

ANNUAL REPORT 2022-2023

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FOREWORD

Another year has passed. It was once again a year with many highlights. Firstly, the first edition of Cycle for Shirati took place. It was not only incredibly fun, but also highly profitable for the Foundation. Thanks to our fantastic participants and organization, over 40.000 euros were raised. Wow. This is something Jan, Joost, and I wouldn't have dared to dream of when we cycled the test ride a year ago.

Furthermore, all projects have grown. The quality is higher and so is the number of people we reach. Scientific research, one of our pillars, is playing an increasingly large role in our activities. In addition to being a board member, Joost is now a full-time researcher in Shirati for the Bonesetter Project. I must emphasize how unique this research is, as a collaboration with the traditional bonesetter and hospital has never been investigated on this scale before. We are incredibly proud of this. Our ever-diligent treasurer Marvyn has also arrived in Shirati for the second time with renewed energy. Besides expanding the Schistosomiasis Outreach Shirati project, he has been busy starting a new project: Healthy Hearts. This focuses on screening for cardiovascular risk factors, and the initial results are alarming. A much-needed project! Our treasurer, Esther, has had other priorities and has given birth to a beautiful baby. We are incredibly happy to have her as a moral compass among us. Perhaps less visible to the outside world, but certainly not within the board, is our digital specialist Mick. Without him, our house of cards would quickly collapse. And the pusher of Cycle for Shirati. I also suspect that digital health will play an increasingly larger role in our projects. Victoria, my partner in the fight for better nutrition. The organization has never been as tight as it is now for both the Shirati Food Program and the Shirati Peanut Project. Thanks to her efforts and the reinforcements within our team, Aurelia and Ismail. Her input for the research we do is invaluable. Also, Kees, our filmmaker, has given our projects color with beautiful videos. And Maud, tireless in achieving her goal of improving neonatal care.

The strength of this foundation, it turns out, lies in the fact that so many people are committed to the projects. Apart from the board members, the Foundation now counts 12 Tanzanians who are fully committed to our projects. And that's not even counting all the Tanzanian hospital staff that often helps us. Like Abdallah, our always cheerful friend, who drove during Cycle for Shirati and repaired the machines of the Shirati Peanut Project numerous times. And I mustn't forget the many Dutch students who contribute by raising funds or conducting research within one of our projects.

Bring on the next year! I'm excited.

Nathan Beijneveld,
Chairman Stichting Shirati

OBJECTIVES

In 2023, Stichting Shirati committed to the following:

- Providing a consistent supply of locally produced RUTF (therapeutic food), to reduce the impact of malnutrition within the Rorya district. Conducting research to gain insight into the risk factors behind malnutrition. Starting an education program on healthy nutrition.
- Providing one free, nutritious meal per day for patients admitted to Shirati KMT Hospital.
- Reducing the number of complications from schistosomiasis within Rorya by providing semi-annual health education and distribution of medication in villages designated as high-risk areas. In addition, collecting data to evaluate the success of this intervention.
- Researching the prevalence and consequences of fractures within Rorya, as well as the feasibility of collaborating with local bonesetters and their treatment.
- Supporting Shirati KMT Hospital with education and resources, where the local need is greatest (e.g., ETAT training and diagnostic equipment). Screening for, and if necessary, initiating treatment for cardiovascular diseases such as high blood pressure and diabetes. Disseminating knowledge about preventive measures to avoid complications.

BOARD REPORT PER SECTION

SHIRATI PEANUT PROJECT

General:

After Sheryl Sillah worked with us for over a year, she left at the end of 2023 to pursue her path elsewhere. We welcomed two very needed new forces in September 2023, Ismail Ramadhani and Aurelia Melchior, both certified dietitians.

Media:

On June 30, 2022, the "Mwenge wa Uhuru", the Torch of Freedom, came to Shirati KMT Hospital. Every year, the Uhuru Torch travels through the country to appreciate special projects, and this year the Shirati Peanut Project was chosen. Apart from being a great honor, we received a lot of media attention, even on national television, resulting in interest from the Ministry of Health for our project.

