10
Celebrating Ten Years Of Touch Foundation

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MISSION

Touch Foundation is a secular, non-profit organization committed to improving the health of the Tanzanian population by strengthening the health system across the different levels of care.

Touch focuses on two key elements of the health system
• Improving the quantity and quality of healthcare workers
• Enhancing healthcare delivery mechanisms

Touch Foundation expands its impact by sharing the acquired knowledge with the local and international public health community.
Dear Friends,

This year marks Touch’s ten year anniversary. Together, over the past decade, we have made a remarkable impact on the Tanzanian health system and thereby on the lives of the Tanzanian people.

When we first launched Touch, we faced a daunting challenge. Tanzania ranked near the bottom, worldwide, in a host of health indicators and its health system was woefully ill-equipped to provide care for its people. Our impact to date has far outpaced our most optimistic expectations. Over the past 10 years, Touch has supported the education of over 2,000 healthcare workers, including 278 physicians and 70 specialists. 96% of these graduates remain in Tanzania and continue to work in the healthcare sector. In addition to focusing on training much needed healthcare workers, we have also strengthened the various healthcare delivery mechanisms for the institutions that comprise our Treat & Train network. Through improvements in infrastructure, equipment, and supplies, we have enabled healthcare workers to optimally use their knowledge and skills to serve the many patients in need.

Stepping into Touch’s second decade, we will build on our success by further expanding our focus on strengthening the overall health system to ensure proper delivery of care. In addition to continuing our current efforts, our work will include a concerted focus on optimizing deployment and retention of skilled healthcare workers in areas where they are needed the most. With the knowledge gained from our ten years of on-the-ground experience, we will continue to share this replicable and scalable healthcare model, serving as a resource for other frontline players addressing the healthcare crisis in disadvantaged communities around the world.

Our committed and deepening partnerships with the Catholic University of Health and Allied Sciences, Bugando Medical Center, the United States Agency for International Development, and the Tanzanian government have never had more momentum. We are poised for our next decade to be even more impactful than the last.

Even with the great progress made over the past decade, much remains to be accomplished. Sub-Saharan Africa still faces a severe shortage of human resources for health and an extraordinary disease burden. In our globalized world, our response to this crisis not only has profound implications for the people within these affiliated geographies but also for many others beyond these regional borders.

I am profoundly grateful for the partnership, commitment, and generous support of our donors, board members, staff, partners, and volunteers. Your support is deeply appreciated. Thank you for an extraordinary decade of life-saving work.

Warmest regards,

Lowell L. Bryan
President
Tanzania has a population of 49.3 million people, making it one of the most populous countries in Africa. Access to even basic healthcare services is often limited for a significant portion of the population, particularly for the 70% of the population living in rural areas. In Tanzania, women are 15 times more likely to die during childbirth and there are nearly 2.5 times as many deaths from cardiovascular disease and diabetes than in the United States. Child mortality, as defined by the WHO, is 54 deaths per 1,000 live births in Tanzania, compared to 45 in South Africa and only 7 in the U.S. The majority of deaths in children under five are due to acute respiratory infection, birth asphyxia, premature birth, malaria, and diarrhea. All of these causes would be easily preventable, provided access to proper facilities, basic drugs, and skilled healthcare workers.  

KEY HEALTHCARE STATISTICS  

**Child Mortality**  
Number of children who die by the age of five, per 1,000 live births, 2013  
- United States: 7  
- Africa: 68  
- South Africa: 61  
- Tanzania: 54  

**Maternal Mortality**  
Number of women who die during pregnancy and childbirth per 100,000 live births, 2013  
- United States: 9  
- Africa: 60  
- South Africa: 54  
- Tanzania: 43  

**Mortality Rate due to Cardiovascular Disease and Diabetes**  
Age standardized adult mortality by cause, ages 30-70 per 100,000, 2008  
- United States: 79  
- Africa: 56  
- South Africa: 51  
- Tanzania: 41  

**Life Expectancy**  
Number of years an individual is expected to live, at birth, 2012  
- United States: 79  
- Africa: 58  
- South Africa: 59  
- Tanzania: 61  

The shortage of skilled healthcare workers is one of the key factors affecting the overall health system performance. Although the number of practicing doctors has more than doubled over the past ten years, Tanzania’s physician density of less than one doctor per 10,000 people still lags far behind South Africa’s 8 doctors and the U.S.’s 25 doctors per 10,000 people. Similarly, shortages exist in mid-level cadres such as nurses and midwives, Assistant Medical Officers, and Clinical Officers, which constitute the much-needed backbone for basic healthcare delivery. As a result, many health facilities are under-resourced and lack staff with appropriate clinical qualifications. Furthermore, the limited healthcare workforce is unevenly distributed across the country. Healthcare workers are concentrated in urban centers while rural districts suffer from a chronic shortage of skilled staff. 

