STICHTING SHIRATI

ANNUAL REPORT 2024

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FOREWORD

Dear reader,

Another year has passed! A lot has happened at Shirati, as you'll discover if you delve into the entire annual report. I'll mention a few highlights, so that after reading this foreword, you, dear reader, will already have an idea of what's happening at the Shirati Foundation in 2024.

Let me start by saying that all the projects have continued. That alone is noteworthy for a young foundation. Most projects have even grown. Those who don't appreciate the small...

As in all organizations, people come and go. Last year, we said goodbye to Ismail, one of our dietitians, who had a wonderful opportunity to work for the government in Bukoba. We wish him all the best. In return, we have two dietitians, Frank and Irene, who have already fully returned.integratedAnd they're doing incredibly well. The Dutch team has also expanded with a few familiar faces. Emma previously helped us with the design of the corporate identity and website and has now joined us as a brand-new Communications board member. We already knew Myrthe well. She will be the project leader of the Healthy Hearts project, which she helped set up as a student. She will also help us improve our fundraising.

As an organization we also have a smallprofessionalization driveThis has been achieved. Meetings are now held every six weeks with both the Dutch and Tanzanian teams. Two confidential counselors have been appointed: our board member Esther, for Dutch students and doctors, and Belinda, a nurse in the pediatric ward, for the Tanzanian team. The first team outing also took place: camping on an island in Lake Victoria; it was unforgettable. Furthermore, we have continued to build an equitable partnership between several established universities in the Netherlands and Shirati KMT Hospital. We ensure that the universities pay a fee for each student, similar to the Dutch system.

The second edition of Cycle for Shirati proved to be another success. A group of 35 cyclists from the Netherlands and Tanzania, supported by drivers, tropical doctors, and many more, arrived safely in Shirati. And they raised around

€45,000! Registrations for next year are already full, and we're looking forward to it. (Have you seen the aftermovie yet?)

Of course, so much more has happened. The countless successes that occur every day in Shirati, for example. All thanks to the people who work for the Shirati Foundation. I'll close with one of my favorite Swahili expressions, one we shouldn't dwell on often enough, both within our foundation and in this world.

Tuko pamoja (we are together),

Nathan Beijneveld,

Chairman of the Shirati Foundation

OBJECTIVES

In 2024, the Shirati Foundation was committed to the following:

- Providing a consistent supply of locally produced RUTF (therapeutic food) to reduce the impact of malnutrition in Rorya district. Conducting research to test the effectiveness of measures to prevent recurrent malnutrition.

- Providing one free, nutritious meal per day to patients admitted to Shirati KMT Hospital.

- Reduce the number of schistosomiasis complications in Rorya by providing biannual health education and distributing medication in villages designated as high-risk areas. In 2024, community involvement was prioritized.

- Research into the prevalence and consequences of bone fractures within Rorya, as well as the possibility of collaboration with local bonesetters and their treatment.

- Screening and, if necessary, initiating treatment for cardiovascular diseases such as high blood pressure and diabetes. Disseminating knowledge about preventive measures to avoid complications.
- Support, through funding of training and equipment, for a project to improve neonatal care at Shirati KMT Hospital.

MANAGEMENT REPORT PER PROJECT

SHIRATI PEANUT PROJECT

General information

- **Project leader(s):**Aurelia Melchior, Nathan Beijneveld & Victoria von Salmuth
- **Duration:**2021 - present
- **Project objectives:**
  - Treatment of acute malnutrition in children at KMT Shirati Hospital.
  - Production of local Ready to Use Therapeutic Food (RUTF) and therapeutic milk for the treatment of acute malnutrition.
  - Improving knowledge about malnutrition among parents and relatives of children with malnutrition.
  - Strengthen early detection, screening of children with malnutrition to promote timely intervention and treatment

Summary of the year

- **Highlights:**
  - Infrastructure:
    A new water drainage system and water connection have been installed behind the production unit. This is a significant improvement for the hygiene situation throughout the production chain.
  - New employees:
    After an open application, anticipating Ismail and Aurelia's departure (Aurelia ultimately stayed), we received over 25 applications from across the country. Five candidates were considered, and we ultimately selected Frank and Irene. They are now fully integrated and have become an important part of the team.
  - Research activities:
    Last year, two research projects were conducted. One was a comprehensive evaluation of the Shirati Peanut Project, conducted by Roel, a science student at VU University Amsterdam. In addition, a pilot

study was launched to test various interventions to improve the nutrition of malnourished children; more on this below.

