



Tanzania Rural Health Movement

ANNUAL REPORT 2015



ANNUAL LETTER

Hello Friends,

It is a pleasure to start this New Year with you. We believe you are progressing well with your daily activities. In Mwanza it is the rainy season; cool weather accompanied with a green environment, a beautiful breeze from Lake Victoria, and great view from Saanane Island.

It has been a great year for our organization and projects; we have gone from being based in an office in a student hostel to a well equipped office within the city. We have also started taking care of street children's wounds via our wound care project and have begun the implementation of the first free pre hospital care across the country (and Africa) using SMS dispatching system, known as 'Beacon' .

Connections and new partnerships with various organizations across the globe have been well initiated; from California in the United States of America to Luebeck, Germany, based on our three-year plan.

Conduction of research and publications has been well implemented through developing research topics within the organization and hosting students to conduct potential studies among our projects. This has revealed useful information which has given opportunities to present research findings in the local organizations of CUHAS and Bugando Medical Centre.

Recruiting volunteers from various backgrounds has increased the size of the organization from six volunteers to twenty, all of whom ensure the organization continues to provide appropriate services to communities. Regular diverse training from various organizations including Cambridge University has given motivation, versatility and innovation to team members.

We are very happy to start this New Year with enough energy to drive further with organizational development and maintenance of relationships and collaboration among our fellow organization. This will help us with our continued aim to improve provision of health services, expressed in our Motto "Good Health is Wealth"

Tanzania Rural Health Movement provides some of the most deeply meaningful experiences we will ever encounter in our lives. Knowing we made a difference, however small or large is priceless and creates a sense of well being for everyone involved

The year 2015 was the best foundation that will enable us to make 2016 a more successful year.

Asante

Marko Hingi, MD
Founder/Director-Tanzania Rural Health Movement
Leading Change Fellow 2016-University of Cambridge



HUDUMA YA KWANZA KWA JAMII
PIGA 114 au 0282 502 222
KWA MSAADA WA DHARULA
HUDUMA HII INAPATIKANA JIJINI MWANZA
HUDUMA HII NI BURE



BASIC DETAILS

Contact Details

Tanzania Rural Health Movement (TRHM)

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Contact Person

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Founder/Executive Director

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Registration

Tanzania Rural Health Movement is registered as community based organization at Misungwi District council with registration number 3084.

Bank Details:

KCB (Tanzania) LTD

Mwanza Branch, P.O.BOX 130, Nyanza Building, Ground floor Kenyatta Road Mwanza

Beneficiary Details:

Customer's Name **Tanzania Rural Health Movement.**

Customer's account number **3301080766**

SWIFT CODE **KCBLTZTZ**

VISION AND MISSION

Vision

To provide a model health service by continually learning and providing extraordinary services in all its endeavors.

Mission

Excellence in the provision of health services in the rural communities of Tanzania.

Values

Mutual Respect: We treat others the way we want to be treated

Accountability: We accept responsibility for our actions, attitudes, and mistakes

Trust: We act with integrity and can count on each other

Excellence: We do our best at all times and look for ways to improve

Tanzania Rural Health Movement was formerly known as Bugando Health Movement for three years from its inception in 2011, and was registered at Misungwi District Council, Mwanza. It was founded by Marko Hingi and Husain Janoowalla.

Tanzania Rural Health Movement works under a broad objective of spreading health information to rural communities with the aim of promoting good health through medical services, medical research and environmental conservation in relation to health.

Tanzania Rural Health Movement has developed five specific objectives on which the organization relies:

- Raising awareness of health and promoting health services in rural communities.
- Develop projects and programs for dealing with various public health challenges
- Sharing opinions and ideas of the community on various methods of health promotion in rural communities.
- Collaboration with other partners in the health promotion of public health and medical services.
- Explaining the importance of environmental conservation in maintain good health in the community.

