

Africa Resource for Kidney Diseases Annual Report and Accounts 2007/08



MISSION

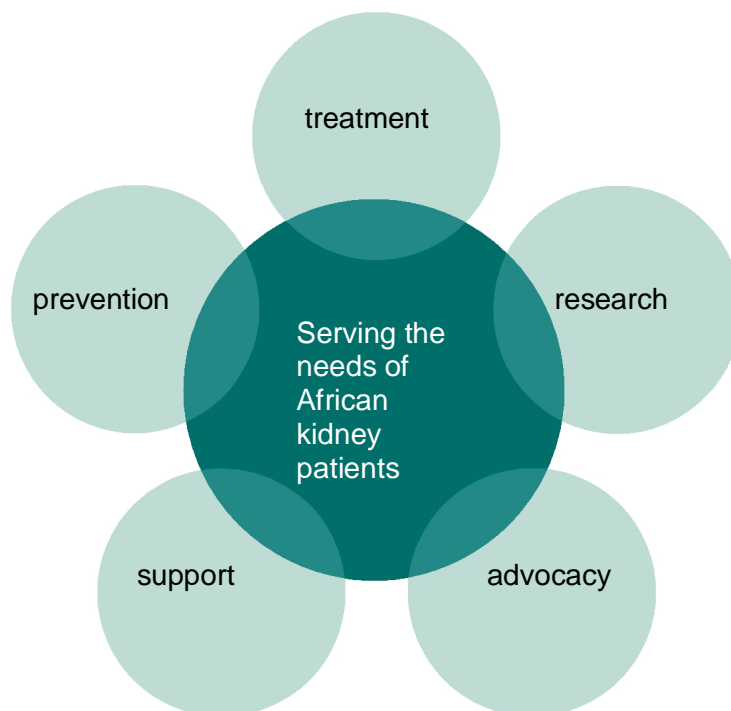
Quotation

Health is not valued till sickness comes.

Dr. Thomas Fuller, *Gnomologia*, 1732
British physician (1654 - 1734)

Mission

Serving the needs of African kidney patients



KEY TO ABBREVIATIONS

AFREKID	-	Africa Resource for Kidney Diseases
AIDS	-	Acquired Immunodeficiency Syndrome
BME	-	Black and Minority Ethnic
CKD	-	Chronic Kidney Disease
DOH	-	Department of Health
CAPD	-	Continuous Ambulatory Peritoneal Dialysis
ESRD	-	End-Stage Renal Disease
HIV	-	Human Immunodeficiency Virus
HAART	-	Highly Active Antiretroviral Therapy
HD	-	Haemodialysis
KARIBU	-	African Women's Support Group
MBA	-	Master of Business Administration
MENTER	-	East of England Black and Minority Ethnic Network
MHCWZ	-	Ministry of Health and Child Welfare, Zimbabwe
MHM	-	Ministry of Health, Malawi
NHS	-	National Health Services
PD	-	Peritoneal Dialysis
RRT	-	Renal Replacement Therapy
UK	-	United Kingdom
UTK	-	UK Transplant
WHD	-	World Hypertension Day
WHO	-	World Health Organisation
WKD	-	World Kidney Day

CONTENT

Mission	inside front cover
Abbreviations	1
Content	2
Foreword	3
Chair – Graciano Masauso	
Serving the needs of African kidney patients	4
Omolara Uzokwe, Company Secretary	
Activities and Project reports	
Health ‘n’ Living	5
Africa Kidney Drive	6
HIV/AIDS & Kidney Disease	7
World Kidney Day	8
Diary of the Year 2007/08	9
Key Statistics	10
How we performed against targets	11
Financial Report	12
Accounts for the year ended 31 March 2008	13
Company Information	14
Report of the Trustees	15
Statement of Financial Activities	19
Balance Sheet	20
Notes to the Accounts	21
Service Evaluation	25
Information Request	26
Acknowledgement	inside back cover
Contact Details	back cover

GRACIANO MASAUSO - CHAIR

FOREWARD

I have pleasure in presenting to you Africa Resource for Kidney Diseases (AFREKID) Annual Report and Accounts for 2007/2008.

The report records the work carried out by the charity to serve the needs of African kidney patients during a year in which we faced continued changes to and increasing workload as well as dwindling funding.

We continue to face incredibly challenges nationally and globally. Africa remains excluded from renal replacement therapy (RRT) programmes. HIV/AIDS is racking havoc in the renal population in Africa with an average infection rate of 35% and as high as 50% in other countries. African kidney patients are disproportionately represented on dialysis and transplant waiting list with the majority dying waiting because of chronic shortage of kidney donors.

We continue to position AFREKID on to the global agenda while building its capacity and that our objectives remained relevant and practical, translating this to day to day action and ensuring that all work is rigorously monitored.

During the year, we continued to strengthen partnerships with service providers and voluntary and community organisations. We continued to engage with our members to ensure that our service is fit for purpose.

We are very pleased that so many of you participated in surveys because that ensures that we do represent our member's interests. Many researches and health indices show that African and Caribbean communities have a higher incidence of kidney failure than the national average, lack access to mainstream services, poor health condition and inadequate health provision.

I would like to thank all our funder, Awards for All, who have been particularly helpful, not just in providing funds, but in supporting the work of AFREKID from advising us on our project to involving us in key partnership.

My fellow Board members need a special mention. We have had lively debates at meetings and all have made a full and vigorous contribution to setting AFREKID agenda and direction. I am pleased that most of the Board is standing again and that we have some new members.

I would like to thank the members of the Policy and Resource Sub-Committee, for all the additional work they have put in. Finally, the Board would like to thank volunteers who provided administrative support.



A handwritten signature in black ink, appearing to read 'Graciano Masauso'.

Graciano Masauso
Chair

July 2008

OMOLARA UZOKWE - SECRETARY

Serving the needs of African kidney patients

We continue to grow from strength to strength and we witnessed significant achievements during the year. We participated in many initiatives to raise awareness of kidney disease and organ donors. Some of the issues we tackled are:

- Lack of information on available services
- Unmet special needs for those on dialysis and especially HIV/AIDS kidney patients
- Inequality in access renal services

Achievements and performance

We gained international recognition of our work as we participated in the World Kidney Day for the first time.

