

HABARI GANI (“What news” in Swahili)

A Newsletter by Priscilla and Henry Ziegler

January–February 2019

Henry has just returned from Tanzania where progress continues, especially with the hospital and in community health. We also are strengthening the St. Augustine school by providing it with books, food, computers, and scholarships for some orphans. We are working with major partners to develop the hospital for poor women and children and use it to expand family medicine in Tanzania.

The Hospital

We have received a generous donation that will allow us to do the architectural drawings and identify the detailed prices of both the women and children’s ward building and the education building for the hospital. As these are done, we will be asking individuals and families to donate and have rooms, wards or entire buildings named after those they want to honor.

Dr. John Obondo is back from his internship and is now our lead doctor (photos below). Dr. Obondo and Henry met with the new Dar es Salaam Regional Medical Officer, who is very supportive and will help the health program develop a formal partnership with the district. This will allow them to contribute to the cost of C-sections and other women and children’s health services.





This patient is the first male to have surgery in the new operating room. It was a hydrocele removal. A hydrocele occurs when lymphatics are blocked, and this leads to a very large testicle. As the patient is poor, the operation needed to be subsidized. The health program discounted the operation by 200,000 shillings (\$90), and Health Tanzania donated 100,000 shillings. So, the patient only had to pay 100,000 shillings. (\$45)

Donations will help the health program pay for more surgeries for poor patients.

Improvements

While we look for funds for the education building and women and children's ward buildings, we continue to develop the current infrastructure. We have begun a fully electronic health information and billing system, which will give us much better data and generate more revenue. In order to do this, we have purchased a second generator, which will be used by the outpatient buildings and administrative offices at the original health program site. Power is off frequently in Tanzania; and without the large reliable generator, the electronic system will be off for significant periods of time and the system will not accomplish its goals.

It seems ironic that a poor country such as Tanzania needs to prioritize an electronic data collection and billing systems, but such a system allows us to better collect money for the care given from patients who can pay directly or from insurance. This in turn means that the program can internally subsidize more poor patients who cannot pay.

With Dr. Obondo joining us, the matron (head nurse in the U.S.) had to be displaced so that he would have an office in which to see patients. Health Tanzania has donated the \$420 needed to build an extra room on the health centre. Our maintenance and building team had already finished much of it in the two weeks that Henry was there. See the photos below.



Patients at the health centre



The mother is shown holding her malnourished child. She brought the child all the way from Songea in the far southeast corner of Tanzania. The child had a swollen abdomen and was getting sicker. The father, an alcoholic, told her not to waste money for the child's care since she was going to die anyway. No cause was found for the malnutrition, but with food the child is improving. The visit and laboratory investigations were covered by charity care.



The woman on the left was admitted for sepsis and a urinary tract infection. The woman on the right was admitted because she was coughing up blood, but her TB smear was negative. In order to further test her for tuberculosis, she was sent to the regional hospital for an x-ray since the health program currently does not have an x-ray machine.



This woman came in with a fever and symptoms of malaria and being somewhat unresponsive. If you look carefully, you may see her vague stare. The team diagnosed her with cerebral malaria and treated successfully her for that. A few years ago, the team would have thought that she had AIDS causing an opportunistic infection of her brain. Now all inpatients are tested for HIV and she was negative.

