2017 was another busy year for ATS with our activities at Rafiki Surgical Missions, Australia Tanzania Young Ambassadors and Safina Foundation.

The year saw new board members Brigid Corrigan, James Savundra, Andrew Miller, Thierry Murcia, Taka Wild, Andrew Wild and Julia Murcia all join the ATS board, as well as Mario Di Vincenzo who joined us as Company Secretary/Chief Financial Officer. Each bring a wealth of experience and knowledge, and they are already making a huge difference to the efficient operations of the charity.

The 2017 Rafiki Ball was our most successful fundraising event to date. Next year will be our 15th annual ball, so it will be extra special as we look back over the past 15 years. Mark Saturday June 9th in the diary!!

Our ‘Rafiki’ name and good reputation has spread far and wide in Tanzania, especially in the northern area, and this year we were greeted by huge numbers of hopeful patients. Our teams worked tirelessly over two missions and changed the lives of people in heartbreaking situations.

We sent two containers to Tanzania and distributed the medical equipment, school equipment and laptop computers across the country. ATS also facilitated some volunteers to teach in a primary school and the donation of a school bus to the community.

In a country of 50 million people, we can’t help everyone, but the difference our organisation makes to our patients, school children, orphans and their communities is huge. As we look forward to the new year, we will have some exciting new capacity building projects to share with you.

Thank you to our volunteers, supporters and sponsors for supporting us in 2017. The work we do in Tanzania is a huge group effort and we can’t do it without your support.

Merry Christmas and Happy New Year.

Didier Murcia
ATS Chairman
The team members for the 29th Rafiki Mission were surgeons James Savundra and Barry O’Sullivan; anaesthetists Andrew Wild and Stephen Hilmi; nurses Sharon Ndossi, Jennifer Wishart, Alice Haydon, Betti Radford and Taka Wild; OT/hand therapist Lisa Browne and self-funded volunteer Sieh-Ling Dickson who worked as second ward nurse. The mission took place at Sekou Toure from 3rd – 17th November.

The team arrived to a huge group of patients on clinic day and were overwhelmed with a lot of severe burn cases. Working late until the evening on the first day they assessed a total of 125 patients. Of the 50 patients that were operated on during the mission, 33 were burn contracture releases, which require long operation times and a lot of post-op care.

It was a gruelling mission due to the long operations, and it was made even more difficult by the team electing not to have their day off because they lost a little bit of time with some members falling ill. We don’t think Lebanese food from a Mwanza restaurant will be back on the menu any time soon! We also had another procedure to add to the mix when Andrew bumped his head on a cabinet and had to be stitched up by Barry.

Two Tanzanian surgeons joined us from Muhimbili National Hospital; Plastic Surgery Department Head, Dr Ibrahim Mkoma from 4th to 12th, and Dr Laurean Rwanyuma from 12th to 14th. They assisted our surgeons and there was hands-on surgical training throughout the mission. We are aiming to support Ibrahim and his team from Muhimbili much more in future as Rafiki’s focus shifts even further toward capacity building in Tanzania.

This was a particularly challenging mission for our team and we thank you for your hard work.

Thank you to DS Medical for once again servicing our equipment free of charge and to St John of God Hospital Subiaco for the significant sponsorship each year, which covers our consumables, pharmaceuticals and some equipment.

There are lots more photos here.
Rafiki App

The Rafiki App was trialled during the last mission and with a few very minor tweaks will be ready to roll out in full capacity in April.

The app will be used on iPads and phones to collect photographs and data on our patients, which then ‘talks’ to our computer database. It will make it much easier to collect and share information, identify patients, search the database and retrieve information on returning patients.

Thank you again to Ramzi Bahbah for volunteering to build the app and Andrew Miller for your work to connect it to your database software.

Compression Garments

For first-time team member Lisa, it was a very busy mission with many patients requiring splints and therapy. She was also kept busy with a new initiative she instigated to help improve the scarring of our burn and keloid patients.

Before the mission Lisa secured some donated compression garment material for the mission and worked with a local tailor to make some personal garments. The garments have to be made to fit perfectly and he only needed to do a little bit of tweaking to get them just right. We are looking forward to working with him again next mission and hopefully we’ll see some great results.

Lisa will be back in April and will be able to check up on our patients to see how much of a difference it’s made to their scarring. You can read more about her experience on the next page.

Thank you very much to OPC Health for donating therapy supplies and thermoplastic; Ottobock Australia for thermoplastic donations; MediGroup for silicone tape and gel; and Therapist Laboratory Supplies for fabric for compression garments.

