

ANNUAL REPORT 2025

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PREFACE

Foreword Annual Report 2025 – Shirati Foundation

It was an eventful year for Tanzania. The unrest surrounding the elections in October caused great tension in the country, resulting in large demonstrations and many deaths. Unprecedented in peaceful Tanzania. In Shirati, things remained predominantly calm, yet almost every Tanzanian knows someone who lost their life. As a Foundation, we commemorate all the victims.

Our 'Benefietstocht', the Cycle for Shirati, was in danger of being cancelled due to uncertainty regarding the safety in the country. However, our Tanzanian colleagues convinced us that calm had returned. The cyclists, too, were not easily deterred, as the vast majority dared to take on the ride after all. And we are so glad that it went ahead, because it was a resounding success once again this year. The euphoria was therefore immense when all the cyclists reached the finish line in Shirati. We felt it was important that the ride could proceed so that the patients in Shirati could be helped with the proceeds, just like every year.

All projects are alive and kicking, and the Tanzanian team ensures that this remains the case. We proudly present a few highlights: the expansion of the Schistosomiasis program to Michire, so that virtually the entire coastline of Rorya is now covered. The growth and focus on prevention of the Healthy Hearts project. The increasing international cooperation regarding bonesetters, for which our Bonesetter project serves as an example. Our nutrition team welcomes dietitians from across the country to be trained in the safe production of therapeutic nutrition for malnourished children. Additionally, a fully equipped neonatal ward has been realized by partners of the Foundation, including an intensive care unit. Jan, Maud, and Victoria, in particular, have put in tremendous effort for this. We are so proud! Furthermore, an incredible amount of research is still being conducted by all the projects, and publications are coming at you left and right. If you haven't seen them yet, please take a look under the 'publications' tab on our website. There is much more; please feel free to browse further.

On a personal level, there was also news this year, though not all happy. We said goodbye to board members Esther and Mick, which makes us sad considering they had been with us from the very beginning. Esther's critical and ethical perspective always kept us sharp. Fortunately, she will remain on board as a confidential counsellor for the Foundation. Mick helped us tremendously with setting up all the digital systems, doing so with a fresh perspective and tremendous energy. We are going to miss you so much, Mick. Furthermore, Stella is back with the Lishe team after studying in Amsterdam for a year – a Master in International Health. We are incredibly proud of her and happy that she is back on the team. The Bonesetter team also has a new member: Luuk. He has completed his scientific internship and is taking over the academic position from Joost. Welcome!

There is always more to tell than fits in a preface. The small victories that take place day in and day out in Shirati, the people who dedicate themselves heart and soul—it is too much to mention.

Nathan Beijneveld

Chairman of the Shirati Foundation

OBJECTIVES

General objectives 2025

Across the various projects, the focus in 2025 was strongly on prevention, data collection, capacity expansion (both physical and personnel), and strengthening cooperation with the local community and government.

- Shifting the focus from treatment to prevention of malnutrition through screening in villages and collaboration with Community Health Workers.
- Conducting an Africa-wide study, in collaboration with the AO Alliance, into the status and regulation of bonesetters. Anchoring the collaboration with these traditional healers within the local community and care structure.
- Promotion of health education regarding schistosomiasis through murals and expansion of the care area to the village of Michire, thereby serving almost the entire coastline of the hospital.
- Continuation of the daily provision of meals to patients at Shirati KMT Hospital, with a focus on maintaining and improving the quality of the meals.
- Extending the opening hours of the walk-in clinic to two days per week for patients with cardiovascular disease. Scaling up the project through outreach and screening by community healthcare workers.
- Construction of a new neonatal care building to increase bed capacity. Investment in staff training (Life Support and CPAP) and strengthening of collaboration with referring health centers.

