GLYNN JERMYN
The first woman in Zimbabwe to attain 200 donations. She is currently on 248.
LANCET CLINICAL LABORATORIES
Services
Pathology services including:
- Chemistry
- Endocrinology
- Haematology
- Microbiology
- Serology
- Cytology
- Histology

Opening Hours
Mon - Fri: 08:00 - 18:00
Sat: 08:00 - 12:30

Contact: +263 04 - 761 532 (Tel)
+263 714 645 744 (Cell)
Email: enquiries@lancet..co.zw

RAPHA MEDICAL CLINIC
Services
Consultation services
- Travel vaccinations
- International, Expatriate Medicals
- Pre-employment medicals
- Annual medicals
- Pneumonic
- Family planning services
- Male circumcision
- X-ray and ultrasound services

Opening Hours
Mon - Fri: 08:30 - 17:00
Sat: 09:00 - 12:00

Contacts: +263 8677 104 855 (Tel),
+263 737 399 924 (Cell)
Email: raphatown@raphaclinic.net

SR DENTAL SURGERY
Services
- Teeth cleaning (scaling and polishing)
- Fillings
- Extractions
- Root canal treatment
- False teeth (dentures, crowns and bridges)
- Interceptive orthodontics

Opening Hours
Mon - Fri: 09:00 - 17:00
Sat: 09:00 - 13:30

Contacts: +263 733 698 109,
+263 776 580 295 (Cell)
Email: srdentalsurgery@gmail.com

EYEPOD
Services
- Comprehensive Eye Examination
- Spectacles
- Sunglasses
- Contact Lens
- Low Vision Assessment
- Corporate Eye Screenings

Opening Hours
Mon - Fri: 08:30 - 16:30
Sat: 09:00 - 13:00

Contact: +263 242 777 432 (Tel)
+263 776899577 (Cell)
Email: joina@theeyeinstitute.org

NBSZ
Services
- Managing the Blood Supply in Zimbabwe
- Donor recruitment and retention
- Counselling (pre & post donation)
- Blood collection
- Testing & Processing of Blood
- 100% screening on all donated blood
- HIV 1 and 2 antibody antigen testing (Combo)
- Centralized testing
- Distribution of Blood

Opening Hours
Mon - Fri: 08:30 - 17:15
Sat: 08:30 - 12:15

Contact: +263 242 761 532 (Tel)
Email: info@nbsz.co.zw

DR MANYIKA (GYNAECOLOGIST)
Services
- Post abortal care
- General gynaecology
- Minimally invasive surgery
- Menopause and osteoporosis
- Contraceptive management

Opening Hours
Mon - Fri: 10:30 - 18:30
Closed weekends & public holidays

Contact: +263242 777 431 (Tel)
+263 734 848 065 (Cell)
Email: drmanyika@gmail.com

Joina Medical Centre, Suite 206, 2nd Floor Joina City, Harare
CONTENTS

Glossary .................................................. 4
About the Report ....................................... 5
About the NBSZ ......................................... 6
Quality Policy ............................................. 7
Testimony .................................................. 8
A well-accomplished Journey .................... 9
Organizational Review ............................... 10-17
Operational .............................................. 21-36
Governance .............................................. 37-39
Financials .................................................. 41-59
GLOSSARY

African Society for Blood Transfusion (AfSBT), 17
American Association of Blood banks (AABB), 23
Annual General Meeting (AGM), 7
Audited Financial Statements (AFS), 7
Blood Supply Management Status (BSMS), 23
Branch Coordinating Teams (BCTs), 22
Chief Executive Officer (CEO), 7
External Quality Assessment Schemes (EQAS), 39
Extra Ordinary General Meeting (EGM), 14
Faith Based Organisations (FBOs), 14
Fresh Frozen Plasma (FFPs), 20
Hepatitis B Virus (HBV), 31
Hepatitis C Virus (HCV), 31
Hospital Transfusion Committees (HCT), 27
Human Immuno-Deficiency Virus (HIV), 31
Human Leukocyte Antigen (HLA), 42
Information and Communication Technology (ICT), 19
International Society for Blood Transfusion (ISBT), 23
Internet of Things (IoT), 23
Laboratory Information System (LIS), 30
Liverpool School of Tropical Medicine (LSTM), 23
Malawi National Blood Transfusion Service (MNBTS), 20
Management Review Meetings (MRMs), 39
Marketers Association of Zimbabwe (MAZ), 49
Ministry of Health and Child Care (MoHCC), 14, 15
Monitoring and Evaluation (M&E), 7
National Aids Council (NAC), 15
National Blood Service Zimbabwe (NBSZ), 6
National Blood Transfusion Service (NBTS), 20
National Blood Transfusion Service Zimbabwe (NBTSZ), 13
National Coordination Team (NCT), 22
National Institute of Health (NIH), 23
National Institute of Health Research (NIHR), 23
Plasma Derived Medicinal Products (PDMPs), 38
Public Private Partnership (PPP), 19
Quality Management System (QMS), 9
Rapid Diagnostic Test (RDT), 47
Research Council of Zimbabwe (RCZ), 23
South Africa National Blood Service (SANBS), 22
Standard Association of Zimbabwe (SAZ), 18
Strategic Intent (SI), 17
Transfusion Transmissible Infections (TTI), 30
United States Dollars (USD), 20
Voluntary Non-Remunerated Blood Donors (VNRBD), 46
World Blood Donor Day (WBDD), 22
World Health Organization (WHO), 50
Zimbabwe National Quality Assurance Program (ZINQAP), 39
Zimbabwe Scientific Conference (ZASCO), 47

"Be there for someone else. GIVE BLOOD. SHARE LIFE."

Thanks to the financial assistance from the Government of Zimbabwe, NBSZ is now giving blood for free to public health institutions. Donate blood in support of the free blood initiative today.
Thank you for reading the **National Blood Service Zimbabwe (NBSZ) 2018 integrated Annual Report**. The report aims to provide blood donors and stakeholders with key highlights of the performance of the Blood Programme in Zimbabwe, give highlights of the company’s performance based on the Strategic Plan 2015-2018. An integrated approach has been used to highlight NBSZ performance through the six (6) strategic intents. NBSZ is committed to the highest standards of corporate governance and subscribes to the principles of corporate governance enshrined in the King III report.

**Scope**

NBSZ 2018 Annual Report, covers the 12 months ending 31 December 2018 and provides highlights of the 2015-2018 strategic plan. The information contained in this report seeks to address the expectations of different stakeholders including blood donors, Government, Funders and Corporate Partners. Also included in the report, are the Audited Financial Statements to provide readers with financial information of the company’s financial performance.

**Integrated thinking**

Activities reported in the Annual Report are based on the six strategic intents that were reviewed on a quarterly basis in 2018 as per the NBSZ Monitoring and Evaluation (M&E) framework.

**Board approval**

Information contained in this report has been presented to the Board through the Chief Executive Officer (CEO). The Audited Financial Statements (AFS) have been approved by the NBSZ external auditors and will be confirmed by Members of the Service at the Annual General Meeting (AGM).

This report has been approved by the Board and signed on its behalf by

**Advocate Rodgers Matsikidze**

Board Chairperson
National Blood Service Zimbabwe is registered under Section 26 of the Companies Act (Chapter 24:03), as a not-for-profit organization whose main activity is the provision of blood and blood products. It employs 185 employees and has 5 branches in Harare, Bulawayo, Gweru, Masvingo and Mutare. The Service has six (6) fixed blood collection sites and 9 mobile teams. NBSZ distributes blood and blood products to all health institutions in Zimbabwe.

Our Corporate Identity

Our Tag line – Life is in the Blood

Our Vision – To be an innovative, effective and efficient Blood Service that meets national requirements and international standards.

Our Mission – We help save lives through provision of safe blood products and services that meet customer expectations

Our Core Values

PROFESSIONALISM – We manage ourselves with dignity and an awareness of the impact of our behaviour on others at all times while demonstrating effectiveness and efficiency in all our interactions.

INTEGRITY – We are each personally accountable for the highest standards of behavior, including honesty and fairness in all aspects of our work. We will consistently treat customers and company resources with the respect they deserve

TEAMWORK – We participate fully as team members, empowering each other by sharing knowledge and leveraging skills with cooperation and open communication in fulfilling our vision and purpose and to serving our clients effectively.

EMPATHY – We are ready and willing to give of ourselves with an open heart and mind promoting compassion in the feelings and thoughts of others and use the insights available from this relationship in a constructive manner to assist ourselves and others to grow and mature.

EXCELLENCE – We put forth our personal and professional best, providing the highest quality of service and fully commit ourselves to continuous improvement, seeking to set the recognized performance standards within our industry.
National Blood Service Zimbabwe (NBSZ) is committed to saving lives through innovative and effective provision of safe blood and blood products that meet customer expectations and comply with national and international standards.

In order to realize this commitment, NBSZ shall undertake to achieve the following goals:
- Implement and continually improve a Quality Management System (QMS)
- Establish and review quality objectives, which are related to this policy.
- Promote the development of human capital.
- Increase accessibility and consistency of safe blood products.
- Enhance marketing; branding; blood donor and customer service.
- Enhance financial management and funding mix.
- Increase organizational effectiveness, performance and promote research.

This quality policy, objectives and the QMS as a whole shall be reviewed continually in response to changes in our operational environment.
Thank you Blood Donors for Saving my Life

By Christina Nyirenda-Chimuka

It was a bitterly cold day in July of 2016, when my doctor advised us that in order for me to survive I needed to have a blood transfusion. This news dealt a heavy blow to my family and as I had endured a very traumatic few days after an operation that somehow went wrong. My life was in danger and I was hanging on by a thread. Initially, my family were apprehensive about the prospect of blood transfusions, and so was I.

After a few hours of my family discussing the way forward it was finally decided that there was no other way but to have the blood transfusion. My brother in law who is also a medical doctor assured my family that National Blood Service Zimbabwe provides the best and safest blood products that he knows in Southern Africa. My condition was getting worse and after the necessary preparations my blood transfusions began. It was a long and unnerving night for me as pint after pint of the blood was transfused into my weak body, but as the saying goes “joy comes in the morning”.

As the last pint was finished I was tired but revived. I was alive and started my journey of recovery. My heartfelt gratitude goes to the blood donors for their selfless sacrifices. My life was saved by people I do not even know and I am eternally grateful.

Thank you to National Blood Service Zimbabwe for the sterling work that you are doing to save lives!

MOTHER’S DAY BLOOD DRIVE

Theme: Donate Blood: Save a mother’s life!

Time: 08:00 - 16:00
Venue: NBSZ Clinics at Joina City and Mazowe Street

Date: 26 May 2018

www.nbsz.co.zw

NATIONAL BLOOD SERVICE ZIMBABWE ANNUAL REPORT 2018
1. What motivated you to become a blood donor?
My brother had an accident and received a blood transfusion. When I found out that the Salisbury District Blood Transfusion Service had helped with the blood, I immediately decided to become a blood donor and this was in 1972. I have managed to donate 133 units of blood.

2. Throughout your illustrious service to NBSZ what are your key highlights and achievements as NBSZ Board Chairman?
What is the background to the formation of NBTS?
The main notable achievement was the establishment of the National Blood Transfusion Service (NBTS) and the transition from NBTS to National Blood Service Zimbabwe (NBSZ). Prior to this there was the Bulawayo Transfusion Service and Salisbury Transfusion Service operating independently of each other and Dr. J. Emmanuel was the Medical Director for both. There was a good relationship between these two Services and a decision was made to amalgamate, but before the amalgamation, the Salisbury District Transfusion Service had already established a branch in Mutare. After the amalgamation other NBSZ branch offices were opened in Gweru and Masvingo.

3. How was the NBSZ HQ built, and what was your role in the establishment of this building?
I was the Permanent Secretary in the Prime Minister and Cabinet Office during the time, and through this office I had a good network which I approached appealing for assistance towards the securing of the land to establish the NBSZ Headquarters in Harare. Through my position, we were able to get help towards the project.

4. Who are the other key members in the history of NBSZ who played a pivotal role in the success of the organisation during your tenure? What were their significant contributions?
Dr. Jean Emannuel was instrumental in mobilising resources for the Service and he also played a key role in raising the NBSZ profile internationally since he once worked with the World Health Organisation. He also raised funds that went towards the building of the NBSZ Head Quarters in Harare and the Bulawayo office as well. He was also instrumental in the establishment of the Gweru and Masvingo NBSZ branch offices. Former NBSZ CEO Mr. Dvid Mvere is one other key member who lead the Service during most of my tenure as Board Chairman and played a vital role in the detection of HIV in donated blood in Zimbabwe.

5. In your view how has the Zimbabwe blood donation programme progressed over the years?
The key progress of the blood donation programme in Zimbabwe, is that the Service has managed to spread its operations from just being in Harare to other parts of the country.

6. How should the NBSZ encourage more adult donors in order to reduce over dependence on youth donors?
The Service should continually engage the adults until they understand the importance of donating blood. The duty of donating blood is a worthy service to the country which we must all duly undertake and commit to because giving blood really save lives.

7. At national policy level, how should the Zimbabwe blood donation programme be considered?
Continual engagements with the Ministry of Health and Child Care is vital. Since the Ministry appreciates the key role that NBSZ plays in the country, it should take a keen interest in making sure that the Service operations run smoothly because all Hospitals in the country rely on NBSZ.

8. Any words of encouragement to potential adult donors?
You will feel pleased that your blood has saved a life without being paid for it. Your blood donation contributes to the good of the country. NBSZ recognises the important milestones throughout your journey of giving blood and this makes one feel very proud of themselves.

I would also like to express my appreciation to the members of staff and members of the NBSZ who have been very professional, warm and kind in my interactions with them as we worked together.
"My story of being a blood donor begun during my school days, after I witnessed a road traffic accident near Mushandike Secondary School in Masvingo province which is where I did my secondary education. I later learnt that the people who had been injured during the accident, would require a blood transfusion. This made me wonder, and I asked myself where will they get the blood? That is when I realised there was an organisation back then which was known as the National Blood Transfusion Service Zimbabwe (NBTSZ).

One day NBTS (as it was known during the time), came to our school and I was one of the first students to be at the mobile clinic curious to know more about giving blood. I was told that if I donated my blood, I would be saving somebody’s life, and the blood would go towards assisting accident victims like the one I had witnessed.

Those people were saved by somebody who donated their blood. Immediately, I decided I wanted to become a blood donor. I was recruited and ever since then, I have been a regular blood donor. I will not be stopping anytime soon because my target is to donate over a 100 donations.

That is where my story begun and today, years later, I am telling the story as the Board Chairman of NBSZ."
The revenue for the year ended 31 December 2018 was US$8,208,868;

**FINANCIAL PERFORMANCE**

procurement of critical raw materials such as blood bags, reagents

in the country the Service is committed to provide resources for the

will assist the Service going forward in particular, the improvement

free blood initiative respectively to Government Health Institutions

Child Care (MoHC) in January 2018 and June 2018 for subsidy and

blood. The policy changes introduced by the Ministry of Health and

inputs, thereby, putting pressure on the cost of producing a unit of

in our operations is reflected in price increases of local and import

The cumulative impact of these macroeconomic developments

spending pressures that influence the cost of products in the local

market. The challenges emanate from the currency risk, changes in

taxation, fuel and consumable prices.

The cumulative impact of these macroeconomic developments

in our operations is reflected in price increases of local and import

inputs, thereby, putting pressure on the cost of producing a unit of

blood. The policy changes introduced by the Ministry of Health and

Child Care (MoHC) in January 2018 and June 2018 for subsidy and

free blood initiative respectively to Government Health Institutions

will assist the Service going forward in particular, the improvement

of working capital. Despite the difficult trading conditions prevailing

in the country the Service is committed to provide resources for the

procurement of critical raw materials such as blood bags, reagents

and test kits.

**FINANCIAL PERFORMANCE**

The revenue for the year ended 31 December 2018 was US$8,208,868;

an increase of 18% growth as compared USD$6,948,605 reported last

year. The Service collected a total of 82,257 units of blood showing

an improvement of 26% against 65,126 units achieved in the prior

year. See Figure 1. The Service recorded a surplus of US$528,053 and

this was mainly attributed by the increase in blood collections and

distribution after the introduction of subsidy and free blood initiative

by the Ministry of Health and Child Care (MoHCC). The National Aids

Council (NAC) donated first line testing kits amounting to US$101,169

and NetOne US$25,000 for best donating schools in 2018.

