

10 YEARS OF FAME MEDICAL. 10 YEARS OF PATIENT-CENTERED CARE. 10 YEARS OF SERVICE. 10 YEARS OF COMPREHENSIVE PRIMARY CARE. 10 YEARS IN KARATU. 10 YEARS OF TEACHING. 10 YEARS OF LEARNING. 10 YEARS OF GROWTH. 10 YEARS OF DR. FRANK AND MAMA SUSAN. 10 YEARS OF PROVIDING HIGH QUALITY, EQUITABLE HEALTHCARE. 10 YEARS OF BUILDING OUR CAPACITY. 10 YEARS OF EXPANDING MATERNAL AND CHILD HEALTH SERVICES. 10 YEARS OF VOLUNTEERS. 10 YEARS OF DREAMS. 10 YEARS OF INSPIRING LOCAL HEALTHCARE LEADERS. 10 YEARS OF COMMUNITY OUTREACH. 10 YEARS OF MEMORIES. 10 YEARS OF CHALLENGES. 10 YEARS OF JOY. 10 YEARS OF FAME MEDICAL.

2018.



Foundation for African Medicine & Education

2018 ANNUAL REPORT



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2018 US BOARD MEMBERS

Frank Artress, Jeanne Artress, Katharine Crawford, Susan Gustafson, Frank Lee, Jack Paddon, Graham Pierce, and Craig Wainscott

FROM THE FOUNDERS

“The highlight and greatest joy of the year has been watching the Outpatient Clinic move from dream to reality.” These were our words to you back in 2008 when we circulated our very first Annual Report. Much has changed since the opening of FAME Medical a decade ago. We could not have imagined then where your generosity and support would take us over the next 10 years – how FAME Medical would grow from a small outpatient clinic to a modern hospital with surgical capabilities, a top-tier laboratory and radiology service, and a comprehensive maternal and child health program.

There is nothing quite like a personal health crisis to deepen one’s appreciation for just how far a team and organization have come. We faced just that in 2018, with both of us experiencing our own medical emergencies and thankfully finding ourselves in the very capable hands of FAME doctors and nurses, lab and radiology techs, volunteer specialists and (in Frank’s case) eventually Nairobi-based infectious disease specialists – all working together to coordinate our care. While the highlight of 2008 was the opening of the Outpatient Clinic, our greatest source of joy a decade later, is without a doubt our all Tanzanian team – those doctors and nurses who exemplify their commitment to patient-centered care and life-long

learning and their service to the community every single day in Karatu, Tanzania.

It is our pleasure to introduce the 2018 Annual Report. In it, we have tried to capture a decade of service at FAME Medical and another exciting and successful year of providing patient-centered care to underserved communities in our district and region. Sustained progress in any organization requires enormous commitment and investment over time. We are honored to have worked with such deeply committed partners over the last decade, individuals and organizations that have shared our vision for healthier rural communities, where individuals from all walks of life have access to quality medical care and frontline healthcare workers have the resources they need to treat disease and save lives.

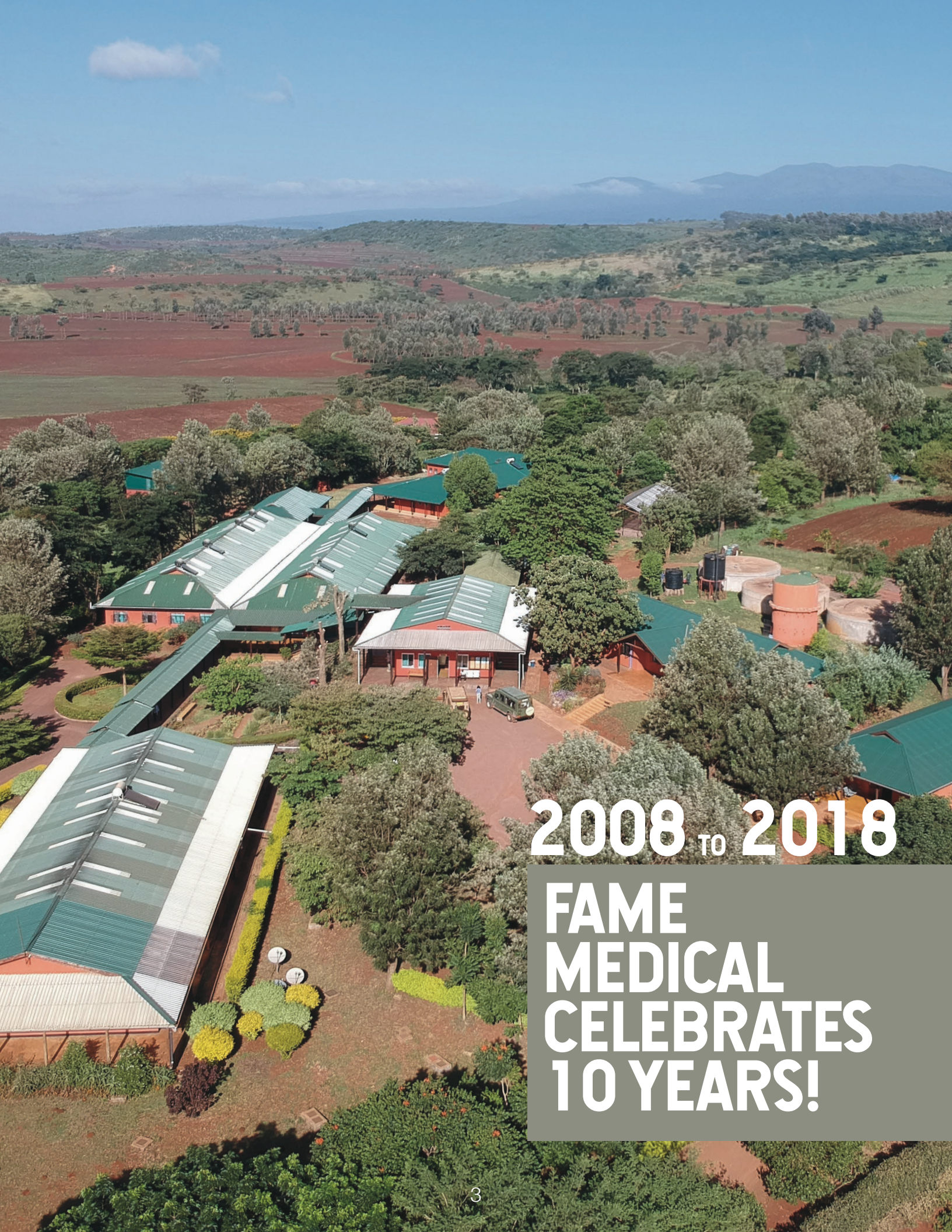
As you read this report, we hope you are inspired to join with us in achieving more great things together AND tackling the challenges we will inevitably face going forward, as we strive to serve our community and beyond.