Production:

In both 2022 and 2023, we produced 7,500 packets of RUTF. In addition, more than 100 liters of soy milk are made monthly. There have been a number of setbacks with machines that broke down, but since the end of 2023, we have two working milling machines again. A third is on its way in a container from the Netherlands. We continue to look for ways to make the production process more efficient, including purchasing a new packaging machine and installing a motor on the roasting machine. At the end of 2023, we did a small renovation. Our storage room was becoming very full, so we were allocated an extra room adjacent to the older storage room. The wall was broken down, replastered, a new ceiling installed, and everything painted. Additionally, the roof at the back of our facility was extended so that work can continue outside even during the rain.

Training:

In November 2022, we trained all clinical officers working at Shirati KMT Hospital in the reception and treatment of acute malnutrition in children. Additionally, in each clinic in the Rorya district, at least one nurse or clinical officer has been trained by us in recognizing and treating malnutrition, in close cooperation with the local government.

Research:

We conducted research on the acceptance and suitability of our locally produced products among parents of malnourished children. It turned out that the vast majority (>90%) of the respondents accept the product in terms of taste and mode of administration. However, a large portion of the patients (46%) did

not return for their follow-up appointment. During home visits to these people, the biggest barrier turned out to be the transportation to the hospital (financial) and a lack of knowledge about why they needed to return to the hospital.

Plans for the future:

The production remained stable last year. However, next year we may also supplement HIV-positive children under 5 years of age if funding is available. We will expand our education program, in collaboration with Maji Safi (local NGO). Their community health workers have already provided education on malnutrition in 5 local clinics. We have evaluated this and will continue to improve the content and expand the number of clinics where education is provided next year. Preparations are also underway for the start of new research within the Shirati Peanut Project. This focuses on whether it is possible to successfully implement multiple interventions - aimed at reducing readmissions of previously discharged malnourished children. This includes the introduction of soy porridge and starting a home-garden (growing vegetables in a bag). Lastly, we want to test the quality and exact nutritional values of our product at the national food laboratory.

BONESETTER PROJECT

Research focused on the impact of fractures in rural Tanzania, the influence of traditional bonesetters, and the possibility to systematically improve care through collaboration.

2023 was a busy year! We completed data collection from:

- Literature review on previous initiatives involving bonesetters
- Interviews and focus groups with all relevant parties about collaboration between the hospital and bonesetters: 9 fracture patients, 41 bonesetters, 5 hospital staff, and 3 local officials.
- A survey among 498 households to map the healthcare-seeking behavior of fracture patients

Our 'pilot collaboration' also started, in which we try to find the most cost-effective treatment for fracture patients together with a few bonesetters. We have already involved 32 patients, aiming for 50-60 in total. We were greatly supported in these activities by three scientific interns from the VU, who completed their internships here and will be included as co-authors on the publications as a reward for their work.

As a spontaneous spin-off, we organized a trauma course for medical personnel in the region and our three partner bonesetters. What was unique was that not only Tanzanian orthopedists gave the lessons, but the bonesetters also talked

about their work, leading to interesting discussions and more mutual understanding.

2024 will be a transition year for the BSP, in which we finish and publish our first series of projects, with the goal of setting up a similar study on a larger scale. A year full of data analysis, result presentation, and fundraising, therefore!

SCHISTOSOMIASIS OUTREACH SHIRATI

The Schistosomiasis Outreach Shirati (SOS) was held for the first time in spring 2022 in two villages by Lake Victoria: Bubombi and Nyamagaro, reaching 300 participants. In the fall, Bubombi was added, collectively reaching 900 participants. In the most recent edition, May-July 2023, Sota was added, and together in the four villages, 2150 participants were reached, providing care to a significant part of Rorya's coastline.

In the project, we collaborate with our partner NGO Maji Safi to provide health education. Additionally, there was a collaboration with the District Medical Office in 2022-23 for the free provision of praziquantel, the medication used to treat schistosomiasis. Returning every six months thus prevents serious end-organ damage. The outreaches were moved from May and November to outside the rainy season.

