

2020 ANNUAL REPORT



Foundation for African Medicine & Education



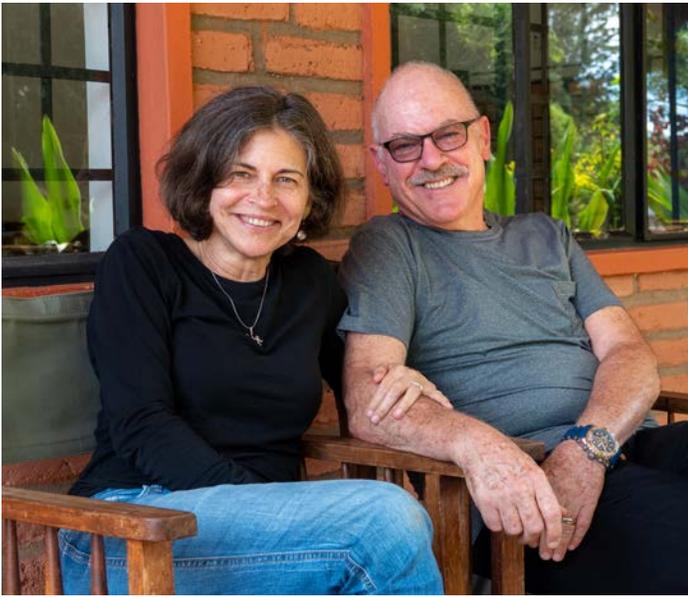
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FROM THE FOUNDERS



Dear Friends of FAME,

There is no way to report on 2020 without addressing the impact of COVID-19 on FAME's programs and services. That said, the many challenges presented by the pandemic have also served up innumerable lessons and opportunities: the capacity for mobilizing people and resources in the face of crises, the ingenuity born of urgency, the extraordinary courage and commitment of our staff on the front lines and the dedication of those at work behind the scenes.

In fact, it was in the very throes of the pandemic that we witnessed a fortitude within our Tanzanian team that affirms how many outstanding leaders we have at FAME. As we prepared the campus, educated the community and created alliances with local government in anticipation of this unprecedented crisis, our team's collaborative spirit and desire to learn, along with their ability to educate and lead reaffirmed our longstanding commitment to building local capacity. When education and training take place within a culture of life-long learning and patient-centered care, leaders in healthcare emerge.

Of course, none of this is accomplished in a vacuum. FAME's ability to adapt in the face of adversity and to lead through tremendous uncertainty is a tribute to the individuals and organizations that stood with us every step of the way -- be it our long-term partners who provided

emergency funding in addition to grants already in place or individual supporters who gave above and beyond their already generous levels of support.

Every single person who stepped up to the plate to help this year contributed to a far better outcome than we could have ever imagined under the circumstances. THANK YOU! In the following pages, we have tried to capture the essence of 2020 at FAME – both the challenges and successes.



Marshall F. Marriam, with Susan Gustafson in Lodi, CA, 26 May, 2015.

Finally, we would like to dedicate this year's annual report to Marshal F. Merriam who passed away on October 27th, 2020, at the age of 88. Through his extraordinary philanthropy and unwavering commitment to FAME's mission and vision, Marshal played a central role in transforming healthcare for thousands of people in the northern highlands of Tanzania. We will carry him in our hearts always.

With love and deepest gratitude,

Dr. Frank & Susan

ADVANCING PATIENT-CENTERED CARE IN RURAL AFRICA

A woman in a white lab coat is smiling and looking towards the camera. In the background, another person in a white lab coat is standing near a wooden door. A poster with a picture of a cow is on the wall.

OUR MISSION

TO IMPROVE THE QUALITY AND ACCESSIBILITY OF MEDICAL CARE IN THE NORTHERN HIGHLANDS OF TANZANIA AND MAKE A DIFFERENCE IN THE DAY-TO-DAY LIVES OF THE TANZANIAN PEOPLE.

VISION

HEALTHIER RURAL COMMUNITIES, WHERE INDIVIDUALS FROM ALL WALKS OF LIFE HAVE ACCESS TO QUALITY MEDICAL CARE AND THEIR HEALTHCARE PROVIDERS HAVE THE RESOURCES THEY NEED TO SERVE THEM.

STRATEGIC PRIORITIES

MATERNAL HEALTH

GENERAL SURGERY

EDUCATION & TRAINING -
CAPACITY BUILDING

CONTINUOUS QUALITY
IMPROVEMENT

ORGANIZATIONAL
SUSTAINABILITY

FINANCIAL SUSTAINABILITY

2020 TANZANIA BOARD MEMBERS

3 | Frank Artress, Susan Gustafson, Nickson Mariki, Peter Mmassy & Mwasiti Juma Msahara

OUTPATIENT DEPARTMENT

In 2020, outpatient visits decreased by 13% compared to 2019. Multiple pandemic-related factors contributed to this downward trend: a devastated local economy, which compelled people to put off seeking non-emergent medical care; necessary infection prevention messaging that discouraged clinic attendance for minor symptoms during the pandemic; fear of catching the novel coronavirus at hospitals or being admitted to the isolation ward with no family contact; the stigma associated with being diagnosed with COVID-19; and the suspension of elective surgeries to prevent spread of infection. With the pandemic far from over and vaccines inaccessible throughout 2020, the challenge going forward will be ensuring high-quality primary care for our community while simultaneously insulating them from risk and addressing their fears.