Finally, I would like to dedicate this report to my Dad, Phill Gustafson, who passed away on December 17 this year. Compassionate, gentle and kind, he was my greatest teacher, and I miss him.

With love & deepest gratitude always,

Susan & Frank

Susan C. Gustafson *Frank Gustafson*



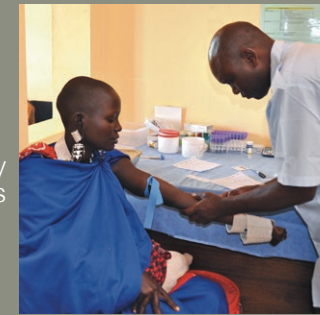
2008 TO 2018

FAME MEDICAL CELEBRATES 10 YEARS!

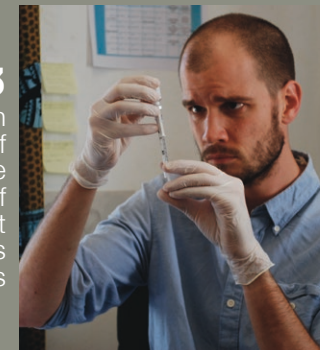
2008
Outpatient Clinic opens in Karatu!



2011
FAME Laboratory opens



2013
Collaboration with the University of Pennsylvania and the Children's Hospital of Philadelphia to host Neurology residents begins



2015
Prenatal Program begins
Maternal Health community outreach begins



2017
Dedicated Reproductive and Child Health building opens
Cervical Cancer Screening Program rolled out



2010
Groundbreaking for FAME Hospital



2012
FAME Hospital opens, first patient admitted



2014
First surgery performed in the OR
Labor and Delivery services introduced
Under-Five Vaccination Program Introduced



2016
Radiology introduced with CT and X Ray



2018
Partnership established with Creighton University Global Surgery Fellowship Program, first fellow arrived at FAME





**169,079
VISITS
IN TEN
YEARS**



OUTPATIENT

This was a very exciting year for FAME Medical. On April 14, 2018, our Outpatient Clinic celebrated ten years of service. Patient 00-00-01 was a little boy from Rift Valley Children's Village who had taken a bad fall and broken his collar bone. Dr. Mshana, our Head Doctor at the time, provided young Swedi's care, patching him up and sending him home to heal. This would mark the beginning of what would become a very busy and multi-faceted outpatient service – one staffed almost entirely by Tanzanians and equipped to offer high-quality primary care and eventually specialty services for individuals suffering from chronic diseases like epilepsy and diabetes. In 2008, we had less than 3,000 outpatient visits at FAME Medical. In 2018, just ten years later, we had over 26,000 outpatient visits, pulling from a catchment area of 1.2 million people.



PATIENT 00-00-01



Swedi and ten members of the original 20 member team!

TEN YEAR TRANSFORMATION



2008

1 Building
3 Doctors
4 Nurses
1 Lab Tech
5 Exam Rooms
2,511 Patients

2018

7 Buildings
14 Doctors
46 Nurses
13 Lab Staff
11 Exam Rooms
26,292 Patients



INPATIENT

With 14 beds in our General Ward, 2018 was a fulfilling, albeit challenging year. With an uptick in post-op patients and an occasional overflow from our Labor Ward, our General Ward was frequently at capacity. Likewise, the demand on our doctors and nurses was high, with a very diverse patient population and all the complicated management issues that go with practicing medicine in a country with so few specialists. Be it a toddler with pneumonia and severe sepsis, an elder having suffered a stroke, or a patient recovering from emergency surgery after a bowel obstruction, 2018 was one of lives saved again and again. Our commitment to building local capacity was also reaffirmed, with 50 specialist doctors spending time with our team in the ward, sharing their expertise, supporting our doctors in the management of complicated patients, and ultimately leaving our doctors and nurses better equipped to deal with the wide range of cases they are faced with in this setting. We continue to be very proud of the ongoing collaborations and professional relationships that evolve from these special partnerships.