Also Tanzania Rural Health Movement has set a three year strategic plan 2014-2017 which focuses on the following areas:-

- Increase organizational exposure and popularity
- Create and maintain high quality partnerships and collaborate with other organizations

- Develop potential and innovative projects/research
- Create strong fundraising strategies
- Maintain low administrative expenses
- Improve monitoring and evaluation of TRHM projects
- Enhance our skill set and ensure continued professional development on the TRHM committee

ORGANIZATIONAL GOVERNANCE

Tanzania Rural Health Movement is governed by volunteers; who are assigned roles ranging from Executive board members to field volunteers

TRHM executive board comprises of six members

Name & Gender: Marko Hingi M	: Husain Janoowalla M
Position : Executive Director/Founder	: Co Founder
: Executive Board Secretary	: Executive Board Chairman
Occupation : Intern Doctor	: Pharmacist

Name & Gender: Alfred Chibwae M	: John Mtomo M
Position : Associate Director	: Finance Director
: Executive Board Member	: Executive Board Member
Occupation : MD Student	: MD Student

Name & Gender: Hyasinta Jaka F	: Nyambura Moremi F
Position : Program Director	: Partnership Development Director
: Executive Board Member	: Executive Board Member
Occupation : Lecture & Physician	: Physician

TRHM Project Coordinators Team

Huduma ya Kwanza Kwa Jamii Project

Name & Gender: John Ngonyani M	: David Riwa M
Position : Project Coordinator	: Assistant Project Coordinator
Occupation : Clinical Officer	: Pharm. Student
: MD student	

Name & Gender: Rachel John F	: Neema Mayagila F
Position : Project Treasurer	: Project Logistics Coordinator
Occupation : Nursing Student	: Nursing Student

Wound Care Project

Name & Gender: Richard Chacha M	: Mathei Kauki M
Position : Project Coordinator	: Assistant Project Coordinator
Occupation : Nursing Student	: MD Student

Name & Gender: Nyagibura Mohochi F	: Mwamini Mbange F
Position : Project Treasurer	: Project Logistics Coordinator
Occupation : Nursing Student	: Nursing Student

Mkombozi Tailors Project

Name & Gender: Irene Kawiche F	: Masanja Kitwanga M
Position : Project Coordinator	: Assistant Project Coordinator
Occupation : MD Student	: MD Student

Name & Gender: Pudesiana Assay F	: Mohammed Ramadhani M
Position : Project Treasurer	: Project Logistic Coordinator
Occupation : Nursing Student	: Nursing Student

Tuzungumze Project

Name & Gender: Keja Muruke F :Irun Luchius F
Position : Project Coordinator : Assistant Project Coordinator
Occupation : Medical Student : Medical Student

Name & Gender: Anastazia Hamaro F :Wilson Bange M
Position : Project Treasurer : Project Logistic Coordinator
Occupation : Medical Student : Nursing Student

TRHM VOLUNTEERS

In 2014/2015 TRHM had 20 volunteers from different academic backgrounds. Their professional skills, diversity of outlook and experience together with the innovations they brought were responsible for improving organizational performance.

PROJECT ACTIVITIES

Title: Wound Care Project

Name(s):

Lead Partner – Tanzania Rural Health Movement (TRHM)
Catholic University of Health and Allied Sciences-Bugando

Background: deals with provision of free wound nursing care and wound care education to the street children dwelling in Mwanza City.

Objectives

- To relieve pain and discomfort from occupational injuries
- To promote wound care education among vulnerable children.
- To reduce incidence of wound complications among children
- To increase social interaction through provision of wound care

Methods:

- Recruiting volunteers for provision of wound nursing care and education
- Hold awareness program about the project to the communities.

- Plan for outreach program where children will be provided with nursing care and wound education free of charge

Expected Impact

- To decrease pain and discomfort due to occupational injuries.
- To decrease incidence of occupational injuries and complications.

January-December 2015



After fundraising initiatives which started early November 2014 we gained A Little Help Foundation as Project sponsor. In the first three months we invested our time and resources to start the potential project to help vulnerable children in Mwanza.

We also had good communication with Mwanza City Authority through the Community and Social Welfare Department who gave us the go ahead to help street children around Mwanza City.

20 new volunteers were recruited and inducted in a two day workshop on wound nursing and treatment including elaboration of ethics and conducts of conducting the project. In addition to training we were looking to purchase basic surgical equipment and medical supplies including an autoclave for sterilization and a small tent as a nursing room.



Apart from taking care of street children's wounds we extended the project to a microbiological study in collaboration with the department of Microbiology and Immunology at Catholic

University of Health and Allied Sciences. The study is still ongoing, with further analysis of the sample needed, but the first part of the study was presented at a University symposium on November 2015.