Even when healthcare workers are available, several other factors prevent patients from receiving quality care. These include a limited availability of medical equipment and supplies, poor infrastructure, a malfunctioning referral system, and poor management of health facilities. As an example, a recent assessment of the Sengerema district in the Lake Zone showed that life-saving maternal health commodities such as benzathine penicillin, oxytocin, and oral rehydration therapy are out of stock up to 125 days per year. All of these factors need to be addressed to improve the effectiveness and efficiency of the Tanzanian health system.
Touch is committed to improving the health of the Tanzanian population by strengthening the overall health system. We approach the health system as an interconnected web of elements, all of which need to be functional to enable effective delivery of care. These elements include healthcare workers, infrastructure, supplies and equipment, transportation and referrals, and healthcare management, among others.

Touch works across the different levels of the health system from tertiary hospitals down to village level facilities. We structure our work within two main programs:

- **Treat & Train**: an integrated healthcare and education network in the Lake Zone of Tanzania
- **Knowledge Management and Sharing**

Touch approaches the health system as an interconnected web of elements, all of which need to be functional to enable effective delivery of care.

We increase the number of quality skilled healthcare professionals by training new and existing healthcare workers such as physicians, nurses, lab technicians, health institution managers, and many others and ensuring they receive a quality education. As an example, through our external clinical rotations, part of the Treat & Train program, we send students from the Catholic University of Health and Allied Sciences (CUHAS) in Mwanza and local and international faculty to partner hospitals in the region. This decreases the student load at Bugando Medical Centre (BMC), Mwanza’s tertiary hospital, and enables students to receive high quality training from the posted faculty. The specialists not only support the education of critical cadres of healthcare professionals, but also provide patients with access to care previously unavailable at these hospitals, enhance the skills of the existing staff, and drive improvements in hospital systems and procedures.

Touch also improves healthcare delivery mechanisms by strengthening the Treat & Train facilities as well as enhancing the processes and systems for collaboration among institutions. We support local facilities with investments in needed infrastructure such as C-section theatres and student housing, and equipment including biomedical devices, power generators, and IT systems. We simultaneously build collaborative structures across the network to enhance critical functions such as patient referrals, patient transportation, supply and procurement, and repair and maintenance.

At the national level, we work to address the deployment and retention of healthcare professionals to ensure they are posted where needed the most, thus optimizing the distribution of the scarce resources available across the country.

Through our Knowledge Management and Sharing program, we aim to expand our impact across Tanzania and beyond by translating on-the-ground results into a scalable model and sharing learnings with the local and international public health community.

Ensuring long-term impact and sustainable results through an innovative approach

Touch’s work in Tanzania has been driven by an extensive and long-standing collaborative network which includes central and local governments, and local and international partners. These collaborations and partnerships are integral to the success and the long-term financial and managerial sustainability of our programs.

Touch designs high-impact initiatives by applying a rigorous problem-solving approach. We select key areas of intervention and design our programs based on a robust needs analysis and the experience we have gained on the ground. Touch acts as a catalyst by attracting local and international partners to bring together the technical expertise required to affect change.

We undertake our work hand-in-hand with our Tanzanian partners, enabling them to own the programs from the very beginning and ensuring that Touch can transition out when the programs have been established. After actively managing the initial execution phase of each project, we gradually transition program management to local owners.

To manage our programs and coordinate our partners, Touch employs a team of professionals with diverse backgrounds, including management consultants, medical doctors, and academics, combining the best of private and public sector approaches to deliver maximum impact.
Since Touch was founded in 2004, we have supported the education of over 2,000 healthcare workers. In addition to helping graduate a large number of healthcare workers, we have also improved the quality of their education. Today, the vast majority of these graduates work within Tanzania’s health system, providing much-needed healthcare to the Tanzanian population.

