

**JAMHURI YA MUUNGANO WA TANZANIA  
WIZARA YA AFYA NA USTAWI WA JAMII**

Akwazi ya Simu/AFYA, DAR ES SALAAM  
Simu No. 21-20281-17 Fax No. 1339951  
(Barua zote zaidiwa kwa Katibu Mkuu)



S.L.P. 9083  
DAR ES SALAAM

Unapojibu tafadhali taji:

30 Agosti, 2012

Kumb. Na. HC213/453/01/214

Mganga Mfawidhi,  
Fame Medical Health Center,  
Sumawe Road,  
S.L.P 351,  
Wilaya ya Karatu,  
ARUSHA.

**YAH: OMBI LA KUFUNGUA NA KUENDESHA FAME MEDICAL HEALTH CENTER.**

Napenda kukufahamisha kuwa, ombi lako la kufungua na kuendesha kituo cha kutolea huduma za Afya kitakachojulikana kama **FAME MEDICAL HEALTH CENTER** kilichopo eneo la **SUMAWE ROAD / WILAYA / Mji / Manispaa / Jiji / KARATU** katika **MKOA wa ARUSHA**, liligadiwa na kikao cha Bodi ya Ushauri ya Hospitali Binafsi cha tarehe **13-17 Agosti 2012**. Ombi lako likubaliwa kwa kufuata masharti yafuatayo kwa vifungu vya sheria:-

1. Utafuata na kuzingatia mwongozo wa vituo vya kutolea Huduma za Afya (Guidelines Standards for Health Facilities) na miongozo mingine itakayotolewa na Wizara ya Afya na Ustawi wa Jamii.
2. Kwamba utalipa Ada ya Usajili ya Tshs 200,000/= pamoja na Ada ya Mwaka ya Tshs 100,000/=.
3. Kwamba utalipia Ada ya kila Mwaka kwa kiwango kitakachopendekezwa na Wizara ya Afya na Ustawi wa Jamii.

Namba ya usajili wa kituo chako ni **030209**. Cheti cha usajili kitatayarishwa na kikiwa tayari utajulishwa. Tafadhali fuatilia Wizara ya Afya na Ustawi wa Jamii.

*M. Lusinde*

Dkt. Mahewa Lusinde  
**NAIBU MSAJILI WA HOSPITALI BINAFSI / UMMA**

Nakala: Mganga Mkuu wa Mkoa,  
**ARUSHA.**

Mwakilishi wa Hospitali Binafsi Mkoa,  
**ARUSHA.**

Mganga Mkuu wa Wilaya,  
**KARATU.**

# FAME

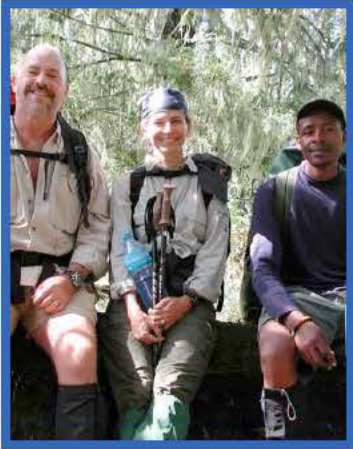
## 2012 Annual Report



## Introduction

The Foundation for African Medicine & Education (FAME) endeavors to provide quality medical care for the sick and injured of rural Tanzania. To date, our efforts have resulted in the construction, staffing and operation of an outpatient clinic and modern laboratory, a mobile medical service, and most recently a small hospital. The medical facility (FAME Medical) is in the District of Karatu, located between the Ngorongoro Conservation Area in the Northwest and Lake Manyara National Park in the East. The rural district covers 3,300 square kilometers and is home to roughly 220,000 people. FAME Medical is fully staffed by Tanzanian healthcare providers. Founders, Dr. Frank Artress and Susan Gustafson, live in Tanzania full-time and oversee the day to day operations.

## Our Journey At A Glance...



2002 FAME is formed



2005 Mobile Medical Services Begin



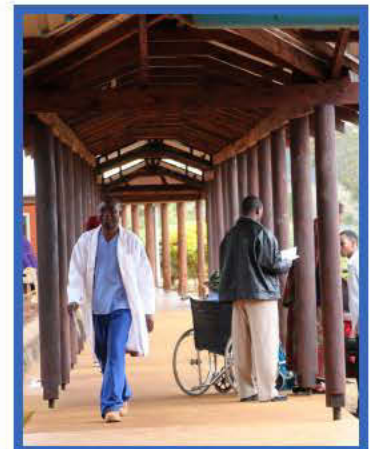
2006 Land purchased for FAME Medical



2008 Clinic Opens



2011 Laboratory Opens



2012 Hospital Opens



FAME Medical Campus Today

GPS (Google) Coordinates: 3° 19' 02" S, 35° 39' 39" E



## From the Co- Founder...



*"To shine one corner of the world -  
just one corner."*

*- Shunryu Suzuki*

As 2012 draws to a close, the joy and anticipation of beginning our first full year as a hospital is absolutely palpable. The journey has been one of enormous leaps forward, unanticipated setbacks, and a great deal of persistence and simple plodding along the way. And YOU, our supporters and friends, along with our Tanzanian team and the patients we serve, have bolstered our spirits every step of the way. A dream was born 10 years ago - of a hospital for rural Tanzania, a medical facility where individuals from all walks of life would have access to quality medical care. A place where the haves and the have nots, the young and the old, the orphaned and the parented, would be cared for with competence and compassion. A place that would exemplify what CAN happen, in even the poorest of countries, when enough people embrace a vision and come together for good. While still in its infancy, that dream is now reality.