The operating and administrative costs amounted to US$9,262,819

and these were up 29% from a prior year amount of US$7,187,521.

The increase in operating and administrative costs was due to

increased processing costs, increase in collections and general

inflationary pressures largely driven by foreign currency shortages.

The receivables decreased by 66% from US$2,837,839 to US$971,409.

**CHANGES IN FUNCTIONAL CURRENCY**

On 20 February 2019, the Reserve Bank of Zimbabwe announced

a new currency called RTGS dollar (ZWL). This new currency will be

recognized as an official currency and the functional currency of the

Service therefore changes from the current reporting currency of

US$ to RTGSS in 2019.

**IN APPRECIATION**

I would like to extend my heartfelt appreciation to the outgoing

Board Chairman Retired Justice Leslie George Smith for his board

leadership since 1979 to June 2018. NBSZ achieved many successes

over the years through his leadership and influence. His contribution

will always remain in the NBSZ history books and recognition of this

outstanding contribution and hard work will be made in the coming

year. Appreciation for good service also goes to Dr Jean Emmanuel

the Medical Director who retired from the Service in September

2018. We welcome Medical Consultant and hematologist Dr Elson

Mberi and look forward to benefitting from his wealth of experience

in the area of Hematology.
Great appreciation also goes to NBSZ CEO, Management and staff for the professional work they are doing in serving the nation of Zimbabwe selflessly. We will continue supporting the capacity development so that they are abreast with the latest trends and technologies in the transfusion industry. Our staff meet the regional and international standards for any blood service.

Finally, I would like to thank all blood donors, customers and stakeholders for their continued support of the blood programme in Zimbabwe. Special appreciation goes to the Ministry of Health and Child Care for ensuring that the governance issues with the previous Board and blood donors are resolved amicably. We would also like to thank the Ministry of Health and Child Care for introducing the free blood initiative which has now made blood accessible and available as and when it is needed. NBSZ has and continues to work very well with the Ministry of Health and Child Care and look forward to working closely with the new Minister of Health Dr Obadiah Moyo and his Deputy Dr John Mangwiro.

Advocate Rodgers Matsikidze
BOARD CHAIRMAN
CEO’s Summary of Performance

Strategic Plan 2015-2018

Overview
It is now four years since the NBSZ launched its Strategic Plan 2015-2018. The plan expired 31 December 2018 and this review will provide me with an opportunity to reflect how the NBSZ has performed and what are its plans going forward.

NBSZ Strategic plan 2018-2018 performance highlights
The NBSZ Strategic Plan for 2015 to 2018 has six (6) Strategic Intents (SI) which are:

**SI-1:** Increase Accessibility and Consistency of Safe Blood Supplies that meet contemporary clinical needs

**SI-2:** Maintaining and enhancing international best practices in providing sustainable, quality and safe blood supply and services in a safe and healthy work environment

**SI-3:** Optimizing on organizational effectiveness, cohesion and effectiveness,

**SI-4:** Strengthening organizational financial resource base, robust financial management and adapting to the changing business environment

**SI-5:** Strengthen strategic relationships and brand awareness

**SI-6:** Strengthening of research activities, monitoring and evaluation (M & E)

A summary of the progress on each strategic intent is provided over the four years of implementation.

**SI-1: Increase accessibility and consistency of safe blood supplies that meet contemporary clinical needs**

**Blood Collections** - the blood collection targets for the period 2015 to 2018 varied from year to year with 63,000 being the lowest in 2015 to 87,000 being the highest figure in 2018. The blood collections targets were met in proportion to the blood demand. The demand of blood products was mostly driven by the performance of the economy which saw some patients failing to access blood because of the high cost. This was before the introduction of the free blood initiative by Government from 1 July 2018. Targets were achieved despite the harsh economic environment. Statistics of the donations over the 4-year period on average were as follows; Blood donations were mainly from males (56%). New donors contributed 32% of the donations. Health talks given at collection sites were at 75%. Various blood recruitment strategies included enhancing peer promoters, Pledge 25 Club, and adult programme (corporates, faith-based institutions, and higher learning institutions). Blood donor feedback for the period under review was good, with an average score of 95% per quarter. Most of the feedback was coming from school donors who make up 70% of blood donors; complimenting staff on professionalism and knowledge. A biometric system for verifying donors was introduced in 2016 at all NBSZ static clinics. The system is efficient and user friendly.

**Clinical support services** - requested support service for treating patients with various conditions was offered mainly in the form of therapeutic bleeding and plasma exchange. Clinicians continue to refer patients with high haematocrit counts and high serum ferritin for therapeutic bleeding.

**Training on rationale use of blood** - trainings on rationale use of blood were carried out in all the provinces. Hospitals were encouraged to form Hospital Transfusion Committees responsible for monitoring and reporting on blood usage at the various hospitals which has been met with minimal success.

**SI-2: Maintaining and enhancing international best practices in providing sustainable, quality and safe blood supply and services in a safe and healthy work environment**

**Accreditation to the African Society for Blood Transfusion (AfSBT) standard**
- Official communication to AfSBT registering NBSZ’s intent on attaining AfSBT certification/accreditation was made in Q1 2015.
- Gap analysis of the AfSBT standards was conducted in Q1 2015 by the consultant.
- A three-day awareness training on the AfSBT standards was conducted in Harare in Q3 2015.
- Awareness training on the AfSBT standards was conducted for all staff between Q1 and Q2 2016.
- Accreditation to AfSBT standards has not yet been achieved and the QMS is yet to comply with all the requirements of the AfSBT standards.

**Maintain the quality management system as per ISO 9001 requirements**
- Management review meetings were held consistently throughout the period.
- Internal audits were also carried out throughout 2015-2018.
- ISO 9001:2008 Certification was successfully maintained until its expiry on 22 November 2017. During the period, the certification body conducted surveillance audits annually.
to verify that the quality system was still in compliance with the standards.

Work towards transition to ISO 9001:2015 was done between 2016 and 2017. Documents were submitted to the Standard Association of Zimbabwe (SAZ) for Stage 1 audit (document evaluation) in Q2 2017. However, the certification body communicated changes in certification requirements in which medical laboratories were to be excluded from the scope of ISO 9001 certification as they are now expected to be covered under specific accreditation standards. If NBSZ was to be certified to ISO 9001:2015, laboratories had to be excluded from the scope and this had to be communicated to all interested parties. As a result, NBSZ decided to discontinue ISO 9001 certification and focus on AF5BT accreditation.

Develop a culture of safety and good health among staff

A draft wellness concept was developed and shared with all staff for their input in Q1 2017. Some of the wellness activities such as physical fitness activities are ongoing.

Some documents were developed and released and these include the following: A new SHE Policy developed and released for use in Q3 2016. The procedure for Accident/Incident Reporting and Investigation was developed and released for use in Q4 2016. The NBSZ Safety Manual was developed and released for use in Q2 2018.

Safety Committees at all branches trained on Basic Occupational Safety and Health by NSSA to make them more effective in executing their mandate.

Many other trainings on safety and health were conducted for staff over the period.

Disaster recovery plan and business continuity plan are yet to be developed.

SI-3: Optimising on organisational effectiveness, cohesion and efficiency

Developing a comprehensive human capital strategy. Review of the NBSZ Organisational Structure. An audit was carried out during the period under review and the implementation of the recommendations was put on hold by the new board in 2018. Establishment of a comprehensive succession plan at all levels. Succession plan document was established and is available. The document will need continuous review by line managers to address the changing needs within the organisation.

Enhance organisational cohesion

Leadership training for managers could not be held mainly due to the issues of restructuring. The training will be included in the 2019 training calendar and should have been implemented by the end of Q2 2019.

Team building training at management and non-managerial levels at NBSZ was not conducted as the restructuring exercise had not been implemented. A recommendation was made that it will be ideal to conduct team building training after restructuring and has been on hold ever since. The training will be included in the 2019 training budget since a decision was made to put the restructuring exercise on hold.

Staff satisfaction survey was carried out annually and results used to improve the Service staff engagements.

Ensure compliance of HRA affairs.

NBSZ staff policy and practices were aligned with the country regulations. Regulations being complied to and amendments will be made to the Code of Conduct or Conditions of Service whenever there will be change in National legislation which warrants amendments.

Promote work life balance and staff wellness. Several sporting activities were introduced during the period under review. Employees are participating in sporting activities and fitness sessions across all the branches. Zumba sessions introduced for branches, darts also being played and soccer. Staff is motivated and this is evidenced by the high number of staff participating in the wellness activities.

Plans are underway to review the Code of Conduct and the Conditions of Service by the end of Q1 2019. This process is expected to look at issues that were raised by employees and management that need to be looked at and also the review has been necessitated by the changes in the operating environment.

To put in place a technology driven talent management system.

The introduction of metrics driven performance management system was implemented during the period under review. Performance management system based on key result areas was developed during the period under review and is now operational.

Workplans are now being developed for each and every employee since the new performance management system was operationalised and competency gaps are being identified during performance appraisals every quarter.

Ensure that the content and administration of the NBSZ code of conduct is understood by all staff.

All staff were trained on the Code of Conduct and disciplinary cases were at minimal during the period under review. Three disciplinary hearings held during the period under review using the New Code of Conduct.

Ensure NBSZ organisational culture is aligned to the strategic plan.

A Committee of Executive Managers was set to conduct organizational culture survey. However, the Committee recommended that the culture should be looked at holistically during the strategic planning process. The organisational culture survey to be done by external consultant in 2019 which will result in the shift of culture by NBSZ staff upon implementation.

SI-4: Strengthening organizational financial resource base, robust financial management and adapting to the changing business environment

Enhance funding mix

Most of the activities under this objective remain depressed for the fourth year running. The Service did not manage to secure suitable Public Private Partnership (PPP). The Service secured funding for first line test kits from National Aids Council (NAC) for the three years
Review costing model and manage costs without compromising operational efficiency

- Monthly and quarterly management reports were prepared for use by the Executive Managers culminating in the implementation of short and long-term strategies such as
  introduction of pre-donation grouping tests using Eldon cards, introduction of sample collections and reduction of distances covered by mobile teams to 150km radius. The organisation’s financial statements maintained clean audit reports with an unmodified opinion. The Service made additions to the CAPEX on Clinical and laboratory Equipment, Motor Vehicles, furniture and Information and Communication Technology (ICT) Equipment. The Blood user fees were reduced from $161 for Private Health Institution to $120 and $142 for Government Health Institutions to $100 respectively. The user fees for Government Health Institutions were scrapped with effect 1 July 2018 for patients without medical aid. The Service maintained a health cash flow for period 2015-2018 and managed to clear statutory obligations, pension, payment of staff costs and procurement of critical raw materials.

Develop strategic approaches to supply chain.

- Most activities under this objective were achieved, which saw expired contracts being renewed. Revised critical and non-critical suppliers were approved. The shortage of first line test kits in the second quarter of 2018 resulted in the Service borrowing test kits and wash buffer stock from National Blood Transfusion Service (MNBTs). The shortages were mainly caused by delays in accessing foreign currency from the banks. The shortages of foreign currency necessitated the Service to re-negotiate contracts with critical suppliers which has resulted in increase in costs of raw materials such as blood bags and reagents. The current inflationary environment has resulted in increase in the costs of local products and suspension of credit facilities resulting in demand for payment in United States Dollars (USD).

Improve revenue generation streams

- The Service has broadened the distribution of by-products such as platelets, Fresh Frozen Plasma (FFPs). The Service made a proposal to the Ministry of Health and Child Care (MoHCC) to be considered under the Health Fund last year and the advance payments were made in the first quarter 2018.

SI-5: Strengthen strategic relationships and brand awareness

Refresh the NBSZ Brand

- NBSZ Corporate Marketing Plan and Strategy was developed. Plan focused on promoting the NBSZ image, visibility and brand repositioning and was supported by the Corporate Marketing strategy - “To

Redesign the NBSZ Logo/Rebranding

- NBSZ Logo was redesigned in 2015 and unveiled during the World Blood Donor Day Commemoration in June 2015 by the Ministry of Health & Child Care. Through a phased approach, the new brand was deployed on collateral material for campaigns, NBSZ stationery, signage, motor vehicles.

Conduct blood donation outreach programme for all communities

- Due to limited financial resources, IEC material for 2016-2017 was produced in English.

As a way of covering this gap, NBSZ incorporated programmes through the broadcast media on stations that broadcast in vernacular languages. The languages included Ndebele, Shona, Venda amongst others.

Strengthen and maintain an effective online strategy

- Social media was a crucial part of the NBSZ Corporate marketing and Operational Marketing strategy as digital media is a key communication tool that is quickly replacing traditional means of communication. NBSZ developed a social media strategy to reinforce and assist with the different campaigns, engage its audiences and profile the NBSZ brand.

Website Rebranding project was taken up as a CSR project by a sponsor in 2016. Quarter 2, 2018, saw the NBSZ website face hacking challenges that resulted in the website not functioning properly.

According to the Google Analytics 2015-2018 period, frequently visited pages is donating blood and the research page.

Social Media Hashtag campaigns were used as coordinated marketing strategy to reinforce and
assist with the different campaign goals that were held in the period under review because of their increased focus, targeting, and engagement. 11 hashtag campaigns were done in the period under review. In order to maximise impact and audience reach, hashtag partnerships were done with various media houses, online health platforms and partnering organisations.

☐ NBSZ is available on seven social media platforms

To establish and maintain stakeholder relations

☐ At total of 112 Stakeholder Engagement Meetings were held period 2015-Q3 2018.

☐ 2016, Business Advisory Committee set up to assist the CEO in the Business Engagement Programme. 2 members of the Committee greatly assisted NBSZ in procuring commodities which are currently in limited supply for blood donors

☐ 2016 NBSZ hosted a successful Business Breakfast Meeting under the theme “Building Strategic Partnerships”. As a follow up to the Breakfast meeting, the Coordination Office embarked on a one-on-one CEO engagement programme aimed at building synergies with the business leaders who attended the Breakfast Meeting.

☐ Stakeholder engagement interrupted in Q4 2017 due to negative publicity in the print and social media resulting from board corporate governance issues and blood donor squabbles. However, despite these interruptions the Coordination Office was able to maintain and strengthen good relations with both government and the private sector that has assisted in lobbying support for the blood programme.

☐ Two NBSZ Golf Classic Tournaments held 2016-2017 as part of the resource mobilization initiatives. This project was halted in 2017 as the effects of the negative publicity resulted in corporates putting on hold honouring their pledges they made as they demanded accountability for their past donations.

☐ Internal Public Relations; Protocol Training for Executive Management and staff members was conducted.

☐ NBSZ Stakeholder Framework in place

☐ 2015; Corporate Recognition; CCAZ Corporate Awards; NBSZ received an Award for the 1st Runner-Up in Health Care at the 2015 Service Excellence Awards. The awards are presented in order to recognise, promote and reward excellency in all sectors.

☐ 2016; NBSZ received corporate recognition as a nominee in the top 5 most improved brands at the CCAZ Corporate Awards.

Synergies & Partnerships with all sectors

☐ NBSZ Corporate Marketing Strategy 2015-2018 period was “To build the NBSZ Brand and Brand Visibility by building strategic partnerships”. In the 4-year period, a total of 112 meetings were held and through these meetings NBSZ managed to build synergies and partnerships for the Blood Programme (corporate and operational marketing activities).

☐ Organizations that supported the Corporate Marketing and Resource Mobilization activities were given awards and certificates of recognition for their support. These were presented during the Blood Donor Awards and acknowledged in the NBSZ Annual Reports.

☐ Through these synergies, corporate partners and UN Agencies, partnered NBSZ with resources in cash and in kind to support the unveiling of the new NBSZ brand UNICEF provided outstanding publicity support in both electronic and print media from May to August 2015 to the tune of $10,000.

☐ Synergies and Partnerships earned NBSZ an award at the CCAZ Corporate Awards; NBSZ received an Award for the 1st Runner-Up in Health Care at the 2015 Service Excellence Awards and another in 2016, NBSZ was recognized in the top five most improved brands at the CCAZ Corporate Awards.

☐ Synergies and Partnerships were built through the NBSZ Business Breakfast hosted in 2016 under the theme “Building Strategic Partnerships”. This followed the launch of the NBSZ Business Breakfast. Through these networks, NBSZ received support in its corporate marketing campaigns to promote the NBSZ brand and Resource Mobilization activities.