Financial review

The Financial Activities for the year are set out on page 19 of this report. The charity's incoming resources increased from £6,221 to £9,750. The charity intends to apply for core funding this coming year.

Future developments

Plans are underway to employ a Project Director and an Administrator. Priority work areas are:

In the UK

- Promoting kidney donation.
- Supporting patients and carers.
- Commissioning research into African renal services and care.

In Africa

- Influencing the initiation of renal replacement therapy
- Supporting dialysis units/centres
- Supporting patients with livelihoods so that they can live full life

AFREKID would not survive without member support and those who give up time and energy to help us with consultation and attend workshops and make sure that we understand their issues.

I look forward to another year working with all our partners, developing a valuable renal care services for African people. I would like to thank all our Board members for directing AFREKID.



Omolara Uzokwe
Company Secretary

July 2008

ACTIVITIES AND PROJECT REPORTS

Health 'n' Living

Health 'n' Living is a pilot project in East Anglia's counties of Norfolk and Suffolk involving African kidney patients and their carers / families. The project employs behavioural approaches to healthy living and prevents and manages diabetes and high blood pressure in African communities. Diabetes and high blood pressure are the main causes of kidney failure in African and Caribbean communities.

The project in pictures



Launch, Mayor, Graciano, Mayoress and Lara, Ipswich



Project Launch and cheque presentation, Ipswich



Get together, Norwich



Training day, Swaffham, Norfolk

Activities

The following events / activities took place:

- 6 exercise sessions at fitness centres, etc
- 5 healthy walks for physical fitness
- 4 social and cultural activities get together
- 2 workshops on nutrition & healthy eating
- 3 training on management of diabetes, etc

Supported by



LOTTERY FUNDED

Africa Kidney Drive

About the Project

Africa Kidney Drive is a major project of Africa Resource for Kidney Diseases (AFREKID) that brings awareness of kidney disease and raise funds for renal treatment programmes such as dialysis in Africa.

The Launch

The initial launch took place in March 2008 during the World Kidney Day.



How was the project hatched?

As part of his 10th Anniversary Celebration for kidney transplant on 14th August 2009, Graciano Masauso thought about helping others in similar situation but do not have access to dialysis and die without any hope. Graciano would also like to give back something to the community as a 'thank' you for saving his life.

The Tour

Africa Kidney Drive is a tour of approx 80,000 miles across Europe and Africa to raise funds for dialysis in Africa. The journey which will start in UK and crossing Channel Tunnel to France then Spain will cross into Africa at the Strait of Gibraltar into Morocco. The tour will travel along the west coast and east coast of Africa stopping in every country. There will be major stops such as Brazzaville at WHO Regional Office for Africa and WHO in Geneva.

Activities during the year

Website

We commissioned a website dedicated to Africa Kidney Drive. The website contains information about the tour, the project, the team, about kidney disease and dialysis in Africa. At the time of writing this report, the website was still under construction. Details of the website can be found on www.africakidneydrive.org

Awareness/Campaign

The first campaign to bring awareness of the tour and kidney disease was held in July at Mildenhall College of Technology in Suffolk. The purpose was to involve students in global development issues.

Action plan for 2008/09

Year 2009 will host the Africa Kidney Drive tour. This comes after two years of intensive preparations. In order that the tour runs smoothly, the following have been drawn up:

- Launch the project on 12th March 2009
- Invite schools and colleges to take part
- Organise fundraising activities
- Invite renal/dialysis units to get involved



- Involve policy-makers and donor community
- To involve all members of the society

HIV/AIDS & Kidney Disease

About HIV/AIDS



Human immunodeficiency virus (HIV) is a replicating virus or retrovirus that can lead to acquired immunodeficiency syndrome (AIDS). It is a health condition that

causes the immune system to fail. HIV is transmitted when infected body fluid such as blood, semen, vaginal fluid and breast milk come into contact with a mucous membrane or the bloodstream of another person.

HIV/AIDS and kidney diseases in Africans



The risk of end-stage-renal-diseases (ESRD) disease requiring renal replacement therapy (RRT) is approximately 4-fold higher in Africans than in White population. Africans are also disproportionately affected

by the HIV epidemic, and the histopathological entity of HIV-associated nephropathy occurs almost exclusively in individuals of African descent. For example, African men ages 25 to 44 years constitute just 2% of the US population, but they account for 40% of HIV-infected kidney patients.

Renal problems related to HIV can be caused directly by the HIV virus when it enters the kidneys and multiplies or by the medicines patients must take to manage HIV. Highly active antiretroviral therapy (HAART) and other HIV treatments have side effects that can sometimes be toxic to the kidneys, including crystal-induced obstruction — a build up of crystals in the kidneys.

Activities during the year

Of the 4,924 enquiries received during the year, 2,873 were related to HIV/AIDS. This accounted for 58%. Of the 2,873 HIV/AIDS related cases, AFREKID was able to provide support, advice and information to only 325, about 11% of the cases. We were constrained by financial and human resources and capacity. We were stretched beyond capacity. About 92% of the HIV/AIDS enquiries came from Africa where kidney patients do not have access to treatment or are denied treatment as resource become scarce and rationing is practiced.



Proposed action in 2009 – 2012

With the growing number of kidney patients with HIV/AIDS or HIV/AIDS patients with kidney disease, AFREKID must move to work with others to address this issue.

Research into the effect of HIV/AIDS on renal care and services and vice versa

Determine a treatment regimen that manages both HIV and kidney disease

Support HIV/AIDS kidney patients go onto dialysis and received kidney transplant.

Campaign for equal access to prevention programmes, treatment, care and support

World Kidney Day

What is World Kidney Day?

World Kidney Day (WKD) is a global health awareness campaign focusing on the importance of our kidneys and reducing the frequency and impact of kidney disease and its associated health problems worldwide. The campaign is celebrated every year on the second Thursday of March. In 2008, AFREKID joined the world to celebrate WKD on Thursday 12th March 2008 at The Forum in Norwich, United Kingdom.

The day started with a march from our offices towards the city hall and then to The Forum, a vast plain of social and business exchange where BBC Look East is housed.

Stalls were well placed in and outside The Forum to attract as many people as possible. The event was hosted in partnership with Greater Norwich Kidney Patient Association. Health officials and service providers were present and participating.



