



Foundation for African Medicine and Education

Annual Report 2015



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“There is an energy and a passion here that remains undeniable and continues to be fueled by those who experience it, both as patients and as caregivers. It is for this reason and these attributes that I have continued to return each year and will continue to do so for as long as I can continue to contribute to this incredible cause.”

-Visiting Neurologist, Dr. Michael Rubenstein

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Letter from our Co-Founders

Dear Friends of FAME,

If words could only describe what 2015 was like for FAME, this letter would be much easier to write. There were highs. There were lows. There were breathtaking surprises along the way. All combined, these moments contributed to a year of tremendous growth for the FAME team and for those of us in positions of leadership. This was a year during which the power of education to transform and transcend was illustrated again and again, ultimately resulting in three things: high quality care for our diverse patient population, local healthcare providers making the difference, and considerable outside interest in our model of patient-centered care. Access to quality medical care continues to be an enormous challenge for Tanzanians living in the most rural parts of the country, with the “accessibility” factor being more poignant than ever at FAME Medical this year. We can not begin to describe

what it feels like to meet new mothers and babies who are alive today because of the emergency obstetrical care they had access to at FAME Medical.

Of course, none of this would be possible without the support of our generous donors and dedicated volunteers. You are the one's creating the bridge between a struggling Tanzanian healthcare system and the financial and professional resources that enable FAME to accomplish what many deem impossible in rural Africa. Thanks to you, we have come an amazingly long way and look forward to the even greater impact we can have going forward. By supporting core programs and services and the day-to-day operating costs of running a hospital in Africa, you are keeping FAME healthy. You are helping us create a kinder, gentler place of healing for young and old, male and female, individuals and families. As you turn the pages of this report, I hope we have managed to capture the impact of your giving.

Frank : Susan

Letter from Board Chairman Craig Wainscott

Broader and Deeper. Further and Faster. Higher and Longer. Pick your analogy. They all describe FAME's multi-dimensional progress in 2015. This year we served more patients and we added capabilities. We treated more conditions and reached further into the community. Fundamentally, FAME exists to provide basic, immediate care – starting with a clinic on wheels, then an out-patient facility and now a fully functioning medical center. That evolution continues.

Thanks to the leadership of Dr. Frank and Susan, a talented team of Tanzanian professionals and visiting volunteers, FAME served a record number of patients in 2015 and extended the spectrum of care available. For example, in 2015 FAME had over 22,000 outpatient visits. That's more people than live in a average sized town in America! Also, we had our first full year of providing general surgery – saving the lives of trauma patients, and at-risk mothers and babies. This year we also extended our commitment to prevention. Through a new community outreach effort focused on maternal and child health, FAME is now educating and coaching expecting mothers and working to give every child the best possible care even before they are born.

To make this expansion of care possible takes additional equipment, facilities and technology. Thanks to generous donors, this year FAME was able to complete their administration building and expand their outpatient clinic. We are also close to finished with a new X-ray building to house state-of-the-art equipment donated by GE. But the vision isn't about bigger, fancier buildings. FAME was founded to treat the sick and suffering. Every building expansion, staff addition and new medical capability is driven by the needs of the community. It's just that our "community" keeps growing. Each year FAME becomes more trusted, better known and sought after by more patients. Patients and families are traveling from further and further away to receive FAME quality care. And with our hospital, ability to perform basic operations and radiology capabilities, the population we serve increases yet again.

More patients treated. Mothers and babies saved. A growing team of Tanzanian medical professionals. Our little corner of Africa is a safer, healthier place to live – thanks to you. Over 75% of our budget is funded through grants and donations. As we grow, so do our needs. As a FAME supporter I encourage you to spread the word. Please share the FAME story with others. Anyone looking to make a difference will be hard pressed to find a bigger impact than a donation to FAME. Let me close by simply thanking you for your support. Lives are saved and healed every day because of you.

With gratitude,



Top 5 OPD Illnesses

Upper Respiratory Infection
Pneumonia
Hypertension
Urinary Tract Infection
Anemia

OUTPATIENT SERVICES

We exceeded our projected growth estimates, reaching well over 22,000 outpatient visits this year. Not only did our patient numbers go up again, our geographical reach extended well beyond the District of Karatu, with patients traveling from Arusha, Babati and Moshi. Patient feedback suggests that FAME is becoming increasingly perceived as a healthcare facility for patients who have been unable to get accurate diagnoses and/or effective treatments elsewhere. While a primary care facility first and foremost, our doctors work hard to address the most challenging cases as well, and patients are taking notice. Meeting every Friday for clinical conference, using each other as a resource, utilizing volunteer consultants and telemedicine to tap expertise from overseas medical communities, and utilizing the diagnostic capabilities of our own modern laboratory, our team of 9 Tanzanian doctors goes the distance with patients. While the majority of problems addressed in our OPD still fall within the realm of “common infections”, what makes the situation unique for our doctors is the frequency with which these “common infections” have morphed into serious illnesses by the time they reach FAME – upper respiratory infections that are well on their way to pneumonias, anemia’s so severe that they require blood transfusions, and urinary tract infections that have invaded the kidneys.

Another outpatient demographic on the rise at FAME are those patients suffering from chronic diseases, like diabetes and hypertension. Our diabetic registry continues to grow, reaching almost 300 patients this year. Our Clinical Education Coordinator has been providing training to one of our nurses to create a Chronic Disease Nursing post. In the future this nurse will help with the management and education of patients and make follow up visits more efficient and individualized when our doctors are increasingly busy with patients. We also saw numerous wounds and burns again this year, many neglected and/or seriously infected. In all, our team performed 754 minor procedures in our outpatient clinic, with debridements, wound dressings and suturing making up the majority. Other high volume procedures included circumcisions and hemorrhoidectomies. You might ask why people wait so long to see a doctor. Certainly lack of education plays a part, as does poverty. Patients coming from the most rural areas very often reserve their resources to put food on their tables and pay for their child’s school uniform. Others have not yet learned when to be alarmed by a symptom. This is why education continues to be paramount at FAME, with edutainment rolling every day outside the OPD and social workers available to educate and support patients dealing with difficult medical problems and complex social problems.



Top 5 Minor Surgical Procedures

Wound Dressings – 422

I&D – 65

Excision – 49

D&C – 41

Wound Stitching – 39

LABORATORY SERVICES

This was another growth year for our laboratory. Patient lab visits totaled 17,542 - a 33% increase over the previous year. Over 66,000 tests were performed. We are now at 11 full-time staff members, with an additional two in school - one to become a Lab Attendant and the other to advance to the level of Lab Technician. This was our first full year of screening and cross-matching blood for transfusions and it has quite literally been life-saving. Work has begun on modifying a small room in the lab to support what we hope is our next major initiative - microbial culture and sensitivity. A little over half of the equipment required for this project has already been purchased.

The staff is top-notch. All staff members have at least a certificate as Lab Attendant and three are diploma-level Lab Technicians. Late in the year we were able to hire a Lab Technician from the Maasai community. He has helped tremendously with our Maasai patients - helping them to understand what is being done and helping them to relax in their unfamiliar surroundings.

To insure that every staff member is fully competent in every area of lab work, we instituted a Comprehensive Assessment and Education Program in the final quarter of the year. In order to ease the burden on our Lab Manager and to empower other members of the staff, an organizational scheme was also developed, assigning specific responsibilities to individual staff members. This change was met with enthusiasm as it allows individuals to demonstrate additional skills that are not always tapped in the daily work of the lab. In turn, the lab has benefited from an infusion of new energy and new ideas.

In a country where the blood supply is limited, FAME has, on average, transfused one patient every other day, using blood from the donor center and, more frequently, from relatives who volunteer to give replacement units for their loved ones. As FAME expands, with increasing numbers of surgeries, complicated deliveries, accident victims, and severely anemic patients, this service becomes increasingly critical.

The year ended with the launching of a digital lab information system. We have been struggling for five years to maintain a digital record of lab tests in order to assess the quality of lab testing by comparing our prevalence levels with known levels for our district. Unfortunately, the system we have been using is both labor intensive and rife with data entry errors resulting from poor handwriting, typographical errors, transcription and scanning errors. The analysis has pointed to areas where attention needed to be focused and we have adjusted our planning each year to focus on areas that need to be shored up. Very few labs in Tanzania engage in this sort of self-analysis to make sure that the quality of testing best serves our patient population. As a result of this focus on quality control, we have been told that patients often travel great distances to be tested in the FAME laboratory. The introduction of a laboratory information system will decrease the number of data errors to an acceptable minimum and will allow for a more robust and more reliable data analysis in the future.