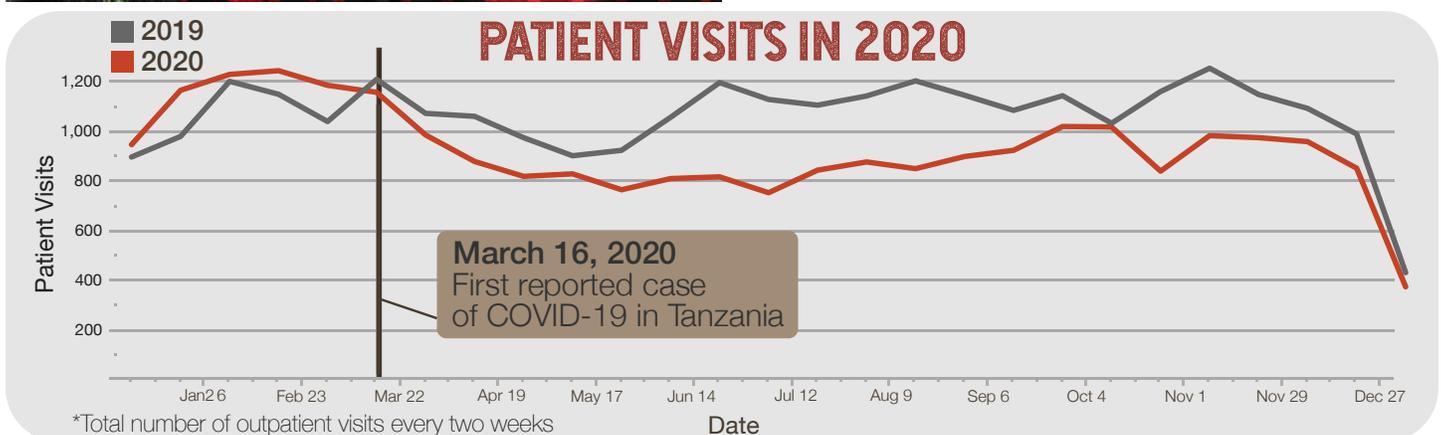
ELECTRONIC MEDICAL RECORD SYSTEM

In 2020, FAME transitioned from a paper-based and customized data system to an Electronic Medical Record (EMR) system, tailored for Tanzanian healthcare facilities. By using a Tanzanian company and software, we were able to provide all the training in Kiswahili. FAME also worked with the design team to ensure that our patient flow continues to be aligned with our mission to provide equitable, patient-centered care.



OUTPATIENT SCREENING

To protect our most vulnerable patients and staff, we moved our vital signs station to an outside location to limit the potential spread of infectious diseases. Educational videos in Kiswahili that emphasize the importance of wearing masks, washing hands, and adhering to hospital safety protocols were played in the outdoor waiting area, while hand-washing stations were installed outside all service delivery locations.



COVID-19 RESPONSE

On April 29, 2020, the Tanzanian Government released the last official COVID-19 numbers for Tanzania, then 509 cases and 21 deaths. Thereafter, there would be a complete absence of data and only one government lab allowed to do COVID-19 testing. Working in a very challenging environment with many unknowns, the FAME team demonstrated exceptional leadership and tenacity in face of the pandemic, while also continuing to provide our regular services: treating many hundreds of sick and injured patients and protecting the most vulnerable, including those with known underlying health conditions, pregnant women, new mothers and newborns.

Early in the first wave of COVID-19, FAME launched a risk-reduction program to mitigate the impact of COVID-19 on our patients and community. In February, our team spent weeks running simulations, reviewing likely scenarios, and identifying gaps and skills deficits that needed to be addressed to keep our patients and healthcare providers safe. We stocked up on PPE, including N-95 masks for all nurses and doctors; created face shields out of local materials; and used emergency funds from foundations to purchase critical equipment, such as additional beds for our isolation unit, pulse oximeters, IR thermometers, and a supply of reusable isolation masks. We also provided COVID-19 screening and education for all visitors and patients at entry points, and developed a flow chart for screening and reporting, treatment, and admission of symptomatic patients.

As the only medical facility in the area with the capacity to provide oxygen support and treat co-morbid diseases, FAME became the designated COVID-19 treatment center for the most seriously ill patients in the Karatu District. This, along with our emergency response capabilities, led to the Tanzanian Government asking FAME to provide emergency backup services for the country's president and his team during a campaign visit to Karatu prior to the October election. In the absence of immediate COVID-19 test results, our doctors demonstrated superb clinical judgement and worked diligently to keep pace with the ever-changing management guidelines associated with these incredibly complex patients. In fact, they made the right call in 93% of the cases for which we did eventually receive positive results back from the government lab.





