



Foundation for African Medicine and Education

# Annual Report 2014

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In Africa, it may take a village to raise a child, but I am increasingly convinced it takes a global village to keep one alive. From the Tanzanian staff, to the volunteers, to the neighboring facilities, to the circle of consultants around the world, and the ever-expanding network of donors and supporters, the work of FAME really is a global collaboration....the contributions of so many around the world focused on a small facility in rural Africa bringing health, hope, and love to so many people in need of all of these.

-Long-term Volunteer, Dr. Joyce Cuff

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# Letter from the Co-Founders

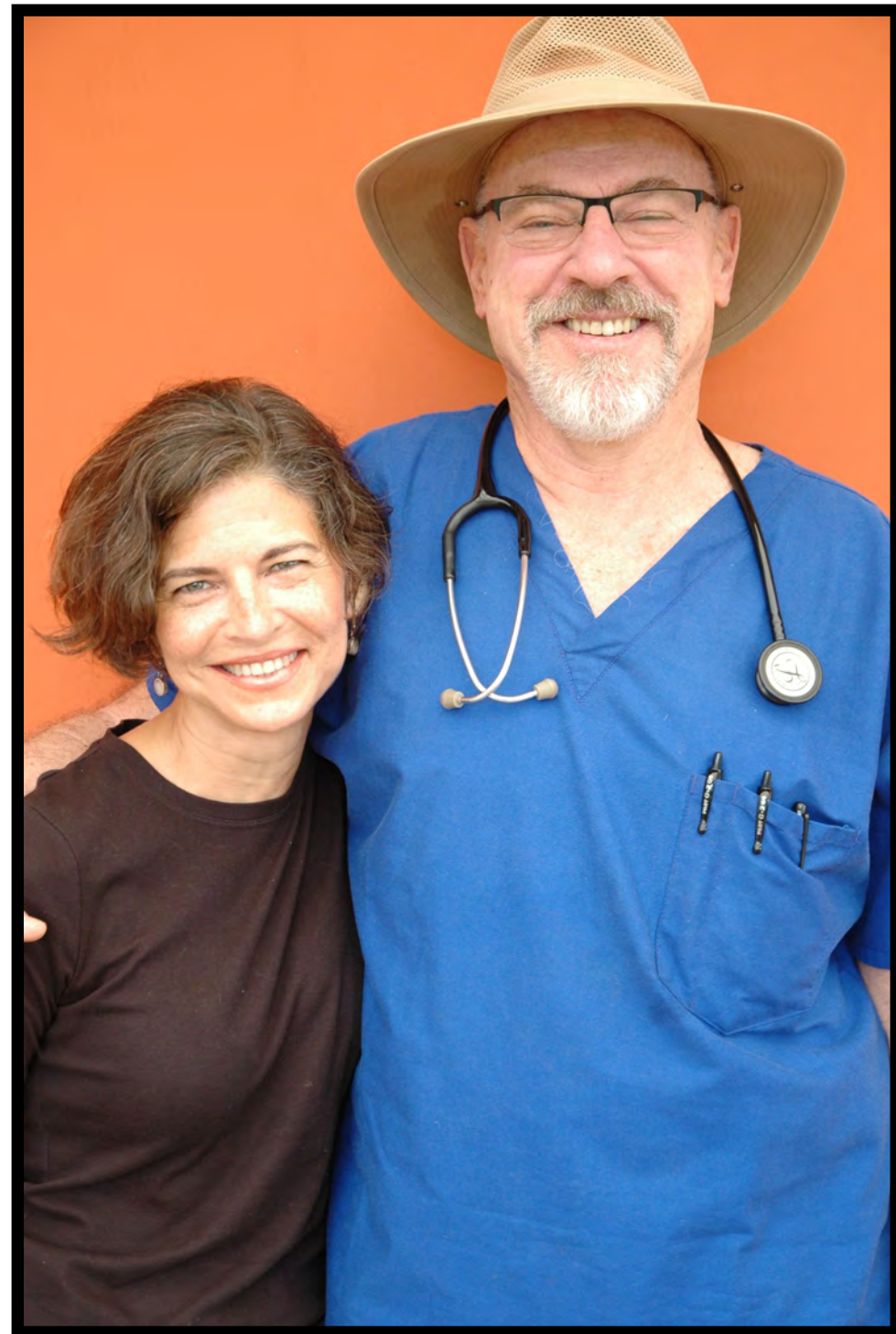
Dear Friends of FAME,

Every year at FAME, enormous strides are made toward bringing quality medical care to people from all walks of life — individuals, families and communities — who are underserved by virtue of where they live and/or the limited resources they have for dealing with illness and injury. In a country with one doctor for every 100,000 people, one nurse for every 4,166 people, and even grimmer statistics for rural areas like ours, FAME Medical is accomplishing the very thing we dreamed it would — saving lives, empowering people, and bringing hope and health to families and communities in rural Tanzania.

Every year there are “firsts” at FAME: “firsts” that our supporters, friends and our local Tanzanian team have collectively made happen on our little hill in the northern highlands of Tanzania. This year is no different, but for some reason, the firsts this year gave us extra pause. The first surgery in our operating theatre, the first baby being born at FAME, the first emergency C-section and newborn resuscitation, the first emergency blood transfusion, and the first team response to a multiple trauma. For whatever reason, these firsts and the events surrounding them brought the last ten plus years poignantly into focus, reminding us of how far FAME has traveled from that very first mobile clinic in the bush to a full service medical facility with 8 doctors, 24 nurses, 8 lab techs, and a whole host of support personnel.

Moving forward into 2015, there will undoubtedly be more hurdles to overcome in patient care, staffing, training, infrastructure, and fundraising. But with these challenges will come inspiring images of milestones reached — images that will help us create many more “firsts” for our patients and community. To our extraordinary supporters and friends, THANK YOU for your continued support.

*Frank & Susan*





## Letter from FAME Board Member Craig Wainscott

Restoration. In a word, that's how I describe what happens at FAME. Children are restored so they can return to school. Men are restored so they can work again. Mothers are restored to their role of caregiver and provider. Without access to health care, individual potential is lost, people suffer, and lives are cut short. The health care and healing that begins at FAME doesn't restore just lives, but also families and communities. In fact it's almost impossible to exaggerate the positive impact wrought by the presence of modern medicine. For the Karatu District, that access started as a mobile clinic and has now evolved to a full-fledged hospital – FAME Medical. And while our mission has never changed, our reach and impact continues to expand.

As a supporter of FAME, pause for a moment to realize your impact. I have never seen an organization that does more per dollar donated. In 2014 FAME treated over 17,000 patients, with many over-night hospital stays, and performed over 50,000 lab tests – all of this on a budget less than US\$ 1 million. That is a great deal of healing and restoration for a very modest cost. And FAME's impact doesn't stop with patients. FAME employs over 80 staff – from doctors to housekeeping staff to security guards. Each employee is provided a competitive wage, full benefits and even a meal during their shift. The impact of these jobs ripple through the community. Lastly, FAME's impact reaches beyond Tanzania as volunteers return home with a better understanding of tropical medicine and appreciation of life in rural Africa.

As we look ahead we do so through a kaleidoscope of priorities: maximizing impact, community needs, and a desire to serve all. These often competing objectives are a daily reality for the team in Karatu. As a Board we do our best to balance these as well. One area where we see an alignment of needs and capabilities is Maternal and Child Health. I'm personally very excited about FAME's focus on this area and our ability to save the lives of mothers and children through education, early intervention, labor and delivery and if necessary, emergency surgery.

On behalf of the FAME Board, I want to thank you for supporting FAME with your gifts of money, time and talents. I hope as you read this report you are inspired, and a bit awed, by the organization's progress and stories of lives restored. And I would be a poor Board member if I passed up a chance to remind you that our funding needs continue to grow, and ask that as you consider how your resources impact this world, FAME be at the top of your list.

With gratitude,



# OUTPATIENT SERVICES

## VALUING A PATIENT-CENTERED APPROACH

FAME's Outpatient Department (OPD) continues to grow every year. We believe two factors are at play here; the quality medical care patients receive when they see our doctors and the warm welcome they receive from our reception team and nurses upon their arrival. There are a variety of barriers to health seeking behavior in Tanzania. One that is repeatedly cited in the literature, particularly by marginalized populations and more traditional tribal groups, is not feeling welcome upon arrival at health facilities. As a result, patients often put off seeing a doctor, arriving at the clinic with far more serious infections than had they been treated early. The FAME team is working hard to create a culture whereby people from all walks of life feel welcome, safe, and confident that they will receive appropriate, patient-centered care. We believe this explains, in part, the continued growth FAME Medical experiences. We had 17,398 outpatient visits at FAME this year, a 12% increase in patient attendance. All indications suggest this growth will only continue.