“YOU MIGHT JUST SEE A MIRACLE”

By Dr. Margreete Johnston, Volunteer Pediatrician

It was an Ngorongoro Crater safari guide who mentioned casually to me on my first trip that you might just see a miracle at FAME. He was right.

It was just another September day in rural Tanzania when a hunter found a lost, unconscious boy who was about 14 years old and dressed as a student in the bush. The hunter somehow got him to FAME's outpatient clinic. Word of mouth brought his father, who assured us the boy had been a well, healthy child just the day before. The boy could not be awakened, had a stiff neck, and difficulty swallowing. He could not seem to hear and responded slowly to pain. Our differential diagnosis included everything from trauma, to rabies, to meningitis. The FAME team supported the boy with intravenous fluids and antibiotics. Spinal fluid results returned suggesting encephalitis-like illness. He was monitored as potentially a critical case and examined frequently.

Encephalitis is an inflammatory form of meningitis that can be catastrophic. Complications of encephalitis may include permanent brain injury, seizures, loss of language and purposeful movements. Some patients may even have brain swelling.

After 36 hours with minimal improvement, our FAME team reached for the next line of therapy, including steroids and anti-viral medications. There was a global shortage of intravenous anti-virals, so we began to question if we should risk giving the medicine orally through a tube. It was risky giving liquids to a person in and out of consciousness. However, the answer became clear when we saw the pleading look on his father's face.

Less than 24 hours later the lost boy was able to sit with help, swallow food, and ask his dad for his favorite music. Protocol requires treating encephalitis for a minimum of 21 days. By hospital day four, our patient got up from his wheel chair and told his father he would prefer to walk. What made this case a miracle for this experienced pediatrician was the confidence he had. To make my complete surprise even better, he stood up in front of American tourists visiting FAME to “find out what goes on here.” I smiled and said “miracles.”



**1,045 PATIENTS
ADMITTED**



SURGERY

In 2017, our aim was to expand our capacity for time-sensitive, general surgical emergencies, as well as elective surgeries that can prevent life-long disabilities. Upon solidifying a partnership with the Creighton University Global Surgery Fellowship Program early in the year, we were able to make considerable progress on this front in 2018. Dr. Kelly Shine, Creighton’s very first fellow, arrived in June and began her 12-month stay with us. She came with over 15 years of experience in general surgery and a passion for preventing deaths from surgically treatable conditions. A gifted teacher and mentor, Dr. Kelly has become part of the FAME family. Tasked with building surgical capacity within the FAME team, Dr. Kelly not only teaches, but also assesses the extent to which individual doctors are ready to independently perform certain types of surgery. Prior to her arrival, six FAME doctors were already capable of independently performing C-sections and ectopic surgeries and two were proficient at independently performing hysterectomies. Thus, her focus was on building the variety of general surgeries that could be performed and working with the team on their preoperative assessment skills and surgical technique across the board. A hernia expert, Dr. Kelly taught Dr. Badyana how to incorporate surgical mesh into hernia surgery, a technique which can strengthen hernia repairs and reduce the rate of recurrence. She looks forward to teaching two more FAME doctors to perform this operation early next year. While at least one member of the team can independently perform hydroceles, emergency bowel cases and emergency appendectomies, there are a number of other surgeries that will require much more teaching from Dr. Kelly. These include thyroid surgeries, orchiopexy, mastectomies, cloecystectomies, and lower extremity amputations.

**538 MAJOR SURGERIES THIS YEAR,
A 43% INCREASE OVER 2017**

While exceeding our goal of 500 surgeries, this program has not been without its challenges. With our current staffing levels, particularly OR staff, anesthetists and limited space for post-op recovery, elective surgical cases took a back seat to emergency surgeries, particularly C-sections. Also, we experienced a high number of “no shows” for scheduled elective surgeries. In a country and culture where medical care, especially surgery, is pursued primarily in crisis situations, this is not surprising. We face the same challenges in the areas of chronic disease management and preventative primary care. When family resources are limited, there is a reluctance to spend those resources on non-emergencies. One way we plan to address this going forward is by intensifying our education and follow-up efforts. We look forward to having Dr. Kelly with us until June 2019.

We would also like to thank the other surgeons, including Dr. Duane Koenig and Dr. Loie Sauer, who joined us in 2018 and helped to support and reinforce Dr. Kelly’s efforts.

A COMMITTED TEAM AND A CHILD’S SMILE

Based on interviews with Dr. Kelly Shine, Creighton University
Global Surgery Fellow

Seven-year-old Paulini arrived at FAME with stomach issues. His mother was able to tell us that he was born full term and was a healthy baby. But then, at around age five, something changed and he was suddenly unable to eat. She took him to a hospital near where they lived and a surgery was performed that seemingly fixed his problem. Much to her relief, Paulini was able to eat normally for the next two years. But then the problem resurfaced. He could still eat, but was unable to keep the food down, vomiting it up almost immediately after taking it in. Recognizing the seriousness of the situation, Paulini’s mother brought him to FAME for help. She knew that without intervention, he would certainly starve to death. And despite how chronically hungry he must have felt, Paulini arrived with an infectious smile and child-like joyfulness that simply melted the hearts of everyone in his midst.