- Start training focused on prevention:
  The training that was part of the pilot study is now being continued after the inclusion period. Parents of malnourished children are invited to participate in a training program that teaches them bag gardening, how to prepare soybeans to make a nutritious porridge, and finally, attend a cooking demonstration followed by education on healthy eating.

- **Challenges:**
  - The packaging machine appears unsuitable for paste consistency, so the search continues. The RUTF packaging process is currently the most time-consuming part of our production process. Therefore, we would like to make it more efficient by purchasing a packaging machine. However, it is difficult to find one for our product.
  - Ismail, one of our dietitians, has received a government contract and has left the team.

Activities and results

Production date	Number of RUTF bags
26-1-2024	632
28-2-2024	678
28-3-2024	678
19-4-2024	637
15-5-2024	677
24-7-2024	715
16-9-2024	414
25-9-2024	813
31-10-2024	862
29-11-2024	568
Total	**6674**

Table of activities performed and results achieved

Activity	Result	Comments
Treatment of patients in the OPD and in the ward	Fully achieved	Expansion
Training starten “soybeans porridge + home gardening”	Fully achieved	Continuation
Improvement of production unit infrastructure: water drainage installed, new electricity cable laid	Fully achieved	No

Evaluation and lessons learned

- **What went well?**
  Skillednew dietitians hired, continuous production.
- **What could be improved?**
  Hand finding a packing machine!

Looking ahead

- **Next steps**
  - More focus on prevention than treatment, screening in the villages.
  - Improving data collection through “Ubongo”, the electronic patient file.
  - Collaboration with Community Health Workers for screening, follow-up and education on malnutrition
- **Future needs:**
  - Budget for Community Health Workers

BONESETTER PROJECT

General information

- **Project leaders:** Jovine Okoth & Joost Binnerts
- **Duration:** 2023 - present
- **Project objective:** Establishing collaborations between hospitals and traditional bonesetters to better help patients with bone fractures.

Summary of the year

- **Highlights:**
  - 2024 was a transition year for the Bonesetter Project, in which three studies (the literature review, a stakeholder assessment, and a household survey) were processed into scientific articles and submitted to peer-reviewed research journals.
  - Of jointTrauma care training for hospital staff and bonesetters has been expanded to a hospital in Sengerema, Tanzania. This year, we trained a total of 60 participants, who were enthusiastic about the content.
  - We also saw the end of data collection for our pilot collaboration with three bonesetters this year. Thanks to the efforts of Jovine and Nkaina, not a single patient was lost, and we can report a loss-to-follow-up rate of 0%. Proof that conducting good research in resource-limited settings is possible with sufficient commitment!
- **Challenges:**
  - The collaboration worked particularly well when patients had simple fractures that could be referred back to the bonesetter. Unfortunately, when a patient required surgery for a complex fracture, this was rarely performed. It appears that a lack of funding and knowledge about bone healing play a significant role in this.

Activities and results

Table of activities performed and results achieved

Activity	Goal	Achieved result	Comments
Providing trauma surgery training	**51**hospital staff trained **9**bonesetters trained	Fully achieved	Extension of the course to Sengerema Hospital
Recruiting a new partner bonesetter	**3**new bonesetters	Fully achieved	1 new bonesetter in Shirati and 2 new ones in Kowaki.
Publishing scientific articles	**4** to research	3/4 articles published	Our systematic review, qualitative study, and household survey have all been published. Only the study evaluating our training is still with the journal.

Evaluation and lessons learned

- **What went well?**
  The collaboration with Radboud University Medical Center has significantly benefited the project in terms of access to infrastructure, network, and credibility. We are therefore very grateful to our partners for this. We also established new contacts with every level of government, which provides a solid foundation for future discussions about the future. The team itself remained unchanged in 2024 and worked harmoniously and effectively.
- **What could be improved?**
  Our research team is primarily medically trained and currently lacks someone with a business/project management perspective. This could help us structure our collaboration.