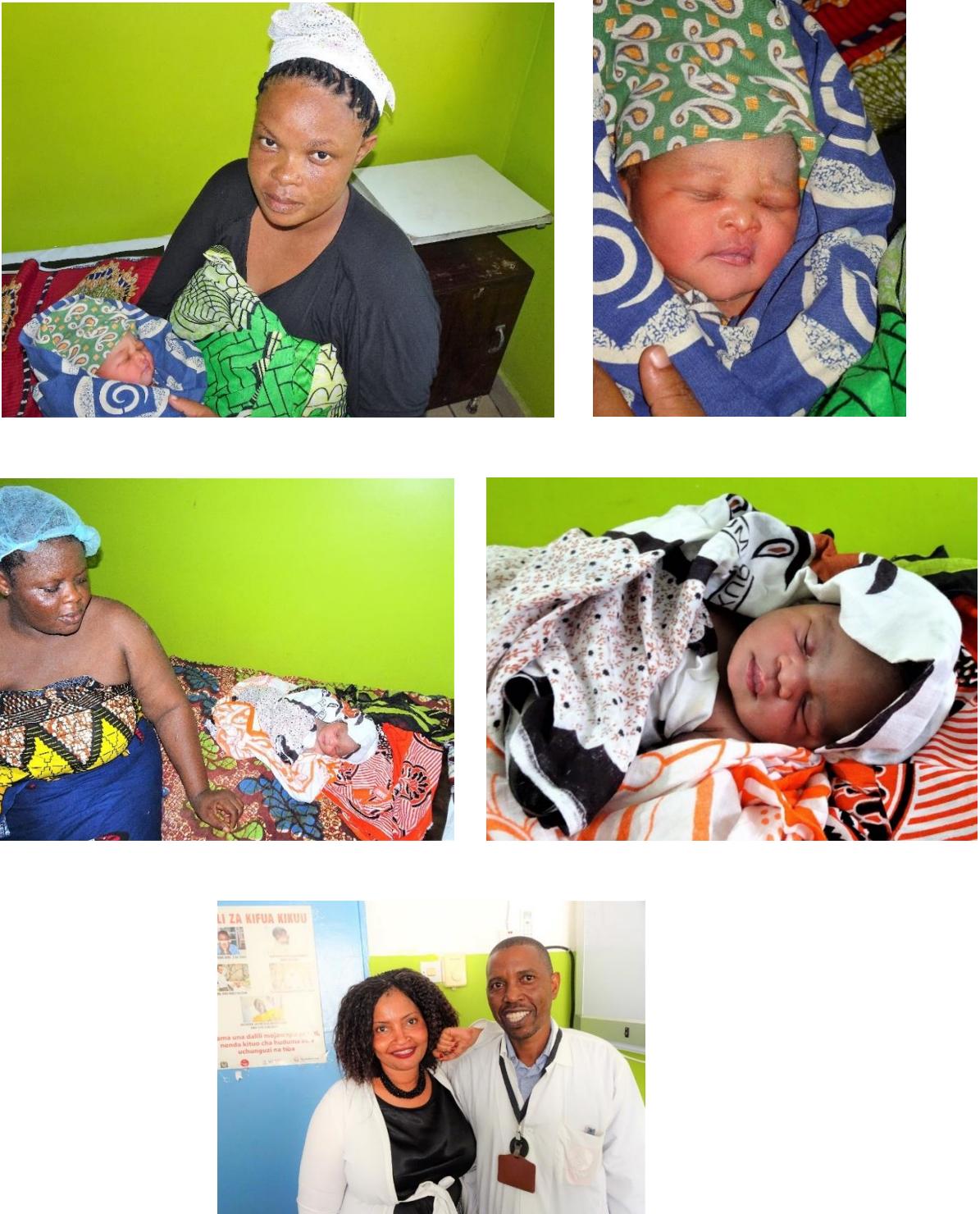


This patient is pictured with his wife. He was found to have both diabetes and malaria and did well with treatment.



The two-year-old in the middle came in with a seizure and a fever of 104.2. His malaria test was negative but a finger was found to have an abscess. The patient was treated with antibiotics for sepsis and did well. He is shown with his brother and mother.

Below are two women who delivered healthy babies while Henry was at the health centre. (Henry, of course, gave copies of the photos to the mothers. Very likely, these will be the only photos they will have of their infants.)



The patient above with Dr. Maxwell (Dr. Max) had been taking her AIDS medications and was doing very well with a very low viral load. Unfortunately, a “prophet” persuaded her stop taking her medications and pray for 40 days and nights. She became very sick and her viral load jumped to over a million. Thankfully, she came back to the AIDS program, is taking her medications, is again singing in her church choir, and feeling better. Unfortunately, her viral load has not yet gone down.

Charity Program



This family was evicted from their home by the government and was not given any reimbursement. The family includes a retired priest who suffers from progressive dementia, his wife who was a long-term receptionist at the health centre, and their grandson who lost his eye to an infection as a very young child. A relative is temporarily letting them use a few rooms. Two generous donors who paid for the grandson's education have now donated money to the family so that they can build a house on land that they own but never had money to develop.

Staff



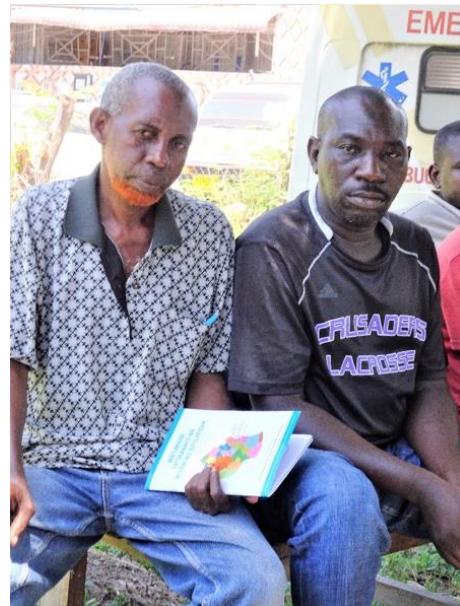
The photo on the left shows a patient receiving her vital sign information from one of the triage staff at the health centre. On the right is Martha with her youngest son Humphrey. Martha is one of our most reliable and caring staff members. She lives over an hour and a half from the centre and takes three buses to work. She supports her family as her husband is unemployed. One of our sponsors has been paying for Humphrey's education.

