-	50,913	50,913	49,065
Community and events	11,103	-	11,103	32,476
Trusts and Foundations	94,250	46,713	140,963	125,278
	<u>173,252</u>	<u>97,626</u>	<u>270,878</u>	<u>234,850</u>

4. INCOME FROM CHARITABLE ACTIVITIES

	Unrestricted	Restricted	2020	2019
	£	£	£	£
Electives	4,400	-	4,400	12,000
	<u>4,400</u>	<u>-</u>	<u>4,400</u>	<u>12,000</u>

5. OTHER TRADING ACTIVITIES

	Unrestricted	Restricted	2020	2019
	£	£	£	£
Other trading income	1,072	-	1,072	698
Lemos fundraising support income	-	-	-	44,996
Taunton event	-	-	-	24,391
Other minor fundraising events	-	-	-	7,608
	<u>1,072</u>	<u>-</u>	<u>1,072</u>	<u>77,693</u>

**NOTES TO THE ACCOUNTS
FOR THE YEAR ENDED 31 MARCH 2020 (continued)**

6. FUNDRAISING COSTS

	Unrestricted	Restricted	2020	2019
	£	£	£	£
Third Party Fundraiser costs	-	-	-	7,197
Taunton event	-	-	-	9,213
Just Giving admin	216	-	216	360
Fundraiser salaries	30,017	-	30,017	-
Fundraiser recruitment cost	6,000	-	6,000	-
Contracted fundraising services	-	1,799	1,799	-
Other fundraising costs	4,433	725	5,158	361
	40,666	2,524	43,191	17,131

7. EXPENDITURE ON CHARITABLE ACTIVITIES

	Unrestricted	Restricted	2020	2019
	£	£	£	£
Operational costs				
Capacity building and quality improvement	79,260	53,890	133,150	87,328
Equipment and consumables	10,146	5,597	15,743	93,060
Infrastructure Development	4,427	33,630	38,057	6,526
Pharmaceuticals	428	5,550	5,978	-
Policy advocacy / government liaison	13,919	-	13,919	-
Preventive Services	134	17,295	17,429	-
Administration	25,176	3,100	28,276	24,576
Depreciation	2,589	-	2,589	3,001
Exchange rate differences	- 383	-	- 383	-
	135,696	119,062	254,758	214,491

**NOTES TO THE ACCOUNTS
FOR THE YEAR ENDED 31 MARCH 2020 (continued)**

8. STAFF COSTS

	2020	2019
	£	£
Wages and salaries	88,832	50,078
Social security costs	36,358	7,144
Staff travel and subsistence	3,672	3,611
	<u>128,862</u>	<u>60,833</u>

	2020	2019
Hospital	4	5
Fundraising	2	-
Programme Management and admin	4	5
Total	<u>10</u>	<u>10</u>

No employee received benefits exceeding £60,000

9. TANGIBLE FIXED ASSETS

	Motor vehicles
	£
Cost	
Cost at 1 April 2019	15,798
Additions	-
Exchange rate adjustment	- 1,392
At 31 March 2020	<u>14,406</u>
Depreciation	
At 1 April 2019	8,056
Charge for the period	2,589
Exchange rate adjustment	- 1,987
At 31 March 2020	<u>8,656</u>
Net book value	
At 31 March 2020	<u>5,750</u>
At 31 March 2019	<u>7,742</u>

**NOTES TO THE ACCOUNTS
FOR THE YEAR ENDED 31 MARCH 2020 (continued)**

10. DEBTORS

	2020	2019
	£	£
Staff loans	2,605	5,713
Prepayments	1,456	2,225
	<u>4,061</u>	<u>7,938</u>

11. CREDITORS

	2020	2019
	£	£
Accruals	7,049	8,122
	<u>7,049</u>	<u>8,122</u>

12. RESTRICTED INCOME FUNDS

	Balance at 31 March 2019	Income	Expenditure	Transfer to / - from unrestricted funds	Balance at 31 March 2020
	£	£	£	£	£
Restricted funds					
ZIDO - Volunteer Support	12,017	3,888	- 16,230	325	-
ZIDO - Biochemistry machine	-	7,795	- 6,687	- 19	1,089
ZIDO - Other Smaller Projects	16,904	3,888	- 10,246	- 1,796	8,750
Rotary Global Grant (Makunduchi)	50	12,853	- 14,703	34	- 1,766
Rotary Zanzibar	7,537	13,392	- 23,464	2,535	-
FMS - Paediatric Burns project	4,106	4,897	- 1,298	- 7,705	-
Comic Relief	30,997	50,913	- 47,160	- 4,360	30,390
Lemos Fundraising support	1,799	-	- 1,799	-	-
Other funds	3,230	-	-	- 3,230	-
	<u>76,640</u>	<u>97,626</u>	<u>- 121,587</u>	<u>- 14,215</u>	<u>38,463</u>

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 Volunteer Support.** ZIDO has supported the HIPZ Medics Programme (Volunteers) which aims at building the capacity of local clinicians through on-job training, in-house seminars and knowledge exchange between international doctors and nurses. ZIDO enabled HIPZ to host international volunteers and place them at Kivunge and Makunduchi District Hospitals.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020 (continued)

- **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.
- **Rotary Zanzibar.** The Rotary Club of Zanzibar is supporting HIPZ in strengthening the service delivery at Makunduchi District Hospital by implementing infection prevention and control projects, construction of new wards and improving the general infrastructure of the hospital.

FMS is short for *Festival Medical Services* is a UK based charity with the vision to provide best possible medical care at UK events and health-related charities making a difference around the world.

FMS Paediatric Burns. FMS is supporting us to improve the treatment of paediatric burns in Kivunge and Makunduchi District Hospital.

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.

**NOTES TO THE ACCOUNTS
FOR THE YEAR ENDED 31 MARCH 2020 (continued)**

13. UNRESTRICTED INCOME FUNDS

	Balance at 31 March 2019	Income	Expenditure	Transfer (to) / from unrestricted funds	Balance at 31 March 2020
Unrestricted funds	£				£
General unrestricted funds	58,704	178,791	- 176,362	14,215	75,348
	<u>58,704</u>	<u>178,791</u>	<u>- 176,362</u>	<u>14,215</u>	<u>75,348</u>

There are some small funds that had previously been treated as restricted are now considered either to be complete or as unrestricted. The balances on these funds have been transferred to unrestricted funds at the end of 2019-20.

14. ANALYSIS OF FUNDS BY ASSET TYPE

	Restricted	Unrestricted	Total cost
	£	£	£
Fixed assets	-	5,750	5,750
Net current assets	38,464	69,598	108,062
	<u>38,464</u>	<u>75,348</u>	<u>113,812</u>

**NOTES TO THE ACCOUNTS
FOR THE YEAR ENDED 31 MARCH 2020 (continued)**

**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.