Because the outreaches are now held in January and July, there was only one outreach in 2023. We will continue with the existing four villages at the beginning of 2024 and see where we can expand.

Meanwhile, three tropical doctors (AIGT) graduated from the project with their Global Health Exercise. They sequentially made the project bigger, more manageable, more structured, and more effective. Also, four medical students wrote their bachelor thesis on increasing the fraction of young fishermen among the participants, as the most health benefits can be gained in this group.

In 2024, we aim to improve the sustainability of the project. Firstly, this means that the day-to-day leadership will be in the hands of a local colleague: Nkaina Walter. Additionally, we strive to create a reliable flow of free medication. Praziquantel is the biggest cost item within the project, and when that is omitted, even more villages can be visited. Based on hospital data from the last few years, we will search for the village where most patients come from to expand there first.

Finally, in 2024, we will research the use of ambassadors for the project. We are already working with BMU officers (representatives of the fishermen) and will expand this collaboration, but we will also talk to village chiefs, family heads

(balosi), community health workers, and spiritual leaders to get the best possible coverage for the project.

SHIRATI FOOD PROGRAM

- Since spring 2023, the Shirati Food Program has become a full part of the Shirati Foundation, and the German foundation has officially been dissolved.
- We provide a free meal per day for patients admitted to Shirati KMT Hospital, focusing on children, pregnant women, and the maternity ward.
- In 2023, as in 2022, we cooked daily for 50-80 patients depending on the department's busyness, meaning over 18,000 meals were prepared last year. At the end of the year, we also included the permanent residents of the Leprosy department (6 residents) in the Food Program, who will now receive two meals per day from the program.
- Stella Makori took over the leadership of the Food Program at the beginning of 2023. With the support of the entire nutrition team, the work processes and procurement have been adjusted, making them more efficient. We still work with four cooks, but now in a rotating system, where two cooks work each week and the other two are off, allowing us to better distribute the workload. In addition, new nutrition plans were created to provide patients with a healthy and balanced diet.
- We have switched to a digital system (Google Sheets) to more easily keep track of income and expenses, maintained by the nutrition team, as is also done for the peanut program.
- We have completely switched from cooking with wood-fired stoves to gas, for which the cooks underwent safety training and the ovens were rebuilt. Thanks to the support of external sponsors, we have full funding for gas for the coming year.
- Future plans: We plan to renovate the kitchen by installing new windows and a door to better protect the kitchen equipment. Furthermore, we aim to increase the number of patients we can provide with a meal and further expand the collaboration with the Shirati Peanut Project team, providing more explanation and education about nutrition to the patients.

HEALTHY HEARTS PROJECT

The new Healthy Hearts Project started at the end of 2023. The project was nominated for the Albert Schweitzer Prize but unfortunately did not win. Nonetheless, one of our Master's students took proactive steps in October to survey the population over 40 years old to determine the prevalence of cardiovascular diseases. Patients received blood pressure and sugar measurements, height and weight were recorded, urine was examined, and a large portion also received free blood tests. By the end of the year, the target number of 300 inclusions was reached, and the results were alarming. One in three people over 40 in Rorya has high blood pressure, and one in six has diabetes. These diseases cause severe complications the longer they exist and should therefore be detected early.

In 2024, we will explore how to screen as many residents as possible, ensuring that everyone who needs care can receive it. For this purpose, we will work both in the hospital and in the surrounding villages. The screening group will likely be narrowed to men from 45 years and women from 50 years old, as they seem to run relatively little risk below this age, and we aim to screen as effectively as possible. About 45,000 residents of the Rorya district fall into this age group, and at least a third of them have treatable risk factors. Therefore, we will be looking to reach at least 15,000 people. It's a big task, but we are starting with good spirits and will see how far we can get.