My hope is that these pages will bring to life an unforgettable year for FAME -- a year during which

more patients than ever were cared for, a year that produced two more nurses for a country in the grip of a health workforce crisis, a year that culminated in the opening of a long-awaited hospital for the people of Karatu, Tanzania.

As we move into 2013, we clearly recognize the tremendous challenges that still lie ahead. But we also have great confidence in what can be accomplished when generosity, passion, hard work, a collaborative spirit, and a sense of community all coalesce to "shine one corner of the world - just one corner."

Finally, I would like to dedicate these pages to Charlotte McCormick. We honor her memory, which will live on in what she has helped us to accomplish for the people of Karatu, Tanzania.

With Love and Gratitude,

*Susan*

Pictured above: patients arriving; baby check up; patient room



# A Hospital For Karatu

## Expanding from Clinic to Hospital



Donor support covered 69% of operating costs at FAME Medical this year, while 31% were covered by patient fees for service

In East Africa, as in other areas of the developing world, the medical landscape is changing. In addition to the traditional tropical diseases that can be handled with some degree of success, chronic diseases such as diabetes, cardiovascular disease, and pulmonary illnesses are on the rise. The prevalence of cancer is largely unknown and facilities for diagnosis and treatment, if they exist, are found in only a few large cities. Newly emerging infectious diseases are a global threat and this presents a third area of challenge for countries with scant resources.

With the help of so many here and abroad and in spite of the daunting nature of the challenge, FAME has taken some major steps forward in 2012. First and foremost, we opened the new FAME hospital, admitting our very first patient on September 25, 2012. This expansion represents a long-standing vision of providing a level of inpatient care comparable to our outpatient and mobile medical services. With 12

inpatient beds to start, an emergency room, two operating rooms, a post-operative care unit, and an intensive care unit, we are well on our way to taking our medical service to the next level. In order to keep pace with a rapidly growing patient population and 24/7 medical care, we have increased our staffing levels. At this time last year, our medical team consisted of 4 nurses and 3 Clinicians. Today, we have 15 nurses and 6 clinicians. In a country where hospitals are chronically understaffed due to acute shortages of healthcare workers, our staffing protocols and around the clock care are filling an enormous gap in our area. Our goal is to open the second ward in two years time, which will bump our capacity up to 24 inpatient beds.

Open only three months, we have already admitted patients suffering from a variety of illnesses and conditions. The two most common diagnoses at admission include

pneumonia and intestinal infections causing diarrhea and severe dehydration. Surprisingly, 6% of admissions were type 1 diabetics in ketoacidosis, the majority children. Other diagnoses included severe anemia, malaria, ulcer disease, pregnancy-related complications, burns and wound infections.

The numbers of women and children arriving in serious to critical condition just reaffirms FAME's mission of providing quality medical care that is both accessible and affordable to the most vulnerable members of the community. Throughout this journey, the McCormick Family Foundation has played an absolutely pivotal role in taking our vision from dream to reality. Words do not come close to expressing our gratitude. We are also indebted to Dr. Duane Koenig and Mr. Marshal Merriam for helping us meet unanticipated challenges at critical junctures in the finishing stages of construction.

*Pictured Above: Nurse Safi with our first admission to the hospital; Volunteer Nurse, Jacquelyn Bilbro, cuddling the baby of a hospitalized patient.*



# Outpatient Services



The FAME Outpatient Clinic has seen an annual increase in patients every year since opening in 2008. This year, we had over 12,000 patient visits at the clinic. In addition to patients from within our district, we continued to see an increasing number of patients from the neighboring Ngorongoro Conservation Area, home to 42,000 Maasai pastoralists. The Maasai people travel in groups and still represent our fastest growing patient population. Based on laboratory data, we know that over half of our patients this year were women (56%) and one out of eight (12.5%) were five years old or younger. Of the female patients, over half are women of child bearing age.

This was also a year of increasingly complex clinical challenges and medical emergencies. Fortunately, with the opening of the hospital, we now have the ability to admit our most seriously ill patients. This has been an enormous help to

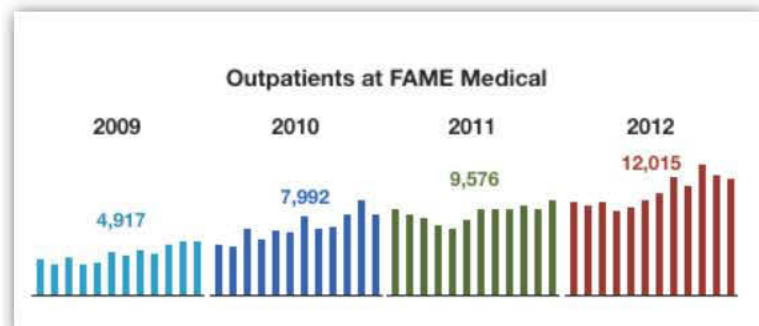
those who have already traveled a great distance to reach us and simply do not have the resources to go any further in search of the inpatient care they need.

With the hiring of a Health Education Coordinator, we have been able to increase our on-site counseling and education services for patients as well. William Mhapa and Mary Msuya, members of our Community Health Team, work with patients who face the challenges associated with managing chronic illnesses, like diabetes and hypertension. They also intervene with families facing complex social situations, providing counseling and education on a

variety of topics, including safe sexual practices, contraception and child spacing, recognizing early signs of dehydration and respiratory distress in infants, and nutrition and safe water practices.

We also saw an increase in the number of ultrasound exams conducted at FAME Medical this year. With one of our Clinical Officers completing an intensive imaging course in India in November, we anticipate this trend will continue.

