



Annual report 2020

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On behalf of the Simba Health board,

A handwritten signature in black ink, appearing to read "René Ravenhorst", is written on a light blue rectangular background.

René Ravenhorst, chairman, June 2021

Simba Health profile

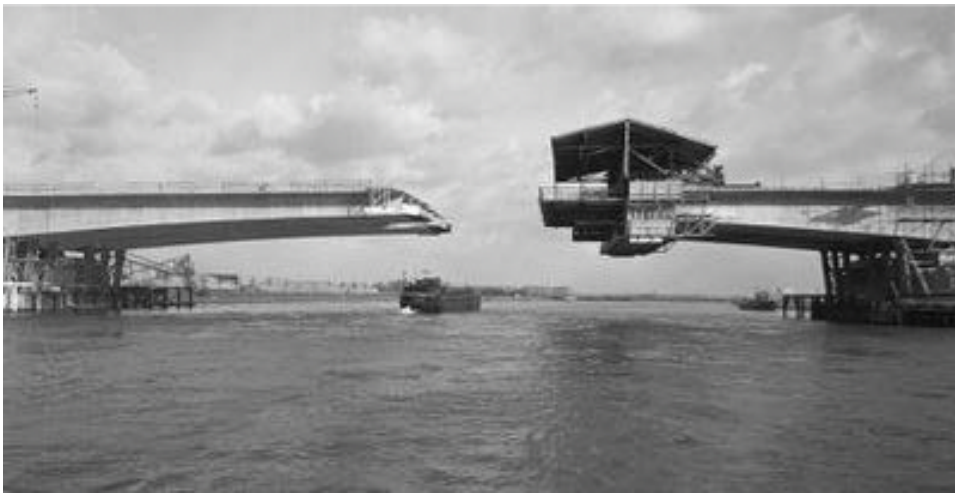
We are Simba Health, a Dutch non-profit organisation that provides and develops specialist medical care for the most vulnerable groups in the Lake Zone of Tanzania. This is in close collaboration with Mission Hospitals and local doctors. Examples of this are surgical interventions, providing medical education, purchasing medical equipment, medicines and smartly integrating both our medical options together with the local workers.

From the motto:

"Changing the world, one person at a time"

...and from the metaphor:

A sustainable medical bridge with a strong foundation in both the Tanzanian Lake District and Western Europe



Mission

Our mission is to help achieve the WHO 2030 goals: safe surgical and anaesthesia care for all! Simba Health consists of an enthusiastic group of Dutch volunteers with broad experience and a vision for the development of specialist medical care in Tanzania. For decades, our medics (and supporters) have played an important role in various mission hospitals in the Lake Victoria area in Tanzania. Several times a year there are multidisciplinary outreach team visits, consisting of doctors, nurses, orthopaedic technicians, theatre nurses, psychologists and midwives. Different generations of doctors/specialists have worked in various hospitals. Simba Health brings a medical high level of up-to-date knowledge and skills to the medical needs, of our fellow citizens in Tanzania. Based on our extensive living and work experience in Tanzania, we can closely attuned to the local needs, knowledge, resources and opportunities. Based on this mission, we have worked hard in 2020, with as a result the following main goals:

Goals for 2020

SIMBA Health is committed to the following objectives:

- Continued orientation from a broader perspective ,as to how investments from high-income countries (HIC) can efficiently contribute to regional medical development. Thus bringing a higher standard of care, available to all people.
- Become a serious regional partner in creating smart organisational forms that do justice to the complexity of international (medical) aid. Simba Health wants to explore options that respect the local Tanzanian values, needs and aspirations and are worthwhile developments from this side of the bridge between Europe and Africa. In 2019, the choice was made to start scaling up this challenge. In 2020, we worked hard to adjust our strategic vision accordingly. Meaning that a larger region comes into the picture, more contacts with hospitals, doctors and companies that can help us in the growth of the network and the organisation. Those with whom we can co-create, because we cannot do this alone.
- Due to our historical focus on Sengerema Hospital, we want to support this hospital in its transformation into a Regional Referral Hospital and training centre. Sengerema is a 230-bed mission hospital in Tanzania's Lake District, serving this district for 60 years. The declining government subsidies are forcing the hospital to adapt. By becoming a Regional Hospital, they can provide more specialist care and become more self-reliant.
- Finding generous sponsorship for Simba Health's growing ambitions in the coming years. In late autumn, a first link was laid with a possible sponsor who will commit to Simba Health for several years. The follow-up to this will be in the 2021 annual report....