Regional collaborations with other Blood Services in Africa

☐ 2015-2018; 2 Regional collaborations with other Blood Services in Africa at the AFSBT Congresses; Rwanda 2016, and Arusha 2018. Collaborations at the Rwanda Congress resulted in NBSZ being given the franchise for the Be-The-1 campaign.

☐ Consultations done with South Africa National Blood Service (SANBS) for the Be-The-1 global campaign.

Media Feature Writing Coverage

☐ 2015 – 2018, 15 feature articles were written through the Sunday Mail Column (13 articles), Standard through the NAC sponsored weekly standard column (2 articles).

☐ No feature articles were published in 2016 to pave way for the finalization of the Research Survey. The Board requested at the end of 2015 for an exercise to research on the impact of the Sunday Mail Column. The column was reintroduced in 2017 and sponsored by Joina City.

☐ Feature writing was suspended due to the unprecedented level of negative publicity that triggered the Service into a Crisis mode. It resumed Q2 2018.

Media Coverage and Relations

☐ Public Affairs targeted for at least 80% coverage of NBSZ activities through the print and broadcast programming. Above 80% coverage for the broadcast programming platforms was achieved. 258 articles were recorded 2015- Q3 2018.

☐ Good media relations were maintained throughout the period that resulted in NBSZ been given platforms on different programmes to talk about blood. Notable coverage was received in 2015 for the pre and post publicity of the unveiling of the new NBSZ Brand. The publicity for the rebranding was covered May-August 2015.

☐ With advancements and innovations of the media houses, discussions are in progress to have partnerships agreements with both print and electronic media for the coming year.

☐ With the coming in of the free blood in July 2018 and the high road carnages, NBSZ was invited for free to discussion panels with different stakeholders.

☐ Media Engagements were through the Editors, Station Managers and Media affiliated Associations.
has assisted in getting unsolicited coverage of the blood programme.

**Participation on TV/Radio Health Programmes**
- Target was to participate in at least 12 health programmes per quarter for the 4-year period. 2015-2018 (Q3) NBSZ participated in 76 health programmes. Notably in 2018, 27 programmes (5-10 minute programmes) were done on different topics centred Discusion topics and stations were reported in detail through the quarterly reviews.

**Press Conferences**
- 2015 - 2018 period, 6 press conferences were held. Press Conferences periods 2015-2017 were mainly to launch the World Blood Donor Day (WBDD) and Festive Season Campaigns. In January 2018, a Press Conference was held to clarify the introduction of Government Subsidy, EGM, and Group O demand. The MoHCC Perm Sec Major General Dr Gerald Gwinji (RTD) and NBSZ CEO addressed the press.

**SI-6: Strengthening of research activities, monitoring and evaluation (M&E)**

**Strengthen monitoring and evaluation**
- A strategic M&E framework for strategic plans was developed and implemented. The M&E committee was established and this assisted in the M&E of the strategic plan. A traffic light coding system was implemented uniformly at all levels of planning within the Service (Strategic/corporate; departmental; branch; sections; individual & any other special projects plan). The strategic plan M&E framework has progressively been accepted and is being implemented well though continual training on the scoring is needed.
- A new framework was designed in 2015 for the effective coordination of the blood donor mobilization, blood collection and distribution. This saw the introduction of Branch Coordinating Teams (BCTs) and National Coordination Team (NCT). This revamped the blood programme in Zimbabwe whose performance has been attractive over the four years. Clear and timely performance trackers that include the Blood Supply Management Status (BSMS) were developed and communicated to all the relevant stakeholders.
- Strategic plans are being periodically reviewed.
- Corporate, departmental, sectional, and individual work plans were being annually developed and periodically reviewed.
- Networks were established when representatives from MoHCC, National Institute of Health Research (NIHR) attended a consultative workshop, which involved senior staff from the NBSZ branches and external stakeholders, held on 6th February 2015 to validate the gathered data for the NBSZ research capacity review.
- MoHCC approved NBSZ to work with their Health Information Systems Department on M&E for blood usage which remains low.

**To strengthen research and development activities**
- NBSZ Research priority areas were derived from 2015 AFSTBT TREC research priority areas and Custer et al. 2018; Addressing gaps in international blood availability and transfusion safety in low- and middle-income countries: a NHLBI workshop. Transfusion Journal
- A research prioritization tool was developed that assess each proposed topic study before being internally approved. NBSZ is participating in ongoing (National Institute of Health (NIH), Fogarty grant) and planned (NIH, Donor Iron Supplementation Programme) and these need to be further strengthened.
- NBSZ research team members were working on a collaborative opportunity with Liverpool School of Tropical Medicine (LSTM) for the NIH R01 proposal DONNA (donors’ anaemia – iron supplementation programme).
- NBSZ delegates attended and presented research abstracts orally and through posters at National and International conferences such as American Association of Blood banks (AABB), International Society for Blood Transfusion (ISBT) AFSTBT, ZASCO and Research Council of Zimbabwe (RCZ) International Research Symposiums.
- Various papers were published under T-REC project that included paper that was published in ISBT Science Series on A systematic approach for reviewing research capacity within Zimbabwe’s national blood service.

**To integrate information and telecommunication systems**
- Mobile donor collection tool was developed and is in the rollout stage now. A full Internet of This (IoT) is being pursued for the various systems within the Service.
- VoIP was implemented for all branches.
- The webmail facility was introduced. The intranet services for preferred M-Files for document management was deferred and stop gap measures are needed. The ESS was introduced and this digitalise the leave and payslip management.
- Hwange is now a distribution centre using e-Delphyn as an interface tool and the use of the call centre to call donors to maintain the blood bank levels afloat. The ICT forums were introduced in 2015 and these are assisting in further stakeholders engagements.
- The ICT DRP Plan is yet to be finalised.
- The QMS system remain paper based.
- Main challenges and recommendations The Service faced the following challenges:

**Financial challenges**
- The Service is experiencing delays or even failure by banks to pay foreign obligations on demand. This has caused prolonged delays in the releasing of raw materials by our foreign suppliers.
- Inflation has affected the availability of basic commodities required for donor refreshments and incentives.
- Suspension of credit facilities by foreign, local suppliers and increases in basic commodities and inputs has affected the economic order quantity of inventories.
- The Service increased its operating capacity after the introduction of subsidised blood products and this results in increase in costs such as input costs, employment costs and import costs that were not budgeted.
My name is Glyn Germyn, I was born in Gweru in 1948 and I have been in Zimbabwe all my life since birth. What motivated me to become a blood donor was the inspiration I got from my sister who was already a committed regular donor. She would tell me of the good feeling she felt especially after donating blood, knowing that her blood was definitely going to save the life of someone in desperate need of it. For me this was fascinating until one day I decided to accompany her to the bloodbank and when I saw how simple the process was, I quickly joined in and gave my first donation. I became a blood donor in 1973 and I haven’t stopped since then. I have so far given 248 donations.

My experience as a blood donor has been wonderful and memorable. I’ve enjoyed the warmth, comfort and professionalism of NBSZ staff and above all I’ve enjoyed the exalted feeling that I have felt after every blood donation of knowing that a life is going to be saved by my selfless sacrifice.

Being a blood donor for such a long time hasn’t affected my life in any way. Contrary to myths and beliefs out there about blood donation that I have heard where some people claim that if you give blood your body won’t be able to replenish that blood, some claim your immune system will be weak and many other funny unfounded stories, I want to emphasize that nothing of that sort is true as I am a living testimony. Virtually nothing has changed in my life, I’m still healthy and functioning normally after almost 50 years living a lifestyle of giving blood. I work at Convent Girls High School as a physical education teacher and coach. Donating blood has not even affected how I perform at work, in fact it has seen me become a motivator to many young girls who most of them have since joined me in this noble cause. While at home I am able to do all my household chores, I eat normally and sleep peacefully like a log.

I would like to take this opportunity and thank the government for the Free blood initiative which has made blood accessible to all Public Health Institutions free of charge. This is a motivation to all of us as Zimbabweans as no life should be lost because of blood shortages. This is now a challenge to us all, lets support the blood donation programme, it is ours to succeed.

I particularly want to encourage women and young girls to actively take up blood donation because about 50% of the blood in the bloodbank goes to maternal health related cases. Let’s donate blood as much as we consume it. I hope my experience and testimony is reason enough to motivate someone out there. Give blood because it really saves lives.
Operational Marketing

Blood Donor Mobilisation
NBSZ has Branch coordination teams at branch and national levels who are instrumental in ensuring that blood collections are kept at optimum levels, which is one task effectively carried out in 2018. NBSZ introduced a Call Centre on 19 February 2018 that greatly improved the blood bank status as blood donors are called directly either on their phones whenever blood bank stocks are declining. NBSZ Bulawayo HQ clinic was moved into the CBD from United Bulawayo Hospital grounds in Khumalo. This caused an increase in the number of collections at the new CBD static clinic.

YOUTH PROGRAMMES
Pledge 25 Club Zimbabwe

2018 Pledge 25 collections
The club annual target for blood collection was 15,685. Through the various blood drives held during 2018 the club managed to collect 12,535 units of blood. Pledge 25 club collections contributed 15.1% to the total collections in 2018.

Below are the total Pledge Club 25 Blood Drives held in 2018:

Table 1: Pledge 25 Blood Drives

<table>
<thead>
<tr>
<th>Blood Drive</th>
<th>No of Blood drives Held</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men Splash</td>
<td>15</td>
</tr>
<tr>
<td>Ladies Gala</td>
<td>15</td>
</tr>
<tr>
<td>Mixed Galas</td>
<td>64</td>
</tr>
<tr>
<td>Youth Donor Month Galas (YDMS)</td>
<td>40</td>
</tr>
</tbody>
</table>

The 2018 P25 Club AGM was successfully held at Nyuni Lodge in Masvingo and all branches attended. The meeting was attended by 61 delegates.

Peer Promoters
A total of 483 peer promoters and 222 teachers were trained in 2018. 270 schools were invited and 246 (91%) schools turned up. Certificates for peer promoters were distributed at the workshops. Peer promoters have played a pivotal role in most of the high yielding panels, e.g., Mutare Boys, Vimbai, Chemhondoro, Mutendi, Progress, Premier, Hartzel and Glen View 1. At tertiary level Chinhoyi University of Technology and HIT, peer promoters played a pivotal role as collections improved by 60% from the previous collection.

Feedback from customers, donors and other stakeholders
100% of the feedback from blood donors expressed great appreciation of staff attitude, knowledge, reception and willingness to continue donating. Blood donors were impressed that they are receiving incentives such as books and pens but are requesting incentives at fifth donation. All NBSZ collections points encourage blood donors to help us improve our service delivery from their input.
Thanks to the financial assistance from the Government of Zimbabwe, NBSZ is now giving blood for free to public health institutions. Donate blood in support of the free blood initiative today.
**Laboratory Services**

**Blood Collections and Component Preparation**

A total of 82257 whole blood and 270 platelet and plasma apheresis collections were made during the year 2018 giving an overall total of 82527. The whole blood collections were broken down as: 75031 (91%) wet packs and 7226 (9%) dry pack donations. There was a (26% increase) in whole blood collections from the figure of 65126 collected during the same period in the year 2017. Figure 1 below gives a ten year graphical comparison in whole blood collections between 2009 to 2018:

**Component Preparation**

A total of 73464 units were split into packed cells and other components, representing 89% of total whole blood collections, and 97% of wet packs. The year 2018 had the most components prepared in five years following an increase in collections to cater for the increase in demand following the scrapping of blood user fees for government and mission hospitals. This is presented in Figure 3 below whilst Table 1 gives the numbers of individual components prepared:

**Donations Testing**

**Transfusion Transmissible Infections (TTI) Section**

Screening for all donated blood for transfusion transmissible infections (TTIs) was done on the Abbott Architect i2000SR serology platforms which serve as the first line screening method. All donated blood samples were tested within a 72hour turnaround time, as test kits were always readily available during the period. Samples with reactive/grayzone results were further screened using rapid immunoassays serving as second line screening method. All results were transmitted into the e-Delphyn laboratory information system (LIS).

Expressed per each TTI, not much change in sero-prevalences was witnessed in 2018 as the percentages are similar to those of the past 4 years. HIV had the highest percentage rates at 0.38% whilst HCV was still at 0.005%.
Table 3: Transfusion Transmission Infections sero-prevalence

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Collection Method</th>
<th>Sero-prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td>Wet</td>
<td>0.2</td>
</tr>
<tr>
<td></td>
<td>Dry</td>
<td>0.5</td>
</tr>
<tr>
<td>HbSAg</td>
<td>Wet</td>
<td>0.3</td>
</tr>
<tr>
<td></td>
<td>Dry</td>
<td>0.4</td>
</tr>
<tr>
<td>HCV</td>
<td>Wet</td>
<td>0.1</td>
</tr>
<tr>
<td></td>
<td>Dry</td>
<td>0.0</td>
</tr>
<tr>
<td>Syphilis</td>
<td>Apheresis (Plasma and Platelets)</td>
<td>0.2</td>
</tr>
<tr>
<td>HIV</td>
<td>Wet</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>Dry</td>
<td>0.0</td>
</tr>
<tr>
<td>HbSAg</td>
<td>Wet</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>Dry</td>
<td>0.0</td>
</tr>
<tr>
<td>HCV</td>
<td>Wet</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>Dry</td>
<td>0.0</td>
</tr>
<tr>
<td>Syphilis</td>
<td>Apheresis (Plasma and Platelets)</td>
<td>0.0</td>
</tr>
<tr>
<td>HIV</td>
<td>Wet</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>Dry</td>
<td>0.0</td>
</tr>
<tr>
<td>HbSAg</td>
<td>Wet</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>Dry</td>
<td>0.0</td>
</tr>
<tr>
<td>HCV</td>
<td>Wet</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>Dry</td>
<td>0.0</td>
</tr>
<tr>
<td>Syphilis</td>
<td>Apheresis (Plasma and Platelets)</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Notes: The overall sero-prevalence figures refer to donations that would have tested reactive on both the first and second line screening methods.

Figure 4: TTI Surveillance (2010-2018)

Comment: A decline on donors testing reactive for HIV, HbSAg, HCV and Syphilis has been observed over the past 9 years. Improved donor screening methods combined with changes in testing methodologies are linked to this (Double testing for Syphilis on first line to prevent rejection of past infections. Change in second line testing method).

The overall TTI prevalence in 2018 was 0.6%. However this should not be viewed as the number of donations discarded due to TTI reactivity as the figure (0.6%) refers to those reactive on first and second line testing. Any donation that tests reactive under the first line is not used for transfusion purposes and will be discarded (see percentages under Discards).

Blood Grouping

The blood collection strategy targets 60% of all collections being blood group Os so as to help satisfy most/If not all of the requests made by blood users. The target was missed by 6% as the service managed 54% (Os) of the total collections. However, expressed per wet (usable) packs only, the group O percentage was at 58%, 2% shy of the target.

Table 4: Blood Group Statistics (Jan – Dec 2018)

<table>
<thead>
<tr>
<th>Group</th>
<th>Wet Packs</th>
<th>Dry Packs</th>
<th>Apheresis</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>16840</td>
<td>3191</td>
<td>183</td>
<td>20214</td>
</tr>
<tr>
<td>B</td>
<td>12740</td>
<td>2477</td>
<td>48</td>
<td>15299</td>
</tr>
<tr>
<td>AB</td>
<td>2183</td>
<td>715</td>
<td>21</td>
<td>2919</td>
</tr>
<tr>
<td>O</td>
<td>43436</td>
<td>829</td>
<td>18</td>
<td>44274</td>
</tr>
<tr>
<td>Total</td>
<td>74899</td>
<td>17303</td>
<td>270</td>
<td>82472</td>
</tr>
</tbody>
</table>

Notes: 55 donations had blood groups yet to be confirmed (unresolvable blood group discrepancies) to bring the total of collections to 82527.

Blood Product Distributions

A total of 79507 blood and blood component units were distributed by the service in 2018. This was a 29% increase from the 2017 distributions (61649) and can be largely credited to the product fee revisions as were implemented during the year. The increase was across all the components with plasma product distributions increasing by 33%

The service managed to meet 90% demand of all red cell concentrate/whole blood and 98%, 80% and 100% of plasma, platelets and cryoprecipitate orders respectively.