*Pictured clockwise: Dr. Gabriel and Dr. Ken; Nurse Lisa taking vitals on little patient; Halima dispensing; Reception Team, Jacob, Veronica, and Mary*





# Diagnostic Services



In the FAME laboratory this year, we saw an increase in the number of patients served, in the diversity of medical conditions encountered, and a doubling of the number and the variety of lab tests performed. We began the year with Anton Marley joining the senior staff as Lab Manager. Anton completed his laboratory technician program in the Fall of 2011 and has been a tremendous asset to us. In addition to his academic credentials, Anton has an impressive breadth of practical lab experience.

Three new staff members joined our team in the months leading up to the opening of the hospital, one lab attendant and two lab technicians who collectively raised the formal academic profile of our lab staff tremendously. Dr. Joyce Cuff, a long-term volunteer who taught lab sciences in the U.S., is helping to provide on-going education for the team.

We acquired additional blood chemistry equipment this year, enabling us to monitor patients in congestive heart failure, those with liver or kidney disease, and those suffering from stroke. We can now monitor electrolyte levels in those

with a variety of critical illnesses as well. We also began to do fine needle aspiration in order to determine the nature of surface tumors. Pathologists in the U.S. provide an assessment after reviewing digital images of the specimen sent electronically from the lab.

Finally, we experienced an impressive rise in the number of patients for whom monitoring blood glucose levels, thyroid hormone levels, or lipid levels can mean a measurable improvement in their quality of life and life expectancy. We are currently able to conduct over 50 separate tests (up from about 20 a year ago), providing doctors with valuable diagnostic information and often allowing them to evaluate the effectiveness of therapy or lifestyle choices.

At the end of 2012 we made two significant changes to better serve all of our patients, particularly women and children. The first was a move toward a new and more reliable malaria test. The new test is like a pregnancy test and allows almost anyone to detect a positive. It requires a very small sample of

blood and so is ideal for testing infants. The other change was to move to a similar kind of test for the detection of syphilis. Estimates are that between 6-7% of pregnant women in Tanzania are syphilis positive. The traditional test for syphilis is not very specific and has a tendency to give false results. Prior to the change we were detecting only about 1-2% positive; currently we are recording 6.3% positive.

Both malaria and syphilis are treatable diseases, particularly if caught early. It is amazing what a powerful impact a small change in procedure can have. The Izumi Foundation is largely responsible for the major strides forward FAME Medical has made in accurately diagnosing disease. Not only did they provide the initial funding to build our laboratory, they have provided critical program support since that time. Many, many thanks to the Izumi Foundation.

*Pictured above: Lab Assistant Julius drawing blood; Lab Manager, Anton Marley, with Lab techs Fatuma and Diana and long-term volunteer, Dr. Joyce Cuff.*



# Tales from the Bush

by Dr. Joyce Cuff



Leg two of my Karatu adventure has begun. There are lots of ways to know when it is time to return to a place. One knows it is time to return to Karatu when your feet become recognizable as fleshy appendages rather than strangely formed red Karatu clay soil bricks, when your supply of coffee grown on a familiar plantation runs out, and when your desire to be there trumps even the joy of being with family and friends. So, even before I returned to the U.S. last August, I knew I wanted to come back. Since first arriving here, I have been impressed by the goodness that perfuses this place and its activities. From the hugs distributed by our little heart patient's father every time he sees one of us whom he credits with giving his daughter the gift of life, to the glow on the faces of those who have stared death in the face – and it was death that blinked. Not every patient is snatched from death's grip. Some are just relieved of pain, or experience a quicker recovery, or have their parasite load lessened for a time. And for some, there is nothing we can do. The first patient death in the new hospital was a young boy. The family made it a point to thank those who had cared for him, letting the doctors know that the family appreciated the care that was given and the concern that lay behind the care. They understood that it was the disease and not the doctors that claimed their son's life and wanted to thank us for trying so hard to save him. Even in a situation such as this, it is the caring for one another, the support for one another, the gift of being good to one another that is of primary importance. The looks from our patients, the body language of children, parents, and care givers pronounce very clearly that FAME is doing good things and we are showered with genuine gratitude daily. Not much is taken for granted here. Every positive contribution is a pleasant and appreciated surprise.

A week ago a 10 year-old diabetic was brought to the clinic by her 12 year-old cousin. Although she is one of our more conscientious type I diabetics, she has had to be admitted to the hospital several times because of unexplained sugar swings. On this particular day her blood sugar plummeted despite the fact that she had been without insulin for four days. Her cousin stayed with her all day as we gave her sugar and then monitored her response. Reluctant to send her home in such an unstable condition, we admitted her to the hospital for the night. The cousin returned home to tell the family and to retrieve her glucometer so we could make sure it was reading accurately and that she had enough strips. Left alone, she began to cry. I asked Diana, one of our Lab Techs, to go to talk with her; Diana is such an energetic and happy person, just having her around cheers people up. Within minutes Diana and the patient were strolling the grounds, hand in hand, laughing and talking. A freak storm blew through and the patient became chilled. Diana offered to run home for a sweater but we found an available shuka (Maasai blanket) instead. The child laughed at the thought of wearing a shuka, but was grateful for the warmth – the warmth of a shuka, the warmth of our staff, the warmth of her cousin hanging out all day to keep her company. Meanwhile, two of our doctors became involved in the case and Frank sent every piece of relevant information he could find to his diabetologist for advice. The circle widened as more good people got involved in the care of this single child in the hinterlands of Africa – layers of goodness enveloping a young child – a real Christmas story.



# Mobile Medical Services



This year we spent roughly 10 days per month in the field, providing medical care for communities in the Oldeani area of the Karatu District and the villages of Endesh and Gidamilanda in the Lake Eyasi area. Access to the most remote of these communities proved very challenging this year, with roads being washed out during the rainy season on three occasions. Nonetheless, at years end, 3,800 patients had been treated through the Mobile Medical Service (MMS) and every patient under five years old provided with a month's supply of multi-vitamins.

