



STICHTING
VRIENDEN
SENGEREMA
HOSPITAL

Annual Report 2015

Sengerema

"I love to help the Sengerema hospital because during my clinical rotation in 2010 I met such a wonderful people who are working there under very difficult circumstances. I noticed that with some small efforts, it will be possible to make a difference and offer some substantial help to develop the hospital."

Maik Grundeken

"The place where my tropical doctors heart lies, a great experience and memory for life, a place that I will always stay in touch with and return to."

Femke Boot

"Sengerema is a place that changed my life for good. Not only did I meet my wife Laura there, but it is also the place where I took the final decision to become a specialist in tropical medicine. I lost my heart to the people of Sengerema and to the hospital taking care of them. Especially in 2015 as it was the year to work full time in Sengerema for a whole year. Separated from my wife who was living in the Netherlands, I devoted my time completely to the hospital. This is something I still think about almost every day. Often I tell my friends in Sengerema my heart has been living in two places for the last 6 years."

Niek Versteegde

"Since my internship in Sengerema in 2010 I still feel involved in the hospital. Together with Niek (who I met during my internship), I visited Sengerema for another 6 times since 2010 to make an inventory of the needs of the hospital. The staff always gives us a warm welcome and appreciates that the foundation of Friends of Sengerema Hospital is willing to help. Every visit we noticed the progress the hospital made for example with the water supplies. 2015 was extra special as my husband Niek was working in Sengerema for a whole year and I managed to visit 3 times. A very special place to us. Sengerema has and will always have a place in our hearts."

Laura Duineveld



Introduction

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 really make a difference for the hospital, its employees and its patients.

In 2015 we were able to accomplish some major improvements in the hospital. A brand new Neonatal Intensive Care Unit (NICU) was build in the Maternity Ward and hospital staff was trained by Dutch Pediatricians to take care of newborns in need.

Niek Versteegde attended the hospital staff for one year as a tropical doctor and has made a major contribution to improving the financial status of the hospital. Thanks to a fundraising and donations of our sponsors we were able to ensure continuity of hospital supplies and improvement of pharmacy stocks.

Pim de Ruijter
Chairman

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Board 2015

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Treasurer

Inge Verdenius

Resident Tropical Medicine

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Project management

Niek Versteegde

Tropical Doctor, General Practitioner trainee

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Sengerema Designated District Hospital, Sengerema, Tanzania

Tasks: Project Management

Project management

Femke Boot

Tropical Doctor, Resident Emergency Medicine

Tasks: Project Management

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Stichting Vrienden Sengerema Hospital

- We strive for equal and close cooperation with Sengerema Hospital
- We pursue an open and transparent process
- We guarantee that 100% of donations go directly to Sengerema Hospital
- We join all those who care for Sengerema Hospital
(Stichting Pius, Simba, interns, family and friends)
- We strive to reinforce local expertise and making medical care and education accessible for anyone
- We stand for: passion, involvement and transparency

Main focus of Stichting Vrienden Sengerema Hospital

Improving of standards of care for mother and child.

Projects of the foundation of friends of Sengerema Hospital 2015

Introduction

2015 was the first year for SVSH to have a board member working in Sengerema. This has had a significant impact on the activities and projects that were started.

In particular the pharmacy project and the Neonatal care project could not have been realized without this direct involvement. It can also be seen that this direct involvement has made it easier to react to the needs of Sengerema DDH.



Therefore we can conclude that 2015 was a successful year with respect to the projects that were done. Below follows a short summary of our achievements after which a more detailed explanation of the projects is given.

