



HEALTH
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ZANZIBAR
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HIPZ

Health Improvement Project Zanzibar Annual Review 2013



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Mother and baby, safely delivered



Reflections on 2013 from our Chairman

What a year 2013 has been. Despite our experience of turning around a dilapidated and ill-equipped hospital at Makunduchi, even we were daunted by the scale and challenges of another hospital at Kivunge. We did wonder if we had taken too much on. However, this last year there has been remarkable progress and Kivunge is now a functioning hospital, with an accident and emergency room, operating theatre and renovated wards. Good clinical practice has been introduced, along with systems of management and training. The local staff are now committed and working as a team. In December 2013, Kivunge successfully undertook its first operating list, which is a tremendous achievement, given the state of the hospital only twelve months before.

Such progress is down to a number of factors. Firstly, the effectiveness of the simple HIPZ model, whereby we work in a unique collaboration with the Government - we lease the hospitals from them, yet they retain statutory responsibility and involvement. It is a simple model but it works well, as the two hospitals demonstrate. Secondly, we have had a fantastic team of volunteer doctors at both hospitals, five in total during 2013. They have been able to progress both the clinical services and develop the infrastructure. They have been ably assisted by our two hospital managers and two project managers, who took on a range of tasks that would challenge most. There are also the volunteer UK clinicians, who provide daily

support via e-mail and Skype, in addition to their own work within the NHS, alongside the other HIPZ Trustees and team. Finally, there are our funders to whom we are extremely grateful.

There is still much to do. We are now well advanced in our plans for the introduction of a Comprehensive Obstetrics Service at Kivunge, with the capacity to perform Caesarean sections, along with a free ambulance service for pregnant women. We will also be building a Primary Health Care Unit there in 2014. Both of these developments will replicate the successful achievements at Makunduchi Hospital. Despite the focus upon Kivunge in 2013, Makunduchi has not been neglected and HIPZ has initiated a Psychiatry outpatient clinic there, to provide a local and accessible outpatient mental health service to the rural population of southern Zanzibar. This is going live in January 2014 and is a significant achievement as psychiatric illness is a much neglected area.

HIPZ is now delivering healthcare to a quarter of the population of Zanzibar -250,000 people- most of whom previously could access none at all. We remain committed to sustainability which underpins all our work, and our eventual aim is to return the hospitals to full Zanzibari delivered services. We are looking forward to 2014.

Ru MacDonagh



Renovated maternity ward at Makunduchi



Renovated staff accommodation at Kivunge



The first caesarean section at Makunduchi – twins!

About HIPZ

HIPZ is a UK charity established in 2006 by Ru MacDonagh, a consultant surgeon based in Taunton, who has longstanding links with Zanzibar. The other trustees of HIPZ are mainly UK doctors who have worked in Africa, along with trustees with other relevant experience. HIPZ took over the running of Makunduchi Hospital in the rural south of Zanzibar in 2007 when there was minimal healthcare provision for the population of 60,000. The hospital was dilapidated, without any doctors or management whatsoever, and did not have even the most basic of facilities. Since then HIPZ has transformed the healthcare, primarily through voluntary effort from long-stay UK doctors, and other professional healthcare volunteers, in preparation for the hospital's eventual return to full Zanzibari delivery. The HIPZ doctors and healthcare professionals provide clinical support, good practice and training, upgrading the healthcare generally, whilst also developing vital infrastructures such as the regular supply of essential medication and other consumables. Systems of management, finances and medical record keeping have been introduced, and HIPZ has renovated wards and built and equipped other facilities.

There has been a significant improvement in the mortality rates, and clinical data is collected on all aspects of healthcare. Most importantly, the hospital now has the confidence of the local people, and the impact on the local 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. As a direct result of the transformations made at Makunduchi Hospital, the President of Zanzibar requested that HIPZ become involved in a larger and even more challenging hospital at Kivunge, again in an area that formerly had very little healthcare provision. As with Makunduchi, there will be an initial focus upon improving the maternity care and surgery at Kivunge Hospital. HIPZ is now delivering improved healthcare to 250,000 – a quarter of the population of Zanzibar.

