

Annual Report 2018



Shifo Foundation

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Management report

About Shifo Foundation

Shifo Foundation is a politically and religiously independent, non-profit foundation based in Stockholm, Sweden.

Vision and Goal

Our vision is to see a day when no mother or child dies or suffers from preventable diseases. Our goal is to see that every mother and child is reached with essential health services, no matter where they live.

Purpose

Shifo Foundation works towards achieving its vision by improving and increasing access to quality healthcare services in low-resource settings.

Shifo, therefore, works to address a number of root causes of high maternal and child mortality and morbidity by:

1. Developing and strengthening health systems to provide affordable, accessible and quality healthcare in low-resource settings
2. Strengthening and building capacity for health workers, decision makers along the healthcare chain
3. Developing, strengthening, and providing infrastructure and technical support for the sustainable development of the health sector
4. Disseminating and raising public awareness about global healthcare issues and encouraging the global community to actively contribute to achieving Shifo's vision and mission to improve healthcare in low-resource settings
5. Developing and strengthening health management information systems to enable evidence-based decision making across the healthcare chain
6. Working with key actors to improve health outcomes by closing the gaps in maternal and child health service delivery based on reliable and relevant data and information

Transparency

Shifo has been accredited '90-account' status, which means that Swedish Fundraising Control monitors our work. This means that at least 75% of the total funds raised are used to support the

organisation's mission and a maximum of 25% are used towards administration and fundraising. Shifo's 90-account number is 900-4938.

The Challenges Shifo Foundation works to solve

During 2018, Shifo continued to mould its work to address the challenges of health systems by working to strengthen health management information systems. Health management information system is one of the core building blocks of health systems and impacts how decisions are made to continuously improve the quality of health services. Robust health systems are fundamental to providing equitable and quality health services and to systematically improving health outcomes for women and children and reaching Sustainable Development Goals.

During the past two decades, there has been an improvement in universal health coverage, and a decline in maternal and child mortality and morbidity but progress has been uneven, and far-reaching obstacles and unmet priorities remain. Why, at a time when there is unprecedented knowledge about the most vulnerable groups in the world, do huge data, and knowledge gaps persist? Why do so many people remain unaccounted for and face health inequities within preventative health care?

Maternal and child health indicators are representative of the development level of a country's health system and other sectors. For example, child registration coverage, which reflects a fundamental right of every child, is one of the indicators which is directly connected with health and wellbeing of children. How can we ensure all children receive the health services they are entitled to without knowing how many children live in a specific region or area in the country? Just in sub-Saharan Africa, more than 55% of children are never registered at birth according to UNICEF.

There is a global consensus that relevant and reliable data and information, generated from administrative sources, is crucial to strengthen accountability in the health system, create quality, accessible and equitable health service delivery. However, existing methods and processes are inadequate to generate the necessary data and drive evidence-based decision making. Currently, health-related information is derived from data collected by health workers at the point-of-care, and many factors lead to collected data being poor quality.

The way data is collected in the majority of low- and middle-income countries has mostly remained the same since the 1980s. Health workers manually enter the information, much of which is redundant, in multiple registers and spend up to 40% of their time compiling, analysing and reporting the data up in the healthcare system, which in the end is not reliable and actionable. The time spent on data related administration could otherwise be spent on delivering better health services to local communities. This situation is especially exacerbated in understaffed health facilities.

Because of the existing data management processes, data which is fit for decision making is not readily available. Making decisions without knowing e.g. how many children live in a given area, availability of medicines and supplies at health facilities, how timely children and women receive health services, in which areas children and women are defaulting, or how to plan interventions and assess their performance and results as well as allocate resources, is a real challenge.

Electronic medical records systems or eHealth systems are often recommended as a more efficient way to facilitate the collection and use of data. However, most eHealth solutions cannot be scaled due to infrastructural and resource limitations such as electricity, network, security, technical support

structure. These solutions are also not sustainable in low-resource settings because governments cannot take over the responsibility to sustain and finance the operating costs.

In order for Shifo to achieve its vision of no mother or child dying or suffering from preventable diseases, it is essential to improve the methods and processes by which health data is collected and used with timely, scalable and sustainable solutions. Decision makers and health planners at all levels must have access to relevant and reliable information and have the appropriate capacity and enabling processes to use the data for decision making. We can genuinely aim to continuously improve the health outcomes only when data is consistently used to identify and close the existing gaps in each health service delivery point.