It can be quite a challenge in this environment to get an accurate and complete history on a patient, and Paulini’s case was no exception. For Dr. Ken, Dr. Badyana, and Dr. Kelly, our visiting surgeon from the US, it was clear that Paulini’s stomach was blocked and he needed another operation. But it was also clear they would be going into surgery with many questions still unanswered. In the Western world, surgeons generally have many more tools at their disposal – effective communication systems with other healthcare providers, detailed medical reports, and tools that enable them to do extensive preoperative work-ups that can inform how they prepare themselves for the task at hand.

In a setting like ours, however, the situation is different. In the absence of information, the challenge becomes one of thinking ahead and preparing for multiple outcomes. And with Dr. Kelly’s coaching, our team engaged in just such an exercise – thinking through and preparing for multiple possible scenarios they may encounter in

the operating room. Unable to know precisely what they would find, they had to be prepared for one of a few different operations, and it paid off. Once in the OR, Dr. Ken, Dr. Badyana, and Dr. Kelly were able to determine what operation had been performed when Paulini was five years old, as well as identify the current underlying problem. While the previous operation had been done well, there was scarring that was now causing Paulini’s new symptoms. The surgery required a fair amount of suturing of the intestine and Dr. Kelly took great pleasure in watching how well Dr. Ken and Dr. Badyana tackled the challenge. With the problem fixed and the surgery complete, it wouldn’t be long before little Paulini would eat again and be able to return to school, which he could hardly wait to do.

The technicalities of this case made it a very significant one for our surgical team and certainly satisfying in terms of FAME’s commitment to building local surgical capacity. Watching FAME doctors applying new knowledge and expertise that would save a life was more than gratifying for everyone. But that’s not the only thing that will leave an indelible impression on those who participated in giving this little boy his life back. In Dr. Kelly’s words, “the most significant thing about this case is how joyful a kid he is. He made us all smile.” There is nothing quite like making a difference in the life of a child and restoring hope to a family so devoted to their little one. In fact, it captures the spirit of what life is truly all about.

LABORATORY

Before the FAME Medical Laboratory opened in May of 2011, we did about 24 simple kinds of tests and the most costly piece of equipment was the microscope. Now, in 2018, we do over 60 different tests, almost half of which require special machines for measuring, the cost of which varies from \$1,000 to \$40,000 per machine. As we continue to grow and expand, we must plan to acquire high flow-through machines that will be able to handle the increased number of samples processed each day. In 2018 alone, we had a total of 21,800 recorded lab visits and completed a total of 96,400 tests. Given our continued growth, consultant Dr. Joyce Cuff and Lab Manager, Anthony Marley developed a long-range planning model this year, one that incorporates growth in patient numbers, expansion of lab services, and increasing costs of machines and maintenance. This will help us to keep up with the growth in patient numbers and diversity; securing reliable reagents and technical support for equipment that is seeing rapidly increasing usage; and implement a long-range planning model, so that machine procurement and timely replacement can be anticipated.

21,800 VISITS TO THE LAB
96,400 TESTS COMPLETED

Ongoing education for lab staffers continues to be a high priority at FAME and occurs in six ways: Formal Education, New Equipment Tutorials, Formal Presentations, Teaching Modules Developed for Culture and Sensitivity, Individual Mentoring and Assessment, and External Quality Assessment. External Quality Assessment is provided by Tanzania's Private Health Laboratories Board and focuses on HIV testing. For the past two years the lab has received an overall score of 100% from the board. The District provides oversight of tuberculosis and malaria testing and we continue to keep abreast of and in full compliance with regulations regarding TB and malaria testing.



LAB EDUCATION TOPICS

Understanding Liver Function Tests, Lipid Analysis, Primary and Secondary Immune Response, HVS, Blood Smear Analysis, H Pylori, Serology, Peripheral Smear Lecture & Practicum



RADIOLOGY

FAME Medical has the only CT machine within a 140 kilometer radius - which is why the District of Karatu and neighboring districts of Ngorongoro, Manyara, and Mbulu rely on FAME Medical when faced with medical emergencies or potentially life threatening diseases. The CT machine enables our doctors to quickly investigate traumatic injuries and diagnose everything from brain lesions and stroke to encephalitis and TB. Despite some major challenges with faulty equipment, like one of our UPS units going down, our imaging program continues to show considerable growth: 1,736 patients received X-rays this year, a 25% increase over 2017; and 145 patients received CT services this year. Despite this program being hit hardest by the equipment challenges we faced, this number still represents a 314% increase in patients served over 2017.

A natural complement to quality medical care, our radiology service is designed to guide our doctors in their response to medical emergencies and otherwise difficult-to-diagnose medical diseases. This year Dr. Alex Baxter and Dr. Barbara Sharp, both accomplished American radiologists, assessed, mentored, and trained FAME doctors in a whole host of imaging practices, including the utilization and interpretation of CT, X-ray, and ultrasound studies. Likewise, volunteer x-ray technologist, Patti Smithson, worked with our technologists, Onaely and Japhar, on technique, workflow, and overall departmental efficiencies. Patti also facilitated a complimentary ASRT membership for the department, which gives Onaely and Japhar access to a whole host of continuing professional education materials within the field. Onaely also attended a course on radiation protection in diagnostic and interventional radiology sponsored by the Tanzania Atomic Energy Commission, and he has been certified to be the Radiation Safety Officer (RSO) at FAME.