INPATIENT SERVICES

In its fourth year of operation, our admissions to the general ward increased from 618 in 2014 to 953 this year. This represents a 54% increase in inpatients. We continue to see a very complex patient population in our general ward, with a growing number of pediatric patients. Of the total number of admissions in 2015, 14% were pediatric patients under the age of five. This number does not include the premature infants we cared for in our maternity ward. Long-term volunteer pediatrician, Dr. Verena Moreno, has been a godsend, mentoring our doctors and nurses in caring for this vulnerable group. As any medical professional will tell you, children can bounce back in a heart beat with the right care but they can also swiftly deteriorate and die in the absence of timely quality care. One of our biggest challenges to date is educating parents about the importance of bringing sick children in sooner rather than later and equipping our medical team with the resources and training they need to care for these patients.

The #1 reason for admission in our under 5 patients in 2015 was pneumonia. It was the #2 reason for admission for our older pediatric and adult patients as well, with gastrointestinal infections and disease being the most common reason for admission in this group.



Top 5 Reasons for Admission Under Five

- Pneumonia
- Septicemia
- Anemia
- Malnutrition
- Meningitis



Top 5 Reasons for Admission Overall

- Gastrointestinal Disease
- Pneumonia
- Anemia
- Gynecological Disease
- Congestive Heart Failure



Martina's Story

Martina came to us in July of 2014 with second and third degree burns over 35% of her body. She required skin grafting and subsequent debridement and dressing changes multiple times a week. Unable to take in enough food to facilitate healing, she was eventually fed intravenously — a first time undertaking for the FAME team. Martina's courage was beyond measure — her will to survive extraordinary. On June 13, 2015, nearly a year after her journey of healing began, Martina finally got to go home. There are so many people who helped to save Martina's life — who simply refused to give up on her. Dr. Duane Koenig, who performed hours and hours of skin grafts and worked tirelessly to insure this young woman did not succumb to her injuries; Chana Schaffer and Munna Godfrey, two volunteer critical care nurses whose care and compassion not only contributed to

Martina's physical healing but also bolstered her spirits and gave her reason to hope and the dedicated FAME doctors and nurses who cared for her day in and day out throughout her 342 days of treatment.

By Safi Mwambo, RN & Ward Supervisor

At FAME, we are giving very good care to our patients, which is why the number is increasing. We are receiving more patients with severe illnesses who require ICU-level care and our nurses are improving to keep up with these demands. They are problem solving and critically thinking every day. As nursing leaders, we are providing continuing education to our team to keep them updated and make them strong. Some of our nurses are really proving their abilities when caring for critically ill patients. In a way, caring for such sick patients is pushing them to become stronger nurses. We are even working better as a team. Doctors, nurses and lab staff are all coming together with the same goal of giving quality patient-centered care.

Our patients appreciate the care we are giving. They say at other hospitals you can even go a whole day without seeing a doctor, but at FAME it's different, which is why they come here. Many times patients return to say "thank you" and bring friends and relatives to receive care.

I feel like things are moving forward. Because of our teamwork and commitment we are able to improve the care we give. Patients are coming because they trust us, that's why we are growing.



MATERNAL HEALTH – OUR PRENATAL PROGRAM

2015 marked the first full year of comprehensive prenatal programming at FAME Medical. We had 221 enrollees in our prenatal program this year. This figure underestimates the true volume of women who received prenatal care at FAME in 2015, as it fails to capture those who came to us (mid-pregnancy) from other prenatal (RCH) programs throughout the year. Our estimates put this number at an additional 67 pregnant women, with a growing number of “high risk” women being referred to our program from other area RCH programs. We are happy to be able to support these women and the healthcare providers who are sending them our way. With new grant funding from Every Mother Counts and other longstanding partners, we are now able to provide a very comprehensive program of prenatal care that includes physical exams and monitoring, labs, prenatal vitamins, and two ultrasounds – all of which happen over 4 scheduled visits. Women who are diagnosed with anemia, a major problem in our area, are provided with iron supplements and other necessary intervention. Those diagnosed with infections are treated and monitored, as are those identified as having “high-risk” conditions, like high blood pressure, gestational diabetes, advanced maternal age or complicated obstetrical histories. Women participating in our prenatal program also receive education about the importance of sleeping under a treated mosquito net and danger signs in pregnancy and labor. By the time a woman finishes her initial prenatal visit at FAME, she knows her due date and has been helped to develop an Individual Birth Plan (IBP). This is particularly important for those living far away from affordable medical care.

We continue to also implement the government sponsored vaccination program for our under-five population.



221 new enrollees

78% growth in new enrollees
in just 12 months

28 - average age of mothers

MATERNAL HEALTH - LABOR & DELIVERY

We are exceedingly proud of our team on the Labor & Delivery front at FAME Medical. Like our prenatal program, 2015 represents the first full year for this program. We had 181 deliveries, including numerous obstetrical emergencies. This was reflected in our C-section rate, which reached 93 or 51% of deliveries at FAME this year. Anticipating the volume of obstetrical emergencies we might encounter, FAME invited former Volunteer, Kelley Brennan, back for a six month stint, with the help of a sponsor. A Nurse Practitioner specializing in women's health, Kelley focused her energies on helping our team develop skills, systems, protocols and procedures for responding to obstetrical emergencies.

According to WHO statistics and the Tanzania Demographic and Health Survey (2010) 48.2% of women in Tanzania deliver at home. Karatu is a relatively rural area and many low-risk women opt to deliver at home, especially those who live a considerable distance from a hospital. Those that do elect to deliver in a hospital typically deliver in a government hospital or health center. However, there are not many facilities in our area equipped for obstetrical emergencies, particularly those requiring C-sections. With the generous help of our grantors and donors, FAME is now an option for not only healthy pregnant women but those with significant risk factors as well. What may seem like a disproportionately high incidence of C-sections at FAME speaks to both the strong cultural preference for home delivery among healthy women AND the volume of FAME patients who are HIGH RISK and/or experience complications of labor before they reach us. The C-sections at FAME are primarily performed for conditions such as severe pre-eclampsia, obstructed labor, placenta previa, multiple gestation, malpresentation of a fetus or failure to progress in labor. A number of repeat C-sections were also performed due to a maternal history of a prior C-section.

An additional 66 women were admitted to our hospital for complications related to pregnancy. We look forward to reducing both postpartum complications and obstetrical emergencies by continuing to offer quality prenatal care at FAME Medical and engaging in communication campaigns that encourage women to take advantage of these vital services at FAME or where they live.

Thanks to long-term volunteer, Dr. Verena Moreno, our staff has made great strides in managing the care of premature babies as well – babies born at less than 37 weeks. While only a few thus far, the outcomes have been encouraging despite limited infrastructure and formal training in dealing with this very fragile population. Many thanks to Dr. Verena for her enormous contribution to our smallest patients.

Total Number of Deliveries - 181

Top 5 Complications of Pregnancy Requiring Admission:

- 1) Postpartum Sepsis
- 2) Incomplete Abortions/Miscarriages
- 3) Uterine Myoma
- 4) Ectopic Pregnancy
- 5) Severe Anemia



SURGERY PROGRAM

The growth of our general surgery program is somewhat tied to our ward capacity and staffing levels. We only have 14 beds in the general ward, and they are utilized for general admissions AND post-op patients. Nonetheless, a total of 153 surgeries were performed at FAME Medical this year. The top three types of surgeries performed were C-sections, Laparotomies, Appendectomies and Herniorrhaphies. Our most experienced surgeon, Dr. Mshana retired in June of this year. Dr. Mshana has been with us as Head Doctor since opening the Outpatient Clinic in 2008. A talented and committed doctor, he will be greatly missed. Dr. Liso, has since stepped in as Head Doctor and is in the process of growing his surgical skills and coordinating surgical training and mentoring for our team. He is responsible for integrating visiting surgeons into our surgery program to teach and train in their areas of expertise. We have focused our mentoring and training efforts on building skills specific to time-sensitive and life threatening surgical emergencies, like C-sections and Appendectomies, as well as surgical procedures that will dramatically improve a person's quality of life, like hernia repairs and hysterectomies. American surgeon, Dr. Duane Koenig played a central role again this year – helping our doctors build their general surgery skills during his ninth visit. In a country with only a handful of specialists, including surgeons, volunteers who embrace our “capacity building” model, like Dr. Duane, are a true gift. We were also able to bring Dr. Pendo Mlay to FAME this year. Dr. Mlay is a Consultant OB/GYN at one of Tanzania's major medical schools. While with us he conducted a training in Structured Operative Obstetrics (SOO) for four FAME doctors, also arranging for them to participate in intensive two-week rotations through his very busy OB department at Kilimanjaro Christian Medical Center. Practicing medicine in Tanzania is much like it used to be in the US, general practitioners are expected to do everything. At FAME, we are committed to equipping them with the skills and resources they need to meet the challenge and save the lives of patients.



