



**HEALTH  
IMPROVEMENT  
PROJECT  
ZANZIBAR**

in the business of saving lives



# **HIPZ**

## **Annual Review 2012**

[www.hipz.org.uk](http://www.hipz.org.uk)

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Our aims

Health Improvement Project Zanzibar (HIPZ) is a UK-based charity which partners with the Ministry of Health and Social Welfare in Zanzibar. Our goal is to relieve sickness and improve the health of the people in Zanzibar. We are achieving this through the development of high quality, accessible and trusted hospitals and primary healthcare units, with clinical services available to everyone in the areas served by Kivunge and Makunduchi Cottage Hospitals - in the region of 250,000 people. This is just under a quarter of the total population of Zanzibar. From this we will develop a model of healthcare provision which can be replicated and sustained. An intrinsic part of the model is long-term financial and clinical sustainability and ultimately a return to full Zanzibari delivered services, once the necessary capacity, skill base and resources have been established and secured.

Chairman's Review of 2012

2012 has been a particularly eventful year for HIPZ having been requested by the Government of Zanzibar to take on the challenge of transforming a second, much larger hospital at Kivunge, in addition to further developing our 'flagship' hospital at Makunduchi. Kivunge Hospital was extremely poorly functioning and dilapidated – there had been no management for over thirty years, and it presented HIPZ with a much greater task than we had experienced previously. We had overwhelming hurdles ahead, and even we were slightly daunted by the challenge, despite the confidence gained by our achievements at Makunduchi. But we have followed a structured plan and looking back on 2012, we have amazed ourselves at the advances made so far in such a short space of time.

The details of the challenges and of progress are outlined later in this report, but much of the headway has been through the new and key

appointments of a Project Manager and Hospital Manager in Zanzibar, and a part-time Administrator in the UK. This is a major development for HIPZ and these individuals are now able to support the trustees, the volunteer doctors and health professionals to free them up to focus upon the vital task of developing the clinical services. The work and achievements of HIPZ in its first five years has been undertaken entirely through the effort of volunteers, by harnessing the dedicated services and support of medical professionals, who combine their voluntary commitment to HIPZ with their medical careers in the UK. We could not function without them and I salute their efforts.

The achievements of 2012 represent an enormous amount of effort in overcoming various challenges. Simply listing them in the report makes it appear as though it happens easily - it doesn't! However, we are inspired and encouraged by the progress made in 2012 and energised to continue. Our initial focus at Kivunge is to improve the services in maternal, newborn and infant health, and other clinical areas will follow. As with Makunduchi Hospital, the ultimate aim is a return to full Zanzibari delivered services.

We are a small charity with a high impact. The transformation of the facilities and clinical provision at Makunduchi and Kivunge have been achieved on a shoestring, but inevitably running and developing two hospitals will require more money than before and we are actively seeking funding. We trust that our record of achievement so far will encourage support. Finally, I would like to extend my personal thanks to all who have supported HIPZ in 2012 either through voluntary effort or financially.



Dr Ru MacDonagh  
Founder and Chair of HIPZ

History of HIPZ

HIPZ (Health Improvement Project Zanzibar) is a UK-registered charity established in 2006 by Dr Ru MacDonagh, a consultant surgeon based in the UK. Having worked for many years in Zanzibar and Tanzania, Ru has developed strong links in Zanzibar with both the Health Sector and the Government. It was an approach for assistance from Dr Jiddawi, Principal Secretary to the Minister of Health, in 2006 that lead to the creation of HIPZ. After many months of planning, a Memorandum of Understanding was signed in 2007 leasing Makunduchi Hospital to HIPZ for ten years, with the explicit aim that HIPZ should improve the provision of healthcare in a hospital that was desperately inadequate. **As far as HIPZ can establish, the arrangement, whereby a government leases the running of a hospital to an NGO for a protracted period, and with the explicit aim of improving services, is unique.**

Since that time HIPZ has brought about a very significant improvement in the provision of healthcare. HIPZ has redeveloped the facilities and provided equipment, has established hospital management, improved staff morale by providing training and improved housing, and performed public health education in the community. The hospital at Makunduchi now boasts a newly

Health needs and provision in Zanzibar

Despite the idyllic setting, Zanzibar is one of the poorest countries in the world with one of the lowest doctor to population ratios. Provision of medical care is very basic, particularly in rural areas where people have limited access to good quality healthcare, and the supply of drugs and medical tests is inadequate. There are very few doctors who have been trained with a formal medical degree as we would recognise in the UK. Life expectancy in Zanzibar is 49 years, and 1 in 7 children die aged less than 7 years of age - the majority are under 2 years old. The greatest burden is preventable diseases, for example malaria, pneumonia, diarrhoea, measles and hypertension. A recent survey has shown that as many as 1 in 4 Zanzibari adults has hypertension, most of which is undiagnosed and untreated, resulting in cardiovascular complications. In addition, there is a poor transport infrastructure, and frequent and prolonged power failures.