Smart Paper Technology (SPT) Solution

In response to these challenges, Shifo has developed and implemented the Smart Paper Technology Solution (SPT) which simplifies the process by which health workers register children and mothers, and collect, access, analyse, and use data.

SPT was developed to ensure that:

1. It works everywhere, regardless of infrastructural limitations such as electricity, internet, security, technical support structures
2. Every person attending the health facility can be registered and followed up
3. The solution can generate 100% accurate data
4. 95% of health service delivery points can drive continuous quality improvement based on reliable and relevant data
5. It can be sustained with the existing government budgets
6. It reduces administrative time burden for front-line health workers by at least 50%

By using and combining elements of both paper-based and electronic systems, SPT can be integrated directly into existing health systems. Patient medical history is recorded on Smart Paper Forms by health workers. The forms are scanned at district/regional level (usually where monthly summary reports are brought to); thus the solution does not require electricity, connectivity, security, or technical support at the point of care delivery. When scanned, Smart Paper Technology digitises and quality assures handwritten data. In some cases, manual quality assurance of data is required, and system flags those cases based on the validation rules. Solution generates all required HMIS and LMIS reports, integrates data to DHIS2 and triggers data use interventions from facility to national levels.

For more information about the SPT work processes and example of data use interventions, please visit <https://shifo.org/en/solution/> and <https://shifo.org/doc/rmnch/shifod4a.pdf>.

Promoting the Purpose: Significant Events in 2018

Afghanistan

In 2018, additional Data for Action Interventions were implemented in Mehterlam District. Health workers started receiving their performance indicators every month via SMS. This information helps health workers to quickly identify under-performing areas and take appropriate actions to improve them.

At a sub-national level, provincial health offices receive performance indicators relating to each health facility as well as stock request forms. The stock management component was developed to prevent under or overstocking of vaccines and supplies.

In June of 2018, external evaluations of SPT were undertaken on the data quality, the costs, the efficiency gains, and the transfer of processes from Shifo to the existing health system structure, which is a critical component for sustaining the gains obtained through SPT within the country. A detailed report including the results of the external evaluation can be accessed at this link: <https://shifo.org/en/progress/afghanistan/>.

Overall, the evaluation found that SPT generates high-quality data based on the WHO Data Quality Review Toolkit. Time savings for frontline health workers were between 64% and 96%. The solution was cost-effective, and transfer of work processes was carried out according to the plan.

Following the results of the external evaluation, in October of 2018, a workshop was held in Stockholm with the Ministry of Public Health of Afghanistan, the Swedish Committee for Afghanistan and Shifo to discuss the next phase of the programme. Partners agreed to scale up and evaluate SPT in Afghanistan on a larger scale, to strengthen vaccination services, reproductive, maternal, newborn and adolescence care and primary care services.

The Gambia

In January of 2018, an external evaluation assessing the data quality, operational costs, and the efficiency gains with SPT were conducted in The Gambia. Detailed results of the external evaluations can be found at this link: <https://shifo.org/en/progress/gambia/>. Following the positive results of the evaluation, the solution was scaled up to cover all public health service delivery points in Western Region 1, and Western Region 2 and capacity building activities were conducted at facility, regional and national level.

In 2018 Gavi, the Vaccines Alliance, and af Jochnic Foundation joined the ongoing partnership to support the scale up SPT in The Gambia. The partnership now consists of the Ministry of Health and Social Welfare and Regional Health Offices in The Gambia, Action Aid International The Gambia, IKARE, Gavi, the Swedish Postcode Foundation, af Jochnick Foundation and Shifo. The joint press release by Gavi and Shifo was published in July 2018 representing all project partners.

The press release is available using the following link: <https://www.gavi.org/library/news/press-releases/2018/shifo-gavi-join-hands-to-help-make-vaccines-work-for-every-child/>

Uganda

In June of 2018, external evaluations assessing the data quality, the operational costs, and the transfer of work processes from Shifo to the existing health system structure were conducted in Uganda. In October of 2018, a workshop was held in Stockholm with the Ministry of Health and WHO Uganda to discuss the results of the external evaluations and plan a joint roadmap for further collaboration. The workshop concluded that there is a need to scale up and evaluate SPT on a larger scale to strengthen the Expanded Programme on Immunization, reproductive, maternal, newborn and adolescence health, and primary care services. The objective is now to work towards the scale-up jointly, and, upon a more extensive evaluation, inform national expansion of SPT in Uganda. During 2018 the capacity building activities for front-line health workers, district and national stakeholders continued.