MANAGEMENT REPORT PER PROJECT

NUTRITION UNIT: SHIRATI PEANUT PROJECT & SHIRATI FOOD PROGRAM

General information

- **Project Leader(s):** Nathan Beijneveld, Irene Babiligi and Victoria von Salmuth
- **Duration:** 2021 - present
- **Project objectives:**
 - Treatment of malnourished children at KMT Shirati Hospital
 - Production of therapeutic food; Ready to Use Therapeutic Food (RUTF) and soy milk for the treatment of acute malnutrition
 - Improving knowledge about malnutrition among parents and family members of children with malnutrition
 - Strengthening early detection of children with malnutrition to facilitate timely intervention
 - Providing one free, nutritious meal per day for patients admitted to the hospital

Summary of the year

- **Highlights:**
 - Research and training into 'sack gardening' and 'soybean porridge'
 - Collaboration with Maji Safi on screening for malnutrition in dispensaries and distribution of RUTF outside the hospital.
 - Increasing the production of RUTF sachets
 - Donations in the form of milk powder, an ingredient for our RUTF
 - "Education Hub" - Training of nutritionists from across the country in the production of local RUTF
- **Challenges:**
 - The initial uptake of sack gardening was good, but it seems difficult for our participants to continue with it.
 - Obtaining 'micronutrients' for RUTF production, an essential part of our therapeutic diet
 - Rising food prices with additional increased charges

Activities and results

Table of activities performed and results achieved

Activity	Result	Comments
Production of therapeutic peanut butter (RUTF)	10421 90-gram sachets	Enormous growth, partly due to collaboration with Maji Safi
Treatment of malnourished children	108 recordings 180 children treated	After admission, treatment continues at home.
Collaboration with Maji Safi and training of Community Health Workers (CHWs)	10 CHWs trained	Pilot with possible expansion in a later phase
National training center for creating RUTF	8 nutritionists trained	This generates income for the hospital.
Research on home vegetable gardens and soy porridge for the prevention of malnutrition	50 caretakers trained	Continuing with this proves challenging.
Free meals prepared for patients	25055 meals served	Pescatarian
Education about malnutrition Malnutrition for caretakers	100 people trained	Monthly activity

Evaluation and lessons learned

- **What went well?**

- High degree of independence of the Tanzanian team

- Increase in RUTF production
- Multiple lines of research have been established and completed

- **What could be better?**

It appears difficult for people to continue making soy porridge at home and maintaining a vegetable garden without continuous support. Our guidance needs to be stepped up if we continue with this.

- An improvement to the current packaging machine; the previously purchased one turned out to be unsuitable.

Outlook

- **Next steps**

- Continue training community health workers to improve patient follow-up.
- The search for a packaging machine is being continued. A number of Cycle participants are contributing ideas to find a suitable machine.
- The team is growing, therefore there is also a need for a clearer division of tasks within the core team.
- Publication of the remaining research results and further dissemination within the scientific community in Tanzania and internationally.

- **Future needs**

- Expanding our financial resources to pay for the increased food prices. In addition, it is expected that salaries will also rise.

BONESETTER PROJECT

General information

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

Summary of the year

- **Highlights:**
 - Expansion to new district: Bunda
 - Publication of 5 scientific articles
 - Presentation by Nkaina at an orthopedic congress in Addis Ababa, Ethiopia
 - Formal project approval by Tanzania's Ministry of Health
 - Appointment of new PhD candidate: Luuk Hoppenreijns
- **Challenges:**
 - Surgical costs for fracture patients still too high
 - Medical knowledge about fractures among patients is low.
 - Surgical capabilities in district hospitals are still limited.
 - Bonesetters in Bunda do a lot of irresponsible work and seem less open to cooperation.

Activities and results

Table of activities performed and results achieved

Activity	Goal	Achieved result	Comments
Providing trauma surgery training	60 hospital staff +10 bonesetters	56 hospital staff 18 bonesetters	1 refresher course in Shirati 1 new course in Shirati 1 new course in Bunda

Treat fracture patients together	100 treated fracture patients	120 treated fracture patients	Continuity seems to increase the number of referrals by bonesetters.
Recruit new bone setter partner	3 bonesetters	3 bonesetters	All in Bunda district
Publishing scientific articles	5 articles	5 articles	In high-quality journals such as BMJ Global Health

Evaluation and lessons learned

- **What went well?**

- Academically, we have achieved all our goals and appear to be good at presenting our work to the scientific community.
- Contact with the government has now been established and is good at every level, from district to regional and even national. Every layer has expressed its approval.
- The local core team has been expanded with Victor Paulo, Luuk Hoppenreijts, and Sarah Warunee-Derichs and is running well.