Prior to 2007, when HIPZ became involved, Makunduchi Hospital did not have a doctor employed as a regular member of staff. The hospital buildings were seriously dilapidated and there was not even the capacity to do simple procedures such as Plaster of Paris for fractures.

built Primary Health Care Unit, a comprehensive emergency obstetric service, including the provision of Caesarean Sections, an upgraded operating theatre providing basic emergency and elected surgery, an ultrasound service, free ambulance pick-up service for pregnant women, an upgraded laboratory, and strong links with the community – to name just a few of the developments.

The progress made by HIPZ in the first five years at Makunduchi has resulted in the President of Zanzibar requesting an additional ten year partnership for Kivunge Hospital commencing in 2012.



Maternity Unit and birthing chair prior to HIPZ's involvement at Makunduchi Hospital



The state of the wards at Kivunge

Outpatient services were disorganised, and the in-patient bed occupancy was very low indeed. There was no access to blood transfusions or caesarean section, and there was a general lack of medical equipment and medication. In addition to the lack of doctors, the existing staff were minimally trained with no senior support and were frequently overworked and suffered from low morale. There was no hospital manager and without good management the hospital had become increasingly ineffective and poor practice had been perpetuated. Women were reluctant to give birth in the hospital and this contributed to the high child and mother mortality rates. In effect the 100,000 population had little or no access to healthcare. **That was the challenge that HIPZ faced. However, the situation is far different now.**



## HIPZ progress at Makunduchi

Makunduchi Hospital provides most of the primary and secondary healthcare services for the local population in the south of the island - approximately 100,000 people. Our first task was to renovate and equip the dilapidated hospital, and train the staff in Makunduchi. HIPZ has made great progress, even more remarkable as our budget has been very limited. There is now capacity for around 35 inpatient beds for acute medical and surgical admissions, as well as a dedicated obstetric unit.

In 2007 we appointed Zainab Othman to the role of Hospital Manager, funding her salary. Zainab is a highly respected nurse/midwife who was born near Makunduchi and had worked previously for Save the Children.

### Since 2006 we have:

- Built a Primary Health Care Unit which sees over 3000 patients per month
- Trained a surgeon, two anaesthetic officers, a theatre nurse, two ultrasonographers and a dental officer
- Created a new purpose-built Maternity Unit, which now delivers around 80 babies per month, a 100% increase on historical figures
- Established a comprehensive obstetric service including provision for Caesarean sections, and a free Ambulance service to collect women in labour
- Reduced maternal death in the South District of Zanzibar
- Renovated and equipped the Operating Theatre to enable surgery to take place on a weekly basis, including Caesareans
- Established a blood transfusion service
- Introduced a 'maternity telephone' so pregnant women in the community can contact the hospital midwives for advice
- Improved the laboratory and set up an ultrasound service
- Helped establish a bus service so that people from remote villages can reach the hospital
- Renovated the hospital wards and improved inpatient care
- Revolutionised dental services
- Provided education in schools about public health, dental hygiene, family planning
- Collected clinical data

Most importantly the hospital now has the confidence of the local people, and the bed occupancy rate has risen significantly. The staff have become enthusiastic and professional in the ways of running the hospital. The impact on the community has been profound. From being a hospital that was once shunned by the local population, Makunduchi is now considered to be the 'best hospital' in Zanzibar, with comments in the Senate to that effect, and patients are now travelling from further afield to seek healthcare.

Core and integral to the developments at Makunduchi has been the training of local medical personnel. This is vital as HIPZ is building in sustainability within the hospital infrastructure for the time, a few years hence, when HIPZ will be able to hand over the professional running of the hospitals to local, qualified and trained staff.