When a Team Comes Together...

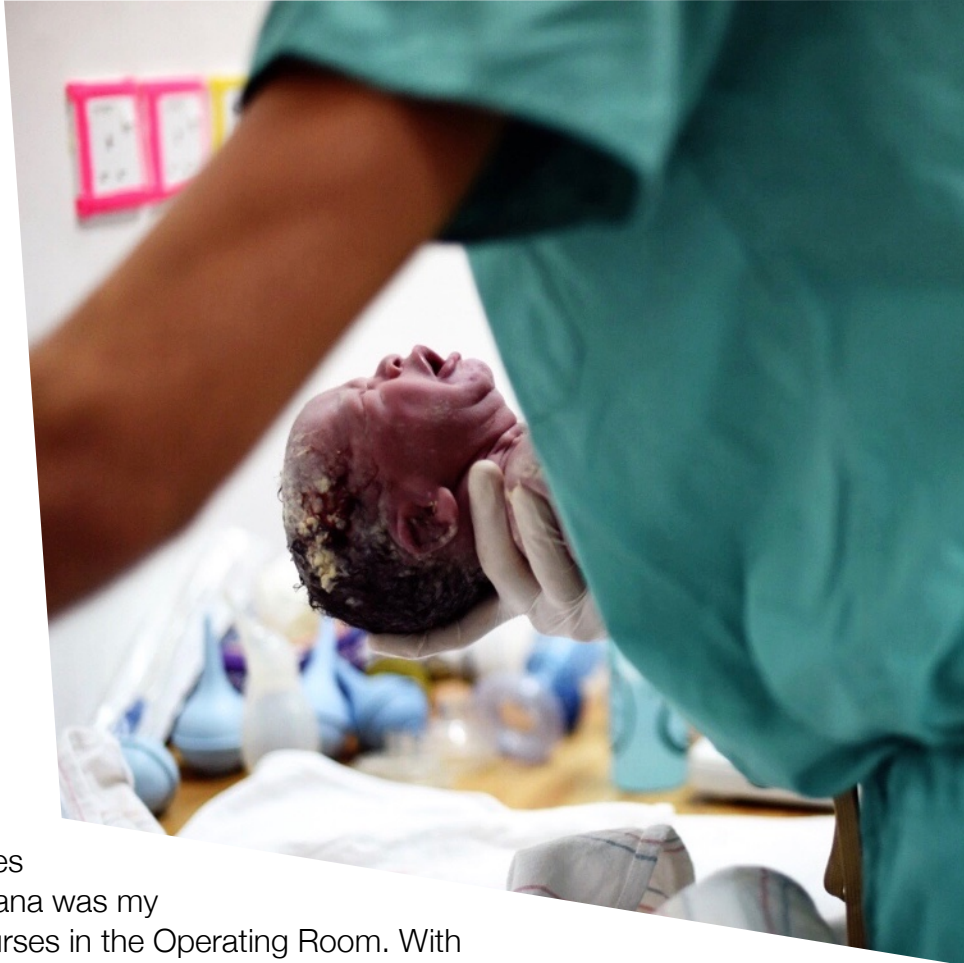
By FAME Clinician, Dr. Anne Ghati

Sunday mornings at FAME Medical are usually much quieter than other days of the week. But not always. During one of my last night duty rotations, a young pregnant woman arrived very early in the morning, having traveled over rough roads while in full labor. With two of our esteemed nurses at my side, we rushed her into the labor ward hoping for a normal labor and delivery.

In talking with her, it became quickly clear that she had a very complicated obstetrical history, with two previous C-sections, including one during which the baby did not survive. But then she never lost hope.

My heart began to race, as I knew this woman needed an emergency C-section. Just then, while one of our nurses was examining her, the membranes ruptured and there was meconium staining. We had to act very fast. Dr. Mshana was my back up and he arrived quickly, along with Mama Mshana, one of our lead nurses in the Operating Room. With the mobile phone network down in the area, I had to run to get our Anesthetist on call. Because he lives on campus, we were able to race right back.

The nurses were preparing the patient to go to the OR. Dr. Mshana and I scrubbed and the emergency C-section commenced under General Anesthesia. With many adhesions from the two previous C-sections, evidence of a ruptured uterus, and meconium staining, the surgery was complicated. The baby was extracted, but he did not cry and was not breathing. We quickly cut the cord and our Clinical Education Coordinator received the baby and began resuscitation. I believe prayers do wonders so I quickly said one. As we were busy removing the placenta, finally the baby cried! What a nice feeling. Everyone felt happy. The baby's Apgar shot up to 10. He was fine. Two of our nurses took the baby out of the OR and the team finished the surgery. The mother and the baby were saved and we rejoiced.



SPECIALTY SERVICES

Neurology Services:

The neurology program at FAME started out with a bang this year, receiving grant support from LinkedIn for Good. Many thanks to Chris Pruett for his enormous help in securing this grant and helping to further our services for patients with epilepsy. This grant coupled with our 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), enabled us to serve 392 neurology patients over 28 days this year. Of these patients, 20% were diagnosed with epilepsy, with 72% attending the FAME neurology clinic for the very first time. Additionally, 11 FAME Tanzanian medical staff received training in neuro exam, diagnosis and treatment protocols. In addition to time and expertise, the UPenn team donated an electroencephalograph (EEG) machine, a technology designed to help to match seizure type with the appropriate medication. Finally, we are very excited to report that our next volunteer house on the FAME campus will be generously funded by Stephen and Elizabeth Raynes, who wholeheartedly support the work of the UPenn team and the work they are doing to help such an underserved and vulnerable segment of our patient population. Dr. Michael Rubenstein, who spearheads this program, brings 4 to 6 neurologists to us every year, including residents, fellows and associate professors. The "Raynes House" will be reserved for the neuro team during these bi-annual visits and available for other volunteers throughout the rest of the year. We look forward to breaking ground on this new building early next year.

FAME is really a wonderful place to work, touching so many people's lives every day....But the beauty of this place does not conceal the hard work that goes on here. Clinical Officers learn how to manage every emergency from suturing up lacerations from an axe, urgent delivery of a premature baby from an eclamptic mother, acute hemorrhagic or ischemic stroke, status epilepticus, acute appendectomy....And yet they are still eager to learn more and gain skills to master neurology.

-Visiting Neurologist, Dr. Danielle Becker



Cardiology Services

In October of this year, volunteer Dr. Reed Shnider conducted a cardiac echo clinic at FAME. In harmony with our capacity building model, he worked side by side with FAME's Dr. Gabriel Kissima, teaching him how to perform and interpret echocardiograms. Together, they evaluated 120 patients. Dr. Reed also served as a consultant to all our doctors during his stay and continues to provide guidance and support to Dr. Gabriel via email and telemedicine.

Endoscopy Services

In April of 2015, Dr. Bill Griffiths, a visiting gastroenterologist volunteered at FAME and worked with a team of four to introduce endoscopy services. Dr. Griffiths spent two weeks training two FAME doctors in the procedures. He also spent considerable time working with two of our nurses, focusing on how to properly clean and care for the delicate equipment used in these procedures. Together, the team was able to help 27 patients – individuals who had not been able to access these services elsewhere due to lack of resources. A follow-up training took place, with the help of volunteer Dr. Marcus Hauser. Skills were reinforced and additional patients helped such that one of our doctors is now performing these procedures independently.



Excerpt from our Blog

The Strength in What Remains

By Neurologist, Dr. Michael Rubenstein

I am taking today's blog title from an amazing book by Tracy Kidder about a young medical student who survives the genocide in Burundi to find himself in the United States. It's a true story and so as not to give away too much I will suggest that you find a copy and read it. The inspiration for today's blog, though, is another amazing story of strength and hope here in Northern Tanzania.

