



**Health Tanzania Foundation
Annual Report - 2017**

The year 2017 was a very successful year for the Health Tanzania Foundation and its Tanzanian partners. Donations through Health Tanzania Foundation (Health Tanzania) rose from \$25,250 in 2016 to \$79,742 in 2017. This included a \$35,200 grant from the Khaki Foundation for expansion and evaluation of the Faith in Action-Tanzania community initiative as well as numerous donations from individuals and churches. The hospital and surgical development at the Buguruni Anglican Health Centre (BAHC) made great progress. Ongoing community health and medical care support was continued.

Health Tanzania Foundation

Health Tanzania Foundation is a U.S. tax-exempt charity established in 2012. It is built on Tanzanian partnerships that Drs. Henry and Priscilla Ziegler began in 2005. It raises money to help poor and needy Tanzanians, especially women and children, and actively works with Tanzanian partners to strengthen Tanzanian leaders and systems in the creation of sustainable health improvements.

Health Tanzania's purpose is:

1. To obtain grants and other funds to assist Tanzanian individuals and organizations for the improvement of their health, education, and economic well-being.
2. To partner with Tanzanian individuals and organizations in implementing and evaluating programs that will improve their health, education and economic well-being.
3. To focus on funding and developing programs that specifically help the poor and needy in Tanzania.

Hospital development

In 2017, Health Tanzania continued to support and help strengthen the Buguruni Anglican Health Centre (BAHC) as it becomes a full hospital serving the poor in Dar es Salaam, Tanzania. Health Tanzania funded an anesthesia machine, air conditioning, and cardiac monitor as well as other needed equipment and supplies for the new operating room. The equipment and supplies will enable BAHC to begin doing C-sections on mothers who need them. The building next to the operating room is where deliveries now take place. The two babies below were born at this site.



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The new operating room is seen below, and the other photo shows the reinforced door to the operating room.



Before and after photos of one of the toilets in the building for women and children's outpatient visits.

Uncompensated care

In 2017, Health Tanzania has continued to fund charity care for sick patients who could not afford to pay for care. BAHC keeps costs down and is able to pay for 90% of the costs of health care by the revenue it generates from patient care, but there are still patients who cannot afford care. Two of these patients are seen below.



The first photograph on the previous page shows a single mother who sells oranges by the roadside and could not afford the care for her toddler with a blood infection. The other patient was newly diagnosed with AIDS with a CD4 of 40 and PCP pneumonia. (Anything less than 500 means her immune system is failing.) Her oxygen level is being checked by a pulse oximeter machine donated by Health Tanzania.

Buguruni Anglican Health Centre saw over 16,000 well child visits for immunizations and other preventive care. The immunizations are provided by the Tanzanian government but there is no funding for the workers who provide the care. Some of these salaries were paid for by BAHC as were the family planning visits, but many have required donations from Health Tanzania. (The photo below shows a child being weighed as part of a well-child visit.)



Tanzanian staff

Through a Health Tanzania grant, Dr. Nargis, a Tanzanian MD, joined the staff to focus on pediatric patients. With our emphasis on women and children, this is a major advance. She is seen below on the left.



In order to strengthen the diabetes and high blood pressure programs, Health Tanzania funded the training for Dr. Maxwell for a three-month diabetes and hypertension training, required by the Tanzanian government. This allows the continuation and expansion of the health centre's diabetes and blood pressure programs

A container was obtained which will be modified to create a conference room and examination rooms for the two programs.



BAHC AIDS program

The BAHC AIDS program continued to grow and saw over 6,500 patient visits in 2017. A pediatric AIDS club was formed by the AIDS children who chose their own leaders (seen below). International and Tanzanian government funds pay for the AIDS medicine but there is no funding for the visits themselves. Most AIDS patients cannot afford to pay for their own care and Health Tanzania has helped fund this charity care for the AIDS program. Health Tanzania also paid to finish the AIDS waiting area which allows for space and privacy while waiting for services.



Technical support

Health Tanzania has continued to support the systems and technical infrastructure at the health centre. Sheri Arnaiz who came as a volunteer in 2016 has continued to work with David Habibu to strengthen the information systems. The combined team call themselves the Geeks.



David is showing a piece of equipment that Sheri supplied.

Waste management system

BAHC was the only non-government health program among a half dozen receiving a pilot waste management system through an international grant. This was a huge opportunity and honor. Among the government programs funded for the pilot was Muhimbili Hospital, Tanzania's national hospital. The requirement for participation was first building the structure to house the system. Health Tanzania received a grant from African Palms to construct the building for this new waste disposal system that will allow much safer waste disposal with less infection risk. It also allows recycling. (This \$5,000 grant is not included in the 2017 Health Tanzania financials since the money arrived in 2018.) Below is the new building where the waste management will be.