- **What could be better?**

- We muddled along for too long with an underperforming research coordinator, which cost us an unnecessary amount of time, energy, and money. The lesson learned is to adopt a more professional approach to this and to agree on firm targets with new employees.
- Patients often still end up with complications: sometimes due to foregoing surgery, and sometimes precisely because of surgery. The Bonesetter project must therefore focus not only on improving access to orthopedic surgery, but also on improving its quality.

Outlook

- **Next steps:**

- Collaboration with the University for Global Health Equity in Butaro, Rwanda, can lead to an exchange of knowledge and experience, which can help the project grow.
- Appointing and training community health workers, who can act as our 'eyes

in the villages' and facilitate cooperation.

- Exploring opportunities to improve our collaboration model through interviews and group discussions with patients, bonesetters, and hospital staff.

- **Future needs:**

- Further involving the Tanzanian government in the project, in the form of policy-making and even financial support.

- Expansion of our financial resources, to also be able to set up a local core team in Bunda.

SCHISTOSOMIASIS OUTREACH SHIRATI

General information

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

Summary of the year

- **Highlights:**
 - In various villages, the number of expected participants was (significantly) exceeded. Growth is still taking place and comes primarily from across the community, now that the vast majority of fishermen are already participating.
 - - The project expanded to Michire, where a larger-than-expected population was observed and, moreover, a greater-than-expected disease burden was found. Therefore, significant impact can be made with this expansion.
 - - A step was taken in collaboration with the local government by aligning the outreach in Sota with another community outreach event. Both our program and the government benefited from this collaboration in terms of attendance.
 - Victor Paulo joined as a new colleague to support the project, with a shared appointment on the Bonesetter project.
- **Challenges:**
 - Various levels of government are still pointing fingers at each other regarding permission to create informative murals. The funds remain in reserve for the time being.
 - Obtaining praziquantel specifically made available for mass drug administration still appears to face administrative hurdles due to the requirement for approval by 5 different individuals in the district and regional government.

It still happens now and then that outreaches have to be postponed at the last minute because other events are taking place in the villages.

- Due to local colleagues being overburdened, not all planned outreaches could take place. The addition of Victor to the team will help with this.

Activities and results

Activity	Goal	Achieved result	Comments
Number of participating villages	8 by the addition of Michire and Kirongwe.	7 by the addition of Michire.	Various outreaches were pushed back a season, placing them in early 2026. Kirongwe will be added in February 2026 after all.
Number of participants	10.200 treatments and health education	7.000 treatments and health education	Various outreaches were pushed back a season, meaning they will take place in early 2026.
Number of outreaches	13	10	Various outreaches were pushed back a season, meaning they will take place in early 2026.

Evaluation and lessons learned

- **What went well?**

- The project relies entirely on local leadership.

The project is flexible in planning and implementation and continues to innovate.

- The procurement of supplies and medicines is becoming increasingly precise, resulting in lower costs per participant.

- **What could be better?**

In 2024, the first steps were taken to transfer more responsibilities for outreach to community leaders in the villages. In 2025, these contacts were maintained, but no growth was achieved. This presents various opportunities, including:

- By investigating whether we can let the villages plan a date themselves, we will no longer be surprised by competition from other events that require outreaches to be rescheduled.
- The food offered can be purchased and prepared by the community itself, ensuring it better meets the participants' wishes.
- When the community itself calls upon the residents, the turnout is higher than when the call comes from outside. Intensifying these contacts can take the project to a higher level.

