

STICHTING
VRIENDEN
SENGEREMA
HOSPITAL

Annual Report 2017

Foundation Friends of Sengerema (Stichting Vrienden Sengerema Hospital, SVSH) was founded in 2011 by a group of passionate former student doctors of Sengerema Hospital. In the past few years our foundation has grown to an active and ambitious support to the hospital. Due to the overwhelming support of our donors we have been able to make a real difference for the hospital, its employees and its patients.



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Project management
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Projects of the foundation of friends of Sengerema Hospital 2017

Introduction

2017 was a successful year for our foundation as we managed to continue our recurrent projects and were able to initiate several new projects. Among other things we were able to support a big renovation project, we initiated an emergency care project and we were able to send our third container full of useful and highly needed materials.

We were happy to find that our projects were monitored and guided by Hilde van Susante (specialist in tropical medicine and international health), who also played a key role in our communication with the hospital. She has been very active in promoting local collaborations with specialist surgeons from the neighbouring referral hospital, which resulted in better local specialist care in Sengerema hospital. In addition to that, many specialists (in training) supported our projects by investing their time and money in training the hospital staff during short project related visits.

Next to these new projects we also continued to support our other running projects like the poor fund, alcoholic hand rub and HIV testing which have been running continuously for the past years and contribute significantly to the accessibility and quality of healthcare in Sengerema DDH.

Below there is a short summary of our achievements, followed by a more detailed explanation of the most important projects.

Summary of achievements

- Approximately 8000 meals for poor patients provided
- Essential medical support provided for approximately 325 patients who were too poor to pay for adequate treatment
- Funds provided for the neonatal intensive care unit to ensure availability of staff and medication throughout the year leading to 1300 admissions in 2017
- Funds provided for hiring a medical officer for the NICU and paediatric ward for 12 months
- Provided the staff of the emergency department with advanced training in emergency care
- Supported the surgical team of the Slingeland hospital, facilitating them to perform specialist surgeries on approximately 100 patients
- Supported the hospital with approximately 1500 litres of methylated spirit for clean and safe patient care
- Provided funds for approximately 1000 HIV tests and 4000 syphilis tests to test and treat pregnant mothers to protect their unborn children
- Provided funds for testing 500 blood donors for blood-transmittable-diseases like HIV and hepatitis
- Initiated and funded the renovation of the guest house and several staff houses to increase capacity to welcome visiting specialists and new staff
- Provided food and nursing care for malnourished children benefiting 185 children
- Funds for specialist and general training of local staff

Renovation project

Sengerema DDH is a hospital that is in a transitional phase from a local district hospital to a regional referral hospital with more specialist care. On the one hand this is caused by improved health facilities in the neighbouring towns and villages leading to increased referrals of complex patients to Sengerema hospital. On the other hand, there is more specialist care available in Sengerema because of visiting specialists from the neighbouring university hospital causing patients to come to Sengerema with more complex diseases. Activities from our local and foreign specialist volunteers also contribute to increased availability of specialist care.

To facilitate this transition there is a need for housing for visiting specialists (both Tanzanian and Dutch specialists) and staff houses to attract new staff and retain existing staff. We managed to secure a large donation from an anonymous fund to support this project.

In 2017 a start was made by initiating the renovation and expansion of the existing guesthouse. This renovation of the guesthouse will secure availability of housing for visiting specialists from our foundation and other organisations. In 2018 several staff houses will be renovated.

Emergency care

Emergency care is organized in a haphazard way in Sengerema DDH. Althought lots of patients present as emergency cases, they are often not recognized as such and while time is of the essence in treating these patients, essential time can be lost due to lack of recognition as well as logistical problems. In the Western world, a process known as triage is used to quickly determine which patients need to be seen with priority, to not lose essential time and therefore treat the most ill patients first. Also, all Western medical personnel is trained in the so-called ABCDE-method, an algorithm which ensures that the medical team 'treats first what kills first'. ABCDE stands for: airway, breathing, circulation, disability (neurological deficits) and environment. To enable the medical staff in Sengerema to both recognize sick patients earlier on and thereafter assessing them in a prioritized way, we set up an emergency care training for nurses, clinical officers (mainly those working in the casualty/ outpatient department), assistant medical officers and medical officers. A total number of 57 people were trained by Femke Boot and Danielle van Winden, both emergency medicine physicians in training. They were supported by both the foundation as well as a foundation called 'Grenzeloos Reinier', an initiative of the Reinier de Graaf Hospital in Delft, the Netherlands.