Three months after the official launch of the project in March by Professor Steven Mshana the Wound Care Project facilitated attachment of two medical laboratory students. Street children were screened for parasites including schistosomiasis and malaria and those affected were given medicines.



In June we had a visitor from Australia, Benjamin Gilmour, who provided 30 pairs of shoes to street kids walking with bare feet.

In November we traced a single street child at their home place to find more details on how we can help him in collaboration with Scott Campbell and Baylor Clinic-Mwanza

For the past nine months we were able to nurse and treat wounds of 512 street children with an average of 14 street children per single outreach in a week.

Title: Huduma ya Kwanza kwa Jamii Project (Community First Responders Project)

Lead Partner-Trek Medics International (NY, USA)
Tanzania Rural Health Movement (MZ, TZ)

Background: BEACON is an SMS-based emergency medical dispatching software designed specifically for communities that cannot afford advanced dispatching technologies. By relaying an SMS from the scene of an emergency to trained responders throughout the community, the software enables the nearest available emergency care providers to quickly locate, treat and transport emergency victims to local hospitals.

Purpose: Beacon was designed to improve access to rapid emergency care and expedited transport for people with life- or limb-threatening illness and injury

Objective: Emergency medical systems using Beacon dispatch will ensure that 90% of critical patients requesting emergency assistance will have an emergency responder at their side within:

- 10 minutes in village centers
- 30 minutes in peripheral communities

Eligibility criteria

In order to implement and utilize Beacon successfully, the following eligibility criteria should be met:

Emergency Medical Care

- A minimum number of layperson first responders, relative to the target catchment area's determined needs, trained and proficient to locally-acceptable standards of care, with additional training in scene and personal safety to ensure that the highest possible level of responder, patient and bystander safety is maintained during each emergency response

Transport

- A minimum number of patient-appropriate transport vehicles, relative to the target catchment area's determined needs, are in-service and equally distributed to ensure that minimum response time objectives are met

Communications (Beacon)

- Human Resources: A minimum number of personnel are trained to fill the necessary roles and assume responsibility for the dispatch system's operations on a 24-7 basis:

- IT Location Administrator, to effectively operate, use and manage the Beacon dispatching software and backup communication tools, including maintaining full documentation of operations, testing and performance
- Dispatcher, to effectively take calls from community members requesting emergency assistance, dispatch a minimum appropriate number of first responders, provide on-going in-call supervision, and ensure backup communication tools are available and functioning
- First Responders, to effectively use Beacon for medical emergency response through text message interaction, including backup communication tools
- Physical Resources:
 - For dispatch and response:
 - A consistent mobile phone signal
 - For system and admin monitoring:
 - A basic laptop computer with 8GB of RAM
 - Strong, uninterrupted internet connection (or 4G, if possible)
 - 24-7 power for the internet and computer

Program Steps

- 1) Recruit young adults, transport drivers (motorcycle and tax drivers) and other community members that are already responding to medical emergencies
- 2) Train them in first aid and patient-handling skills through a two-day course, irrespective of literacy or socio-economic status (approximately 1% of population)
- 3) Register trainees' mobile phone numbers with Beacon dispatch system to be notified in the event of an emergency and conduct community-wide training exercises
- 4) Conduct community outreach and education initiatives including community-wide response exercises to spread word among the general public
- 5) Launch the system through a public ceremony

Program Outcomes

- ✓ Decreased Response time
 - In town centers, 90% of patients requesting emergency assistance will be attended within 10 minutes or less.
 - In rural areas, 90% of patients requesting emergency assistance will be attended within 30 minutes or less
- ✓ Patient outcomes
 - Reductions in injury-related fatalities
 - Reduction in intrapartum-related mortalities

✓ Financial Impact

- Reduction in capital investments, recurring and incremental costs incurred through use of inappropriate technologies (e.g., a reliance on Western-style ambulances and advanced dispatch centers)
- Reduced healthcare costs for families and social welfare programs
- Reduced productivity losses
- Supplemental income for community first responders

The project started around April after online application to Trek Medics International where we had a conversation with Trek Medics Director Jason Friensien on the potential capability of TRHM to develop the project as a local partner. These conversations were accompanied by testing of Beacon software to determine whether it can work with Tanzanian Telecommunication networks.