Mother and baby safe and sound in the renovated Maternity ward at Makunduchi

There is still much to do at Makunduchi to build upon this progress, for example we are focusing upon developing a pharmacy, regularising the supply of drugs, and aiming to treat and reduce the high incidence of hypertension. Whilst the first stage of the renovation of Makunduchi Hospital is now complete the running, support and further development projects are ongoing. We aim to maintain the high standards of healthcare now set at Makunduchi Hospital, and which has become the model of healthcare to aspire to for Kivunge Hospital.

## The challenges of Kivunge Hospital

As a direct result of the transformations made at Makunduchi Hospital, the President of Zanzibar requested that HIPZ take charge of a larger and even more challenging hospital at Kivunge, in the north of the island. This will mean that HIPZ will be delivering healthcare in total to approximately 250,000 people, and in areas which formerly had very little healthcare provision. This new project started in April 2012 and, as with Makunduchi, there will be an initial focus upon improving the maternity care.

There are many challenges at Kivunge where there has been no hospital management for over 30 years. We found that the hospital had no doctors, or nurse anaesthetist, or any medical staff qualified to do surgery, and no-one able to perform C-sections. There were no specialist trained staff to manage eye cases, critically-ill patients or premature babies. Clinical practice in general was very poor, with staff who were under-trained and with low morale.



How the wards looked before HIPZ

The general condition of the hospital buildings was very poor. Wards were run down with no running water supply and the beds were in a dilapidated state of repair, many being rusted away, with unhygienic mattresses. There was no fit-for-purpose Primary Health Care Unit, leaving the hospital congested and chaotic. The drugs supply is unreliable, and the laboratory often runs out of reagent, agar plates and throat swabs. There are a restricted number of tests available for patients and there is a general lack of all kinds of equipment: dressings, forceps and blood pressure machines.

Many services are yet to be developed - ultrasound, ambulance service for pregnant women, physiotherapy service, and there is a need to implement financial, IT and management

systems, all of which were lacking when HIPZ took over. In addition the 12 staff houses were in a terrible state of repair and not fit for habitation.



Sorting out the old beds

So we had an overwhelming task ahead, and even we were slightly daunted by the challenge, despite the confidence gained by our achievements at Makunduchi. However, we have a detailed plan and are already making progress with the transformation of Kivunge Hospital.

Our first priority was to appoint a Zanzibari Hospital Manager, Shamsa Toun, following on from the successful model established at Makunduchi. We were then fortunate to have two remarkable individuals working for us at Kivunge - Dr Mike Spencer Chapman, who is the volunteer doctor tasked to establish good clinical practice in the most challenging of circumstances, and Caitlin Farrow, the Project Manager, who has overseen the building and redevelopment of the facilities, working alongside the Ministry of Health and local community. They prepared well by learning Swahili before they went out and the remarkable progress at Kivunge already taking place is testament to their dedication, skill and energy.



### Kivunge Hospital

Our first priority at Kivunge has been the refurbishment of staff accommodation, which started in October 2012 and is now virtually completed. The accommodation was in an uninhabitable state internally and so this was an essential task, not least to increase staff morale - which it has.

Vital repairs to hospital wards have also been underway and there is now running water supply in all wards - where before there was none at all. There are new mosquito nets and new mattress covers for the beds, and emergency lights have been fitted in the maternity unit – an essential, due to the frequent and prolonged power failures. HIPZ has acquired equipment including two new oxygen concentrators, an ultrasound machine, a dental X-ray machine, masks and tubing, stethoscopes, glucose meters, blood pressure machines and pulse oximeters. The exterior and grounds have been tidied up and the hospital looks more welcoming and professional.

Most importantly an Accident & Emergency room has been created in Kivunge and kitted out with essential equipment for treatment of very sick patients. This has already proved to be invaluable and life-saving.

The clinical practice at Kivunge is transforming. Daily ward-rounds have been instigated which means all patients are seen every day and properly

assessed, including 'vital signs' observations done daily by the nurses. None of this was happening before. Dr Mike Spencer Chapman has organised weekly teaching sessions with staff to cover key areas of concern. A whole raft of good clinical practice and systems have been introduced, along with relevant training, which has been received with enthusiasm by the local staff. Dr Ru MacDonagh, Dr Fi Cresswell and Dr Nick Campain have provided clinical and strategic guidance to the Zanzibar team. The A&E team from Taunton Hospital have conducted training on emergency medicine, with other training provided by specialist professional healthcare volunteers including sonographers and an orthopaedic technician who gave Plaster of Paris training. Computer lessons for the staff at Kivunge have started along with training in the telemedicine service. The first Zanzibari fully-trained doctor, Dr Yussuf, took up post at Kivunge in November 2012.