Pictured: Lisa and Taka with the local tailor and an example of a compression garment.
Lisa’s Rafiki Experience

Mission 29 was Lisa’s first mission with Rafiki. Lisa is an Occupational Therapist and Certified Hand Therapist that works in the specialised area of upper limb rehabilitation. We asked her about her experience.

At first I was a little nervous about embarking on my first mission with Rafiki but it didn’t take long before I felt at ease amongst the very friendly and welcoming team. As we left Perth airport I was enthusiastic about the experience that lay ahead of me. I have worked as a therapist in the developing world before, but this was my first trip to Africa and my first time as part of a multidisciplinary team.

The journey to Mwanza was long and tiring, but I couldn’t help but be curious about my new surroundings as we left the airport late Saturday night for Hotel Tilapia.

Early the following morning, we all jumped straight into work with the task of unloading equipment and stock before we headed off for Sekou Torre Hospital. Upon arrival at the hospital, I was astounded at the number of people waiting to be seen! Patients accompanied by their loved ones lined the corridors, each giving us an inquisitive look of anticipation and hope as we walked passed them. The team divided into two small rooms; one for processing patient details, the other for clinical assessment and treatment planning.

Betti, Sieh-ling (two ward nurses) and I scrambled to quickly set up the new computer system that we had been charged with overseeing. Today was the first trial run using electronic documentation and we were determined to get it right!

After an initial panic about the fast pace of patient processing we soon found ourselves into the swing of things. Betti and I shuffled around the room between the two surgeons, Mr James Savundra and Mr Barry O’Sullivan, and both anaesthetists, Dr Andrew Wild and Dr Steve Hilmi, taking notes, photos and starting the process of planning the coming week. It was a very crowded room (once we added in patients, their families and translators!) but somehow amidst the chaos there was an organised system and flow of thoughts within the team.

As fate would have it the majority of patients this mission presented with burn contractures which were mostly of the upper limb. It seemed to fit perfectly with my professional experience, however the deformities were far worse than anything I had seen before or could ever imagine. The extent of some contractures as well as the impact on growth and development was astounding. I learnt that many of the patients sustained their burns during younger years, often from camp fires used for cooking, and received little to no ongoing medical management once initial wounds had healed.

As I heard more and more stories I couldn’t help but reflect on the aspects of life that could be influenced by such injuries; social interaction, motor learning, sensory exposure, language development and so on. For the many children we saw I wondered what learning opportunities they were missing out on as a result of their deformity or condition, and what this would mean for them later on in life? And for the
adults, what was the impact on their livelihood and position within their community? It hit home just how vulnerable these patients were and how much change plastic surgery could facilitate. Suddenly a “release with skin graft” meant so much more than just the obvious physical change.

Throughout the mission I relished the opportunity to learn from both plastic surgeons as well as the rest of the team. Any time I could spare was used to observe the happenings in theatre and the helpful nurses and anaesthetists were kind enough to teach me a bit of theatre “know-how”.

From a therapy perspective, I learnt very quickly that the usual methods I utilise back home were just not going to work very well in this environment. I took on the experienced advice of Mr James Savundra regarding splinting, and although it went against the grain of what I would normally do, I came to realise that, in view of the context, the simple and pragmatic solutions were often the best.

Aside from splinting, I was also pleased to help facilitate a first for Rafiki by working with a local tailor to fabricate compression garments for several burns patients. After explaining what was required with some instructions, and two fittings, I would say it was a great success with a total of five garments constructed. Hopefully it can be continued on future missions as part of our management of burns and aggressive scarring.

By the end of the mission I had seen over 40 patients with a total of 51 splints made—perhaps a record number for me in such a short space of time! It was certainly hard work but one that was absolutely rewarding and the experience has been a nice reminder of just how lucky and privileged we are. Thank you Rafiki missions for letting me be a part of such memorable experience. I hope to be back soon!

Lisa Browne
(Bsc OT, CHT)
How and when did you become involved with Rafiki?
I have always wanted to do something to make difference in people’s lives and community. The opportunity came in 2011 when my Tanzanian husband met Gill McCullum who was a coordinator for Rafiki Surgical Mission at that time at a function. He told Gill that his wife is a theatre nurse and he would love for his wife to go on one of these trips to help others in need. Gill never contacted me as she wasn’t sure it was my wish or his wish. A year later in 2012, I worked with Gill in SJOG theatres and she asked me if I would like to go on a mission in three months. She told me to ask my husband but I already knew the answer. It was a great opportunity and a dream come true. Ever since then, I have been invited to go on three more missions and my last mission was in November 2017.