We continue to provide important health education as well. It comes through a variety of channels: DVD “edutainment” in the waiting area, doctors using their donated iPads to help patients understand certain disease processes, Maasai nurses interpreting for doctors such that patients can learn about their health in their mother tongue, our Health Educator explaining appropriate diet to a diabetic patient or persuading a couple to be tested for HIV. The list goes on and so does our commitment to educating our patients for health.

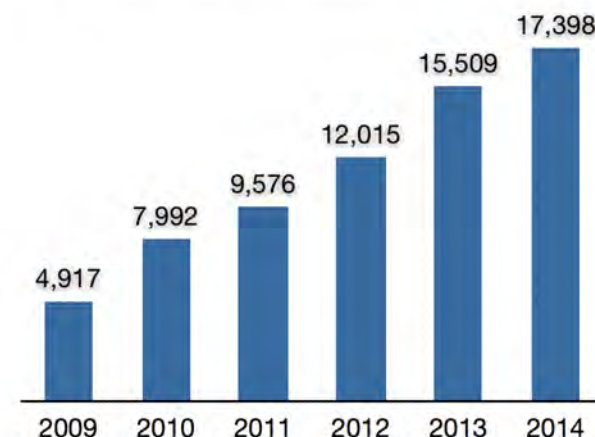
### TOP 10 OPD ADULT ILLNESSES

*Upper Respiratory Infection*  
*Urinary Tract Infection*  
*Acute Respiratory Infection*  
*Gastrointestinal Disease*  
*Peptic Ulcer Disease*  
*Hypertension*  
*Eye Diseases*  
*Anemia*  
*Skin Infections (Fungal)*  
*Sexually Transmitted Diseases*

### TOP 10 OPD UNDER 5 ILLNESS

*Acute Respiratory Infections*  
*Upper Respiratory Infections*  
*Skin Infections (non-Fungal)*  
*Moderate Acute Malnutrition*  
*Anemia*  
*Worms*  
*Pneumonia*  
*Acute Diarrhea*  
*Skin Infections (Fungal)*  
*Eye Infection*

### Annual Patient Visits at FAME Medical



## LABORATORY SERVICES INFORMING AND GUIDING TREATMENT

2014 was another exciting year in the lab. With the introduction of surgeries and, most recently, labor and delivery, the lab moved to get approval to store and transfuse blood. We acquired a blood storage refrigerator and were reviewed for approval. With a grade of 10/10 from the Regional Blood Bank in Moshi, we were given permission to receive blood from them on a monthly basis and also to collect, screen, cross-match and deliver blood in emergency situations. This played a critical role in helping us respond appropriately to the obstetrical emergencies we faced late in the year.

In terms of numbers alone, 2014 was another record breaking year, with over 13,000 lab visits and 50,000 individual lab tests performed. In addition to the general increase in patient numbers at FAME, two key variables shed light on the increase in the number of tests performed this year. First, the lab continues to introduce new tests and services, expanding the options for our doctors. Second, the health status of the patients coming to FAME varies more widely than ever before. On one end of the spectrum is a new but small group of patients who are generally healthy but are monitoring their health status with periodic check-ups. This attention to maintaining health rather than to restoring health is a welcome change. Associated with this, is the fact that FAME is becoming increasingly known as a good place to go if you or your family has a history of cardiovascular disease or diabetes. On the other end of the spectrum is the larger number of very sick patients who are coming to FAME seeking a reliable diagnosis and cure. These patients often require testing of electrolytes and other blood elements in addition to screening for common infectious and parasitic diseases. In both scenarios, a larger number of tests are often ordered to guide treatment and provide answers for patients.

Our patient profile in terms of demographics remains about the same as last year with about one-third of our patients being women of childbearing age, and about 10% being children under the age of 5. However, with the growth of the hospital and our expanded services, the patient profile in terms of illness is broadening in scope and skewing toward more and more serious presenting illnesses.

Although it is currently a labor-intensive exercise, the lab staff continues to maintain a database that among other things, reveals patterns that might not be noticed otherwise. For instance, we know that 20-22% of women of childbearing age are suffering from some level of anemia, as is the case for at least half of children under the age of 5. This is important information for our new Reproductive and Child Health program.





## INPATIENT CARE WHEN A PATIENT NEEDS MORE

In its third year of operation, our general ward is now running at 75% capacity. During the course of the year, we ran out of beds on three occasions, the most dramatic time being a multiple trauma when 25 Maasai were transported to FAME after a truck accident. The whole team (medical and non-medical) stepped up to the plate to help. Fortunately, we had several mattresses on hand from past mobile clinic projects and were able to double the occupancy in our six patient rooms for those requiring admission. It never ceases to amaze us how gracious our patients and their families are in situations like these. Some times it feels as if they would get out of bed to help if they could.

We are seeing an increasingly complex group of patients in our general ward, with 618 admissions this year. Of these, 15% were pediatric patients. One of the unanticipated challenges in our inpatient facility this year was how to address the needs of patients requiring long-term hospitalization. Nonetheless, we managed to care for four patients, who simply had nowhere else to go. One was our little girl with Pemphigus Foliaceus, a devastating genetic skin condition that had left her completely immobile and unable to function. Another was a little Maasai girl who came to FAME with a shattered knee cap, having endured excruciating pain for several weeks and at risk of never walking again. One was a young woman who had third degree burns all over her upper extremities and torso from a large basin of boiling water falling on top of her. And the other was a little boy with a burn contracture and an infected head wound, also from a burn. As you can imagine, we relied heavily on our volunteer consultants (both on-line and in residence) in dealing with all four cases. As we worked to coordinate services, we also forged relationships with other organizations working to help the people of Tanzania. Our little girl with the skin disorder went to live at Tumaini Children's Home when she was finally discharged. Our young patient with the horribly shattered knee cap went to a visiting orthopedic team in Arusha and then the Plaster House for physical therapy and rehabilitation. Our little boy with the burn contracture had it released and has subsequently gone home. While relieved to have these organizations and consultants step up to help, it became very clear to all of us at FAME that the needs will always exceed the resources and we will need to be creative and resourceful in growing our inpatient services such that we can serve the number and variety of patients who come our way. Certainly accurate and expedient diagnoses and treatment will help, as will targeted referrals to specialty programs, of which there are very few. We are exploring a whole host of possibilities to address the challenges our inpatient department will face going forward, including the construction and staffing of a dedicated birthing center such that our first ward could be a general ward for men and our second a general ward for women and children. Our inpatient numbers, our maternal health program, and our fundraising success next year will inform our decisions regarding these possibilities.



### **TOP 5 REASONS FOR ADMISSION**

*Gastrointestinal Infections & Disease*  
*Respiratory Infections & Pneumonia*  
*Urinary Tract Infections*  
*Trauma*  
*Cardiac Disease*





## Spotlight: Bahati's Story

She arrived at FAME Medical totally unresponsive and in a fetal position, her skin crusted over, layer upon layer of cracked and infected tissue. She was unable to move her limbs or straighten her joints, sit up or stand, toilet herself or eat on her own. Unable to do a skin biopsy, we had to rely on clinical assessment alone. After consulting with our online dermatology team, our working diagnosis became Lamellar Ichthyosis, a manageable but not curable congenital skin condition. And then a few earth angels showed up, several actually. A volunteer pediatrician and pediatric neurologist, along with two dermatopathology teams from Emory and University of Pennsylvania, facilitated a skin biopsy and DNA testing, something we are not able to do at FAME, and the news could not have been better. Rather than a congenital disease with a fairly bleak prognosis, the results showed that Bahati's prognosis was much more encouraging. She actually has something called Pemphigus Foliaceus and with the right treatment regime and management, her skin could make dramatic

improvements, allowing her to live a normal life. However, there was another hurdle to overcome. We needed to find a home for her in a country with severely limited social services. This is not an easy task, especially when a child has medical needs.