We have further improved healthcare delivery by enhancing the skills of existing healthcare workers as well as strengthening healthcare delivery mechanisms, such as upgrading facilities and medical equipment, and enhancing management of healthcare facilities.

**Increased production of new healthcare workers**

In the past ten years, Touch has helped graduate 278 physicians (~10% of the country’s total), 70 specialists, and approximately 1,700 other healthcare professionals, including 388 Assistant Medical Officers (AMOs), 376 nurses, 168 nurse anesthetists, 259 laboratory scientists, and 249 pharmacists. Student enrollment at our network flagship institutions, the Catholic University of Health and Allied Sciences (CUHAS) and the Bugando Medical Centre (BMC) in Mwanza, has also grown tremendously since Touch’s involvement. The inaugural class of 10 MD students in 2004 has grown to more than 750 MD students currently enrolled, with an average first year enrollment of over 150 new MD students every year. Total enrollment at BMC and CUHAS across all cadres has also grown more than six times from 277 students in 2004 to over 1,800 students today. CUHAS and BMC are today prepared to ensure a sustainable pipeline of future graduates across 14 healthcare worker cadres, from the certificate to the post-graduate degree level.

**Increased quality of student education**

Touch has contributed to a substantial increase in the quality of education for healthcare students by significantly enhancing the learning environment in both classroom and clinical settings. We have improved classroom training through investment in infrastructure, supplies, textbooks, and teaching equipment. We have improved clinical training quality by enhancing healthcare delivery mechanisms, including infrastructure, medical equipment, and supplies. Furthermore, our clinical rotations program for tertiary level students from CUHAS and BMC has improved the student to specialist ratio from over 30 to 1 at BMC to a range between 10 to 1 and 5 to 1 at partner hospitals.
Strong deployment and retention of trained healthcare workers

We are proud to report that 96% of the CUHAS and BMC graduates are deployed and remain in the Tanzanian health system, delivering quality healthcare to the population across the country. These graduates are working in all but one region of Tanzania and approximately 85% of them are performing clinical work. Moreover, these graduates are having a tremendous impact on the population’s health; over the course of their career, each MD will save at least 300 lives and care for thousands of people.¹

Improved skills of existing healthcare workers

Through the expansion of our Treat & Train network to regional and district hospitals in the Lake Zone, up to 500 local healthcare workers are continuously improving their skills by collaborating with international specialists and the faculty from the tertiary institutions in their daily activities.

Improved healthcare delivery in the Lake Zone of Tanzania and beyond

By training new and existing healthcare workers (as detailed above) and investing in infrastructure, medical equipment, and capability building at our supported Treat & Train institutions, Touch has contributed to improving the quality of care offered to the Tanzanian population at the tertiary, regional, and district hospital levels. BMC, the tertiary hospital located in Mwanza, has more than tripled its inpatient volume in the last ten years and serves a catchment population of approximately 16 million people. To provide adequate care, the hospital staff has grown significantly, especially in areas of high clinical expertise. BMC has seen a four-fold increase in surgery staff and a twelve-fold increase in pediatric staff, including specialists, residents, and registrars. Laboratory testing, radiological procedures, and surgical procedures have also grown over the same period of time.

At the district level, we have supported clinical upgrades at Sengerema Designated District Hospital (SDDH) by purchasing critical biomedical devices, such as a portable ultrasound and a digital x-ray. We are also building a dedicated C-section theatre to improve the quality of care delivered to the nearly 1,000 women in need of a C-section every year. The new theatre will also expand capacity for the expected increase in the number of total deliveries brought in through our Mobilising Maternal Health program’s referral network. Finally, the ongoing expansion of the post-delivery ward will create a suitable environment for new mothers, who currently may be required to share a bed with one or two other mothers recovering from child delivery.

As part of the external clinical rotation program, CUHAS and BMC faculty, and specialists from our partner international organizations, posted at Treat & Train hospitals have delivered specialized care to more than 250,000 local inpatients and outpatients. Across the nation, the over 2,000 BMC and CUHAS graduates from the past 10 years are now working in all but one region of Tanzania, continuing to provide quality healthcare across the country, long after their training has concluded.