Kenya

Implementation of the SPT was commenced in Lunga Lunga Sub-county, Kwale County by the Ministry of Health, Plan International Kenya and Shifo. An external evaluation of the solution has also been conducted, and results will be available in 2019.

Tanzania

In January of 2018, Shifo Foundation started a collaboration with Karolinska Institutet and the Ifakara Health Institute to conduct research in Tanzania for the use of SPT in maternal and newborn health care. The research project will investigate the acceptability and feasibility of SPT as well as data quality, efficiency gains, and cost-effectiveness of SPT within the Tanzanian context. This project will be implemented in the Mtwara Region, and the results of the research will serve as evidence for further planning of the next steps in Tanzania.

Working with Partners Towards the Common Vision

To be able to continuously improve the quality of health services, it is of paramount importance to close the identified gaps with key actors who are working to support the health system in low resource settings.

Based on the positive results of joint collaboration of Shifo and its partners, several new organisations have shown interest in learning more about SPT and collaborating with Shifo. These include The Global Fund, The World Bank, WHO, SIDA, Amref Health International, Centre for Disease Control, USA, Children's Investment Fund Foundation, among others.

In 2018, the following new partnerships were established and strengthened:

- Together with Karolinska Institutet and the Ifakara Health Institute, a new collaboration commenced to evaluate SPT within maternal and newborn health in Tanzania.
- The Swedish Committee for Afghanistan, the Ministry of Public Health of Afghanistan and Shifo continued the partnership to scale up SPT and data use interventions in all health service delivery point in the Laghman Province.
- Shifo started a new collaboration with Gavi, the Vaccine Alliance, and af Jochnic Foundation. The organisations are supporting Shifo to implement SPT and strengthen child health service delivery in The Gambia.
- The partnership with IKARE is strengthened as they support Shifo to evaluate SPT within maternal health in Uganda.
- The IKEA Foundation supports Shifo's work in Uganda.
- Shifo joined the Reproductive Health Supplies Coalition.

Results and Financial Overview

Children Registered, Fully Vaccinated, and Followed-Up

As a result of the joint work with partners in Afghanistan, The Gambia, Uganda, and Kenya, by 2018 we were able to:

- Register **219 265** children for preventive health care
- Fully immunise **59 072** children
- Followed-up on **128 349** children with SMS reminders

Up to date indicators can be followed on our webpage at <https://shifo.org/en/about/organisation/>

Data for Action Interventions

In 2018 Shifo integrated several data use interventions to lay the foundation for continuous quality improvement in the health sector. Strengthening data use culture is a gradual process that requires a well-planned change management process.

The following data use interventions have been gradually integrated across the healthcare chain in The Gambia, Uganda, Afghanistan, and Kenya:

- At the community level, families with children receive SMS messages one day before their visit reminding them about their due date to visit the facility.
- Health workers receive their key performance indicators (KPIs) via SMS to help them take appropriate improvement actions.
- Provincial and Regional Medical Stores in Afghanistan and The Gambia provide vaccines and supplies to each health facility based on system-generated stock request forms.
- Decision makers and planners at the sub-national level review the performance of each health facility using the integrated dashboard.

To read more about data use interventions, please visit the page at <https://shifo.org/en/solution/>.

Events and Dissemination of Shifo's Work

In 2018, Shifo was invited to disseminate its work and raise awareness about SPT and the challenges it is addressing in the following forums, among others:

- Shifo's Theory of Innovation was presented to Ashoka and its partners in Oslo, Norway, in February 2018

- Shifo Foundation participated in stakeholder meetings and in partnership building activities in Tanzania in March 2018.
- Shifo Foundation conducted two workshops with partners in Kenya in Kwale County, in April 2018.
- Shifo participated in Gavi mid-term review in Abu Dhabi.
- Shifo participated in Gavi Joint Appraisal meeting in Uganda.
- Shifo presented its work to the German Corporation for International Cooperation, the Centre for Disease Control, the WHO, The Global Fund and Children's Investment Fund Foundation.
- Shifo disseminated its work through the Digital Health Forum in 2018 in Washington, DC.
- Shifo was invited to Ethiopia to present SPT and discuss its applicability in the country together with Amref Health International and the Ministry of Health.
- Shifo celebrated its fifth anniversary with the board of directors, Shifo's team, and Shifo's partners.