Community Initiatives

Between June and November of 2017, Health Tanzania funded Faith in Action-Tanzania to implement a pilot community initiative that had been in the planning stages over the last few years. The program was implemented in the Buruguni neighborhoods of the Ilala district in Dar es Salaam. The program had two components: (1) training community volunteers to help widows, orphans, and unmarried children with children receive preventive and curative health care; and (2) mobilizing the community to address alcohol and other drugs, violence, and AIDS.

The team, led by Prof. Mabula, the Director of Faith in Action-Tanzania, initially met with 26 leaders from five mosques, five churches, and the local Buguruni neighborhoods to plan and coordinate the program. The team developed a training manual and trained 45 volunteers from the mosques, churches and general community.

The volunteers then identified 160 widows, 210 orphans, and a few unmarried children with children living in the community. The volunteers assessed their needs and, along with the widows' and the orphans' care-givers, planned their support. The major need for the widows was health care, while for the orphans it was school supplies and health care. Of the identified orphans, 33 were provided with educational support (school supplies and fees).

The mosques, churches, and neighborhoods also helped provide social supports for the identified widows, orphans and unmarried children with children. The mosques paid for the house rent of a disabled HIV positive, home-bound widow. Below are some of the participants in the program.



The second part of the program was the Ukombozi (Saver) program. The team, with the assistance of Caitlin Cassot, from University of Washington, finalized the Ukombozi manual and translated it into Kiswahili. The manual is a guide for the volunteer trainers of the two-hour mobilization program that trains and involves everyone in the community.

Those community members identifying as having current issues around drugs, violence or AIDS participate in weekly meetings which can become ongoing 12-step Emotions Anonymous groups similar to Alcoholic Anonymous and Emotions Anonymous in the U.S. Several years ago, the Emotions Anonymous manual used in the U.S. was translated into Kiswahili by Health Tanzania.

Fifteen volunteers have been identified to support drug/alcohol addicts in their communities. The team worked with 24 drug/alcohol addicts who were identified in the Buguruni community. Two of the addicts wanted to quit injecting drugs. One was treated for multiple infections, found to be HIV positive, and immediately started on AIDS medicines at the BAHC AIDS program. The other was referred to a sober house for further treatment. The following photo shows some of the drug addicted people involved in the program.



Since lack of funds for health care was identified as a major priority for the widows, orphans and identified addicts, the team met with community leaders to discuss ways to help. A task-force

that included representatives of the widows met to find local support. One of the most promising solutions was to raise money to pay for the \$25 a person per year fee for National Health Fund Insurance. This Tanzanian government insurance program is available to the very poor but few of the widows and orphans had been able to afford it.

Based on the success of the six-month pilot, the Health Tanzania Foundation received a one-year Khaki Grant to expand and evaluate the widow and orphans and the Ukombozi programs. It is hoped that the grant can be renewed next year.

Ongoing community programs

In addition to the new program described above, Health Tanzania Foundation has continued to support the ongoing programs: (1) AIDS orphan program, (2) home-base care program, and (3) programs with the St. Augustine Primary School that is located next to the health centre.

AIDS orphan program

First started in 2006, the AIDS orphan program currently supports 48 AIDS orphans. The orphans have lost both parents to AIDS, and some of them are HIV positive. The orphans stay in the community with extended family such as the grandmother or aunt. If they have no available family members, a foster family in the community is found. They are provided with health care, emergency food and school supplies, uniforms, shoes, and other necessities for going to school. If they are older and no longer can stay in school they are enrolled in a course to learn to be a mechanic, a tailor, electronics technician, etc. It costs \$150 a year for each school child. Some of the orphans are pictured below.



Home-based care

There are 25 people currently in the home-based care program which was begun 10 years ago by a volunteer U.S. nurse. The program provides food, supportive visits, health monitoring and medicine for the home-bound. Some have had strokes, while some have AIDS. Where possible, family members or neighbors are trained to help. For some, it serves as a hospice program. There is very little in the way of social supports in Tanzania. It costs \$150 to support one home-based care patient for a year.

On the next page are photos of three patients enrolled in the program. Faidha, the community coordinator, is shown checking the blood pressure of one of the patients. The program has shrunk in numbers due to a lack of funds. Initially, there were 50 patients involved in the program.