This year, at our 2014 Asante Supper, we celebrated ten remarkable years of Touch Foundation.

At this milestone celebration, we were proud to honor two highly distinguished honorees.

LOWELL L. BRYAN
President and Founder of Touch Foundation

We are proud to honor Mr. Lowell Bryan for ten years of extraordinary leadership, generosity and dedication. Mr. Bryan led the effort to create Touch Foundation and has served as President since its inception in 2004. As President and Chairman of the Board, Lowell has worked tirelessly to ensure the success of the organization, thus changing the lives of many in Tanzania.

STROOCK & STROOCK & LAVAN LLP

We are delighted to recognize the excellent legal and charitable support of Stroock & Stroock & Lavan LLP. As Touch’s pro bono general counsel, Stroock has advised the organization in many practice areas, including Corporate, Intellectual Property, Real Estate, Tax, Government Relations, Non-Profit, Employment and ERISA, contributing 2,500 hours of legal service over the past ten years.

2014 ASANTE EVENT

Held at New York’s iconic Morgan Library & Museum, the event also welcomed a number of special guests from Tanzania, including: Dr. Frederick Kigadye, Secretary of the Tanzania Episcopal Conference; Father Charles Kutima, Vice-Chancellor and Lecturer at St. Augustine University; Dr. Charles Majinge, Director General at BMC; His Excellency Mr. Tuvako Manongi, Ambassador of the United Republic of Tanzania to the United Nations; Dr. Mange Manyama, Associate Dean at CUHAS; Dr. Stella Mongella, Pediatric Specialist at CUHAS; Professor Jacob Mtabaji, Former Principal and Vice-Chancellor of CUHAS; Dr. Isidor Ngayomela, Orthopedic & Trauma Surgeon at BMC; Professor Paschalis Rugarakamu, Vice-Chancellor of CUHAS; Archbishop Thaddaeus Ruwai’ichi, Archbishop of Mwanza and Chairman of the Health Department at BMC; Bishop Augustine Shao, Bishop of Zanzibar; Dr. Godwin Godfrey Sharau, Pediatric Cardiac Surgeon at BMC; Sister Marie-Jose Voeten, Medical Officer in Charge at Sengerema Designated District Hospital.

The word Asante, in Swahili, means thank you. The event celebrated the tireless commitment of individuals and organizations, without which Touch’s impact over the past decade would not have been possible.
What changes have you seen over the ten years you have been at CUHAS?

“In the past ten years that I have been at CUHAS, I’ve seen enormous growth. What began as a single college has now blossomed into a full-fledged university with several schools. I was part of the first group of ten; we called ourselves ‘the guinea pigs.’ Since then, the university has produced hundreds of physicians, nurses, lab scientists, and allied health specialists and our current graduating class now has 140 students.

A growing student body has also brought new ventures in expanding our teaching sites. Teaching has grown beyond the tertiary level, reaching down to the regional and district hospitals. This has given our students a wide range of clinical exposure and enabled us as clinicians to see how medicine is practiced at other facilities. It has taught us to review the curriculum and introduce a lab so our students with clinical training, but also, our teaching to nearby hospitals around Tanzania. Fourth, it is home and there’s no place like home.

At BMC, we not only do open heart surgeries for children who are in need of these lifesaving surgeries, but we also operate on adults. You cannot return to this resource-limited area and say ‘I only trained in pediatrics; you have to do a lot more. Yet, with such a long waiting list and very limited resources, we have to be very selective as to which patients we will operate on. This is a challenge but we hope in the future, we can approach more complex cases if resources will allow.”

Why did you return to Tanzania? Describe the types of surgery you currently do at BMC. What types of surgery do you hope to do in the future and why?

“What brought me back home, first, was that it just felt right to work in an area where my skills and knowledge are so needed. Second, I knew that I would get greater satisfaction working in this area, because with little input and few resources, you can achieve significant changes and impact so many lives. Third, I wanted to inspire young professionals to be part of spearheading healthcare development in Tanzania. Fourth, it is home and there’s no place like home.

At BMC, we not only do open heart surgeries for children who are in need of these lifesaving surgeries, but we also operate on adults. You cannot return to this resource-limited area and say ‘I only trained in pediatrics; you have to do a lot more. Yet, with such a long waiting list and very limited resources, we have to be very selective as to which patients we will operate on. This is a challenge but we hope in the future, we can approach more complex cases if resources will allow.’