As the day progresses, many people passed through the displays and stalls, collecting information, chatting, participating in activities, kidney quiz, test and games. Also, 500 balloons were released attracting a huge crowd. By the end of the day, about 500 people passed through our display and we had distributed over 1,000 leaflets in Norwich alone.

Kidney Disease

Common, Harmful and Treatable



Kidney disease is very **common**. It is estimated that approximately 400-600 million adults worldwide have chronic kidney disease.

It is a **harmful**. The first consequence of undetected CKD is the risk of developing progressive loss of kidney function leading to kidney failure. Diabetes and hypertension are becoming the most common causes of CKD.

Most importantly, most forms of kidney disease are **treatable**; its progression can often be curtailed particularly if caught early. In Africa, the majority of individuals with early stages of CKD go undiagnosed.

Proposed action 2009 – 2012

Early detection

Screening is our high priority in people at high risk of kidney disease, namely:

- Patients with diabetes mellitus & hypertension
- Individuals who are obese or smoke
- Individuals over 50 years of age
- Individuals with a family history of kidney disease, diabetes mellitus or hypertension

Prevention

Workshops on preventative measures to:

- Reduction of high blood pressure
- Reduce salt intake to lower blood pressure
- Control of glucose, blood lipids and anemia
- Smoking cessation
- Increased physical activity
- Control of body weight

DIARY OF THE YEAR 2007/2008

2007



We attended **funding surgery** in Norwich to refresh our skills in fundraising and finance.

Finding the means to survive in this current situation and further strengthen ourselves



A day of **induction and training** is held for volunteers in May. The induction is meant to introduce new recruits to AFREKID

This year's induction had the highest number of volunteers of 16 up from 9 in 2006/2007



Database training and cleansing
Each year, we do database training and updating, removing and adding new entries.

Database is essential tool for AFREKID in mapping needs, communications and contacts



We participated in the **National Transplant Week** 6-13 July. AFREKID worked with BME Transplant Network to organise

the event in Ipswich, Suffolk. Many people attended including the Mayor and MP for Ipswich



Our **Annual Report and Accounts** for 2006/07 was presented to the board and published. The presentation took place in the form

of breakfast briefing and was attended by members, volunteers and service providers



An **Away Day** on reflecting on quality issues affecting AFREKID so as to improve practice and performance was held.

The away Day concentrated on reflecting on quality affecting us as a changing organisation



The new **Policy & Resource Committee** reviewed its first six months of operation. The review is a way of checking progress and

making adjustment and where necessary.



We **hosted** a team of nephrologist from different renal units who are doing work in developing countries to come and talk to us.

It was a truly international month for AFREKID and for the trustees.



An **end of year thank you party** was held in Norwich. It was meant to bring together board members, volunteers and staff.

It was suggested that next year the party be held at a resort place such as Great Yarmouth.

2008



Filming starts for a major three-part kidney awareness campaign documentary series and on the work of AFREKID

The filming took place in Ipswich and will form part of our campaign to educate the public.



Trustee development held in February with short workshops on improving communications and member development needs

This proved very useful as continuous development in trusteeship is vital to delivery.



AFREKID organized massive celebration of **World Kidney Day** in Norwich on 12th March. The event was attended by many people.

Full of displays, banners, entertainment & balloons

KEY STATISTICS

11

The number of Black heartbeating kidney donors during the year. (White 568 and Asian 10)

This compared with 8 in 2006/2008, up by 73%. The number of organ donors from Black communities remains critically low.

507

The number of Black kidney patients on kidney transplant waiting list during the year. (White 5,298, Asian 998)

This is compared with 474 in 2006/2007, up by 7%. On average a White person waits 3 years and African 10 years to receive kidney transplant.

62

The number of Black kidney transplant recipients during the year (White 934 and Asian 100)

This compared with 68 in 2006/2007, down by 9%. Over 20 patients died whilst waiting.

2,825

The number of African kidney patients supported by AFREKID during the year.

Of which 1,036 is in the UK and 1,789 in Africa. HIV/AIDS accounted for 56% of all cases from Africa.

1.9%

The percentage of Black heartbeating kidney donors during the year. (White 96% and Asian 1.7)

This compared with 1.5% in 2006/2007, up by 27%. Africa kidney donors 1.9%, but African kidney patients on waiting list 7.8%

7.8%

The percentage of Black people on the kidney transplant waiting list (White 82% and Asian 15%)

This compared with 7.3% during the year 2006/2007. African kidney patients are disproportionately represented on the transplant waiting list.

2

The number of times that African kidney patients wait as long than others for a kidney transplant

With less than 2% deceased donors, African kidney patients wait twice longer than others

49,240

The number of Black donors (excluding Mixed) registered on NHS Organ Donor Register or 0.3% (UK Transplant 2006)*

(White 14 million, Asian 160,450, Mixed 137,520, Chinese 15,320, Other 24,050)