Broadcasts 2020

Just as the Corona pandemic gave rise to noticeable worldwide repercussions, so were the effects felt by the medical team deployments to Tanzania in the spring and autumn of 2020.



For the volunteers who had prepared to go this year, it was a very difficult decision to make. To go with the mission whilst leaving parents (or other friends / relatives) in the Netherlands with the possibility of them becoming sick and not being there to help. Leave colleagues behind in possibly overloaded work situations due to a large number of very sick hospital admissions. The consequences of taking the virus to Sengerema, being caught in a "lockdown" situation in Tanzania, unable to get on a return flight and then the possibility of becoming sick in Tanzania with very little advanced care available. Finally returning to the Netherlands and needing to be in quarantine,

whilst being needed on the work floor.... As far as we were concerned, every volunteer had the freedom to make their own individual decision.

This resulted in two stripped-down medical missions with extra attention given to the organisational aspects, which proved very useful, certainly in the context of our new strategy from 2019. For the continuity and commitment to the hospital in Sengerema, it was especially fine and encouraging that Erik and Jiska Staal were available to go with both missions.. Malou Klap dared to take part in the In the first 2020 mission .Again a concrete form of the cooperation between Simba Health and the Stichting Vrienden Sengerema Hospital. Before departure all the team underwent a PCR test, to reduce the chance of carrying the Covid virus. Fortunately a green light for all tests!

The hospital was informed in advance that there would be fewer operations due to just one available surgeon. Also the local radio did not announce that patients could report for this forthcoming mission. The locally available doctors made a selection of suitable patients eligible for surgery .All in all there were no major Outpatients clinics ,but ward rounds to the surgical departments and a great deal of work with the many acute patients.

We have not seen many "possible infections "that could be related to Corona. Testing was not actually possible and there were no ventilators available. However we did not notice any increased admissions or deaths due to serious



respiratory conditions. During our stay we did hear about a kind of flu wave active in February, which had caused many staff to be quite ill. Possibly a first wave of Corona ? The March mission was rather stressful with the lockdown occurring in Europe and problems with returning to the Netherlands. At one moment during their stay all the flights were cancelled. Erik, Jiska and Milou stayed in limbo, however amazingly the day before their scheduled departure, a large KLM aeroplane was sent to Tanzania and they could return with the last flight back to the Netherlands. Looking back, we are very thankful for all that, we as Simba Health in the middle of a pandemic could do in Tanzania. "Just as our motto "Changing the world, one person at a time " is, so were we able to shape and give meaning to both of these missions.



A brief summary of our activities during 2020:

*Via social media raise funds to improve hygiene in the hospital

*Mobile wash basins were made by the technical service. These have buckets of water with dissolved chlorine tablets in them, and are now located at all hospital entrances

*The linen room has received large rolls of fabric to sew hundreds of masks and extra aprons

*3 meetings with the Hospital Management team. The hospital is at a crossroads . In order to financially survive they have to develop into a Regional referral centre. What role can our foundation with its specialist and organisational expert teams fulfil here?

* Specialist care

- Five older children have been helped with club foot operations
- Eleven children had leg correction (O/X deformities) surgery
- Stoma reversal by 2 patients
- Ten patients with badly healed fractures and acute trauma's were operated on

*The 2 sea containers with valuable equipment have arrived. Beds, OK lights, operating tables, an X ray screening unit, incubators, industrial washing machines, 80 lockers and even more items bought through auctions in the Netherlands , all distributed throughout the hospital.

*Together with a volunteer from the Netherlands (Jedidja Romeijn) and a local contractor, construction plans were drawn up for converting the 2 containers into a house for the mission teams.