Since 2007, at Makunduchi Hospital, HIPZ has:

- 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
- Established a Comprehensive Obstetric Service including provision for Caesarean sections, and a free ambulance service to collect women in labour
- Renovated and equipped the Operating Theatre where elective surgery now takes place on a weekly basis
- Established a blood transfusion service
- Improved the laboratory and set up an ultrasound service
- Established the role of Hospital Managers which is to be replicated within the Zanzibari health system
- Helped establish a bus service so that people from remote villages can reach the hospital
- Renovated the hospital wards
- Revolutionised dental services
- Provided education in schools about public health and dental hygiene
- Supported local school-leavers to study at the College of Health Sciences
- Started replicating all the above at Kivunge Hospital

Where

Zanzibar is an island, about 50 miles long and 25 miles wide, in the Indian Ocean, situated 30 miles off the east coast of Africa. It is a semi-autonomous part of Tanzania. The population is 1.3 million with the majority living in the small towns in the west of the island, and in the ancient capital Stone Town. The rest live in small villages and are engaged in subsistence farming or fishing. About half the population lives below the poverty line. Despite the idyllic setting, with its beautiful sandy beaches and coral reefs, Zanzibar is one of the poorest countries in the world.



The state of all wards at Kivunge before HIPZ

What

HIPZ has transformed Makunduchi Hospital. We have built a Primary Health Care Unit which has over 3000 patients per month; trained staff; created a new purpose-built Maternity Unit and established a Comprehensive Obstetric Service, including provision for Caesarean sections and ultrasound, with a free ambulance service to collect women in labour. The Operating Theatre, with a new blood transfusion service, has been renovated and regular elective surgery takes place. The hospital now has the confidence of the local people, and the staff are enthusiastic and professional in the ways of running the hospital. In 2012 the Government of Zanzibar requested that HIPZ take on a more challenging hospital at Kivunge, in the north of the island. HIPZ is now delivering healthcare to approximately 250,000 people, and in areas that formerly had very little provision.

Why

Zanzibar has one of the lowest doctor to patient ratios in the world - around one doctor to every 50,000 people, compared with 1 to 400 in the UK. Medical provision is very basic with inadequate facilities and drug supplies. When HIPZ arrived at Makunduchi Hospital there were no doctors, non-existent management, and extremely run down, dilapidated facilities. Before HIPZ neither Kivunge nor Makunduchi Hospitals had ever had a doctor employed as a regular member of staff. Existing staff were minimally trained with no senior support and suffered with low morale.



A typical village in Zanzibar

Who

HIPZ works alongside the Zanzibari Ministry of Health, and the local staff at the hospitals, many of whom have been trained by HIPZ and have become very committed. The HIPZ team consists of two Zanzibari Hospital Managers and a Project Manager. We have just one part-time Administrator in the UK. Core to the improvements to the clinical care are the volunteer UK doctors who spend up to a year in Zanzibar, along with other volunteer healthcare professionals who stay for shorter periods delivering specialist training. We also work closely with other agencies active in Zanzibar. Our other partners are our funders - in particular VCCP, various Rotary Clubs and the CML Foundation. Last, but not least, are our extremely active UK Trustees, most of whom are clinicians, who voluntarily direct the HIPZ activities alongside their NHS commitments.