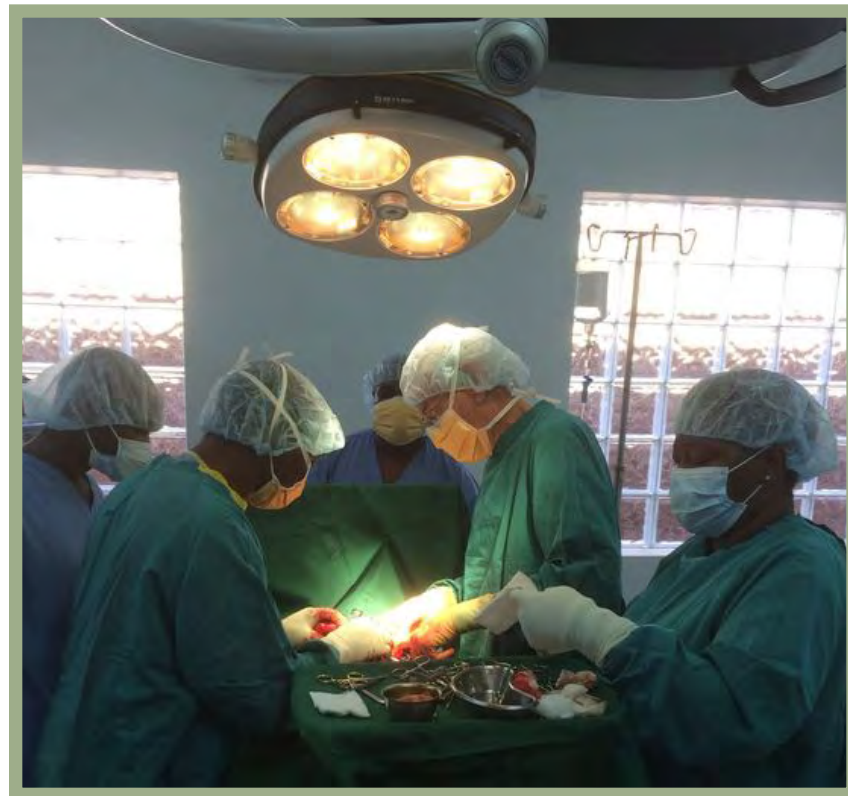
But then another earth angel appeared, Mr. Ståle Anda. Mr. Anda is the Founder of Tumaini-prosjektet, an orphanage and education program for children with special needs. With the help of Karatu social services, little Bahati now has a new home and a supportive and loving family at Tumaini Home. She will receive the care every child deserves. She will have access to education that is fully sponsored. She will have a chance at a better life. We can still hear Bahati's laughter at FAME. She taught us about hope, perseverance, and the transformative power of love in healing the body and the spirit.



## SURGICAL SERVICES BUILDING CAPACITY IN OUR OPERATING ROOM

We did our very first surgery on January 16, 2014, a tonsillectomy performed by volunteer surgeon, Dr. Duane Koenig, with our very first surgery patient being a teenage girl from Rift Valley Children's Village. This surgery, like several to follow, was an opportunity for our small OR team to learn and work under the guidance of Dr. Duane, who has dedicated his retirement to helping us build our medical service at FAME, including our capacity to provide surgical care. In September of this year, upon learning that we had two severe burn patients, Dr. Duane returned to FAME to begin the process of teaching our team how to do skin grafts. Elibaraka is one of our young patients whose life was changed as a result. Between skin grafting a head wound, releasing a burn contracture of the leg and excellent post-op care from our team, this little guy can now walk, run and play just like every other toddler.

These initial surgeries served to fine-tune equipment and infrastructure issues and mentor staff, almost all who were new to the OR. With the opening of our labor & delivery service in September, the pressure immediately increased, with three obstetrical emergencies in a two-week period. In all three cases, time was of the essence and a referral elsewhere not possible. Our



OR crew pulled together, supported by amazingly dedicated volunteers from the U.S., and lives were saved as a result. In the coming year, much of our continuing medical education will be focused on performing the most common emergency surgeries, those unavoidable cases where a life is at stake and time is of the essence. As departmental capacity grows, we look forward to also performing elective surgeries that can dramatically improve our patients' quality of life.

In total, 30 surgeries were performed in our major operating room this year. In our minor procedure room, an additional 693 procedures were performed, including circumcisions, uterine evacuations after miscarriages, and wound closures. The vast majority, however, were wound debridement and dressing changes, and incision and drainage of abscesses.

<b>Total Surgeries in 2014</b>	<b>30</b>
C-Sections	6
Hysterectomies	2
Laparotomies	2
Tonsillectomies	7
Tonsillectomies & Adenoidectomies	2
Skin Grafts	2
Hernia Repairs	3
Appendectomy	2
Nasal Polyp Removal	1
Pilonidal Cyst Exploration	1
Pilonidal Cyst Excision	1
Cholecystectomy	1



## Spotlight: Elibaraka's Story

By Susan Gustafson

There are certain faces and stories that work their way into our lives and never let go. Elibaraka's face and story is like that for me. I will never forget the day he arrived at FAME with his mother. Still suffering the effects of third degree burns on his head and right side, he was lethargic and visibly drained by the pain and discomfort he had been living with for weeks on end. Months earlier he had fallen into a cooking fire, a far too common event in this part of the world where people still cook outside, using charcoal or wood, the most affordable way to prepare a meal. His Mother did what any loving mother would after the accident. She raced him to the nearest dispensary, where they did what they could to disinfect and clean the wound. Unfortunately, Elibaraka's wounds refused to heal – his burns much too severe to respond to superficial treatment alone. After weeks of holding his right arm and leg in the only position that would relieve the pain, both became fixed in place as scar tissue developed around the burn.

Feeling helpless and alone and recognizing his failure to get better, Elibaraka's mother found her way to Rift Valley Children's Village (RVCV) and reached out for help. An orphanage and strong advocate for children, they regularly liaise with FAME to help impoverished children in the area get the medical care they need. Elibaraka and his mother were transported to FAME, where our team assessed the situation. The burn to his head was badly infected, an open wound with no chance of healing without a skin graft. With this and another severe burn patient in the ward, we decided it was time to call in Dr. Duane Koenig. A long-time volunteer surgeon, Dr. Duane had already treated multiple burns and wounds at FAME over the years. He had already donated skin grafting equipment, and begun the process of training our team how to perform the delicate procedure. Upon learning of these two patients, he booked his flight and began his journey from Nebraska back to Karatu, this being his eighth trip. Within hours of his arrival, Elibaraka was rolled into the Operating Room, where Dr. Duane, supported by our team, performed a skin graft to the wound on his head and released the contracture of the leg. The surgery complete, there was every reason to be optimistic. A few weeks later, as Elibaraka was recovering in the ward, nurses began instructing his mother in physiotherapy designed to gradually improve his range of motion in the right leg, as well as increase his chances of resuming the wobbly but determined walk of a toddler again.

In early September Elibaraka was finally discharged from the hospital with instructions to return each week for dressing changes. I last saw him outside the clinic awaiting one of many follow-up sessions, the graft holding, his head wound healing slowly but surely. The contracture release a success, Elibaraka was passing the time learning to walk! His mother proudly cheering him on, as he exuberantly and fearlessly put one little foot in front of the other, eventually reaching her outstretched arms. Feelings of gratitude and hope palpable and an image and story in my heart to stay.



## MATERNAL HEALTH SERVICES SAVING THE LIVES OF MOTHERS & NEWBORNS

At this time last year, we were busy preparing for the roll out of labor & delivery services and introducing new maternal and child health programs. We knew this would involve opening the second ward, hiring additional nurse midwives and building capacity within our local team. We are thrilled to report that 2014 culminated in our second ward being opened, babies being born and lives being saved in the process. On September 25th, at 10:22 p.m., FAME's very first baby was born in one of two newly opened delivery rooms — a healthy baby girl weighing 6lb 8oz. It was an uncomplicated birth. It was a wonderful way to begin this critical new service at FAME Medical. We came to understand just how critical when the following six cases were obstetrical emergencies during which 3 C-sections had to be performed, emergency meds administered, and blood transfused. In a country where a woman dies every three minutes from complications during pregnancy and childbirth, this service is of enormous importance to the pregnant women of our community and to us as a healthcare provider in the region. With every new service, however, comes unique challenges. Maternal health is no exception. We will face hurdles related to space, infrastructure, staffing levels, and professional support. Nonetheless, we have a critical role to play as women, particularly those who face complications of labor, reach out to us for help. As we explore funding opportunities specific to this patient population, we are also making plans to utilize specialist volunteers and obstetrical consultants in-country to provide our team with the ongoing continuing medical education and support they will need as they embrace the unique challenges that come with the provision of maternal health in rural Africa.



### L&D after just 12 weeks

Births	16
C-Sections	6
Resuscitations	1
Infant Deaths	1
Maternal Deaths	0

### Types of Complications

Ectopic Pregnancy  
Eclampsia & Pre-Eclampsia  
Postpartum Hemorrhage  
Placental Abruption





# Excerpt from our Blog: Friday Night Lights

November 19<sup>th</sup>, 2014

By Women's Health Nurse Practitioner Kelley Brennan

I'm not talking about the near blinding lights and deafening cheers that signal Friday night high school football in the USA but rather the spotlights in the Operating Room at FAME, lights that bring just as much adrenaline and excitement, along with possibly even greater significance and life changing results. You see, we've spent three of the past four Friday nights performing life-saving cesarean deliveries. FAME opened its labor & delivery ward at the end of September. Since then we have saved six lives with the ability to perform emergency cesarean sections; something far too many women do not have access to in rural Tanzania.