St. Augustine Primary School

St. Augustine English Medium Primary school is next door to BAHC and serves over 850 preschool and primary school children. Since education is critical for health, Health Tanzania is in partnership with the school. In 2017, Health Tanzania brought several more computers for the computer laboratory that it had launched through a grant. Holy Cross Episcopal Church, a Health Tanzania partner, continued to provide a nutritious mid-morning meal to 250 of the school children who otherwise would receive no breakfast or lunch. Health Tanzania also paid the school fees for several orphans in particular need. The child below on the left is an orphan cared for by her grandmother because her father and uncles are all drug addicts. She is being helped by a Health Tanzania donor.



Leadership Development

Dr. John Obondo (seen above with his family) just graduated from medical school. He has worked with the Zieglers since 2009, and they funded his bachelor's in nursing degree. Dr. Flat, an American partner, funded his medical school training with some support from Health Tanzania. John is a dynamic leader who was president of his entire university's student body and one of the leaders who launched the Faith in Action - Tanzania non-profit. Despite being in medical school, he played an important role in the six-month community pilot.

Neema Kamenya (on the right above) finished her formal accounting training and is now BAHC's accountant. She has worked at BAHC as the accounts clerk for years and in a small way Health Tanzania was able to support her education.

Health Tanzania Board

I am pleased to announce that in 2017, Dr. Deo Mtasiwa and Mr. Mohamed Shariff Manekia joined the board of the Health Tanzania Foundation. Dr. Mtasiwa is a national Tanzanian public

health leader who served as Tanzania's chief medical officer for years and more recently was first in the Prime Minister's office and then in the President's office as Deputy Permanent Secretary in charge of health for local and regional government. His wisdom and direction have been critical to Health Tanzania's success. We are excited to have him on the board and hope that he continues to give us ideas and direction.

Mr. Manekia is a Tanzanian-American leader who has been partnering closely with the Zieglers since 2006 in expanding care at the health centre, especially for women and children. His energy, support and connections have helped make the work a truly interfaith effort.

At the end of 2017, Ms. Aleta Powell left the board. She has been helping with marketing and ideas on how to gain more support. This expanded annual report was one of her ideas.

International volunteers

In January 2017, Health Tanzania arranged for Dr. Neil Cox and Clare Cox to spend a month helping the health program. Dr. Cox was in his last year of family medicine and Clare is an engineer. Both are former peace corps volunteers who speak good Kiswahili. Dr. Cox taught the staff and increased their skills. Clare assisted the BAHC financial team in reviewing and strengthening their financial data collection and annual financial statements.

Caitlin Cassot, a master's student in public health, spent the summer helping develop the alcohol-drug-violence-AIDS manual for the Ukombozi community mobilization program. Dr. Henry Ziegler, Health Tanzania's president served as her mentor.



Shown above are the Coxes and their son with Faidha Rashid, the community coordinator, and her children. Caitlin Cassot is shown teaching the community volunteers.

Emergency Response System

I (Henry) have continued work on the Tanzania Emergency Response system with the Tanzanian partners and Emergency Medicine leadership of the Medical College of Wisconsin. Above is a photo of the Dar es Salaam Regional Medical Office and other leaders meeting in the President's office.

Marketing

In 2017, Health Tanzania strengthened its marketing and was able to raise much more money to help poor Tanzanians than in the past. As part of this effort, Mr. Manekia and his family funded the trip of Dr. Maxwell, our lead Tanzanian doctor, to the U.S so that he could spread the word

concerning the need and the great work that the Tanzanian partners are doing. He is seen with the rector of Christ Episcopal Church in Alexandria, Virginia, Mr. Manekia, and Henry.

Mr. Jawad Khaki and his foundation not only gave Health Tanzania the grant to extend and evaluate the community initiatives, he personally endorsed our efforts. As a world interfaith and business leader, we are very proud to have this endorsement.



In December, William Corley, a marketing specialist, came as a volunteer for a week and interviewed patients and staff in Buguruni. He has been helping Health Tanzania to strengthen and expand our marketing efforts.



Conclusion

It has been a good year for the Health Tanzania Foundation. For 2018 we expect to have the community programs greatly expanded, and the doctors at BAHC doing C-sections on mothers who cannot deliver vaginally. Through our community grant, we will again support the remote Rufiji South Delta islands.

Please consider donating or volunteering with us in this important work. Donations can be sent by mail to Health Tanzania Foundation, 1301 S. Fern Street, Suite 25260, Arlington, VA 22202-5960, or by going to our website, www.healthtanzania.org, and donating by PayPal.

Submitted by: Henry D. Ziegler, MD, MPH
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