COVID-19 TASK FORCE

In early April, we formed a FAME COVID-19 Task Force, comprised of seven doctors, seven nurses, and nine additional medical and administrative staff. The Task Force stepped into a leadership role in the community, developing policies, structures and systems that served as a model for infection prevention and management across the district and region. Long before the coronavirus reached Karatu, Dr. Gabriel and Nurse Siana were developing comprehensive trainings based on WHO Tanzania and Ministry of Health guidelines. The trainings focused on PPE and healthcare provider safety, logistical preparedness, the decontamination process, clinical presentation and diagnoses, and clinical management. Partnering with the government, the Task Force trained over 300 government healthcare providers across the district. Moreover, representatives from WHO Tanzania, Arusha Region and Karatu District visited FAME to evaluate our preparedness efforts and collaborate with our team in the District of Karatu.

ISOLATION UNIT

With the opening of the new maternity center in 2019, FAME was able to furnish and equip the vacated labor and delivery ward as an isolation unit. We also converted the yet to be opened antenatal section of the maternity center into an isolation unit for maternity cases. Fortunately, the COVID-19 inpatient caseload at FAME was not as high as we had expected. We never had more patients in the isolation ward than we could care for with safety and dignity.

COVID-19 TRAINING

Most of our educational efforts in the first half of 2020 were focused on COVID-19: Personal Protective Equipment (PPE) and infection prevention, logistical preparedness, triage procedures, clinical and differential diagnoses, and management of patients with probable or confirmed COVID-19. These internal education sessions, which were led by members of our COVID Task Force, consistently generated a candid exchange of ideas and creative problem-solving, all culminating in action plans focused on improving patient care and insuring staff and patient safety.

EDUCATION



While the pandemic necessitated shifting our education and training focus to COVID-19 preparedness, we still managed to build capacity in other key areas of patient care.

MATERNAL & NEWBORN HEALTH TRAINING

In 2020, 22 nurses and four doctors participated in training sessions on such topics as premature nursery care, fetal health monitoring, partograph and labor monitoring, and the use of a CPAP machine. New to our Special Care Nursery, CPAP was used almost daily to help premature and sick infants to breathe on their own. Also, in the first quarter of 2020, our nurse-midwives and doctors benefited from on-site training provided by Dr. Elyssa Metas, the first of our fellows from the Creighton/University of Arizona Global Health Fellowship in Obstetrics and Gynecology.

CUSTOMER SERVICE TRAINING

Concerned that necessary infection prevention measures might leave our patients feeling uneasy and disconnected from their healthcare providers, Head Nurse, Kizito Koinet Kileu, conducted a series of staff trainings in customer service. These sessions served to reinforce behaviors consistent with patient-centered care, even in the throes of a pandemic.

EMERGENCY RESPONSE TRAINING

Under the instruction of Tanzania's Emergency Medical Services Academy, 10 FAME doctors and nurses completed six days of training in Basic Cardiac Life Support, Advanced Cardiac Life Support and International Trauma Life Support, accredited by the American Heart Association. These trainings, combined with many hands-on COVID-19 simulations and drills, increased our team's proficiency at differentiating between a life-or-death emergency or an urgent medical issue.

COLLABORATION WITH FORMER VOLUNTEERS

We were also able to incorporate Zoom technology into our education and training program in 2020, conducting case reviews and hosting coaching sessions with overseas medical consultants in a variety of specialty areas, including: Maternal and Newborn Health, Surgery, Cardiology, Radiology, Pulmonology, and Neurology. This technology also enabled our management consultants in the US to continue coaching our senior managers, including our head nurse and nurse supervisors.

300

**GOVERNMENT
HEALTHCARE
PROVIDERS
TRAINED IN
COVID-19 PPE
& ISOLATION
PROTOCOLS**

5

**COVID-19 &
EMERGENCY
SIMULATIONS
FOR MEDICAL
STAFF**

34

**TRAININGS &
SPECIALIST
LECTURES
FOR FAME
HEALTHCARE
PROVIDERS**

INGENUITY IN THE FACE OF SHORTAGES

- By Head Pharmacist, Egbert Chogo

At FAME, it is my responsibility to order, inventory and manage our stock of medicines and medical supplies for the hospital. Last March, just as the COVID-19 pandemic began to spread around the world, we knew there would be major disruptions to our supply chain. By April, it was extremely difficult to purchase masks, let alone other PPE. It became quite clear that we would need to get creative if we were to continue providing quality care.

My responsibility to protect our frontline healthcare workers inspired me to try to make face shields. A task easier said than done. In my first version, I repurposed our plastic lamination sheets used by our office staff. Unfortunately, they were too opaque to see through clearly. However, our local stationary store sells plastic sheets normally used for binder covers. While they were much more transparent, they were also flimsy and wouldn't hold a shape.

While sitting in my office, I looked across the room and saw a mop bucket. The mop buckets here in Tanzania are made of sturdy plastic and rounded on one side. I decided to sacrifice one mop bucket to see if it would support the face shield. Using staples and duct tape I was able to secure the plastic sheet to the bucket frame. After that it was a simple matter of fastening elastic to the face shield so that the shield would hold in place on someone's head.

In addition to protecting our staff, I wanted to do more to help our patients suffering from COVID-19. One thing we had a challenging time sourcing were non-rebreather oxygen masks. Using the same process of trial and error from the face shields, I was able to eventually create a working non-rebreather oxygen mask.