On Friday, October 10, a woman arrived to see me in clinic, 15 days overdue with her first baby. At first, she simply said she wanted an ultrasound to see when her baby was due. But as I have learned while providing medical care in Tanzania for the past two months, you rarely get the full story upfront. The patients are strong and resilient and they don't want to worry or burden their doctors. It often takes quite a bit of questioning to get down to the real problem. In this case, the baby initially appeared active and full term on ultrasound, but there was virtually no fluid surrounding him. This young mother-to-be also had high blood pressure and protein in her urine, indicating pre-eclampsia, a potentially dangerous condition for mom and baby that can only be cured by delivering the infant and removing the placenta.



The patient was admitted and soon the baby was showing signs of distress. FAME's head doctor/surgeon, Dr. Mshana, and I made the decision to go for a cesarean section. This would be the first cesarean section ever performed at FAME. The patient was frightened, and rightfully so as surgery can be risky business in Tanzania. As Mama Mshana, one of FAME's extremely talented nurse midwives, consoled her, the patient revealed the full story as to why she had travelled several hours from her home in Ngorongoro to be seen at FAME. Shortly after sunrise that morning, she was walking near her home and was charged by a Cape Buffalo. These massive animals can be quite dangerous and aggressive. As this terrified young woman ran for her life and the life of her baby, she fell twice, landing on her swollen pregnant belly. This trauma provided even more of a reason for an overdue baby, lacking enough amniotic fluid, to be in distress.

At this point, the patient was rushed into FAME's operating room, which is remarkably well equipped. You'd almost believe that outside of those OR doors you'd find a large, well funded, stocked and supplied hospital in California or New York or Boston, and not a small, rural hospital in Tanzania. Dr. Mshana, an amazing doctor and surgeon with decades of experience, performed the operation with my assistance and the assistance of his wife, Mama Mshana, who acted as our scrub nurse. We were tremendously fortunate to have both FAME anesthesiologists, Sehewa and Doctor Frank, at our disposal along with Siana, the head nurse, Chana, a nurse volunteer from Washington DC, and Dr. Doug, a volunteer pediatrician from Philadelphia. Under the glowing OR lights, on a beautiful Friday evening, this young woman had the very first cesarean section at FAME. Dr. Mshana and Mama Mshana worked as a well oiled machine; you'd never know it had been a few years since they'd last performed a cesarean section.

This patient was complicated. She'd suffered a trauma on top of being pre-eclamptic; her baby was 15 days overdue and surrounded by almost no fluid, covered in meconium and clearly in distress. After delivering the infant, a baby boy, we noted that the placenta had abrupted, starting to separate from the wall of the uterus and soon the patient was hemorrhaging. Due to the talented and dedicated staff at FAME, along with the availability of necessary supplies and equipment, this young mother and her baby boy survived. FAME is an amazingly special place, that provides tremendous care to all of its patients and saves lives on a daily basis. I can't think of a place I'd rather spend my Friday nights than under the OR lights in the operating room at FAME. It was such an amazing experience to take part in that I've decided to repeat it twice more on the past two Friday nights. I think if I keep this up, attracting the high risk obstetric patients for cesarean sections every Friday night, the staff here just might kick me out.

## REPRODUCTIVE & CHILD HEALTH PROMOTING HEALTHY MOTHERS AND BABIES

Central to excellence in maternal and child health is robust programming in antenatal care, and that is what we are in the process of building at FAME Medical. We now offer our pregnant patients a highly subsidized, 4-visit antenatal package that includes both prenatal and newborn care, including relevant health education. We introduced this program in early October. In just three months time we had 58 enrollees. Of these, 18 are in their first pregnancy. We look forward to growing this program in the weeks and months ahead. Not only will it address issues of malnutrition and anemia in our pregnant moms, it will enable us to work with families during pregnancy and in the weeks following birth to support safe motherhood experiences and healthy families. In rural Tanzania, particularly amongst tribal groups who are still living traditionally, most women prefer delivering their babies at home. Prenatal care is a proactive way to increase their chances of a safe home birth. It will also play a pivotal role in identifying those who are at high risk for complications, enabling us to then do what we can to facilitate a hospital delivery.



Also in October of this year, we introduced government Reproductive & Child Health Services (RCH). Through this program, we now provide free vaccinations for our under-5 population. With the Tanzanian government providing us with the vaccines, we are now able to vaccinate against measles, polio, diphtheria, tetanus, pertussis and hepatitis B. We also became the recipients this year of government organized training focused on family planning. This training was conducted by PSI, an international NGO, and is designed to provide healthcare providers with the tools necessary to provide comprehensive family planning and educate families on subjects such as safe methods of birth control and the important role “child spacing” plays in reproductive health. Our RCH coordinator returned to us with engaging educational materials and important new skills as an educator.

Healthy women delivering healthy babies, this is an absolute priority for FAME Medical. We look forward to growing our new maternal and child health programs in the weeks and months ahead.



## Spotlight: Nurse Joyce Ngowi

Joyce has been with FAME for three years, and she is one of our most experienced and well-liked nurses. She was raised in the village of Marangu, on the slopes of Mount Kilimanjaro. Now a nurse for 15 years, Joyce says that she decided to go to nursing school “to help the community as a whole... learn how to prevent diseases and to get hospital care and health education” in spite of the challenges posed by ignorance and poverty.

Joyce earned her certificate in nursing and midwifery at the Kolandoto Nursing Training Centre in Shinyanga, and she later returned to earn her diploma as well. Joyce sees her education as a gift. “So many people are poor or they don’t know the importance of sending their child to school. If you are lucky enough to get an education, then you must work hard to help others who did not.”

Before joining the FAME team, Joyce gained experience in labor and delivery, operating rooms, and both outpatient and inpatient services. She says her decision to come to FAME was motivated by a desire to keep learning and improving herself as a nurse. “I wanted to change my environment and learn more. I wanted to have everything I needed to help support the patients. When I heard about FAME, I knew that I had to go there.” She has been an essential part of FAME’s nursing team ever since. “Me, I’m so proud of FAME,” she says. “At FAME you find new research; you are updated. In nursing, things are always changing, but at some places they haven’t changed their ways since 1947. Here, every day you are learning new information.”



Joyce recently took up a new role, leading the Reproductive and Child Health (RCH) team. “I am interested in RCH because these mamas in developing countries have so many grave problems. They don’t know their rights; they don’t know what to do. I decided to start with RCH because at least we can help some of them. When they come into my hands, I can work hard to help them.” Joyce loves to be a part of each mother’s journey, “from the very first time they come for a checkup until they give birth.” When asked what her favorite part of being a nurse was, she has one answer: “Seeing mamas healthy, watching them give birth safely and having healthy children.”

## MOBILE MEDICAL SERVICES & SPECIALTY CLINICS BRINGING CARE TO VULNERABLE GROUPS

It was another exciting year in the field for FAME's mobile medical team. Basing from Rift Valley Children's Village in Oldeani, we conducted 46 days of mobile medical services during which 2,277 patients received medical care. We are exploring the possibility of expanding our educational programming in the area next year, with a program designed to train Traditional Birth Attendants in safe, hygienic home delivery practices. We would also equip them to identify high-risk pregnant women, such that "a plan" could be put in place well in advance for a safe hospital delivery.

FAME team members William Mhapa, Dr. Isaac Kakwimba and Mary Msuya also conducted trainings and facilitated discussion groups this year focused on empowering youth to make healthy choices. In March they helped with a Peace Corp sponsored "Boys' Empowerment" program in Karatu Town. Then in June, they conducted a session with primary school girls sponsored by the Kiretono Resource Centre. In both cases, the sessions focused on decision-making skills relevant to health and safety. Also this year, FAME health educators provided a full day of HIV awareness training for a lodge chain in the area, working with "team leaders" from lodges in Arusha, Karatu, Ngorongoro and Serengeti. Each participant opted to be tested for HIV at the end of the training and will now serve as "resource persons" for other employees in their work environment.

Also this year, through an ongoing partnership with the University of Pennsylvania neurological residency program, the Hospital of the University of Pennsylvania (HUP), and Children's Hospital of Philadelphia (CHOP), we made great strides in bringing neurological expertise to our area. Continuing the mobile medical services to the villages of Kambi ya Simba and Upper Kitete and extending this bi-annual neurology clinic to the Oldeani community this year, a total of 98 neurology patients were served in the field. Another 187 patients were served at FAME Medical during a drop-in speciality clinic. Not only is this program bringing specialized care to an underserved and marginalized patient population, it is providing hands-on experience for residents and invaluable learning opportunities for our local clinicians. In a country with one neurologist per 8,600,000 Tanzanians and none in rural areas where 75% of the population lives, this is an enormous help to people living in our District. With FAME's local presence, continuity of care is also possible for people suffering lifelong neurological disorders, the largest group consisting of those suffering from Epilepsy. Many thanks to Dr. Michael Rubenstein, a professor of neurology at UPenn, for spearheading this very special partnership.



