



**STICHTING**  
**VRIENDEN**  
**SENGEREMA**  
**HOSPITAL**

**Annual Report 2018**

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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Kalverkamplaan 14  
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IBAN NL07RABO0167907220 te Amsterdam  
KvK Amsterdam nr. 53392841  
RSIN. 850864471

## Board 2018

*Chairman*

**Pim de Ruijter**

Resident Anesthesiology

*Treasurer*

**Katinka Overmars**

Gynaecologist

*Secretary*

**Laura Duineveld**

Research fellow, PhD Student / General Practitioner trainee

*Project management*

**Niek Versteegde**

Tropical Medicine specialist, General Practitioner

*Project management*

**Femke Verbosche**

Tropical Medicine specialist, Resident Emergency Medicine

*Communications and Public Relations head of project NICU*

**Milou van Ingen**

Physician Assistant neonatology

## Projects of the foundation of friends of Sengerema Hospital 2018

### Introduction

Dear reader, thank you for taking the time and effort to read this annual report. 2018 was the 7th year of our existence. We look back to a rewarding year which was mostly successful in initiation of new projects and collecting the funds needed for that.

2018 was a year in which a lot of projects were initiated and funding was realized for these projects, but a number of these projects have not yet been executed. Apart from the continuous projects only one large project was taken on. This project, the renovation of the guesthouse is of vital importance to continue the frequent missions of our own foundation and SIMBA foundation.



We are happy that even in a slow year we still do great projects that make a big impact and we look forward to starting executing the projects which were initiated this year.

## 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.

## Emergency care

Emergency care is organized in a haphazard way in Sengerema DDH. Although 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 2018. 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)

## 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 2018 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 2018 the number of NICU admissions was 1300, which is almost triple the amount admitted in previous years. Additionally, it was found that mortality in 2018 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.

### **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. 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>

### **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 2018

### Balance sheet

2018 was a successful year for fundraising. Due to successful fundraising activities we managed to increase our assets over 2018. 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, 2018, in euros):

Balance 2017		Liabilities 2017	
- Cash and cash equivalents	€ 64.623,94	-	€0,00

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Obtained assets in 2018		Liabilities in 2018	
- Donations that needs to be refunded	-9.000,00*	-	

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		Equity	
Cash and cash equivalents	€ 70.325,82	- Rabobank bank account	€ 143.949,76

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<b>Total</b>	<b>€ 143.949,76</b>	<b>Total</b>	<b>€ 143.949,76</b>
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\*Donations needs to be refunded due to an overpayment

## 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 2018 (in euros):

Income		Expenditure		Net. Result
Income from private donations, donations made by foundations and corporations	€ 138.064,00	Foundation managed project (money spent directly to benefit Sengerema Hospital)	€ -66.381,29	€ 71.682,71
Income from board members' donations	€ 666,00	Running costs	€ -457,02	€ 208,98
Donations intended for overhead costs and travel expenses	€ 1.802,00	Overhead costs and travel expenses	€ -1.565,87	€ 236,13
<b>Total</b>	<b>€ 138.730,00</b>	<b>Total</b>	<b>€ -68.404,18</b>	<b>€ 70.325,82</b>

## Income 2018

2018 was a good year considering income. With a total financial income of € 138.730,00. A large share of this income was raised through fundraising activities with other foundations.

The amount coming from people donating periodically has remained steady for the amount of €17.336,28. This is extremely helpful because it enables us to take on projects that run for multiple years.

### Fundraising events by private persons

In 2018 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 2018

Category	Name of sponsor	Amount donated	Total per category
Donations made by regular contributors	Different private sponsors	€ 17.336,28	€ 17.336,28
Donations from foundations	ASF	€ 5.000,00	
	SIMBA	€ 13.757,00	
	KKB	€ 1.500,00	
	COLAM INITIATIVES	€ 45.000,00	
	Donation congregation of Joannes de Deo	€ 42.000,00 *	€ 107.257,00
Donations from members of the board	Board members and previous board members	€ 666,00 *	€ 666,00
Other private donations	Various persons	€ 13.461,47	€ 13.461,47
Interest rate	Rabobank	€ 9,25	€ 9,25
Total income from our sponsors			€ <b><u>138.730,00</u></b>

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

## Expenditure 2018

Expenditure on projects was significantly lower in 2018 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 2018

<b>Project</b>	<b>Expenditure</b>
RENOVATION HOUSING	€ 31.750,00
Blood bank	€ 1.000,00
Alcoholic hand rub	€ 2.000,00
Poor fund	€ 8.000,00
Mission of Simba	€ 500,00
Project NICU	€ 9.350,00
Malnutrition	€ 6.150,00
Local visitation for volunteer work	€ 4.881,29
Once-off support for Study fund	€ 2.750,00
<b>Total</b>	<b>€ 66.381,29</b>

The total expenditure on running costs, overhead costs and travel expenses were **€ 2.022,89**. 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 2018

Type of costs	Paid from:	Amount	Total
Running costs			
• Expenses made for the bank account	Donations from the board	€ -254,83	
• Promotional expenses	Donations from the board	€ -202,19	
• Travel expenses and other costs	Donations intended for overhead costs and travel expenses	€ -1.011,17	
• Other operating cost	Donations intended for overhead costs and travel expenses	€ -554,70	
<b>Total</b>			<b>€ 2.022,89</b>

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.

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 2018 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.