Our very first patient of the day was a young woman who had recently been diagnosed with epilepsy and was on a medication that she was not taking on a regular basis. Thus, she was continuing to have seizures. After taking her history and examining her, though, we had some concern for the type of epilepsy she had and felt that an EEG would help to sort it out as the medication one uses is often dictated by the type of underlying epilepsy the patient has. We brought her

over to the ER which is serving as our makeshift EEG lab for the time being and the epilepsy team hooked her up for a study. She was patient No. 1 for this groundbreaking technology at FAME. Amazingly, she had exactly the type of epilepsy that IS NOT well treated by the medication she was taking and she was converted over to a medication more effective for her condition. In fact, the medication she was on can sometimes worsen seizures for patients with her condition. This could certainly make the difference between well controlled and poorly controlled epilepsy which would make all the difference in the world for this young woman.

We saw an early tremor dominant Parkinson's patient who we had not seen before - Dr. Thu was incredibly excited since she will be going into a movement disorder fellowship next year and this was right up her alley. We saw another stroke patient who I first saw in 2011 and continue to follow up with on a regular basis even though he has continued to do well. The hardest thing here is to get patients to remain on their long term medications, though, as it is just something they aren't used to doing. We had wanted him to remain on aspirin but he had unfortunately stopped it several months ago after his prescription ran out. It is not due to non-compliance, or lack of adherence as they now refer to it, but rather that it's just something that isn't built into their culture at the present time. We'll continue to work on that.

So now for the story that inspired the title for today. A woman was brought to FAME today by her friend and eldest son. She is 47-years-old and the single mother of five children and the primary caregiver for her elderly mother. One year ago, during the night and for no apparent reason, people came into her home and threw acid onto her face. Those responsible have never been caught and there was no clear motive to suggest why it may have happened in the first place. She spent two days in a local dispensary (about three hours from FAME) before they realized that she needed more extensive care. She was then transferred to another hospital where she spent only three days. Antibiotics and bandages were applied and she was sent home. When she arrived home she found that many of her possessions there had been stolen. The acid has disfigured her face to such a degree that she has lost both of her eyes and is now blind and all that remains of her nose are two small holes for nostrils.

Despite this horrendous injury and disfigurement, she has persevered and has a remarkable attitude. When asked about any sad thoughts, she does admit to some concerns as to how she will continue to care for her children and her elderly mother, but says that she has accepted what has happened to her and is ready to move on. Her only complaint to us was a minor headache. She was an incredibly lovely woman and when she spoke it was quite easy to forget her disfigurement or the ordeal that she had been through. At the end of our visit, she asked if she could have a photo of her with Thu and myself. I think all of us wondered if we would have that amount of strength had we been put through a similar situation. And, almost to add insult to injury, we found today that she also has diabetes as her blood sugar was extremely elevated and that this will also need to be dealt with. As I walked beside her to the lab for her blood work, I could feel the strength and livelihood emanating from this woman who made me realize that in the depth of our struggle for survival, there are always those unlikely individuals who have demonstrated an even superior strength to have risen from further depths and will always give us eternal hope that we may do the same. It is these unlikely encounters that remind of us of our internal strength.

COMMUNITY OUTREACH & MOBILE MEDICAL SERVICES

As part of our rollout of Labor & Delivery and Reproductive and Child Health services, we conducted a very focused program of community outreach this year. Targeting “gatekeepers” to healthcare, our community outreach team spent 10 days in the field, reaching out to local dispensaries and Traditional Birth Attendants (TBAs) in 28 communities throughout the Karatu and Ngorongoro districts. The goal of this program was twofold; namely, to inform local healthcare providers about the new maternal health services available at FAME Medical and the highly subsidized fees for service made possible thru grant funding; and, to provide information on complications of pregnancy for which care should be sought at a health center. Over the course of the outreach, our team met personally with 111 active TBAs, as well as healthcare workers at 26 area dispensaries.

Our team was able to build an extensive network of contacts within the maternal health sphere across both districts. We hope this set of personal connections and contact information will aid the coordination and implementation of FAME’s maternal health services now and in the future.

We also continued our long-standing mobile medical service to the Oldeani Community. Basing from the infirmary at Rift Valley Children’s Village, our team attended 2400 patients over 48 mobile clinic days this year.



Excerpt from our Blog

Taking it to the Village

By Sokoine Kpaiwa

My name is Sokoine Kipaiwa, and I have one year and a half working at FAME reception. I recently started new responsibilities as a community outreach counselor. My first task, working on a project for our Every Mother Counts grant, was to make sure that we visit, as much as we can, all the Traditional Birth Attendants (TBAs) around the nearby areas of Karatu District and Ngorongoro. Our main goal is to make pregnancy and childbirth safe for every mother by informing all the nearby communities about the new services we offer at FAME medical, including Reproductive and Child Health (RCH), the delivery ward and the operating theater.

I remember my first visit was at Jilambo Village in the Karatu District on June 2nd at 10:30am. The RCH team and I visited one active TBA, Regina Christopher, at her own home. The first question she asked us was “why is FAME visiting the TBAs? Why are you using your time and money this way?” We thought she was going to chase us away from her home, so I had to look down and so did my fellows, and everyone was quiet. Then she said “we are a community of low income and so very poor that nobody ever remembers to visit you at your home.”

Then my heart began to pound, and I told her “Bibi, we are both human, and we were born to help each other every time in every place without minding costs and time we spend.” We explained to her the importance of working together with the local dispensary’s health providers and home birth attendants as well. We explained the signs for pregnant women to seek help at a hospital, danger signs during labor or birth, danger signs during pregnancy, danger signs after birth, and for the newborn, and all the other services we offer at FAME. We gave her our brochures and emergency cell phone numbers.

She was very delighted to hear that FAME Medical was cooperating with the TBAs and providing quality healthcare services within Karatu villages and nearby areas. She said, “throughout my life, now I’m 67 years old, I never held and shared information from health organizations who educated and appeared to a TBA like me, but only you are doing this in our village.” She provided us with her cell phone number for anything we need from her and said we can call her back at any time and she will be together with us and help us. Finally, every one of us was very happy to have met with an active and experienced TBA as we start our outreach program.



CONTINUING EDUCATION & CAPACITY BUILDING

Equipping our Doctors & Nurses

This was a very full year for FAME on the education front, as we not only practiced our ethos of providing continuing education for our team but also took steps to create a truly sustainable, dynamic education program. Clinical Education Coordinator, Brad Snyder, worked side by side with our Tanzanian healthcare providers and our extended family of international clinicians to do just that. None of this was easy and Brad would be the first to say there were many “opportunities for growth” along the way, like finding time for education activities amidst a chronic nursing shortage and network issues preventing access to critical online information. Despite these challenges, however, Brad’s passion for education, the tenacious optimism of our Tanzanian team and the deep commitment of our volunteers, enabled us to transcend many of the obstacles in our path. Ultimately, it was a year of tremendous learning and skill building – all of which contributed to empowering our team, saving lives and providing quality care for our patients.

Consistent with our capacity building model, we are always looking to develop the strengths of our team and this year a few individuals stood out as exemplary educators. Dr. Msuya is one. Dr. Msuya was promoted to coordinate the education for our doctors. As a hands-on leader, he understands the needs of both our clinical team and our patients. He will move the FAME education program forward so we can continue providing the patient-centered care our community deserves.

Educating FAME Staffers for More - Our Scholarship Recipients

Dr. Ken Karanja is in the final stretch of his AMO training program at the Tanzanian Training Center for International Health in Ifakara. We look forward to his return to FAME Medical in October of next year!

In November of this year, Dr. Anne Ghati completed a one-month intensive training course in OB/GYN and Abdominal Ultrasound at the Institute of Ultrasound Training in New Delhi, India.

Lab Assistant, Barnabas William began a 12-month course at Nkinga College. He is upgrading his skills while earning a Diploma in Medical Laboratory Sciences.

Martin John began an 18-month program in Basic Medical Lab Sciences at Mount Ukombozi College in Dar es Salaam. Martin started out as a groundskeeper at FAME, was promoted into a supportive role in our laboratory and will now be returning to us as a Certified Lab Attendant.

We are grateful to all the FAME supporters making this possible!