Shifo's Team

By the end of 2018, 19 people were working within Shifo's programmes in Sweden and partner countries. This included 15 full-time and four part time employees.

Future Development and Growth

Shifo will maintain its focus on refining and adapting SPT and data use interventions to systematically improve the quality of primary care health services with its partners.

In response to partners' needs and in line with Shifo's vision, Shifo started expanding the capabilities of the SPT to support Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH). In 2019 Shifo will evaluate the SPT within maternal and newborn health in Tanzania and Uganda. Shifo will also continue exploring efficient ways of supporting HIV, TB, and Malaria care, especially focusing on improving quality of care and supply chain management.

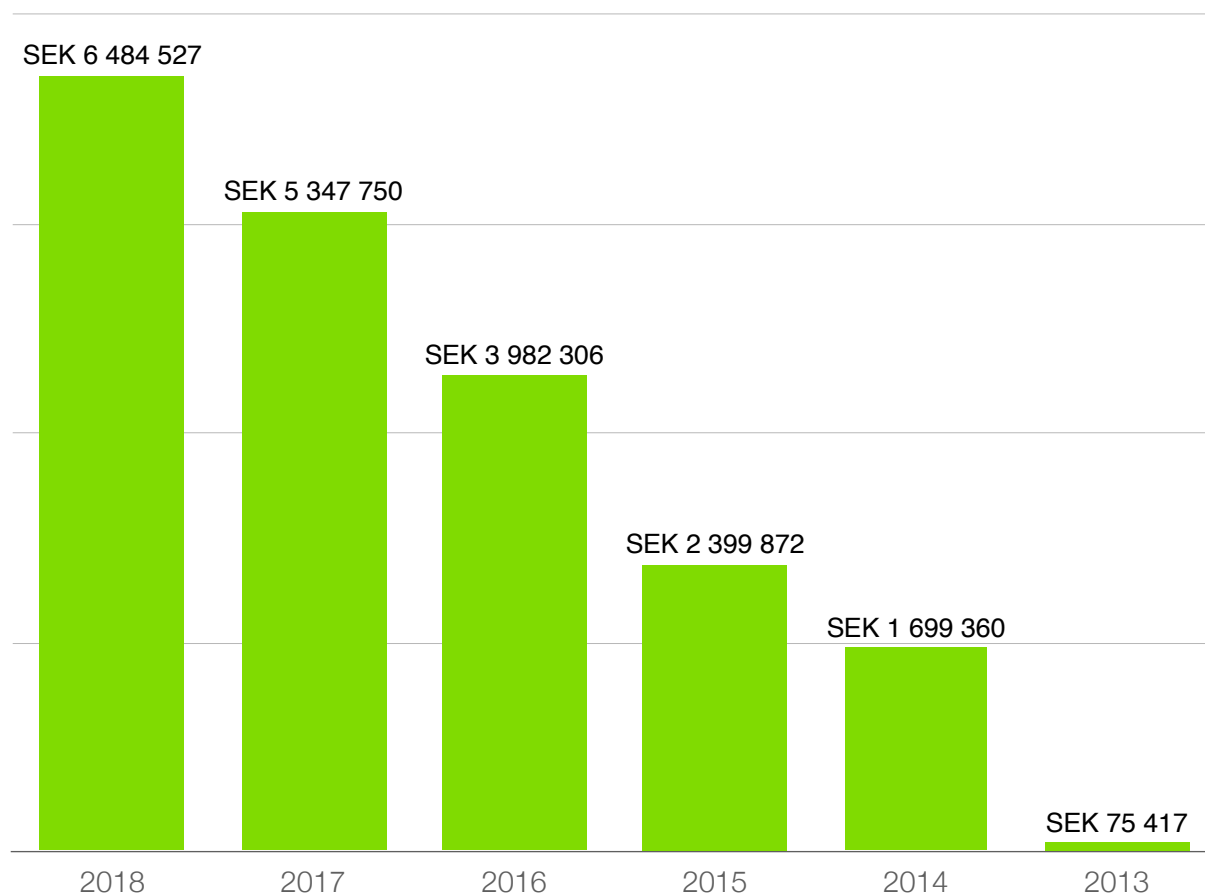
To strengthen data use culture, Shifo will continue to develop and introduce additional data use interventions to continuously drive better decision making and proactive planning at all levels of the health system. Shifo will continue building local capacity in our partner countries to ensure the existing health system structure can continuously work and develop work processes and tools necessary to sustain the gains brought by SPT.