# Reflections from a Volunteer

By Volunteer Neurologist, Dr Megan Richie

Perhaps the most meaningful resource that Tanzania has is its people. On my second day as a volunteer neurologist at FAME, I awoke to find an 88-year-old woman had been admitted to the hospital overnight with a stroke. Her name was Maria. That morning, I examined Maria and found her to be aphasic and hemiplegic; she was completely mute, unable to understand any speech, and unable to move her right arm and leg. My heart sank. Although I did not have a CT or MRI scanner, it appeared that her stroke was quite large - enough so that it might even threaten her life. At 88 years old, without physical therapy and speech therapy resources available to her, I did not see how she could possibly do well.

We did our best to keep Maria safe. Our team of doctors included Tanzanian providers Dr. Mshana and Dr. Gabriel, along with my colleague, Dr. Michael. Together, we told her family that her stroke would result in permanent weakness of her right side, and she may never walk again. This weakness was causing her difficulty swallowing, such that food could go down her windpipe, causing difficulty breathing and maybe pneumonia. Finally, she also might never talk again, or even understand basic words her family would say to her.

For two days, we didn't feel that Maria was ready to swallow food. Every day her family would ask to feed her, and we would reluctantly say no. However, Maria's family did not give up. They were at her bedside day and night, encouraging her to move, massaging and repositioning her limp limbs. The third morning, Maria was sitting up on her own, understanding basic sentences, and moving her right leg, startling us with her recovery. The fourth morning, we let her family give her porridge, specifying that she would have to be watched for coughing or choking, making sure each mouthful is gone before the next is given. With patience and with love, Maria's family fed her, and she swallowed.

Before we knew it, Maria was walking again, one family member on either side. Her bladder catheter had been removed and she was eating well. We couldn't believe our eyes. It turned out that this 88-year-old had a feisty resilience we could never have imagined. Looking at the women standing next to her, I started to understand why.

Maria taught me that an 88-year-old in Tanzania is not the same as an 88-year-old in the United States. I don't know if it's the hot sun, the hard work, the scarcity of resources, or just a part of its culture. What I do know is that the patients I treated were more motivated to become well than any I have seen. They accepted their disease with grace and resolve, ready to do whatever it took to get better. Family members rallied around one another, never asking, "Who is going to take care of her?" but "When can we start taking care of her?" Tanzanians are a profoundly inspiring people and I am truly blessed to have had the chance to care for them and learn from them and will be forever grateful to FAME for the opportunity.





# SCHOLARSHIPS

In October of this year, FAME scholarship recipient, Ivan Mwaluko, completed a two year Assistant Medical Officer (AMO) course at the Tanzanian Training Centre for International Health in Ifakara, Tanzania. Graduates of this course are recognized as AMO's, a cadre of health professionals between a three year diploma (clinical officer) and first degree holders in clinical medicine (MD's). Practically speaking, they are recognized and valued almost equally with MDs in Tanzania and in many other countries in Africa, and they frequently take up posts in the most rural parts of the country. Dr. Ivan has been with FAME since the very beginning, joining our team as a clinical officer shortly after opening the FAME Outpatient Clinic in 2008. After his graduation, he returned to FAME Medical, resuming his post as a clinician but with important new skills and knowledge to share with our patients.



The same lovely couple who sponsored Dr. Ivan's AMO training are now sponsoring a second FAME clinician through the program, Dr. Ken Karanja. Ken began his studies in September of this year. Given the countrywide shortage of medical doctors, assistant medical officers are filling an enormous gap in the provision of health care in rural Tanzania. We are very excited about increasing the number of AMO's who will be working at FAME Medical in the years ahead.



## CONTINUING MEDICAL EDUCATION BUILDING CAPACITY INTERNALLY

Building local capacity is central to our mission, and 2014 has been a year full of doing just that at FAME Medical. Dr. Isaac Kakwimba received sponsorship to attend a one month intensive course in Ultrasound at the Institute of Sonography in New Delhi. He was the second FAME clinician to attend this training. Additionally, four of our clinicians attended a short course in OB/GYN and internal medicine ultrasound that was sponsored by the Asante Foundation and conducted in the District of Karatu by a team of trainers from Germany.

We continued to scale up and refine our onsite continuing education efforts this year, utilizing both volunteers from overseas medical communities and technology. Thanks to supporter, Dr. Ron Reece, all our clinicians now have iPads and the medical apps necessary to inform their treatment protocols, keep current in best practices across specialty areas and provide health education to patients. Thanks to the generosity of medical professionals around the globe, we were also able to add to our on-line volunteer consultant data base. This allows our local clinicians to consult with specialists on difficult cases via email communication and digital imagery.

With the rollout of our labor & delivery service the end of this year, we provided two back-to-back, on-campus trainings for our nurses and doctors in Advanced Life Support in Obstetrics (ALSO). Dr. Pendo Mlay, a Consultant Obstetrician/

Gynecologist and Senior Lecturer at KCMUCO in Moshi, Tanzania, conducted the trainings. He covered a wide variety of important topics, including hemorrhage in pregnancy, eclampsia, post partum hemorrhage and shoulder dystocia, malpresentations and malposition. The ALSO course was very hands-on with simulations and likely scenarios being role played and practiced. We hope to bring Dr. Pendo back next year to train additional staff in these vital skills.



# VOLUNTEERS

In 2014, FAME hosted volunteers from many different countries and many different specialties. These volunteers played a vital role in supporting and educating our Tanzanian team, both at our facility in Karatu and from their home countries via telemedicine as well. Our volunteers provided critical assistance preparing to launch our labor and delivery program, diagnosing cardiac and neurological disease, responding to emergency cases, and always being ready and willing to pitch in no matter what challenges arose.

## Onsite Volunteers

Aart Leemhuis, MD, family medicine, Netherlands  
Annalise George, RN, pediatrics, Minnesota  
Brad Snyder, NP, family practice, Maryland  
Carole Davis, RN, critical care, South Dakota  
Chana Schaffer, RN, critical care, Washington DC  
Chris Holdhusen, MD, family medicine, Montana  
Danielle Becker, MD, neurology, New Jersey  
Doug Smith, MD, pediatric neurology, New Jersey  
Duane Koenig, MD, general practice/surgery, Nebraska  
Elliot Beckley, non-medical, film making, Kentucky  
Hannah Bowman, non-medical, film making, Kentucky  
Heba Desouky, NP, critical care, California

Howard Silk, MD, immunology, Georgia  
Issie Alter, MD, ob/gyn, Maryland  
Jeanne Artress, financial consultant, California  
Jo Moore, MD, general practice, England  
Jonathon Steinberg, RN, emergency medicine, Montana  
Joyce Cuff, PhD, laboratory science, New Hampshire  
Kathleen Haden, NP, oncology, Virginia  
Kelley Brennan, NP, women's health, California  
Luigi De Michele, MD, internal medicine, Italy  
Margreete Johnston, MD, pediatrics, Tennessee  
Mark LaRose, MD, ob/gyn, Minnesota  
Marloes Geurts, non-medical, management, Netherlands

Megan Richie, MD, neurology, Pennsylvania  
Mike Rubenstein, MD, neurology, Pennsylvania  
Monica Norwick, MD, ob/gyn, Minnesota  
Munna Godfrey, RN, critical care, Tanzania  
Natalie Wade, RN, pediatrics, Mississippi  
Rachel Shnider, MD, pediatrics, Washington DC  
Reed Shnider, MD, cardiology, Maryland  
Robyn Silk, NP, obstetrics and gynecology, Georgia  
Ryaan McMillan, RN, emergency medicine, South Dakota  
Susan Miesfeldt, MD, oncology, Maine  
Toy Broen, MD, internal medicine, Netherlands  
Will Bowman, Volunteer Coordinator, Kentucky

Between our limited referral options and the enormous economic challenges faced by our community, accessing the specialty care our patients need can be next to impossible. Time after time, our telemedicine consultants save the day, providing life-saving expertise, over the phone or the Internet, that simply can't be had anywhere else. These specialists can be unsung heroes, but the support they provide from across the globe is indispensable to our work here, and we can't thank them enough for their tireless effort and selfless dedication.



There are two very special individuals we would like to acknowledge this year: Caroline Epe and Ke Zhang. Caroline came our way in her early 20's, shortly after earning her Master's Degree in International Development. She served as our Volunteer Coordinator for two years, subsequently assuming the post of Operations Manager. And now, 5 years later, she remains with us part-time as she prepares to build and open a school in Karatu. Caroline is a gifted manager and natural leader, and FAME is better because of her.