As we are quickly becoming a main referral hospital for complicated pregnancies and deliveries in the District, our educational focus this year was on building the OB skills, capacity and confidence of our doctors and nurses. Through trainings and the development of clinical protocols we are bringing the latest, evidence-based practice to our patients. RCH nurses are identifying and preventing complications during pregnancy, doctors are performing life-saving C-sections and midwives are turning breech babies and preventing postpartum hemorrhage. Because of our education efforts and committed team, we are now able to give premature babies a chance at a healthy life and sepsis after a home birth in the bush is no longer a death sentence.

– Clinical Education Coordinator, Brad Snyder

27 Medical Staff Trained in Advanced Life Support in Obstetrics (ALSO)

4 Doctors Trained in Structured Operative Obstetrics (SOO)

26 Medical Staff Trained in Helping Babies Breathe (HBB)



Miracles, Losses and Pulling Together

By Volunteer Nurse Chana Schaffer

Days at FAME are long. About a week and a half ago I had an especially long day. It started at 7:30AM and ended at 3AM. Our labor ward was full. We admitted a very sick mom and preterm baby who arrived after the mom delivered on her way to FAME. She tried to make it to the hospital for the delivery, but had to stop along the way to give birth. The baby looked to be about 30 weeks gestation and was cold, blue and barely breathing when he arrived. We put him under the warmer immediately and helped him breathe with oxygen and a resuscitation mask. We put in a nasogastric tube and an IV to give him dextrose. He was struggling. We were able to warm him up to normal body temperature and keep his blood sugar up. In the meantime we also admitted his mama. We discovered that she had severe pre-eclampsia, explaining her pre-term delivery. It took the teamwork of three nurses and one nurse practitioner to stabilize her. We treated her pre-eclampsia and controlled her blood pressure with a combination of intravenous and oral medications.

The other patients on our labor ward included a woman in active labor, a woman with postpartum sepsis and a blood clot in her leg, a woman with a suspected intra-abdominal pregnancy in severe abdominal pain, and another woman with postpartum sepsis who had a C-section at another hospital and had to have a lifesaving hysterectomy at FAME due to severe infection. A very heavy patient load indeed! We were short-staffed on the night shift; Mama Mshana was by herself in the labor ward. The level of care that this group of women required was far too much for one nurse. Safi (our Ward Supervisor) came in to help, and so did I. We rose to the challenge and worked as a cohesive team.

At 11 PM we got an admission. Our on call doctor came into the ward with another preterm baby. The mother of the baby had delivered a month earlier at another hospital. The baby looked to be about 28 weeks gestation. They kept the baby in an incubator at the other hospital for a week, and then the incubator broke so they sent mom and baby home. For 3 weeks, the mother did her best to keep her baby alive, finally recognizing she could not do it alone. This little baby boy was skin and bones. He was barely breathing and gray. We all thought that the chances for survival were low. We warmed him and supplied oxygen, and then we waited. To all of our surprise, he made it through the night! What a resilient little one. The next day we started intravenous dextrose to maintain his blood sugar and continued our supportive care. He was fighting to survive and we would give him every chance possible.

The first preterm baby boy mentioned was in severe respiratory distress throughout the night. Mama Mshana knew that he and his mother would need one nurse assigned to care for them both. She was already caring for the young woman in active labor, so she asked me to stay in their room to provide 1:1 care. I held the baby's hand and stroked his head when he cried. It was painful on every level to watch him struggle so vigorously to breathe. I wished I could breathe for him to relieve his suffering. He passed away the following night. We supported him physically and with love until he took his last labored breath. Another nurse, Julieth, had come to our aid at 11 30 PM and so did Kelley, our Women's Health Nurse Practitioner. Between the four of us we were able to provide safe and quality care to all of the patients on the labor ward. In addition to caring for our two preterm infants, we welcomed a healthy baby boy into the world when our laboring mama gave birth at 2 30 AM. This night was another amazing example of the teamwork that happens at FAME.

As exponential growth continues, more nurses are being hired to safely staff the two inpatient wards at FAME. Finding experienced nurses is no easy task. According to WHO statistics, Tanzania has 24 nurses/midwives for every 100,000 people. By comparison, the United States has 981 nurses/midwives for every 100,000 people. The miracle of this very busy night is our 28-week baby who is defying all odds. He is gaining weight, eating expressed breast milk by mouth, crying loudly, and spending time out of the incubator on his mama's chest for kangaroo care. He has astonished us all, and I feel blessed to be part of the team caring for him. We may not have all of the advanced technology available in the more developed world, but the nurses and doctors at FAME are moving small mountains in the care they are providing.



SYSTEMS STRENGTHENING AT FAME MEDICAL

Developing New Systems of Management at FAME Medical

While many of the managers at FAME Medical are natural leaders, most have never had any formal management training. They became managers because they excelled in their particular area of expertise, understood and embraced FAME's mission and were visibly passionate about patient-centered healthcare. However, the skills that made them the best at their jobs did not necessarily prepare them for managing teams of people. With this in mind, we decided to begin the process of equipping our senior and junior managers with the management tools necessary to maintain excellence in our growing health facility and to navigate the inevitable change and challenge that goes with serving a rapidly growing patient population. We kicked this process off in January, with a two-day management retreat on the Principles of Healthcare Management. The training was conducted by Mr. Graham Pierce, volunteer trainer, FAME board member, gifted manager and Director of PHI Air Medical. 13 FAME staffers completed the training during which a variety of topics were covered, including communication and conflict resolution, motivating and building teams, systems of accountability, knowledge sharing and competency assessment, and Continuous Quality Improvement. Using an interactive, hands-on approach, Graham quickly discovered just how hungry FAME leaders are for these invaluable tools. At the end of the training, they were eager to return to their teams to apply their new knowledge and skills. We look forward to building on this important training and to conducting a follow-up with Graham next year.



*I wanted to thank you for the opportunity of teaching the Principles of Healthcare Management at FAME. It was such a pleasure to work with such a talented group. I was so impressed by their pure passion to learn and get it right. I just loved that they feel they **ARE** the future of FAME and want to soak up every little thing to ensure they have the tools to make sound management decisions every day. I was surprised by the number of natural leaders that were in the group, those that just intuitively know the direction that they must lead. I look forward to our next session and seeing more of these principles and standards come to fruition at FAME.*

– Graham Pierce

Moving Forward With Technology at FAME Medical

At the end of this year, we decided to slowly and thoughtfully move in the direction of electronic medical records and to do so in a manner that makes sense for our unique environment. As a first step, we connected Reception with our Laboratory. Since opening the clinic in 2008 we have been keeping a basic patient database with demographics and patient chart numbers on our reception computer with the help of Filemaker, a customizable database program. This has been crucial in finding patient charts for returning patients since we are now up to over 40,000 charts in our system. Our brilliant IT support person, Ke Zhang, came again from the States to help us implement an extension of the existing system. We now keep the patient database on a server and we recently had the lab request form computerized. This means that data collection is more accurate and immediate. Doctors receive printed rather than handwritten results. We are now exploring further expansion by identifying a Filemaker developer who can design a system capable of connecting our pharmacy inventory, inpatient, reproductive and child health, and cashier departments so that all data recording can be integrated and based on our 6 digit patient ID numbers. Not only will this help us with efficiency and flow at FAME, it will enable us to access important data for grant proposals and reporting purposes.



A letter from FAME's newest Board Member Frank Lee

When I first set foot on the FAME campus five years ago, I was a little confused. Hadn't I just come up the dusty, unpaved road from the town of Karatu? Yet, it was as if I had been transported to a first class clinic that could be anywhere in the developed world, not rural Tanzania. Were it not for the Maasai patients dressed in their bright plaid shukas, I could have been in Palo Alto. From that moment, I knew something special was happening at FAME Medical.

My wife Carol and I visit Karatu twice each year to work with local schools. From these trips I have learned of the many needs of the local community including quality health care. That has changed with FAME. Each time I return there are changes, both in new facilities and in the expanded patient services they enable: new operating rooms, an in-patient clinic, a labor and

delivery ward and most recently, a new imaging center with state-of-the-art X-ray and CT capabilities. All of these enhance FAME's ability to serve the community. The maternal health initiative to support prenatal health as well as assist with difficult deliveries is especially needed.