Looking ahead

- **Next steps:**
  In collaboration with the AO Alliance, we've launched an Africa-wide study to map how different countries deal with bonesetters: are they illegal? Or are they monitored, or even formally permitted to operate? The goal is to stimulate debate across the continent about what we can best do together. We're doing this through an online survey, which we're submitting to Ministries of Health, orthopedic associations, and, where available, traditional bonesetter organizations.

  In addition, we hope to anchor our collaboration with bonesetters in the local care and thinking of the community, with the help of community health workers and village leaders, who can help convey the idea behind our initiative to the community.

- **Future needs:**
  The needs lie primarily with the government, which we need to expand our project and embed it in the formal health care system. In the example of Ghana, this was achieved through the foundation of a TBS association, which could self-regulate and monitor licensed TBSs, who follow mandatory annual trainings and undergo practice audits.

SCHISTOSOMIASIS OUTREACH SHIRATI

General information

- **Project leaders:** Marvyn Koning & Nkaina Walter
- **Duration:**2022 – present
- **Project objective:**Reducing the disease burden and transmission of schistosomiasis in high-risk populations

Summary of the year

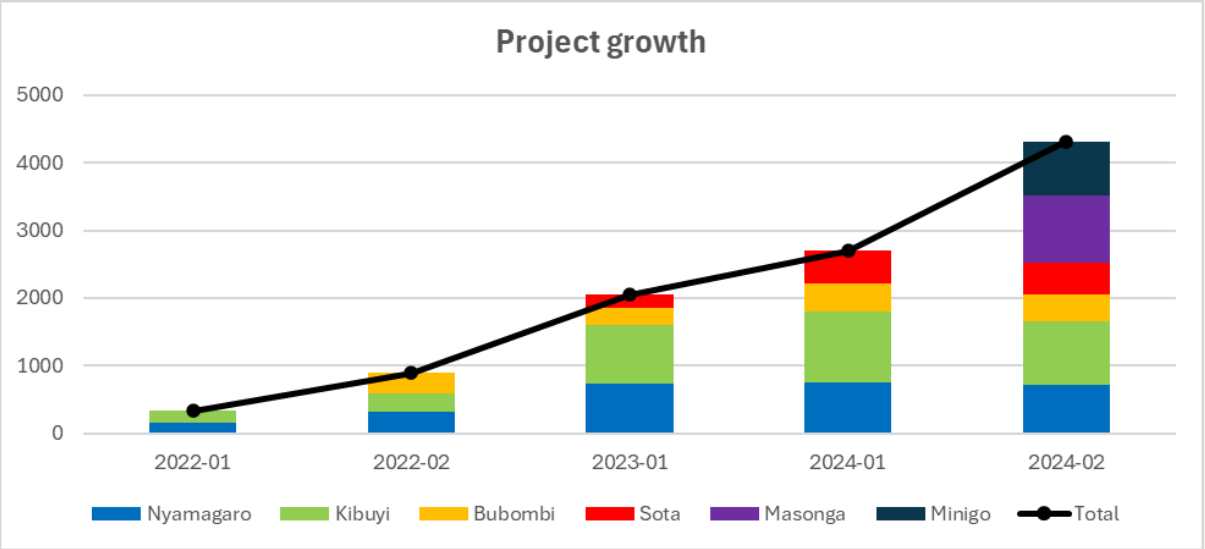
- **Highlights:**
  - In 2024, significant steps were taken to localize the project. This means we are increasingly empowering local communities to take charge of project implementation. Several villages have already fully transitioned to the new system, and we've seen this result in more frequent outreaches and increased efficiency.I makes it cheaper!
  - The villages of Masonga and Minigo were first visited in 2024, leading to some of the most successful outreaches ever.
  - In collaboration with the government, a large batch of praziquantel was again made available to the project free of charge.

- **Challenges:**
  - The goal is to eventually collaborate more closely with regional and district levels of government. So far, this has been only partially successful.
  - The scale of the outreaches makes the supply of personnel and materials logistically more challenging.
  - Scheduling outreach dates to ensure they are held on time. However, this proves challenging because the medical director must be available, it cannot be a market day, the rainy season, and not within a week before or after the full moon. Furthermore, a planned outreach can suddenly have to be canceled due to a large funeral in the village.