Multifaith Community Partnership (SEET)

The name Faith in Action has now been changed to SEET to represent its emphasis on health, social support, and education to transform communities. It is the multi-faith non-profit organization that uses volunteers from churches, mosques, and community organizations to identify and help widows, orphans, and unmarried children with children and to help them receive health care and social support. They also attempt to train everyone to deal with alcohol, drug, violence, and AIDS. Those directly affected are encouraged and trained to start their own Alcoholics Anonymous-like 12 step self-help programs. Their work in developing partnerships among all community participants continues to be refined and developed. Below is a photo of Henry with four of the members of the SEET team.



On the right above are volunteer trainers of trainers at a community meeting. Two of the members are carrying the Kiswahili copy of the Emotions Anonymous text that the team had translated from English.



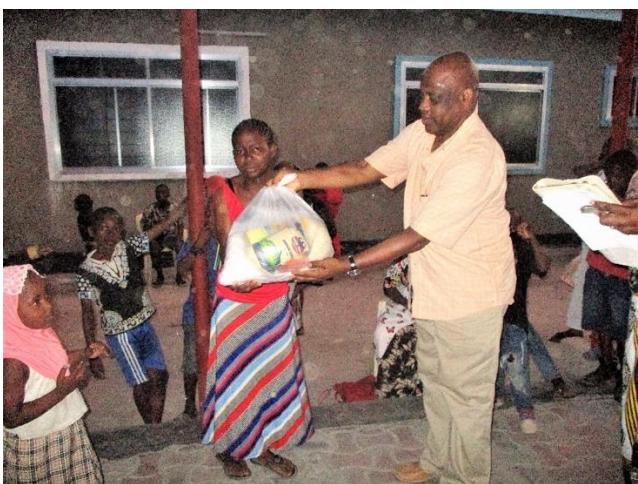
On the following page is a photo of a community volunteer meeting being led by Prof. Mabula, the SEET director.



AIDS Orphan Program

While our partner SEET is trying to work with the community to find and help all widows and orphans, the health program has continued its support for AIDS orphans in the community near the health centre. The health program has been doing this since 2006. With school tuition support, used clothing, and food and health care support, the orphans involved have a better present and future. Initially the program helped over 200 orphans, but currently there are only 50 orphans due to a lack of funding. The photos below show some of the orphans receiving food, school supplies, and used clothing. Some of the pictures show Faidha who is the director of both the AIDS orphan program and the home health care program.





On the following page is one of the big successes of the AIDS orphan program. Wastara, who is one of the AIDS orphans, is shown studying. Thanks to a generous donor, he completed his bachelor's degree in engineering this spring.



Home-based Care

We continue with our home-based care program. Due to lack of money, the program is only able to serve 25 patients.



The patient on the left is blind and is shown with the food given her. The patient on the right has AIDS and is a paraplegic. He was given money and food. This woman below is mentally ill. There is little social support in Tanzania besides the extended family. Our care prevents some of these patients from neglect, starvation, or even death.



Other home-based patients:



Both of these home-based patients are demented or mentally ill.

There are not enough doctors and very few mental health professionals in Tanzania. We are working with community caregivers to at least improve their quality of life of the patients served. Fahida visits the patients regularly and takes vital signs with each visit (see below). When needed, the patients are brought to the health centre.



St. Augustine's Primary School



On the left are Alice, the head mistress at the school, and the children who are supported by U.S. donors. On the right are children at recess playing a ball game with the teachers.

Staff Updates



In the photo on the left are Mr. Mohamed Shariff Manekia, a Health Tanzania Foundation board member and donor, with Henry, two of the health centre doctors, and the head nurse. Shariff is not a doctor but he could not resist dressing the part.

Health Tanzania Board Meeting

The Health Tanzania Foundation board meeting was held in Tanzania since three of the four board members were present (photo on right). Board members present were Dr. Deo Mtasiwa, the retired former high-level member of the Tanzanian Ministry of Health and President's office, Henry, the Board chair, and Mohamed Shariff Manekia, a Tanzanian-American business man from Florida. On the far left is Dr. John Obondo, the health program's lead doctor and a board member of SEET, the multifaith non-profit doing much of the community prevention and support. On the far right is Fatima Manekia, the wife of Shariff.

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 PayPal donations at our website, 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 Henry's trips and purchase needed medical supplies that he brings on his trips.

Please continue to pray for the health programs in Tanzania. Henry will be visiting again in June 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



This is a view of the famous African Plain. Volunteers who come can spend a day seeing the animals at a game park.