In the future we plan to do a refresher course of the training, as well as train some of the local staff in a 'teach-the-teacher' training to continue training when our teams are not present in Sengerema.

Malnutrition project

The malnutrition project was initiated in 2016 by Lonneke Landzaat, Marjolijn Quaak and Steven van den Boomen. The three of them managed to write a proposal for improved malnutrition care and find the funds needed to improve malnutrition care for two years. After a successful implementation in 2016 the project continued in 2017. Over the course of one year 185 children were admitted.

The ongoing project consists of:

- Uji (local porridge) ingredients (corn, soya, sugar, oil)
- Fresh milk (3L/day) and 3 gas cylinders for cooking
- Transport and grinding of ingredients
- Firewood

- Thermos flasks for those who are not able to buy these themselves (estimated 30x1L and 30x1,5L/year)

Following an evaluation by Marjolijn in November 2017 it was clear that the project was running well and that there were sufficient funds to continue for one more year as opposed to what was initially expected. Therefore the project will run for 3 years in total. Additionally, caregivers will receive food support during the admission of their child from now on.

Project NICU

Before the beginning of 2015 there was no neonatal intensive care unit, there was no staff trained in neonatal care and only few were trained in neonatal resuscitation. In 2015 a neonatal intensive care unit was initiated, necessary equipment was delivered and staff was trained by SVSH in order to improve neonatal care.

In 2017 there was no continuous support available. However, Milou van Ingen (physician assistant neonatology, Radboud MC Nijmegen) and also project manager of this project, managed to visit Sengerema twice to identify bottlenecks in the processes at the labour ward and NICU and retrain staff. This is contributing significantly to keep staff alert and motivated.

The project consists of:

- Hiring 1 nurse
- Hiring 1 medical officer (with support of Dayalu foundation)
- Retraining and bedside teaching in neonatal care and neonatal resuscitation
- Paying night fees to ensure continuous availability of staff 24 hours per day
- Paying for medication, milk and intravenous fluids for all newborns

In 2017 the number of NICU admissions was 1300, which is almost triple the amount admitted in previous years. Additionally, it was found that mortality in 2017 was reduced by 40% compared to 2016. It was perceived by staff and patients to be a very highly needed project that contributes significantly to care for the smallest and most vulnerable children. This project will continue to be supported for a minimum of 3 years.

Safe motherhood

Infectious diseases like HIV and syphilis in pregnant women are a potential threat to their unborn child, because these infectious diseases can be transmitted to them. If left untreated, these diseases have significant consequences for both mothers and their newborn babies. If detected in time most of these infections and complications can be prevented by medication that is readily available in Sengerema DDH. Transmission of HIV from mother to child is preventable for 98% if detected and treated in time, thereby also improving the health status of the mother. Detection and treatment of syphilis also leads to an important reduction in neonatal death and disability.

In 2017 SVSH has provided enough funds to test 1000 women for HIV and to test 4000 women for syphilis. This amount was half the amount we donated previous years. This was caused by a decreased demand because of increasing supplies from the government.

The poor fund; ensuring access to healthcare for the most vulnerable

Ensuring access to healthcare for the poor and the vulnerable patient in a setting like Sengerema DDH is a difficult and challenging task that requires significant resources as there are many people that cannot afford even the smallest fee. When patients do not have insurance they have to contribute at least a small amount to the costs of their medical care.

SVSH believes there should be a safety net for those who cannot contribute anything. Therefore, a significant proportion of our recurrent budget is reserved for the poor fund; this hospital-run poor fund ensures that most people have access to healthcare even when they do not have enough money. This poor fund consists of a food support and a medical support branch, each having their own budget.