Preparations for the new operating theatre

How

The innovative HIPZ model

As a UK charity involved in healthcare overseas, HIPZ may not appear to be doing anything particularly distinct from many other organisations. However, the HIPZ approach is innovative. As far as we can establish, it is a unique model, and is a simple, yet effective method of transforming healthcare in a resource-poor setting. The HIPZ approach is different because HIPZ actually leases the hospitals from the Zanzibari Ministry of Health, through a formal 'Memorandum of Understanding', for a period of ten years. However, most significantly, the statutory responsibilities of the State are not being replaced as the local staff, salaries, basic utility and other services are still supported by the Government. Alongside this HIPZ provides the volunteer doctors and clinical guidance, local management, renovations, the procurement of equipment and medical supplies, and training. In effect we run the hospitals at a day-to-day level. In addition, HIPZ has control over its own finances and has robust systems of accounting. The model is based on shared responsibility and collaboration between a charity and a Government. The ten-year lease enables HIPZ to really embed good clinical practice, to up-grade the infrastructure, and train up local staff. All this is vital for the future successful return to full Zanzibari-delivered services. A fundamental part of the HIPZ model is long-term clinical and financial sustainability. It is central to the model that the good standards of clinical practice, and the improved facilities, continue to function and thrive when HIPZ gradually steps back.

Sustainability is built in to the provision of all of the clinical and administrative services developed by HIPZ. The eventual withdrawal of HIPZ will be undertaken in a progressive, planned and managed way once the trained staff and systems are embedded. Extensive training



Staff training on Plaster of Paris

of local medical staff is probably the single most important element of our approach, and some of our locally-trained staff are now in the position themselves to deliver training. Training is provided by HIPZ in a number of ways - from the volunteer UK doctors who are based at the hospitals for up to a year, and also by visiting volunteer paediatricians, surgeons, midwives, sonographers, orthopaedic practitioners and others. There is also external training, with local clinical staff being 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 key staff at Makunduchi including a (Assistant Medical Officer) surgeon, anaesthetic nurses, ultrasonographers, and a dental officer. A staff member is currently undertaking a BSc course with the Open University of Tanzania, funded by HIPZ. Training also covers areas such as finances, hospital management and IT.

Most importantly, the model has been demonstrated to be successful by the transformation of the healthcare at Makunduchi Hospital, supported by clinical data, and by the new-found confidence in the hospital by the local population and the Government. It is a model that could be replicated elsewhere.



Current X-ray drying area at Kivunge

Kivunge Hospital

As a result of the HIPZ transformation of Makunduchi Hospital, in 2012 the President of Zanzibar requested that HIPZ take on the greater challenge of Kivunge Hospital, in the north of the island, where there had been no hospital management for over 30 years. The hospital was totally dilapidated and there was no doctor, and few trained staff. Almost 150,000 people in the Kivunge area were unable to access proper healthcare as a result. However, the clinical practice at Kivunge is now improving. Daily ward-rounds and vital-sign measurements have been instigated so all patients are seen every day and properly assessed. Weekly teaching sessions with the local staff have been organised and have been received with enthusiasm. Computer sessions in Kivunge are taking place along with training in the 'Telemedicine' service which allows staff in Zanzibar to consult experts across the world with difficult cases. The HIPZ team in Zanzibar has also been developing new systems for ordering drugs and consumable materials to ensure a reliable supply. HIPZ is 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. Finally, a large and crucial part of our improvements at Kivunge will be the building of a Primary Health Care Unit in 2014.



Kivunge pharmacy

Progress in 2013 at Kivunge Hospital

- Kivunge now has a fully functioning operating theatre, equipped with a Glostavent anaesthetics machine, which was donated by Rotary Club. The first operations were undertaken in December 2013
- An Accident & Emergency room has been created with essential equipment for the treatment of acutely unwell patients
- All wards now have running water, all beds have mosquito nets and new mattresses, and most wards have been painted. The exterior and grounds have been tidied up and the hospital looks more welcoming and professional
- With the help of donations by Sajida Virji from Canada, the children's ward has been fully renovated, including a play-area and a room specifically dedicated to treating malnourished children
- New training and management of malnutrition in children has been introduced
- Mohamed Ame Sheha was appointed as Hospital Manager
- We have acquired essential equipment including two new oxygen concentrators, an ultrasound machine, a dental X-ray machine, oxygen masks, stethoscopes, glucose meters, blood pressure machines and pulse oximeters
- The uninhabitable staff accommodation has been renovated so that clinical staff can now stay on site.
- We have doubled the number of clinicians present each day (from 2 to 4). This has been achieved by working with the Government to increase staff allocated to Kivunge
- There is a focus upon hypertension and diabetes management, with clinics and the development of systems to allow consistent affordable access to drugs