We first met Ke Zhang when he was only 19 years old. An undergraduate student at MIT, Ke was volunteering in Tanzania at the time. Intrigued with FAME's work, he offered to build a much-needed website for us and that he did, followed by multiple visits to help us scale up our IT capabilities. Currently in the MD/Ph.D. program at Yale, Ke continues to graciously share his time and expertise with us. In September of this year, he returned to us for 2 weeks and created another amazing FAME website. We look forward to hosting "Dr. Zhang" in the not too distant future.

Many, many thanks to Caroline and Ke for consistently going above and beyond to help FAME reach where it is today. We feel honored to have these two on our team!



# Excerpt from our Blog: African Mornings

October 11<sup>th</sup>, 2014

by Pediatric Neurologist Volunteer, Doug Smith

Remember the days when you didn't need an alarm to wake up? When you woke with the sunrise, and your body was so anxious to rid itself of sleep that it was insufferable to stay in bed? The song in your head is not one you heard on the radio and can't shed, rather it's the background music of your life. You knew that the day ahead was one to remember. One where you will experience the payoff of weeks, months, or perhaps even years of planning and anticipation. Possibly one in which you will meet challenges or opportunities you have never had before, ones you feel prepared to overcome, with meaningful experiences as your reward. That's what this morning was like. That's what nearly every morning has been like during my time in Africa. At night, the darkness is absolute, an almost palpable heaviness to the air. The lack of sensory input gently and slowly turns the brain off. It is disarmingly relaxing, and I find myself in bed and asleep well before I had intended to rest. Come morning, the energy of the world changes with the sun rise. The light calls to action dozens of songbirds and crowing roosters. You can nearly feel the world waking up, and the call is hard to deny. Then you remember what you're here to do, and it really is impossible to stay asleep.

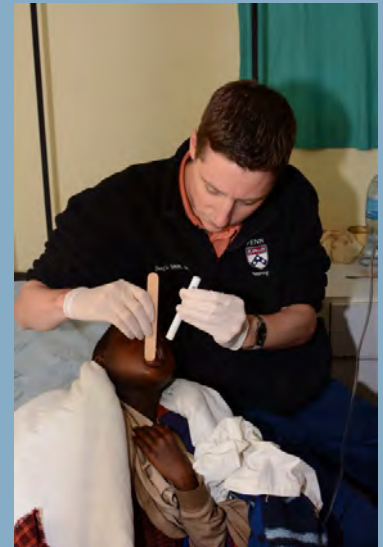
The medical experience thus far dwarfs my time in Botswana. Morning starts with 8:30AM rounds. FAME Medical has just 6 general inpatient medical rooms, each with 2 beds. Despite the low numbers, the acuity and complexity of patients is impressive. Currently, over half of the admitted patients are children. We spend a particularly long amount of time with one child who became neurologically devastated over the past three months; I come up with some answers, but without significant testing abilities, I'll never know if I'm actually right. The father, a proud warrior whose stretched earlobes and traditional garb could just as easily grace the cover of National Geographic, tears up at my explanation. He will not be the last person to receive bad news today.

The rest of the medical load, while significant, is African-casual paced. Today, two orphanages delivered half their children to our doors, having heard that for the first time ever, a pediatrician has come to town. I see five of them today. The experience is exactly what I have come for. For two of the boys, I can make a diagnosis: muscular dystrophy. They will never walk again. It is not all bad news, though. A large percentage of families here do get the answers they've been seeking for a long time. Down syndrome, Ohtahara syndrome; in these cases, I can offer a somewhat clear picture of the future, even if it is not the one they had hoped. For others, they get confirmation of what they had suspected: that their severely weak, "disabled" child in fact has a full mind, capable of learning.

This is no small reward. You see, schools here are very limited in their resources. Any child with any somewhat significant problem is refused entry to school. As an example, one 10 year-old boy was refused entrance to school his whole life because of a very subtle tremor, and they came to meet me to get a note saying he was medically cleared for school. After TEN years! In a more heartbreaking example, a boy with severely dystonic cerebral palsy, where he has basically lost control over all of his muscles (including his mouth and face), has a very full cognition, as far as I can tell. When I asked his caretaker what I can help with, the boy replied, "I am a cripple."

Where schools have failed, the generosity of others have succeeded. He was taken in by a Norwegian man, Ståle Anda. He has spent every cent he owns and has raised money from Norway to build an orphanage of sorts for children like him, children with significant physical handicaps but a lesser extent of cognitive impairment. He takes them in and teaches them, not just basic schooling but also life skills, with the hopes of one day reintroducing them to their families. So far, I have seen 7 of his sickest and have given him half the money in my wallet to continue doing what he's doing.

Were it not for the FAME clinic here in Karatu and for Dr. Mike Rubenstein, the Penn neurologist who introduced me to the facility and is here with me now, none of these neurologically impaired children would have ever found the care they need. Thanks to their charity, they are on appropriate medications now, and being cared for by people with the right mentality towards disability. Ståle will have many more children for me in the coming days. I hope I have the emotional wherewithal to handle them, and that I brought enough money to leave with a clear conscience.



## CONSTRUCTION & CAPITAL EXPENDITURES

Construction was completed on two staff quad-plexes this year. This new housing will enable us to accommodate key staff on campus, including those crucial in emergency situations. We now have two nurse anesthetists, our ward supervisor and four more doctors living adjacent to the hospital. Logistically this has been an enormous help, with immediate “back-up” available for our night crew in time sensitive situations, such as traumas and obstetrical emergencies. Many, many thanks to Marshal Merriam for funding the first of these units and to Jerome DeMeyer of the Solstice Foundation for funding the second. Mr. Merriam also enabled us to begin construction this year on a much needed Administration Building. All of our buildings have become increasingly stretched, with patient growth and expanded services. The Admin building will house our Accountant, our Human Resource Manager and Community Health Coordinator, our Volunteer Coordinator, our Operations Manager, our Co-Founder/Director, and our Clinical Education Coordinator. It will also provide work space for department heads as needed. Having relocated four separate times, these key staff members, who work quietly behind the scenes to ensure the smooth operation of our hospital and organization, will finally have a place to call their own.



Another designated donation enabled us to purchase additional land for our rapidly growing health facility. Not only will this help us with our ongoing site development needs, it will provide insulation from development in the area.



We also replaced one of our high mileage vehicles this year, purchasing another used but newer stretch Land Rover for staff transport to/from the hospital and our mobile clinic in the field. Other key capital expenditures this year included a blood bank refrigerator and new hematology machine, an EKG machine, additional oxygen concentrators and suction machines. Five very special women from Why Pause in Dar es Salaam climbed Mt. Kilimanjaro to raise money for FAME, enabling us to purchase a much needed temperature controlled incubator that is helping us move into bacterial culture and antibiotic sensitivity testing in our laboratory.

Finally, a long-awaited 40 foot container organized by The International Medical Equipment Collaborative (IMEC) is enroute to Tanzania and due to arrive here in January. It's contents include medical equipment and hospital furnishings tailored to the needs of our rapidly growing medical facility and expanded services.



## FUNDRAISING 2014 SHAPING THE FUTURE

2014 was our most successful fundraising year to date, with a 25% increase in funds raised. Every year we are increasingly humbled by our friends and supporters who host fundraising events, mobilize support, make introductions to potential grantors, and bring new people into our lives and the life of FAME — all because they believe in FAME's mission and vision and recognize the importance of intentional giving with a view to the future.

Many, many thanks to the following individuals who hosted fundraisers this year, welcomed us into their homes, and encouraged our spirits:

Jan Smith, Atlanta, GA; Jay and Linda Hoff, Escalon, CA; Jeanne Artress, Redding, CA; Heather Lupa and Karen Pell, Kentfield, CA; Donna Valerie and Mark Sauer, San Diego, CA; Dr. Duane and Vi Koenig, Beatrice, NE; Toni Pryor, NYC, NY; Dr. Reed Shnider and Daniel and Francine Raizes, Chevy Chase, MD; Kathleen and Jess Haden and Dr. Peyton and Helena Taylor, Charlottesville, VA; Judy and Peter Christis, Drs. Mark and Jane Greenberg, Drs. Robin and Gary Risler, Nancy and Ken Malanowicz, Carl and Terri Weiner, Lori Feldman and Jay Sitkin and Dr. Michael and Kim Rubenstein, Philadelphia, PA; Drs. Sue Miesfeldt and James Morse, Cape Elizabeth, ME; Drs. Lyn and Klaus Lindpaintner, Concord, NH; Tara Greenberg and Tim and Elaine Algeo, Stowe, MA; and, Dr. Jim and Sandy Steen, Boston, MA. A HUGE thanks to all the individuals who donated food, drink, stunning venues, and incredible musical talent at the FAME fundraisers this year!