Outlook

Some of the activities planned for 2025 will still take place in 2026. As a result, all eight villages will be visited in January and February, including an expansion to Krongwe. Additionally, we will assist the government with distributing praziquantel at primary schools while we are present in certain villages. This will lead to a significantly higher number of participants in 2026 (as a one-off event) – an expected 12,000. As a specific milestone, we also expect to perform the 25,000th treatment in the project at the end of February.

Further expansion will be explored in various ways. First, in January and February, researcher Rienke Fijn will be present to perform liver ultrasounds in coastal and inland villages. These ultrasounds provide an indication of the extent of liver damage and can be used to answer the question of whether we will also need to organize (occasional) outreach in the interior.

Furthermore, to keep the project financially and logistically manageable, consideration is being given to whether the current 6- to 8-monthly intervals can be extended for villages that are now in their fifth year of participation. If this creates capacity, other villages may potentially be added to the project. On the other hand, the aim is to achieve broader population coverage during outreaches, precisely when the interval is extended; therefore, outreach will take place simultaneously in various villages at multiple locations. This is made possible in part by the fact that several colleagues are currently working on this project.

Finally, and importantly, starting in January, all registration will take place digitally on tablets with pre-programmed questionnaires installed. These questionnaires are intended to speed up the registration process, ensuring that the same number of registration staff suffices even with increasing participant numbers. These results allow for rapid evaluation during a series of outreaches, enabling quicker adjustments based on notable findings.

HEALTHY HEARTS PROJECT

General information

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

Summary of the year

- **Highlights:**
 - *Collaboration with Community Health Workers.* This year, we started a pilot in which four Community Health Workers (CHWs) were trained in the Healthy Hearts screening. A major challenge within the project is reaching the most vulnerable (least mobile) patients. By joining forces with CHWs, screening at people's homes is now possible. In Tanzania, CHWs form an important link between formal healthcare and the population. They come from the community itself and therefore know the language, culture, environment, and even the people from the villages personally. They have undergone practical training and have been deployed in Tanzania for years in areas including preventive care. After two training days in the classroom, several training days in the field, and with a continuous close line of communication with Winnie Walter (local project leader), the first training cohort is ready to conduct Healthy Hearts consultations independently. Lifestyle advice is provided and high-risk patients are referred to the walk-in clinic for further analysis and professional advice.
 - *Digitization of the registration procedure.* Using online registration forms. This automatically calculates the patient's risk score, allowing the researcher to easily determine which flyer to hand out and what other advice to provide.
 - *Expansion of the walk-in clinic from 1 to 3 days per week.* Partly due to the above-mentioned collaboration, the patient volume (both new and follow-up) at the walk-in clinic increased significantly. With the progress of the renovation and the creation of a waiting area, we are pleased that the clinic is now open 3 days a week.
- **Challenges:**

- We had to terminate the collaboration with 1 Community Health Worker due to fraud.
- Limited digital skills among some Community Health Workers caused delays in training and in the field. Fortunately, all CHWs eventually succeeded in operating the tablets and using the forms.
- The unexpected scale of the success of the collaboration with the CHW is putting pressure on project finances, drawing on reserves. However, each new CHW group can be scheduled at a time when balances are sufficient, and the continuity of the project is not jeopardized as a result.

Activities and results

In 2025, there will be a total of over 1800 people within the Healthy Hearts Project screened.

Annual screening overview:

Datum	Location	Number of participants screened
17-19 feb	Shirati Day	203
15 april	Michire	174
July 10	Masonry	205
31 aug	Catholic Church Obwere	91
1 dec	Obreve	115
4-31 dec	Community Health Workers Ryagati and Sota	795
Weekly	Walk-in clinic	248
	<i>Total</i>	1831

Evaluation and lessons learned

- **What went well?**

- The pre-established annual plan for outreaches was implemented almost entirely, with a well-trained team. This resulted in streamlined logistics on these busy days.
- A successful first training cohort of the Community Health Workers. Furthermore, one of the CHWs will play a role in the training of the next cohort.

- **What could be better?**
- Data management regarding patient follow-up could be optimized digitally.