Table 6: Blood Component Units Distributions (2014-2018)

<table>
<thead>
<tr>
<th>Year</th>
<th>WB/Red cell concentrates</th>
<th>Plasma</th>
<th>Platelets</th>
<th>Cryoprecipitate</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>68137 (29%↑)</td>
<td>6461</td>
<td>4403</td>
<td>506</td>
<td>79507</td>
</tr>
<tr>
<td>2017</td>
<td>52836 (14%↑)</td>
<td>4855</td>
<td>3719</td>
<td>219</td>
<td>61649</td>
</tr>
<tr>
<td>2018</td>
<td>46404 (5%↑)</td>
<td>4194</td>
<td>3066</td>
<td>208</td>
<td>53782</td>
</tr>
<tr>
<td>2019</td>
<td>42059 (6%↑)</td>
<td>3327</td>
<td>2662</td>
<td>147</td>
<td>49955</td>
</tr>
<tr>
<td>2020</td>
<td>45834</td>
<td>3326</td>
<td>1970</td>
<td>233</td>
<td>50913</td>
</tr>
</tbody>
</table>

Notes: *() – percentage change from previous year
- increase  - decrease

An almost exponential increase in red cell concentrate/whole blood has been experienced between 2016 and 2018. This is also the period when there have been multiple downward revisions of blood user fees for government and mission institutions seeing the fees ultimately scrapped at the start of the second half of 2018.

Figure 5: WB/Red Cell Concentrate Distributions (2014-2018)

*5 - Blood component user fee
Some government blood banks were opened/re-opened during the year 2018. There haven’t been much significant orders from these however, as 81% of distributions were through the despatch sections of the laboratory, with the other 19% being through the compatibility laboratory sections, a situation that also prevailed in 2017.

Breakdown of Distributions
Government institutions remain the major consumers of blood/blood components having utilised 73% (Central, Provincial and District hospitals) of all NBSZ distributions. Of all institutions, Central hospitals take the largest number of blood and blood products (48%) whilst mission hospitals order the least at 5%. There was a 5% decrease of distributions to Private hospitals from 27% in 2017 to 22% in 2018, whilst there was a 4% increase amongst government hospitals and a 1% amongst mission hospitals. It can be assumed that this shift was due to the scrapping of blood user fees amongst government and mission hospitals hence patients moving from some private to government hospitals for blood transfusion services.

2018 Red Cell Component Distribution by Province
Of the red cell components distributed during the year, the greatest proportion was distributed in the Harare province (49%) with the least distributions being in Matabeleland South and North (1%). There was an increase in distributions to Mashonaland West from 1% in 2017 to 4% in 2018.
Discards
The percentage of collected and/or processed whole blood/red cell concentrate units that was discarded stood at 5.9% (4456/76130). Reasons for these varied and include, but not limited to, expiries, failing essential tests (Transfusion Transmissible Infections), underweight, overweight, leaking/broken during processing or unresolvable blood group discrepancies. Expiries and those that failed essential tests constituted 81% of the discards.

Table 7: Discards

<table>
<thead>
<tr>
<th>Discard Type</th>
<th>Quantity</th>
<th>% of discards (4456)</th>
<th>% of total red cell component produced (76130)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expiries</td>
<td>2217</td>
<td>50%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Failed essential tests</td>
<td>1311</td>
<td>31%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Underweight/Overweight</td>
<td>244</td>
<td>5%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Leaking/Broken during processing</td>
<td>221</td>
<td>5%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Others</td>
<td>103</td>
<td>9%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Total</td>
<td>4456</td>
<td></td>
<td>3.9%</td>
</tr>
</tbody>
</table>

Expiries
The expiries figure of 2.9% was an increase from the 2017 figure of 2.2%. It is expected that measures will be put in place to reduce these and continue on a downward trend as had been observed between 2014 – 2017 (2014 – 10.2%; 2015 – 6.2%; 2016 – 5.3%; 2017 – 2.2%). As expected, blood group AB components constituted much of the expiries. These are the least within the population hence their low uptake.

Figure 10: Expiries by blood group

Challenges/Opportunities for Improvement
• Limited supplies of foreign currency leading to shortages in Plasma derived medicinal products (PDMPs)
• The blood collections during the festive season were depressed hence there was failure at times to meet customer demands and resorting to rationing of O positive blood.
• e-Delphyn Laboratory Information System crash at the start of the year that led to recapturing of information (took almost four months to restore normalcy) – need to look into having an automated backup system for the Service’s data management
• Products such as PDMPs need to have assured availability.
• The CPD/CME program in place needs to be further looked at to enable staff to acquire the relevant points annually
• Renovation/ facelift of the laboratory to give a modern look – walls, floors, work benches etc
• Improvement in the quality of platelets produced nationally
• Considerations for staff additions – blood collection targets for 2019 stand at 108400 indicating a 33% increase in workload from 2018 (also labour for export products)
• Timely capturing of information in e-Delphyn LIS by all sections

Laboratory Services
Step towards AfSBT Accreditation

AfSBT accreditation
Implementation of AfSBT Step-wise Accreditation standards requirements continued throughout the year and alignment of the Quality Management System with AfSBT standards is still in progress. Although the system documentation accommodated most of the requirements of AfSBT standards, development of additional documentation was required in order to achieve full accreditation to AfSBT standards. Consequently, completion of the implementation of the standards will be pursued in 2019.

Awareness training on AfSBT standards requirements based on the current second version was conducted for all staff at Bulawayo, Gweru, Masvingo and Mutare branches and for selected staff at Harare branch. Training for all staff at Harare will be completed in 2019.

Management review meetings (MRM)
The performance of the Quality Management System was assessed during management review meetings held successfully in the third quarter of 2018. The second review which was scheduled in the fourth quarter was combined with the Short Term Strategic Planning meeting held in November 2018. The meetings were attended by senior members of staff from all branches of NBSZ.

Internal Audits
One cycle of internal audits covering all NBSZ processes was conducted during the second quarter of the year. All the five NBSZ branches were audited by a team of internal auditors within the organisation.

The internal audits were conducted to determine the NBSZ preparedness for level 3 AfSBT Step-wise accreditation assessments scheduled for Q1 2019 and assess the effectiveness of the Quality Management System according to organisational policies and procedures. A total of 117 nonconformities were identified and these included 31 from Harare branch, 18 from Bulawayo, 19 from Gweru, 26 from Mutare and 23 from Masvingo. A consolidated corrective action plan was developed and was being implemented throughout the year.

Calibrations
The coordination of calibration of all laboratory and donor clinics was successfully done with all equipment being calibrated once annually. All equipment was calibrated and was within calibration up to the end of the year.

Quality Management

External Quality Assessment Schemes (EQAS)
NBSZ Laboratories participated in EQAS throughout the year. The organisation renewed registration with United Kingdom National External Quality Assessment Service (UK NEQAS), South African National Blood Service (SANBS) and the Zimbabwe National Quality Assurance Program (ZINQAP) schemes. The performance was exceptional for UKNEQAS and ZINQAP and SANBS virology schemes where 100% score was ob-tained. SANBS blood group serology had satisfactory performance with 86%. SANBS antibody identification had 64%, a score below the minimum acceptable performance of 75%.

The overall performance for the schemes is illustrated in Table 8 below.

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Number of Shipments</th>
<th>Overall Score (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK NEQAS Microbiology</td>
<td>8</td>
<td>100</td>
</tr>
<tr>
<td>SANBS (Microscopy)</td>
<td>4</td>
<td>100</td>
</tr>
<tr>
<td>SANBS (Blood Group Serology)</td>
<td>6</td>
<td>90</td>
</tr>
<tr>
<td>SANBS (Antibody Identification)</td>
<td>6</td>
<td>64</td>
</tr>
<tr>
<td>ZINQAP (Blood Group Serology)</td>
<td>6</td>
<td>100</td>
</tr>
<tr>
<td>ZINQAP (Immunology)</td>
<td>12</td>
<td>100</td>
</tr>
<tr>
<td>ZINQAP (Full blood Count)</td>
<td>9</td>
<td>100</td>
</tr>
</tbody>
</table>

Quality control of blood and blood components
Quality control checks were carried out on units of blood and blood components sampled from collections at all NBSZ branches. The range of checks included physical attributes of each product inspected visually as well as analytical tests for Haematological parame-ters performed using Mindray BC 30S and outsourced tests such as sterility tests and Factor VIII assays.

The proportion of units which passed on all parameters checked was 73% against a target of 75%. The quality of packed cells, which is the major product, was satisfactory as they exceeded the minimum acceptable limit in all test parameters for all branches. Although there was a general improvement in the quality of random donor platelets in comparison to the previous year, they were still below the expected 75% pass rate. The overall per-formance is illustrated in Table 9 and Figure 11 below.

<table>
<thead>
<tr>
<th>Component name</th>
<th>Number tested</th>
<th>Number passed</th>
<th>% pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>Packed Red Cells</td>
<td>983</td>
<td>816</td>
<td>83%</td>
</tr>
<tr>
<td>Whole blood</td>
<td>82</td>
<td>51</td>
<td>62%</td>
</tr>
<tr>
<td>Fresh Frozen Plasma</td>
<td>218</td>
<td>164</td>
<td>75%</td>
</tr>
<tr>
<td>Random Platelets</td>
<td>1290</td>
<td>828</td>
<td>64%</td>
</tr>
<tr>
<td>Apheresis Platelets</td>
<td>242</td>
<td>193</td>
<td>80%</td>
</tr>
<tr>
<td>Overall</td>
<td></td>
<td></td>
<td>73%</td>
</tr>
</tbody>
</table>
Preparation of External Quality Assessment Scheme Samples
The department continued to work with ZINQAP by preparing samples for proficiency schemes. A total of 12 batches of samples for immunology and blood group serology pro-ficiency schemes were requested and all were prepared as per customer specifications within the required time frame.

Quality control of incoming material
Quality control tests were performed on new lots of reagents and critical items obtained from before they were approved for routine use. A total of 129 lots of reagents and blood bags were received and evaluated. Of these, 118 lots (91%) conformed to specified requirements and were accepted for use while 11 lots (9%) were rejected as shown in Table 10 below.

<table>
<thead>
<tr>
<th>Reagent</th>
<th>No. of Lots Tested</th>
<th>No. of Lots Passed</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1 Cells</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>A2 Cells</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>B Cells</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>O Cells</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>O SENSITISED Cells</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Screen Cells 1</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Screen Cells 2</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>CuSO4 Male</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>CuSO4 Female</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Normal Saline</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>Liga</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>AMG</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Plain Tubes</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>EDTA Tubes</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Triple Bags</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Dry Bags</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>129</td>
<td>118</td>
</tr>
</tbody>
</table>

Transfusion reactions
A total of 18 cases of suspected transfusion reactions were reported in 2018. The majority of cases involved packed cell units while one case involved fresh frozen plasma units. In-vestigations were conducted for all reported cases and there was no evidence of red cell antigen/antibody reaction found in any of the cases. Febrile non-haemolytic reactions due to leukocyte and human leukocyte antigen (HLA) antigen which may have occurred could not be excluded as NBSZ does not have capacity to test these at the moment.

Blood Group mismatches
There were 922 cases of blood group mismatches recorded during the year which repre-sents approximately 1.1% of total annual donations. Of the 922 mismatches, 888 (96%) were resolved while 34 remained unresolved. The unresolved mismatches involved repeat donations whose current blood group is different from donor group in eDelphyn system and the root cause could not be established.

Second Line Transfusion Transmissible Infections Testing
Second line screening tests were done for all donations initially reactive or grey zone on first line screening (Abbott Architect analyser) for any of the four TTI markers. TPHA was used as confirmatory test for Syphilis while rapid test kits were used for HIV, HBsAg and anti-HCV. A total of 1 782 donations had confirmatory tests completed in 2018 and Table 11 below summarises the results obtained.

<table>
<thead>
<tr>
<th>Second Line test results</th>
<th>Syphilis</th>
<th>HIV</th>
<th>HBsAg</th>
<th>HCV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>(15%)</td>
<td>(16%)</td>
<td>(22%)</td>
<td>(4%)</td>
</tr>
<tr>
<td>Negative</td>
<td>(7)</td>
<td>(10%)</td>
<td>(15)</td>
<td>(46%)</td>
</tr>
<tr>
<td>Intermediates</td>
<td>(2)</td>
<td>(1%)</td>
<td>(1%)</td>
<td>(2)</td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
<td>449</td>
<td>814</td>
<td>454</td>
</tr>
</tbody>
</table>

SHE activities
Safety inspections
Safety inspections were conducted at all branches by the respective branch SHE committees. Reports of all the inspections were generated and presented for imple-mentation of appropriate corrective actions.

Safety committee meeting
Safety committee meetings were conducted cross all branches by the branch SHE committees. Minutes of the respective meetings were generated and disseminated to members of staff and executive management.

SHE Training
The following trainings were conducted during the year:
- PPE awareness
- Voluntary Male Circumcision
- Fire Safety
Research in the Blood Programme

Strengthening Research and Development Activities

NBSZ Research Capacity Review

In Quarter 1 2018, one NBSZ staff member was accepted to the single slot offered to NBSZ for the National Institute of Health Fogarty HIV Research Training programme. NBSZ Planning Information & Research Manager Dr Tonderai Mapako, was an invited speaker at the Africa Society for Blood Transfusion Congress (AFSBT) Congress 2018 in Arusha, Tanzania.

Three researches were successfully carried out and completed. The details of the researches are:

- Kampira V, 2018; A factor analysis investigation of motivational factors and potential deterrents among high school aged blood donors in Manicaland province Zimbabwe
- Parawira T. D, 2018; Evaluation of Anaemia in Prospective Blood Donors at NBSZ
- Mutenherwa M, 2018; Assessment of major motivational and inhibitory factors for Voluntary Non-Remunerated Blood Donors (VNRBD) in Zimbabwe.

Research Proposals

Fourteen (14) proposals were received in 2018 of which were approved. The proposals were from NBSZ employees, students from Zimbabwe Institute of Management, University of Zimbabwe, Don Bosco University, University of Portsmouth, Midlands State University, Lu-pan e State University, Great Zimbabwe University and Zimbabwe Open University.

Research Collaborations

NBSZ research team members (International team: T Mapako - coordinating and principal focal person, L Marowa - medical laboratory expert, J Parirewa - clinical nurse expert, Local study team: R Chikwereti - costing and project management and M Mutenherwa - medical / clinical laboratory scientist) is working on a collaborative opportunity with Liverpool School of Tropical Medicine (LSTM) for the NIH R01 proposal DONNA (donors’ anaemia – iron supplementation programme).

Workshops and congresses attended

- Nine (9) NBSZ delegates, 3 from the Laboratory, 4 from Planning, Information and Research, one (1) from Public Affairs, and one (1) from Medical Services, attended the AFSBT Congress in Arusha, Tanzania
- Five (5) NBSZ researchers obtained sponsorship to attend the AFSBT Congress
- One (1) poster presentation was selected to be among the best three posters presented at the AFSBT.
- 3 NBSZ delegates attended and participated in the Zimbabwe Scientific Conference (ZASCO) 2018 held at the Rainbow Tourism hotel in Harare.
Publications

The international research scientific community continues to recognise NBSZ’s research efforts as evidenced by peer reviewed papers accepted and published in mostly high impact factor Journals listed below:

- **Topic:** Enhancing research coordination in African blood services: towards AFSBT research consortium  
  **Presenter:** Dr T. Mapako  
  **Presentation type:** oral parallel session

- **Topic:** Maintenance of computerised blood bank management system: Zimbabwe’s five-year review  
  **Presenter:** Dr T. Mapako  
  **Presentation type:** oral parallel session

- **Topic:** Promoting the use of information and communication technologies in African blood services: role of AFSBT ITWG  
  **Presenter:** Dr T. Mapako  
  **Presentation type:** oral parallel session

- **Topic:** Enhancing blood cold chain management utilising solar power generators-Zimbabwe validation results  
  **Presenter:** Mrs. J. Parirewa  
  **Presentation type:** oral parallel session

- **Topic:** Hospital Transfusion Committees/ Haemovigilence: Zimbabwe Experience.  
  **Presenter:** Mr. G. Mavunganiidze  
  **Presentation type:** Poster

- **Topic:** Preparedness of blood services in dealing with crisis management: Zimbabwean experience.  
  **Presenter:** Ms. E. Massundah  
  **Presentation type:** Poster

- **Topic:** Experience with the blood coupon system in provision of blood components for the management of haemorrhage in pregnant women in Zimbabwe  
  **Presenter:** Mr. N. Makuni  
  **Presentation type:** Poster

- **Topic:** Evaluation of the illumigene malaria LAMP (Loop mediated isothermal amplification) performance technology/system against Microscopy and Malaria Rapid Diagnostic Test (RDT)  
  **Presenter:** Mr. O. Mutambashora  
  **Presentation type:** Poster

- **Topic:** An assessment of perception to voluntary non-remunerated blood donation by African women: Zimbabwean situation  
  **Presenter:** Ms S. Ndlovu  
  **Presentation type:** Poster

- **Topic:** Use of computerised blood management system for real time ordering of blood and blood products from a pilot private health facility as a distribution centre  
  **Presenter:** Mr. I. Mlambo  
  **Presentation type:** Poster

Biostatistics and Epidemiology

In its bid to enhance service delivery in data analysis and research work, the NBSZ introduced a Biostatistical and Epidemiology segment. This was an effort to complement the Service’s grant idea of establishing Biostatistical and PhD enhancement functions to enhance its capacity and influence in the outgrowth of research and evidence based practice within the Service. The Service has realized a critical need to build an expanded foundational framework which focuses on application of biostatistical functions to promote the diverse use of the data that is produced daily in its different operational segments. It also has a focus to promote research through the provision of the needed statistical skills to researchers through structured capacity strengthening programs and/or consultancy services. The main thrust is to ensure a sustainable and sufficient supply of safe blood and capacitate NBSZ operational re-searches that should inform the Service’s strategic planning process. The sectional functions are being reviewed on a continual basis to meet the departmental needs.