We are now working towards

- the introduction of a comprehensive obstetric service including provision for Caesarean sections, and a free Ambulance service to collect women in labour
- the building of a Primary Health Care Unit

Both these are to replicate the successful model already achieved at Makunduchi.



Kivunge staff houses in need of renovation



Renovated staff house

### Makunduchi Hospital

With Makunduchi Hospital functioning successfully and enjoying a well-deserved reputation, our priority was to maintain that and not become distracted by the enormous challenges presented by Kivunge. Despite the focus on Kivunge, progress and improvements continue at Makunduchi, as ever under the very capable management of Zainab Othman. Dr Chris Goes and Dr Angharad Pryce were the resident volunteer doctors during 2012 and they were able to advance clinical services and training.

Specialist outpatient services have now been established at Makunduchi for communicable and non-communicable diseases, such as hypertension, diabetes, mental health and cardiovascular diseases. Every in-patient has an observations and drugs chart. Caesarean sections continue to take place in cases of obstructed labour, and minor surgery also occurs regularly. The all-important renovation of staff accommodation at Makunduchi has been completed and wall-mounted blood pressure machines have been fitted to the wards and Primary Health Care Unit.

The essential training programme continues with radiographer Asha receiving further Ultrasound

training and she is now competent in obstetrics and gynaecology, so there is a fully functioning ultrasound service scanning over 100 patients per month. Clinical Officer Fatawi has been accepted on an Open University course which is to be funded by HIPZ. This is part of our forward succession planning for Makunduchi. All plans for Makunduchi are very much bound up in its future sustainability and the eventual handover to full Zanzibari delivered services - that aim underpins our strategy and our training provision.

However, despite Makunduchi 'running smoothly' there are still major advances to be made. We wish to develop the pharmacy services there, and in particular establish a regular and reliable supply of drugs. Another priority and challenge is to focus upon hypertension which is endemic in Zanzibar – in one in four of the population – and which has serious consequences for general health and well-being. Hypertension is a condition which can respond well to the correct treatment and is an area in which we would wish to make some significant progress in the future.

The new Primary Health Care Unit at Makunduchi Hospital





## How HIPZ works

### Volunteer doctors

Central to the HIPZ improvements in clinical services are the volunteer doctors from the UK. The UK volunteer doctors provide essential clinical expertise, training and support, as well as overseeing the general improvements to the infrastructure and the administration of the hospitals. At any one time HIPZ aims to have a volunteer UK-trained doctor based at both Makunduchi and Kivunge. They stay in Zanzibar for between 6 - 12 months. They are not paid, but HIPZ provides them with flights, basic accommodation, transport, fuel, an essential mobile phone, and a great deal of support and backup from HIPZ.



Assistant Medical Officer Amour operating at Makunduchi

### HIPZ Trustees

The work and achievements of HIPZ in its first five years has been undertaken entirely through the effort of volunteers, by harnessing the dedicated services and support of medical professionals, who combine their voluntary commitment to HIPZ with their medical careers in the UK. The team is very actively led by the Chair, Dr Ru MacDonagh, with direct involvement from the other clinician trustees, who each have a portfolio of lead responsibilities.

The remaining non-clinical trustees have individual responsibilities for finance, fundraising, governance and website management. The clinical trustees make regular visits to Zanzibar - time taken out of their own personal annual leave. This is to progress HIPZ plans, liaise with the Government and health officials, provide direct clinical services and training, and support the volunteer UK doctors who are based on the island.

### Visiting volunteer health professionals for training

Core to the developments at Makunduchi and Kivunge, is the education and training of the local medical staff. This is vital as HIPZ is building in sustainability within the hospital infrastructure for the time, a few years hence, when HIPZ will be able to hand over the professional running of the hospitals to local, qualified and trained staff. Since 2007 training has been given by visiting volunteer paediatricians, midwives, sonographers, specialists in tropical medicine, orthopaedic practitioners and many others.

### External training provision

Local clinical staff have also been encouraged and financially supported by HIPZ to further their professional education either in Zanzibar or on the African mainland. HIPZ has facilitated the training of an (Assistant Medical Officer) surgeon, two anaesthetic officers, a theatre nurse, two ultrasonographers, and a dental officer. In late 2012, a key member of the Makunduchi staff started a BSc with the Open University of Tanzania. This course is funded by HIPZ. Education and training also covers areas such as finances, management and IT.