Frank and Susan also had the privilege of attending the 2014 IZUMI Foundation Grantees Meeting held in Boston this year and the Segal Family Foundation 2014 Annual Meeting in Tanzania. These two extraordinary organizations continue to play a pivotal role in forwarding FAME's mission in Karatu, Tanzania.





## MOVING FORWARD EXTENDING OUR REACH

As we grow, so does our commitment to providing quality medical care across departments. That said, we are absolutely committed to nurturing leaders at FAME Medical and creating a culture of Continuous Quality Improvement that can serve as a model to other medical facilities in the region. To help with this initiative, we have scheduled our first formal management retreat, participants will include department heads and key members of our senior staff. Likewise, we look forward to embarking on a Strategic Planning exercise designed to help us evaluate strategic objectives already in place at FAME Medical, expand our fundraising reach, and plan for the future. As our medical facility and service continue to grow, so do our operating expenses. To keep pace with patient numbers and needs, we now have 41 Healthcare professionals on the FAME team; 8 clinicians, 24 nurses, 8 lab staff, and a pharmacist. An additional 43 local staff work diligently behind the scenes to ensure good governance and financial accountability, addressing staffing challenges and training needs, maintaining facilities and infrastructure and keeping the hospital clean and safe. We are projecting an operating budget of roughly 1.2 million in 2015.

In anticipation of an increasingly busy maternal and child health service, FAME plans to intensify capacity building efforts focused on the provision of emergency obstetrical and newborn care. In addition to offering two more courses in Advanced Life Support in Obstetrics (ALSO), our doctors will also receive training in Structured Obstetrics Operatives (SOO), which focuses on emergency surgical procedures. We also hope to sponsor two of our newer doctors through supervised field placements designed to advance their surgical expertise. We will be conducting a campus-wide Helping Babies Breathe training early next year. In further support of our maternal and child health programming, we will be hosting two long-term health care providers from overseas, a volunteer Pediatrician from Switzerland and an American Nurse Practitioner specializing in Women's Health.

Current grant funding is enabling us to bring a clinical education coordinator on board, who will be working with our nurses and clinicians in developing evidence based treatment protocols that can be shared with other medical facilities in the region and a curriculum designed to address the educational needs of our medical professionals.

Thanks to a small but very focused group of donors, we have raised the funds necessary to begin construction on an x-ray/interventional radiology suite and look forward to finally introducing x-ray capabilities at FAME Medical. Contingent on funding, other high priority capital projects on the horizon include the extension of our outpatient clinic, a nursing dormitory for FAME nurses, a duplex for long-term volunteer staff (e.g., Volunteer Coordinator), expanded rain water collection and storage capacity, and security fencing around the the FAME Medical campus. Without a doubt, 2015 is shaping up to be another action-packed, exciting year for FAME. With the continued support of our friends and supporters, FAME will continue to transform how healthcare is delivered in rural Tanzania.



## ACKNOWLEDGING OUR PARTNERS, DONORS AND STAFF

We would like to thank every single individual who chose to support FAME's work this year, be it with a cash donation or in-kind contribution. You are collectively helping to transform how healthcare is delivered in Tanzania.

And to our major partners, our heartfelt thanks for embracing FAME's vision for rural Tanzania — a vision in which people from ALL walks of life experience firsthand what patient-centered care is all about.