In 2019 we will continue building strong partnerships with the key actors on a national and global level to jointly work towards identifying and closing the gaps and driving collaborative actions to improve quality of health services and health outcomes.

Most importantly, we will continue developing and refining tools and methods to empower front-line health workers as they are one of the most critical stakeholders to ensure quality health services are delivered to the local communities. When each health service delivery point meets its performance indicators, it will be a positive sign that the health system is being strengthened.

Yearly overview

Comparison of growth between 2018 - 2013 in terms of total revenues



Variation in equity

	Earmarked funds	Profit/loss brought forward	Total equity
Incoming Balance	86 277	14 254	100 531
Reserved earmarked funds	0	0	0
Utilisation of earmarked funds	6 364	0	6 364
Allocation of net resources	0	0	0
Outgoing Balance	92 641	14 254	106 895

Board of Directors

Chairman - Bo Göransson

Vice Chairman - Ylva Hambræus Björling

Andreas Winqvist

Carl-Gunnar Höglund

Rustam Nabiev

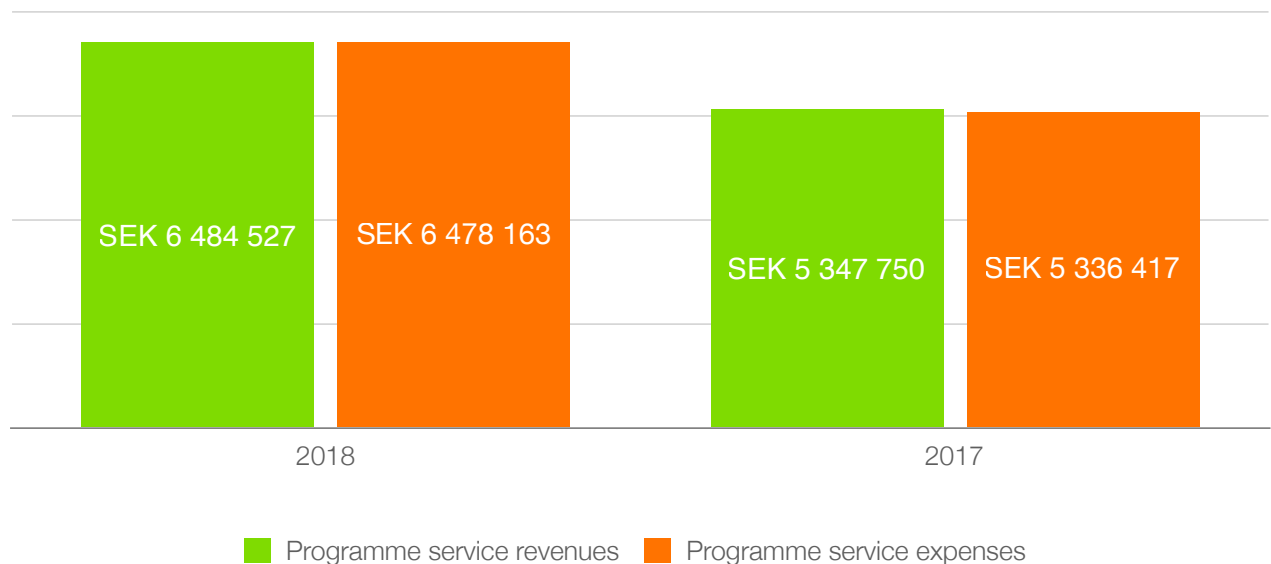
Eugene Bushayija

Ulrika Erkenborn Rugumayo

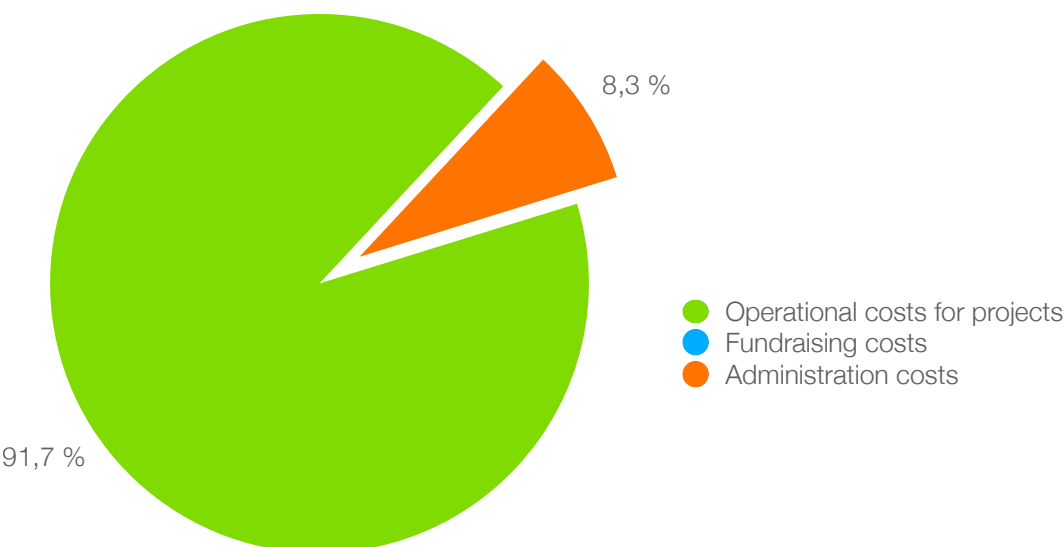
Asli Kulane

Profit and loss statement and balance sheet 2018

Revenues and costs



Programme service expenses



Profit and Loss Statement

	Notes	2018 (SEK)	2017 (SEK)
Revenues			
Donations	2	6 400	19 550
Grants	2	6 478 127	4 920 200
Other Revenues		0	408 000
Total revenues		6 484 527	5 347 750
Costs			
Operational costs for projects	4-9	5 941 283	4 933 972
Fundraising costs	4-9	0	0
Administration costs	4-9	536 880	402 445
Total programme service expenses		6 478 163	5 336 417
RESULTS OF OPERATIONS		6 363	11 333
Financial items			
Interest income and similar profit/loss items		0	0
Total income from financial items		0	0
RESULT AFTER FINANCIAL ITEMS		6 363	11 333
NET PROFIT/LOSS FOR THE YEAR		6 363	11 333