The most common ailments treated by our team continued to be respiratory infections, diarrheal disease, intestinal worms, infected wounds and burns. Encouragingly, we saw a considerable drop in cases of malaria. Health education again played an integral role in our

outreach to these villages, with William Mhapa, our Community Health Coordinator at the helm.

With the Malaria No More Netherlands grant coming to an end, December marked the end of our three year outreach and MMS to Gidamilanda and Endesh. The MMS to Oldeani, however, will continue uninterrupted, with grant funding from the Rift Valley Children's Fund ongoing. Fortunately, local government entities are very cognizant of the situation for families living in the most remote parts of the district and have worked closely with FAME to improve the situation, particularly for villages in the Eyasi area. By the time we completed our outreach to Gidamilanda, two government nurses were permanently stationed there and government-sponsored reproductive health services in

place. While previously cut off from critical preventative medicine, pregnant women there now have access to prenatal care and children can be vaccinated. While the government dispensary still needs a reliable clinical presence, the fact that government nurses are living and working in this remote village is a huge step forward.

We would like to acknowledge Caroline Epe, the Mobile Clinic Coordinator, and our Mobile Medical Team for their hard work and dedication. Despite the challenges and harsh realities associated with bringing medical care to isolated communities in remote Tanzania, this team never gave up. Our hats are off to them.

Pictured above: Dr. Ken with patients; father and child seek treatment in Endesh; Lab Tech Anthony with little patient



# Tales from the Bush

by Caroline Epe



As I am sitting in the Mobile bus in the middle of nowhere, I am reflecting on the last three years of mobile clinic. Every month I have traveled with the FAME team to this remote location. We have dealt with broken cars, failing solar systems, language barriers, and many more problems, yet our team has remained positive, laughing, happy, telling stories and enjoying each other's company. As this three year grant comes to an end, it is also the end of a journey for me personally. I have grown to like the bush and its quietness. I have gotten to know our staff in this remote and temporary work place better than it would have been possible anywhere else.

I remember how we struggled to organize patients and tried to teach them about our clinic at the beginning. I remember the first mobile clinic just three weeks after I arrived at FAME. I remember thinking: I am not the 'roughing it' type and 'Is this what I signed up for?' And yet it has become a part of life and routine for me to come out here every month. The FAME mobile medical service has come a long way in these last three years. It seems like we now run a well oiled machine compared to the unpredictable experience of the first few months. And yet every clinic is still an adventure, full of surprises, challenges and new accomplishments.

I have loved every minute of mobile including sitting on the floor of the bus for 4 hours driving, the bucket showers, the bats in my room, the roosters at 5am, and the 8pm bedtime for lack of things to do. I have watched our doctors, nurses and public health coordinators struggle with complicated cases and reluctant patients. As a team we have developed a comfortable rhythm.

Every month I am amazed by the FAME staff's commitment to less fortunate citizens of their country. They have endless patience and try to understand this way of life that is foreign even to them. Yet we all leave our comfortable homes and families to serve a population that seems to have nothing in comparison.

I have learned to appreciate life in a new light. I don't take electricity, running water or even the local corner store for granted anymore. I am perplexed and fascinated by this remote, beautiful area and I am sure we will continue to serve people here and in other remote parts of our district who otherwise have so little access to quality medical care.

*Pictured Above: Mobile bus stuck in the mud; Mobile Clinic Coordinator Caroline Epe with William Mhapa wrapping up another week in the field*



# FAME Volunteer Program

Through the FAME Volunteer Program, we are making every effort to support our frontline healthcare workers, as they care for patients whose needs frequently go beyond the scope of their training – patients who in the developed world, would be in an ICU or critical care unit or require a specialist. Volunteers do not always walk into easy situations. They do not speak the local language nor are they necessarily prepared for some of the cultural differences relevant to practicing medicine here. Volunteers quickly learn that the medical resources we often take for granted in the U.S. and Europe are simply not available in this context. While some of our patients may have the resources to travel the 9 hours by road to the cancer hospital in Dar es Salaam, the vast majority don't. There is not a pediatric ICU anywhere near where FAME Medical is located, nor is there a consistently operational ambulance service. These are all difficult realities that can feel overwhelming to volunteers upon their arrival here. But these same realities are the very reason we so value the role our volunteers play in mentoring and training our Tanzanian team, while at the same time building relationships with them and being sensitive to the challenges they face every day.

These realities are also what fuel FAME's passion for maintaining and growing a well-resourced medical facility in rural Tanzania – a facility equipped to treat common infections that claim far too many lives and grow the expertise of local doctors and nurses so they are better prepared to meet the needs of those who invariably walk through the door. Needless to say, this volunteer model is not for everyone. It's all about managing expectations, staying open and curious, and daring to go outside one's comfort zone. Our hats are off to the 31 individuals who so graciously stepped up to the plate, sharing their time, energy and expertise with us this year. We appreciate their patience and their spirits of generosity. We appreciate their courage and their commitment to making this world a better place.



A heartfelt thanks to our volunteers. Doctors: Dan Dworsky, Duane Koenig, Guy Bizek, Jim MacTavish, Karin Petersen, Katie Williams, Michael Rubenstein, Rachel Webman, Niverte Klawer-Nasr, Terance O'Sullivan and Toy Broen. Nurses: Aya Wainscott, Carolyn Wallin, Gretta Jordan, Jacquelyn Billbro, Nancy Allard and Nick Baker. Physicians Assistant, Elizabeth Stoebe; Ultrasound Specialist, Marjorie Boor and Professor of Laboratory Sciences, Dr. Joyce Cuff. Medical Students: Carly Etheridge, Erik Dworsky, Isabella Kim and Kirsten Long. Administrative/Logistical Support Team: Brendan Timmins, Christina Dworsky, Craig Wainscott, Bill Cuff, Sern & Sallie Kjellberg, and Jeanne Artress.