Outlook

- **Next steps:**
- A next cohort of Community Health Workers, from other villages, will be trained at the beginning of next calendar year, after which still more will follow. Multiple outreaches are being planned again, and the walk-in clinic is running at full capacity.

- **Future needs:**
- Expansion of our financial resources to enable structural cooperation with the CHW
- Local sourcing of single-use supplies for diabetes care
- Longer term: incorporation of the project into the Tanzanian government's non-communicable disease program and ultimately integration of the clinic into the regular healthcare system.

NEONATAL CARE PROJECT

General information

- **Project Leader(s):**Janeth Sila, Maud Bekedam & Victoria von Salmuth
- **Duration:** Since 2025 - present
- **Project objective:** Improving care for newborns 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 catchment area of Shirati KMT Hospital.

Summary of the year

- **Highlights:**
 - Start of Mother-Child Centre Shirati: We have started construction of the new neonatal ward on the hospital grounds with a festive groundbreaking ceremony. After months of preparation, construction began in April 2025, with an expected official opening in January 2026.
 - Team expansion: We were able to welcome three new nurses to the team at the beginning of the year. This brings the current number of nurses and doctors working on the neonatal ward to 7.
 - Training: we organized two Helping Babies Breath training sessions for healthcare providers from obstetrics, the neonatal ward, the operating room, and the outpatient clinic on the care of newborns after birth.
 - Equipment improvement: with the opening of the new department, we have also received new equipment, including new warmers and incubators for newborns, an extra CPAP set, and new infusion pumps.
 - Increase in attention and referrals to the neonatal department from the district.
- **Challenges**

- Delay of the final construction phase due to elections and protests in October 2025, causing the official opening to be moved to January 2026. Due to the protests following the elections, the major national neonatology training in Arusha could also not take place in October and was moved to May 2026.
- Persistent turnover and loss of experienced staff: Despite the arrival of new employees, experienced nurses regularly leave, partly because they transfer to other government institutions.

Activities and results

Activity	Goal	Achieved result	Comments
Education Helping Babies Breathe	Improvement of newborn care	40 participants trained	Repeat goal every 6 months
Education new equipment		5 Neonatal ward staff trained	Provided by company equipment representative

Evaluation and lessons learned

- **What went well?**

- Start of construction phase for the new building with support from hospital management and the district.
- Increasing interest in neonatal care within the hospital and in the district, which also enabled us to mobilize more financial resources.
- Increase in the number of patients that are being blamed on us from surrounding hospitals
- A close-knit team that works well together under the leadership of Janeth Sila.

- **What could be better?**

- Better maintenance of the equipment and continuous training of new employees in its use
- Continuous capacity building - continuing to train new employees in newborn care and essential neonatal care - providing refresher training every 6 months.
- Need for even better coordination between the maternity and neonatal care departments

Outlook

- **Next steps:**

- Introduction of new monitoring system Impala Goal 3 for better monitoring of vulnerable newborns
- Training on Essential Neonatal Care for the entire district is scheduled for March 2026 in Shirati with the aim of improving the referral system and cooperation at the district level.
- Our team will participate in the Neonatal Care Conference: “Tiny feet big steps” in Arusha in May 2026.

- **Future needs:**

- Expansion of the neonatal care team by recruiting additional nurses within the hospital.
- More patients require a larger team, more equipment, and better coordination between the obstetrics department and neonatal care. Therefore, there is a need for continuous education as well as better monitoring using Goal 3 Impala monitors.
- Planning of phases 2 and 3 of the Mother-Child Centre: renovation of the existing building and the realization of an obstetric operating room/obstetric theatre, for which we need to raise funds.

CYCLE FOR SHIRATI

The Cycle for Shirati was also launched in 2025 for **the 3rd time**. Despite the political unrest, we still had **16 Dutch participants, reinforced by 5 Tanzanian colleagues** for another great cycling group! Together they collected **€46.973** on behalf of the Foundation, from **1,161 donations!** Despite the circulating respiratory infections and the scorching sun, everyone managed to reach Shirati safely. Before, during, and after, everyone was once again bursting with enthusiasm, and some great spin-off initiatives have already emerged. For instance, we will be collaborating with Sam Arend from TNO and TU Delft on a new solar solution for the hospital, and Kim van Rooijen will also be undertaking a scientific internship at the Bonesetter Project.