Mothers in the new children's ward

Makunduchi Hospital

Whilst there has been a great deal of progress focused upon developing Kivunge Hospital, healthcare and the range of provision at Makunduchi Hospital continues to improve. Having had seven years of HIPZ input, Makunduchi Hospital has attained a good standard of clinical services and facilities, including a Primary Healthcare Unit and a maternity unit. The hospital has robust management and financial systems in place, a functioning ambulance service, eye service, X-ray and basic ultrasound service, and now has the skills required for emergency obstetric care and minor surgery. The increases in surgery are from less than 5 cases per month to around 20 per month. There has been an enormous increase in births delivered at Makunduchi, from less than 20 a month before HIPZ arrived to 80-90 per month. Mothers now prefer to deliver in the hospital and this has had a significant impact on mother and child mortality and morbidity rates.

The Primary Health Care Unit, built in 2010 alongside the hospital, now has over 3000 attendees a month, with a 50% increase in hypertension clinic attendances and 86% increase in diabetic clinic attendances. From 2009 – 2014, there has been:

- 160% increase in ante-natal clinic attendances
- 198% increase in inpatient numbers at the hospital
- 116% increase in hospital rather than home-based births

The operating theatre has been further improved by sourcing theatre lights via Rotary Clubs. With support from donor Reyhana Merali, a diathermy machine was purchased to reduce blood loss during operations, and an oxygen concentrator for patients in need of oxygen in the emergency room.



The vital anaesthetic 'Glostavent' machine

2013 also saw the introduction of a system of performance-based pay for all staff, using indicators covering treatment of malnutrition, testing for HIV, quality of care during the delivery process, antenatal care, family planning, patient satisfaction and others. Each month the results are used to offer continuing on-the-job training to improve the standard of service delivered. Regular meetings have been set up between the management teams of Makunduchi and Kivunge Hospital, allowing the southern hospital to share useful knowledge and experience on how to improve hospital health services.

Sustainability and succession planning for when Makunduchi returns to full Zanzibari delivery continues to be a key focus, as does training. Key areas of training at the hospital over the year have been Infection Prevention and Control, Accident and Emergency Medicine and surgery. Also, Makunduchi's key surgeon Dr Amour Burhan has agreed to continue working for another 18 months at the hospital, with a key focus on training up other staff. There is still much to do, in particular the hospital is lacking in the management of neonates, the management of critically-ill patients, physiotherapy capability, and comprehensive laboratory services, but these are areas that will be the focus for the future.

However, a really important development at Makunduchi during 2013 has been to establish a Psychiatry outpatient clinic at the hospital, to provide a local and accessible outpatient mental health service to the rural population of southern Zanzibar. The first clinic will be in January 2014.



Ultrasound training



Dr Mike Spencer Chapman on the daily ward round



Caitlin Farrow, Project Manager at Kivunge Hospital



Dr Mike Spencer Chapman relaxing in the HIPZ house

A day in the life of a HIPZ Volunteer Doctor

'Life starts early in Zanzibar. Few houses have electricity so the day fits around the hours of sunlight from 6am – 6pm. In the hospital, the clinical staff have a meeting at 7.30am - a basic clinical practice introduced by HIPZ to give the night staff the opportunity to hand over. Ward rounds will follow, now led by the local staff, with me there for guidance. My role is a mixture of 'hands-on' clinical work, mainly in the morning, and then developing services in the afternoon. Today it's work on the hypertension clinic. High blood pressure is a huge problem in Zanzibar, with as many as 1 in 4 adults with the condition. In the long-term this will have a massively damaging effect on the health of the population – coronary artery disease, kidney damage or strokes. I'm helping to improve the treatment of hypertension by training staff, giving health education to patients, and improving drug supplies – with the latter particularly challenging. During that afternoon, we have a medical emergency. A newborn baby in the maternity unit has stopped breathing. I race to the ward to support local staff with their response. Luckily, we've been focusing on neonatal emergency care in our weekly teaching sessions and it's great to see nurses and clinical officers springing into action, using the skills they've learnt. The baby receives excellent treatment and recovers. A fairly typical day - long, varied but rewarding.'