Summary of achievements

- Provided funds for approximately 8000 meals for poor patients
- Provided funds for essential medical support of approximately 200 patients which were too poor to pay for adequate treatment
- Provided a container full of highly needed equipment, including beds, bandage and ultrasound machines. The container will function as a study facility for Tanzanian medical students.
- Started a neonatal intensive care unit including staffing and specialized equipment taking care of the smallest patients of Sengerema DDH
- About 60 people were trained twice in neonatal resuscitation, 15 people received extensive training in specialist neonatal care
- A new supply chain strategy was started and partly financed, which has led to a 30% cost reduction for essential medicine and has significantly reduced out of stock
- Supported the surgical team of the Slingeland hospital, facilitating them to perform specialist surgeries on approximately 130 patients
- Supported the hospital with approximately 1500 liter of methylated spirit for clean and safe patient care
- Provided approximately 2000 HIV tests and 8000 syphilis tests to test pregnant mothers to allow SDDH to protect their unborn children from preventable disease

New projects

Improving neonatal care in Sengerema Hospital (project NICU)

Sengerema DDH is a hospital located in a traditional low resource setting in rural Africa. It has an adherence area with a population of more than 700.000 people and a fertility rate of more than 5 children per woman. Therefore it is no surprise that a high proportion of the workload is focused on pregnant women and newborns. Annually approximately 11.000 neonates are born in Sengerema DDH. The mortality usually is around 4-5%, meaning that on an annual basis around 400-500 neonates die each year in Sengerema DDH.

Before the beginning of 2015 there was no neonatal intensive care unit and there was no staff trained in neonatal care and only few were trained in neonatal resuscitation. If you combine these facts with the high neonatal mortality it could be concluded that there was a big gap in the needs of the local population for hospital care. This has led to the initiative of SVSH to support the hospital in improving neonatal care by improving the quality of neonatal resuscitation and improving neonatal care by initiating a specialized neonatal intensive care unit.



Neonatal resuscitation and neonatal care training



Resuscitation of neonates directly after birth is one of the most effective and cheap methods to reduce neonatal mortality within an existing hospital context. Up to 25% of all neonates can be rescued from death, through this method.

In Sengerema DDH there were only 3 people who received the helping babies breathe training and few more who received on the job training. However, for effective learning of these skills it is essential that there is supervised and continuous on the job training to improve skills and knowledge in a sustainable manner. Therefore improving these skills was one of the main priorities.

In February the first hospital wide simulation training concerning neonatal resuscitation was conducted for 55 nurses in the hospital. It was essential to train everybody, as they all rotate in their night and evening duties on labour ward. For this first training our special gratitude goes out to Renske van de Elzen,

as she visited Sengerema DDH for 3 weeks to help us with this training.

The second training was done in November together with Milou van Ingen (physician assistant) and Marije Hogeveen (neonatologist) from the Radboud university. A total of 45 people received training in neonatal resuscitation and an additional 15 nurses and doctors received an extensive 1 week course in neonatal intensive care including resuscitation. These trainings were the foundation on which the rest of the neonatal care and continuous on the job training were built.

Certificate for course in advanced neonatal care and neonatal resuscitation	
Date of completing training: _____	Place: Sengerema Designated District Hospital
Name of participant: _____	Function: _____
<p>This certificate is to state that the above mentioned participant has successfully completed the course in advanced neonatal care and neonatal resuscitation organized by the Sengerema Designated District Hospital in collaboration with the Foundation of Friends of Sengerema Hospital. The training includes major aspects of the Helping Babies Breath Program and of advanced neonatal life support. Furthermore the training covers neonatal sepsis, temperature management, glucose management, asphyxia, children with neurologic disorders, nutrition and management of premature.</p>	
Signature of participant	Dr. Milou van Ingen
Dr. Niek Versteegde	Dr. Marije Hogeveen

As Milou stayed for three months, she was able to continue to supervise and teach the nurses and doctors on the job during their daily routine. This has contributed significantly to retention of knowledge and improved skills of staff involved in neonatal care. In December the first trainings in neonatal resuscitation were taken over by local staff, which was a great success.



Both nurses and doctors reported to be very happy with their new skills and reported to see good results of this “new” approach. Anna the nurse in charge reported “Children nowadays don’t die like they used to”. Dr Chacha one of the medical officers reported after doing rounds on a child he resuscitated during his call; “You helped me to save this life, thank you so much!”