**Ethnicity is recorded only 10% of all cases*

HOW WE PERFORMED AGAINST TARGETS

No	Objective	Action plan	Indicator / Target	Performance
1) Strategic Aim 1: Operations and Core Business				
1.1	Monitor quality of AFREKID decision and provide feedback	Establish and implement monitoring system in accordance with allocated budgets.	Monitoring system in place	Achieved
1.2	Support the establishment of or established renal units	Develop partnership with health ministries and dialysis providers	2 partnerships created in the first half	Not Achieved, 1 created
1.3	Promote kidney donation awareness programme	Participate in kidney awareness and donation programmes	3 events participated and monitored the outcomes	Achieved
1.4	To reduce number of people diagnosed with kidney disease and those added on dialysis	Carry out public education awareness programmes	Two public education quarterly	Achieved
1.5	To ensure that members have knowledge and awareness of kidney support services	Provide information, guidance, counseling and supporting patients	Produce quarterly newsletter and drop-in	Newsletter Achieved (No drop-in)
1.6	Carers and donors feel valued and appreciated	Organise get together, carers breaks, respite care and social activities	1 get together, 2 breaks, 2 activities	Partially Achieved
2) Strategic Aim 2: Resource Management and Accountability				
2.1	Answer all telephone calls within 5 rings	Ensure arrangements are in place so that calls are answered promptly	Average for the year of 95%	77%
2.2	Pay invoices within 30 days of date of invoice	To constantly maintain spreadsheet of invoices received/paid	Average for the year 90%	95%
2.3	Assess the suitability of the accounting system	Review the existing system	By 31/10/07	Achieved
2.4	To ensure AFREKID operates within budget Produce monthly statements of expenditure against budget	Meet monthly timetable Review existing limits and revise where necessary	Monthly By 30/4/07	Achieved Achieved
2.5	Ensure budget information is meaningful and reports are consistent with budgets	Design effective reports in consultation with stakeholders	By 30/6/07 and review again during the year	Achieved
2.6	Review banking arrangements	To ensure arrangements are competitively priced and make best use of electronic banking	By 31/10/07	Achieved
2.7	Review corporate risk management strategy and implement changes	To have annual round of consultation with members and staff on corporate risk	By 31/10/07	Achieved
3) Strategic Aim 3: Relevance, Strategy and Development				
3.1	Ensure Board is provided with the support and advice needed to make informed decision	Organise four meetings and issue papers on time	By seven working days before each meeting	Achieved
3.2	Demonstrate public accountability by publishing AFREKID Annual Report and Accounts for 2006/07	Prepare timetable and set up editorial board Submit to Management Board and publish	By 30/4/07 By 26/7/07	Achieved Not achieved (published 12/10)
3.3	To develop a Business Plan for 2008/09	Hold business planning meetings with staff and members	To publish a Business Plan for 2008/09 by 31/3/2008	Achieved
3.4	Keep members and staff well informed of policy and practice developments	Publish ten issues of AFREKID newsletter for staff and members	Meet monthly publication submission deadlines	Achieved
3.5	Develop AFREKID's website	Work with IT to implement recommendations of review of navigation, design and content	Implement by 31/3/08	Achieved
3.6	Obtain feedback from members and staff on attitudes and perceptions	Work with HR to conduct annual staff and member survey	Conduct survey by 31/10/07	Not Achieved (moved to 2008/09)
3.7	Improve engagement with stakeholders	Keep key stakeholders updated with AFREKID developments	Send out information to key stakeholders at least every quarter	Achieved

Financial Report 2007/08

Anna Mudeka - Treasurer

The total income for the year ending 31 March 2008 was £9,750, an increase of 56% from 2006/07. The breakdown of the income by categories is shown on Figures 1a and 1b below.

Figure 1a: AFREKID Income 2007/08

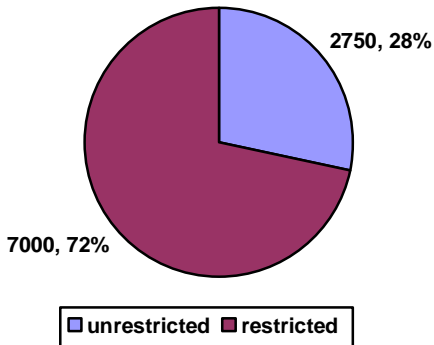
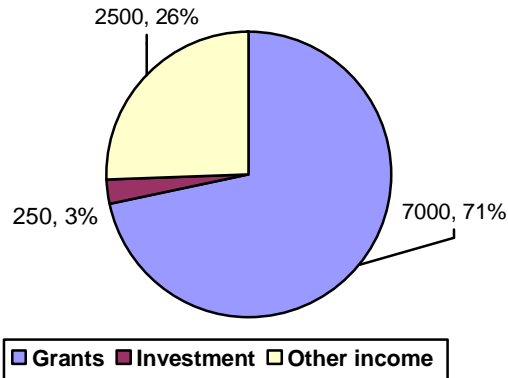
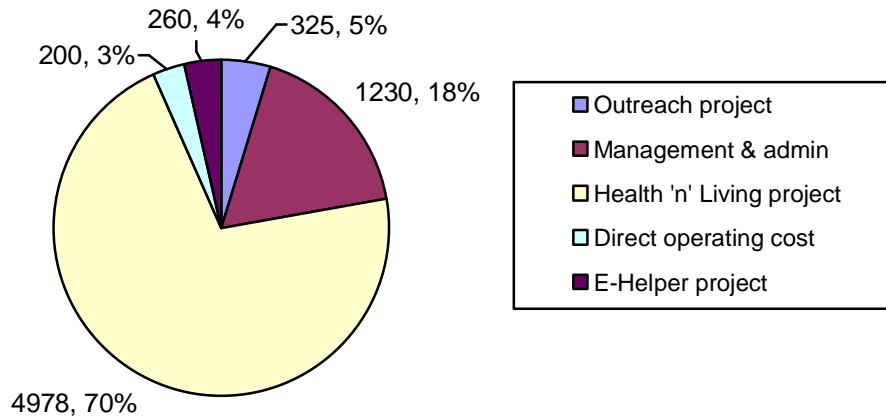


Figure 1b: AFREKID Income by category



The total expenditure for the year was £6,733 which is a 69% increase from the previous year. The breakdown of this expenditure by cost and by project is shown on figure 2 below.

Figure 2: AFREKID Expenses by cost and project 2007/08



AFREKID carries £6,446 reserves of which £2,423 is restricted funding. The restricted funds are mainly for Awards for All which had respective project end in August. These accounts are done with a March year end. The trustees are happy that in its second year of operation, AFREKID managed to strengthen its financial position while ensuring that the financial resources were in place for the objectives of the year 2007/2008.

The trustees have established a policy whereby the unrestricted funds not committed or invested in tangible fixed assets ("the free reserve") held by the charity should be between 3 and 6 months of the resources expended which equates to £10,550 in general funds. At present, the free reserves, which amount to £6,446 are outside these parameters and the trustees are considering ways of improving this position.

ANNUAL ACCOUNTS

YEAR ENDED 31 MARCH 2008

LEGAL & ADMINISTRATIVE INFORMATION

CURRENT TRUSTEES Alice Kemp-Welch (resigned on 14/02/08)
 Omolara Uzokwe
 Anna Mudeka
 Wendwossen Wole
 Graciano Masauso
 Gervais Koulongou Mambas

All of the above are trustees of the charity and also directors of the limited company for the purpose of the Companies Act 1985 and throughout this report are referred to as the Trustees.