What are some of the challenges you face in delivering care and how could those be alleviated in the future?

“We have a large number of patients and we simultaneously face human resource shortages, amongst other challenges. There are things like infrastructure—our only referral hospital in the Lake Zone has the capacity for one thousand patients, but we still have, at some points, two patients lying in one bed. We also have shortages with surgical supplies such as instrumentation and orthopedic implants.

The biggest burden we now have in Tanzania is trauma. One of the ways we are trying to address issues such as trauma is by training more medical professionals, an area Touch Foundation is supporting. We are hoping in the future that we will be able to provide more specialized treatments, not only related to trauma, but also for problems like degenerative conditions and neurological conditions.”

How has teaching evolved at Bugando in your time there?

“There has been progression in the graduate numbers and infrastructure. We are now extending our teaching to nearby hospitals around Mwanza. What this has done is not only provide our students with clinical training, but also, when faculty teach at these hospitals, they are specialists who then provide care to patients.

In addition, when we started, the professors in Bugando very much depended on the professors at institutions nearby. Now in most departments, we have our own professors teaching and we continue to improve their expertise. Touch supports our effort to brush up the skills of our professors in Bugando. We have also been able to review the curriculum and introduce a lab so students can practice their skills in a safe environment before they examine patients. As faculty, we will continue to improve more and more, enhancing the education of healthcare workers and advancing Tanzania’s health system.”

NOTE:
CUHAS: Catholic University of Health and Allied Sciences
BMC: Bugando Medical Centre
LOWELL L. BRYAN, PRESIDENT
Lowell L. Bryan retired in January 2012 from McKinsey & Company after 36 years at the firm. He served as Director for 27 of those years, helping found and lead McKinsey’s financial institutions and strategy practices. Though retired, Lowell continues to serve as Director Emeritus of the firm. He provides advice and counsel to the top management and the boards of directors of several large clients through his own advisory firm. He also currently serves as the Lead Independent Director for DST, a public company. Lowell holds a B.A. from Davidson College and an M.B.A from Harvard Business School.

KEVIN J. CURNIN
Kevin J. Curnin is a Partner of Stroock & Stroock & Lavan LLP and the Founder and Director of Stroock & Stroock & Lavan’s Public Service Project. Kevin is responsible for the program’s overall management, advising transactional and litigation clients, and assisting associates and partners with their pro bono work. Kevin holds a B.A. from Dartmouth College, an M.A. from University College Dublin, and a J.D. from Fordham University.

CEILIA FELSHER
Celia Felsher is Chief Operating Officer and General Counsel of Reservoir Capital Group, LLC, a New York based investment management firm. Prior to joining Reservoir, Celia was a partner in the Corporate Department of Milbank, Tweed, Hadley & McCloy. Celia holds an A.B. from Princeton University and a J.D. from Columbia University School of Law.

CLAUDIO BRAZ FERRO
Claudio Braz Ferro is the Chief Supply Officer and member of the Executive Board of Management for Anheuser-Busch InBev, the leading global brewer. Claudio, a Brazilian citizen, holds a Degree in Industrial Chemistry from the Universidade Federal de Santa Maria, RS, Brazil and studied Brewing Science at the Catholic University of Leuven, Louvain-La-Neuve, Belgium.

JANE FRASER
Jane Fraser is Chief Executive Officer of U.S. Consumer and Commercial Banking and Global Mortgage at Citi. She sits on the firm’s Operating Committee. Prior to joining Citi, Jane was Partner at McKinsey & Company in London and New York for 10 years, serving clients in the financial services industry; Jane holds an M.A. from Cambridge University and an M.B.A. from Harvard Business School.

MBAGO KANIKI
Mbago Kaniki is Chief Executive Officer of Adamsonia Management. He was previously a Managing Director and the Head of Strategic Investments at 40 North Industries, a Senior Analyst at Anchorage Capital Group, a Principal at Sageview Capital, a Vice President at The Carlyle Group, and a Business Analyst at McKinsey & Company. Mbago holds a B.A. from Harvard College.