In addition to their on-site support, both Dr. Alex and Dr. Barbara, as well as Dr. Martin Wells, continue to graciously and tirelessly provide remote imaging consultation from afar, which is significantly helping our doctors make critical decisions regarding how best to help patients.

A special shout out to Ke Zhang, who continues to contribute his technical expertise to forward our ongoing collaboration with US-based specialist physicians from afar, always ensuring that FAME has the infrastructure in place to support remote imaging consultation and all that this vital service brings to our team and the patients they serve.

1,736
X RAYS & 145
CT SCANS
IN 2018



2018 SCHOLARSHIP RECIPIENTS



DR. ANNE GHATI
Finished her Assistant Medical Officer Training Program



WILLIAM MHAPA
Finishing his Master's in Health Systems Management



HOSIANA MOLLELL
Upgrading to a Diploma-level Registered Nurse and Midwife



DR. WALII MSUYA
Pursuing an OB/GYN residency at Wits University, Johannesburg



SIANA NKYA
Traveled to the US to observe nursing care and management in American hospitals



YONA SAMWELI
Began his one year Pharmacy Tech Assistant Program

CONTINUING EDUCATION

As a learning organization, capacity building and education continue to be front and center at FAME Medical. Ten years in, this strategic priority area is increasingly woven into the day-to-day experiences of the FAME team. Whether it is the training and mentoring our Creighton Surgical Fellow is doing with our doctors under the bright lights of the operating room or the lectures and case discussions led by specialist volunteers during Tuesday morning meeting, we are ever focused on creating a culture of life-long learning at FAME.

In anticipation of our transition into the newly, expanded maternity center early next year, maternal and newborn health continue to be a major focus of education and training. With the help of Canadian Nurse Midwife, Leesha Mafuru, we were able to revisit the training needs of our Labor Ward nurses and also identify the challenges we face going forward. As a first step, she introduced and operationalized the concept of "recertifications" and skills review courses as standard practice at FAME, starting with all FAME nurses previously certified in Helping Babies Breathe (HBB).

For nurses new to Labor and Delivery and those keen to participate in the program again in its entirety, Leesha and Head Nurse, Siana Nkya, delivered the full Helping Babies Breathe (HBB) course this year, with 17 FAME nurses participating in the program. Going forward, Leesha will conduct one training every week, until all L&D nurses have completed six courses focused on emergency obstetric and newborn care. This training schedule will accommodate "off days" and patient coverage issues, which are the biggest challenges to continuity of education and training programs in a setting like ours.

With FAME now up to 145 employees, the need for a more intensive and formal approach to management training has become increasingly obvious, for both our department heads and middle managers. Business Consultant, Diane Berthel, volunteered with us for five weeks, focusing her energies on identifying management gaps and conducting trainings. Executive team member, William Mhapa, who already provides regular professional support and coaching for our managers, worked alongside Diane to learn and co-facilitate training sessions. We look forward to Phase 2 of this program, which will be rolled out during a return visit from Diane in 2019.

OUTREACH

Our outreach team traveled to surrounding villages to announce our cervical cancer screenings, cardiology screenings, and neurology clinics — all of which take place at both FAME Medical and outlying clinics. Our outreach with Traditional Birth Attendants has developed into a long-term collaboration with TBAs to address the obstacles that they and the pregnant women in their villages face.

CERVICAL CANCER SCREENING



- 5 districts reached
- 534 women screened for cervical cancer
- 72 women screened positive
- 47 thermocautery procedures done
- 3 LEEP procedures performed
- 3 healthcare providers from a local dispensary trained

CARDIOLOGY SCREENING



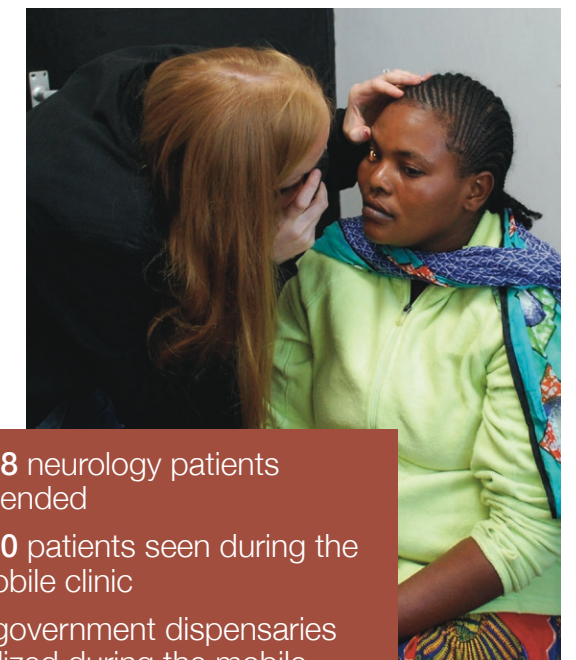
- 204 children screened in a local school and children's home
- 23 required a follow-up echo
- 7 were confirmed with rheumatic heart disease and began treatment