Allocation of net resources

	Noter	2018 (SEK)	2017 (SEK)
Net profit/loss for the year according to the Profit and Loss Statement		6 363	11 333
Utilisation of earmarked funds	4	-6 363	-11 333
Reserve of earmarked funds not utilised during the year		0	0
Remaining balance, profit/loss brought forward		0	0

Balance Sheet

	Noter	2018 (SEK)	2017 (SEK)
ASSETS			
FIXED ASSETS			
Financial assets			
Other long-term receivables	10	183 700	183 700
CURRENT ASSETS			
Receivables			
Other receivables	11	1 485 430	60 399
Prepaid expenses and accrued income	12	124 610	392 150
Cash and bank balances			
Cash and bank balances		6 375 373	6 074 790
TOTAL ASSETS		8 169 113	6 711 038
EQUITY AND LIABILITIES			
EQUITY			
Earmarked funds	4-9	92 641	86 277
Profit/loss brought forward	9	14 254	14 254
TOTAL EQUITY		106 895	100 531
LIABILITIES			
Current liabilities			
Accounts payable	13	62 962	89 968
Liability on received but not utilised grants	14	7 501 627	6 099 568
Other liabilities	15	160 874	151 134
Accrued expenses and deferred income	16	336 754	269 836
TOTAL LIABILITIES		8 062 217	6 610 506
TOTAL EQUITY AND LIABILITIES		8 169 112	6 711 037

Cash Flow Statement

	2018 (SEK)	2017 (SEK)
Operating activities		
Contributions from donors and organizations etc.	7 986 586	6 864 781
Payments to partners, employees, and suppliers etc.	-7 686 003	-5 497 449
Cash flow from operating activities before interest expenses and income taxes	300 583	1 367 332
Interest received	0	0
Cash flow from operating activities	300 583	1 367 332
CASH FLOW FOR THE YEAR	300 583	1 367 332
Cash at the beginning of the year	6 074 790	4 707 457
CASH AT THE END OF THE YEAR	6 375 373	6 074 790

Notes to Profit and Loss Statement and Balance Sheet 2018

Note 1. Accounting and valuation principles

Accounting and valuation policies comply with the Swedish Annual Accounts Act, the Swedish Accounting Standards Board's (BFN) rule BFNAR 2012:1 (K3) and FRIL's (the Swedish Fundraising Council) guidelines on annual reporting.