CYCLE FOR SHIRATI

This year marked the first edition of this fundraising event, and we can proudly say it was a huge success! The participants together raised over €40,000 for Shirati Foundation, and the event was highly praised in the evaluations. There's every reason to make it an annual event. Given the success of the first edition, no major adjustments will be made. In 2024, we hope to increase the number of Dutch participants to 20. Additionally, we also aim to increase the participation of Tanzanian cyclists, who join for the experience, to further stimulate cultural interaction between the cyclists and make the experience even more memorable!

NEONATAL CARE

The Foundation has been requested to assist in improving neonatal care at Shirati KMT Hospital and its surroundings. The board has decided to make its

account available for donations, as well as allocate funds from the Cycle for Shirati. These will be used for staff training and the purchase of essential equipment, as fits within the statutes of Shirati Foundation. Furthermore, in 2024, a separate working group will be formed to steer this external project.

MEDIA

A Dutch documentary maker, Kees van Driel, has offered his services to support the projects by assisting in generating promotional material. In addition, he is working on a comprehensive documentary about the Bonesetter Project to foster understanding of the role that bonesetters play in the community. The board has allocated funds from the Cycle for Shirati for a volunteer compensation and to support post-production (including colour grading) of the documentary.

DIGITAL ENVIRONMENT

To enhance the Foundation's visibility, demonstrate our legitimacy, and simply serve as a source of information, it was necessary to have a professional website. With the help of a designer friend and a WordPress/SEO specialist friend, we quickly established a foundation. With general information, project details, and news updates, this website serves as a central hub for other organizations, potential donors, and other interested parties. We iterate on the website weekly and sometimes daily to add extra features or provide more information. For example, we have offered the website in English for a few months now, added a page for our Cycle for Shirati crowdfunding campaign, and are continuously working on bug fixes, performance, and security.

We created the donation module via Stripe, making it extremely easy for website visitors to make a donation (one-time or recurring), and clear for us to see where the donations are coming from. Since offering this feature from mid-November 2022 to the present (mid-April 2023), we have raised ~6000 euros through one-time donations and 1260 euros through monthly contributions.

We receive assistance from SDIM, a company specializing in optimizing Google search engines. As an ANBI foundation, we get the opportunity to place ads on Google for free. They monitor search terms for us and then set up campaigns accordingly.

An Instagram account and LinkedIn page have been created to keep people and organizations informed of our activities.

All members of the foundation board and the organization of Cycle for Shirati have been provided with a “@stichtingshirati.nl” email address to ensure a professional appearance in our communication.

EDUCATION

Within the framework of various projects, extensive education has been provided both within Shirati KMT Hospital and in nearby centers. Training has been delivered on topics such as malnutrition, neonatal care, and fracture treatment. Patients receive education about malnutrition, schistosomiasis, and cardiovascular diseases. Due to the multitude of project activities, the previously mentioned burn unit has been postponed for the time being. Additionally, there was unfortunately no time found to conduct an ETAT (Emergency Triage, Assessment and Treatment) training last year.

LOAN

Although standalone infrastructure projects are not typically within the foundation's mandate, the board has provided a €13.000 loan to Shirati KMT Hospital for the completion of student housing. This was deemed acceptable because the revenue from this investment is expected to repay the loan within a year. It has been agreed with Shirati KMT Hospital that, after the loan repayment, half of the income will be used to help finance a tropical doctor. This doctor's responsibilities will also include projects of the foundation. This strategy protects the foundation for a future scenario where none of the current board members are physically present in Shirati.

YEARLY BUDGET

Attached is the first annual report of Stichting Shirati. It covers an extended fiscal year, from the establishment in April 2022 to the end of 2023 (see Figure 1).

BUDGET DISCREPANCY

Many of the expenses were not budgeted, simply because the projects did not exist at our inception. Following our establishment, the Bonesetter Project and the Healthy Hearts Project began; the Shirati Food Program was financially integrated into Stichting Shirati from its German foundation; and currently, there are also two projects related to the foundation concerning a documentary and work to improve neonatal care.

PROJECT CAR ACQUISITION

As more projects involve activities in rural areas - such as the work of Schistosomiasis Outreach Shirati in fishing villages, collaboration with bonesetters, and training of community health workers in nutrition - a Nissan X-trail was purchased to ensure we can continue our on-site activities.