Dr Mike Spencer Chapman

A day in the life of the HIPZ Project Manager

'There is no typical day for me – the jobs that need doing are varied and involve taking on many challenges. Developing good working relationships is absolutely essential so I meet with Government ministers and other stakeholders on a regular basis. I'm also the first port of call for HIPZ volunteers on the island, whether it's our volunteer doctors or visiting healthcare professionals. Providing practical support to them is vital so they can get on with their work – delivering training and improving services. I also deal with the logistics of sourcing supplies for the hospital which might mean a visit over to the mainland or untangling bureaucracy to collect equipment from the airport. Because I'm responsible for the HIPZ finances on the island, I spend considerable time monitoring every penny and have developed our financial systems. We also have a local accountant who helps us work within the Ministry of Health procedures. It's important to drum up support for the essential work that HIPZ is doing so I help show visitors around the hospitals to see the progress we've made in the maternity unit, renovating the children's wards and creating an emergency room. I am in daily contact with the clinical team in the UK, updating them and making sure they have an input in the strategic direction of our work in Zanzibar. At about 5 or 6 I leave the hospital to have a relaxing evening at the HIPZ volunteer house in Nungwi village.'

Caitlin Farrow

Innovation

Psychiatry Outpatient Clinic

Psychiatric illness is a much neglected area in Zanzibar, in common with many other places, even those which are better resourced financially, and, as elsewhere, there is some social stigma attached. Zanzibar only has one psychiatrist for the whole of the population of 1.3 million, and any current service provision is focused in the urban areas. HIPZ has sought to redress this by developing a Psychiatry outpatient clinic at Makunduchi Hospital, to provide a local and accessible outpatient mental health service to the rural population of southern Zanzibar. This is in keeping with the recommendations of the 2008 Ministry of Health-commissioned report on Mental Health in Zanzibar. The planning for this new service has been driven by the HIPZ volunteer doctor, Dr Pete McGovern, and towards the end of 2013 this culminated in the signing of a Memorandum of Understanding between the Zanzibar Ministry of Health, HIPZ and Haukeland University Hospital (Norway). Haukeland already has an involvement in Zanzibar and will be providing the curriculum and training for the new service, and the nurse psychiatrists will be using WHO guidelines to diagnose and manage the conditions. The first clinic will be in January 2014. This is a really important development and we look forward to being able to deliver a much needed service. As with all our clinical work, data collection and monitoring is integral. Local support has been very strong. We will report back next year on the developments.



Signing the Psychiatry Clinic MoU

Surgery with mosquito nets

HIPZ ended the year on a great note with a visit from Mr John Chester, a General Surgeon from Taunton. John kindly volunteered his time and skills to support HIPZ and he performed the first operating list in Kivunge's newly refurbished theatre. The first day went smoothly, the new theatre functioned beautifully and, the lists passed without any problems. Currently in the UK when surgeons repair inguinal hernias they use a sterilised mesh. In resource-poor settings, due to the lack of availability and cost limitations, the repair is normally only undertaken with sutures. John was using a new, highly innovative technique of repairing the hernias with sterilised mosquito net as a mesh substitute. Mosquito nets are readily available and a cheap resource in Africa, therefore this concept could revolutionise the treatment of hernias in Zanzibar. To assist John with the operation and learn from his visit, Dr Amour from Makunduchi and Dr Abdulla, a surgical trainee from Mnazi Mmoja Hospital came to Kivunge. Combined with our two new anaesthetists Abdulla and Manchano and theatre nurse Mohamed Ame Sheha, we had a full team and things all went to plan. Over the two days at Kivunge, sixteen patients were operated on with fantastic results. John then moved down to Makunduchi Hospital where he performed further operations with the help of all the staff there. Our thanks to John for giving both his time and expertise, and for the innovation of mosquito net surgery.