COMPANY SECRETARY Olumide Omolara Kumuyi-Uzokwe

REGISTERED OFFICE 7 Rigby's Court
 St Giles Street
 Norwich
 NR2 1NT

CHARITY REGISTRATION NUMBER 1120421

COMPANY REGISTRATION NUMBER 5524439

BANKERS Barclays Bank
 5 – 7 Red Lion Street
 Norwich
 NR1 3QH

REPORT OF THE TRUSTEES

The trustees, who are also directors of the charity for the purposes of the Companies Act, present their annual report and accounts for the year ended 31 March 2008. The trustees have adopted the provisions of the Statement of Recommended Practice (SORP) 'Accounting and Reporting by Charities' issued in October 2000 in preparing the Annual Report and accounts of the charity.

STATEMENT OF TRUSTEES RESPONSIBILITIES

Company law requires the trustees to prepare accounts for each financial year which give a true and fair view of the state of affairs of the charity and of the surplus or deficit of the charity for that year.

In preparing those accounts, the trustees are required to:

- (i) Select suitable accounting policies and apply them consistently.
- (ii) Make judgements and estimates that are reasonable and prudent.
- (iii) Prepare the accounts on the going concern basis unless it is inappropriate to presume that the charity will continue operating.
- (iv) State whether the policies adopted are in accordance with the Companies Act 1985 and with applicable accounting standards and statements of recommended practice, subject to any material departures disclosed and explained in the accounts.

The trustees are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time, the financial position of the charity and to enable them to ensure that the accounts comply with the Companies Act 1985.

They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing Document

Africa Resource for Kidney Diseases (AFREKID) is a company limited by guarantee with charitable status which is governed by a memorandum and articles of association. It was incorporated as a company in England and Wales on 14th April 2005. It was registered as a charity on 6th August 2007.

Appointment of Trustees

New trustees are appointed by a majority of trustees in office at that time.

Trustee induction and training

The trustees are currently reviewing the procedures in place for trustees' induction and training by reference to guidance published by the Charity Commission.

The day to day affairs of the charity are run by the trustees of the charity who are also the directors of the company.

REPORT OF THE TRUSTEES (... continued)

Organisational Structure

The charity has a board of trustees who meet four times a year and are responsible for its strategic direction and policy. The trustees appoint a Volunteer Co-ordinator to manage the day to day operations of the charity because at present, the charity does not have paid staff and plans are underway to employ a part-time Project Officer and Administrator.

Risk Management

The trustees actively review the major risks which the charity faces on a regular basis and believe that increasing reserves from current levels, combined with an annual review of the controls over key financial systems will provide sufficient resources in the event of adverse conditions. The trustees have also examined other operational and business risks faced by the charity and confirm that they have established systems to mitigate the significant risks.

OBJECTIVES AND ACTIVITIES

The charity's objectives and activities continue to be:

to relieve the financial hardships of African renal patients in Africa and the UK, in particular but not exclusively, by making grants for items, services and facilities

to promote and protect the health of African renal patients in Africa and the UK, in particular but not exclusively, by initiating renal replacement therapy, developing renal support services and supporting kidney donors and Carers

to advance the education of the public in renal diseases, including promoting research and disseminating the useful results thereof

ACHIEVEMENTS AND PERFORMANCE

A review of the charity's achievements and performance are contained in the annual report.

FINANCIAL REVIEW

A review of the charity's financial performance during the year is contained in the annual report.

Reserve policy

The trustees have established a policy whereby the unrestricted funds not committed or invested in tangible fixed assets ("the free reserve") held by the charity should be between 3 and 6 months of the resources expended which equates to £10,550 in general funds. At this level, the trustees feel that they would be able to continue the current activities of the charity in the event of a significant drop in funding. In the event of such an occurrence, it would obviously be necessary to consider how the funding would be replaced or activities changed. At present, the free reserves, which amount to £6,446 are outside these parameters and the trustees are considering ways of improving this position.

STATEMENT OF INTERNAL CONTROL

Scope of responsibility

As Trustees and Directors of the Charitable Company we have responsibility for maintaining a sound system of internal control that supports the achievement of AFREKID's policies, aims and objectives, and the charity's assets for which we are responsible, in accordance with the responsibilities assigned to us in governance documents. Performance against those plans is monitored and reviewed at monthly and quarterly meetings.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of organisation policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in AFREKID for the year ended 31 March 2008 and up to the date of approval of the annual report and accounts.

REPORT OF THE TRUSTEES (... continued)

Capacity to handle risk

The Risk Management Committee provides leadership in risk management within the organisation. This Committee assesses risk at each of its quarterly meetings and has a full review of the risk environment each year.

The risk and control framework

During 2007/08 a number of developments have been made to AFREKID's internal control environment:

- Further embedding of the risk framework throughout the organisation to encompass operational as well as strategic risk.
- Project risk and operational risk have been fully incorporated into the quarterly assessments of the Risk Management Committee.
- Guidelines for risk managers have been implemented and are available to all staff.

It is the Board's policy actively to identify and manage the risk to which it is exposed. Risk assessment is a fundamental part of our operational procedures. Risks are allocated to appropriate staff. Risk reporting is encouraged and AFREKID actively manages risk to help meet business and strategic objectives. There is a process of continual risk identification, ensuring the currency of the corporate risk registers. Risk avoidance, mitigation or recovery plans are developed and monitored as necessary

Our management of risk is embedded in policymaking, planning and delivery by:

- Dissemination of risk policy and strategy to all members and staff of the Board.
- Mandated discussion of operational risks at all team meetings.
- Publication of the risk policy and strategy on the organisation's website.
- Development and implementation of staff management protocols.
- Formal presentations given by the Secretariat teams to the Risk Management Committee on the management of their operational risks.

Assessments made by risk owners on the management of the strategic risks are reported quarterly to both the Risk Management Committee and the Policy & Resource Committee against business plan objectives is monitored on a monthly basis by the Board. These mechanisms are proving to be effective in driving forward initiatives aimed at improved management of the identified risks

Risk assessment

The annual review of strategic corporate risks was carried out in November 2007 and the resultant risk register was subsequently reviewed by the Board's Risk Management Committee at its meeting on 6 December 2007. The current top risk priorities for AFREKID which reflect amongst other things the change in the legal environment and the pressures faced by our health and social care partners are:

- Failure of outside agencies to provide AFREKID with adequate information on kidney patients so that it would be less able to carry out well informed and timely risk assessments.
- Inadequate human resources making AFREKID unable to handle the changing and increasing workload or respond to the change and improvement agenda.
- Handling rapid change resulting from the health and social care.