STAFFING COSTS

Our operations heavily rely on our local project staff who work on the budgets of various projects. Without Stella, Jovine, Winy, Suzana, Nkaina, Joseph, Aurelia, and Ismail, the projects are nearly impossible to execute and definitely not expandable. As a young foundation, we strive to fairly compensate these committed partners and are still exploring the best way to offer suitable secondary employment conditions.

REVENUE GENERATION

These additional activities need to be matched with additional revenues. There was a healthy growth in our number of regular donors, and in October 2023, the

first edition of Cycle for Shirati was held. Thanks to the enthusiastic participants of this sponsored bike ride, a net result of more than 40,000 euros was achieved, from which all projects could benefit.

LOAN AND TROPICAL MEDICINE DOCTOR ASSIGNMENT

Furthermore, the Foundation provided a loan for new housing on the hospital grounds, in exchange for future rental income from it. We agreed with the hospital that, after the loan repayment, we would use our share of the rental income to send a tropical medicine doctor to Shirati for clinical work and monitoring of our project work. The Foundation incurred an interest-free loan from a third party to realize this financing.

EFFICACY

As a board, we take pride in the fact that almost all of our revenue directly supports project work. Board members do not receive compensation for their board activities. However, the AO Alliance provides a designated expense allowance for the full-time execution of the Bonesetter Project, and one of our donors provided a travel expense allowance for the Healthy Hearts Project. Both are separate designated 'extra' gifts, which therefore do not detract from the rest of the project budget. In the fiscal year 2022-2023, only 0.6% of our net income was spent on overhead (website, banking, and representation costs), meaning that **99.4%** of donations went directly to our projects.

LOSS AND SPOILAGE

There was a single financial incident in the fiscal year 2022-2023 involving a project worker on the Peanut Project who was found to have repeatedly embezzled petty amounts of cash. The collaboration with this worker was terminated immediately. Fortunately, the financial impact on the project was negligible. Furthermore, there was no notable spoilage of ingredients or medicines, and maintenance and repair costs remained within expected limits.

FINANCIAL HEALTH

At the close of the fiscal year 2023, the foundation has sufficient reserves to get through the first few months of 2024. A significant portion of the projects already have enough designated funds on hand to cover the entirety of 2024. The general reserve provides enough resources to continue paying local project staff in the event of the loss of project-specific income.

CHALLENGES AND RISKS

Financially, the board identifies three challenges and risks for 2024:

Increasing Costs Due to Increasing Activities

Several projects are showing natural growth due to successful implementation. This is particularly true for the Shirati Peanut Project, which is seeing more participants and higher production, necessitating more staff and ingredients. Schistosomiasis Outreach Shirati is also seeing an increase in participants per village with each edition. Fundamentally, this growth is positive, and as long as income grows accordingly, it should not pose a problem. However, if we reach the financial limits of the projects, it may become necessary to scale back the projects to maintain services for current participants.

For some of the newest activities, specifically the Healthy Hearts Project, there is not yet a designated stream of income. If donors are not found for these, they may need to draw on the general reserve.

Increasing Costs with Constant Activities

The global increase in raw material prices and the associated inflation also affect our projects, leading to higher costs for fuel, ingredients, and medications. Additionally, we are heavily dependent on the Euro:Tanzanian Shilling exchange rate since almost all our income is in EUR and USD, and almost all our expenses are in TZS. In 2023, this exchange rate improved by 10% in our favor over the year, but this can quickly reverse. During the past fiscal year, the board became more adept at optimizing the conversion and withdrawal of TZS, effectively making more money available.

For the Schistosomiasis Outreach Project, it is still unclear whether we will be able to use government-sponsored medication again in 2024. If this is not the case, the costs for this project will significantly increase. This has already been

taken into account in the budget, so it was actually a financial windfall in the past fiscal year.