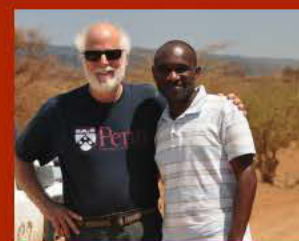
We would also like to thank our on-line consultant team, doctors who have provided expert advice and guidance on a regular basis this year, quite literally saving lives at FAME Medical. Doctors: Thomas Heywood, Reed Shnider, Kristin Cam, Mark Eisenberg, Ron Reece, Carmen Rinaldi, Michael Taylor, Marie Nevin, Cesar Fernandez, Katie Mondavi, Cheryl Pikora, Michael Rubenstein, Katherine Reese, Ernani Sadural, Sue Miesfeldt, Meredith Fishbane, Dave Gordon, Ellen Hamburger, Cecilia Mendiondo, Cheryl Pikora, Mary Ellen Shields, Rachel Shnider, Justin O. Schechter, Ted Williams, Alan Feiger, John Dyhrberg, Elizabeth Reddy, Eric Stern, Ulrich Winkler. Our sincerest thanks to Dr. Ron Gutman, for so graciously sharing his grant-writing expertise with us and helping us meet critical deadlines and Ke Zhang who provides ongoing IT support and website management, while at the same time studying for his MD/Ph.D. Finally, our deepest gratitude to Mr. Marshal Merriam for his sage advice and guidance as we look to the future.





"Amid the joy of being here and the frequent reminders of the positive impact FAME has on this little corner of the world, there are periodic, sobering events that remind us of the challenges that still exist. At times like these, I feel like a solar battery, soaking up as much energy as I can during the sunny/happy periods to power me through the dark/sad ones. Fortunately the periods are not of equal duration. There is far more sun in my life here than darkness..."

Volunteer, Dr. Joyce Cuff





# FAME Scholarship Program



Educating healthcare workers for Tanzania, those already in the field and those whose dream it is to help the sick get well, this is what the FAME Scholarship Program is all about. Thanks to some incredibly generous individuals and organizations, this has been a very exciting year for our scholarship recipients. We are delighted to report that Safi Mwambo & Catherine Duwe both graduated from their three year nursing programs in September of this year. With the support of their sponsor, Jeanne Artress, these two young women are joining the ranks of nursing in a country that desperately needs them. We are thrilled to have Safi and Catherine currently working with us at FAME Medical. Thanks to a very special couple from New Jersey,

two FAME clinicians also had the opportunity to pursue vital continuing education and training this year. Clinical Officer, Ken Karanja attended a one month intensive ultrasound course at the Institute of Ultrasound Training in New Delhi, India. The course focused on OB/GYN and Abdominal Ultrasound. Likewise, Dr. Ivan Mwaluko began a two year program at the Tanzanian Training Centre for International Health. Upon graduating from this program, he will return to us with more advanced surgical and clinical skills, including greater expertise in treating women with pregnancy-related complications.

Zachariah Maggas is heading into his final academic year of medical school, after which he will do a one

year internship at a government approved hospital. We look forward to him joining the FAME team upon completing his internship. Finally, with support from the Segal Family Foundation, William Mhapa, our Community Health Coordinator and Mary Msuya, our Outreach Counselor, had the opportunity to attend a workshop in Nairobi, Kenya, designed to develop the knowledge and skills needed to train and manage Youth Peer Provider Programs. The training focused on adolescent development and sexuality, contraception, sexually transmitted infections, HIV/AIDS, and facilitation and counseling skills.

*Pictured above: Volunteer Marjorie Boor with Dr. Ken and Dr. Isaac; Dr. Ivan Mwaluko*



# Dreams Come True...



Safi Mwambo and Catherine Duwe were born to be nurses. Both FAME scholarship recipients, Safi and Catherine graduated from three year nursing programs in September of this year. They are now back at FAME Medical providing the nursing care we always knew they would – care that makes our patients feel safe and valued. For these two lovely young women, this is a dream come true. Catherine grew up in a very poor family in Karatu. She began her time at FAME Medical

as a housekeeper. Safi was studying to be a clinical officer but had to drop out when her family ran out of money. She subsequently came to work at FAME Medical as a nurse assistant. Recognizing their potential, both young women were selected for FAME scholarships – a program FAME started in an effort to address the staggering shortages of healthcare workers in rural Tanzania. According to one report, the overall registered nurse to population ratio in Tanzania is

estimated to be 160:100,000. In rural Districts, like ours, the shortage is even more staggering. Having experienced these stark realities firsthand, Safi and Catherine understand how desperately Tanzania needs skilled and compassionate nurses. They have dedicated their lives to making a difference where they are needed most, in their home country. We are blessed to have them on our team, and so are our patients.

*Pictured above: Catherine Duwe at clinic; sponsor Jeanne Artress with nurses Catherine and Safi; Safi in ward*



# Capital & Infrastructure Projects



With the help of Jim and Barbara Schubauer and Mr. Marshal Merriam we were able to increase our water catchment and storage capabilities dramatically this year. All three medical buildings are now guttered and plumbed for rainwater collection, and seven water tanks have been added to the overall water storage system. In a country with frequent drought, treating water as a precious resource is a FAME priority. Collected water can now be used for our vegetable garden, to do hospital laundry and to clean the medical facility.

Additionally, we received grant funding from the Segal Family Foundation, for covered walkways, ambulance access, parking and safe pedestrian areas on the medical

campus. By making movement between the outpatient service, laboratory and hospital as seamless as possible, we hope to insure continuity of care for our patients.