Activities and results

Together with master's student Doris Huijsmans, we visited our trusted allies in the villages: the BMU officers. We discussed with them how we could help them take greater ownership of the project. We also visited over a hundred mayors,

family elders, religious leaders, and health workers. With them, we built diverse alliances in the various villages where we organize outreaches. We found enthusiastic driving forces everywhere and opted for a tailored approach, for example, placing the mayor in charge in one village and the BMU officers (the "harbormasters" who represent the fishermen) in another. As a result, we saw an increase in the number of participants almost everywhere.



Evaluation and lessons learned

- **What went well?**
  - Localization of activities.
  - Expanding interest in existing villages.
  - Collaboration with our partner Maji Safi.
- **What could be improved?**
  - Scheduling outreach dates so that they don't have to be moved multiple times.
  - Data processing primarily digital instead of manual digitization.

Looking ahead

- To promote health education, we are in discussions with the government to create murals in the harbor with information about the prevention and treatment of schistosomiasis.
- Two developments are expected for schistosomiasis in the medium term. On the one hand, the manufacturer Merck is expected to stop donating large quantities of praziquantel in the coming years. On the other hand, a vaccine

against schistosomiasis will likely become available. We see a time horizon of approximately three years for both. The natural progression of this project's future could involve leveraging our contacts with the local social services to roll out large-scale vaccination in collaboration with the government. The distribution of praziquantel could then be scaled back (but probably not stopped entirely!). If a natural partnership with the government develops in this way, the Shirati Foundation can further phase out the project, with the hope that the district government, together with the local communities, will take the lead, and we can continue to play a supporting role at their request.

- In anticipation of this, we have chosen to expand our fixed coverage area by 2025 to include only the villages of Kirongwe and Michire. This will cover the entire coastline draining Skirati KMT Hospital. Due to potential future cost increases (particularly if praziquantel funding is lost before a vaccine becomes available), we will then focus on consolidation, localization, and monitoring.

SHIRATI FOOD PROGRAM

General information

- **Project leader(s):**Aurelia Melchior, Nathan Beijneveld & Victoria von Salmuth
- **Duration:**2016 - present
- **Project objective:**Providing a free, nutritious meal per day to patients admitted to Shirati KMT Hospital.

Summary of the year

- **Highlights:**
  - This year, the number of monthly meals served within the Shirati Food Program has further increased. An average of 2,200 meals were prepared each month, amounting to more than 25,500 meals per year. In addition, our dietitian revised the menu so we can offer patients a complete and balanced meal.
  - The Food Program and the Shirati Peanut Program (SPP) both fall under the management of the Lishe Unit (malnutrition unit). This year, both management and accounting have been combined. As with the Shirati Peanut Program, we now use a new accounting method. This uniform approach has made it much easier to track costs clearly and efficiently.
  - This year, the renovation of the laundry and cleaning area behind the Lishe Unit was successfully completed. As part of this project, a new septic tank was installed, the sewage system was improved, and the water supply was optimized. In addition, the land was rezoned to ensure proper drainage and prevent water stagnation..

- **Challenges:**
  - Adjustment of the work schedule:
    Changes were needed in the kitchen team's schedules to improve the efficiency and continuity of meal preparation.
  - Rising food prices:
    The increase in ingredient costs meant that more budget was needed for food purchasing.

- Extra training:
  Additional training was provided on the safe handling of gas and maintaining hygiene in the kitchen.

Activities and results

Table of activities performed and results achieved

Activity	Goal	Achieved result	Comments
Patients in maternity, maternity and children's wards provided with a meal per day	Prepare 50-100 meals per day depending on the number of patients	A total of 25,632 meals provided	Continue
Patients in other departments who require a meal are also provided with a meal	Around 10-20 extra meals per day	Fully achieved	Continue

Evaluation and lessons learned

- **What went well?**
  - Merging the management and accounting of the SFP and SPP has worked well. This has resulted in more efficient working methods and a better overview of the finances.
  - The introduction of an alternating work schedule, with two cooks present each week, who have the following week off, worked clearly better,
  - The quality of the meals has improved after revising and adjusting the menu.
- **What could be improved?**
  - Monthly gas consumption is high, leading to significant costs and a burden on the environment. Therefore, switching to solar-powered stoves is being considered as a more sustainable alternative in the long term.

