

HABARI GANI (“What news” in Swahili)

A Newsletter by Priscilla and Henry Ziegler

July-August 2018

Henry visited Tanzania again in August. Both the hospital development and the community programs are doing well. We are working with major partners to develop and expand family medicine in Tanzania.

Patients

Below is a newborn the team at Buguruni Anglican Health Centre just delivered. Also shown are the mother and proud grandmother.



This is another baby born when Henry was there. She is wearing one of the hats made by a U.S. volunteer. The mother asked not to have her picture taken but she was given one of her baby.



Shown with Dr. Max and her twin boys is an 18-year-old mother. She is HIV positive and lives with her grandmother. The man who got her pregnant rejected her and her family chased her away from home. Because she was very conscientious about taking her AIDS medications, her twins are HIV negative. However, she now sometimes fails to come for drugs refills for her AIDS medicines due to financial problems. Often simple things such as not having enough food to eat or money for transport create problems for our AIDS patients.

Lack of money for transport has also been a problem for another recent patient. The 13-year-old shown above is HIV positive and is on AIDS drugs. Unfortunately, he missed returning for drug refills due to lack of money for bus fare. When he came back, he had developed the skin infection seen above. He is living with his grandfather since both his mother and father died of AIDS.

There clearly needs to be a specific small fund set up for charity care that staff can tap for patients in these circumstances. Could someone donate \$100 or more to begin such a fund? Henry personally helps when he is there, but the need is on-going.

Pictured below is a sick baby in the health centre that the team asked Henry to examine. The baby was found to have pneumonia and was successfully treated.



The health centre continues to give space to the local rehabilitation hospital so that the workers there can work with their severely handicapped young children. They are currently using the surgical ward building until operations start as seen above.

One of the doctors at the health centre told Henry about a patient who had been brought in unconscious. He was given IV glucose and woke up. He had become unconscious because he was severely malnourished. He exemplifies the needs of so many in Tanzania.

Interfaith Partnership Community

Fahida, our community coordinator, is shown below with our latest University of Washington public health student - Haley Millet. Fahida just had a baby girl and is currently on two months leave. Haley is helping strengthen the monitoring and evaluation of the interfaith program. Agnes Mhada, our nurse educator with the program, broke her upper arm.

Despite the temporary loss of these team members, the “Faith In Action-Tanzania” community initiatives are continuing to do well. Faith in Action is training volunteers from the mosques, churches and local urban villages to find all of the orphans, widows, and unmarried children with children in the 200,000 poor Buguruni and Vingunguti communities. The volunteers do simple health assessments, link them to preventive and curative health care and find social supports.

Faith in Action is also launching the Ukombozi program, training volunteers to conduct two-hour trainings for everyone concerning alcohol and other drugs, violence, especially to women and children, and AIDS. The participants discuss the problems, what they would do to prevent the problems, and how to deal with the problems that are already present. Then each participant talks about what they will do for themselves, their family, and their community now that they are an Ukombozi (saver). These exciting programs are being piloted thanks to a generous grant from the Khaki Foundation.



Family Medicine Training

The Buguruni Anglican Health Centre is being developed as a model community teaching hospital. It is also being prepared as a model teaching hospital for family medicine and nursing training. The Tanzania government has just decided to make family medicine a full medical speciality in Tanzania. With the shortage of doctors in Tanzania, having a Tanzanian model of family medicine as the core for district hospitals and health centers will improve the quality of leadership and care throughout Tanzania.

Dr. Deo Mtasiwa and Dr. Peter Dattani are pictured on the next page outside the surgical ward and operating buildings. Dr. Mtasiwa, a Health Tanzania Foundation Board member, is the retired Tanzanian Chief Medical Officer and health leader for local and regional government in the Tanzania President’s office. Dr. Dattani, a pediatric surgeon, has been working with Henry and others in implementing the pilot emergency response system in Tanzania. Dr. Mtisawa’s wisdom and involvement have been a critical part of what we have accomplished. Dr. Mtasiwa and Dr. Dattani were part of discussions about the family medicine training.