TRADITIONAL BIRTH ATTENDANTS



- 105 Traditional Birth Attendants contacted
- 7 village meetings
- 40 TBAs participated in a gathering on campus
- 37 TBAs interviewed with a qualitative survey about challenges they face
- 8 villages participated in the surveys

NEUROLOGY CLINIC



- 608 neurology patients attended
- 100 patients seen during the mobile clinic
- 3 government dispensaries utilized during the mobile clinic
- 4 villages reached by the mobile clinic

LABOR AND DELIVERY

Our Labor Ward finished off the year with 721 deliveries! To put into perspective the types of complications our team is facing and the critical role other departments (e.g., lab & surgery) play in saving the lives of our mothers and newborns: 22 women required blood transfusions, 17 women were sent to C-section due to eclampsia, 19 newborns were born prematurely, and 14 sets of twins were safely delivered.

Of the 721 deliveries at FAME this year, 308 were done by C-section. Despite the high-risk population we serve, we are working very hard to bring our C-section rate down. While 85 C-sections were performed due to “previous scar”, an acceptable reason in this setting due to gaps in patient history, almost as many were performed due to “fetal distress.” With the help of L&D experts and improved data collection and analysis, we look forward to determining where knowledge and/or confidence breakdowns are happening within the team. For instance, is our C-section rate a reflection of some doctors responding in an overly cautious manner to abnormalities in fetal heart rates? What additional skills do our midwives and doctors need to more effectively manage complicated labor situations? As we are able to more accurately access data that answers these questions, we will be in a much better position to individually target our educational efforts to meet the needs of the team.



721 DELIVERIES

REPRODUCTIVE AND CHILD HEALTH

Our prenatal program continues to grow, with a 17% increase in new enrollees over 2017. Needless to say, we are thrilled with the sustained growth we continue to see in participation levels for this program. That said, one of our biggest challenges continues to be how late in pregnancy women enroll in the program. On average, women are signing up at 20 weeks gestational age, which means we cannot use ultrasound to determine a precise due date. This compromises our ability to accurately schedule a necessary C-section and/or make decisions around whether or not to induce labor, increasing the risk in both situations. Given the number of high-risk pregnant women coming to FAME for prenatal care, our aim is to get pregnant women into the program much earlier, ideally at 10-12 weeks gestational age. We are in the process of exploring how best to enlist the Traditional Birth Attendants we already work with in this endeavor, providing them with the education they need to persuade women in our catchment, particularly those at higher risk, to seek prenatal care earlier in their pregnancies.

934 NEW ENROLLEES IN OUR PRENATAL PROGRAM

We had 270 new enrollees to our under-five vaccination program this year, all born at FAME. Women who have uncomplicated deliveries typically opt to do their post-natal care, including under-5 immunizations, at dispensaries nearest their home villages. The Tanzanian government, with the help of international partners, continues to work hard to ensure country-wide access to these vital services, with 75% of children between the ages of 12-23 months (country-wide) receiving all basic vaccinations (2015-16 TDHS-MIS).

The variables contributing most to low usage of modern methods of contraception in Tanzania include unpredictable supply chains, a limited range of choices in type of contraception, and persistent misconceptions about family planning. Our team addressed these challenges in two ways this year. We continued to ensure a consistent supply and variety of contraceptives for the women we serve, with the implant and IUD being the preferred methods. We also intensified our education efforts in the field to dispel myths about various forms of contraception and to educate women about the health and economic benefits of family planning. We are pleased to report that we had 356 new enrollees in this program in 2018.

As our maternal and newborn health programs grow, we look forward to the opening of our new expanded maternity center in 2019!





60 VOLUNTEERS

2018 VOLUNTEERS

Our heartfelt thanks to the 60 volunteers who joined us in Karatu throughout 2018 for your support, guidance, and expertise. We are also thankful for our team of online consultants who were crucial in assisting our team with complicated cases!

Penny Aeberhard, Family Doctor/Educator
 Nancy Allard, RN, Nursing & Architecture
 Carolyn Apple, Emergency Medicine
 Jeanne Artress, Accounting/Board Member
 Alexander Baxter, Radiologist
 Diane Berthel, Nonmedical/business
 John Best, Neurology
 Lauri Costello, Family Practice
 Katharine Crawford, Fundraising Support
 Jesse Cronan, Operations Support
 Joyce Cuff, Lab Consultant
 Terry Cuff, Nonmedical
 Barb Dehn, NP Women's Health
 Karen Denison, RN Infection Control
 Charlotte DiMaggio, RN
 Saja Erens, Midwife
 Ta Fearnside, PACU RN
 Lisa Fielding, Respiratory Therapist
 Charles Filipi, General Surgery
 Mindy Ganguly, Neurology
 Alex Girard, Volunteer Coordinator
 Steve Gluckman, Infectious Disease
 Kim Hall, NP - Chronic Disease
 Malory Henry, Nonmedical
 Paul Indman, GYN
 Andrew Jacques, Emergency Medicine
 Laura Kasher, Internist
 Duane Koenig, Surgery
 Kathrine Kuhlmann, Communications
 Mark LaRose, OBGYN
 Hannah Machemehl, Neurology
 Susan Matesanz, Neurology
 Madeleine McMurray, Nonmedical
 Kaeli McPhee, RN