What makes this kind of work important to you?
The volunteer work gives me a sense of fulfilment and purpose for my role as a nurse especially in current situation when a lot of nurses don’t have job satisfaction. To be a part of these missions is not only to help people of Tanzania but help me realised why I became a nurse in the first place and what type of nurse I would like to be. Every mission gives me a sense of belonging in the community.
It also helps my children understand that there are people around the world that need our help and knowing that their mother is helping others make them proud of me and my career as a nurse.

What keeps you coming back to do more missions for Rafiki?
I am honoured to be part of a team that improve people’s quality of life, bring happiness and hope to others who are mostly outcast by their community. A lot of these are children who suffers horrific burns or facial deformity and to know that I have helped in their life changing surgeries and given them better opportunities keeps me wanting to go back to do more missions for Rafiki.

What is your favourite memory from your trips to Tanzania?
The smile on the patients and their families when they see us walking into the clinic always bring tears to my eyes. No matter how many times I see the sight of patients waiting in the clinic, it is the same feeling every time we walk into the clinic on our first day. When we say goodbye to patients on our last day, and knowing that they are happy, safe and heading towards a better quality of life makes me proud of my role in the mission.

How different are the working conditions in Perth and Tanzania?
As a theatre nurse in Perth, we don’t have to clean, pack or sterilised our instruments as we have instrument technicians that cleaned and sterilised our trays after each surgery who also make sure that we have our trays ready for our following cases. In Tanzania, it is the scrub nurse’s role to clean, pack
and sterilise the instruments after each cases and ensure that the required instruments are sterilised on time and then back to theatre to scrub for next case.

We also have limited stock so making sure that our resources are used efficiently is challenging even for surgeons when scrub nurses tell them not to use too many packs, raytecs or certain sutures and blades.

The workload and scrub role is more demanding in Tanzania. You have to be able to adapt to change quickly in theatre setting and work with available resources efficiently such as when there is no diathermy available, we have to use the metal plate covered with a wet towel (like local nurses use) and recycle the diathermy handle to cauterise the blood vessels. Patient was seen in follow up clinic and there was no sign of infection as per local doctor which shows that their resistance level is much higher than Australian population.

**What is your favourite memory from your trips to Tanzania?**

On my first trip, the hotel gave me a honeymoon suite, which has the best view of the Lake Victoria as all other rooms were taken. I love the Tilapia Hotel and its beautiful location on Lake Victoria. The hotel makes me feel safe and relax and the food is fantastic.

**Any patients and their stories that have particularly stood out for you?**

Before the recent mission, one of my friends tagged me on the Facebook to see if we can help a 15 year old girl called Halima who lives in a village somewhere in Tanzania. I straight away tagged Taka Wild our mission coordinator on a Facebook. There are others who had been asking Taka if she could help Halima too on a Facebook. Halima came to the clinic with her Shangazi (her father’s sister) and I couldn’t believe that she was actually there in person, the girl I saw on a Facebook. She had horrific burns to her face and her eyelids were contracted and she was drooling constantly as she cannot bring her lower lip up to close her mouth as her scar was contracted around her neck. After Halima’s surgery, her Shangazi was very upset and was crying in recovery because she saw Halima eyes and neck covered in bandages. I told her in my limited Swahili that everything will be ok (Hakuna Matata). After a few days, I saw Halima having her dressing change and Halima said she loves me and her Shangazi was smiling and happy. They both gave me hugs and I walked her back to the ward. It was a very emotional moment for me and I am so proud of Rafiki Surgical Mission that gives people like Halima an opportunity to change their lives. The power of social media is so strong and it was good to know that the networking was used in a positive way.

**Mission 30, April 2018**

The 30th (30th!!!) Rafiki mission will be held at Sekou Toure from April 15th – 25th 2018.

Team members are plastic surgeons Matthew Hansen and Brigid Corrigan; anaesthetists Andrew Miller and Ralph Longhorn; nurses Alice Haydon, Shannon Muir, Taka Wild, Taela Johnson and Georgie Tilbury and; OT Lisa Browne.

It will be Ralph, Taela and Georgie’s first trip with Rafiki – welcome to the team!

Also joining the mission will be Steve and Sarah Jarvis who made the winning bid for the ‘Volunteer Experience’ at the Rafiki Ball in June. As well as spending a few days with the team, Steve and Sarah will are volunteering at a rural medical clinic and then heading off on a very well deserved safari of the Serengeti and Ngorongoro Crater. We look forward to hearing all about the trip!
NIRA Orphanage Update

Thanks to the new girls’ house at NIRA ATS built, and renovations to the old dorm rooms we completed, Edith now has an income source for the orphanage.

The old dorm rooms are being rented to brac playschool and the income will help Edith care for the children at NIRA. It’s so great to see that the work we did at NIRA has allowed Edith to create a sustainable source of funding and we are sure she will continue her amazing work at NIRA for many years to come.