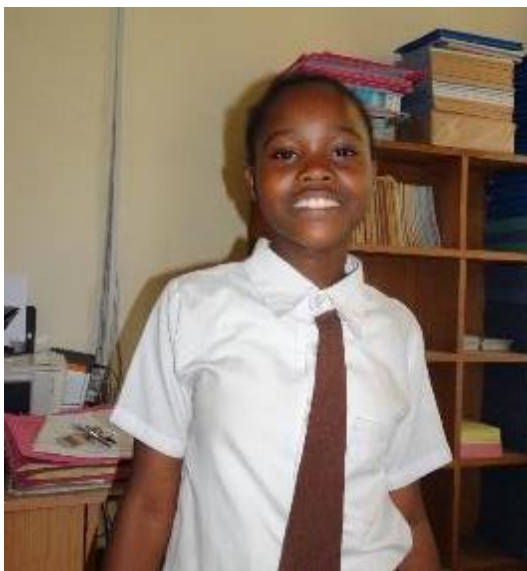
Crisis

At the hospital buildings, a water pipe that ran next to the septic tank was found to be broken, potentially contaminating the water in the surrounding area. The head of the health program, Mr. Barua, immediately had the pipe moved and had a team of four working all day until 2 am. The next day they put in place a new septic tank. This action stopped any further water contamination and prevented the women and children's centre from being shut down by the district government. Since it was an unbudgeted emergency, the money from donations paid for half of the project and some of the tools.

As can be seen from the photo above, all the work was done by hand. No construction equipment was used – quite typical for this type of project.

St. Augustine School and Orphan Support

Loveness on the left has been sponsored by one of our donors to go to school at the St. Augustine Anglican Primary School and is also registered in the free lunch program. If you remember from previous newsletters, her mother died and her father is a drug addict. Her grandmother has been taking care of her and her sister. In the November-December newsletter, we talked about finding out that her sister Lisa (on the right) was not able to go to school and that both children were sometimes short of food. Thanks to our donor both children are now at St. Augustine. Loveness is doing very well and Lisa is beginning to catch up to her grade level.



Below is an amusing photo of the kindergardners parading around and chanting. Also seen are two of the school buses used at St. Augustine.



Thanks to donations of used computers, Henry was able to bring six computers for some of the 980 students at St. Augustine Anglican Primary School. When added to the other computers donated over the years, there are now 34 computers. The classes run between 40 and 44 students. Henry hopes to bring another 6 to 8 when he returns at the end of November. This should give one computer per student in their computer classes. Henry also brought more flash drives – but we need more! Since the teachers do not have their own computers, they need to keep their lessons, tests, and results on a flash drive. Also, the students need to have a flash drive to store their work.

He was also able to bring books for the school. The school is an English medium school and there is a great shortage of books in English for the children as they learn to read.

Hospital Development

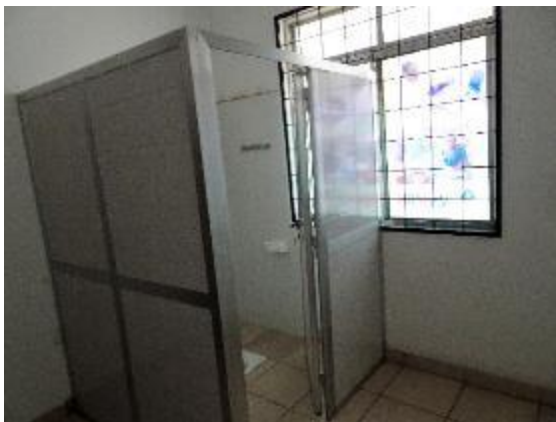
The three words that should describe health care in developing countries are persistence, patience and prayer. The hospital still has not started doing C-sections. We now have approval from the Ilala District to start operating, and we have all the necessary equipment and supplies to start. Yet we have not started! The Tanzanian Federal Drug Administration (TFDA) has to come and inspect our program and approve a license to have narcotics on site. Tanzania is very strict about narcotics and losing one vial of something like Dilaudid or Vicodin results in seven-years in prison. TFDA lost our first application. Mr. Barua has sent another. What was to take a week has now dragged on for a month. Literally any day we will be inspected and get the approval letter.