In June Trek Medics International Program Director Benjamin Gilmour visited Tanzania Rural Health Movement and he did five day training to 16 volunteers on emergency medical responders.



During his 7 day stay at Mwanza we had multiple meetings with various notable persons including Honorable Mwanza City Mayor Mabula, Head of Emergency Department at Bugando Medical Centre Dr. Ziad. All discussion was aimed to gather support from them to launch the project as soon as possible.

Before Ben left we had two simulation sessions in different locations using Beacon software and these worked very well. After simulation we signed a contract to start potential partnership of implementing the project in Mwanza City.



In September Scott Campbell landed in Mwanza to work on Launching the Project in early November. After meeting with Mwanza City Director and having a discussion he assigned the task to Road and Safety Department where Eng Tungalaza played a great role of connecting with potential partners who can take a great role in the Project. After meeting with representatives from the Fire and Rescue Unit, Traffic Police, Motorcycle Association, Motor vehicle Association, Local leaders from Pamba and Igogo we had great encouragement to proceed with the training phase of the project; as all of them accepted the project and wanted to start immediately.



In September/October volunteers were recruited to become trainers of the community response team where five day training was conducted and selection was done to have competent trainers.

The first group of volunteer community first responders was 18 motorcycle riders who attended a two day community responders training session. Later we added 35 volunteers from the Fire and Rescue Station and 24 from Traffic Police.



The Project started at the end of November after a few days of conducting an awareness program around the Igogo and Pamba administrative areas. Three days after the project launch first responders from Fire responded to a road traffic accident where they rescued a driver of a truck who had sustained tibia and fibula fractures of both legs.

Huduma ya kwanza Kwa Jamii Project has served 20 patients up to now and project expansion is under progress.

Title: Open Access for All (OA4A) Project

Name(s):

Lead Partner – Tanzania Rural Health Movement (TRHM)

University: Catholic University of Health and Allied Sciences-Bugando

Background: This project seeks to increase awareness and understanding of Open Access in rural areas through delivering Open Access e-resources training among medical students and rural health workers.

Objectives

- To raise awareness and educate the rural health workers about access of e-resources.
- To enhance e-resources seeking behavior among health workers for promoting good health practices.
- To promote libraries' initiative to provide hosting services for open access journals.
- To recruit medical students through cultivating cultures of Open access by sharing experiences and best practices in the development and implementation of Open Access Policies within the institution.
- To explore the benefits of Open Access, Open Source and Open Standards to medical students and rural health workers

Methods:

- Use of all forms of media including print, electronic, social media and text to spread the projects campaign and activities.
- Hold workshops to sensitize the rural health communities/medical students and generate more ambassadors for the Open Access campaign.
- Conduct research on health workers/medical students' attitude and perceptions on Open Access.

Expected Impact

- Increased awareness of the impact of Open Access campaign in medical practices.
- To improve medical studies and practices through free access of Open Access, Open Source and Open Standard.

OA4A Project was planned to be conducted at Magu District Hospital, a rural hospital where they lack open access awareness as a means of improving and updating their medical skills.

Unfortunately due to the general election activities our plan changed to Open Access Exhibition at University Compound where the security atmosphere was adequate.

It was a two hour exhibition event. Our tent was capable of serving five visitors at once and we ended the session with 67 visitors to whom we explained the advantages of open access and shared the open access for them to access free online resources.

It was a very useful exhibition for students as it only required five minutes attention to acquire valuable information to their academic advantage.



RESEARCH AND PUBLICATION ACTIVITIES

In 2015 we went further, hosting medical students to conduct their research studies fulfilling criteria required for their medical degrees. TRHM volunteers worked extremely hard to ensure their studies were completed and research findings were disseminated appropriately.



HIGH PREVALENCE OF WOUNDS AMONG STREET CHILDREN IN MWANZA CITY, TANZANIA: THE UNDERSTUDIED GROUP

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Background: Rapid growth of towns in low- and middle-income countries goes hand in hand with the increasing number of street children. Knowing the general health problems and needs of these children is crucial in helping them to live a better life. Therefore, this study was conducted to have baseline health status data of street children in Mwanza.

Methodology: Between April and July 2015, 226 children were enrolled in a study via the Wound Care Project after meeting the inclusion criteria. Their demographic data, anthropometric measurements, physical examinations and other factors related to their street life were summarized in a data collection tool. Children were examined to confirm the presence of wounds. Data were analyzed using STATA version 11 (STATA Corp LP, USA).