* The renovation took place within 3 months and the official handover in September
An online webshop action for furnishing the container took place, there was a very generous response!

*The container house is now furnished and vermin -proof measures have been taken

*An inventory has been made from the laboratory, with a view to future upgrade

*Local colleagues and ex patients spontaneously brought plants, fruit trees, cuttings and a lot of compost to lay a garden around the house

Last year we were encouraged to see again to see that Simba Health has such a warm, committed and growing following. In spite of many here in the Netherlands having a difficult and uncertain year, a great deal has been made possible for the Simba Health organisation.

Board Insights 2020

Bart Boll started as a fellow board member. Gerrit Staal has also been busy with various projects. Both give an insight into their vision and projects:

Bart Boll:

During my medical training, I first became aware of healthcare needs in a developing country. In 1982 (even Turkey still had underdeveloped healthcare) I felt the need with my Western medical training to contribute and work for a short time in these sorts of countries. During an internship in Tanzania 1985, in a hospital on the edge Lake Victoria (Bukumbi 30 km from Sengerema) I became sure that I wanted to be a Tropical Doctor. Immediately, after my medical exams I started the tropical doctor training. In the end, I did not go straight away into tropical medicine ,but studied to become a surgeon and then a vascular surgeon. When Erik Staal started his surgery training in my hospital CWZ Nijmegen we went in 2005 with a small group to work in Sengerema. After this, together with my partner Irma Prudon (PA anesthesiology) we have taken part in 3 other missions and hopefully in the autumn for a fourth time. As I am already a board member in many functions at the CWZ hospital Nijmegen and fully endorse the vision of Simba Health, I have now offered my support not only practically going on the actual missions to Tanzania, but as a co board member. I have already worked for a year on the board and the dynamic and drive of the other members is more infectious than COVID -19. Much has already happened and there are many more future challenges... This gives me lots of energy!

Gerrit Staal:

As a businessman in the Logistics Industry and fellow board member, I am very pleased to contribute and support Simba Health. My brother and sister-in-law, Erik and Jiska Staal have been working for many years in the Sengerema hospital which has lead to me being very connected to the work there. In Ede we have a central storage facility for all items donated for the work in Tanzania, we make a selection of what is suitable for use there.

In 2019, two large containers came to Ede and were totally filled with a lot of equipment and material for the hospital in Sengerema. In that year a number of hospitals in the Netherlands had to close down, so through various auctions we were able to purchase valuable equipment. The idea was also to use both containers to build a "container house" for the medical teams coming from the Netherlands to work in Sengerema .

The containers arrived in the spring of 2020 and after being emptied ,underwent construction to build a beautiful "container home ". It is great to see how many people are active and participate in this fantastic work



General Background: ongoing developments in the situation where Simba Health operates

Healthcare in Africa is changing. Remarkable gains have been made in the healthcare worldwide over the past 25 years, but progress varies widely across different regions. In the past health focused mainly on individual diseases. Surgical care has been given a low priority in the world's poorest regions. This leaves 5 billion people without access to safe, affordable surgical and anaesthesia care.

Mortality and morbidity from many common conditions requiring surgery have increased in the worlds poorest regions, both in real terms and relative to other health gains. At the same time, the development of safe, essential, life saving surgical and anaesthesia in low and middle -income countries (LMIC's) has stalled or declined.

The (scarce) data available ,provide a conservative estimate that surgical diseases account for 15% of the global "burden of disease". The population of Africa is still growing and its infrastructure is improving. As a result, the number of road casualties are increasing enormously, but there is a lack of essential and adequate treatment. As a result many young men become unnecessarily handicapped . They can no longer work ,form a financial burden on the family and cannot (fully) participate in society. In addition, many children develop visible deformities, simply because they do not receive the right treatment. Both the WHO and other parties (G4 Alliance) are trying to draw attention at political level , to this inequality in care.

"Accidents kill more people each year than HIV, TB and malaria combined, the vast majority of these deaths occur in low and middle income countries".

Reducing this global "burden of disease" requires the efforts of many organisations. Simba Health has been working on the implementation region in the Lake Zone ,to help achieve the WHO goals for 2030," access to safe surgical and anaesthesia care for all"!