Thanks to a wonderful family's donations, we have continued to improve the surgical building and make the reproductive and child health outpatient building ready. The health program's management team decided to use the now finished "delivery building" purely as a surgical building. The clean operations such as C-sections will be kept separate from the potentially infected one. This gives us a much greater surgical capacity and the ability to do many more needed operations. Four delivery beds have been placed in the women and children's outpatient building across the corridor as have four post-delivery beds.

During this last trip, Mr. Barua and Henry met with the new Ilala District Medical Officer and District heads of Reproductive and Child Health (RCH) and nursing. The RCH head stated that we would be overloaded with deliveries as soon as we finished the renovation and finally started doing C-sections. This a good thing but means we will need to outfit two more rooms and add four more delivery beds.



Shown above are the door to the surgical building, the operating room, the new beds in the surgical ward, the new oxygen concentrator, and the suction machine.



The new toilet is on the left above. The district health program had wanted bathrooms in the changing rooms and the sinks for scrub with the handles that can be turned off without using your hand. That is seen in the photo on the right.

Two years ago a volunteer team from the Church of the Good Shepherd in Dunn Loring, Virginia, helped in the building of an outdoor waiting room for the well child program. On the next page is a photo of this area.



A photo from inside the building is on the right above. Infants come in for weighing and immunizations. Below is a delivery bed in the new delivery room. Mr. Barua is showing the new post-delivery room.



Below is the family planning counseling room. Remember that family planning supplies are free but we still have to provide the staff to do the counseling. As is true of most programs, salaries are the biggest expense at the health centre.



Staff Updates



Dr. Anna Lema on the left is one of our new doctors. She impressed Dr. Maxwell with her caring and interest in learning. On the right is Amani Sabuni, one of our administrative leaders. He recently returned from a month in the hospital for abdominal cancer. A few days after Henry left Tanzania he was back in the hospital again. Please pray for him.

Below is a photo of Dr. John Obondo's new baby. Dr. Obondo returns from his internship in November to join Mr. Barua in leading the health program. Another member of the staff shows off his infant in the second photo.



This is Mbise, one of our excellent nurses, who had a stroke last year. She had paralysis of both her right arm and leg and speech problems. She has regained full use of her leg and speech but still cannot use her arm effectively. She is therefore not able to work. She has three children and no source of income since she is divorced from her alcoholic husband. Please help. Henry has given her some money but she certainly needs more as she recovers.



Shown above are the day staff at Buguruni Anglican Health Centre. Because of the pilot waste disposal program that African Palms funded, there are now containers around the health centre for infectious waste.

Need for Volunteers

Our Tanzanian leaders are talented but there is still a need for an international person to help with the administration and financial management of the health program. This will ensure continued transparency at the health centre and the future hospital. He or she does not need to have significant experience and can be just out of school, retired, or anywhere in between. If you know of anyone who might be interested, please ask him or her to contact Henry at hdziegler@yahoo.com.

Donations

As we announced in previous newsletters, the Health Tanzania Foundation, our non-profit foundation, has tax-free status as a public charity - a 501(c)(3). Please look us up on the web at www.healthtanzania.org. In addition to finding out more about our programs, you can now donate through PayPal at the website. Please help. You can designate what the donation is for and this will be honored.

In addition to making Pay Pal donations at our web site, you can send donations to Health Tanzania Foundation, 1300 Crystal Drive, Apt. 605, Arlington, Virginia 22202 (our home address and the address for the foundation). Make any checks out to "Health Tanzania Foundation" and a receipt will be mailed to you. All donations are tax-deductible.

We know that we are always asking for funds but so little can do so much in Tanzania. Especially with the Tanzanian shilling decreasing in value when compared to the dollar, a little goes a long way. We both continue to pay for our own trips and bring supplies with each trip. Henry brought supplies such as blood pressure machines for his last trip – all donated by people at Grace Church in Alexandria, Virginia. We also purchased and brought other supplies.

Please continue to pray for the health programs in Tanzania. Henry will be visiting again in November to bring supplies and to meet with Tanzanian leaders. Anyone is welcome to go with him.

May God Bless All of Us,

Henry and Priscilla



Henry loves to take photographs of flowers. This is a recent one taken in Tanzania.