A Fresh Coat

Last week the girls’ house at NIRA Orphanage, constructed by ATS a couple of years ago, got a paint job!

George Zhou first visited NIRA with his parents, who were supporting NIRA through their company. The visit inspired him to organise his fellow students from International School of Tanganyika (IST) to volunteer and give the house a coat of fresh paint.

Well done to George and his classmates.
The wheels on the bus go all the way to Kilwa....

With the support of Australia Tanzania Society, Ndovu Resources donated a school bus to the PEC Pre Primary and Primary Schools in Kilwa, in Tanzania’s south. The bus was donated to honour the memory of ATS board member, Ambassador Chialo, who worked tirelessly to help others.

Following in his father’s footsteps James Chialo has stepped up into the role as an ATS board member and officially handed over the bus to Sultan Sultan in a ceremony yesterday.

With the support of ATS, Danielle Lee and Filippo Zocchi have been volunteering at the school. During the ceremony they handed over 6 second-hand laptops on behalf of ATS. The computers will be put to great use by the teachers and students.

ATS Donations

Volunteer Teachers Needed

We have been contacted by a school in Tanzania asking for volunteer teachers to help Pre-Primary and Primary School level children with their English skills.

If you are interested in going to Tanzania to share your skills and have a bit of an adventure, please email julia@lumedia.com.au
**Containers**

**Our 43rd container** arrived in Tanzania in November filled with hospital beds, physio equipment, plastic surgery books, an anaesthetic machine and theatre lights. The equipment was donated to various regions, including up to Kilimanjaro.

We are packing a smaller 20-foot container on Saturday December 14th with hospital beds donated from Waikiki Hospital.

We like to make the most of the space in the containers we send to Tanzania and packing them with smaller items such as laptops and school equipment is a great way to fill them to the brim.

If you have any laptops in good working order with chargers, we would love to take them off your hands and donate them to Tanzanian schools - ideally cleared/wiped and with basic programs such as Microsoft Office installed.

We can also take other types of school equipment that is worthwhile when we weigh up the container costs, value and space it takes up.

If you have any donation please email julia@lumedia.com.au

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**ATS Board & Members**

We have increased the size of the ATS board to include members from medical, business, accounting and media backgrounds. Our board members are Didier Murcia, Grant Pestell, Darren Gordon, Brigid Corrigan, Andrew Miller, Andrew Wild, Taka Wild, Julia Murcia, Thierry Murcia, and Tanzanian-based members and James Chialo and Zulobia Dhala.

Mario Di Vincenzo is volunteering his services as Company Secretary and Chief Financial Officer.

Thank you to all our new members for volunteering your time on our board.

We will soon be opening ATS memberships to all supporters and volunteers, which means you can also contribute the decisions we make as an organisation.

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**Websites**

With the appointment of the new ATS Board, we have launched an ATS web site. The website includes our policies and guidelines and our financial and annual reports will soon be available on-line.

We have also updated the ATYA and Rafiki sites. You can check them all out here:

www.australiatanzania.com  
www.asanterafiki.com  
www.youngambassadors.com.au

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**Save the Date!**

**FOR THE 2018 RAFIKI BALL**

June 9th  
AT CROWN PERTH
Thank you to our 2017 sponsors

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While many of you will know of Rafiki well, it is just one of the organisations under the Australia Tanzania Society banner. Over the past 12 years, while keeping each group separate, we have branched out from health, to include, education and youth support with the establishment of Australia Tanzania Young Ambassadors and, more recently, Safina Foundation. *All money raised for each individual group is used solely for that organisation and there is no cross-over of funds.*

**Rafiki Surgical Missions** is the biggest, longest running and most well known arm of our NGO. Since our first mission in 2004, Rafiki Surgical Missions has changed the lives of more than 1,300 Tanzanian children and adults with conditions such as cleft lip, cleft palate and burns injuries. We also pack and send containers of medical equipment to clinics and hospitals all across Tanzania.

In 2006 **Australia Tanzania Young Ambassadors** was formed. ATYA provides a platform for young Australians to establish links with their peers in Tanzania. These links help students in Tanzania and Australia build a better understanding of the world beyond their own borders. ATYA also raises funds to build classrooms, drill water wells, buy curriculum text books and send school supplies and equipment to Tanzania.

After a request for support from an orphanage in Geita, where a lot of our Rafiki patients come from, we established **Safina Foundation** in 2014. ‘Safina’ means ‘arc’ in Swahili and embodies the spirit of supporting young orphaned and poverty-stricken children. We have been helping the orphanage in Geita and also started a second project, which is extensive renovations and building works to a small orphanage in Dar es Salaam.