The 2020 purposes

Improve and increase the development of Simba Health, preferably with a substantial main sponsor with whom we can work together for several years. Thus building a solid bridge construction in the Netherlands and Tanzania.

How? First of all, by placing a permanent medical expertise locally and thus creating a solid landing place for a tailor-made deployment of medical volunteers, doctors and paramedics. We know that the need for care in this low-income country remains high, but with the crises in the Western world, the resources are declining.

In addition, with the support of a network in construction, both in our personal environment, (medical) companies hospitals, universities and local to Lake zone region, Simba Health has the opportunity to build a meaningful bridge between the Netherlands and Lake Zone of Tanzania.

Finally with a permanent staff and a strong network in Sengerema and surrounding hospitals, knowledge can be shared (workfloor and universities), materials acquired and in co-creation between our people and the Tanzanians , a lasting development built. Our surgeons, other specialists, nursing experts and other personnel are ready to strengthen the bridge on both continents. We have realised a close connection with the needs of the region .

Tanzania has 0,04 doctors per 1000 inhabitants (only 9% are surgeons). Compared to the Netherlands that number is 100 times higher 4 doctors per 1000

The focus of the WHO's global target for 2030 is ambitious. But without organisations such as Simba Health implementing these goals in practise, it will not be achieved. By anchoring the bridge securely and deep here in the western medical and rich continent ,we are committed to bring our best in abundance to the Lake zone

Our resources are growing, but just not enough for the next major step: working with a permanent staff in Tanzania. In 2020 we laid the foundation for raising larger funds and investing in expanding our network. We will be in contact with a potential main donor at the end of 2020, and hope in 2021 to have more definite information

Thanks, on behalf of the chairman

We look back on 2020 with gratitude: a year in which despite Corona, Erik and Jiska were able to work locally for a few weeks in Tanzania. Also steps have been taken on the management side. A better distribution of the roles and tasks and we have expanded our board with Bart Boll . A surgeon who is passionate about Africa and has experience of working in Tanzania. His first time in Africa dates back to when he was medical student ,since then participating in several missions. Currently he is working in a management position .We are pleased to have him on board, with his experience in the network in Tanzania and the Netherlands especially as his specialist care is at the heart of our business. It remains very special to see how people, just as Jiska and Erik are prepared to travel there several times a year and now with the outlook of working more permanently for several years in Tanzania. By supporting them from a strong management Board, they can fully focus in 2021 on devising and organising the steps needed for this move. We will expand the board in 2021 with a strong administration, then the crew are ready to tackle the larger plans

Future Plans ,as seen at the end of 2020

- * Stationing a permanent general/trauma/orthopaedic surgeon with tropical medicine experience in the Lake Zone of Tanzania
- *Planning and organising more diverse specialised outreaches ,tailored to the local needs .Able to operate (ENT, urology, orthopaedics, ophthalmology etc) and spend time training and coaching on site
- *In the Netherlands expanding the donor and medical network to strengthen both sides of the bridge
- * Continue investing in the medical training of local staff in Tanzania

Reward Policy

The management board of Simba Health have met seven times. No remuneration has been paid to the board, no expenses have been declared. The trips to Tanzania were paid by the participants themselves, possibly in the construction of a gift to the foundation .

If you have any questions about this annual report ,or would like further contact ,please contact the chairman Rene Ravenhorst chair@simbahealth.org