SVSH has donated €4000 for food support. Half of this amount is reserved to provide porridge for mothers of premature babies since these mothers frequently have to stay in the ward for weeks and most families cannot afford this. This support allows mothers to stay longer to allow the premature baby to reach an acceptable weight before they go home. The remainder of the money is for patients who do not have money for food nor relatives to take care of them. The total amount is sufficient to provide approximately 8000 meals.

For medical support SVSH has contributed €4000. This amount, albeit small, helps the hospital to provide care for the poorest people. The fund is managed by the matron of the hospital who, as nursing officer in charge, is responsible for the care of patients. People who cannot afford treatment are sent to the matron by the doctors or the nurses of the ward. She then sits and talks with the patients or their relatives to see which amount is required. In most cases the patients contribute some amount to their treatment depending on how much they can afford. The hospital helps by reducing admission costs or charges for treatment.

In this way a lot of treatment is partly paid by the patients and partly by the hospital and SVSH. Everbody contributes something.

Support for the Slingeland surgical mission

Since the beginning of 2013 SVSH and SIMBA have intensified their collaboration. As part of this collaboration SVSH has been supporting the surgical missions going to Sengerema since 2011. Twice a year Erik Staal visits Sengerema Hospital with a surgical team to offer specialist care. These missions are very important for increasing access to specialist care. Surgeries that the local population cannot afford or are not available at all in Tanzania become accessible. These surgeries cure people from stigmatizing disabilities like goitres, colostomies, clubfeet and many other orthopaedic deformities. These are surgeries that improve the quality of life significantly and can change peoples lives completely.

SVSH supports these missions to make sure all required equipment, medication and disposables are available and local staff can be paid overtime. Therefore, the surgical team can work efficiently and help as many people as possible in a short timeframe. In 2017 approximately 100 people were operated. Especially for children these surgeries have an immense positive effect with respect to their future lives as it prevents them from living with a disability. The Dutch surgical team pays for their own

travelling and living expenses. More information about these surgical missions can be found on their weblog: https://slingeland.blogspot.com

Support in kind

In 2017 the support in kind was significant since a 40ft container was sent to Sengerema hospital. Once again, this transport was strongly supported by Denkers B.V. who arranged all logistics within the Netherlands and transportation to Sengerema. Most significantly they did this free of charge and the container was purchased by them.

The materials from within the container were mostly obtained free of charge, but hospital beds, mattresses and cabinets were purchased for a reduced price at Vidotrans BV.
Among other things the container included:

- 32 hospital beds including mattresses
- An ultrasound machine
- 38 bed side cabinets
- Treatment tables
- 307 boxes of variable medical supplies

The container arrived in December 2017. The container will be used as a building block to create urgently needed new office buildings.

Alcoholic hand rub

The infection prevention project started in 2013 and its main goals are preventing transmission of infectious disease and improving hand hygiene by staff, patients and family members. The introduction of alcoholic hand rub dispensers with disinfection fluid has been very successful and highly appreciated by local staff as described in the previous annual reports. As we consider it extremely important that the practice of disinfection in all wards continues, we contributed another €2000 for this purpose. The hospital used this to purchase 1500 litres of methylated spirit, which is sufficient for 6 months. The remainder is purchased by the hospital at their own expense.

Burn and cleft project

As a result of the collaboration with local specialists, the hospital could improve the burn care and the care for children with cleft lip and/or palate. These are both stigmatizing and invalidating disabilities which are mostly seen in children and prevents them from obtaining a job in their adult life. SVSH supported dr. Darius Balumuka, a plastic surgeon from Uganda, to visit Sengerema to help operate burn contractures and other difficult specialised cases that needed to be seen by a plastic surgeon. After this visit, the hospital set up a regular visit from dr. Balumuka every 2 to 3 months to operate abovementioned children. With help of dr Balumuka, an outpatient clinic was set up in the physiotherapy department to monitor children before and after the operation.