Also this year, with the help of several individual donors, we began construction on a small campus cafe/food service for our patients and their families. In the vast majority of rural hospitals in Tanzania, food is provided by a family member during their hospital stay. Given the distance so many of our patients travel and the expense involved, FAME decided to do it differently. Upon completion, the building will be leased out to a local businessperson who will cater meals for our patients at a fixed flat rate. A variety of other meal

options for family members, volunteers, and FAME staff will be available at the cafe and priced competitively.

Finally, we are in the beginning stages of plumbing the hospital for medical gases (central oxygen, air and suction), and have completed the housing for the anticipated system. Thanks to our Napa Valley supporters, our hosts Peter & Katie Mondavi, Chris & Christina Madrigal and Rudy & Rita von Strasser, a portion of the money raised at the 2012 wine event enabled us to move forward on this project. We hope to reach completion early next year.

*Pictured above: Gutters for rainwater collection; water tank; covered walkway*



# Going Forward

## The Next Chapter



“Vision without action is merely a dream. Action without vision just passes time. Vision with action can change the world.” –Joel Barker

2013 Operating Budget  
\$605,000

The opening of the new FAME hospital represents a huge milestone in our evolving vision. While perhaps not as dramatic as opening a new facility, the tasks that lie before us are no less important in providing the quality of medical care that we know is possible and that is sorely needed in this part of the world. We have the structures, we have the motivation and the vision, we have increasing numbers of patients with an ever-broadening spectrum of medical conditions, and we have an expanding number of healthcare professionals who are volunteering to spend weeks or months sharing their expertise with us and learning from our Tanzanian professional staff. What lies ahead

over the next few years are five over-riding tasks: development of a model of consistent, quality healthcare in the in-patient facility, expanding emergency medical care to best serve the range of emergency situations FAME is likely to encounter, phasing in surgeries in the OR, with recovery room and ICU capability, promoting maternal health by providing perinatal care programs and labor and delivery services, and maintaining a high level of medical care for recipients of our Mobile Medical Service in the Oldeani area. We must focus all our energy and resources on achieving these common goals, for our patients and those who serve them.

### Our goals ... The next five years

- Installing emergency communication system for the ward
- Equipping and furnishing second ward
- Building two volunteer houses
- Adding additional staff housing
- Building a hostel for patient families
- Purchasing and installing x-ray
- Expanding alternative power supply
- Building a birthing center
- Building support services & counseling wing
- Continuing the Mobile Medical Service
- Sponsoring three additional students

Pictured above: Dr. Niverte Klawer-Nasr  
with patient in ward



# Financial Report & Summary

## Statement of Operations

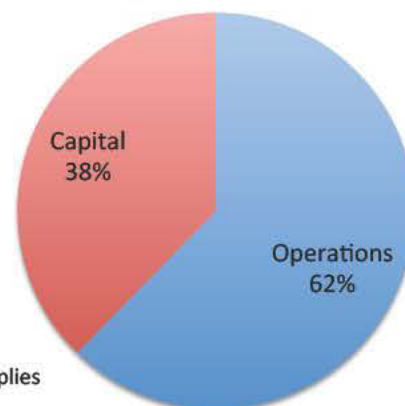
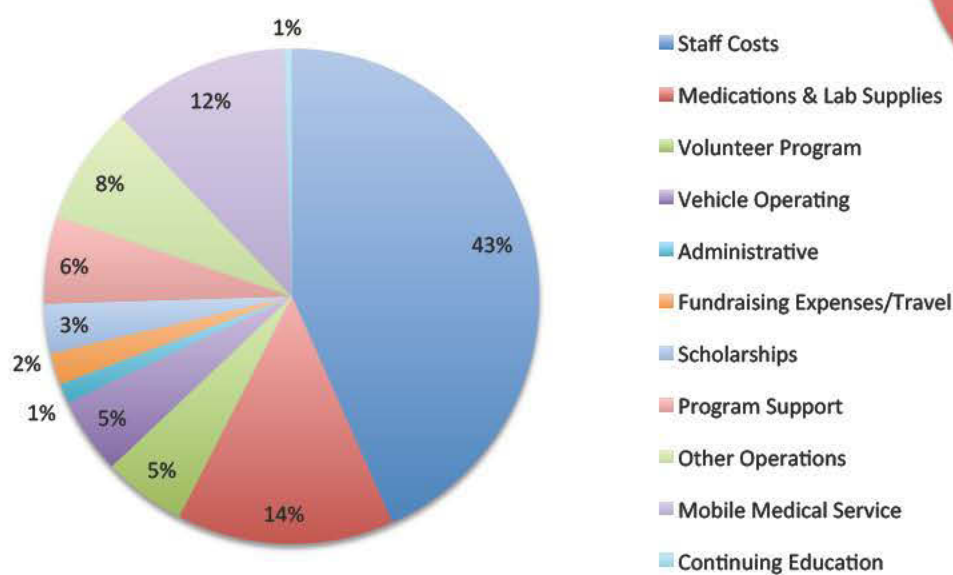
Revenues for FAME U.S. for the year ending December 31, 2012, totaled \$907,233. Of this, contributions of \$650,819 were received from 675 donors. Grants totaled \$213,750 from 5 foundations. Volunteer Program Fees to offset program costs in Tanzania totaled \$41,503. Interest income for the year was \$1,161.

FAME (Tanzania) was successful in fundraising as well, receiving \$20,795 in grant funding. In addition, individual contributions in the amount of \$8,482 were received. Patient fee income from the Outpatient Clinic increased from \$89,066 in the prior year to \$133,394 in 2012, an increase of 49%. Interest income for FAME TZ was \$47. The total amount that FAME (Tanzania) raised was \$162,718.