Looking ahead

- **Next steps:**
  - Continue providing a daily meal to patients.
  - Maintain and, where possible, further improve the quality of meals.
- **Future needs:**
  - Investigate whether the transition to a solar-driven stove is feasible in the future as a more sustainable alternative.

HEALTHY HEARTS PROJECT

General information

- **Project leaders:**Marvyn Koning, Myrthe Datema & Winnie Walter
- **Duration:**March 2024 – present
- **Project objective:**Screening for risk factors for cardiovascular disease.

Summary of the year

- **Highlights:**
  - 2024 was the first year of the Healthy Hearts Project. The goal of this first year was to screen 1,000 participants and efficiently organize the project using data from the pilot phase, in which 500 people aged 40 and over were examined from November 2023 to February 2024. The 1,000^{and}participant was included in november.
  - The screening took place both at a weekly walk-in clinic and at various outreaches in surrounding villages, both led by our local project manager, Winnie Walter. We also developed educational materials for all participants with health advice and entered into several partnerships:
    - with the 'nutrition unit' where patients can receive additional nutritional advice free of charge on Fridays;
    - with the hospital physiotherapist for a one-time free consultation;
    - with the hospital laboratory for blood tests for high-risk patients.

- **Challenges:**
  - Initial logistical challenges (particularly regarding blood collection) were resolved during the year and cooperation with the laboratory is going well.
  - In the fall, the number of new patients we saw at the walk-in clinic decreased. This turned out not to be due to a decrease in capacity, but rather to the high number of follow-up patients. This challenge will therefore be addressed with the upcoming expansion of the walk-in clinic to two days a week.

Activities and results

In 2024, a total of 1,168 participants were screened for cardiovascular disease risk factors. In addition to free screening, these participants aged 45 and over also

received free health advice, a health diary and pen, a flyer with health advice, a dietary advice session, physiotherapy, and follow-up appointments.

Annual review:

Activity	**Location**	**Number of participants screened**
March 2nd	Kabwana SDA Church	43
March 11	Tomorrow Outreach	293
5 april	Mosque Outreach	74
May 11	Central Church Outreach	107
July 12	Musoma Church Outreach	179
July 29	Obwere Outreach	139
21 december	Butiama Congres Outreach	152
Every Wednesday	Walk-in Clinic at Shirati KMT Hospital	181 first appointments 400+ Follow-up appointments
	Total	1168 new participants

Evaluation and lessons learned

- **What went well?**
  - Collaboration with a permanent team during outreaches
  - Actively approaching families of hospital patients
  - Appointing a local project manager

- **What could be improved?**
  - Registration and digitization of follow-up patients
  - In areas of collaboration with the hospital: infrastructure planning and financial handling of services

Looking ahead

- **Next steps:**
  The walk-in clinic will be renovated to provide more work and waiting space. Afterward, the clinic will operate two days a week instead of one, on Wednesdays and Fridays: a very welcome expansion given the large number of patients coming for follow-up appointments. Five outreaches are planned for 2025, and we will again participate in Shirati Day. In the longer term, we aim to continue scaling up the project, including by involving community health workers for screening and educational purposes.

- **Future needs:**
  Operating on a larger scale will mean greater expenditures in the future, which will require increased revenue. Furthermore, we would like to be able to replenish supplies of all necessary materials (including glucose strips) from within Tanzania. This has proven difficult so far, but it won't pose a major problem in the short or (medium to) long term, due to the regular travel between the Netherlands and Tanzania. Supplies are monitored regularly and closely.

NEONATAL CARE PROJECT

General information

- **Project leader(s):**Janeth Sila, Maud Bekedam & Victoria von Salmuth
- **Duration:**Since 2024 - present
- **Project objective:**Improving newborn care at KMT Shirati Hospital and the surrounding region through education and capacity building. This initiative is part of a larger project aimed at improving care for mothers and their newborns in the Shirati KMT Hospital catchment area.

Summary of the year

- **Highlights:**
  - Establishing a formal neonatal care unit within the hospital, with a dedicated team and specially equipped rooms within the maternity ward. Integration into the existing hospital system.
  - Availability of high-quality equipment, such as incubators, phototherapy lamps, perfusor pumps and CPAP, to better manage and care for sick newborns.
  - Training within various departments on neonatal care and the use of equipment, which has not only improved knowledge and skills, but also led to greater recognition of the importance of specialized care for newborns.
  - Reduction of neonatal mortality in the hospital in the last quarter of 2024.