Non-rebreather masks are not available in Tanzania, and our donated ones had almost run out. Using a donated non-breather mask as a model, I tried to figure out what makes it different from a normal oxygen mask. I started by trying to laminate another plastic sheet with a piece of cardboard between, but it ended up sticking to the cardboard. A co-worker at FAME suggested using a clothing iron around the edges of the sheet instead. Doing this I was able to join just the edges of the sheet together, so air could collect in the bag part.

The next big step was finding a way to attach the bag to the mask so oxygen would flow in, but not out. In order to accomplish this, I cut up a conduit pipe which is normally used to protect electric wires inside walls. I repurposed old lids from our oxygen distillers that needed to be replaced, which I then used to easily connect the mask with the tubes that carry the oxygen.



The final challenge was to create a one-way valve. I cut up a gallon jug and attached it to the end of the conduit pipe through which I had cut holes with a soldering tool. I then attached the plastic piece from the gallon jug with a push pin that would let the air into the mask but not back into the bag.

After that, putting everything together was quite simple, and I ended up being able to create a non-rebreather mask for under 5,000 Tanzanian shillings or \$2.50 US dollars.

Luckily, we were able to get some donated masks to FAME for our patients so we have not needed to make them here. But, if we ever run out (and I hope we never do), we now have a backup plan.

HOSPITAL SERVICES



While functionally a hospital since 2012, FAME had been classified a Health Center within the government system. Director of Operations, William Mhapa, took on the monumental task of applying for official reclassification for FAME in 2020. FAME's application was successful, leading to our reclassification as a District Hospital — an exciting achievement for FAME and one that will give us access to higher insurance reimbursements for employed patients who have private coverage. This is in line with our philosophy of higher fees for those who can pay to help offset costs incurred in treating the vast majority of patients who require highly subsidized rates, reduced rate care or waivers.

The number of in-patients treated at FAME dropped in 2020, but only marginally compared to 2019. Numbers in our general ward decreased from 1,007 in 2019 to 915 in 2020. Our biggest challenge was to insure no COVID-19 infected patients were inadvertently admitted to the general ward and visa versa. With only one lab authorized to run PCR tests in the entire country, it was almost impossible to get results back in a timely manner. Relying entirely on clinical skills and rule-out tests our doctors demonstrated remarkable judgement.

Our radiology technicians continued to play a crucial role at FAME this year, as did our chief volunteer tele-radiologist, Dr. Alex Baxter. With the only CT-Scanner within a 75 mile radius, our team scanned 322 patients in 2020. As patients in need of emergency care increased in volume at FAME, our capacity for these often life-saving diagnostic services has never been more important.

LABORATORY

The FAME lab also felt the impact of the pandemic this year. Finding reliable sources of quality reagents is always difficult, but the pandemic exacerbated the situation tremendously, resulting in exorbitant prices for some reagents and a complete absence of options for others.

Despite the many challenges brought on by the pandemic, the FAME lab saw several positive developments. Having maintained electronic records since 2010, the roll-out of a campus-wide EMR system this year was a giant step forward. Less paperwork and a more effective flow of information within and among departments are welcomed changes. The lab also introduced bacterial culture and antibiotic sensitivity testing to its list of services. This is a project FAME had been working on for a decade and represents a major and hard-earned accomplishment.

FAME's laboratory has also been designated by the government as an official COVID-19 sample collection site for travelers, making it one of only four labs in all of Arusha Region, and the sole location in our district, authorized to do so.



SURGERY & EMERGENCY SERVICES

At the start of the pandemic, we made the decision to suspend elective surgery for patient safety. The total number of surgeries for the year was 449, a decrease of 40 cases compared to 2019. Of these, 235 were C-sections. Despite the decrease, we began seeing our general surgical volume come back up in the last quarter of 2020. Contingent on the COVID-19 situation, we expect this program will be positively influenced in 2021 by our reclassification as a District Hospital and result in more surgical referrals from nearby Health Centers.

With decreased activity in the operating room, 2020 was an ideal year to replace antiquated equipment nearing the end of its life cycle. New surgical lights were installed in our major operating rooms, and a higher capacity autoclave was purchased for more efficient sterilization of surgical supplies and instruments.

Additionally, the hiring of Dr. Michael Laswai enabled us to begin building this program with a new level of focus and capacity. From a large hospital and busy surgical program in the Southern Highlands, Dr. Laswai brings not only a breadth of surgical skills needed at FAME, but also a desire and commitment to mentor and train others. Dr. Laswai's presence enabled us to handle a greater number and variety of traumas and late-stage emergent situations coming through our ER this year.



MATERNAL HEALTH

Our labor and delivery service managed to maintain momentum this year despite all the challenges associated with the pandemic. We had 693 deliveries, a slight increase over 2019. In an effort to protect the women and newborns in the maternity center, our Task Force Training team collaborated with staff to develop safety protocols tailored for pregnant, laboring and post-partum women.

We instituted a safety policy by which women who come to FAME to deliver are accompanied by only one relative, a person deemed symptom-free and healthy when screened. We also created an isolation unit inside our maternity center for pregnant women with probable COVID-19 infections.