All that FAME is comes from the vision and tireless efforts of the co-founders. They have created a resource founded on a model of sustainability and a culture of inclusiveness, firmly embedded in the community. FAME is deliberately staffed by Tanzanians including the senior team. Visiting medical volunteers are as much students of "bush medicine" as they are teachers of Western medical procedures. Local villagers get the same medical treatment as the ailing tourist passing through. Everyone in the district knows about FAME and the work of Dr. Frank and Susan.

When I was asked to join the board of FAME, I couldn't think of a better cause to be part of to benefit a community I know well. I hope all of you will join me in supporting the continuing work of FAME Medical.

CAPITAL EXPENDITURES

Building Projects

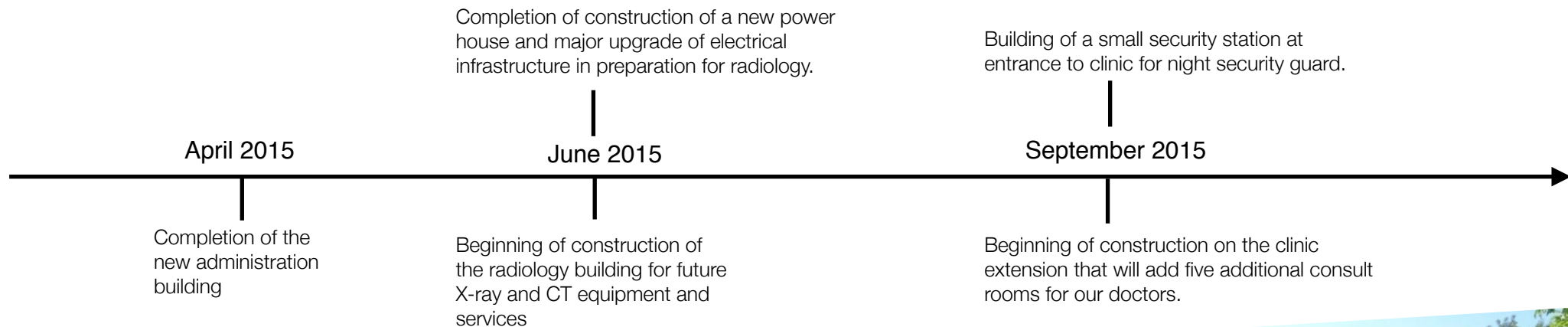
Thanks to the generous support of long-term and new donors, 2015 was another BIG year for FAME on the construction front. Some projects contributed directly to the efficiency with which we can serve patients and support those caring for them, like the completion of our administration building and the addition to our existing outpatient clinic. Other projects represent the introduction of long-awaited and much needed services at FAME Medical, like X-ray and CT capabilities. Some were fairly straightforward projects. Others were enormously challenging. Here are some highlights for the year.

We would like to thank long-time donor and friend, Marshal Merriam for funding the Administration Building and Clinic Extension. Thank you for always looking forward with FAME with extraordinary vision and commitment.

Many thanks to Scott & Deborah Rechler via Save the Starfish Foundation, Bob & Sarah Gould, Dave & Lisa Meaney, Dr. Rudy Chiarandini, J. Michael Brady and Friends of FAME Netherlands. Thanks to you we were able to complete construction of the radiology building and upgrade our electrical infrastructure to pave the way for these vital new services.

AND an enormous thank you to GE Healthcare, for your extraordinary gift of life-saving medical equipment, including a digital X-ray machine, a CT scanner, two anesthesia machines, two patient monitoring systems, two ventilators and an ultrasound machine. We look forward to delivery, installation and training in early 2016! You took our breath away!

This year's construction timeline



CAPITAL EXPENDITURES

Medical Equipment

We had an exciting start to the year, unloading a 40-foot container co-sponsored by The International Medical Equipment Collaborative (IMEC) and a very special donor. This shipment contained a variety of much-needed furnishings, equipment and supplies, including hospital beds for the wards, beautiful delivery beds for L&D, and surgical equipment and supplies for our OR.

Other critical in-country purchases made possible by our supporters included an incubator, two radiant baby warmers, oxygen concentrators, gurneys, bronchoscope, EKG machine and Hematology machine.



A very special thanks to Nancy Allard, RN and Architect extraordinaire. Nancy played an absolutely vital role in coordinating the radiology project this year - always keeping on top of communication with GE Healthcare and working closely with our Tanzanian Facilities Manager and construction supervisor to move things forward and keep us on schedule. This has been a very challenging endeavor and Nancy has made all the difference. Concurrently, she has been providing us with detailed architecture designs for many new projects this year, including the much-needed extension of the clinic. Her designs are also proving to be a great tool in raising funds for capital projects, showing donors exactly what their money can accomplish and demonstrating that FAME is taking time to plan every new project carefully. She's even helping to write grant proposals! Nancy, you are truly amazing!



VOLUNTEER PROGRAM

The FAME Volunteer Program continues to evolve, with FAME enriched by the expertise of 27 short-term volunteers in 2015. Of these, 14 were physicians representing a variety of specialties, including obstetrics and gynecology, family medicine, neurology, cardiology, internal medicine and gastroenterology. An additional 13 volunteers helped FAME care for patients and support our team. Among these individuals were pediatric and critical care nurses, medical technicians with specialties in EKG and EEG, and professionals with expertise in Supply Chain Management, IT, and Biomedical Engineering.



With the help of grant funding and donor support, we were also very fortunate to have 9 long-term volunteer consultants with us in Tanzania this year. The long-term nature of their work contributed enormously to continuity of programs at FAME and education and capacity building across departments. Many thanks to Laboratory Consultant, Dr. Joyce Cuff; Pediatrician, Dr. Verena Moreno; Clinical Education Coordinator & NP, Brad Snyder; Critical Care Nurse & Architect, Nancy Allard; Family Practice & General Surgeon, Dr. Duane Koenig, Women's Health NP, Kelley Brennan; Volunteer Coordinators, Will Bowman and Pauline Diaz, and last but far from least, Operations Manager, Caroline Epe.

Our volunteer telemedicine consultants continued to play a very instrumental role at FAME this year, welcoming our doctors to reach out to them regarding the most complicated and challenging of cases. We are eternally grateful for their help.

2015 was also a year of transition for our Volunteer Program, with Will Bowman stepping down as Volunteer Coordinator in October and Pauline Diaz stepping in. Will oversaw our Volunteer Program for almost 2 years. In addition to his primary responsibilities as Volunteer Coordinator, Will stepped up to the plate when equipment needed fixing, when we needed a good editor, and when we needed logistics support for our community outreach program. A qualified EMT, Will also helped us with multiple emergency transport situations. We are grateful for his contribution to FAME and wish him only the best as he moves on to his next adventure.

Pauline Diaz took over as Volunteer Coordinator in October. From Lyon, France, she is multi-talented and a bundle of energy. Pauline holds graduate degrees in International Management and Entertainment and Media Management. More importantly, she has a passion for Tanzania and is already endearing herself to us all. We are thrilled to have Pauline on our team.



On Site Volunteers in 2015

Christine Kirch, MD, Family Medicine
Munna Godfrey, RN, Critical Care
Natalie Wade, RN, Pediatrics,
Bill Griffiths, MD, Gastroenterology
Kelley Brennan, NP, Women's Health
Chana Schaffer, RN, Critical Care
Christyn Edmundson, MD, Neurology
Payal Patel, MD, Neurology
Michael Rubenstein, MD, Neurology
Ben Lee, Supply Chain Management
Annalise George, RN, Pediatrics

Reed Shnider, MD, Cardiology
Israel Alter, MD, Obstetrics & Gynecology
Kami Fluetsch, EKG Technician
Ali Mendelson, MD, Neurology
Anh Thu Vu, MD, Neurology
Fima Macheret, MD, Internal Medicine
Danielle Becker, MD, Neurology
Lindsay Ferraro, MD, Neurology
Cara Linenbroker, EEG Technician
Markus Hauser, MD, Internal Medicine
Liz Stoebe, PA, Cardiology

Duane Koenig, MD, Family Medicine & Surgery
Joyce Cuff, PhD, Laboratory Science
Nancy Allard, RN/Architect
Verena Moreno, MD, Pediatrics
Ke Zhang, Medical Student & IT Support
Brad Snyder, NP & Clinical Education Coordinator
Graham Pierce, Emergency Medical Service Administrator
Karen Knight, Developer
Lynne Kershaw, Acupuncture & Alternative Medicine
Luigi de Michele, MD, Internal Medicine
Jeanne Artress, Bookkeeper

USING OUR GIFTS TO MAKE CHANGE IN THE WORLD

Thanks to volunteers, Hannah Bowman and Elliot Beckley, we were able to share FAME's progress with friends and supporters during our 2015 fundraising tour. Hannah and Elliot managed to capture the essence of what FAME is accomplishing at FAME Medical in Karatu, Tanzania. We deeply appreciate their hard work, their dedication and their extraordinary gift for using film to make change in the world.