Chauncey and Marion D. McCormick Family Foundation

Segal Family Foundation

Izumi Foundation

Pell Foundation

Marcy Gringlas and Joel Greenberg via Seed the Dream Foundation

Deborah and Scott Rechler via Save the Starfish Foundation

Virginia Wellington Cabot Fund

Africa Dream Safaris

Tanzanian Children's Fund

Friends of FAME Netherlands

The Solstice Foundation

IMEC America

Why Pause

Marshal F. Merriam

Dr. Duane and Mrs. Vi Koenig

Andy Rockefeller

David and Lisa Meaney

Bob and Sarah Gould

Bill and Harriet Harris

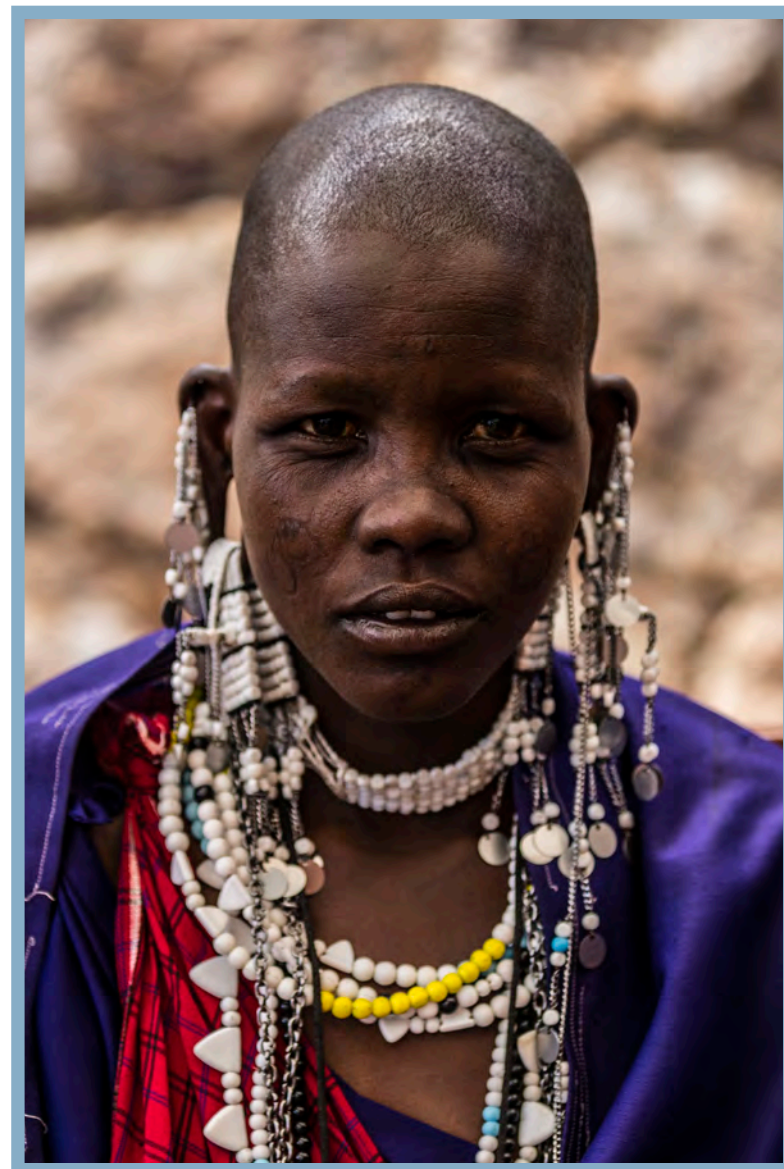
David and Beth Finch

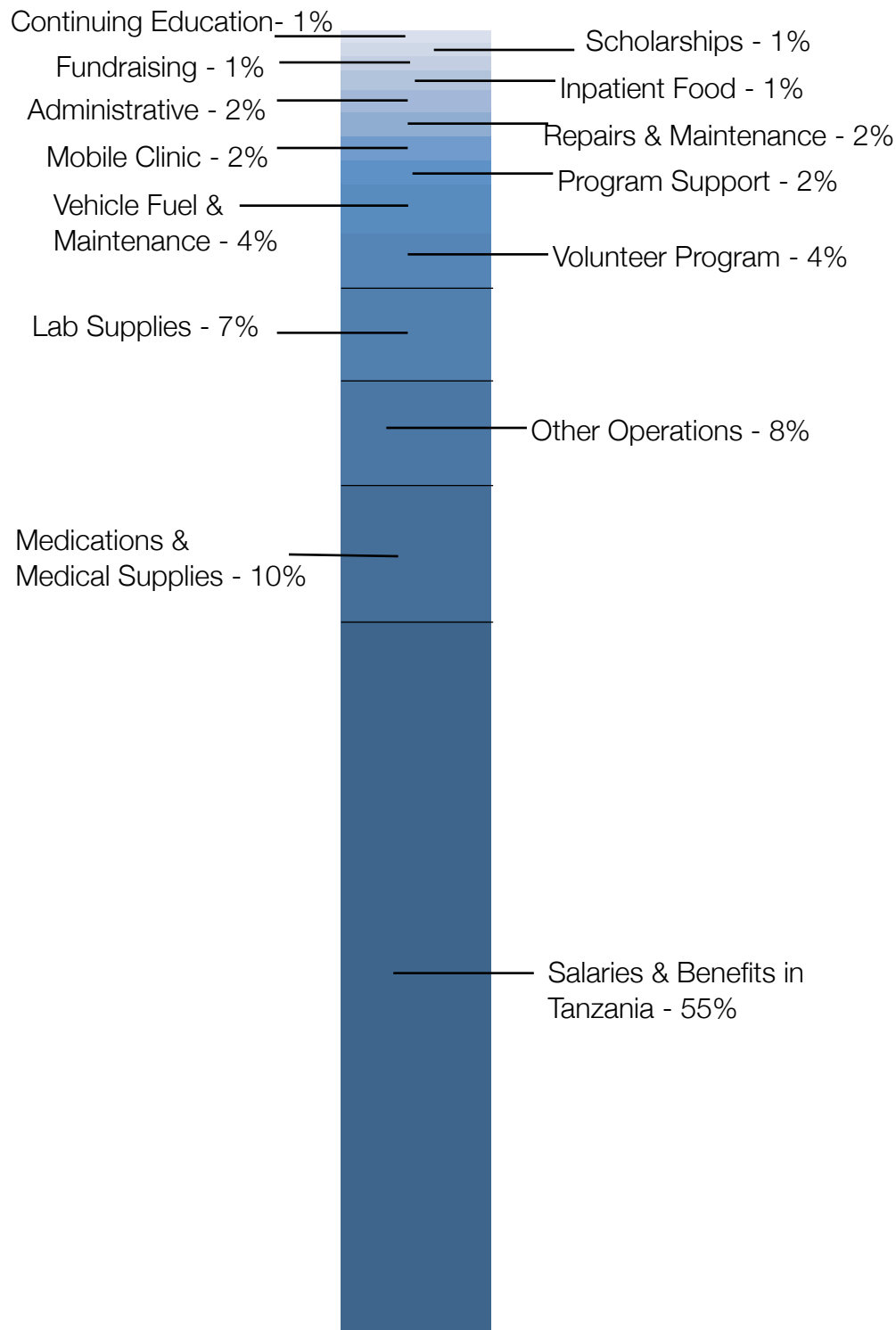
John Larsen and Gale Picker

Prudence Hay

And to our extraordinary Tanzanian team, thank you for creating such a safe and healing place for our patients.

We would also like to acknowledge the Tanzanian Ministry of Health and Social Welfare and their Regional and District Representatives for continuing to support our efforts in the District of Karatu.





## Financial Report & Summary

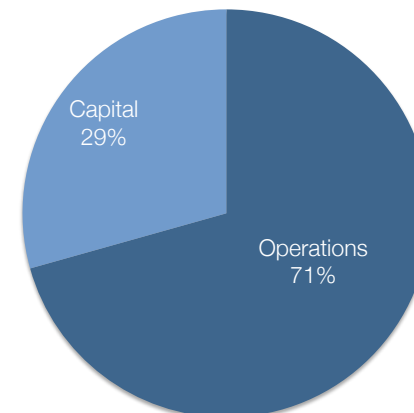
### Statement of Operations

Revenues for FAME U.S. for the year ending December 31, 2014 totaled \$1,341,095. Of this, contributions of \$1,077,064 were received from 832 donors. Grants totaled \$239,881 from 5 foundations. Volunteer Program Fees to offset program costs in Tanzania totaled \$23,102. Interest income for the year was \$1,048.

FAME (Tanzania) was successful in fundraising as well, receiving \$14,509 in grant funding. In addition, individual contributions in the amount of \$182,517 were received and volunteer fees of \$609 were collected. Patient fee income from the outpatient clinic and inpatient facility increased from \$211,406 in the prior year to \$250,295 in 2014, an increase of 18%. Patient fees for service covered just under 30% of the health center's operating costs with donor support covering the other 70%. The total amount that FAME (Tanzania) raised was \$447,931.

Operating expenditures for FAME (USA) and FAME (Tanzania) combined were \$976,902. Of this fundraising expenses and administrative costs were 2.9%, while salary & benefits, medications, medical supplies and lab supplies combined accounted for 72% of all operating expenses.

Total Capital expenditures for the year were \$405,961. This represents 29% of total expenditures and mainly went towards staff housing, medical equipment in a container from the US and infrastructure & site development.





# Financial Summary 2014

## Statement of Activities for FAME US and FAME Tanzania

### Support and Revenue

#### Donations by designation received in the US

Unrestricted	773,152
Grants	239,881
X-ray	117,287
Administrative Building	70,000
Container	37,200
Staff Housing	20,000
Volunteer Housing	13,000
Oxygen Concentrators	15,000
Scholarship	15,375
Program Support	8,500
Continuing Education	2,500
Neurology	2,950
Salaries	1,500
Lab Supplies	600
<b>Total Donations at FAME US</b>	<b>1,316,945</b>

#### Donations by designation received in TZ

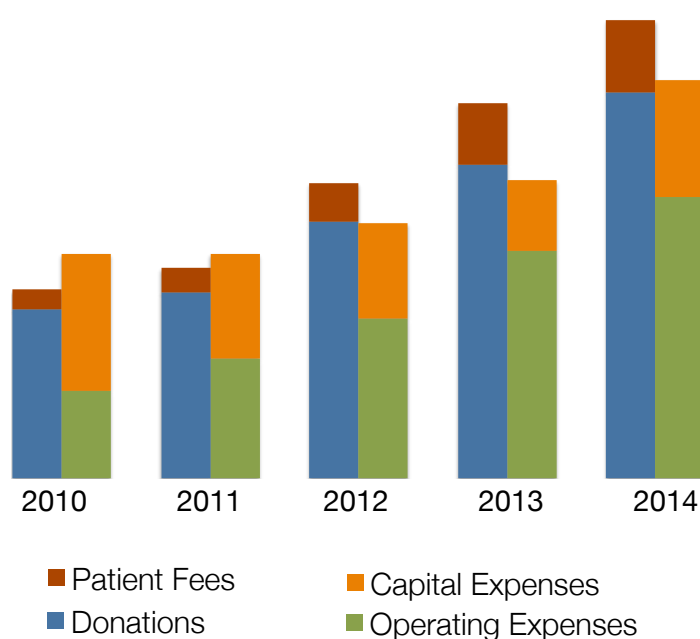
Unrestricted	12,850
X-ray	22,757
Staff House	69,132
Scholarship	3,633
Land	72,630
Medical Equipment	1,515
Grants in Tanzania	14,509
<b>Total donations at FAME TZ</b>	<b>197,026</b>

#### Other Revenue

Patient Fees for Service	250,295
Volunteer Program	23,711
Interest at FAME US	1,048
<b>Total Other Revenue</b>	<b>275,054</b>

**Total Income for FAME US & TZ 1,789,025**

### FAME's financial growth in the last five years



### Statement of Financial Position for FAME US

Assets	1,311,482
<b>Total Assets</b>	<b>1,311,482</b>
Liabilities	
Long Term Liabilities	5,000
<b>Total Liabilities</b>	<b>5,000</b>
Unrestricted Assets	965,519
Designated Funds	340,963
<b>Total Net Assets/Fund Balance</b>	<b>1,306,482</b>

**Total Liabilities \$ Net Assets 1,311,482**

### Expenses

#### Operations

Staff Costs	535,144
Medication & Medical Supplies	100,308
Lab Supplies	68,947
Vehicles	36,692
Program Support	18,198
Building Maintenance & Repairs	17,636
Administration	17,319
Inpatient Food	13,924
Fundraising Expenses/Travel	11,455
Continuing Education	8,642
Other Operations	79,831
Volunteer Program	40,974
Scholarships	9,818
Mobile Clinic	18,014

**Total Operating Expenses 976,902**

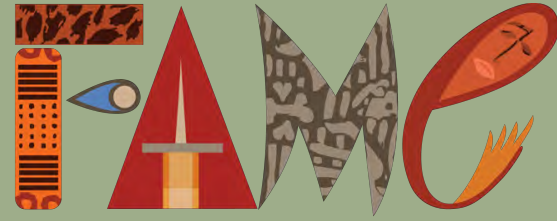
#### Capital Expenditure

Staff Housing	177,617
Container	50,019
Lab Equipment	46,086
Land	46,061
Medical Equipment & Gases	26,233
Vehicle	15,151
Administrative Building (in progress)	14,580
Health Center Furnishings & Renovation	16,098
Security System	6,904
Volunteer Housing Furnishings	5,808
Education Tools	1,404

**Total Capital Expenses 405,961**

**Total Expenses for FAME US & TZ 1,382,863**

\*All numbers are in US Dollars and an average exchange rate of 1650 TShillings was used for expenditures in Tanzania



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The Foundation for African Medicine and Education  
(FAME) is a registered 501(c)(3) not-for-profit  
organization in the U.S.

FAME is also a not-for-profit corporation registered in  
Tanzania, holding a Certificate of Compliance with the  
Registrar for Non-Governmental Organizations.