Information Communication Technology

Information and Communication Technology is now a business enabler at National Blood Service Zimbabwe (NBSZ). The year 2016 was saw the NBSZ attain remarkable milestones such as the reintroduction of global email addresses and the mirroring of the Harare e-Delphyn server to the Bulawayo e-Delphyn server. The NBSZ Smart Donor Mobile Applica-tion and website were upgraded. However, the Internet failover and paperless projects could not be completed as scheduled due to the overwhelming demands of the projects which were at hand. With an average network uptime of 96.2%, connectivity between all NBSZ branches was generally satisfactory throughout the year. The state of ICT hardware was also generally satisfactory.
Strengthening Strategic Relationships & Brand Awareness

Strategic Engagements
As part of continuous efforts to establish new relationships and strengthen existing ones, a series of stakeholder engagements and events were attended throughout 2018. Amongst these engagements was the diplomatic community through the Africa Day Diplomats event attended by embassies resident in Zimbabwe opening avenues for the NBSZ to receive support from the diplomatic community for the blood programme.

Diplomatic Engagements

Long Term Strategic Partnership
One Money Be The One! 2006 to Date
NBSZ/Net One partnership continued into 2018 with Net One unveiling cash sponsorship support to the tune of $25 000. Net One further donated an award to the winning school in the Midlands Province of 5 laptops to Mutenderende High School in Chirumanzu. Despite being new in office, CEO Mr Lazarus Muchenje who joined the telecoms company in April 2018, developed great passion for the NBSZ brand and pledged continued support for the Blood Programme. He lead from the front and together with his staff participated in all the World Blood Donor Day campaign activities. These included the NBSZ Red Week, Mothers Day Blood Drive, and the World Blood Donor Day Pre-Awareness March.

NBSZ Brand in the Community
Mutenderende High School Handover

Presentation of the NetOne Blood Donation Schools Competition prizes to Mutenderende High School by NBSZ Executives Mr Blessing Mukwada, Ms Esther Massundah and NetOne Executive Dr Eldrette Shereni.

In Appreciation
Ministry of Primary & Secondary Education

Ministry of Primary and Secondary Education Provincial representative receiving an award of appreciation from NBSZ CEO Ms Lucy Marowa. Looking on is Minister of State Midlands Province Honourable Owen Ncube and NetOne Executive Mr Clever Isaya

Harare Agricultural Show

Her Excellency, First Lady Auxilia Mnangagwa visits NBSZ stand at the Harare Agricultural Show receives token from NBSZ CEO Ms Lucy Marowa. Looking on NBSZ Executives Ms Esther Massundah, Mr Blessing Mukwada.
KidzCan Orange Week

NBSZ CEO Ms Lucy Marowa addressing delegates at the KidzCan Orange Week Campaign.

Brand Awareness

Corporate Marketing

NBSZ Corporate Marketing Strategy is “To grow the NBSZ Brand and Brand Visibility by building strategic partnerships”. Management approved for NBSZ to become a corporate member of the Marketers Association of Zimbabwe (MAZ) with effect from 2019, as the Service works towards transforming NBSZ into a Superbrand. Through this membership, NBSZ seek to reposition the brand and keep up with the latest marketing trends in its corporate and operational marketing initiatives to promote the blood programme.

Social media continues to be a crucial part of the NBSZ marketing and publicity campaigns as it provides a reliable cost-effective platform with wider audience engagement and reach. Hashtag campaigns were strategically used in the corporate marketing publicity activities. In a bid to beef up and enhance corporate external communication two social media channels were added on the NBSZ platforms and these include Youtube and WhatsApp feedback platform.

Corporate Marketing Campaigns

World Blood Donor Day Campaign

World Blood Donor Day is a day set aside by the World Health Organization (WHO) on June 14, to create WIDER AWARENESS of the need for safe blood and blood products for transfusion, give thanks to people who give their blood for the people who are needy and re-quire much of the blood for their survival. In Zimbabwe, NBSZ in collaboration with the Ministry of Health & Child Care and WHO, have the responsibility to coordinate the Zimbabwe campaign.

World Blood Donor Day Zimbabwe Campaign Build Up

NBSZ Redweek

Modelled around the KidzCan Orange week, the the NBSZ RedWeek simply required one to pick a day during the #NBSZRedWeek (01 – 07 May 2018), wear Red as a sign to thank Blood donors for their life-saving gifts and in solidarity with the Zimbabwe World Blood Donor Day.

Mothers’ Day campaign

Over fifty percent of the blood collected by NBSZ goes towards maternal cases. A mother’s day blood drive was held under the theme “Save a Mother’s Life.”

NETONE CEO- Mr Lazarus Muchenje donating blood during the Mother’s Day Campaign

Pre-awareness street march

Street march campaign was held on the 8th of June and attracted over 200 participants from various organization. Amongst the march participants was the Ministry of Health & Child Care Permanent Secretary Major General Dr Gerald Gwinji, Ministry of Health officials, Net One CEO Mr Lazarus Muchenje, Zimbabwe Confederation of Midwives, Joina City, Traffic Safety Council of Zimbabwe amongst others.
World Blood Donor Day
Zimbabwe Commemoration
On the 14th of June 2018, Zimbabwe joined other countries globally in commemorating World Blood Donor Day in the Midlands Province at Gweru Provincial Hospital. Guest of Honour at the commemorations was Honourable Minister of Health & Child Care who was represented the Minister of State Midlands Province Cde Owen Ncube, WHO Officer in Charge Dr Juliet Nabyonga, Senior Government Officials, Blood Donors, Health personnel and various stakeholders were in attendance. Milestone blood donors were presented with awards for their milestone blood donations. The event also honoured various corporates and a special award was presented to the Ministry of Education for supporting the Blood Programme. Harare, Bulawayo, Masvingo and Mutare held mini branch commemoration.

Celebrating Milestone Blood Donors on World Blood Donor Day
A total of 245 blood donors were recognized for their milestones at the 5 branches. Blood Donors from the Midlands Province were presented with their awards at the National Commemoration.

Corporate Recognition
NBSZ recognized various organizations that supported the blood programme in 2017 and presented them with awards at 2018 World Blood Donor Day National Commemoration. Recognition of support has been made in line with the NBSZ Resource Mobilization Policy. The awards will be presented in 2019.

Be-the-1 Global Campaign
The Be-The-1 Global Campaign is a brain child initiative of Christiano Ronaldo who is also a blood donor and Abbott. Through this campaign he is encouraging youths below the age of 40 to become blood donors, and, Be-The-1 to make a difference in the community by donating blood, raising awareness to friends about how precious it is to save lives. NBSZ became the third country in Africa to receive the Franchise to the campaign. 2018 activities were integrated into the various NBSZ operational and cor-porate marketing activities. These included the World Blood Donor Day Campaign under the hashtag Share Life #Be-The-1, and the youth holiday blood drives. The campaign was inten-sified through social media under the hashtag Be-The-1.

It will continue being part of the Pledge 25 blood drive activities.
Festive Season Campaign

The festive season campaign targeted both the youth and adults and aimed at ensuring there was enough blood for the Christmas holiday and complemented the efforts of the youth donor month blood drives.

Media Relations

NBSZ acknowledge the support of the media fraternity in disseminating information about the Zimbabwe blood programme. With the introduction of the free blood initiative by Government on 1 July 2018, the media played a key role in disseminating this information as well as providing platforms for discussion on the Zimbabwe blood donation programme and holiday campaigns.

Recognition for supporting the Blood Programme in Zimbabwe

NBSZ would like to thank the following organizations for outstanding support of the Zimbabwe Blood Donation Programme in cash/kind and for profiling the Blood Programme in 2018. Recognition of support has been made in line with the NBSZ Resource Mobilization Policy. The awards will be presented in 2019.

Corporate Awards

- National AIDS Council - Platinum Level – Partnering since 2010
- Net One - Pillar Level – Partnering since 2006
- Joina City - Partnering Organization since 2015
- Schweppes Zimbabwe - Partnering Organization since 2011
- Radio Zimbabwe - Media Partnering Organization since 2016
- Classic 263 - Media Partnering Organization 2018
- CapiTalk - Media Partnering Organization 2018
- Zimpapers - Media Partnering Organization since 2011
- Ministry of Primary and Secondary Education

Blood Donor Mobilization Partners

Harare Branch stakeholders

Corporates

- Alliance Health
- Autoworld Chisipite
- Delta Lagers
- Paragon Printing and Packaging
- Delloite
- Big Sky
- Probrands Dairy
- Zimnat

Faith-Based Organizations

- Faith Ministries Borrowdale Community Church
- Seventy Day Adventist Waterfalls East
- Holy Name Catholic Church

Local Authorities

- Bindura Town Council
- Chegutu Town Council
- Chinhoyi Town Council
- Mvurwi Town Council
- Kadoma Post Office

Partners

- JCI Harare
- Rotaract Club of Avondale
Bulawayo
- Bulawayo City Council
- Pretoria Portland Cement (PPC)
- Holiday Inn Bulawayo
- NSSA
- Plumtree Town Council
- Elgiboh Travel Agency
- Mpilo Hospital
- LNA Stationers
- Jabula Covenant Church
- United Methodist Church –Nketa
- Book n Bean
- Nyaradzo Group
- Skyz Metro FM
- NAC –BULAWAYO PROVINCE
- Traffic Safety Council of Zimbabwe
- M & M Joyous Events
- Delloite- Bulawayo
- Halsteds Brothers
- UCKG Church
- Pick n Pay (HYPER)
- Davis Granite
- Puma Southern Side Service Station
- Puma Emakhandeni Service Station

Gweru Branch
- 98.5FM Media Partnering Organization

Mutare Branch
- Mutare Bottling Company
- Diamond FM

Masvingo Branch
- Tongaat Hullets Hippo Valley
- Tongaat Hullets Triangle

Great Recognition

Health Champion In Zimbabwe

Congratulations to NBSZ Public Affairs Manager Ms Esther Massundah, for being recognized as one of the top ten Health Champions in Zimbabwe for championing the Blood Programme in Zimbabwe. She was also recognized with prominent persons such as Her Excellency the First Lady, Strive Masiyiwa, Chipo Mtasa and Lois Chingandu.

Help Save A Life +
GIVE THE GIFT OF BLOOD
WELCOME TO OUR NEW MINISTER OF HEALTH & CHILD CARE

DR. OBADIAH MOYO
CELEBRATING LOYAL YEARS OF SERVICE

LONG SERVING STAFF MEMBERS

Monica Moyo  
Joined: July 1988  
Retired: August 2018

Sr Judith Parirewa  
Joined: 1 December 1993  
Retired: December 2018

Dr Jean Emmanuel  
Joined: 1 March 2013  
Retired: September 2018

NEW LOOK NBSZ JOINA CITY CLINIC ON THE 2ND FLOOR
WELCOME DR MBERI

Dr. Mberi – NBSZ Medical Consultant
Corporate Governance
National Blood Service Zimbabwe is committed to the highest standards of corporate governance and its subscribers to the principles of corporate governance enshrined in the King III Report.

Board of Directors and board procedures
The Board currently consists of 11 non-executive directors with diverse business experience and the NBSZ Chief Executive Officer (CEO). The Board meets at least 4 times a year and more frequently as and when a business requirement dictates. Appropriate information is given to directors to enable them to effectively discharge their responsibilities. The Board is responsible for the overall direction of National Blood Service Zimbabwe. Authority for implementing policies is delegated to the CEO. There are four board committees as outlined below:

Audit Compliance and Risk Committee
The purpose of the Committee is to assist the Board fulfill its governance and oversight responsibilities relating to:
(i) Financial accounting practices and reporting
(ii) Risk management
(iii) Internal controls and audit
(iv) External audit function
(v) Compliance with legal and regulatory requirements

In addition, the Committee also provides oversight of the Service’s (i) Taxation activities; (ii) Treasury activities; (iii) Financial management and cash position; (iv) Reviews new and existing business policies relating to its scope of activities; and (v) supports financial ethical conduct within the Service.

Technical Committee – The primary objective of the Technical Committee is to review current medical, scientific and technical reports relating to adequacy and safety of blood products and safe blood transfusion practice from whatever source in order to strengthen safe blood transfusion practice “from vein to vein” in Zimbabwe.

Governance and Strategy Committee – The Committee was constituted to consider and recommend to the Board a set of governance principles, including providing insights on culture and values. This role encompasses overseeing compliance with the good governance principles in line with the strategic priorities, including the provision of approvals where required. The Committee will ensure that the board and its committees should have the appropriate balance of skills, experience, independence and knowledge of the company to enable them to discharge their respective duties and responsibilities effectively.