Operating expenditures for FAME (USA) and FAME (Tanzania) combined were \$552,682. Of this fundraising expenses and administrative costs were 3.4%, while staff costs, medications and supplies, vehicle operating costs, and mobile medical services combined accounted for 74% of expenses.

Total Capital expenditures for the year were \$334,429. This represents 38% of total expenditures and went towards continuing construction of the hospital, volunteer and staff housing, infrastructure development and investment in diagnostic equipment.

**FAME US and TZ Operations 2012**





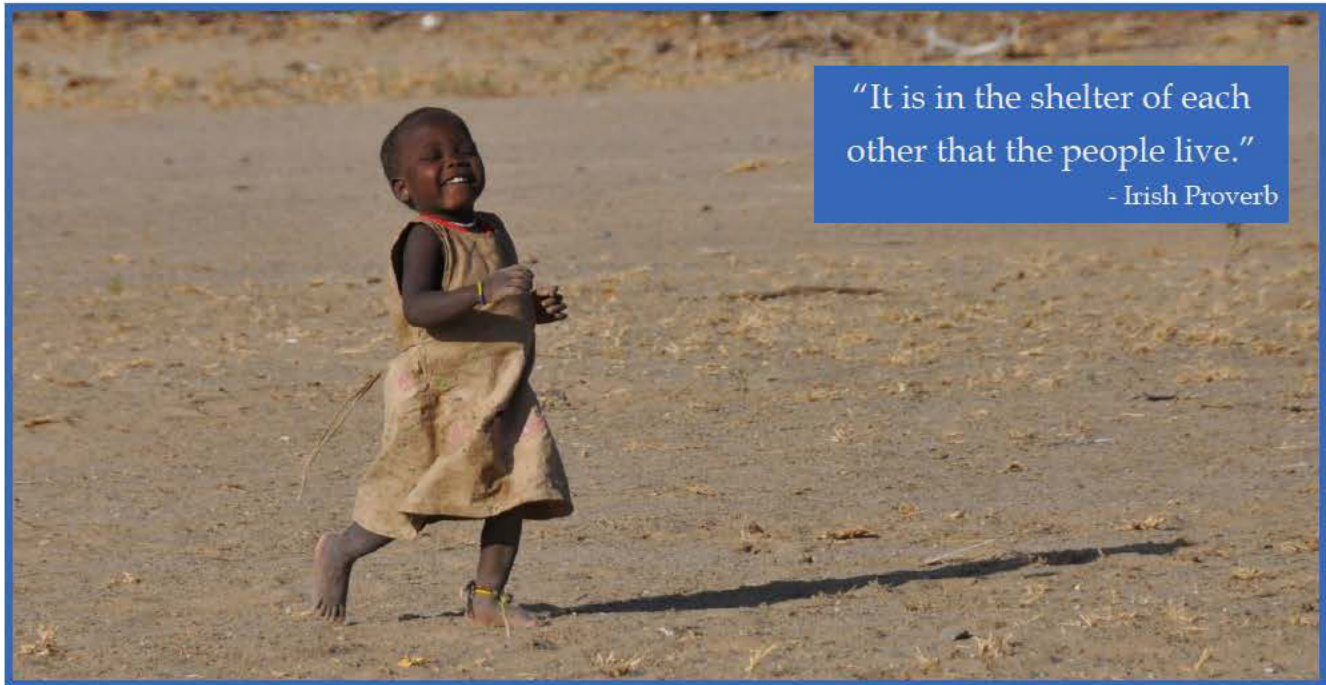
## Financial Summary 2012

### Statement of Activities for FAME US and FAME Tanzania

Support and Revenues		Expenditures	
Donations by designated use		Operations	
Unrestricted	623,861	Staff Costs	239,638
General Operations	224,050	Medications & Lab Supplies	78,350
Scholarships	3,658	Volunteer Program	29,954
Infrastructure Development	8,000	Vehicle Operating	27,512
Volunteer Housing Construction	5,000	Administrative	7,211
Grants received at FAME Tanzania	20,795	Fundraising Expenses/Travel	11,381
Donations received at FAME TZ	8,482	Scholarships	17,783
<b>Total Donations</b>	<b>893,846</b>	Program Support	31,555
		Other Operations	42,350
<b>Other Revenue</b>		Mobile Medical Service	64,315
Patient Fees	133,394	Continuing Education	2,632
Volunteer Program	41,503		
Interest Income at FAME TZ	47	<b>Total Operating Expenses</b>	<b>552,681</b>
Interest Income at FAME US	1,161		
<b>Total Other Revenue</b>	<b>176,105</b>	<b>Capital Program</b>	
		Hospital Construction	177,784
<b>Total Income for FAME US &amp; TZ</b>	<b>1,069,951</b>	Medical Gasses Installation	19,566
		Staff Housing Construction	11,936
<b>Statement of Financial Position for FAME US</b>		Equipment Purchases	28,148
<i>Assets</i>		Furniture & Fixtures	21,646
<b>Total Assets</b>	637,461	Infrastructure Development	11,104
		Water Catchment System	17,423
<i>Liabilities</i>		Canteen Construction	23,362
Long Term Liabilities	15,000	Structural Landscaping	23,460
<b>Total Liabilities</b>	<b>15,000</b>	<b>Total Capital Improvements</b>	<b>334,429</b>
<i>Net Assets</i>		<b>Total Expenditures</b>	<b>887,110</b>
Unrestricted Assets	564,711		
Designated Funds	57,750		
<b>Total Net Assets/Fund Balances</b>	<b>622,461</b>		
<b>Total Liabilities &amp; Net Assets</b>	<b>637,461</b>		



# Donors, Partners and Friends in 2012



"It is in the shelter of each other that the people live."