Programme service revenue

Unless otherwise indicated below, revenue is measured at the fair value of what has been received or will be received.

Gifts

Gifts are, as a main principle, accounted as revenue when received. Gifts in the form of equipment, supplies, services and rent-free office space are not reported as revenue. Gifts are, as a main principle, recognised at fair value.

Grants

Grants are recognised as revenue when the conditions for receiving the grant have been fulfilled. Grants received are recognised as liabilities until the conditions for receiving the grant have been fulfilled. Grants are recognised at fair value of what Shifo received or will receive.

Programme service expenses

Shifo's programme service expenses are reported in accordance with FRIL's (the Swedish

Fundraising Council) guidelines such as operational costs for projects, fundraising and administrative costs.

Operational costs for projects

Operational costs for projects consist of those expenses that Shifo carries out in accordance with its statutes.

Fundraising expenses

Fundraising expenses relate to the costs incurred to mobilise donations from individuals and businesses via fundraising materials, printing costs, advertising as well as staff costs for personnel involved in fundraising activities.

Administration expenses

Administration costs are costs that are necessary to manage the foundation. Administration is part of assuring good quality in the organisation's internal controls and reporting on programmes to donors. Administrative costs include, among others, the cost of rent, administrative personnel, audit (excluding the audit of project funds) and other operating expenses for the office.

Cash flow statement

The cash flow statement has been prepared using the direct method.

Note 2. Gifts and grants

	2018 (SEK)	2017 (SEK)
Gifts that are accounted for in the profit and loss statement		
Public	1 400	12 900
Business	5 000	6 650
Total	6 400	19 550
Gifts that are not accounted for in the profit and loss statement		
Media and networking	0	64 800
IT services	47 920	12 340
Consultancy services	0	10 000
Total	47 920	87 140
Grants that are accounted for in the profit and loss statement		
IKEA Foundation	3 162 860	3 115 163
PostkodStiftelsen	877 815	846 150
Plan International Kenya	393 498	301 223
Plan International Uganda	336	334 539
IKARE Ltd.	233 306	323 125
Gavi Alliance	614 552	0
SAK	1 140 000	0
Karolinska Institutet	55 760	0
Total	6 478 127	4 920 200
Funds raised		
Gifts that are accounted for in the profit and loss statement	6 400	19 550
Gifts that are not accounted for in the profit and loss statement	47 920	87 140
Grants that are accounted for in the profit and loss statement	6 478 127	4 920 200
Total funds raised	6 532 446	5 026 890

We would like to express our gratitude to the following institutions for their support, which helps us to work in a transparent and efficient manner. Each company's provided support is equivalent to the market costs or prices.

- UA-Hosting provides free web hosting services
- Google provides free licence to use Google Apps for 59 users
- Resilio provides free licence to use Resilio Connect for 30 users

Note 3. Employee and personnel costs

	2018	2017
Average number of employees		
Women	5	4
Men	3	5
Total	8	9
Board members and senior management		
Board members (of which men)	8 (5)	6 (5)
Director (of which men)	1 (1)	1 (1)
	2018 (SEK)	2017 (SEK)
Salaries and other remuneration		
Board of Directors	0	0
Director	88 392	16 979
Other employees	2 527 485	2 154 189
Total salaries and other remuneration	2 615 877	2 171 168
Social security contributions	991 971	829 300
(Of which pension costs excluding salary tax)	(129 881)	(109 436)

No compensation is paid to the Board of Directors. In October 2016 Shifo's Director was appointed an Ashoka fellow and receives a monthly scholarship, thereby not receiving a salary from Shifo. In October 2017 the scholarship was reduced by 20% which is covered by Shifo. In October 2018 the scholarship was reduced by 40% which is covered by Shifo. The Director therefore now receives a monthly salary of 11 600 SEK. At the end of the year there were eight employees at Shifo. The number of volunteer hours amounted to 570 hours. The value of these voluntary contributions has not been accounted for in the Profit and Loss Statement.