Neonatal intensive care unit

In addition to increased knowledge and skills there was a high need for improved infrastructure for better neonatal care. There was a premature room for premature babies, but no specialized room/ward or equipment was available for neonates with infection, respiration problems and other complex diseases. In order to improve the care for sick neonates establishing a neonatal intensive care unit was essential. Firstly because of the



lack of space for neonates, their mothers equipment, , secondly because improved organisation would make it easier for staff to take care of neonates and would raise awareness for neonatal care. Therefore, two rooms inside the maternity ward were merged into one big neonatal care room. We were very fortunate this was possible due to an expansion of maternity ward with 16 beds by TOUCH foundation.

In addition to renovating these rooms a lot of equipment was purchased and imported. Four incubators, 5 monitors, 1 light therapy unit, three oxygen concentrators and various other equipment were installed in the NICU after the renovation was done. The process of renovation and installation of equipment was ready at the beginning of November.

From November onwards the project has been focusing on increasing skills and knowledge concerning neonatal care. The primary goal has been to support local staff to become specialized in neonatal care and could work independently. To our opinion we managed to succeed in this primary goal.

The project was highly supported by the hospital which allocated highly qualified staff to this department. Furthermore the regional health officials supported the project by allocating an extra nurse for this department. Together with financial support from SVSH this has allowed the hospital to cover the department with nursing care twenty four seven, which is a great achievement in a low resource setting like SDDH.

SVSH is very grateful for all the support received from local staff, the hospital management, the district health officer and Dutch volunteers in this project.

The pharmacy project

Improving supply chain management and procurement strategy of Sengerema Designated District Hospital in order to use resources more efficient and improve patient care.

Introduction

In a setting like Sengerema DDH, where there is a continuous shortage of funds and resources it is particularly important to use the resources as efficient as possible. In an effort to reduce expenditure on and costs of medication and consumables Sengerema DDH initiated a procurement team at the beginning of 2015. SVSH identified improved procurement as a main goal for 2015.

Activities

A number of activities were deployed which are summarized below. More details can be found on the website or in the project proposal.

- A tendering procedure was initiated and reliable providers were selected
- Funds were raised to re-finance the medication purchasing system allowing the hospital to purchase at alternative suppliers
- Medication and/or consumables previously purchased were assessed to evaluate if they were absolutely essential. Non-essential products were omitted to save costs
- The procurement procedure was standardized to a bigger extend, allowing better control over the procurement procedure
- A procurement officer was hired by the hospital to ensure continuity of the program

Results

- The number of moments of out of stock of essential medicine were estimated to be reduced to by approximately 30-60% in 2015 compared to 2014
- Costs of medication was reduced by 25-30% despite the dollar being more expensive due to an unfavourable exchange rate
- The continuity and standardization of supplies allowed more efficient working for especially pharmacy staff but also nurses and other health care workers
- Through improved supply chain management and a more transparent purchasing strategy, the hospital complied better with government guidelines
- Enough funds were raised to purchase supplies for approximately 6 weeks

Continuous/multiple year projects

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 the 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 mother. Detection and treatment of syphilis also leads to an important reduction in deaths and disability of neonates. SVSH has provided enough funds to test 2000 women for HIV and to test 8000 women for Syphilis. Together with tests provided through government this is approximately sufficient to test all pregnant mothers that attend the labour ward of Sengerema DDH.



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 a lot of people that cannot afford even the smallest fee. Most patients have to contribute at least a small amount for their diagnosis and treatment, which enables the hospital to maintain in a setting of continuous shortage. We believe there should be a safety net for those who cannot contribute anything. Therefore a significant proportion of our budget is reserved for the poor fund; this hospital run poor fund ensures that everybody can get access to healthcare even when they do not have money. This poor fund consists of two branches with their own budget; food support and medical support.

SVSH has donated €4000 for food support. Half of this amount is reserved to provide porridge for mothers of premature babies, because they frequently have to stay in the ward for weeks and most families are not able to pay for the extra costs of this. This support allows mothers to stay longer and let the premature baby grow improving survival. The other half of the money is for other patients who don't have money for food or relatives to take care of them. The total amount is approximately sufficient to provide for approximately 8.000 meals.