A major accomplishment in maternal health has been the reduction of the C-section rate, by 9% since 2018. With this, we have also seen the intrapartum fetal death rate decrease from 1.3% in 2019 to 0.58% in 2020. This downward trend indicates that our doctors and nurses are successfully identifying which cases need to go to C-section and which are safe to continue laboring. It also speaks to the effectiveness of our education and training programs in maternal and newborn health this year.

Thanks to ongoing support from partner organizations, we were able to continue providing our new mothers with “mama bags” at discharge this year. These much appreciated gift bags include items designed to make the transition back home easier. Included in the gift bags are reusable diapers, coconut oil and soap, baby hats, socks, clothes, and the traditional fabrics used by mothers to carry babies on their backs.

693 DELIVERIES
29.7% HIGH-RISK PREGNANCIES

SPECIAL CARE NURSERY

134 ADMISSIONS
92.5% SURVIVAL RATE

Our Special Care Nursery (SCN) is the only one of its 92.5% Survival Rate kind in the District of Karatu. In 2020, we continued to increase our capacity in preterm care, admitting infants as young as 27 weeks gestation, and with healthy overall outcomes. Among total admissions, 44 were preterm infants (our most common diagnosis), followed by sepsis, jaundice, and pneumonia. Vital new equipment included a bubble CPAP, the IV pump, oxygen concentrators, and the TCB jaundice screening tool. We also continued to strengthen our partnership with the Neonatal Intensive Care Unit (NICU) at Arusha Lutheran Medical Center, one of the most advanced NICUs in Tanzania. This partnership allows FAME to refer our most fragile infants when they meet specific criteria and to have infants referred back to our SCN once they have been stabilized, hence keeping costs down for Karatu-based families.



REPRODUCTIVE & CHILD HEALTH



FAMILY PLANNING

Our Reproductive and Child Health (RCH) program had 389 enrollees in 2020. Of these, 206 were new to the program. The preferred method of contraception for our clients was the implant, followed by the Depo-Provera injection. The majority of participants in the program had only one child upon enrolling. The next highest number of women who took advantage of these services had two children when they enrolled. Our RCH team provides education about the importance of child spacing to reduce the risk of poor birth outcomes and to support the health and wellbeing of the new mother and family.

389 WOMEN
ENROLLED

PRENATAL PROGRAM

In 2020, FAME enrolled 913 women in our Prenatal Program, an increase of 7% over 2019. Data showed that 12% of our admissions were high-risk pregnant women, due largely to hypertension, diabetes, or a poor obstetric history, while 18% were pregnant women with a previous C-section scar, which can necessitate a repeat C-section in some women. To address these issues, FAME established a High-Risk Clinic within our Prenatal Program. The purpose of the clinic is to identify women with risk factors in pregnancy, creating individualized care plans for them and ensuring more consistent follow-up with specific doctors who are familiar with their cases. Women enrolled in our High-Risk Prenatal Clinic receive a form that documents ultrasound and lab test results, medications prescribed and a delivery plan. This form, which accompanies each patient's Prenatal Program Card, is especially helpful for pregnant women who must shift to prenatal clinics elsewhere in the country.



UNDER 5 VACCINES

One of our priorities as a healthcare provider is to provide the children we serve with a healthy start in life. Our Under-5 Vaccination Program had 292 new enrollees in 2020. All of these children were born at FAME and had mothers who were enrolled in FAME's Prenatal Program. We were pleased to see that COVID-19 did not dramatically reduce participation in this vital program.

292
CHILDREN
VACCINATED



VOLUNTEERS



ON-SITE VOLUNTEERS

Marjorie Boor
 Alice Cai
 Molly Cincotta
 Malcolm Creighton Smith
 Joyce Cuff
 Terry Cuff
 Melody Flores
 Marin Jacobwitz
 Steve Knox
 Carrie Li
 Daniel Licht
 Frances Marron

Ultrasound Specialist Elyssa Metas
 MD - Neurology Angela Osei-Bonsu
 MD - Neurology Amisha Patel
 MD - Dermatology Annalisa Rorvik
 Lab Consultant Michael Rubenstein
 Non-Medical Volunteer Reed Shnider
 RN - L&D Robert Smith
 RN - Neurology Elizabeth Stoebe
 MD - Surgeon Carol Tereskiewicz
 Neurology Student Katie Williams
 MD - Neurology Anne Yahanda
 Physiotherapist Elissa Zirinsky

MD - OB/GYN
 MD - Neurology/Ped
 MD - Neurology
 RN - General
 MD - Neurology/Board
 MD - Cardiologist
 MD - Infectious Disease
 PA Cardiologist
 MD - Internal
 MD - Internal
 MD - Internal
 MD - Pediatrician

Sadly but understandably, the volunteer program at FAME had to be suspended from Q2-Q4 due to COVID-19. This program is critical to our capacity building efforts and emphasis on continuing medical education for our Tanzanian team. Nonetheless, FAME was able to host 24 international volunteers, 21 of whom came in the first quarter prior to the onset of COVID-19. Volunteer specialties included: OB/GYN, general surgery, cardiology, neurology, dermatology, infectious disease, internal medicine, pediatrics, ultrasonography and physical therapy. Our expatriate team, Communications Coordinator, Robert Kovacs, Volunteer Coordinator, Phoebe Harger, and Maternal Health Coordinator, Leesha Mafuru opted to stay in Tanzania rather than risk infection during a flight out. Likewise, our lab expert, Dr. Joyce Cuff, and her sister, Terry, chose to shelter in place in Karatu rather than traveling as scheduled during the height of the pandemic in the US.