Melissa Miskell, OBGYN
 Kesuma Mkare, Student
 David Morris, Diabetes
 Gary Nichols, Pediatrician
 Monica Norwick, OBGYN
 Roisin O'Donnell, Pediatrician
 Susanna O'Kula, Neurology
 Joyce Panganamala, Family Practice PA
 Amisha Patel, Neurology
 Johannes Pulst-Korenberg, Neurology
 Lindsay Raab, Neurology
 Maggie Rogan, RN
 Richard Rosenthal, Nonmedical
 Michael Rubenstein, Neurology
 Todd Sack, GI/IM
 Florian Sattelmacher, Internist
 Loie Sauer, Surgery
 Peter Schwab, Med Student
 Barbara Sharp, Radiology
 Kelly Shine, Surgery
 Reed Shnider, Cardiology
 Ben Shnider, Nonmedical
 Patti Smithson, Radiology Tech
 Liz Stoebe, Cardiology PA
 Karen Sundin, Administrative Support
 Felicity Thompson, RN
 Jane Wickman, NP
 Katie Williams, Internist
 Patti Yanklowitz, Internist
 Mary Ann Zetes, Pediatrician
 Ke Zhang, IT
 Meghan Zimmerman, Photography
 Michael Zimmerman, Family Practice/CQI
 Elissa Zirinsky, Pediatrician

CHRONIC DISEASE CLINIC



With support from volunteers Dr. Michael Zimmerman and NP Kim Hall, we ramped up our Chronic Disease Clinic that is tailored for patients diagnosed with diabetes. In 2018, we saw 94 patients. The program offers education on diet and exercise, monitoring blood sugar, and the vital importance of taking their medication regularly.

REFLECTIONS FROM PETER MMASSY, FAME TANZANIA BOARD MEMBER

I first met Frank and Susan in 2004 when they came to visit my co-founder India Howell at our Children's Village in rural Karatu District. They were fresh from the US and loaded with energy and enthusiasm to build a clinic and hospital in the city of Arusha.

Over the next two years they became family friends and regular visitors. During those visits they shared their challenges and frustrations over their search for land to build their dream, a hospital for underserved communities in Northern Tanzania. I was born and raised in a very poor and rural African village, with no access to medical care. When I heard Frank and Susan talk about building a hospital, I saw new life being brought to Tanzania to save our kids, so we kept asking, "why not look in Karatu?" Since Frank, the consummate doctor, could not resist caring for the sick, their visits turned into free medical services for our kids and then extended into free clinics for the people of Oldeani. The dining room of our ancient plantation house was the "Doctor's office" and India's bedroom became the exam room; I still remember the black toolbox that Frank used as a medical kit.

For Frank and Susan, these clinics brought to life how desperate our area was for medical care. People would walk five miles or more for the chance to see a real doctor. In those early days, most patients with serious conditions and illnesses would answer "six years" or as much as "12 years" when asked how long they had suffered. Due to that experience, Frank and Susan finally decided to consider Karatu as a possible location, as medical care in the area was extremely limited back then. After two years of searching for land with false starts and disappointments in Arusha, in just two weeks they had found several workable pieces of land in Karatu! I can still see myself with Dr. Frank – in his hat and old brown Blundstone boots – walking across an empty corn field trying to pace out the land just to get a sense of size before purchasing; to me it feels like yesterday.

Ten years later, FAME is a shining star in the Karatu District. The facility they have built is incomparable to many medical facilities in Northern Tanzania, but that is not what makes FAME a beacon of hope for people from all over the country. FAME is special because of the people who built it – Frank and Susan; the gentle, humble, and caring people I

have known all these years.

Additionally, the doctors who work alongside Frank and Susan, are the best of the best. Like most organizations and businesses, the attitude of the employees is reflective of those who lead. Each and every member of the staff carries with them the same compassion, patience, understanding and determination that they see in Frank and Susan. Each one is committed to finding a way to cure or treat even the most complicated and mysterious illness. Each one (local staff and international medical volunteers) knows that in medicine the intangibles – a smile, kind word and compassion – are often the most important first step towards helping a patient to heal.

This commitment to service and compassion makes FAME not only unique in Tanzania, but in most of Africa. I have heard countless patients say, "[FAME] is so clean and the nurses and doctors are so nice and friendly it feels like a hotel, when you're there, you don't feel like you're in a hospital." All this has been made possible because each patient is looked at as a person not a patient number. From my personal experience as a patient, every visit to every doctor includes looking at the whole picture of health, not just the current complaint. As a result, every patient comes away knowing that they have received the most important reassurance from a

doctor's visit – they will not give up until I get well! This is very hard to find in any country on the African continent.

As a result, FAME is not just widely known and trusted in the Karatu District but also neighboring regions. I wish FAME had been there in 1994: they could have saved the life of my cousin brother, my role model. He was in his first year of university with the hope of becoming an engineer one day but his hope was cut short by cerebral malaria at the age of 22. Our family and clan lost a family member who was the first ever to step into the doors of a university; this is how important FAME is to me and all Tanzanians who are the beneficiaries. FAME is setting a new standard for medicine on our continent, proving daily that despite the resource challenges, a medical facility can deliver high-quality care and superior service to patients no matter how poor they are.