For medical support SVSH has contributed €3000. 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 by the doctors or the nurses of the ward to talk to the matron. She then sits with the patients or their relatives to see which amount is required. In most cases the patients contribute some part to their treatment, dependent on how much they can afford. Also the hospital helps by reducing admission costs or charges for treatment. In this way a lot of treatments are partly paid partly by the patients and partly by the hospital and SVSH. We all contribute 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 goes to 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 suddenly become accessible to them. These surgeries cure people from stigmatizing disabilities like goiters, colostomies, clubfeet and many other orthopedic deformities. Surgeries that change people's lives completely.

SVSH supports these missions by making sure all required equipment is available and staff can be paid overtime. This makes sure that the surgical team can work efficiently and help as many people as possible in a short timeframe. In 2015 approximately 130 people were operated. Especially for the children these surgeries have an immense positive effect with respect to their future lives. The team itself pays all traveling and living expenses. More information about these surgical missions can be found on their weblog: <https://slingeland.blogspot.com>

Support in kind; container transport from the Netherlands

As all of our members of the board and many of our donors are working in the medical field, SVSH regularly gets offered a big variety of used medical equipment that is mostly very useful and highly needed in Sengerema. In 2014 SVSH successfully sent a container filled with equipment to Sengerema. Because of unmet needs with respect to replacing old hospital beds and a big quantity of useful equipment that was collected by our board members we sent another container in 2015, which arrived in October.

In this project we were once again supported to major extent by Jacob Denkers from Denkers International B.V.. Apart from being our major counsellor on how to organize the transport, the firm donated a container for transportation.

This container, together with the one sent in 2014 will be used as building blocks to create a lecture hall with small class rooms for Tanzanian medical students who will start doing rotations in Sengerema DDH in 2016. The foundation for this teaching facility was paid by SVSH, to finalize the construction into a complete lecture hall is expected to be paid by the Mwanza university organization CUHAS.

The value of all equipment sent to Sengerema in the year 2015 was estimated at roughly forty thousand euro, consisting of hospital furniture, used medical equipment and consumables. In the attachments is a complete overview of all equipment sent to Sengerema. SVSH will continue to support Sengerema DDH by sending medical equipment.



Alcoholic hand rub

The infection prevention project started in 2013 and has as main goal to prevent transmission of infectious disease and to improve 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 at all wards continues, we contributed another €2000 to this purpose. The hospital used this to

purchase 1500 liter of methylated spirit for this, which is sufficient for 6 months. The remainder is purchased by the hospital at own costs.

Financial overview 2015

Balance sheet

2015 was a successful year for fundraising. However, due to the start-up of big projects we end up with a slightly negative balance over 2015. It is essential to maintain or even increase our fundraising if we want to continue projects of this extent.

There is a minor discrepancy in our balance. This is due to a deposit made to Sengerema hospital, which we got refunded in the beginning of January.

Friends of Sengerema Hospital Balance sheet (as at December 31st, 2015, in euro's):

Balance 2014		Liabilities 2014	
- Cash and cash equivalents	€ 33.896,06	-	€0,00
Obtained assets in 2015		Liabilities in 2015	
- Cash and cash equivalents	- € 1.467,85	-	€0,00
		Equity	
		- Rabobank bank account	€31.799,91
Total	€ 32.428,21	Total	€ 31.799,97

Income and expenditure

SVSH has two strictly separated cash flows. We have made this separation in order to guarantee that money donated by our sponsors is always spent on projects concerning Sengerema. We are proud to say that 100% of the money coming from our sponsors is directly invested in projects for the benefit of Sengerema.

Our most important cash flow is the cash flow coming from our sponsors, which may come from individuals, foundations and corporations. Donations are done to benefit the hospital of Sengerema and can only be spent that way. In other words: money from sponsors is exclusively used for projects, material and other goods that benefit the Sengerema Designated District Hospital directly.