Financial overview 2017

Balance sheet

2017 was a successful year for fundraising. Due to successful fundraising activities we managed to increase our assets over 2017. Most of the extra funds are allocated to specific projects, but overall, we managed to create more income which can be used flexibly for new projects.

Friends of Sengerema Hospital Balance sheet (per December 31st, 2017, in euros):

Balance 2016		**Liabilities 2015**	
- Cash and cash equivalents	€ 49.126,27	-	€0,00
Obtained assets in 2016		**Liabilities in 2016**	
- Cash and cash equivalents	€15.597,67	-	€0,00
		Equity	
		- Rabobank bank account	€64.723,94
Total	**€64.723,94**	**Total**	**€ 64.723,94**

Income and expenditure

SVSH has two separated cash flows. Our most important cash flow is the cash flow coming from our sponsors, this may come from individuals, foundations and corporations. Donations from these sources will only be used for the direct benefit the hospital of Sengerema, unless specified differently by the donor. We are proud to say that 100% of the money coming from our donors is invested in this way.

The second cash flow consists of donations made by members of the board and other people who have chosen to contribute to overhead costs and reimbursement of expenses. These donations can be used to cover running costs including promotional materials and visits to Sengerema. Overhead costs and reimbursement of expenses can never exceed the amount donated for this purpose. If there is money left after withdrawing the running costs from the total amount of these donations, this money can be used for projects that directly benefit Sengerema Hospital.

Statement of income and expenditure account for the year 2017 (in euros):

Income		**Expenditure**		**Net. Result**
Income from private donations, donations made by foundations and corporations	€ 70.578,46	Foundation managed project (money spent directly to benefit Sengerema Hospital)	€ 57.164,14	€ 13.414,32
Income from board members' donations	€ 868,41	Running costs	€ 475,37	€ 393,04
Donations intended for overhead costs and travel expenses	€3.818,72	Overhead costs and travel expenses	€2.028,41	€1.790,31
Total	**€ 75.265,59**	**Total**	**€ 59.667,92**	**€ 15.597,67**

Income 2017

2017 was a good year considering income. With a total financial income of €75.265,59 the income was similar to 2016. A large share of this income was raised through fundraising activities with other foundations.

The amount coming from people donating periodically increased to a total of €19.100,46. This is extremely helpful because it enables us to take on projects that run for multiple years.

Noteworthy was that we received a significant amount of donations which was specifically intended for running costs and travelling expenses. This allows us to professionalize our operating methods while still committing to our promise to send 100% of our donations to Sengerema.

Fundraising events by private persons

In 2017 there were several persons who organised a fundraising for our foundation. This has been of great significance to us as it yields significant income and more people get familiar with our work. SVSH is very grateful to all persons who have contributed to us by organising a fundraising.

Overview of income 2017

Category	Name of sponsor	Amount donated	Total per category
Donations made by regular contributors	Different private sponsors	€ 19.100,46	€ 19.100,46
Donations from foundations	PKN Hellevoetsluis	€ 2.000,00	
	Rotary Krommenie	€ 500,00	
	Private Foundation	€ 33.643,00*	
	Aliter Networks	€ 4.000,00	
	Donation congregation of Joannes de Deo	€ 7.000,00**	€ 47.143,00
Donations from members of the board	Board members and previous board members	€ 868,41*	€ 868,41
Private fundraising	Milou van Ingen	€ 1.775,00	
	Pietenbende Biezenmortel	€ 1.000,00	€ 2.775,00
Other private donations	Various persons	€ 5.350,00	€ 5.350,00
Interest rate	Rabobank	€ 28,72	€ 28,72
Total income from our sponsors			€ **75.265,59**

* Private foundation does not want publicly known that they donated money

**Donations (partly) intended for running- and overhead costs or travel expenses

Expenditure 2017

Expenditure on projects was significantly lower in 2017 than the income generated. The main reason for this was that SVSH received lump sums of money intended for projects that last more than one year. Therefore, expenditure is less than income. We expect this will be evened out in the next years.