Note 4. Projects in Uganda

	2018 (SEK)	2017 (SEK)
Funds raised		
Private donations	6 400	19 550
IKARE Ltd.	49 773	124 619
Plan Uganda	336	334 539
IKEA Foundation	1 593 153	1 308 369
Operational costs for projects	1 592 702	1 678 319
Fundraising costs	0	0
Administration costs	50 596	97 425
Result for the year	6 363	11 333
Incoming balance	86 277	74 944
Earmarked funds	92 641	86 277

Note 5. Project in Afghanistan

	2018 (SEK)	2017 (SEK)
Funds raised		
IKEA Foundation	1 569 707	1 806 795
Swedish Committee for Afghanistan	1 140 000	0
Operational costs for projects	2 582 662	1 750 155
Fundraising costs	0	0
Administration costs	127 045	56 640
Result for the year	0	0
Incoming balance	0	0
Earmarked funds	0	0

Note 6. Projects in The Gambia

	2018 (SEK)	2017 (SEK)
Funds raised		
Swedish Postcode Foundation	877 815	846 150
IKARE Ltd.	183 533	198 505
Gavi, the Vaccine Alliance	614 552	0
Operational costs for projects	1 459 957	962 738
Fundraising costs	0	0
Administration costs	215 943	81 917
Result for the year	0	0
Incoming balance	0	0
Earmarked funds	0	0

Note 7. Project in Kenya

	2018 (SEK)	2017 (SEK)
Funds raised		
Plan International Kenya	393 498	301 223
Operational costs for projects	250 202	301 223
Fundraising costs	0	0
Administration costs	143 296	0
Result for the year	0	0
Incoming balance	0	0
Earmarked funds	0	0

Note 8. Project in Tanzania

	2018 (SEK)	2017 (SEK)
Funds raised		
Plan International Kenya	55 760	0
Operational costs for projects	55 760	0
Fundraising costs	0	0
Administration costs	0	0
Result for the year	0	0
Incoming balance	0	0
Earmarked funds	0	0

Note 9. Core funding

Core funding consists of funding from philanthropists, investors and companies that specifically expressed to support Shifo's activities connected to organisational growth. It also includes the revenue from Shifo's consulting

	2018 (SEK)	2017 (SEK)
Funds raised		
Private donations	0	0
Angel investors	0	0
Consultation service	0	408 000
Financial items		
Interest income and other profit/loss items	0	0
Operational costs for projects	0	241 537
Fundraising costs	0	0
Administration costs	0	166 463
Result for the year	0	0
Incoming balance	14 254	14 254
Remaining balance/Profit/loss brought forward	14 254	14 254

Note 10. Other long-term receivables / Pledged assets

	2018 (SEK)	2017 (SEK)
Deposit	183 700	183 700
Total	183 700	183 700

Note 11. Other receivables

	2018 (SEK)	2017 (SEK)
Holdings on tax account	169 793	20 818
Other current receivables	1 315 637	39 581
Total	1 485 430	60 399

Note 12. Accrued income and prepaid expenses

	2018 (SEK)	2017 (SEK)
Prepaid expenses resulting unutilised grants	0	267 115
Other prepaid expenses	124 610	125 035
Total	124 610	392 150

Note 13. Accounts payable

	2018 (SEK)	2017 (SEK)
Pension insurance premiums	0	10 114
Other external services	62 962	79 854
Total	62 962	89 968

Note 14. Liability from unutilised grants

	2018 (SEK)	2017 (SEK)
Projects in Uganda	3 975 809	2 951 933
Project in Afghanistan	0	2 148 802
Projects in the Gambia	2 161 446	580 790
Project in Kenya	665 132	418 042
Project in Tanzania	699 240	0
Total	7 501 627	6 099 568

Note 15. Other liabilities

	2018 (SEK)	2017 (SEK)
Estimated special salary tax on pension costs	53 888	44 044
Tax liabilities	106 986	107 090
Total	160 874	151 134

Note 16. Accrued expenses and deferred income

	2018 (SEK)	2017 (SEK)
Accrued vacation pay	157 771	184 207
Accrued expenses, social security contribution	49 572	57 878
Accrued audit	19 375	18 125
Accrued pension payments	10 036	9 626
Deferred income	100 000	0
Total	336 754	269 837