Results: Male sex was predominant by 97.8% (221/226). The mean age was 14.1± 3.8 years. Majority 47.8% (108/226) of children were found to be 'of' the street children who spent all their time in streets. Based on BMI, 49.6% (112/226) were underweight. The rate of drug abuse was 32.3% (73/226); out of 73 who reported to use drugs; 49.3% (36/73) used marijuana. Of the 226 children, 109 (48.2%) had wounds with 88% (96/109) of them being traumatic type. The most common mechanism of injury was accidents 57.8% (63/109) followed by cut 20.2% (22/109). Of the 109 children with wounds, only 11 (10.1%) reported to receive Tetanus Toxoid vaccination.

Conclusion: There is a need for government authorities to consider providing free healthcare for street children. Further studies on microbiological pattern of their wounds, other common health

conditions such as upper respiratory tract conditions and sexually transmitted infections should be carried for better understanding their health needs.

PREVALENCE AND ASSOCIATED FACTORS OF OVERWEIGHT AND OBESITY AMONG HIGH SCHOOL ADOLESCENTS IN NORTHWEST COMMUNITIES OF TANZANIA

Marko Hingi¹, and Hyasinta Jaka^{1,2}

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Corresponding Author Hyasinta Jaka yasintaliwa5@gmail.com

ABSTRACT

Background: The increasing existence of overweight and obesity especially among adolescents is alarming and becomes a serious public health challenge. It is currently estimated that as much as 20-50% of urban populations in Africa are classified as either overweight or obese and that by 2025, 75% of the obese population worldwide will be in developing countries.

Objective: To assess the prevalence and associated factors of overweight and obesity among high school adolescent in Northwest communities of Tanzania.

Methodology: A single centric epidemiological study was conducted among 381 high school adolescents selected randomly in Nyamagana District, Mwanza City in 2014. Overweight and obesity were assessed using height and weight of each student in the class. The interview done to students for the socio demographic history and adolescent's life style information as well as pattern of dietary intake were enquired.

Result: The overall prevalence of overweight and obesity was 14.2% and 2.6% respectively. The prevalence of overweight (13.4%) and obesity (2.6%) in adolescents residing in boarding school was higher than (0.8% overweight, 0% obese) those residing out of school campus. The meal frequency, meat, vegetables, fruits consumption was statistically significant with the p value of $P < 0.05$.

Conclusion: The present study attempts to highlight adolescent's overweight/obesity as an emerging health problem which need to be confirmed by large scale studies and effective preventive strategies should be developed to halt this epidemic at its beginning.

WHAT NEXT 2016

2016 is another potential opportunity to go further. In 2016 we will focus on continuing to work hard, expanding our current projects, advancing our organizational activities and looking for more partners.

Early next year we will launch new projects including **Mkombozi Tailors Project**. This is an extension of the Wound Care Project. Mkombozi Tailors Project is the preventive project aiming at reducing injuries among street children through provision of free sewing/stitching training among street children and recruiting them in the tailors workshop equipped with sewing machines where they will be working to earn income to cover their basic needs i.e. shelter, food and clothes.

Tuzungumze Project deals with provision of online friendly family planning, Sexual and Reproductive health education and counseling to University students through online platform in local language.

We will continue to work and maintain our mission, vision and goals to benefit communities in Mwanza and Tanzanians at large.

FINANCIAL STATEMENTS

A.STATEMENT OF COMPREHENSIVE INCOME

	2015	2014
	Tzs	Tzs
<u>Income</u>		
Revenue Grant	44,665,633	1,335,020
Other Income	-	<u>67,300</u>
Total Income	<u>44,665,633</u>	<u>1,402,320</u>
<u>Expenditure</u>		
Health Services Expenses	19,298,500	1,089,200
Research & Publication	-	(2,000)
Administrative Expenses	4,844,500	2,278,720
Depreciation	698,313	506,750
Financial Costs	<u>16,610</u>	<u>1,000</u>
Total Expenditure	24,857,923	<u>3,877,670</u>
Surplus/ (Deficit) for the year	<u>19,807,711</u>	<u>(2,475,350)</u>