Remuneration and Human Resources
The purpose of the RHR Committee of the Board is to oversee and assist the Board in fulfilling the Human Resources related obligations.
(a) The Committee will also oversee the Remuneration and Human Resource issues of the Board and the Service
(b) The committee will also oversee remuneration and travel policy for the Non-Executive

Board Attendances
The board members are expected to demonstrate their commitment by attending all meetings. Each board member is obliged to attend all meetings scheduled for the year. For year 2018, there were three (3) board meetings held and the board attendances were as follows:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/ position</th>
<th>Number Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retired Justice Leslie G Smith</td>
<td>Chairman</td>
<td>1 (Retired June 2018)</td>
</tr>
<tr>
<td>Dr Elliot Mugamu</td>
<td>Vice Chairman</td>
<td>1 (Retired June 2018)</td>
</tr>
<tr>
<td>Prof Arthur Mandisodza</td>
<td>Co-opted Member</td>
<td>1 (Retired June 2018)</td>
</tr>
<tr>
<td>Mr Sydney Makarawo</td>
<td>Min of Health &amp; Child Care</td>
<td>1 (Retired June 2018)</td>
</tr>
<tr>
<td>Dr Jean Emmanuel</td>
<td>NBSZ Medical Director</td>
<td>1 (Retired June 2018)</td>
</tr>
<tr>
<td>Advocate Rogers Matsikidze</td>
<td>Chairman</td>
<td>3</td>
</tr>
<tr>
<td>Mr Rabin Ganga – Raju</td>
<td>Bulawayo Branch Committee</td>
<td>3</td>
</tr>
<tr>
<td>Nhanhlha Mlauzi</td>
<td>Gweru Branch Committee Chairman</td>
<td>4</td>
</tr>
<tr>
<td>Professor Takafira Mduluza</td>
<td>Harare Branch Committee</td>
<td>1</td>
</tr>
<tr>
<td>Mr Edward Mwase</td>
<td>Gweru Committee Member</td>
<td>1</td>
</tr>
<tr>
<td>Dr Robert Mudyradima</td>
<td>Ministry of Health &amp; Child Care</td>
<td>3</td>
</tr>
<tr>
<td>Mr Sipho Bulle</td>
<td>Bulawayo Branch Committee Chairman</td>
<td>4</td>
</tr>
<tr>
<td>Mr David Tandiri</td>
<td>Mutare Branch</td>
<td>3</td>
</tr>
<tr>
<td>Mr Leonard Mabandi</td>
<td>Ministry of Health &amp; Child Care</td>
<td>4</td>
</tr>
<tr>
<td>Mr Walter Tafara Dube</td>
<td>Masvingo Branch Committee Chairman</td>
<td>2</td>
</tr>
<tr>
<td>Mr Milton Sithole</td>
<td>Masvingo Branch Committee</td>
<td>3</td>
</tr>
<tr>
<td>Ms Lucy Mary Marowa</td>
<td>NBSZ CEO (Board Secretary)</td>
<td>4</td>
</tr>
</tbody>
</table>
NBSZ BOARD OF DIRECTORS

Retired Justice Leslie G Smith
Chairman (Retired June 2018)

Adv Rogers Matsikidze -
Chairman (June 2018 to Date)

Ms Lucy Mary Marowa
Board Secretary

Adv Rogers Matsikidze -
Chairman (June 2018 to Date)

Mr Sipho Bulle (Vice Board
Chairman)- Bulawayo
Branch Committee
Chairman

Mr Nhlanhla Mlauzi -
Gweru Branch Committee
Chairman

Mr Leonard Mabandi
Ministry of Health
& Child Care

Mr Edward Mwase
- Gweru Branch

Dr Robert Mudiyadima
Ministry of Health
& Child Care

Mr David Tandiri -
Mutare Branch

Professor Takaifira Mduluza -
Harare Branch
Committee Member

Mr R. Ganga-Raju
Bulawayo Branch
Committee

Mr Walter Duve
Masvingo

Mr Milton Sithole
Masvingo

Ms Lucy Mary Marowa
Board Secretary
NBSZ EXECUTIVE MANAGEMENT

Ms Lucy Mary Marowa
Chief Executive Officer

Dr. Jean Emmanuel
Medical Director
(retired September 2018)

Sr. Judith Parirewa
Medical Services Manager
(retired December 2018)

Dr Tonderai Mapako
Planning, Information &
Research Manager

Esther Massundah
Public Affairs Manager

Mr Blessing Mukwada
Human Resources &
Administration Manager

Mr Radhi Chikwereti
Finance Manager

Mr George Mavunganidze
Laboratory Services
Manager

Mr Chancellar Kafere
Safety, Health, Environment &
Quality Manager

Mrs Anastacia Lubimbi
Acting Branch Manager
Bulawayo Branch

Sr. Judith Parirewa
Medical Services Manager
(Retired December 2018)
NATIONAL BLOOD SERVICE ZIMBABWE

FINANCIAL STATEMENTS
FOR THE YEAR ENDED
31 DECEMBER 2018
The Service is registered under section 26 of the Companies Act (Chapter 24:03), as a not-for-profit organisation whose main activity is the provision of blood and blood products.

REGISTRATION NUMBER

442/58

DIRECTORS

Rodgers Matsikidze Chairman
Sipho Bulle Vice Chairman
Lucy Mary Marowa Chief Executive Officer
Prof. Takafira Mduluza Non-executive
David Tandiri Non-executive
Dr. Robert F. Mudyiradima Non-executive

Leonard Mabandi Non-executive
Edward Mekai Mwase Non-executive
Nhlanhla Mlauzi Non-executive
Rabin Ganga-Raju Non-executive
Milton Sithole Non-executive
Walter Duve Non-executive

REGISTERED OFFICE

Mazowe Street North
Avondale
HARARE

LAWYERS

Dube, Manikai and Hwacha Legal Practitioners
Sixth Floor, Goldbridge
Eastgate Complex
Cnr Sam Nujoma Street/Robert Mugabe Road
HARARE

DIRECTORS

Rodgers Matsikidze Chairman
Sipho Bulle Vice Chairman
Lucy Mary Marowa Chief Executive Officer
Prof. Takafira Mduluza Non-executive
David Tandiri Non-executive
Dr. Robert F. Mudyiradima Non-executive

Leonard Mabandi Non-executive
Edward Mekai Mwase Non-executive
Nhlanhla Mlauzi Non-executive
Rabin Ganga-Raju Non-executive
Milton Sithole Non-executive
Walter Duve Non-executive

REGISTERED OFFICE

Mazowe Street North
Avondale
HARARE

AUDITORS

BDO Zimbabwe Chartered Accountants
Kudenga House
3 Baines Avenue
HARARE

MAIN BANKERS

First Capital Bank Zimbabwe Limited
Birmingham Branch
Southerton
HARARE

BDO Zimbabwe Chartered Accountants
Kudenga House
3 Baines Avenue
HARARE

First Capital Bank Zimbabwe Limited
Birmingham Branch
Southerton
HARARE

CBZ Bank Limited
Selous Branch
7 Selous Avenue
HARARE

INDEX TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2018

Contents
Directors’ responsibility statement
Report of the independent auditors
Statement of financial position
Statement of income and expenditure
Statement of changes in reserves
Statement of cash flows
Notes to the financial statements

Page
2
3-4
5
6
7
8
9-20
DIRECTORS’ RESPONSIBILITY STATEMENT

The directors are required by the Companies Act (Chapter 24:03) to maintain adequate accounting records and are responsible for the content and integrity of the financial statements and related financial information included in this report. It is their responsibility to ensure that the financial statements fairly present the state of affairs of the Service as at the end of the financial year and the results of its operations and cash flows for the year then ended, in conformity with International Financial Reporting Standards.

The directors acknowledge that they are ultimately responsible for the system of internal financial control established by the Service and place considerable importance on maintaining a strong control environment. To enable the directors to meet these responsibilities, the Board sets standards for internal control aimed at reducing the risk of fraud or error in a cost effective manner. The standards include the proper delegation of responsibilities within a clearly defined framework, effective accounting procedures and adequate segregation of duties to ensure an acceptable level of risk. These controls are monitored throughout the Service and all employees are required to maintain the highest ethical standards in ensuring the Service’s business is conducted in a manner that in all reasonable circumstances is above reproach. The focus of risk management in the Service is on identifying, assessing, managing and monitoring all known forms of risk across the Service. While operating risk cannot be fully eliminated, the Service endeavours to minimize it by ensuring that appropriate infrastructure, controls, systems and ethical behaviour are applied and managed within predetermined procedures and constraints.

The directors are of the opinion, based on the information and explanations given by management that the system of internal control provides reasonable assurance that the financial records may be relied on for the preparation of the financial statements. However, any system of internal financial control can provide only reasonable, but not absolute, assurance against material misstatement or loss.

In preparing the financial statements, the directors are responsible for assessing the Service’s ability to continue operating as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Service or to cease operations, or have no realistic alternative but to do so.

The directors have assessed the ability of the Service to continue operating as a going concern and believe that the preparation of the financial statements on a going concern basis is still appropriate.

The external auditors are responsible for independently auditing and reporting on the Service’s financial statements. The financial statements and related notes have been audited by the Service’s external auditors and their report is presented on pages 3 and 4.

The financial statements and the related notes set out on pages 5 to 20, which have been prepared on the going concern basis, were approved by the Board and were signed on its behalf by:

RODGERS MATSIKIDZE
BOARD CHAIRMAN
10 May 2019

LUCY MARY MAROWA
CHIEF EXECUTIVE OFFICER
Adverse Opinion
We have audited the financial statements of NATIONAL BLOOD SERVICE ZIMBABWE set out on pages 5 to 20, which comprise the statement of financial position as at 31 December 2018, the statement of income and expenditure, statement of changes in reserves and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and other explanatory notes.

In our opinion, the financial statements do not present fairly, in all material respects, the financial position of NATIONAL BLOOD SERVICE ZIMBABWE as at 31 December 2018, and its financial performance and cash flows for the year then ended in accordance with International Financial Reporting Standards.

Basis for Adverse Opinion
Non-compliance with IAS 21, The Effects of Changes in Foreign Exchange Rates

During the year the Zimbabwean economy was characterized by a multi-tiered pricing model. Under the model, a single product had different prices depending on the mode of payment, whether United States Dollar Cash, electronic money (RTGS), mobile money or bond notes. This resulted in transactions bearing similarities to what one would expect with transactions that are undertaken in different currencies to which IAS 21, The Effects of Changes in Foreign Exchange Rates, would apply. Market wide entities experienced premiums and discounts on the official foreign exchange rate of 1:1 between the RTGS balances and Bond Notes and the United States Dollar.

These financial statements, which are expressed in United States Dollars, have been prepared using the official exchange rate of 1:1. This is contrary to the requirements of IAS 21 which requires the use of the spot rate in accounting for transactions in currencies other than the functional currency. The directors have determined that it is not practically possible to comply with the requirements of IAS 21 in the circumstances. The effect of the noncompliance with IAS 21 has not been quantified but it is considered to be significant for these financial statements.

We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those standards are further described in the auditor’s responsibilities for the audit of the financial statements section of our report. We are independent of the Service in accordance with the International Ethics Standards Board for Accountants’ Code of Ethics for Professional Accountants (Parts A and B), together with the ethical requirements that are relevant to our audit of the financial statements in Zimbabwe, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our adverse opinion.

Responsibilities of directors for the financial statements
The Service’s directors are responsible for the preparation of the financial statements in accordance with International Financial Reporting Standards and the requirements of the Companies Act (Chapter 24:03), and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Service’s directors are responsible for assessing the Service’s ability to continue operating as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Service or to cease operations, or have no realistic alternative but to do so.

Auditor’s responsibilities for the audit of the financial statements
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs, we exercise professional judgment and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Service’s internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures by management.
Conclude on the appropriateness of the directors’ use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Service’s ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor’s report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor’s report. However, future events or conditions may cause the Service to cease to continue as a going concern.

Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Service’s directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide directors with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Report on other legal and regulatory requirements
In our opinion, the financial statements, have in all material respects, been properly prepared in compliance with the disclosure requirements of and in the manner required by the Companies Act (Chapter 24:03).

BDO Zimbabwe Chartered Accountants Harare 10 May 2019
## Statement of Financial Position

as at 31 December 2018

<table>
<thead>
<tr>
<th></th>
<th>2018 US$</th>
<th>2017 US$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non current assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property and equipment</td>
<td>1,854,279</td>
<td>1,931,237</td>
</tr>
<tr>
<td>Current assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventories</td>
<td>653,542</td>
<td>416,747</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>971,402</td>
<td>2,837,839</td>
</tr>
<tr>
<td>Bank and cash balances</td>
<td>3,803,063</td>
<td>953,393</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>5,428,007</td>
<td>4,207,979</td>
</tr>
<tr>
<td><strong>RESERVES AND LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donated assets reserve</td>
<td>-</td>
<td>69,832</td>
</tr>
<tr>
<td>Revaluation reserve</td>
<td>1,279,319</td>
<td>1,279,319</td>
</tr>
<tr>
<td>Accumulated surplus</td>
<td>3,918,712</td>
<td>3,390,659</td>
</tr>
<tr>
<td><strong>Total reserves and liabilities</strong></td>
<td>5,198,031</td>
<td>4,739,810</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7,282,286</td>
<td>6,139,216</td>
</tr>
</tbody>
</table>

Rodgers Matsikidze  
Board Chairman  

Lucy Mary Marowa  
Chief Executive Officer  

10 May 2019
## STATEMENT OF INCOME AND EXPENDITURE

for the year ended 31 December 2018

<table>
<thead>
<tr>
<th>Note</th>
<th>2018 US$</th>
<th>2017 US$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INCOME</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue</td>
<td>8</td>
<td>8,208,868</td>
</tr>
<tr>
<td>Donations and grants</td>
<td>9</td>
<td>1,455,859</td>
</tr>
<tr>
<td>Other income</td>
<td>10</td>
<td>126,145</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td></td>
<td>9,790,872</td>
</tr>
<tr>
<td><strong>EXPENDITURE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating expenses</td>
<td>11</td>
<td>3,470,138</td>
</tr>
<tr>
<td>Administrative expenses</td>
<td>12</td>
<td>5,792,681</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td></td>
<td>9,262,819</td>
</tr>
<tr>
<td><strong>Surplus for the year</strong></td>
<td></td>
<td>528,053</td>
</tr>
</tbody>
</table>
### STATEMENT OF CHANGES IN RESERVES
for the year ended 31 December 2018

<table>
<thead>
<tr>
<th></th>
<th>Revaluation reserve US$</th>
<th>Donated assets reserve US$</th>
<th>Accumulated surplus US$</th>
<th>Total US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance as at 1 January 2017</td>
<td>1,294,822</td>
<td>79,367</td>
<td>3,206,078</td>
<td>4,580,267</td>
</tr>
<tr>
<td>Donated assets</td>
<td>(15,503)</td>
<td></td>
<td>15,503</td>
<td>-</td>
</tr>
<tr>
<td>Realisation of donated assets reserve</td>
<td>-</td>
<td>(9,535)</td>
<td>-</td>
<td>(9,535)</td>
</tr>
<tr>
<td>Surplus for the year</td>
<td>-</td>
<td>-</td>
<td>169,078</td>
<td>169,078</td>
</tr>
<tr>
<td>Balance as at 31 December 2017</td>
<td>1,279,319</td>
<td>69,832</td>
<td>3,390,659</td>
<td>4,739,810</td>
</tr>
<tr>
<td>Realisation of donated assets reserve</td>
<td>-</td>
<td>(69,832)</td>
<td>-</td>
<td>(69,832)</td>
</tr>
<tr>
<td>Surplus for the year</td>
<td>-</td>
<td>-</td>
<td>528,053</td>
<td>528,053</td>
</tr>
<tr>
<td>Balance as at 31 December 2018</td>
<td>1,279,319</td>
<td>-</td>
<td>3,918,712</td>
<td>5,198,031</td>
</tr>
</tbody>
</table>
### Statement of Cash Flows

**for the year ended 31 December 2018**

#### CASH FLOWS FROM OPERATING ACTIVITIES

<table>
<thead>
<tr>
<th>Note</th>
<th>2018 US$</th>
<th>2017 US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus for the year</td>
<td>528,053</td>
<td>169,078</td>
</tr>
<tr>
<td>Adjustments for:-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation of property and equipment</td>
<td>323,131</td>
<td>317,973</td>
</tr>
<tr>
<td>Realisation of donated assets</td>
<td>(69,832)</td>
<td>(9,535)</td>
</tr>
<tr>
<td>Profit on disposal of assets</td>
<td>(3,547)</td>
<td>(21,062)</td>
</tr>
<tr>
<td>Operating cash flows before changes in working capital</td>
<td>777,805</td>
<td>456,454</td>
</tr>
<tr>
<td>Working capital changes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Increase)/Decrease in inventories</td>
<td>(236,795)</td>
<td>57,952</td>
</tr>
<tr>
<td>Decrease/(Increase) in trade and other receivables</td>
<td>1,866,437</td>
<td>(504,728)</td>
</tr>
<tr>
<td>Increase/(Decrease) in trade and other payables</td>
<td>684,849</td>
<td>(154,451)</td>
</tr>
<tr>
<td>Net cash flows generated from/(utilised in) operating activities</td>
<td>3,092,296</td>
<td>(144,773)</td>
</tr>
</tbody>
</table>

#### CASH FLOWS FROM INVESTING ACTIVITIES

<table>
<thead>
<tr>
<th>Note</th>
<th>2018 US$</th>
<th>2017 US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additions to property and equipment</td>
<td>(246,854)</td>
<td>(125,615)</td>
</tr>
<tr>
<td>Proceeds from disposal of assets</td>
<td>4,228</td>
<td>30,080</td>
</tr>
<tr>
<td>Net cash utilised in investing activities</td>
<td>(242,626)</td>
<td>(95,535)</td>
</tr>
</tbody>
</table>

**NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS**

<table>
<thead>
<tr>
<th>Note</th>
<th>2018 US$</th>
<th>2017 US$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2,849,670</td>
<td>(240,308)</td>
</tr>
</tbody>
</table>

**CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE YEAR**

<table>
<thead>
<tr>
<th>Note</th>
<th>2018 US$</th>
<th>2017 US$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>953,393</td>
<td>1,193,701</td>
</tr>
</tbody>
</table>

**CASH AND CASH EQUIVALENTS AT THE END OF THE YEAR**

<table>
<thead>
<tr>
<th>Note</th>
<th>2018 US$</th>
<th>2017 US$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3,803,063</td>
<td>953,393</td>
</tr>
</tbody>
</table>
NOTES TO THE FINANCIAL STATEMENTS

1 GENERAL INFORMATION
1.1 Nature of business
National Blood Service Zimbabwe is a not-for-profit organisation whose main activity is the provision of blood and blood products.