AFREKID system of internal control includes established governance structures to support the risk management framework; and a range of internal control processes to provide management with financial and operational assurance, including:

- The provision and review of regular management information.
- Financial and administrative procedures including delegations of authority and segregation of duties.
- Formal approval by the Management Board of business plans and their regular review against performance.
- Regular reviews by management of financial and operational reports indicating performance against forecasts.
- Health, Safety and Security risk and assurance processes.

REPORT OF THE TRUSTEES (... continued)

- A Business Continuity Plan.
- A fraud risk management policy.

Business continuity plan

A business continuity plan was established and tested during 2007/08 to mitigate one of the identified corporate risks. Risk Management Committee reviewed the plan and attended its testing. Their conclusion was that "the arrangements in place for the organisation to continue to operate and respond to interruptions from serious failures or disasters are well controlled."

The Board recognises that it currently depends on project funding and rental offices on partners. These facilities will continue until new arrangements are made.

Review of effectiveness

I also have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed both by the work of internal reviews and the staff within the organisation who have responsibility for the development and maintenance of the internal control framework, and by comments made by the external reviewers in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Management Board and the Risk Management Committee, and a plan to address weaknesses and ensure continuous improvement is in place

The Risk Management Committee, which meets four times a year, reports to the Management Board on the implications of assurances provided in respect of risk and control in AFREKID and the sufficiency of audit arrangements. As owner of the risk management process, I sit on this Committee. The Risk Management Committee reviews both the internal and external reviews requirements, the adequacy of the financial systems, risk management, control and governance. The Management Board reviews AFREKID performance reports and reports of progress against our Business Plan.

Internal reviews

The work programme of internal review is informed by an analysis of the risk to which AFREKID is exposed. A programme of internal review work proposed by our internal reviews, based on this analysis of risk, has been endorsed by AFREKID's Risk Management Committee and approved by me.

At least annually, the Chair of Risk Management Committee provides a report on internal reviews activity. The report includes independent opinion on the adequacy and effectiveness of AFREKID's system of internal control.

Significant issues

AFREKID is receiving higher than proportionate the amount of enquiries and requests that it can handle from the African continent. With the scourge of HIV/AIDS ravaging the continent, kidney patients with HIV/AIDS are on the increase.

AFREKID continues to depend on the projects funding for the provision of all major business support functions. There are plans to move towards social enterprise.

FUTURE DEVELOPMENTS

A review of the charity's future developments is contained in the annual report.

AUDITOR

The company was entitled to exemption under section 249AA(1) of the Companies Act 1985. Members have not required the company to obtain an audit in accordance with section 249B(2) of the Companies Act 1985.

This report was approved by the board of trustees on..... 15 JULY 2008 (date)

and



signed on their behalf by.....CHAIR

STATEMENT OF FINANCIAL ACTIVITIES

	Notes	Unrestricted Funds £	Restricted Funds £	2008 Total Funds £	2007 Total Funds £
INCOMING RESOURCES					
Grants	3	0	7,000	7,000	3,911
Other income		2,500	0	2,500	2,200
Investment income	2	250	0	250	110
TOTAL INCOMING RESOURCES	1	2,750	7,000	9,750	3,722
RESOURCES EXPENDED					
Charitable expenditure					
Direct operating costs		1,130	4,978	6,108	3,770
Management and administration		425	200	625	210
TOTAL RESOURCES EXPENDED	4	1,555	5,178	6,733	3,980
		1,195	1,822	3,017	2,041
TRANSFERS	11	500	(500)	0	0
NET MOVEMENT IN FUNDS FOR THE YEAR		1,695	1,322	3,017	2,041
RESERVES BROUGHT FORWARD		2,328	1,101	3,429	1,388
RESERVES CARRIED FORWARD		4,023	2,423	6,446	3,429

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES

There were no recognised gains or losses for the year ending 31 March 2008 other than those included in the Statement of Financial Activities.

BALANCE SHEET

	Notes	2008 £	2007 £
FIXED ASSETS			
Tangible	6	962	692
TOTAL FIXED ASSETS		962	692
CURRENT ASSETS			
Debtors	7	998	625
Cash at bank and in hand		5,381	2,982
TOTAL CURRENT ASSETS		6,379	3,607
CREDITORS: amounts falling due within one year	8	(895)	(870)
NET CURRENT ASSETS		5,484	2,737
TOTAL NET ASSETS		6,446	3,429
RESERVES			
Unrestricted Funds		4,023	2,328
Restricted Funds	9	2,423	1,101
ACCUMULATED RESERVES		6,446	3,429

- (a) For the year ended 31 March 2008 the company was entitled to exemption under section 249AA(1) of the Companies Act 1985.
- (b) Members have not required the company to obtain an audit in accordance with section 249B(2) of the Companies Act 1985.
- (c) The directors acknowledge their responsibility for:
- ensuring the company keeps accounting records which comply with section 221; and
 - preparing accounts which give a true and fair view of the state of affairs of the company as at the end of the financial year, and of its profit or loss for the financial year, in accordance with the requirements of section 226, and which otherwise comply with the requirements of the Companies Act relating to accounts, so far as applicable to the company.
- (d) The accounts have been prepared in accordance with the special provisions in Part VII of the Companies Act 1985 relating to small companies.

The accounts were approved by the directors on 15 July 2008 and signed on their behalf.



CHAIR

NOTES TO THE FINANCIAL ACTIVITIES

1 ACCOUNTING POLICIES

(a) BASIS OF PREPARATION OF ACCOUNTS

The accounts have been prepared under the historical cost convention and include the results of the charity's operations, which are described in the Report of the Trustees and all of which are continuing. They have been prepared in accordance with the Statement of Recommended Practice, Accounting and Reporting by Charities (SORP) issued in March 2005 and the Companies Act 1985.

(b) INCOMING RESOURCES

Incoming resources are recognised in the year in which the charity is entitled to the receipt, and the amount can be measured with reasonable certainty. Income is only deferred when the charity has to fulfil conditions before becoming entitled to it or where the donor has specified that the income is to be expended in a future year.

(c) RESOURCES EXPENDED

Includes all expenditure incurred by the charity other than that which has been capitalised.