SPECIALIZED SERVICES

While no program at FAME was left untouched by the pandemic, our outreach services were especially hard hit. Cervical cancer screenings and trainings for traditional birth attendants were put on hold when large group gatherings were deemed unsafe. Our chronic disease patients, while managed from afar, were discouraged from attending our Diabetes Clinic in an effort to insulate them from risk.

CARDIOLOGY

We were fortunate to be able to conduct pediatric cardiology screenings in 2020. Scheduled in early January, just prior to the pandemic, Dr. Reed Shnider, who spearheaded this outreach program, and Head Nurse, Kizito Koinet Kileau, managed to screen 333 children for signs of Rheumatic Heart Disease (RHD), 63% more children than in 2018. While RHD can lead to heart failure and ultimately death, if caught early, potential heart valve infections can be prevented with monthly penicillin shots. This can be life extending, especially in rural Tanzania where cardiothoracic surgery is not currently an available treatment. Screenings took place at the Tumaini Primary School in Karatu and Majengo Children's Home in Mto Wa Mbu. Children were also checked for signs of anemia due to iron deficiency, with education provided by the team. Following the screening, 12 children were enrolled to receive monthly penicillin shots.

NEUROLOGY

We screened a total of 435 patients, 311 at FAME and 124 in four field locations. The top five neurological diagnoses included headache, epilepsy, neuromuscular and developmental diseases and disorders. In March 2020, Dr. Michael Rubenstein and his team worked side by side with Dr. Anne Ghati, who is the lead clinician for FAME in providing follow-up for our neuro patients in between the twice yearly visits from the UPenn team. The team was also assisted by a newly graduated clinical officer volunteering his time at FAME, our social workers, Kitashu Nganana and Angel Obeid, and translators from the community. While our Volunteer Program was suspended due to COVID-19, a special exception was made for Dr. Michael in September to follow-up on especially complicated cases for which treatment might need to be revised. He was also able to provide in-person diagnostic and treatment services for new neurology patients, especially those suffering from seizures, specialty services that would be out of reach in the absence of our partnership with UPenn.

CERVICAL CANCER

In 2020, 105 women participated in our Cervical Cancer Screening Program. While our community outreach programs were temporarily suspended due to COVID-19 restrictions, we were still able to screen 50 women during the first quarter of 2020 — 24 of whom were screened in the village of Slahamo, with five requiring thermocautery for early stage lesions and one referred for biopsy.

333 CHILDREN SCREENED



435 PATIENTS TREATED



105 WOMEN SCREENED



SUPPORTERS

To everyone who supported FAME in 2020, including those who asked to remain anonymous, thank you very much for your generosity! We are profoundly grateful for every gift to support FAME's mission.

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 Gaurav & Tara Dhillon
 Mary T Doak
 Michael & Eleanor Doar
 Keith & Elyse M. Donald
 Dennis Dorn
 Barbara Dove
 Timothy Drexler & Terri Williams
 Christina Haubrich & Dan Edwards Dworsky
 Kenneth Dyke
 Roanne Edwards
 Barry & Meredith Eggers
 Leroy Elkin & Linda Bottarini
 Lynn Ellis
 Axel & Angelika Epe
 Patricia & Michael Feeney
 Finch Farm Fund
 Catherine C. Finch
 David & Beth Finch
 Mark M. Finch & Sarah Goullaud
 Peter & Peggy Fleming
 Kim Flickner
 Joann Flinn & Norman Roth
 Heidi Forney
 Angela Fowler
 Edwin & Linda Fremder
 Bert L. Frescura & Carolyn Miller
 G. Whitney Snyder
 Charitable Fund
 John R. Gailey III & Jo Berger
 Prasad Garimella
 Matthew & Doris Geller
 Cariann R. & Garret A. Gheen
 Michelle Giger
 Dane A. & Jill E. Glasgow
 Melanie R. Goering
 Arylis & Richard Goertzen
 Michael J. & Debra Goossen
 Jeanne Goshgarian
 Sarah & Eric Goullaud
 Trevor & Kathy Graham
 Dr. Thomas Greely
 Donald & Beverly Greenberg
 Kathleen Haberer
 Kimberly K. & Bruce Hall
 Axel Kramer & Patricia Hallstein
 Dirk & Charlotte C. Hampson
 Anna Maria Hanson
 John F. & Melanie G. Harkness
 Peter & Janice Harris
 Pamela Harsch
 Gary & Cary Hart
 Donald & Barb Harvey
 Kim Harvey
 Charles Haupt
 Dr. Markus Hauser & Susanne Hauser-Braun