"One night, about a year and a half ago, I spent several hours reading almost every word of text on FAME's website. I was both hooked and awed — especially at the enormous progress they have made in just the last several years. Not everyone can afford to take time off and fly to Tanzania to see this organization at work though, so I wanted to help FAME share their story across the ocean. Elliot and I started a fundraising campaign through the crowdfunding site Indiegogo, and by hosting fundraising events to pay for our equipment and travel expenses. By November of last year, we met our goal and started on our three month journey to Karatu. We spent our time soaking in Tanzania and FAME and filming the daily lives of the staff and patients there. We knew when people SAW the landscape, the buildings, and most importantly, the PEOPLE who have created this oasis of healthcare in rural Tanzania, they would be just as awed as we were by the work FAME is doing."

- Hannah Bowman



SPRING FUNDRAISING TOUR - EMBRACED AND SUPPORTED

"I think a hero is any person really intent on making this a better place for all people."

- Maya Angelou

Co-founders, Frank Artress and Susan Gustafson, arrived back in Tanzania in early June after almost seven weeks of fundraising in the US. They once again met with extraordinary generosity and hospitality as they shared FAME's story in communities across the country. We would like to thank the very special individuals who hosted benefits for FAME this spring. Our heartfelt thanks to:

Jeanne Artress, Redding, CA

Kathy & Mark Crawford, San Francisco, CA

Heather Lupa & Karen Pell, Kentfield, CA

Debra & Mike Bugbee, Placerville, CA

Lorraine & Joel Brown, Palo Alto, CA

Jim & Cindy Griggs and

Teresa & Dick Grove, Kansas City, MO

Dr. Duane & Vi Koenig, Beatrice, NE

Marie & Mike Levin, Chicago, IL

Meredith Bowen, Cleveland, OH

Jack & Nan Paddon, Roseville, CA

Bill & Harriet Harris, Newport Beach, CA

Alexa & Bryan Renehan, Darnestown, MD

Jonathan & Ellen Maltz, Brookeville, MD

David & Beth Finch, Afton, MN

Drs. Mark LaRose & Monica Norwick, Waconia, MN



LOOKING TO THE FUTURE

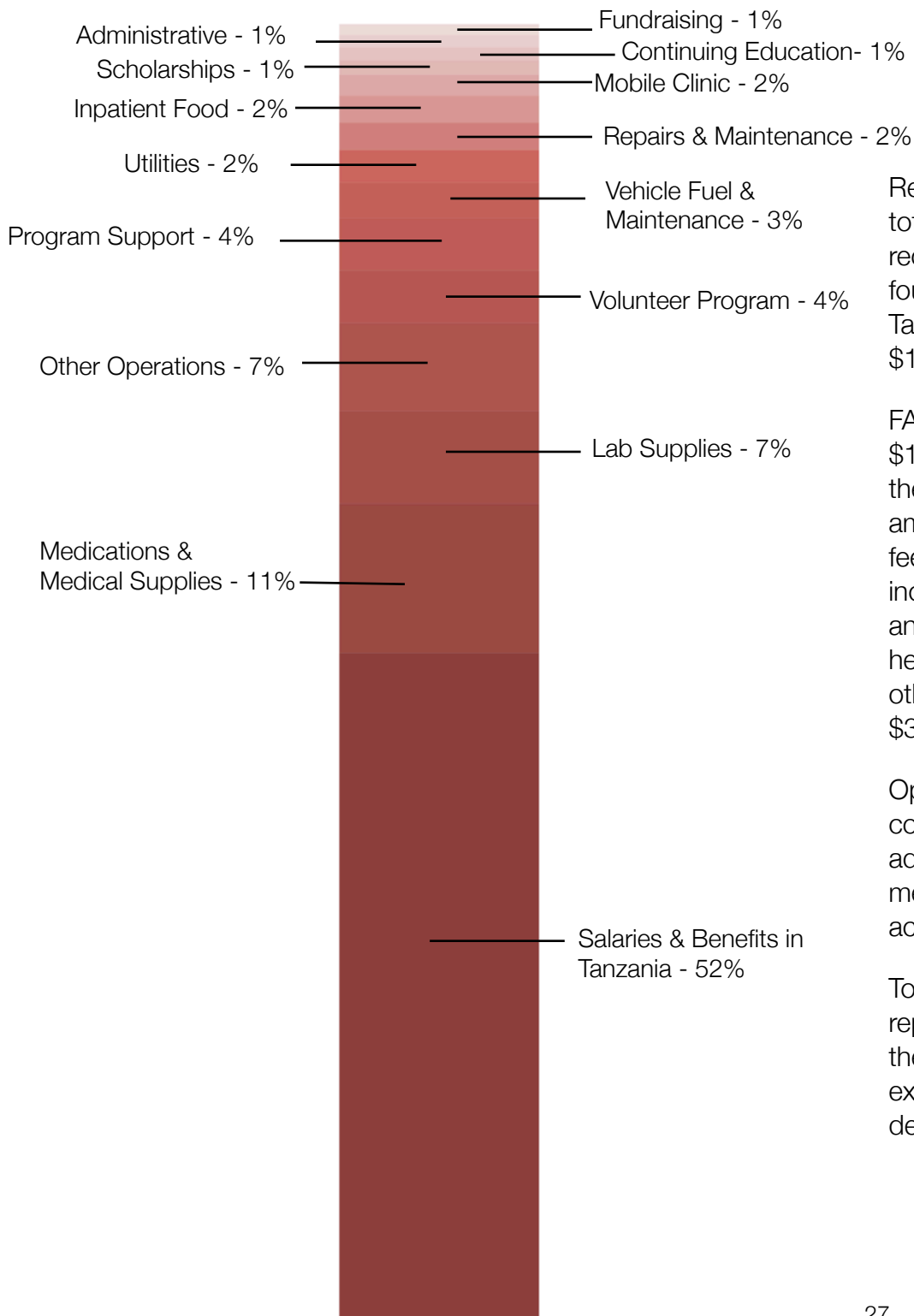
2015 has been a very full year for FAME, with significant leaps forward in maternal health, internal educational programming, and the infrastructure necessary for much needed radiology services. Our goal moving forward is to maintain momentum on these three fronts, while at the same time protecting the quality of our longstanding outpatient and general inpatient services and programs. While there is tremendous pressure to expand into every area of medicine, we fully recognize the importance of boundaries amidst the humanitarian pressures we face every single day and are absolutely committed to engaging in that delicate dance of “heart and head” in making sound decisions going forward. In the coming year we will be redoubling our efforts in the area of internal clinical education and supportive supervision for our doctors and nurses, focusing on the most pressing patient needs. We will continue to find ways to support our managers and department heads as they lead and empower their teams in the provision of patient-centered care, and we will continue to explore ways to generate more funds to keep FAME healthy and strong.

We are in the process of developing plans for a modest hospital expansion. This would include separate, dedicated space for maternity and reproductive health services, while at the same time freeing up our current 12-bed labor ward for general admissions and post-op patients. It would also provide us with additional space for prenatal programming, related educational activities and cervical cancer screening. Of course, buildings in and of themselves do very little in the absence of healthcare providers serving patients. As such, we are absolutely committed to raising the money necessary to hire and retain well trained staff and provide them with the resources they need to serve their patients well. We look forward to moving ahead WITH our donors and partners who have fueled all our accomplishments to date, saving thousands of precious lives in the process.

We have had an increasing number of visitors every year at FAME, individuals and groups keen to learn more about our model for healthcare. We welcome their interest. Obviously, we cannot replicate our medical facility, nor is that our intention at this stage. We can, however, get better at what we do and share our learning's with like-minded individuals along the way. We can serve as a “model” or “prototype” if you will, for what is possible in rural Africa when genuine partnerships are formed and mission and vision aligned.

To keep updated on our activities, subscribe to our eNewsletter and/or blog at www.fameafrica.org.