- **Challenges:**
  - High staff workload: Due to a shortage of neonatal nurses, staff often have to work double shifts, leading to additional pressure and fatigue.
  - Frequent staff rotation: Due to internal staff changes within the hospital, new staff members regularly enter the delivery rooms who are not trained in the care and care of newborns, which can lead to a difference in the quality of care.
  - Further integration in the region and improving the knowledge of nurses outside the hospital.

Activities and results

Table of activities performed and results achieved

Activity	Goal	Achieved result	Comments
Dedicated neonatology team	Min. 4 nurses quit & 1 doctor	Fully achieved 6 nurses 3 doctors	Expand team further, invest in capacity building in view of increasing need
Neonatal care: Design of special rooms	Neonatal High Dependency Unit (NICU) room, Kangaroo Mother Care (KMC) room	Fully achieved NICU (4 incubators) KMC (6 beds) General Ward (3 beds)	New and larger neonatal unit is planned for 2025
Personnel training	Attending the conference: “Tiny Feet, Big Steps” in Arusha in October 2024	3 nurses and 1 doctor attended the conference	Attend again in 2025
	Essential Newborn life support training for staff and medical personnel from Rorya	Fully achieved 55 people trained	Need for a refresher course in 2025

	Training for using CPAP (Continous Positive Airway Pressure)	Fully achieved 30 people trained in using CPAP 10 people trained by trainer the trainer	Need for a refresher course in 2025
	Training staff of Neonatology nurse from Arusha	8 nurses trained	Repeat in 2025

Evaluation and lessons learned

- **What went well?**
  - A close-knit team has been formed that works well together and guarantees continuity of care for newborns.
  - High quality training has been provided to all staff involved in newborn care.
  - Knowledge about interest in newborn care has also improved in the region.

- **What could be improved?**
  - Not all new staff are trained in managing sick newborns, which can lead to delays and treatment problems. Therefore, frequent and structured refresher training is needed.
  - Regular training on neonatal care for all hospital staff to further improve involvement and knowledge.
  - Equipment maintenance: Medical equipment requires regular maintenance to ensure optimal functioning.

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Looking ahead

- **Next steps:**
  - A new neonatal care building is planned for 2025. This will provide us with more beds and space for sick neonates, but it also means we will need more staff and equipment. In early 2025, we plan to offer a refresher course in neonatal life support and CPAP, as we also have new staff. We also want to further expand our collaboration with other health centers (which refer children to us).
- **Future needs:**
  - Due to an expansion of the department, we will need more equipment, staff and training in the future.

CYCLE FOR SHIRATI

We organized Cycle for Shirati for the second time: a wonderful four-day cycling trip from Mwanza to Shirati. Around twenty Dutch participants, along with enthusiastic Tanzanian colleagues, completed the route. These participants also raised around two thousand euros each during the trip: a remarkable achievement.

Because it was the second time around, we didn't have to start from scratch and we were able to smooth out some of the wrinkles that were visible last year.

We're back in 2025: this annual event promises to be a valuable source of financial support and brand awareness. There's also an opportunity to raise additional funds by actively approaching larger sponsors.

MEDIA

Introduction

Over the past year, we've worked on improving and clarifying our communication. We've made our organization more recognizable and trustworthy through better planning and coordination. We wanted to share updates more frequently, improve our website, and utilize social media more effectively. We also sought more contact with donors and partners through personalized communication.

Social Media Overview

In 2024, Instagram and LinkedIn were the most important social media channels. A significant development is the increased engagement of our regular ambassadors, which increased by 10% in the months our new communications board member was active compared to the first half of the year.

A striking trend was that videos and reels outperformed static posts. For example, the aftermovie reached 1,600 people but only had an engagement rate of 3%. The Ceuvel post, on the other hand, reached 302 accounts with an engagement rate of 25%. This demonstrates that people feel a stronger connection to content that resonates with their own experiences, such as past events.