- Irish Proverb

We are forever indebted to each and every one of our donors, 680 in all, who have helped us reach this monumental moment in time. Please know that your names are written on our hearts. Without your help we simply would not be where we are today. Our deepest love and gratitude for your generous giving, your prayers, and your encouragement.

Many, many thanks to our newest partner organization, the Virginia Wellington Cabot Fund, for giving us an opportunity to submit a grant proposal this year and subsequently providing much needed operating support.

We would like to also publicly acknowledge those individuals and partner organizations that have played an absolutely pivotal role in FAME's progress over the last six years, quite literally taking us from an open piece of land to a clinic, a modern laboratory, and finally a hospital, while at the same time providing immeasurable support for the programs and services that ultimately save lives and empower communities:

**Chauncey and Marion D. McCormick Foundation**

**Seed the Dream Foundation, Marcy Gringlas & Joel Greenberg**

**Izumi Foundation**

**The Pinkerton Foundation**

**Segal Family Foundation**

**Tanzanian Children's Fund**

**Malaria No More Netherlands**

**Rift Valley Children's Fund, India Howell**

**Medical Relief Foundation**

**Africa Dream Safaris**

**Marshal F. Merriam**

**Dr. Duane & Mrs. Vi Koenig**

**Andy Rockefeller**

**Bob & Sarah Gould**

**Prudence Hay**

Finally, our sincerest thanks to all our supporters who donated "gifts in kind" this year. A special asante sana to Dr. Jeffrey Lunn & Live Now for a beautiful Draeger anesthesia machine, Dr. Steve Akre for an auto-refractor, and Dr. Andrew Browning for an oxygenator that saved lives this year.



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**FAME**  
**4553 Crimsonwood Drive**  
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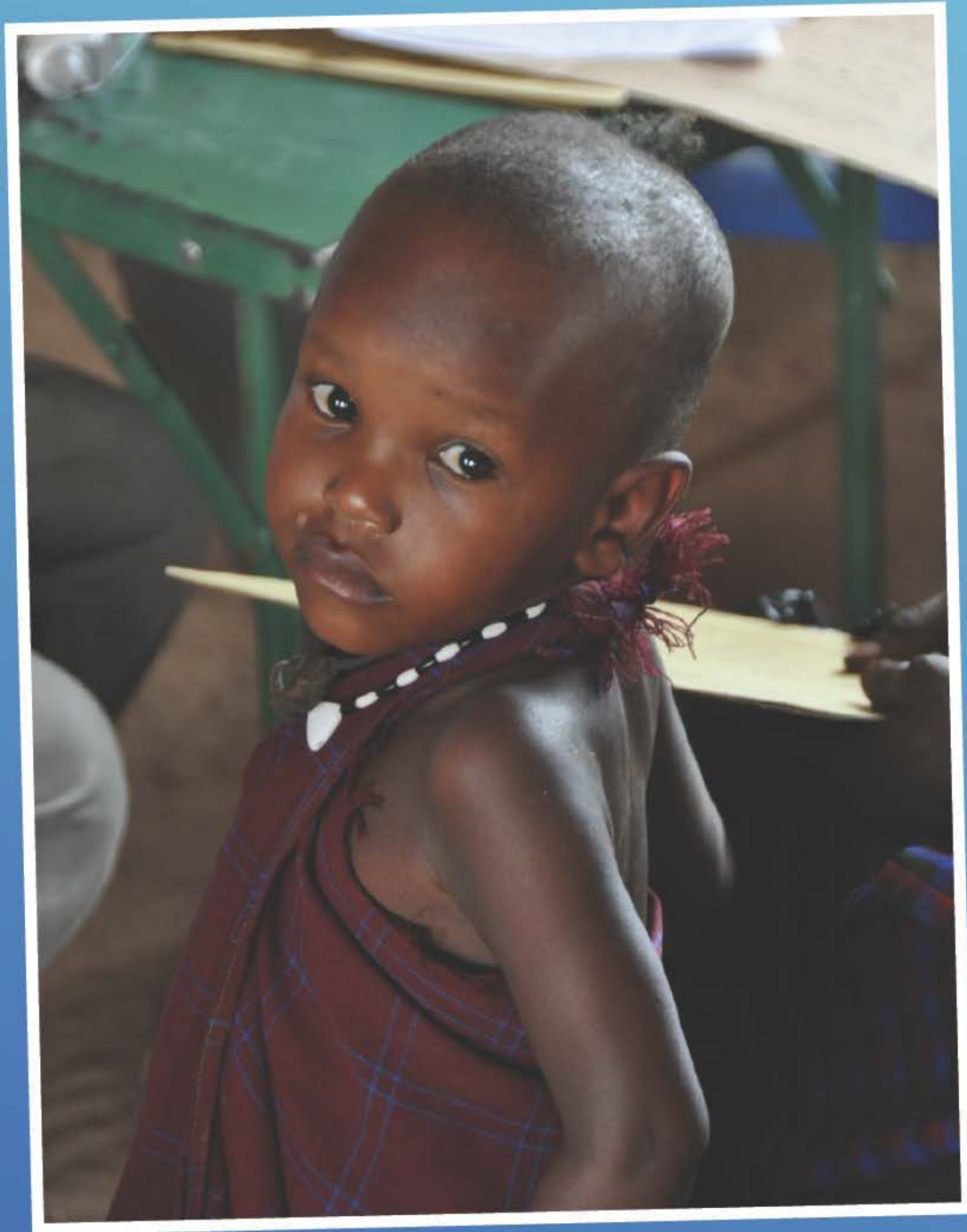
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