Diane Havlir & Art Martinez
 Ina Heafitz
 Heal The Planet Foundation
 Samuel & Jodel Heier
 Kirsten S. Heinemann
 Geoffrey & Lucy Henson
 Dr. Frank & Sherrill Hieber
 John Higgins & Nano Chatfield
 Robert & Janet Higgins
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 Donette & Gordon Jones
 Roshan & Shiraz Kaderali
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 John Kenney
 Beatrice Close Kerr
 Leila Kight
 Kimberly A Foundation
 Steven & Michele Kirsch
 Karen Kmetik
 Dr. Stephen B. & Karen Knox
 Chapin F. Koch & Tricia Stone
 Rick & Melonie Koenig
 Jill & Charles Koosmann
 Jan Kuhlmann
 Susan Kumar
 Peggy Kyzer
 Monya Lane
 Kathy Larkin
 Jane Larrow
 Frank D. Lee & Carol V. Hall
 Kevin Lee
 Aart Leemhuis
 Martin R. Leima & Denise Anderegg
 Sari R Levine, MD & Scott Thurm
 Nan Lin
 Lyn & Klaus Lindpaintner
 John & Nina Lipkowitz
 Susan & Andrew Livingston
 Anne & Wayne Loomer
 Harold Lowder
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 Nancy Marchand
 Frances Marron
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 Wells Martin, MD
 Drs. Mary Ann Zetes & Peter Mazonson
 Ann McGaw

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 Michael D. & Charlene McHugh
 Sean A. & Therese C. McKenna
 David & Kathy McKercher
 Sharon & Don McLaughlin
 Jobst Meier zu Biesen
 Scott & Jessica Merrick
 Peter Merrill & Mariana Kastrinakis, MD
 Stan & Judy Meyer
 John & Elaine Mikk
 Gayle Harmon Mills
 Bruce, Cheyne, McKenzie Minto
 Mommy's Bliss Fund
 Dr. Michael Montgomery
 Mary & Richard Morgan
 Dr. Joe & Janet Neal
 Dr. Gary Nichols
 Michael & Marcella Nicholson
 Drs. Mark LaRose & Monica Norwick
 Siena M. & John O'Connell
 Once For All, Inc.
 Amy & Tony Oro
 Drs. Karen & Jo Orquia
 Thomas Ossim
 Jack & Nan Paddon
 Charles & Kathleen Parker
 Laura E. Parr
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 Beverly Wyckoff
 Gerard & Martha Wyrsh
 Anne M. Yahanda & Alan Garber
 Harry Young
 Teri Zingale
 Elissa K. & Robert Zirinsky
 Dr. Jessica & Mark Zitter

CHARITABLE GIFTS

FAME received three magnificent planned gifts in 2020, which were critical to our work during a very challenging year.

AN OUTRIGHT BEQUEST THROUGH A WILL

Dr. Carolyn Apple, an emergency medicine doctor from Delaware was a longtime FAME supporter. She also was a medical volunteer at FAME, dedicating weeks at a time to helping deliver medical care to hundreds of people. After updating her will, Dr. Apple alerted us that she would be providing for FAME in her estate. Sadly, Dr. Apple passed away in 2019. Her estate settled in early 2020, just as the pandemic began spreading to Africa. Dr. Apple's extraordinarily generous bequest was critical to enable FAME to continue providing regular medical services in addition to the unexpected and significant expenses of treating patients with COVID-19. Her bequest will also help FAME into the future as we expand emergency care services across all our departments.

GIVING THROUGH A RETIREMENT ACCOUNT

David and Shirley Montgomery of Lincoln, Nebraska, were lifelong travelers and visited 3,133 counties (which includes every county in the contiguous 48 states, all of Hawaii, and half of Alaska's "divisions") in addition to 41 foreign countries on four continents. They were introduced to FAME by their friend, Dr. Duane Koenig, a dedicated medical volunteer and ambassador for FAME. They so admired Dr. Koenig and FAME's work that David and Shirley became FAME supporters. When the Montgomerys updated their estate plans, they included FAME as the recipient of an informal bequest. Upon David's passing, Shirley took a distribution from David's IRA as a qualified charitable deduction to make a gift to FAME. Shirley hopes to continue making gifts from this inherited IRA account to help support FAME and honor her and David's friendship with Dr. Koenig. By giving through her IRA, Shirley may also receive tax advantages, such as meeting the annual minimum distribution requirement and lowering her taxable income.

A CHARITABLE GIFT FROM AN INHERITANCE

A couple surprised FAME with a generous gift using an inheritance to honor the memory of Peter Zetes, and express their admiration for their cousin, Dr. Mary Ann Zetes, a FAME medical volunteer and board member. The timing of this thoughtful gift could not have been more opportune since it helped FAME respond to the first wave of the pandemic in addition to supporting our primary care clinic, surgery services, and maternal and child health programs.

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"Although she saw herself humbly, she could be a force of nature when standing up for excellence or a medical issue with patients. She cared deeply about those around her and her love of medicine. She cared deeply about FAME, its patients and its mission. I was oh so fortunate to know and learn from her. Asante sana Dr. Apple. You will always be remembered and missed."