2018 TZ BOARD MEMBERS

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

2018 FINANCIALS

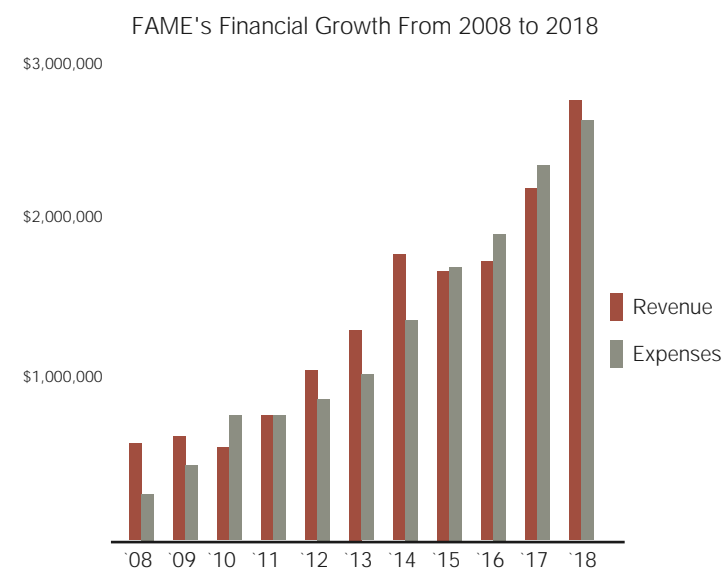
Revenues for FAME US for the year ending December 31, 2018, totaled \$1,982,921. Of this, contributions of \$1,259,847 were received from 876 donors. Grants totaled \$659,100 from six foundations. FAME Tanzania was successful in fundraising as well, receiving \$134,784 in unrestricted donations and \$150,684 for our new maternity center. Patient fee income from the outpatient clinic and the inpatient facility totaled \$475,750, an increase of 26% over 2017. Patient fees for service covered 25% of the operating costs at FAME Medical with donor support covering the other 75%. The total amount that FAME Tanzania raised was \$766,596.

Operating expenditures for FAME US and FAME Tanzania combined were \$2,104,770. Of this, fundraising expenses and administrative costs were 7%, while salary and benefits in Tanzania, medications, medical supplies, and lab supplies combined accounted for 76% of all operating expenses.

Support and Revenue		Operations Expenses	
Donations by designation received in the US		Tanzania	
Unrestricted	1,038,802	Salaries & Benefits	1,136,933
Grants	659,100	Medications & Medical Supplies	223,302
Maternity Wing - Equipment	50,000	Lab Supplies	247,119
Maternal Health	67,730	Facilities & Vehicles	99,297
Well Drilling	25,000	Inpatient Meals & Referrals	72,074
Patient Referral/Special Care	550	Other Operations	63,559
Medical Equipment	28,555	Program Support	6,568
Scholarship	33,400	Continuing Education	6,499
Cervical Cancer	1,410	Volunteer Program	39,266
Sponsored Consultants in TZ	14,400	Scholarships	13,235
TOTAL DONATIONS at FAME US	1,918,947	TOTAL EXPENSES TZ	1,907,852

Donations by designation received in TZ		US	
Unrestricted	34,608	Program Support for TZ	56,139
Maternal Health	100,176	Administration	3,486
Maternity Wing	150,684	Fundraising Expenses/Travel	28,239
TOTAL DONATIONS at FAME TZ	285,468	Salaries and Benefits	109,054
		TOTAL EXPENSES US	196,918

Other Revenue		TOTAL OPERATIONS EXPENSES	
Patient fees for service in TZ	475,750		2,104,770
Volunteer program fees	54,145	Capital Expenses	
Other Income FAME TZ	5,280	Maternity Center	362,669
Interest at FAME TZ	98	Volunteer Housing	13,953
Interest at FAME US	9,829	Water System/Borehole	57,764
TOTAL OTHER REVENUE	545,102	Medical Equipment	57,848
		IT Infrastructure	4,790
TOTAL INCOME	2,749,517	Container Storage	24,157
		Other	2,594
		TOTAL CAPITAL EXPENSES	523,775



TOTAL EXPENSES		2,628,545	
Statement of Financial Position for FAME US			
Assets			1,141,291
Total Assets			1,141,291
Liabilities			0
Unrestricted Assets			523,138
Designated Funds			618,153
Total Net Assets/Fund Balance			1,141,291
TOTAL NET ASSETS			1,141,291

THANK YOU TO OUR SUPPORTERS!

To everyone who gave this year, including those who asked to remain anonymous, thank you for your generosity and support!

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CAPITAL PROJECTS



FAME Maternity Center

Construction on our new maternity center is making good progress! In 2019, we will add the final touches; installing windows, completing electrical work, and finishing the plumbing. Once we've equipped the building, we'll be all set to open for our expecting mamas.



Wingo-Lowry House

We finished construction on the new Wingo-Lowry House in early 2018. This housing unit is a 2 apartment duplex made for our long-term volunteers and staff. It currently houses our Volunteer Coordinator and Communications Coordinator. Thank you to everyone who helped make this project possible!



Water Management Project

This year, recognizing the importance of a back-up supply of clean water, we began looking for a second borehole site. After 2 days of drilling, we found a strong source of water on our campus 171 meters deep. This new borehole can pump between 30,000 to 40,000 liters per hour! We are so grateful to those who supported this project.



Advancing patient- centered care

fameafrica.org

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