## How HIPZ works

### Project Manager (Zanzibar)

The post of a Zanzibar based Project Manager was created in 2012 to work alongside the resident volunteer doctors and the General Hospital Managers. The Project Manager liaises with the Ministry of Health and Social Welfare and the local community, as well as with builders and suppliers – and just about everybody! Their central task is to progress the ambitious plans for Kivunge and Makunduchi, freeing up the volunteer doctor to focus upon clinical priorities, and also to keep tight financial control on HIPZ funds. The role is wide ranging and challenging, with never a dull moment. The impact of the Project Manager has already been impressive and will now be a core feature of the HIPZ model.

### Zanzibari collaboration and local engagement

HIPZ works collaboratively with the Ministry of Health and Social Welfare – a relationship underpinned by a formal Memorandum of Understanding – and with other agencies in Zanzibar which provide health services such as Danida, UNFPA and D-Tree International. Local administration in Zanzibar is exercised through the Shehas, who are publically appointed officials. They have considerable influence and represent the interests of local people. HIPZ works closely with the Shehas, holding regular meetings where the Shehas contribute to the development of the hospitals and reflect the needs of the community.

### Elective Programme

HIPZ developed an elective programme for medical students in 2010. An elective placement provides a medical student with an experience of medical provision that is quite different from what they are used to, and particularly so in the case of Zanzibar which is so poorly resourced and extremely challenging. In 2012 we undertook a thorough review of our elective programme. We aim to provide a meaningful, structured and robust elective placement that is for the mutual benefit of the hospital, the Makunduchi community and the student.



Renovated Makunduchi Hospital and grounds

### Administration (UK)

The demands of co-ordinating the various clinical, financial and logistical strands of HIPZ increased significantly with the additional responsibility of Kivunge Hospital. Consequently, in 2012, a UK administrator was appointed. The position is part-time and home based, so eliminating office overheads. This has freed up the trustees to focus upon clinical and strategic development.



Clinical Officer Fatawi and the new Glosnavent anaesthetic machine at Makunduchi





Makunduchi Hospital staff

## PEOPLE AND PARTNERS

### Trustees

Dr Ruairaidh MacDonagh (Chairman)  
 Dr Jon Rees  
 Dr Fiona Cresswell  
 Dr Nick Campain  
 Simon MacDonagh  
 Stephen Guy (Treasurer)  
 Susie Moore  
 Anthony Rackham

### Staff

Zainab Othman (Makunduchi Hospital Manager)  
 Shamsa Toun / Muhammed Ame (Kivunge Hospital Manager)  
 Caitlin Farrow (Project Manager, Zanzibar)  
 Dr Roma Walker (Administrator, UK)

### Volunteer doctors in Zanzibar 2012

Dr Angharad Pryce  
 Dr Chris Goes  
 Dr Mike Chapman  
 Dr Lizzie Sutherland

### Professional health volunteers and supporters

The A+E team from Taunton General Hospital  
 Dr Cliff Mann  
 Dr Rebecca Mann  
 Gary Clasby, Orthopaedic Practitioner  
 Wendy Nicol, Ultrasonographer  
 Sarah Chick, Ultrasonographer  
 Louise Gravgaard, Trainee Midwife  
 Anne Campain, Elective Programme Co-ordinator



### Associates

Dr Mohamed Jiddawi  
 Dr Rebecca Mann  
 Dr John McGrath  
 Mary Hadley  
 Martin Hall  
 Poppy Farrow

### Partners

Danida  
 UNFPA  
 D-Tree International

### Funders and Supporters

VCCP  
 The Rotary Club of Nailsea and Backwell  
 The Arnolds  
 Rotary Club of Zanzibar  
 Third World Aid

It should also be noted that in 2012, Mary Rackham died. Mary was an extremely energetic trustee of HIPZ who was involved in administration and fundraising, and was wonderful at rolling her sleeves up to get practical tasks achieved in Makunduchi. She was passionate about HIPZ and initiated the Elective Programme.