The first day of operating at Kivunge Hospital

Our thanks to people and partners

Our greatest thank you goes to the staff at the two hospitals, and to the communities of Makunduchi and Kivunge who have endorsed us by their support. Others who have helped us along the way are:

Trustees

Dr Ruairaidh MacDonagh (Chairman)
 Dr Jon Rees
 Dr Fiona Cresswell
 Dr Nick Campaign
 Dr Mike Spencer Chapman
 Simon MacDonagh
 Stephen Guy (Treasurer)
 Anthony Rackham
 Caitlin Farrow
 Susie Moore

Staff

Zainab Othman (Makunduchi Hospital Manager)
 Mohamed Ame Sheha (Kivunge Hospital Manager)
 Caitlin Farrow/Nadine Ott (Project Manager, Zanzibar)
 Dr Roma Walker (Administrator, UK)

Volunteer doctors in Zanzibar in 2013

Dr Mike Spencer Chapman
 Dr Lizzie Sutherland
 Dr Ramsay Singer
 Dr Pete McGovern
 Dr Fiona Greville-Heygate

Health Professional volunteers in 2013

The A+E team from Taunton General Hospital
 Dr Cliff Mann
 Dr Rebecca Mann
 Dr Jo Brown
 Gary Clasby
 Alex Laidlaw
 John Chester

Volunteers

Anne Campaign, Elective Programme Co-ordinator
 Dick Farrow, Accounts

Associates

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

Partners

Danida UNFPA
 D-Tree International
 UNICEF
 Jhpiego
 Haukeland University Hospital

Funders and supporters

The Rotary Club of Nailsea and Backwell
 The Rotary Club of Blaby
 The Rotary Club of Stonehouse
 The Rotary Club Stone Town (Zanzibar)
 The Rotary Club of Guildford District
 The Rotary Club of Portishead
 The Arnolds
 CML Family Foundation
 VCCP Directors and staff
 Barney Ware
 The Bike Riders (you know who you are)
 Christopher Goes
 John Goes
 Charitytrek and their team
 Simon and Kristen Bennett
 Dr Seema Kapoor

Nick Spencer Chapman
 Dr Mike Spencer Chapman
 Caitlin Farrow
 Sarah Cox
 Sarah Chick
 Wendy Nichol
 Feroz Jafferji
 Iqbal Fazal
 Peter Andre
 The Sefton Moore Family
 Virgin Holidays
 Angela Gray and St Chads Church, Uppermill
 Mike and Gay Alford
 Liam Fisher Jones
 Pete Hayes
 Reyhana Merali
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 Jonathan Glass
 Shamsa Toun
 Sydney E Franklin Charity
 The Burford Family Charitable Trust
 Chichester Lions
 Italian Co-operative
 Mary and Elizabeth Thompson
 The Grant Bradley Charitable Trust
 Sarah Cooper
 Transworld

We are particularly grateful to all those who have signed up to donate standing orders, and our apologies for not listing you all in person. These regular amounts - large and small - provide us with an all important income. We could not achieve so much without you, so many thanks.

We would also like to make special mention of Geoffrey Irons, a member of the Rotary Club of Nailsea and Backwell, who died in 2013. Geoffrey was a special friend and supporter of HIPZ. He believed in us from the very beginning when we did not have a track record of achievements behind us and he was instrumental in developing the significant financial support and encouragement that we receive from Rotary Clubs.



Support from Rotary Clubs We continue to receive great support from a number of Rotary clubs in the UK, and from the Rotary Club in Stone Town, Zanzibar. Thanks to their generosity, both hospitals now have fully functioning operating theatres, equipped with vital Glostavent anaesthetics machines and other essential equipment, which was donated by Rotary. The first operations were undertaken at Kivunge in December 2013.