(d) COMPUTER EQUIPMENT

Depreciation is calculated at 33.3% using Straight Line Method.

(e) CASH FLOW STATEMENTS

The charity, being a small company of small size within the meaning of the Companies Act 1985, has used the exemption provided by Financial Reporting Standard No. 1 under which they are not required to include a cash flow statement as part of their accounts.

2 INVESTMENT INCOME

	2008 £	2007 £
Interest received from bank accounts	250	110
	-----	-----

NOTES TO THE FINANCIAL STATEMENTS (... continued)

3	GRANTS	Unrestricted Funds £	Restricted Funds £	2008 Total Funds £	2007 Total Funds £
	Awards for All	0	7,000	7,000	2,000
	ESF	0	0	0	1,511
	Norwich City Council	0	0	0	400
		-----	-----	-----	-----
		0	7,000	7,000	3,911
		-----	-----	-----	-----

4	TOTAL RESOURCES EXPENDED	Direct operating costs £	Management and administration £	2008 Total resources expended £	2007 Total resources expended £
	Bank charges and interest	0	0	0	11
	Outreach expenses	100	225	325	95
	Information audit	0	120	120	121
	Insurance	0	200	200	224
	IT support	0	50	50	110
	Meetings and conferences	30	100	130	145
	Health 'n' Living project	4,978	200	5,178	0
	Miscellaneous	0	0	0	105
	Office equipment	0	0	0	240
	E-Helper expenses	0	260	260	515
	Postage, photocopying and stationery	0	80	80	320
	Volunteer travelling expenses	30	150	180	130
	Subscriptions and literature	0	0	0	101
	Telephone	40	60	100	102
	Training	0	110	110	115
		-----	-----	-----	-----
		5,178	1,555	6,733	2,334
		-----	-----	-----	-----

NOTES TO THE FINANCIAL STATEMENTS (... continued)

HEALTH 'N' LIVING – AWARDS FOR ALL

	Direct operating costs £	Management and administration £	2008 Total resources expended £	2007 Total resources expended £
Seasonal staff	1,200	0	1,200	0
Publicity material	150	0	150	0
Venue hire	500	0	500	0
Membership fee (fitness and outings)	728	0	728	0
Travel costs	450	0	450	0
Refreshments	300	0	300	0
Volunteer costs	700	0	700	0
Telephone	150	0	150	0
Computer equipment	800	0	800	0
Admin costs	0	200	200	0
	-----	-----	-----	-----
	4,978	200	5,178	0
	-----	-----	-----	-----

5 REMUNERATION AND EXPENSES

No remuneration was paid to any of the trustees in the year. No expenses were reimbursed to the trustees during the year. The trust did not employ any staff during the year. It operated on volunteers.

6 TANGIBLE FIXED ASSETS

Depreciation has been provided at the following rates in order to write off the assets over their estimated useful lives. Depreciation of computer equipment has been calculated at 33.3% using Straight Line method.

Tangible fixed assets	Computer Equipment £	Total £
Cost		
At 30 April 2007	1,218	1,218
Additions	750	750
Disposals	0	0
	-----	-----
At 31 March 2008	1,968	1,968
	-----	-----
Depreciation		
At 30 April 2008	526	345
Charge for year	480	455
On disposals	0	0
	-----	-----
At 31 March 2008	1,006	800
	-----	-----
Net Book Value		
At 30 April 2007	692	692
At 31 March 2008	962	1,168
	-----	-----

NOTES TO THE FINANCIAL STATEMENTS (... continued)

7	DEBTORS	2008 £	2007 £
	Trade debtors	275	120
	Prepayments and accrued income	723	505
	Total	998	625

8	CREDITORS: amounts falling due within one year	2008 £	2007 £
	Trade creditors	652	645
	Other creditors	243	225
	Total	895	870

9	RESTRICTED FUNDS	Brought forward £	Incoming Resources £	Resources Expended £	Transfers (note 11) £	Carried forward £
	Awards for All Health 'n' Living	0	7,000	5,178	500	1,322
		0	7,000	5,178	500	1,322

10 LIABILITY OF MEMBERS

The charity is a company limited by guarantee. In the event of the charity being wound up, the liability of the members is limited to £1.

11 TRANSFERS

These sums represent the amounts transferred from restricted funds to unrestricted funds to allow for the management and support costs incurred by the charity in running them.

AFREKID SERVICE EVALUATION

AFREKID is committed to providing the best possible services to its members and the wider community. Please tell us what you think of about the services and information we provide by filling out the evaluation form below. We welcome and encourage your comments and suggestions.

How did you come to find out about AFREKID?

- word of mouth internet local event other

How do you rate your knowledge of kidney diseases before coming in contact with AFREKID?

- none limited basic well informed not applicable

How do you rate your knowledge of kidney diseases after coming in contact with AFREKID?

- none limited basic well informed not applicable



Please tick the boxes that best describe the written information you receive from AFREKID

- | | | |
|---|--|---|
| <input type="checkbox"/> well presented | <input type="checkbox"/> informative | <input type="checkbox"/> up-to-date and accurate |
| <input type="checkbox"/> poorly presented | <input type="checkbox"/> confusing | <input type="checkbox"/> too much jargon |
| <input type="checkbox"/> legible | <input type="checkbox"/> clearly written | <input type="checkbox"/> fulfilling the objective set |

Please tick the boxes that best describe the oral information you receive from AFREKID

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> clearly explained | <input type="checkbox"/> informative | <input type="checkbox"/> up-to-date and accurate |
| <input type="checkbox"/> unclear | <input type="checkbox"/> confusing | <input type="checkbox"/> too much jargon |
| <input type="checkbox"/> suited to your particular needs | | <input type="checkbox"/> unsuited to your particular needs |

Having used our services, would you do so again?

- yes no unsure

Please provide us with any further comments and suggestions for improvement below:

.....
.....
.....

**Please return this form to the address overleaf.
Thank you for taking the time to provide us with your comments.**

AFREKID SERVICE REQUEST FORM

Title: Name:

Occupation:

Organisation/Group:

Address:

.....

.....

Telephone:

Fax:

Email:

Website:

I would like to receive information on (tick all that apply)

- joining AFREKID as an individual
- affiliating to AFREKID as an organisation
- services AFREKID provide for kidney patient, Carers and kidney donation
- booking the Africa Kidney Donation Awareness exhibition
- how I can help African renal services (dialysis, exchange, twinning, patients)
- Please tick this box if you would like to be registered on our mailing list.

