STICHTING SHIRATI

Policy plan 2025-2027

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About Us

Stichting Shirati consists of a group of individuals who, as a board, are committed to improving medical care for the poor and most marginalized populations in Africa, regardless of race, religion, or political affiliation. All board members have work experience or have otherwise been involved with the district hospital Shirati KMT Hospital in northern Tanzania.

Through personal experience with the health challenges in this region, ideas emerged on how to address them. To consolidate these ideas, exchange experiences, and create a joint funding stream for financing projects, Stichting Shirati was established.

Ideas for projects aimed at improving healthcare in and around Shirati are first assessed against local needs. Extensive consultations take place with stakeholders to verify that the project adds value and has social support.

In addition to local need, local shared responsibility is a key pillar of our projects. By involving Tanzanians in every project, sustainability can be significantly strengthened.

Besides engaging local stakeholders, Stichting Shirati collaborates with both local organizations (such as Maji Safi and REACH Foundation) and international organizations (e.g., Global Surgery Foundation and AO Alliance). The aim is to create synergies that benefit both parties and ultimately the projects.

Developments

Tanzania has changed significantly in recent decades, including its healthcare system. Although many national indicators show that general well-being is improving, this development mainly takes place in urban areas.

Remote areas such as Rorya District, where Shirati is located, often see little of this increase in prosperity. Although non-communicable diseases such as cardiovascular disease and cancer are beginning to take their toll in Rorya, infectious diseases have by no means been eradicated. This “double burden of disease” often exceeds the capacity and financial means of hospitals and governments.

The goal of Stichting Shirati is to support the disadvantaged population in our region by focusing on the conditions that affect them most severely but for which relatively little policy has been developed.

Malnutrition remains a major contributor to mortality among children under five in our region, partly due to cultural practices and maternal mortality. Unfortunately, the government falls short locally in providing patient education, staff training, and the supply of fortified foods.

Lake Victoria, which is of great practical and economic importance to most of the population in Rorya, poses a serious threat to general health due to the presence of schistosomes (bilharzia).

Government campaigns aimed at annual treatment of school-aged children are irregular and do not target other high-risk groups, such as fishermen.

Furthermore, victims of traffic accidents are now admitted daily, often with severe fractures. The primary cause is road traffic accidents, frequently involving motorcycles. Due to their explosive increase in use while infrastructure and enforcement lag behind, the number of traffic accidents is expected to rise in the coming years.

In countries such as Tanzania, road traffic accidents are the leading cause of severe fractures. A complicating factor is that the surgical expertise required for treatment is often lacking in rural Tanzania, resulting in serious complications from inadequately treated fractures.

Finally, due in part to persistently high birth rates, neonatal mortality remains a major problem, compounded by shortages of trained staff, space, and equipment in Rorya District.

Objectives

During the period 2025–2027, Stichting Shirati is committed to the following:

- Providing a consistent supply of locally produced fortified foods to reduce the impact of malnutrition within Rorya. Conducting research to identify risk factors behind malnutrition and developing interventions to prevent recurrence.

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

- Reducing complications from schistosomiasis in Rorya through biannual patient education and distribution of medication in villages designated as high-risk areas. Additionally, collecting data to evaluate the success of this intervention.

- Expanding the existing collaboration with local bonesetters to other districts in the Mara region, as well as improving the model to ensure fracture patients receive appropriate care.

- Screening and early treatment of cardiovascular diseases, such as hypertension and diabetes, through community health workers and outreach programs in Rorya District.

- Supporting the construction of a neonatal unit at Shirati KMT Hospital, including staff training and procurement of necessary equipment.

- Supporting Shirati KMT Hospital through education and resources where local needs are greatest (e.g., ETAT training, diagnostic equipment, and construction of an operating theatre within the maternity department).

- Establishing a Tanzania-registered version of Stichting Shirati, led primarily by a Tanzanian board, to comply with Tanzanian regulations and enable the formal employment of Tanzanian staff.

Methods of Fundraising

Stichting Shirati receives income through:

- One-time and recurring donations, primarily from individuals and organizations/companies.

- Financial project support from other foundations or organizations (e.g., the Dutch Albert Schweitzer Fund).

- Annual organization of a fundraising cycling event, “Cycle for Shirati,” for 20–25 Dutch participants, each raising €2,000.

In the future, the sale of selected products aimed at representing Shirati (e.g., books or music) may contribute to the foundation’s income.

Use of Assets

Assets are used in accordance with the objectives of Stichting Shirati.

- The foundation’s income is primarily used to cover expenditures.

- A small portion (approximately 2%) of income is allocated to overhead costs, such as recurring bank and website expenses. In previous years, these overhead costs have been fully covered by interest on the foundation’s assets, meaning donations did not need to be used for this purpose.

- The foundation is not profit-driven. However, it aims to maintain a healthy financial buffer to absorb fluctuations in income and to initiate new activities.

Board

Stichting Shirati has a board responsible for managing its assets. The board consists of six members: a chairperson, a secretary, a treasurer, and three general board members.

- Chairperson: Mr. J.A. Beijneveld, Amsterdam
- Secretary: Mr. J.J. Binnerts, Amsterdam
- Treasurer: Mr. M.T. Koning, The Hague
- General board members:
    - V. von Salmuth, Amsterdam – Project Leader Shirati Food Programme
    - M. Datema, Amsterdam – Head of Donor Communication & Fundraising
    - E. van de Klundert, Haarlem – Head of Communication & Marketing

Board Activities

Meetings

The board meets four times per year, either in person or online. Minutes are recorded and archived.

Activities

Under the board's responsibility, the following activities are carried out:

- Selecting, initiating, and supervising projects;
- Selecting additional allocations of income;
- Fundraising and securing funds to finance activities.

Finances

The board is responsible for sound financial management, including:

- Preparing an annual budget;
- Preparing and approving annual financial statements;
- Managing funds;
- Allocating funds and maintaining a financial buffer.

Board Member Compensation

Board members receive no remuneration for their board activities.