B. STATEMENT OF FINANCIAL POSITION

	2015	2014
<u>Assets</u>	Tzs	Tzs
<u>Non - current assets</u>		
Property, plant and equipment	3,920,938	2,259,250
Investment in Tula Farming Co LTD	<u>1,821,680</u>	<u>1,821,680</u>
Total non-current assets	<u>5,742,618</u>	<u>4,080,930</u>
<u>Current assets</u>		
Staff loan	-234,000	234,000
Cash at Bank	19,198,163	2,031,140
Cash in Hand	2,000,000	<u>287,000</u>
Total current assets	<u>21,198,163</u>	<u>2,552,140</u>
Total Assets	<u>26,940,781</u>	<u>6,633,070</u>
<u>Equity and liabilities</u>		
<u>Equity</u>		
Capital Fund	9,108,420	9,108,420
Retained Earning	17,332,361	(2,475,350)
Total Equity	<u>26,440,781</u>	<u>6,633,070</u>
<u>Liabilities</u>		
<u>Non-Current liabilities</u>		
Long term loans	-	-
Provision for Audit Fee	500,000	-
Total equity and liabilities	26,940,781	6,633,070

C. STATEMENT OF CASHFLOWS

	2015	2014
	Tzs	Tzs
Cash flows from operating activities		
Surplus/(deficit) for the year	19,807,711	(2,475,350)
Adjustment		
Depreciation	698,313	506,750
Adjustments (Gain) / Loss on Sales of PPE		-
Net cash operations before working capital changes	20,506,023	(1,968,600)
Changes in working capital		
(increase) /decrease in inventories	-	-
(Increase)/decrease in trade and other receivables	234,000	(234,000)
Increase/(decrease) in trade and other payables	500,000	-
Net change in working capital	734,000	(234,000)
Net cash flow from operating activities	21,240,023	(2,202,600)
 Cash flows from investing activities		
Purchase of property, plant and equipment	(2,360,000)	(2,766,000)
Investment in Tula Farming Co LTD	-	(1,821,680)
Net cash flows from investing activities	(2,360,000)	(4,587,680)
 Cash flows from financing activities		
Long term loan	-	-
Capital Funds	-	9,108,420
Net cash flow from financing activities	-	9,108,420
Net (decrease)/increase in cash and cash equivalents	18,880,023	9,108,420
Cash and cash equivalents at 1 March 2015	2,318,140	-
Cash and cash equivalents as at 31 December 2015	21,198,163	2,318,140

DONORS AND PARTNERS

We are very happy to express our deepest thanks to our donors and partners. Your financial and technical support helped us in our mission and assisted those in our community.

With your kind, faithful financial contributions over last year you've demonstrated your deep commitment to our work in Mwanza.

We look forward to a continuing partnership with you.

Susie Bailey	Matt Bailey	Professor Paschalis Rugarabamu
Matt Bailey Family	Halifa Hussein Hida	Cephas Hingi Family
Eng. Helmut Hummel	Professor Stephen Mshana	Dr. Helena Chapman
Dr.Luke Smart	Pascal Hyera	Dr. Dorcas Naa Dedei Aryeetey
Benjamin Gilmour	Benedicto Mihayo	Marco Fihavango
Elias Nyanza	Scott Campbell	Tulanukila Mwigune
Andrew Mbate	Mohamed Likwata	Eng.Tungaraza Mkelewe
Crispian Abbott	Evans Lucas	Duke Onyango
Eliphace Mkumbo	Vitus Silago	Dr.Mariam Mirambo
Vitus Silago	Dr.Sara Matuja	Dr.Ziad Abdul

A Little Help Foundation
Be Forward Japan
Bethke Medical Company
Bisou Bailey Foundation
Bugando Medical Centre
Catholic University of Health and Allied
Sciences-Bugando
Fire and Rescue Force
International Network Availability of Scientific
Publication
International Youth Alliance for Family
Planning
Kenya Commercial Bank
Bongo Live

Msua Pharmacy
Mwanza City Council Authority
Mwanza Motorcycle Association
Open Access Competition 2014/2015
Queens Young Leaders Award 2016
Tanzania Police Force
Tanzania Rural Health Movement Volunteers
Tula Farming Company
Trek Medics International
University of Cambridge
United Nations Educational, Scientific and
Cultural Organization (UNESCO)
21st Century Health Care

FEATURED MEDIAS



THANK YOU