SALIM RAMJI
Salim Ramji is Senior Managing Director and the Global Head of Corporate Strategy at BlackRock. Before joining BlackRock in April 2014, Salim was a Senior Partner at McKinsey & Company. Salim was a corporate finance and mergers and acquisition lawyer in London and Hong Kong before joining McKinsey. Salim holds a B.A. from the University of Toronto and a J.D. from Cambridge University.

ROBERT H. NIEHAUS
Robert H. Niehaus is the Chairman and Founder of GCP Capital Partners LLC which currently manages four private equity funds totaling $1.8 billion in committed capital, consisting of three U.S. private equity funds and a European private equity fund. Bob holds an undergraduate degree from Princeton University and an M.B.A. from Harvard Business School.

STEVEN KELMAR
Steve Kelmar is Executive Vice President, Corporate Affairs of Aetna, Inc. He also serves as Chief of Staff to Aetna’s Chairman and CEO and is a member of the company’s executive committee. Prior to joining Aetna, Steve was Head of Global Public Affairs and Policy for Merck and Co. and served in a similar position at Novartis AG. He has also worked as Senior Vice President of External Relations for Medtronic, Inc. Steve holds a B.A. from Pennsylvania State University.

CHARBEL TAGHER
Charbel Tagher is the President of Specified Technologies, Inc. (STI), a provider of firestopping products and solutions he co-founded in 1990. Prior to STI, Charbel spent 8 years with McKinsey & Company and was Vice President of Thomas and Betts. Charbel holds a B.B.A. from the American University of Beirut and an M.B.A. from the Wharton School of Business.

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MARCO SPINELLI
Marco Spinelli is the Global Product Manager for Economics and Macro Strategy at UBS. Previously, Marco was the Co-CEO of a conglomerate of industrial companies in Brazil, Head of Analytics at Bridgewater Associates, held multiple roles over his six-year tenure at Morgan Stanley, and was a consultant for McKinsey & Company. Marco holds a B.S. and an M.S. in Electrical Engineering/ Automation and Control from University of Sao Paulo and an M.B.A. from the Wharton School of Business.

TOM TELES
Tom Teles is the Global Head of Securitized and Government Investments, Global Head of the Duration Strategy and Co-Head of the Cross-Sector Strategy within the Global Fixed Income team in Goldman Sachs Asset Management. He is also a member of the Fixed Income Strategy Group, which oversees all Global Fixed Income and Currency portfolios. Prior to joining the firm, Tom was the Assistant Investment Officer at Travellers Insurance Group. Tom holds a B.A. from the University of Maryland and an M.B.A. from The University of Chicago.
In June 2014, Touch’s Board of Directors visited Tanzania for a weeklong trip. Together with our in-country team, they solidified existing partnerships and explored new opportunities.

Members of the Board and staff held strategy sessions with key stakeholders, including USAID, the Tanzanian Ministry of Health and Social Welfare, CUHAS (the medical university), and BMC (the tertiary hospital), among others. On tours of the different healthcare facilities, the Directors observed the progress made over the past ten years in student education and patient care.

The Directors also had an opportunity to meet and socialize with current students, alumni, faculty, and members of the local community, hearing their perspectives on the impact of Touch’s work as well as the challenges that remain to be addressed.

We’re still processing the benefits of the board trip, which included: (i) gaining a deeper appreciation of Tanzania and our close partners there; (ii) witnessing first-hand the tremendous work of the Touch staff; (iii) touring and better understanding the challenges at the facilities which we are helping to transform; and (iv) getting to know my wonderful fellow directors better. Sharing this all with my wife, a healthcare provider, made the trip even more memorable.

KEVIN CURNIN, TOUCH DIRECTOR
In fiscal year 2013, Touch Foundation’s gross revenues were $5,879,396. Contributions of $1,726,875 and Donated Goods and Services valued at $1,187,252 constituted 30% and 20% of the Foundation’s gross revenues, respectively, with the remaining 50% comprised of $2,965,269 in government funds provided by USAID.

Total expenses in fiscal year 2013 were $5,409,202. In addition to our ongoing support of CUHAS and BMC, our work in 2013 was largely focused on expanding our Treat & Train program. Expenditures on Treat & Train in 2013 were approximately $4.02M, and included the funding of clinical rotations between tertiary, regional and district facilities, building and equipping critical hospital infrastructure, and financing a variety of student costs including materials and supplies, transportation, and accommodations.