The second cash flow consists of donations made by members of the board and other people who have specifically decided to contribute to overhead costs and reimbursement of expenses. Money coming from these donations is 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 goal. 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 benefit Sengerema Hospital directly.

Statement of income and expenditure account for the year 2015 (in euros):

Income		Expenditure		Net. Result
Income from private donations, donations made by foundations and corporations	€ 72.797,52	Foundation managed project (money spent directly to benefit Sengerema Hospital)	€ 79.535,17	- € 6.737,65
Income from board members' donations	€ 10.684,23	Running costs	€ 745,48	€ 5.269,80
		expenses of members of the board	€ 4668,95	
Total	€ 83.481,75	Total	€ 84.949,60	- € 1.467,85

Income of money coming from sponsors

Specification of donations:

Category	Name of sponsor	Amount donated	Total per category
Donations made by regular contributors	62 different private sponsors	€ 6.914,46	€ 6.914,46
Donations from foundations	Albert Schweitzer Foundation	€ 5.000,00	
	MFV Panacea	€ 2.546,21	
	Stichting MRC Holland	€ 15.000,00	
	Donation congregation	€ 2.150,00	€ 24.696,21
Periodic tax deductible gift	8 different private sponsors	€ 5.220,00	€ 5.220,00
Private fundraising	Retirement Dr Huisman	€ 2.685,00	
	Swimming marathon Hjalmar de Ruiters	€ 7.100,00	
	Donation Schiphol group	€ 947,50	€ 10.732,50
Pils 4 Pills	Gainings benefit party	€ 15.749,07	€ 15.749,07
Other private donations	Various persons	€ 9.485,28	€ 9.485,28
Total income from our sponsors			€ 72.797,52

Private sponsors

Compared to 2014 the donations coming from private sponsors increased. It is positive that we have a constant flow of donations from private sponsors. There are 70 people who are registered as a yearly or monthly donor (including people donating with periodic donations); this is stable compared to 2014. In 2014 we started periodic donations, an agreement for 5 years, during which the donor donates a vast amount yearly. In 2015 we actively tried to increase the number of donations by periodic donation to have more certainty about our donations for the coming years. This has been successful, since the number of periodic donations has more than doubled in the last year.

Apart from this group there was a significant group of private sponsors that made a single donation of various magnitudes. In total this contributed another € 9.485,28. In total private sponsors contributed € 21.619,74 directly to our foundation, which is 29% percent of our total income for 2015.

Fundraising events by private parties

In 2015 there were several fundraisers for our foundation. Hjalmar de Ruiter joined the surgical team of Erik Staal and did a swimming marathon to raise money for Sengerema. With his swimming he collected € 7.100. In total 3 fundraisers have been held in 2015, contributing € 10.732,50 (15% of our total income).

Funds received from other foundations

Other foundations contributed 34% to our total income. A donation of MRC Holland of € 15.000 is a significant part of this revenue. Besides that donation, we also received money from the Albert Schweitzer foundation. By presenting a project proposal, Niek Versteegde won a € 5.000 grant.

Pils 4 Pills

This year we decided to organize another party to raise money. This was a great success, resulting in multiple performances, a good party and a donation of € 15.749,07 for Sengerema. Because we achieved our target, Wilde Ganzen increased our donation to Sengerema Hospital by 50% of the set target amount.

Spending of donor money

In our decision-making how to spend sponsor money we follow some basic rules. Key factors are:

- We want to spend 100% of the sponsor money to benefit the hospital.
- We strive to spend the money as efficiently as possible.
- At least 50% of the raised money should go to projects that strive to cause a structural improvement in the quality of care for a prolonged (years) period of time. Examples include the establishment of a NICU and the support for the pharmacy. As seen in the table below, these projects represent € 63.985,17, which is over 80% and thus well above our minimal goal of 50%
- A maximum of 50% was set to use for acute needs required to maintain a basic level of care, examples include HIV tests, disposables for the operation room and gloves.