Project expenditure 2017

Project	Expenditure
Material support, purchasing of spares	€ 2.625,39
Container with equipment sent to Sengerema DDH • Purchasing of essential materials and beds • Transportation costs and customs expenses • Construction of a foundation for future use as an office building	€ 15.401,90
Project NICU • Night call allowances for 1 year • Wages of 1 nurse for 1 year • Wages of 1 medical officer • Training NICU staf	€ 14.806,50
Expenses for support of the mission of surgical team of Erik Staal • Visit March • Visit September	 €1000 €1000
Poor fund • Food support mothers of premature babies • Food support poor inpatients • Poor fund medical support	 € 2.000 € 2.000 € 4.000
Alcoholic disinfectant project	€ 2.000
Blood bank	€ 1.000
Emergency care project	€ 102,92
Renovation of staff houses and guesthouse	€ 11.000
Once-off support for orthopaedic surgeon mission	€ 150
Malnutrition project	€ 77,43
Total	**€ 57.164,14**

The total expenditure on running costs, overhead costs and travel expenses were € 2.503. The majority of this was used for travel expenses to Sengerema, which were fully covered by donations specifically labelled for this purpose. If travel expenses are excluded, overhead costs are well below 1% of total income. These expenses are fully paid by the board of SVSH. No wages were paid.

Running costs and expenses 2017

Type of costs	Paid from:	Amount	Total
Running costs			
• Expenses made for the bank account	Donations from the board	€ 280,98	
• Promotional expenses	Donations from the board	€ 194,39	
Travel expenses and other costs			
• NICU team	Donations intended for overhead and travel expenses 2016	€ 1.350,00	
• Dutch tropical doctor	Private donation 2015	€ 678,41	
Total			**€ 2.503,78**

Income for SDDH through different routes affecting SVSH

Besides financial contributions we also receive donations in kind. These consist of goods that are of great value to Sengerema hospital. We cannot include these in our financial overview although they represent a significant financial donation.

People who contributed significantly with their knowledge and expertise to Sengerema Hospital were:

- Hilde van Susante worked in Sengerema as a tropical doctor with the support of Tweega-medica. She contributed significantly to training local staff and helped in supervising our projects. She was an essential link in our communication with the hospital.
- Erik Staal from SIMBA foundation visited Sengerema twice with his team in their own time and at their own expense. During these 14-day visits the surgical team treats a lot of people, this has a great impact on Sengerema hospital.
- Milou van Ingen and her team members visited SDDH twice to supervise project NICU and for teaching and training purposes. This commitment is really important for our projects.
- Femke Boot and Daniëlle van Winden contributed significantly by training the staff of Sengerema Hospital in emergency care. They were supported through “Grenzeloos Reinier” from the Reinier de Graaf hospital in the Netherlands.
- Marjolijn Quaak travelled to Sengerema to evaluate the malnutrition project and retrain staff in malnutrition care.
- Laura Duineveld en Niek Versteegde visited SDDH for management purposes and investing in closer collaborations between our foundation and the hospital.

Another important contribution was made by Jacob en Iteke Denkers through Denkers BV. They supported us by donating a 40ft high cube container including transportation costs to Dar Es Salaam. This allowed us to send another container loaded with equipment (mostly obtained through donations as well) to Sengerema. This was the third time for them to support us with sending a container.

Expenses of board members which were not declared also contribute significantly in keeping running costs at a low level. All members of the board pay for their own travel expenses in Holland, drinks and food at meetings and office equipment. No wages were paid.

It is hard to put a price on these combined efforts and contributions made. The board members of SVSH are really grateful to each and every person who has contributed to help us help Sengerema hospital.

Conclusion

As can be seen in the balances above SVSH is continuing to have a healthy financial balance. The balance for 2017 is positive and we were able to maintain a similar level of support. We will continue to put effort into getting a stable income to continue to support Sengerema DDH with structural projects. Additionally, we will continue looking for opportunities to support once-off projects to improve the medical care in Sengerema DDH.