1.2 Currency
1.2.1 Functional currency
The Service has in previous financial periods adopted United States Dollar as its presentation currency and functional currency. For the 2018 financial statements, in order to comply with local laws and regulations, particularly Statutory Instrument 33 (SI 33) of 2019, and based on the guidance of the Public Accountants and Auditors Board issued on 21 March 2019, paragraph 27, the Service has adopted the US Dollar as its presentation currency. SI 33 has precluded the Service from applying an independent assessment of functional currency as provided for under International Accounting Standard 21 “The Effects of Changes in Foreign Exchange Rates”.

2 ACCOUNTING POLICIES
2.1 Statement of compliance
The Service’s financial statements have been prepared with a view of complying with International Financial Reporting Standards (IFRSs). Partial compliance has been achieved due to the impact of SI 33. IFRSs comprise International Accounting Standards and Interpretations developed by the International Financial Reporting Interpretations Committee (IFRIC).

The financial statements are based on statutory records that are maintained under the historical cost convention. The financial statements have been prepared in accordance with International Financial Reporting Standards, International Accounting Standards and Interpretations (Collectively IFRS) issued by the International Accounting Standards Board (IASB).

The preparation of the financial statements in compliance with IFRS requires the use of certain critical accounting estimates. It also requires the Service’s management to exercise judgement in applying the Service’s accounting policies. The areas where significant judgement and estimates have been made in preparing the financial statements and their effect are disclosed in note 3.

2.2 Changes in accounting policy and interpretations
a) New standards, interpretations and amendments effective from 1 January 2018, and that have not had a material impact on the company.

The following new standards, amendments and interpretations are effective for the first time in these financial statements but have not had a material effect on the company:
- IFRS 15: Revenue from Contracts with Customers (Effective from periods beginning on or after 1 January 2018).
- Amendments to IFRS 2: Classification and measurement of Share Based Payment Transactions (Effective from periods beginning on or after 1 January 2018).
- Amendments to IAS40: Transfers of Investment Property (Effective from periods beginning on or after 1 January 2018).
- IFRIC 22: Foreign Currency Transactions and Advance Consideration (Effective from periods beginning on or after 1 January 2018).
- IFRS 9 Financial Instruments (IFRS 9): IFRS 9 replaces the ‘incurred loss’ model in IAS 39 with an ‘expected credit loss’ model, which means that a loss event will no longer need to occur before an impairment allowance is recognised.

b) New standards, interpretations and amendments not yet effective and not early adopted
The following new standards, amendments and interpretations, which have not been applied in these financial statements and are unlikely to have material effect on the company’s future financial statements:
- IFRS 16: Leases (Effective from periods beginning on or after 1 January 2019).
- Amendments to IFRS 9: Financial Instruments (Effective for periods beginning on or after 1 January 2019).
- Amendments to IFRS 4: Applying IFRS 9 Financial Instruments with IFRS 4 Insurance Contracts (Effective from periods beginning on or after 1 January 2019).

2.3 Revenue recognition
2.3.1 Sale of blood and blood products
Revenue from the sale of blood and blood products is recognised when the products have been delivered, the customer has accepted the products and the collectability of the related receivable is reasonably assured. Revenue is measured at the fair value of consideration received or receivable.

2.3.2 Medical tests
Income from procedures and tests is recognised when the procedures and tests have been completed and results have been delivered to the customer.

2.3.3 Donations and grants
Income from donations and grants is recognised on a receipt
basis.

2.3.4 Interest income
Interest income is recognised on a time proportionate basis after taking into account the capital amount outstanding and effective rate over the period to maturity.

2.4 Financial instruments
2.4.1 Financial assets
The Service’s financial assets comprise trade and other receivables and cash and cash equivalents in the statement of financial position. These financial assets are measured at amortised cost and are accounted for as follows:

Amortised cost
These assets arise principally from the provision of goods and services to customers (e.g. trade receivables), but also incorporate other types of financial assets where the objective is to hold these assets in order to collect contractual cash flows and the contractual cash flows are solely payments of principal and interest. They are initially recognised at fair value plus transaction costs that are directly attributable to their acquisition or issue, and are subsequently carried at amortised cost using the effective interest rate method, less provision for impairment. Impairment provisions for current and non-current trade receivables are recognised based on the simplified approach within IFRS 9 using a provision matrix in the determination of the lifetime expected credit losses. During this process the probability of the non-payment of the trade receivables is assessed. This probability is then multiplied by the amount of the expected loss arising from default to determine the lifetime expected credit loss for the trade receivables. For trade receivables, which are reported net, such provisions are recorded in a separate provision account with the loss being recognised within cost of sales in the statement of comprehensive income. On confirmation that the trade receivable will not be collectable, the gross carrying value of the asset is written off against the associated provision.

Impairment provisions for receivables from related parties and loans to related parties are recognised based on a forward looking expected credit loss model. The methodology used to determine the amount of the provision is based on whether there has been a significant increase in credit risk since initial recognition of the financial asset. For those where the credit risk has not increased significantly since initial recognition of the financial asset, twelve month expected credit losses along with gross interest income are recognised. For those for which credit risk has increased significantly, lifetime expected credit losses along with the gross interest income are recognised. For those that are determined to be credit impaired, lifetime expected credit losses along with interest income on a net basis are recognised.

The Service’s financial assets measured at amortised cost comprise trade and other receivables and cash and cash equivalents in the statement of financial position. Cash and cash equivalents include cash in hand, deposits held at call with banks, other short term highly liquid investments with original maturities of three months or less, and – for the purpose of the statement of cashflows - bank overdrafts. Bank overdrafts are shown within loans and borrowings in current liabilities on the statement of financial position.

Derecognition of financial assets
Financial assets are derecognised when the rights to receive cash flows have expired or where they have been transferred and the Service has also transferred substantially all risks and rewards of ownership.

Impairment of financial assets
A financial asset is deemed to be impaired when its carrying amount is greater than its estimated receivable amount, and there is evidence to suggest that the impairment occurred subsequent to the initial recognition of the asset in the financial statements. Impairment loss is recognised in expenditure.

2.4.2 Financial liabilities
Financial liabilities comprise trade payables and other short-term monetary liabilities, which are initially recognised at fair value and subsequently carried at amortised cost using the effective interest method.

2.5 Bank and cash balances
Bank and cash balances include cash in hand and deposits held on call with banks.

2.6 Post-employment benefits
Contributions to defined contribution pension schemes are charged to the statement of income and expenditure in the year to which they relate.

2.7 Property and equipment
Property and equipment is initially measured at cost. Cost includes expenditure that is directly attributable to the acquisition of the asset. Subsequent costs are included in the asset’s carrying amount or recognised as separate assets, as appropriate, only when it is probable that future economic benefits associated with the items will flow to the entity and the costs can be measured reliably. All other repairs and maintenance costs are charged to the statement of income and expenditure during the period in which they are incurred.

Property and equipment are subsequently carried at revalued amounts, based on periodic valuations, by a professionally qualified valuer, less accumulated depreciation and impairment losses. These revaluations are made with sufficient
regularity to ensure that the carrying amount does not differ materially from that which would be determined using fair value at the end of the reporting period.

Revaluation surpluses on property and equipment are credited to a revaluation reserve, except to the extent that it reverses a revaluation decrease for the same asset previously recognised as an expense, in which case the increase is credited to the statement of income and expenditure to the extent of the decrease previously charged. A decrease in the carrying amount arising on the revaluation of property and equipment is charged as an expense to the extent that it exceeds the balance, if any, held in the revaluation reserve relating to a previous revaluation of that asset.

On the subsequent sale or retirement of revalued assets the attributable revaluation surplus is transferred directly to accumulated surplus.

Subject to the above property and equipment is depreciated on a straight line basis over the remaining useful lives as follows:

- Buildings 20 years
- Furniture 10 years
- Laboratory and clinical equipment 10 years
- Motor vehicles 5 years
- Computer equipment 3 years

The assets’ residual values and useful lives are reviewed at each reporting date and adjusted if appropriate. The residual value of an asset is the estimated amount that would currently be obtained from disposal of the asset, after deducting the estimated costs of disposal, if the asset was already of the age and in condition expected at the end of its useful life.

Gains and losses on disposals are determined by comparing proceeds with the carrying amounts. These gains and losses are included in the statement of income and expenditure.

**Impairment of property and equipment**

The carrying amount of property and equipment is reviewed at each reporting date to determine whether there is any indication of impairment. If any such indication exists, the asset’s recoverable amount is estimated. Any impairment loss is recognised through the statement of income and expenditure whenever the carrying amount of an asset exceeds its recoverable amount.

**De-recognition of property and equipment**

An item of property and equipment is derecognised upon disposal or when no future economic benefits are expected from use or disposal.

**2.8 Inventory**

Inventory is initially measured at cost and subsequently stated at the lower of cost and net realizable value, after making allowance for obsolete inventories. Net realisable value is the estimate of the selling price in the ordinary course of business, less selling expenses. Write downs to net realisable values and inventory losses are expensed in the period in which the write downs or losses occur.

### 3. CRITICAL JUDGEMENTS IN APPLYING THE SERVICE’S ACCOUNTING POLICIES

In preparing the financial statements, management is required to make estimates and assumptions that affect the amounts presented in the financial statements and related disclosures. Use of available information and the application of judgment is inherent in the formation of estimates. Actual results in the future could differ from these estimates which may be material to the financial statements. Significant judgments include:

(a) **Trade and other receivables**

The Service assesses its trade receivables for impairment at each reporting date. In determining whether an impairment loss should be recognised in the statement of income and expenditure, the Service makes judgments as to whether there is observable data indicating a measurable decrease in the estimated future cash flows from the receivables.

(b) **Impairment testing**

The Service is required to test, on an annual basis, whether an asset has suffered any impairment. Impairment loss is the amount by which the carrying amount of an asset exceeds its recoverable amount. The recoverable amount of an asset is the higher of its fair value less costs of disposal and its value in use. The determination of value in use requires the estimation of future cash flows and of a discount rate.
## 4 PROPERTY AND EQUIPMENT

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Carrying amount as at 1 January 2017</strong></td>
<td>1,280,077</td>
<td>140,644</td>
<td>484,534</td>
<td>67,416</td>
<td>159,942</td>
<td>2,132,613</td>
</tr>
<tr>
<td>Gross carrying amount - cost/valuation</td>
<td>1,930,000</td>
<td>243,938</td>
<td>849,603</td>
<td>669,130</td>
<td>(1,921,064)</td>
<td>4,053,677</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>(649,923)</td>
<td>(103,294)</td>
<td>(365,069)</td>
<td>(509,188)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additions</td>
<td>-</td>
<td>9,677</td>
<td>43,465</td>
<td>28,713</td>
<td>43,760</td>
<td>125,615</td>
</tr>
<tr>
<td>Disposals</td>
<td>-</td>
<td>(2,295)</td>
<td>(5)</td>
<td>(2,718)</td>
<td>(9,018)</td>
<td>(9,018)</td>
</tr>
<tr>
<td>Gross carrying amount - cost/valuation</td>
<td>-</td>
<td>(7,105)</td>
<td>(45)</td>
<td>(44,705)</td>
<td>(57,302)</td>
<td></td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>-</td>
<td>4,810</td>
<td>40</td>
<td>5,447</td>
<td>37,987</td>
<td>48,284</td>
</tr>
<tr>
<td>Depreciation charge for the year</td>
<td>(96,500)</td>
<td>(24,946)</td>
<td>(39,773)</td>
<td>(67,737)</td>
<td></td>
<td>(317,973)</td>
</tr>
<tr>
<td><strong>Carrying amount as at 31 December 2017</strong></td>
<td>1,183,577</td>
<td>123,080</td>
<td>438,977</td>
<td>129,247</td>
<td>1,931,237</td>
<td></td>
</tr>
<tr>
<td>Gross carrying amount - cost/valuation</td>
<td>1,930,000</td>
<td>246,510</td>
<td>893,023</td>
<td>668,185</td>
<td>(2,190,753)</td>
<td>4,121,990</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>(746,423)</td>
<td>(123,430)</td>
<td>(454,046)</td>
<td>(538,938)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additions</td>
<td>-</td>
<td>33,643</td>
<td>17,282</td>
<td>160,929</td>
<td>35,000</td>
<td>246,854</td>
</tr>
<tr>
<td>Disposals</td>
<td>-</td>
<td>(677)</td>
<td>(4)</td>
<td>(681)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross carrying amount - cost/valuation</td>
<td>-</td>
<td>(2,952)</td>
<td>(176)</td>
<td>(25,971)</td>
<td>(36,339)</td>
<td></td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>-</td>
<td>2,275</td>
<td>172</td>
<td>7,240</td>
<td>25,971</td>
<td>35,658</td>
</tr>
<tr>
<td>Depreciation charge for the year</td>
<td>(96,500)</td>
<td>(25,988)</td>
<td>(90,111)</td>
<td>(49,468)</td>
<td></td>
<td>(323,131)</td>
</tr>
<tr>
<td><strong>Carrying amount as at 31 December 2018</strong></td>
<td>1,087,077</td>
<td>130,058</td>
<td>366,144</td>
<td>156,221</td>
<td>1,854,279</td>
<td></td>
</tr>
<tr>
<td>Gross carrying amount - cost/valuation</td>
<td>1,930,000</td>
<td>277,201</td>
<td>910,129</td>
<td>537,961</td>
<td>(2,478,226)</td>
<td>4,332,505</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>(842,923)</td>
<td>(147,143)</td>
<td>(543,985)</td>
<td>(562,435)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NOTES TO THE FINANCIAL STATEMENTS (Cont’d)
for the period ended 31 December 2018

5 INVENTORIES

<table>
<thead>
<tr>
<th></th>
<th>2018 US$</th>
<th>2017 US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood bags</td>
<td>129,637</td>
<td>147,423</td>
</tr>
<tr>
<td>Donor incentives</td>
<td>50,382</td>
<td>15,464</td>
</tr>
<tr>
<td>Immunoglobulins</td>
<td>4,020</td>
<td>9,611</td>
</tr>
<tr>
<td>Protective clothing</td>
<td>6,032</td>
<td>1,743</td>
</tr>
<tr>
<td>Reagents and chemicals</td>
<td>317,230</td>
<td>123,231</td>
</tr>
<tr>
<td>Stationery</td>
<td>46,072</td>
<td>30,322</td>
</tr>
<tr>
<td>Other consumables</td>
<td>100,169</td>
<td>88,953</td>
</tr>
<tr>
<td></td>
<td>653,542</td>
<td>416,747</td>
</tr>
</tbody>
</table>

6 TRADE AND OTHER RECEIVABLES

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade receivables</td>
<td>761,870</td>
<td>2,662,340</td>
</tr>
<tr>
<td>Less: Provision for impairment</td>
<td>(78,804)</td>
<td>(78,804)</td>
</tr>
<tr>
<td></td>
<td>683,066</td>
<td>2,583,536</td>
</tr>
<tr>
<td>Other receivables</td>
<td>288,336</td>
<td>143,367</td>
</tr>
<tr>
<td></td>
<td>971,402</td>
<td>2,726,903</td>
</tr>
<tr>
<td>Prepayments</td>
<td>-</td>
<td>110,936</td>
</tr>
<tr>
<td>Total trade and other receivables</td>
<td>971,402</td>
<td>2,837,839</td>
</tr>
</tbody>
</table>

The carrying value of trade and other receivables classified as loans and receivables approximates fair value.

Other classes of financial assets included within trade and other receivables do not contain impaired assets.