-Dr. Gary Nichols, FAME Volunteer

MAKING CHARITABLE GIFTS

We hope you will consider a gift to FAME in your estate plan or through an IRA. One of the greatest benefits of a planned gift to FAME is that you can make a lasting impact for a cause that is important to you.

Gifts of cash, stock and mutual funds through a retirement account may provide tax benefits such as an income tax deduction, avoiding capital gains taxes and can help meet minimum distribution (RMD) requirements.

Most bequests are expressed as a specific dollar amount or a percentage of an estate and can be made outright, or as a residuary bequest or contingent bequest. If you already have a will, you can generally add a codicil or amendment

Unrestricted gifts to FAME allow us to use the funds to help fulfill our mission wherever the greatest need arises, although donor designations will be honored. Please contact us for assistance with designation language.

You can also name FAME as a beneficiary of a retirement account, insurance policy or other financial account, without having to change or amend your will. The account or policy administrator can provide the appropriate designation form should you wish to include FAME as a beneficiary.

2020 FINANCIAL STATEMENT

SUPPORT AND REVENUE

Donations by designation received in the US

| | |
|---------------------------|-----------|
| Unrestricted | 1,657,568 |
| Restricted - Operations | 15,087 |
| Restricted - Scholarships | 3,200 |
| Restricted - Capital | 25,093 |
| Foundation Grants | 849,500 |

Total Donations at FAME US 2,550,448

| | |
|----------------|--------|
| Volunteer Fees | 28,150 |
| Interest | 10,881 |

Total Income at FAME US 2,589,479

Income by designation received in TZ

| | |
|------------------------|---------|
| Patient fees Tanzania | 420,089 |
| Unrestricted Donations | 5,998 |
| Other Income | 5,537 |
| Interest | 93 |

Total Income at FAME TZ 431,717

TOTAL INCOME 3,021,196

OPERATIONS EXPENSES

Tanzania

| | |
|-------------------------------------|-----------|
| Salaries & Benefits | 1,425,331 |
| Medications & Medical Supplies | 259,113 |
| Lab Supplies | 289,437 |
| Facilities & Vehicles | 151,542 |
| Patient Services | 62,798 |
| Other Operations | 63,008 |
| Program Support | 17,771 |
| Continuing Education | 7,112 |
| Volunteer Program | 39,088 |
| Scholarships for Advanced Education | 2,552 |

Total Expenses TZ 2,317,752

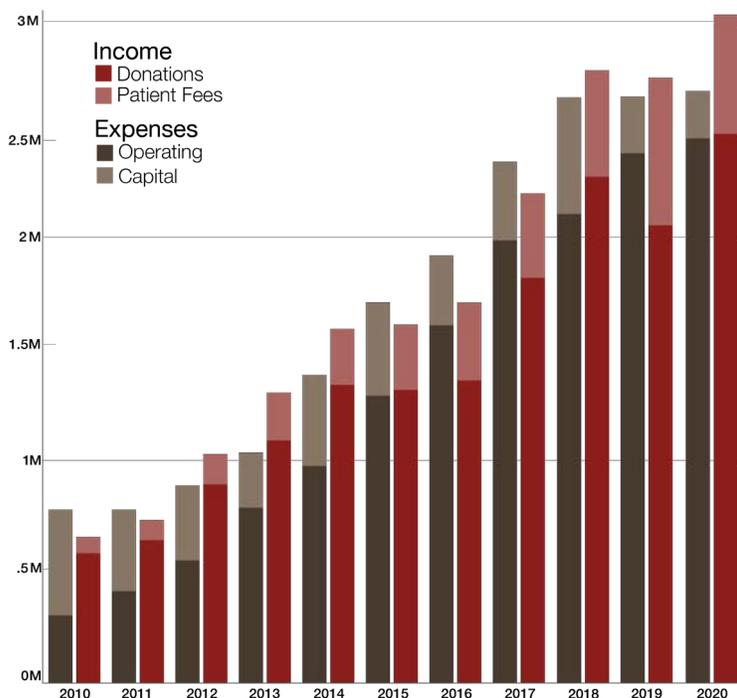
US

| | |
|-----------------------------|---------|
| Program Support for TZ | 39,475 |
| Administration | 18,646 |
| Fundraising Expenses/Travel | 8,968 |
| Salaries & Benefits | 117,121 |
| Volunteer Program Costs | 8,917 |

Total Expenses US 193,127

TOTAL OPERATIONS EXPENSES 2,510,879

ANNUAL BUDGET OVER TIME



*All expenditures in Tanzania were converted from TShillings to US Dollars at an average exchange rate of 2,319 TSH to 1 USD

CAPITAL EXPENSES

| | |
|-------------------------------|----------------|
| IT System | 19,179 |
| Maternity Center Equipment | 9,474 |
| Medical Equipment | 103,226 |
| Other | 2,234 |
| Total Capital Expenses | 134,113 |

TOTAL EXPENSES 2,644,992

STATEMENT OF FINANCIAL POSITION FOR FAME US

| | |
|--------------------|-----------|
| Unrestricted Funds | 1,230,463 |
| Restricted Funds | 374,685 |

Total Assets 1,605,148

Liabilities 22,656

TOTAL NET ASSETS 1,582,492



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