Financial Report & Summary

Statement of Operations

Revenues for FAME U.S. for the year ending December 31, 2015 totaled \$1,343,575. Of this, contributions of \$878,516 were received from 813 donors. Grants totaled \$438,950 from 6 foundations. Volunteer Program Fees to offset program costs in Tanzania totaled \$24,135. Interest income for the year was \$1,974.

FAME (Tanzania) was successful in fundraising as well, receiving \$14,571 in grant funding. In addition, individual contributions in the amount of \$30,957 were received. Other income in the amount of \$1500 came from the sale of one of our cars. Patient fee income from the outpatient clinic and inpatient facility increased from \$250,295 in the prior year to \$292,962 in 2015, an increase of 17%. Patient fees for service covered 26% of the health center's operating costs with donor support covering the other 74%. The total amount that FAME (Tanzania) raised was \$339,990.

Operating expenditures for FAME (USA) and FAME (Tanzania) combined were \$1,290,335. Of this, fundraising expenses and administrative costs were 1.8%, while salary & benefits, medications, medical supplies and lab supplies combined accounted for 70% of all operating expenses.

Total capital expenditures for the year were \$416,803,. This represents 24% of total expenditures and mainly went towards the radiology building, administrative building, outpatient clinic extension, medical equipment, electrical infrastructure and site development.

Financial Summary 2015

Statement of Activities for FAME US and FAME Tanzania

Support and Revenue

Donations by designation received in the US

Unrestricted	704,453
Grants	438,950
X-ray	25,000
Clinic Expansion	80,000
Patient Referral	1,450
Volunteer Housing	33,333
Medical Equipment	6,300
Scholarship	10,500
Continuing Education	6,580
Neurology	550
Sponsored Consultants in Tanzania	10,350

Total Donations at FAME US 1,317,466

Donations by designation received in TZ

Unrestricted	15,256
X-ray	10,119
Pediatric Heart Surgery	5,582
Grants in Tanzania	14,571

Total Donations at FAME TZ 45,528

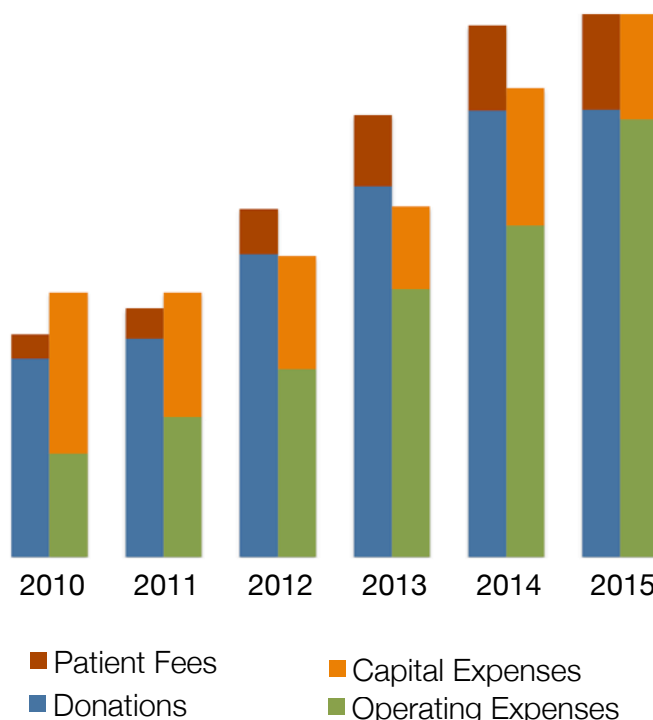
Other Revenue

Patient Fees for Service	292,962
Volunteer Program	24,135
Other Income in TZ	1,500
Interest at FAME US	1,974

Total Other Revenue 320,571

Total Income for FAME US & TZ 1,683,565

FAME's financial growth in the last six years



Statement of Financial Position for FAME US

Assets	1,356,902
Total Assets	1,356,902
Unrestricted Assets	1,029,514
Designated Funds	327,388
Total Net Assets/Fund Balance	1,356,902

Total Net Assets 1,356,902

Expenses

Operations

Staff Costs	664,441
Medication & Medical Supplies	148,257
Lab Supplies	92,667
Vehicles	35,462
Program Support	51,987
Maintenance & Repairs	28,039
Administration	12,141
Inpatient Food	26,504
Fundraising Expenses/Travel	10,889
Continuing Education	12,521
Other Operations	87,436
Utilities	31,930
Volunteer Program	52,706
Scholarships	14,354
Mobile Clinic	21,001

Total Operating Expenses 1,290,335

Capital Expenditure

Radiology Building	110,137
Administrative Building	87,719
Medical Equipment	55,889
Clinic Extension	31,973
Lab Equipment	11,670
Land	24,000
Furnishings & Equipment	12,725
Electrical Infrastructure Upgrade	57,679
Internal Telephone System	11,279
Staff Housing	2,762
Other	10,970

Total Capital Expenses 416,803

Total Expenses for FAME US & TZ 1,707,138

*All numbers are in US Dollars and an average exchange rate of 2000 TShillings was used for expenditures in Tanzania

OUR SUPPORTERS – MAKING IT ALL POSSIBLE

To those like-minded foundations and partners who enabled us to insure quality programs and services and accomplish ambitious goals this year, we are forever grateful, as are our staff and patients.

Segal Family Foundation
Every Mother Counts
Izumi Foundation
Pell Family Foundation
Marcy Gringlas and Joel Greenberg via Seed the Dream Foundation
T & J Meyer Family Foundation
GE Healthcare
LinkedIn for Good
Marshal F. Merriam
Dr. Duane and Mrs. Vi Koenig
John Larsen and Gale Picker
Andy Rockefeller
Bob and Sarah Gould
Bill and Harriet Harris
David and Lisa Meaney
Prudence Hay
Stephen and Lizabeth Raynes



The Harris family visits FAME

We would like to also thank each and every one of our individual supporters. Your individual contributions, coupled with your commitment to being a voice for FAME an ocean away, enable us to do what we do. YOU are quite literally keeping the heart and lungs of FAME healthy.

Many thanks also to those of you who donated life saving medical equipment and supplies this year, not only sourcing what we needed most but insuring it reached us by personally carrying it over to Tanzania in duffel bags.

Finally, we would 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.



We would like to dedicate this Annual Report to Grace. She brightened the lives of all of us at FAME Medical. Her courage inspired us. Her laughter lifted us up. We miss you, Grace.

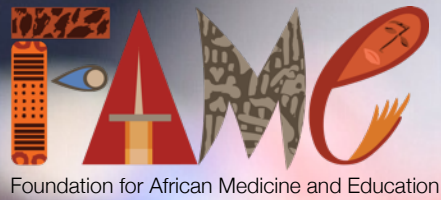
By Volunteer Joyce Cuff

At one point I was sitting in Frank's office discussing a patient when Grace, our seven year-old, acute lymphocytic leukemia patient came dancing into the office. With a big toothless grin and a devilish look in her eyes, she swept in as if she owned the place, plopped down on the nearest chair and proceeded to shine a flashlight in our eyes as if performing a neurological test. One can't blame her; sometimes Frank and I exhibit few signs of neural activity. However, in this case, my neurons were firing frantically. I was so excited to see this child, full of life, full of mischief. She would not have lived beyond her sixth birthday if it weren't for FAME, our pathology consultants in the US, and the cancer center in Dar es Salaam - a network extending halfway around the world, embracing and supporting this wonderful little spirit.

The gift that is FAME reveals itself in so many ways here that it is impossible to be oblivious to it. Poignant reminders come from people who have so much less of the material things than I who are constantly teaching me about what is really important in life. Having Grace, our young leukemia patient, wave to me yelling "Bye-bye, Bibi [grandmother]" as she leaves after one of her check-ups, or snuggling up next to me in the canteen just to be making contact with another human

being, or making little squeaking sounds outside my window to get my attention - I have never seen anyone who was so close to death be so full of life - she appeared to be enjoying being here almost as much as we enjoyed having her here.

So it was that we all suffered a great loss when Grace died on November 1, about three years after her initial diagnosis and treatment. In her eight short years, she taught those around her a lot about love, particularly a love of life. She seized all of her healthy moments with great gusto and enjoyed the people and things around her in a way that was contagious. In return, she experienced a lot of love - from a doting father, her adoptive FAME community, and, I suspect, from just about anyone she ever met. I am grateful that I was among those touched by her presence among us. She will remain one of my fondest memories of FAME.



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