Please return this slip to:

**AFREKID
7 Rigby's Court
St Giles Street, Norwich
Norfolk NR2 1NT, United Kingdom**

Tel: +44 (0)1603 617076; Fax: 01603 515718, Email: info@afrekid.org, Website: www.afrekid.org

Registered Charity Number 1120421; Company Limited by Guarantee: Number 05424439



ACKNOWLEDGEMENT

On behalf of all the staff and members of AFREKID, we wish to take this opportunity to thank you all for your support to joint actions with AFREKID that result in kidney donation and improved renal outcomes for African communities.

It is a partnership based on trust based upon confidence in skills, knowledge and expertise that our communities hold towards organ donation solutions.

AFREKID always acknowledges the essential contributions of our stakeholder and other partnership groups in the public, private, voluntary and community sectors. Our most sincere gratitude goes to Awards for All and a full acknowledgement to our funding bodies is held in within this annual report.

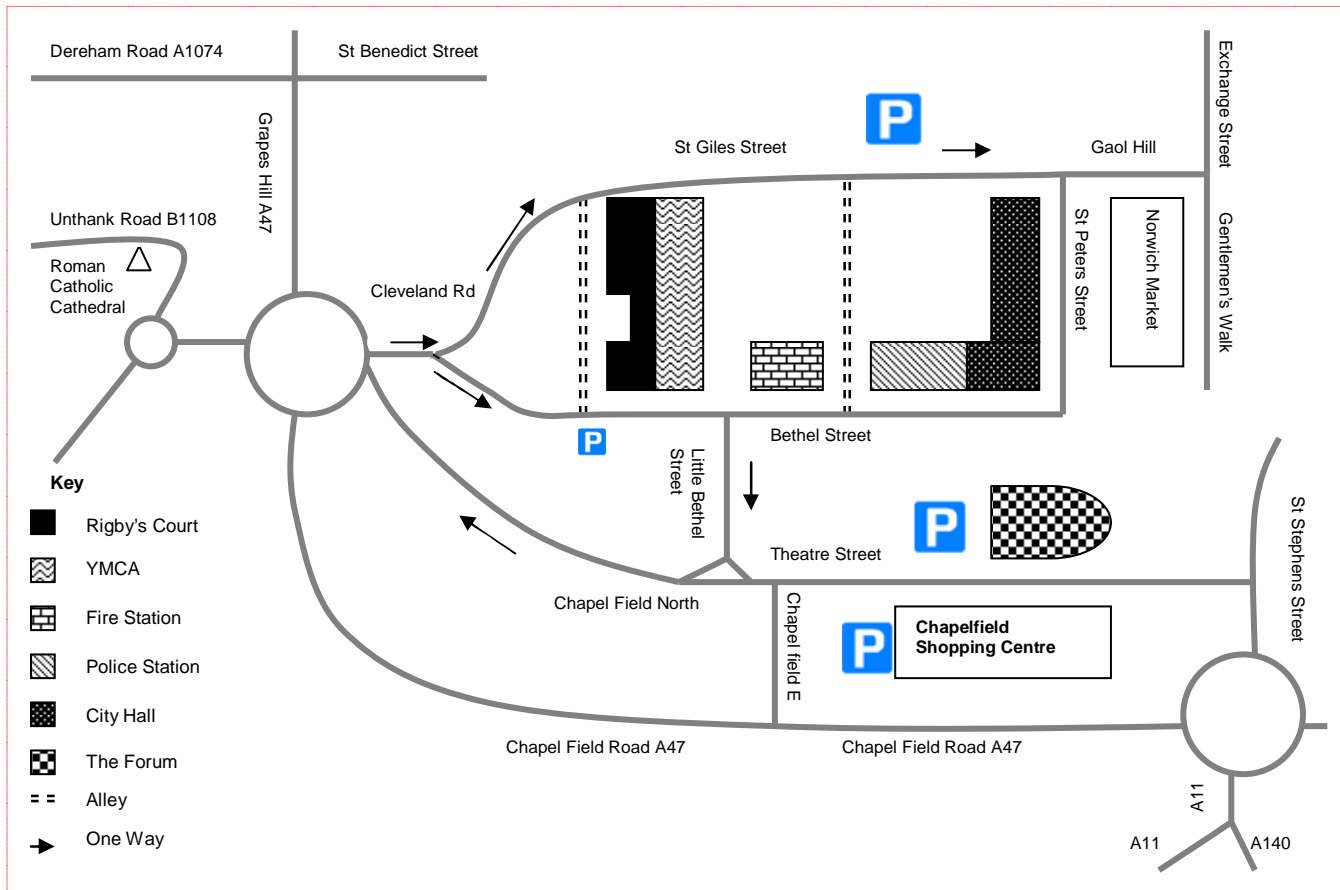
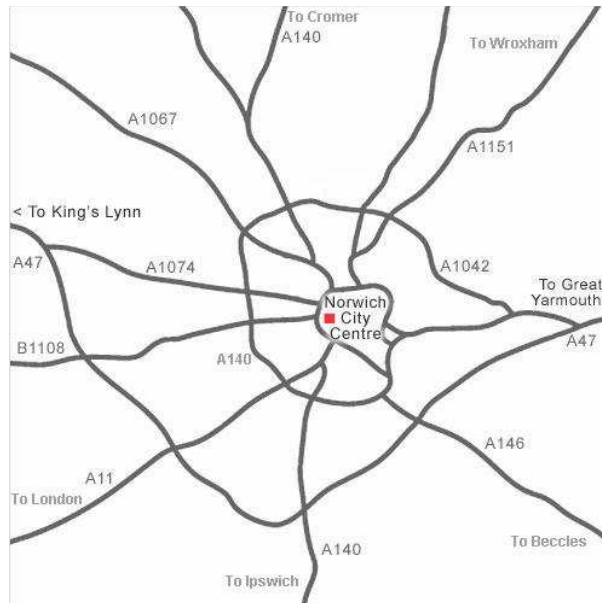
Once again our thanks please sustain your confidence and trust and continue to help and guide AFREKID.

Special thanks to: _____



LOTTERY FUNDED

HOW TO FIND US



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