2013 also included further development of our Knowledge Management and Sharing program, which disseminates lessons learned from our work as a critical step in scaling and replicating our approaches, and comprised $286K of our 2013 expenditures.

Copies of our financial statements, audited by KPMG LLP, are available on our website, www.touchfoundation.org. On behalf of Tanzania’s medical students, recently graduated healthcare professionals, and their patients, we thank you sincerely for your continued support.

NOAH LEFF, CHIEF FINANCIAL OFFICER

STATEMENT OF FINANCIAL POSITION AS OF SEPTEMBER 30, 2013

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STATEMENT OF ACTIVITIES FOR THE YEAR ENDED SEPTEMBER 30, 2013

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DONORS AND PARTNERS

INSTITUTIONAL DONORS

$5 MILLION +
USAID
We gratefully acknowledge USAID’s generous $5.5 million of support for Touch’s work over the past decade.

Citi (in honor of Mr. Sanford I. Weill)
McKinsey & Company*

$5,000 – $99,999
Akin Gump Strauss Hauer & Feld LLP*

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Scott Raymond Evans Foundation

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NOTE: In-kind contributions from inception to September 30, 2013.

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A student at the Catholic University of Health and Allied Sciences library

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Charitable Foundation
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$1,000 – $1,999
A student at Bugando Medical Centre

$500 – $999
A student at Bugando Medical Centre
celebrating ten years of touch foundation

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**BUGANDO MEDICAL CENTRE**
One of the four largest hospitals in Tanzania, Bugando Medical Centre (BMC) is a 900-bed referral and teaching hospital in the Lake Zone region of Tanzania, serving 16 million people. BMC and Touch Foundation have worked in partnership since Touch’s inception in 2004.

**CATHOLIC UNIVERSITY OF HEALTH AND ALLIED SCIENCES**
One of seven medical schools in Tanzania, the Catholic University of Health and Allied Sciences (CUHAS) currently educates over 1,800 total students. CUHAS, BMC’s affiliated medical school, has worked in partnership with Touch since 2004.

**CHRISTIAN SOCIAL SERVICES COMMISSION**
Christian Social Services Commission (CSSC) supports the delivery of social services by church institutions in Tanzania. CSSC partnered with Touch Foundation in 2004, initially serving as a liaison with local organizations for Touch’s initial studies.

**MIZUMBE UNIVERSITY OF HEALTH AND ALLIED SCIENCES**
Mizumbe University of Health and Allied Sciences is located in Dar es Salaam, Tanzania. Mizumbe and Touch worked in partnership to improve healthcare management in Tanzania.

**SEKOU TOURE REGIONAL HOSPITAL**
Sekou Toure is a 350-bed regional hospital in Mwanza City. Sekou Toure joined Touch’s Treat & Train network in 2013. In addition, Vodafone Foundation and Touch have partnered to implement Vodafone Foundation’s Mobilising Maternal Health program at the hospital.

**TANZANIA EPISTOLIC CONFERENCE**
The Tanzania Episcopal Conference (TEC) is the national organization of the Catholic Bishops in Tanzania. It coordinates and facilitates the education institutions owned and managed by the Church at all levels. Touch has collaborated with the TEC leaders in support of our partner institutions, including CUHAS and BMC, since Touch’s inception.

**TANZANIAN MINISTRY OF HEALTH AND SOCIAL WELFARE**
The Tanzanian Ministry of Health and Social Welfare (MoHSW) formulates health and social welfare policies and monitors their implementation to ensure all Tanzanians have access to quality health and social welfare services. The MoHSW endorses Touch Foundation’s mission and provides on-ground expertise.

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The Parsons Family Foundation
Scott Pearson & Diana Farrell
Mary Pederen

**$250,000**

Sanford I. & Joan Weill

**$500,000**

– $999,999
– $4,999,999
– $1 MILLION
– $5 MILLION +
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**26 CELEBRATING TEN YEARS OF TOUCH FOUNDATION**

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**27 CELEBRATING TEN YEARS OF TOUCH FOUNDATION**
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30 CELEBRATING TEN YEARS OF TOUCH FOUNDATION

21 CELEBRATING TEN YEARS OF TOUCH FOUNDATION
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