Overview of all expenditures in 2015

Structural projects

Material support:	€ 22.651,65
• € 6.900,00: expenditure materials	
• € 15.751,65: transportation costs	
Labour ward	€ 2.386,65
NICU project	€ 18.312,87
Pharmacy project	€ 20.634,00
	<hr/>
	€ 63.985,17

Non-structural projects

Spending for support of mission of surgical team of Erik Staal	€ 2.550,00
• € 500 for plaster of Paris for surgical patients	
• € 850 for overtime staff	
• € 200 for material support	
• € 1.000 for various	
Kangaroo mother care	€ 2.000,00
HIV tests	€ 2.000,00
Syphilis	€ 2.000,00
Alcoholic disinfectant project	€ 2.000,00
Poor funds	€ 5.000,00
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	€ 15.550

Total	<hr/> € 79.535,17
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Longer running projects

€13.000 has been spent on projects we have been supporting for several years. These projects include HIV tests, alcoholic disinfectant project and the poor fund. It is essential to keep these projects running. Until Sengerema hospital has the financial means to cover these costs we will support these projects.

Material support

28% of our expenses is for material support. Part of this amount has been spent on transportation of materials to Sengerema. We are pleased to conclude that we were able to finance transport of a container to Sengerema both in 2014 and in 2015. This enables us to deliver a bulk of supplies to Sengerema hospital. The remainder of the money has been spent on beds.

The balance at the end of 2015 was - € 6.737,65. Although this may seem like a bad balance, this is due to positive balances in the last couple of years. Also, we initiated big projects in 2015. Both the NICU project and the pharmacy project are projects with a tremendous importance and big budgets.

Overview of running costs and expenses of SVSH

Income coming from donations from the members of the board.

As mentioned earlier, we have different cash flows for donations of sponsors and donations of board members. On the one hand this is to guarantee that 100% of the money donated by sponsors is spent directly benefitting Sengerema. On the other hand it enables us to pay for our running costs and personal expenses made in Sengerema by donations of board members.

The total amount of money coming from donations by the members of the board in 2015 was € 10.684,23.

Running costs and expenses

The table below shows an overview of the running costs and expenses made by our foundation. We take pride in the fact that the running costs were low and could easily be paid for from our own funds. No money from our sponsors was used, as stated in our basic rules.

Running costs and expenses (in euro's)		Total
Running costs		
• Expenses made for the bank account	€ 356,35	
Promotional expenses	€ 389,13	
Total		€ 745.48

€ 4.668,95 has been spent on travel expenses made by board members. The money donated for these costs were more than sufficient to cover these declarations.

This balance is € 6.015,28 positive over 2015. This enables us to have a buffer for 2016.

Income for SDDH through different routes affecting SVSH

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

The visits of Erik Staal from SIMBA foundation and his surgical team contributed a significant amount in human capital. In 2015 Erik Staal visited Sengerema twice with his team. During these two week visits the surgical team treats a lot of people, and therefore has a great impact on Sengerema hospital.

Expenses 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. However we think this all contributed significantly to improve the quality of healthcare in Sengerema Hospital.

Future perspectives on financial management

We are very proud to conclude that our fundraising has been stable over the last years. Even though we received large single donations in the previous years, we continue to maintain the same level of fundraising.

For 2015 we set a goal to increase the number of periodic donations. Although the increase in percentage is huge (260%) the absolute number of periodic donations is still up for improvement. However, the amount donated through periodic donations is 43% of our regular donations. This indicates that people donating with a periodic donation, donate significant higher amounts than other regular donors. Even though we should aim to obtain more periodic donations, this already gives us more insight in our income for the coming years.

Since we have a negative balance over 2015 it is important to actively keep increasing our income. Besides acquiring periodic donations, it is important to also keep aiming for big funds. Our bigger and more specific projects provide us opportunities to acquire funding. This should be a focus for 2016.

It has been a very successful year for starting up extensive projects like the NICU project. For the nearby future it is important to obtain assets to keep funding these projects in 2016.

We hope that we can continue our aid in close collaboration with the hospital in a critical but optimistic way.