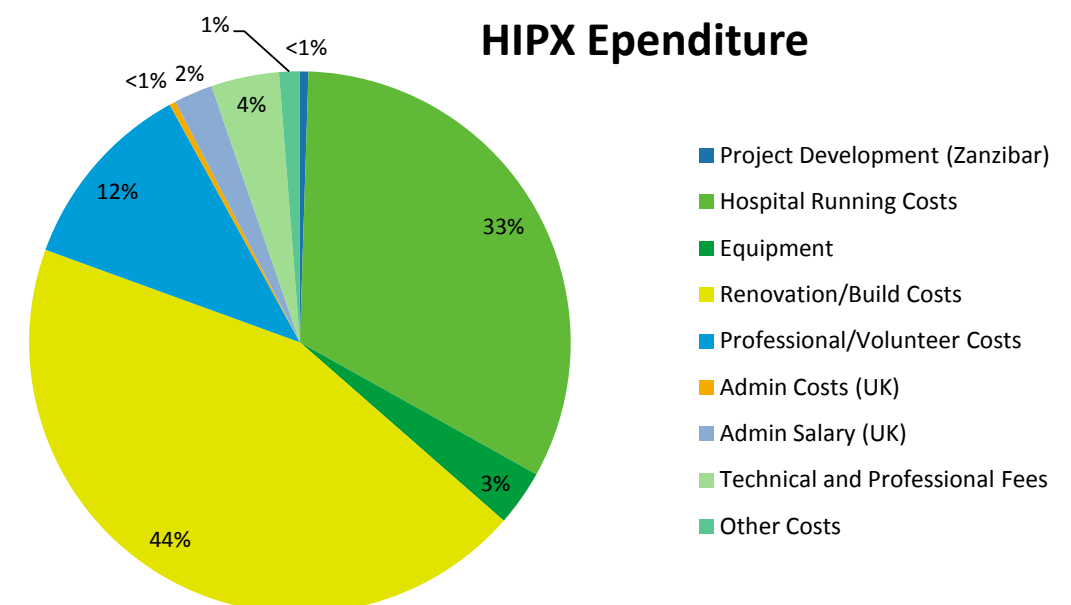
## FINANCES

### HIPZ Receipts and Payment Accounts: 1st April 2011- 31st March 2012

Receipts	Unrestricted funds	Restricted funds	Total funds	Last year
	£	£	£	£
Donations (Including Gift Aid)	42,354	-	42,354	125,047
The Arnolds	12,200	-	12,200	-
VCCP	13,000	-	13,000	-
Rotary Club of Zanzibar	1,777	-	1,777	-
Third World Aid	1,000	-	1,000	-
Elective Programme	7,506	-	7,506	-
<b>Total Receipts</b>	<b>77,837</b>	<b>-</b>	<b>77,837</b>	<b>125,047</b>

Payments	Unrestricted funds	Restricted funds	Total funds	Last year
	£	£	£	£
Project development (Zanzibar)	400	-	400	-
Hospital running costs	25,897	-	25,897	62,531
Equipment	2,650	-	2,650	-
Renovation/build costs	35,040	-	35,040	-
Professional/volunteer costs	9,111	-	9,111	-
Admin costs (UK)	305	-	305	-
Admin salary (UK)	1,834	-	1,834	-
Technical & Professional fees	3,224	-	3,224	-
Other costs	978	-	978	-
<b>Total payments</b>	<b>79,439</b>	<b>-</b>	<b>79,439</b>	<b>62,531</b>

Net of receipts/(payments)	1,602	-	1,602	62,516
Transfer between funds	-	-	-	-
Cash funds last year end	76,309	-	76,309	13,793
<b>Cash funds this year end</b>	<b>74,707</b>	<b>-</b>	<b>74,707</b>	<b>76,309</b>





**Organisation details** Our administrative overheads are very low. We are small but effective. We have some help from a company, VCCP, which donates regularly. We also receive invaluable support from local Rotary Clubs, most notably Nailsea and Blackwell. However, most of our past income has been obtained from our own fundraising events and regular standing orders from 'friends and family'. We now need to extend the reach of our fundraising.

We are a highly experienced, dedicated and enthusiastic team who are very much relishing the new challenge to develop Kivunge Hospital, in addition to maintaining the high standards of healthcare at Makunduchi Hospital.

## Our plans for 2014....

### Our major projects for 2014 are:

- The introduction of a comprehensive obstetric service at Kivunge including provision for Caesarean sections, and a free Ambulance service to collect women in labour
- The building of a Primary Health Care Unit at Kivunge
- The development of the laboratory and pharmacy services at both hospitals
- Improvements to the treatment of hypertension in Zanzibar



HEALTH  
IMPROVEMENT  
PROJECT  
ZANZIBAR  
In the business of saving lives

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