Cash Flow and General Reserve

Although there is enough money in the fund, a large portion is earmarked by our donors for specific projects. Some of the more expensive projects have reserves available for only a short time. This poses a risk of negative cash flow and depletion of the project reserve at the start of Q2 2024, requiring these projects to draw on the general reserve, at least to continue paying the involved project staff. A more secure positive cash flow is not expected until Q4 2024, when a) a second edition of Cycle for Shirati is organized and b) the rental income from the pre-financed housing becomes available for sending a tropical doctor after the loan is repaid. Therefore, it is important to maintain a substantial general reserve to cover any shortfalls until more income is generated. Based on the expected expenditure pattern, it is recommended to keep a minimum of 15,000 euros in general reserve until October 2024. The uncertainty regarding cash flow also results in less money being deposited, leading to lower interest income.

Co-treasurers,

Esther van der Lugt
Marvyn Koning

FIGURE I. FINANCIAL REPORT EXTENDED FINANCIAL YEAR 2022-2023

RESULT

	INCOME		SPENDING	
	Result	Budgetted	Result	Budgetted
	2022-23	2022-23	2022-23	2022-23
Projects				
Schistosomiasis Outreach Shirati (SOS)	8.109,30	2.000,00	-3.233,51	-2.000,00
Bonesetter Project (BSP)	64.009,76	0,00	-37.617,65	
Shirati Peanut Project (SPP)	24.761,70	11.700,00	-21.875,27	-2.461,00
Shirati Food Programme (SFP) ¹	10.650,00	0,00	-8.019,84	
Healthy Hearts Project (HHP)	2.250,00	0,00	-3.144,48	
Improving Neonatal Care	4.341,63	0,00	-1.060,89	
Documentary		0,00	-1.520,00	
General costs and income	28.498,36	1.000,00		
Cycle for Shirati	55.724,06	50.000,00	-15.354,52	-19.000,00
Training, education and research	1.409,42	0,00	-254,42	-250,00
Bank costs			-413,76	-200,00
Website			-493,26	-250,00
Governance and meeting costs			0,00	0,00
Representation costs			-267,45	-300,00
Car		0,00	-4.825,06	
Accommodation rental	14.408,00	0,00	-14.408,00	
Other	0,00		-308,24	0,00
Reserve mutations				
General reserve ²	0,00	0,00	-19.984,13	0,00
Schistosomiasis Outreach Shirati (SOS) ³	0,00	0,00	-9.875,79	0,00
Bonesetter Project (BSP) ³	0,00	0,00	-31.392,11	0,00
Shirati Peanut Project (SPP) ³	0,00	0,00	-7.886,43	0,00
Shirati Food Programme (SFP) ³	0,00	0,00	-7.630,16	0,00
Healthy Hearts Project (HHP) ³			-4.105,52	0,00
Improving Neonatal Care ³			-8.280,74	0,00
Documentary			-3.480,00	0,00
Accommodation >> tropical doctors			-8.731,00	0,00
	214.162,23	64.700,00	-214.162,23	-24.461,00

¹ Seperate books in 2022

² Includes conversion of 35.000 from Cycle for Shirati to projects

³ Includes conversion of 5.000 from Cycle for Shirati to each project

BALANCE SHEET

	EQUITY		DEBT	
	Ultimo		Ultimo	
	2023		2023	
General reserve			19.984,13	
Reserve Schistosomiasis Outreach Shirati (SOS)			9.875,79	
Reserve Bonesetter Project (BSP)			31.392,11	
Reserve Shirati Peanut Project (SPP)			7.886,43	
Reserve Shirati Food Programme (SFP)			7.630,16	
Reserve Healthy Hearts Project (HHP)			4.105,52	
Improving Neonatal Care			8.280,74	
Documentary			3.480,00	
Accommodation >> tropical doctor			0,00	
Checking account Triodos	2.365,88			
Checking account NMB	0,00			
Savings account Triodos	99.000,00			
Debtors and creditors ⁴	8.731,00		8.731,00	
	110.096,88	0,00	110.096,88	0,00

⁴ Loan living space