Well-performing hashtags were:

- #cycleforshirati – 71 likes, 2 comments
- #fundraising – 70 likes, 3 comments
- #shirati – 60 likes, 1 comment

It's striking that hashtags without capital letters perform better. This raises questions about the influence of the algorithm and user search behavior. Storytelling and personal stories remain an effective way to increase engagement.

Plans & Goals for 2025

By 2025, we want to further strengthen the Shirati Foundation's communications by focusing more on visual content and storytelling.

More images (photo & video)

- Actively collect images from employees and stakeholders in Tanzania.
- Use videos and reels regularly, because they perform better than static posts.

Consistent storytelling & engagement

- Share retrospectives after events to maintain engagement.
- Allow volunteers, donors and employees to share more about their experiences.
- Experiment with hashtags and post formats to see what works best.

With these key points, we want to further increase the impact and recognition of the Shirati Foundation in 2025.

DIGITAL ENVIRONMENT

Google Workspace and Google Chat are now well-integrated into our daily processes. We also benefit from NGO discounts. We've also professionalized our content delivery for social media posts.

In addition, the new board members have created some room for independent software development. For example, the first steps have been taken in developing a program, uBongo, which will support the Shirati Peanut Project with its daily operations, as well as data collection and analysis. Implementation is expected sometime in 2025.

EDUCATION

Training: ETAT July 2024

ANNUAL ACCOUNTS

Attached is the second annual financial statement of the Shirati Foundation. Following the extended fiscal year in the year of establishment, a regular fiscal year will be used from now on (see Figure 1).

DISCREPANCY WITH THE BUDGET

There are few significant negative deviations between the budget and the results. Several projects experienced financial windfalls on the income side, and the Cycle for Shirati also exceeded budgeted revenue. A notable new source of income is the educational grants provided by Dutch universities for the supervision of interns. The Shirati Foundation manages these funds for the hospital for purposes designated by the hospital board.

The EUR:TZS exchange rate was above the rate in our budgets for most of the year, making expenditures cheaper. However, a sharp decline occurred at the end of the year, making the start of 2025 more uncertain and requiring a cautious budgetary policy.

INVESTMENTS

The foundation opted to manage several frequently occurring expenses. For example, a large tent with our logo was purchased for outreaches and Shirati Day, and a printer was purchased to reduce printing costs. Both investments paid for themselves within the fiscal year. The printer even paid for itself within a month.

PERSONNEL COSTS

A consistent remuneration policy for Tanzanian employees was established across the projects. The Foundation Board also opted to offer staff members

health insurance as a secondary employment benefit. This way, we continue to work towards fair and attractive employment practices.

RENTAL AND DEPLOYMENT OF TROPICAL DOCTOR

The loan the Foundation granted to Shirati KMT Hospital for the completion of new student housing, which the Foundation itself refinanced with a private third party, was repaid from the rental income from this accommodation. According to an agreement with the hospital, half of the future rental income will be reserved for the salary of a tropical doctor, while the other half will benefit charities designated by the hospital board.

Under this arrangement, Victoria von Salmuth was provided with compensation for part of the year for carrying out clinical work in the hospital.

EFFECTIVENESS

In 2024, operational overhead costs were again lower than our income from assets, thanks to a favorable interest rate and ample project reserves leading to higher interest income. This means that more than 100% of the donations received by the Shirati Foundation went directly to the projects.

LOSS AND DEPRIVATION

No significant shrinkage occurred.

FINANCIAL HEALTH

All projects have sufficient reserves to absorb unexpected setbacks. As a backup, the Foundation also maintains a general reserve that amounted to 19% of annual income at year-end.

CHALLENGES AND RISKS

The risks have not changed significantly compared to previous years. The main risk is that the Foundation holds assets that exceed the deposit guarantee scheme. In 2024, an attempt was made to open a second savings account with another bank, but due to anti-money laundering regulations, a large number of private donors, and spending in a largely informal economy, the Foundation appears to be an undesirable client for many banks. This means that a significant portion of the assets could be lost if Triodos Bank were to go bankrupt.

The challenge from previous years, where income was generated primarily in the second half of the year, potentially leading to a cash flow shortfall in the first half, has now been mitigated by the increased general reserve. A system of overlapping deposits is maintained for the savings account balance to optimize interest income, and this contingency is also taken into account.