DIGITAL ENVIRONMENT

Emma van de Klundert and Joost Binnerts have taken over the digital baton from our departing colleague Mick van het Nederend. Regarding the website, the following minor adjustments have been made:

- List of publications on the front page, considering the recent academic output within the Shirati Foundation.
- An Instagram reel on the front page
- Update to the front page text and Cycle for 2026

EDUCATION

ETAT Training - Emergency Triage Assessment and Treatment - Course

This year, we once again provided education on acute and life-threatening conditions in children through the ETAT Training. We conducted both a refresher course and a course for new employees who had not been trained previously. In total, we trained 35 employees in ETAT, including doctors, nurses, nutritionists, and nurse assistants, from various departments including the pediatric ward, the intensive care unit, and the outpatient department.

ANNUAL ACCOUNTS

DISCREPANCY WITH THE BUDGET

At the project level, there were deviations from the budget at several levels.

- At SOS, various costs were deferred to January and February 2026, and furthermore, a windfall occurred because all praziquantel was obtained free of charge.
- At the BSP, less money was spent than expected, and in accordance with this, less was paid out by financier AO Alliance.
- For the training within the neonatal care project, some funds were diverted through another foundation also involved in improving neonatal care in Shirati, and consequently, these expenses (and income) did not appear on our annual accounts. As a result, the expenses for this project were nil.
- Funds are being held for the final editing of the documentary about Shirati, but that stage of production has not yet been reached.

In addition, it is worth noting that due to the political situation in Tanzania, several participants decided at the last minute not to participate in the Cycle for Shirati 2025. The money raised by them is being held in a specific reserve for their participation in 2026 and therefore appears separately in the annual accounts.

INVESTMENTS

No significant investments took place.

RENTAL AND DEPLOYMENT OF TROPICAL DOCTOR

Occupancy at New Student Hostel was lower than in previous years due to some shifts in students. This resulted in lower rental income. Additionally, there were no payments for Lou House because it was fully occupied by the tropical doctor in training.

On the other hand, no costs were incurred for the deployment of a tropical doctor because one had not been appointed in 2025. In 2026, a tropical doctor will be appointed again starting in March – this will involve co-financing via Stichting Tweega Medica, whereby Stichting Shirati will assume 0.5 FTE.

EFFICIENCY

In 2025, interest maximization was pursued through a targeted policy on opening overlapping deposits, which led to significant interest income of over 3,700 euros. This once again ensures that overhead costs are lower than interest income, allowing (more than) 100% of the donations to benefit the projects.

LOSS AND DEPRIVATION

No significant losses occurred. The cash books of the various projects balanced within the accepted margins.

FINANCIAL HEALTH

Virtually all projects are in a good financial position. With the exception of the Bonesetter Project, an operational reserve of 9 to 15 months relative to the 2026 budget is maintained for all projects. For the BSP, this is significantly lower, but an additional contribution from the AO Alliance is expected no later than February. The current reserve will be sufficient until then.

The general reserve is just below the target level of 25% of annual revenue and can therefore also be considered healthy.

CHALLENGES AND RISKS

The limited funding of the BSP, in previous years the project with the highest expenditure, poses a risk to the general reserve. This reserve is intended for the establishment of a Tanzanian legal counterpart to the Dutch foundation and to absorb currency risks foundation-wide. Because devaluation of the EUR against the TZS can cause setbacks in the BSP project budget as well, this concerns a *compound risk* which requires timely adjustments. This scenario becomes more likely as the exchange rate moves towards 1:2500.

At the beginning of the year, this risk appears limited by the ample project reserves of the other projects, within which setbacks can first be absorbed, and the currently favorable exchange rate of 1:3000 due to a weaker USD. Furthermore, strict budgetary discipline within the projects and several years of experience with realistic budgeting dampen the overall risk of setbacks.