As at 31 December 2018, trade receivables of US$547,206 (2017: US$2,231,975) were past due but not impaired. They relate to customers with no default history. The aging of these debtors is as follows:

<table>
<thead>
<tr>
<th>Age of Debtors (in Months)</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 3 months</td>
<td>371,150</td>
<td>1,958,510</td>
</tr>
<tr>
<td>3 months and above</td>
<td>176,056</td>
<td>273,465</td>
</tr>
<tr>
<td></td>
<td>547,206</td>
<td>2,231,975</td>
</tr>
</tbody>
</table>

Movements in the impairment allowance for trade receivables are as follows:

At 1 January                | (78,804)   | (78,804)   |
Increase during the year    | -          | -          |
At 31 December              | (78,804)   | (78,804)   |

7 TRADE AND OTHER PAYABLES

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade</td>
<td>655,388</td>
<td>557,752</td>
</tr>
<tr>
<td>Other</td>
<td>1,049,573</td>
<td>286,244</td>
</tr>
<tr>
<td>Total financial liabilities classified as financial liabilities measured at amortised cost</td>
<td>1,704,961</td>
<td>843,996</td>
</tr>
<tr>
<td>Other payables: Pension, tax and social security</td>
<td>379,294</td>
<td>555,410</td>
</tr>
<tr>
<td></td>
<td>2,084,255</td>
<td>1,399,406</td>
</tr>
</tbody>
</table>

The carrying value of trade and other payables classified as financial liabilities measured at amortised cost approximates fair value.
NOTES TO THE FINANCIAL STATEMENTS (Cont’d)
for the period ended 31 December 2018

<table>
<thead>
<tr>
<th>8 REVENUE</th>
<th>2018 US$</th>
<th>2017 US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human blood products</td>
<td>7,760,697</td>
<td>6,417,491</td>
</tr>
<tr>
<td>Immunoglobulins</td>
<td>35,811</td>
<td>21,977</td>
</tr>
<tr>
<td>Medical tests</td>
<td>412,360</td>
<td>509,137</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>8,208,868</strong></td>
<td><strong>6,948,605</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9 DONATIONS AND GRANTS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Health and Child Care</td>
<td>1,294,690</td>
<td>-</td>
</tr>
<tr>
<td>National Aids Council</td>
<td>101,169</td>
<td>248,489</td>
</tr>
<tr>
<td>Other donations</td>
<td>60,000</td>
<td>52,320</td>
</tr>
<tr>
<td><strong>Total Donations and Grants</strong></td>
<td><strong>1,455,859</strong></td>
<td><strong>300,809</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10 OTHER INCOME</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest income</td>
<td>2,721</td>
<td>8,322</td>
</tr>
<tr>
<td>Realisation of donated asset reserve</td>
<td>69,831</td>
<td>9,535</td>
</tr>
<tr>
<td>Sundry income</td>
<td>53,592</td>
<td>89,328</td>
</tr>
<tr>
<td><strong>Total Other Income</strong></td>
<td><strong>126,145</strong></td>
<td><strong>107,185</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11 OPERATING EXPENSES</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Branch visits expenses</td>
<td>7,359</td>
<td>5,656</td>
</tr>
<tr>
<td>Canteen expenses</td>
<td>125,851</td>
<td>92,361</td>
</tr>
<tr>
<td>Cleaning expenses</td>
<td>52,532</td>
<td>33,707</td>
</tr>
<tr>
<td>Co-ordination expenses</td>
<td>97,502</td>
<td>30,649</td>
</tr>
<tr>
<td>Donor benefit</td>
<td>8,325</td>
<td>34,448</td>
</tr>
<tr>
<td>Entertainment and presentation</td>
<td>161</td>
<td>3,128</td>
</tr>
<tr>
<td>Fuel</td>
<td>211,901</td>
<td>165,954</td>
</tr>
<tr>
<td>Incineration and waste disposal</td>
<td>43,569</td>
<td>22,818</td>
</tr>
<tr>
<td>Laboratory expenses</td>
<td>1,325,543</td>
<td>1,023,633</td>
</tr>
<tr>
<td>Linen administration</td>
<td>5,220</td>
<td>4,262</td>
</tr>
<tr>
<td>Medical services expenses</td>
<td>1,224,168</td>
<td>921,467</td>
</tr>
<tr>
<td>Motor vehicle repairs and maintenance</td>
<td>184,279</td>
<td>133,516</td>
</tr>
<tr>
<td>Public affairs expenses</td>
<td>87,935</td>
<td>40,532</td>
</tr>
<tr>
<td>Quality assurance expenses</td>
<td>95,793</td>
<td>89,817</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td><strong>3,470,138</strong></td>
<td><strong>2,601,948</strong></td>
</tr>
</tbody>
</table>
### 12 ADMINISTRATIVE EXPENSES

<table>
<thead>
<tr>
<th>Item</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit fees</td>
<td>48,300</td>
<td>15,200</td>
</tr>
<tr>
<td>Bank charges</td>
<td>87,363</td>
<td>27,663</td>
</tr>
<tr>
<td>Buildings maintenance and repairs</td>
<td>195,079</td>
<td>83,973</td>
</tr>
<tr>
<td>Consultancy expenses</td>
<td>63,098</td>
<td>29,260</td>
</tr>
<tr>
<td>Debt collection</td>
<td>11,877</td>
<td>10,424</td>
</tr>
<tr>
<td>Depreciation of property and equipment</td>
<td>323,131</td>
<td>317,973</td>
</tr>
<tr>
<td>Directors fees</td>
<td>30,315</td>
<td>31,752</td>
</tr>
<tr>
<td>Electricity and rates</td>
<td>78,356</td>
<td>97,717</td>
</tr>
<tr>
<td>Exchange loss</td>
<td>3,980</td>
<td>122</td>
</tr>
<tr>
<td>General expenses</td>
<td>11,631</td>
<td>10,914</td>
</tr>
<tr>
<td>Insurance</td>
<td>26,368</td>
<td>32,539</td>
</tr>
<tr>
<td>Library and reference books</td>
<td>936</td>
<td>831</td>
</tr>
<tr>
<td>Medical aid</td>
<td>216,237</td>
<td>210,456</td>
</tr>
<tr>
<td>Penalties</td>
<td>-</td>
<td>773</td>
</tr>
<tr>
<td>Pension</td>
<td>278,916</td>
<td>97,722</td>
</tr>
<tr>
<td>Planning information and research</td>
<td>432,667</td>
<td>284,596</td>
</tr>
<tr>
<td>Postage</td>
<td>1,258</td>
<td>285</td>
</tr>
<tr>
<td>Premises rentals</td>
<td>79,479</td>
<td>35,650</td>
</tr>
<tr>
<td>Printing and stationery</td>
<td>44,710</td>
<td>20,244</td>
</tr>
<tr>
<td>Protective clothing</td>
<td>2,907</td>
<td>2,004</td>
</tr>
<tr>
<td>Salaries and wages</td>
<td>3,538,263</td>
<td>2,985,325</td>
</tr>
<tr>
<td>Security</td>
<td>82,780</td>
<td>77,175</td>
</tr>
<tr>
<td>Staff and educational expenses</td>
<td>15,053</td>
<td>1,680</td>
</tr>
<tr>
<td>Staff welfare</td>
<td>41,338</td>
<td>45,236</td>
</tr>
<tr>
<td>Telephone and fax</td>
<td>108,779</td>
<td>100,887</td>
</tr>
<tr>
<td>Telephone rentals</td>
<td>4,762</td>
<td>3,125</td>
</tr>
<tr>
<td>Training and seminars</td>
<td>9,375</td>
<td>10,822</td>
</tr>
<tr>
<td>Transport</td>
<td>26,517</td>
<td>24,318</td>
</tr>
<tr>
<td>Water</td>
<td>29,206</td>
<td>26,907</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,792,681</strong></td>
<td><strong>4,585,573</strong></td>
</tr>
</tbody>
</table>
NOTES TO THE FINANCIAL STATEMENTS (Cont’d) for the year ended 31 December 2018

13  BANK AND CASH BALANCES

<table>
<thead>
<tr>
<th></th>
<th>2018 US$</th>
<th>2017 US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank balances</td>
<td>3,802,439</td>
<td>951,498</td>
</tr>
<tr>
<td>Cash balances</td>
<td>624</td>
<td>1,895</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3,803,063</td>
<td>953,393</td>
</tr>
</tbody>
</table>

14  POST EMPLOYMENT BENEFITS

14.1 National Social Security Authority Scheme

All employees are members of the National Social Security Authority Scheme which is a contributory pension scheme. The scheme is administered by the National Social Security Authority. This scheme was promulgated under the National Social Security Authority Act of 1989. The Service's obligations under the scheme are limited to specific contributions as legislated from time to time and are presently 3.5% of pensionable emoluments up to a maximum of $24.50 per month.

Contributions for the year

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>104,178</td>
<td>109,250</td>
</tr>
</tbody>
</table>

14.2 Externally administered fund

Pensions are provided for employees by a separate fund administered by Old Mutual, to which the Service and employees contribute. The pension fund is a defined contribution plan under which retirement benefits are determined by reference to the pensionable emoluments.

Contributions for the year

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>282,780</td>
<td>-</td>
</tr>
</tbody>
</table>

There were no contributions paid to the Old Mutual Pension Fund relating to the year ended 31 December 2017. This was due to a directive from Insurance and Pensions Commission (IPEC) to seize deducting pension from employees until the Service has cleared its outstanding balance with Old Mutual Pension Fund. After compliance with IPEC’s regulations the Service resumed payments in 2018.

15  COMPENSATION TO KEY MANAGEMENT

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the Service on a day to day basis. Long term benefits for 2017 include National Social Security Authority pension contribution only as no Old Mutual pension contribution was deducted.

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short term benefits</td>
<td>733,173</td>
<td>596,139</td>
</tr>
<tr>
<td>Long term benefits</td>
<td>27,670</td>
<td>2,646</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>760,843</td>
<td>598,785</td>
</tr>
</tbody>
</table>

Long term benefits for 2018 includes National Social Security Authority pension contribution and Old Mutual pension contribution as deductions resumed in 2018.
16 Financial Instruments - Risk Management

The Service is exposed through its operations to the following financial risks:
1. Credit risk
2. Liquidity risk

In common with all other businesses, the Service is exposed to risks that arise from its use of financial instruments. This note describes the Service’s objectives, policies and processes for managing those risks and methods used to measure them. Further quantitative information in respect of these risks is presented throughout these financial statements.

There have been no substantive changes in the Service’s exposure to financial instrument risks, its objectives, policies and processes for managing those risks or the methods used to measure them from the previous periods unless otherwise stated in this note.

(i) Principal financial instruments

The principal financial instruments used by the Service, from which financial instrument risk arises, are as follows:
- a) Trade and other receivables
- b) Bank and cash balances
- c) Trade and other payables

(ii) Financial instruments by category

<table>
<thead>
<tr>
<th>Financial assets</th>
<th>Loans and receivables</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2018</td>
</tr>
<tr>
<td></td>
<td>US$</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>971,402</td>
</tr>
<tr>
<td>Bank and cash balances</td>
<td>3,803,063</td>
</tr>
<tr>
<td></td>
<td><strong>4,774,465</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Financial liabilities</th>
<th>At amortised cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2018</td>
</tr>
<tr>
<td></td>
<td>US$</td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>1,704,961</td>
</tr>
<tr>
<td></td>
<td><strong>1,704,961</strong></td>
</tr>
</tbody>
</table>

(iii) Financial instruments not measured at fair value

Financial instruments not measured at fair value include bank and cash, trade and other receivables, and trade and other payables.

Due to their short-term nature, the carrying value of bank and cash, trade and other receivables, and trade and other payables approximates their fair value.

General objectives, policies and processes

The Board has overall responsibility for the determination of the Service’s risk management objectives and policies and, whilst retaining ultimate responsibility for them, it has delegated the authority for designing and operating processes that ensure the effective implementation of the

The main risks facing the Service are credit risk and liquidity risk.
16 FINANCIAL INSTRUMENTS - RISK MANAGEMENT (Cont’d)

16.1 Credit risk

Credit risk is the risk of financial loss to the Service if a customer or a counter part to a financial instrument fails to meet its obligations. Financial assets which potentially subject the Service to concentrations of credit risk consist primarily of bank and cash balances and trade and other receivables. The Service’s cash and cash equivalents are placed with high quality financial institutions. The credit risk with respect to trade receivables is limited to contractual obligations by the debtors. The Service has also suspended credit facilities on defaulting debtors and now demands cash upfront.

Quantitative disclosures of the credit risk exposure in relation to financial assets are set out below.

<table>
<thead>
<tr>
<th></th>
<th>Carrying value 2018</th>
<th>Maximum Exposure 2018</th>
<th>Carrying value 2017</th>
<th>Maximum Exposure 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade and other receivables</td>
<td>971,402</td>
<td>971,402</td>
<td>2,726,903</td>
<td>2,726,903</td>
</tr>
<tr>
<td>Bank and cash balances</td>
<td>3,803,063</td>
<td>3,803,063</td>
<td>1,193,701</td>
<td>1,193,701</td>
</tr>
<tr>
<td></td>
<td>4,774,465</td>
<td>4,774,465</td>
<td>3,920,604</td>
<td>3,920,604</td>
</tr>
</tbody>
</table>

17 LIQUIDITY RISK

This is the risk of insufficient liquid funds being available to cover commitments. In order to mitigate any liquidity risk that the Service faces, the Service’s policy has been throughout the year ended 31 December 2018, to maintain significant liquid resources.

The table below summarises the maturity profile of the Service’s financial liabilities based on contractual undiscounted payments.

<table>
<thead>
<tr>
<th></th>
<th>Up to 3 months</th>
<th>Between 3 and 12 months</th>
<th>Between 12 and 24 months</th>
<th>Over 2 years</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>At 31 December 2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>307,518</td>
<td>1,776,737</td>
<td>-</td>
<td>-</td>
<td>2,084,255</td>
</tr>
<tr>
<td></td>
<td>307,518</td>
<td>1,776,737</td>
<td>-</td>
<td>-</td>
<td>2,084,255</td>
</tr>
<tr>
<td>At 31 December 2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>419,821</td>
<td>979,585</td>
<td>-</td>
<td>-</td>
<td>1,399,406</td>
</tr>
<tr>
<td></td>
<td>419,821</td>
<td>979,585</td>
<td>-</td>
<td>-</td>
<td>1,399,406</td>
</tr>
</tbody>
</table>

18 CAPITAL COMMITMENTS

<table>
<thead>
<tr>
<th></th>
<th>2018 USD</th>
<th>2017 USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorised and contracted for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Authorised and not contracted for:</td>
<td>1,718,806</td>
<td>862,847</td>
</tr>
</tbody>
</table>
| Capital expenditure will be financed using internal resources.
19 EVENTS AFTER THE REPORTING DATE

19.1 Currency reforms

On the 22nd of February 2019, a Statutory Instrument (SI) 33 of 2019 was issued as an amendment to the Reserve Bank of Zimbabwe Act and which introduced a new currency called the RTGS Dollar. The Exchange Control Directive RU 28 of 2019 was issued on the same day which introduced an interbank market for the RTGS Dollar and the United States Dollar as well as other existing currencies in the multi-currency regime. SI 33 of 2019 specified, that for accounting and other purposes, all assets and liabilities that were immediately purchased before the effective date valued in USD (other than those held in NOSTRO FCA accounts and foreign obligations denominated in foreign currency) shall on and after the effective date be deemed to be values in RTGS dollars at a rate of 1:1 to the USD. The opening rate for United States Dollar to RTGS dollars was set at 1:2.5. The estimated financial effect of the introduction of RTGS dollars is as follows:

Sensitivity analysis

<table>
<thead>
<tr>
<th>Components of reported amounts</th>
<th>Sensitivity Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Assets/ Liabilities Nostro FCA US$</td>
<td>Monetary Assets/ Liabilities RTGS$</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Property and equipment</td>
<td>-</td>
</tr>
<tr>
<td>Inventories</td>
<td>-</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>-</td>
</tr>
<tr>
<td>Bank and cash balances</td>
<td>105,313</td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>(189,915)</td>
</tr>
<tr>
<td>Net (liabilities)/assets</td>
<td>(84,602)</td>
</tr>
</tbody>
</table>

Key assumptions:
- Non-monetary assets were in actual RTGS$ terms hence their values did not change in line with the exchange rates movements.
- Monetary assets and liabilities in RTGS$ values are not affected by movements in exchange rates because these are contractual in local currency which is now RTGS$ introduced in February 2019.
- Nostro FCA balances changed in line with the movement in exchange rates.

The Service had trade payables and bank and cash values denominated in Nostro FCA balances. These balances changed in line with the movement in exchange rates.

19.2 Approval of financial statements

The financial statements were approved for issue on 10 May 2019 by the Board of Directors of the Service.
THANK YOU
ZIMBABWE
FOR SUPPORTING THE
BLOOD PROGRAMME
Be someone’s Superhero

DONATE BLOOD TODAY

Proud sponsor of NBSZ since 2015
Tel: +263 242 772 655 . www.joinacity.co.zw
NBSZ CLINIC . JOINA MEDICAL CENTRE . 2ND FLOOR