Finally, geopolitical unrest leads to both restrictions of*global health* budgets asShifts in the currency market. The Shirati Foundation is primarily funded by private individuals and is therefore not particularly vulnerable to the withdrawal of government funding from sources such as USAID. However, we do experience the effects of currency fluctuations; global politics, for example, extends to rural Tanzania. We cannot change the wind, but we can adjust the sails, and we do so through prudent budgetary policy, ensuring we can continue our activities for years to come.

Marvin King,

Treasurer of the Shirati Foundation

FIGURE I. FINANCIAL REPORT

Income statement

	INCOME (€)		EXPENDITURE (€)	
	Result 2024	Budget 2024	Result 2024	Budget 2024
Projects				
Schistosomiasis Outreach Society (SOS)	10.550,27	8.500,00	-9.242,77	-11.950,00
Bonesetter Project (BSP)	41.093,07	22.000,00	-37.817,34	-39.950,00
Shirati Peanut Project (SPP)	45.956,01	12.750,00	-32.551,50	-26.550,00
Shirati Food Program (SFP)	14.551,92	21.100,00	-15.482,25	-24.350,00
Shirati Healthy Hearts (SHH)	1.182,79	1.000,00	-6.693,39	-5.000,00
Improving neonatal care (NEO)	5.895,90		-7.748,55	
Documentary		0,00	0,00	-3.500,00
General	9.723,86	9.000,00		
Cycle4Shirt	63.909,94	50.000,00	-20.432,93	-20.000,00
Cross-project personnel costs			-778,66	0,00
Education and training	0,00		-316,53	-1.000,00
Bank charges			-246,82	-700,00
Website			-47,42	-150,00
Management and meeting costs			0,00	-250,00
Representation costs			0,00	-250,00
Interest	1.440,12	1.500,00		

Other	0,00	0,00	-1.154,73	-1.000,00
Nissan X-trail				
Car use	190,21	200,00	-375,20	-1.000,00
Car maintenance/repair			-609,23	-1.000,00
Shared funds with hospital				
Rental	16.814,03	10.250,00	-8.731,00	-8.750,00
Tropical doctor reimbursement			-4.000,00	-4.500,00
Training allowance for co-assistants	5.900,00			
Addition/withdrawal of reserves				
General reserve	4.347,70	11.050,00	-12.249,31	3.000,00
Schistosomiasis Outreach Society (SOS)	8.695,40	3.450,00	-10.002,90	4.500,00
Bonesetter Project (BSP)	0,00	17.950,00	-3.275,73	0,00
Shirati Peanut Project (SPP)	8.695,40	7.900,00	-22.099,91	15.000,00
Shirati Food Program (SFP)	8.695,40	3.250,00	-7.765,07	0,00
Shirati Healthy Hearts (SHH)	8.695,40	4.000,00	-3.184,80	3.000,00
Improving the care of neonates (NEO)	4.347,70		-2.495,05	4.500,00
Film work	0,00		0,00	0,00
Hospital fund			-1.823,99	
Rental fund	0,00	1.500,00	-8.083,03	
	217.208,12	**179.900,00**	**-148.052,31**	**-119.900,00**

The balance

	Assets (€)		Debts (€)	
	Last 2024	Last 2023	Last 2024	Last 2023
General reserve			41.513,99	28.715,13
Reserve Schistosomiasis Outreach Shirati (SOS)			19.878,69	9.875,79
Reserve Bonesetter Project (BSP)			34.667,84	31.392,11
Reserve Shirati Peanut Project (SPP)			29.986,34	7.886,43
Reserve Shirati Food Programme (SFP)			15.395,23	7.630,16
Reserve Shirati Healthy Hearts (SHH)			7.290,32	4.105,52
Improving the care of neonates (NEO)			10.775,79	8.280,74
Film work			3.480,00	3.480,00
Tropical Arts Fund			41,52	0,00
Hospital Fund			8.117,53	0,00
Triodos current account	6.206,41	2.365,88		
Rekening courant NMB	0,00	0,00		
Triodos savings account	164.940,84	99.000,00		
Accounts receivable/creditors	0,00	8.731,00	0,00	8.731,00
	171.147,25	**110.096,88**	**171.147,25**	**110.096,88**