FIGURE I. FINANCIAL REPORT

Income statement

	REVENUE (€)		EXPENSES (€)	
	Result	Budget	Result	Budget
	2025	2025	2025	2025
<u>Projects</u>				
Schistosomiasis Outreach Shirati (SOS)	12.569,88	7.500,00	-8.570,53	-20.800,00
Bonesetter Project (BSP)	32.920,07	52.500,00	-57.183,73	-84.800,00
Shirati Peanut Project (SPP) & Shirati Food Programme (SFP)	33.615,00	25.800,00	-49.289,01	-50.400,00
Shirati Healthy Hearts (SHH)	8.010,47	4.000,00	-5.471,51	-9.000,00
Improvement of neonatal care (NEO)	2.015,99	5.700,00	0,00	-9.800,00
Documentary		0,00	-2.100,00	-5.500,00
<u>General</u>				
Cycle4Shirati 2025	50.433,86	65.000,00	-22.426,55	-20.000,00
Cycle4Shirati 2026	16.554,00			
General personnel costs			-1.289,85	-1.000,00
Training and education			-173,46	-400,00
Bank charges			-299,45	-500,00
Website			-444,20	-200,00
Board and meeting costs			-183,60	-250,00
Representation and donor events			-1.486,99	-2.000,00
Interest	3.728,45	1.000,00		
Other	200,00	0,00	-882,00	-3.000,00
<u>Nissan X-trail</u>				

Car usage	0,00	200,00	-301,11	-500,00
Car maintenance/repair			0,00	-500,00
<u>Shared funds with hospital</u>				
New Student Hostel Rentals	8.144,83	15.000,00		
Lou House Rental	0,00	5.000,00		
Training allowance for medical interns	7.000,00	8.000,00		
Miscellaneous income for hospital	8.903,00	0,00		
Chirangi Discretionary Fund			-15.653,16	
Reimbursement for a tropical doctor			0,00	0,00
<u>Addition/withdrawal of reserves</u>				
General reserve	0,00	0,00	-6.241,97	-1.850,00
Held balances C4S 2025 --> 2026			-16.554,00	
Schistosomiasis Outreach Shirati (SOS)	5.601,46	9.000,00	-9.600,81	4.300,00
Bonesetter Project (BSP)	1.400,37	4.500,00	22.863,29	27.800,00
Shirati Peanut Project (SPP) & Shirati Food Programme (SFP)	11.202,92	18.000,00	4.471,09	6.600,00
Shirati Healthy Hearts (SHH)	5.601,46	9.000,00	-8.140,42	0,00
Improvement of neonatal care (NEO)	2.800,73	4.500,00	-4.816,72	-400,00
Film work	1.400,37	2.000,00	699,63	3.500,00
Hospital Fund	0,00	20.000,00	-4.322,26	28.000,00
Tropical Species Fund	0,00	3.000,00	-4.072,42	0,00
	191.469,73	230.200,00	-165.755,15	-140.700,00

The balance

	Possessions (€)		Debts (€)	
	Last	Last	Last	Last
	2025	2024	2025	2024
General reserve			47.755,97	41.513,99
Held balances C4S 2025 --> 2026			16.554,00	0,00
Reserve Bonesetter Project (BSP)			11.804,55	34.667,84
Reserve Shirati Peanut Project (SPP) & Reserve Shirati Food Programme (SFP)			40.910,48	45.381,57
Reserve Schistosomiasis Outreach Shirati (SOS)			29.479,50	19.878,69
Reserve Shirati Healthy Hearts (SHH)			15.430,74	7.290,32
Improvement of neonatal care (NEO)			15.592,51	10.775,79
Film work			2.780,37	3.480,00
Tropical Arts Fund			4.113,93	41,52
Hospital Fund			12.439,78	8.117,53
Triodos current account	8.086,42	6.206,41		
Triodos Savings Account	28.775,41	4.940,84		
Deposito's Triodos	160.000,00	160.000,00		
	196.861,83	171.147,25	196.861,83	171.147,25