Finances and fundraising

HIPZ receipts and payment accounts: 1 April 2012 - 31 March 2013

| RECEIPTS | Unrestricted funds | Restricted funds | Total funds | Last year |
|-----------------------------------|--------------------|------------------|----------------|---------------|
| | £ | £ | £ | £ |
| Donations (inc. Gift Aid) | 42,271 | 1,618 | 43,889 | 45,131 |
| CML Family Foundation | 20,000 | 0 | 20,000 | 0 |
| The Arnolds | 13,200 | 0 | 13,200 | 12,200 |
| VCCP | 12,000 | 0 | 12,000 | 13,000 |
| Elective Programme | 3,736 | 0 | 3,736 | 7,506 |
| Interest | 30 | 0 | 30 | 0 |
| Total Receipts | 91,237 | 1,618 | 92,855 | 77,837 |
| PAYMENTS | Unrestricted funds | Restricted funds | Total funds | Last year |
| COSTS | £ | £ | £ | £ |
| Project Costs (Zanzibar) | | | | |
| Hospital costs | 29,029 | 0 | 29,029 | 26,297 |
| Equipment | 420 | 0 | 420 | 2,650 |
| Renovation/build costs | 40,799 | 647 | 41,446 | 35,040 |
| Healthcare volunteer costs | 19,520 | 0 | 19,520 | 9,111 |
| UK Costs | | | | |
| Fundraising costs (UK) | 8,367 | 0 | 8,367 | 4,691 |
| Governance costs (UK) | 8,131 | 0 | 8,131 | 1,650 |
| Total Costs | 106,266 | 647 | 106,913 | 79,439 |
| OTHER PAYMENTS | | | | |
| Bike Ride 2013 | 5,411 | 0 | 5,411 | 0 |
| Loan | 1,138 | 0 | 1,138 | 0 |
| Car (Zanzibar) | 2,356 | 0 | 2,356 | 0 |
| Total Other Payments | 8,905 | 0 | 8,905 | 0 |
| Total Payments | 115,171 | 647 | 115,818 | 79,439 |
| Net of Receipts/(Payments) | -23,934 | 971 | -22,963 | -1,602 |
| Transfer between funds | 0 | 0 | 0 | 0 |
| Cash funds last year end | 74,707 | 0 | 74,707 | 76,309 |
| CASH FUNDS THIS YEAR END | 50,773 | 971 | 51,744 | 74,707 |

Notes The Bike Ride was a fundraising event that took place in June 2013. The final accounting for it will appear in the 2013/14 accounts. The Bike Ride costs that appear in these accounts are for some of the expenditure to run the ride, which was incurred "up front" (i.e. during the 2012/13 financial year represented here). The balance of the fundraising resulting from the Bike Ride will be reported in next year's accounts. This explains why the Ride appears to have incurred a cost, yet not raised anything.



The Bike Ride Our second Bike Ride in Zanzibar was highly successful, ably organised by Alice, Ian and their team at Charitytrek. Thirty-nine riders, including Peter Andre and a camera crew, cycled around the island and visited the HIPZ hospitals to see the work that they were supporting. The Ride raised more than £70,000 for us, and the event is to be repeated in 2015.

Organisation details Our administrative overheads are very low. We are small, but effective. We receive financial support from VCCP, a number of Rotary Clubs, and the CML Family Foundation. However, much of our income is generated from our own fundraising events and regular standing orders from 'friends and family'. Most notably in 2013 we held our second sponsored Bike Ride in Zanzibar which raised a spectacular £70,478.

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

Our major projects for 2014 are:

- The introduction of a Comprehensive Obstetric Service at Kivunge Hospital, 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 Hospital
- Improvements to the treatment of hypertension in Zanzibar
- The development of much needed Psychiatric services at Makunduchi Hospital



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