Financial Report 2020

Stichting Simba

Staat van baten en lasten over het boekjaar 2020

	2020	2019	2018
Baten			
Giften vaste donateurs	3.596	766	676
Incidentele giften particulieren	2.187	8.172	3.692
Bijdragen via GIVT app	1.481	0	0
Incidentele giften instanties/bedrijven/kerken	969	13.377	17.828
Bestemde giften SEH (Spoedeisende Hulp)	55.000	0	0
Bestemde giften Containerhouse	16.332	13.666	0
Bestemde giften Coronacrisis	1.600	0	0
Bestemde giften overig	5.280	0	0
Prijs VOOR-verkiezing	0	0	24.038
Subtotaal	86.445	35.981	46.235
Projectuitgaven			
Containerhouse	-33.784	0	0
Besteding Coronagiften	-1.600	0	0
Besteding geoormerkte giften	-2.450	0	0
Overige projectkosten	-119	-4.782	-1.231
Onderwijs	-1.096	-2.193	-1.023
Medische/technische apparatuur	0	-29.721	-14.989
Subtotaal	-39.049	-36.696	-17.243
Algemene kosten			
Publiciteitskosten	-104	-672	-83
Jubileumgift Sengerema Hospital	0	-500	0
Overige kosten	0	-662	0
Subtotaal	-104	-1.834	-83
Financiële baten en lasten			
Rente ING spaarrekening	0	0	2
Bankkosten ING	-468	-214	-151
Subtotaal	-468	-214	-148
Resultaat boekjaar	46.824	-2.763	28.760

Stichting Simba (RSIN 8092.14.155)

Balans per 31 december 2020

Activa:	31 december 2020		31 december 2019		31 december 2018	
	€	€	€	€	€	€
Vlottende activa:						
Te ontvangen rente	0		0		2	
Vooruitbetaalde kosten	0		1.029		0	
		0		1.029		2
Liquide middelen:						
ING, zakelijke rekening	97.149		49.291		53.106	
ING, zakelijke spaarrekening	8.426		8.426		8.424	
		105.575		57.717		61.530
Totalen		105.575		58.746		61.532
Passiva:						
Algemene reserve		47.725		45.065		37.456
Bestemmingsfonds VOOR-verkiezing		0		0		24.038
Bestemmingsfonds Containerhouse		0		13.666		0
Bestemmingsfonds SEH		55.000		0		0
Bestemmingsfondsen overig		2.830		0		0
		105.555		58.731		61.494
Overige schulden						
Te betalen bankkosten		20		15		38
Totalen		105.575		58.746		61.532

Statement of income and expenditure for the 2020 financial year

General gifts

In the year 2020, the usual gifts from private ,companies and churches are lower than in 2019 going from 22.315 euro's in 2019 to 8,233 euro's in 2020.However the fixed /periodic gifts from donors went up from 766 euro's in 2019 to 3,596 euro's in 2020 which is a positive development for the future

Planned gifts

These promised gifts were in contrast from 13,666 euro's in 2019 to 78,212 euro's in 2020. From this sum, 16,332 euro's was earmarked for the building and furnishing of the "container house ", which has been finished in 2020.

In addition, the amount of 55,000 euro's was received from a fund to expand /renovate the Accident and Emergency department in the Sengerema hospital. Hopefully this can be spent in 2021.

Finally an amount of 6,880 euro's from other specific donations was received , for the COVID 19 protection equipment, machine parts for the generator and other purposes.

Project Expenses

The immediate project expenses for 2020 in Tanzania were 39,049 euro's .The largest of these (33,784 euro's) was spent on building and furnishing the "container house". In addition an amount of 1,096 euro's was invested in the medical training of talented Tanzanians and approx. 4,000 euro's was spent from the gifts earmarked for COVID and specific purposes.

Balance statement per 31 December 2020

Liquid assets

As of 31 December 2020,the liquid assets were considerably higher than the situation in 2019,namely in 31-12-2020 there were 105,575 euro's compared to 57,717 euro's per 31-12-2019.The increase was mainly due to not being able to use the Accident and Emergency refurbishment gift.

Targeted fund for Container house

In 2020 the "container house " was built and furnished .The total cost amounted to 33,784 euro's .An amount of 13,666 euro's had already been raised in 2019. In 2020 via acties and specific donations another 16,332 euro's had been added .The difference of 3,786 euro's has been given to the General reserve fund .

General Reserve

Balance per 31 December 2019	€45,065
+ Result financial year 2020	€46,824
+ Anomaly Funds "container house"	€13,666
- Anomaly Funds EHBO	€55,000 +/-
- Anomaly Remaining designated fund	€2,830 +/-
Balance per 31 December 2020	€47,725