

HABARI GANI (“What news” in Swahili)

A Newsletter by Priscilla and Henry Ziegler

May-June 2019

In June, Henry returned from Tanzania, where both the hospital and community health are progressing. 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

Thanks to a generous donor from our home church (Grace Episcopal Church in Alexandria, Virginia), we now have detailed architectural drawings and bills of quantities detailing the price of both the women and children’s ward building and the education building for the hospital. While the five-story buildings will together cost two million dollars, our first phase will consist of one story of the education building and two stories of the hospital building. This will allow us to become a district-level teaching hospital. With our academic partner Hubert Kairuki University, we will begin only the second family medicine residency training in Tanzania. We are asking individuals and families to donate and have rooms, wards, or entire buildings named after those they want to honor.

Please donate so we can operate on more poor people.



While we look for funds for the education building and women and children’s ward buildings, we continue to develop the current infrastructure. At the Buguruni Anglican Health Centre, 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 that will be used by the outpatient buildings and administrative offices. Power is frequently off in Tanzania; and without the large reliable generator, the electronic system will be unavailable, and the system will not accomplish its goals. It seems ironic that a poor community 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. The new generator and cage are shown on the left below:



In the last newsletter, we described the need for a new office for Agnes, the Matron (nursing head), since Dr. John Obondo, the new head doctor, needed her office to see patients. As seen above, it is now complete.

Patients at the health center

This spring there was an epidemic of dengue fever, a mosquito-borne illness. It is also called bone-break fever because of the severe bone and muscle pain occurring with it. The mosquito bites evening or morning rather than predominantly at night when malaria mosquitoes bite. It is much like malaria or a severe case of the flu. There is marked headache, fever, prostration, severe joint and muscle pain, swollen glands (lymphadenopathy), and rash. Fortunately, it is less likely to kill someone than occurs with malaria or severe flu. Patients are severely ill for 10 days and exhausted for several weeks. Unfortunately, Raphael Barua, the health director, had dengue fever. Henry brought bottles of our favorite mosquito repellent for himself and for Dr. Barua who has used it in the past.

In Dar es Salaam, the health program in Buguruni was one of only a few health facilities to offer a diagnosis of dengue. The health center charged \$13 (30,000 Tanzanian shillings) to diagnose dengue, one half to one third of the price at most of the other health facilities who tested for it. Treatment consists of IV fluids and IV Tylenol to keep the fever down and somewhat decrease the pain. Fortunately, the epidemic was beginning to die down when Henry visited. Below are some of the dengue cases. It affects everyone of all ages and both sexes. By chance all our photos are of young men.





Below are a boy and a woman who were treated for severe malaria. It is the end of the big rainy season when malaria is most common. Malaria is treated with IV quinine, a drug that is still effective for malaria because it tastes so bad and no one wants to use it. There is a newer drug Artemether that can also be given as shot but is significantly more expensive.





Shown with her two children, Hadija lost her left leg above the knee, when she was 15. Prior to the amputation, the care given at the health center cured her bone and joint infections after three months of treatment, but a bone graft failed. She was given an artificial leg that worked for many years but is now wearing out. We gave her funds to have another assessment of her leg and are now are looking for funds to pay for a new leg.



Seen above is another baby born by C-section. Mother and baby are doing well.

The following are photos of other babies with their mothers – delivered at Buguruni Anglican Health Centre. (All were given copies of the photos by Henry.)





Staff



Dr. Cecelia (on the left above) just retired after more than 15 years at the health center. Dr. Rahel (above) has just started as her replacement and is doing well.



Edison is one of the health center's best nursing assistants. He was trained as a surgical assistant by the health team and is now the surgical assistant at all operations.

Below is Faidha Rashid and her 10-month-old son. She is the community coordinator for the AIDS orphan program, the home-based care program, and the SEET program. She is everywhere and is amazing.



This is Dr. John Obondo, who returned to the health center from his internship to become the lead doctor. He is shown with his two older children.

Multifaith Community Partnership - SEET (formerly call Faith in Action)

SEET (Socio-Economic and Education Transformation) is a Tanzanian non-profit established in 2016 to be the action arm of a multifaith-government partnership that major religious and government leaders established in 2014. The current SEET programs include (1) identifying and improving the health of all widows and orphans and strengthening their financial independence; and (2) mobilizing and training everyone in the community to deal with alcohol and other drugs, all kinds of violence, and AIDS. Those who already have issues with drugs and alcohol are helped and encouraged to begin self-help programs in the Alcoholics Anonymous model.



Pictured are Professor Mabula, who is the SEET director, and Falicia, who is a SEET team member. They are with a substance abuse recovery group.

Below are meetings with widows in the Vingunuti neighborhoods (a very poor community next to Buguruni). In Tanzania, if a man dies, his family inherits, not his widow. This often leaves the widow taking care of her children with no support and she becomes destitute.



The widows are also given food support:



Pictured are Faidha and Fatima Dato. Fatima is a Dar es Salaam community leader with a special interest in supporting widows. She has been visiting the widows who are part of the SEET program and is encouraging and helping them.

Faidha with some of the widows involved with the SEET program.





To improve their financial situation, Vingunguti widows are taught to handle their own finances and develop a SACCOS, their own microfinance loan program

Pictured below are mosque leaders who are involved in planning SEET meetings and outreach for their communities.



SEET is also involved in screening of community members. One of the community mosques sponsored a screening event in partnership with SEET, Buguruni Anglican Health Centre, Mediwell, and local government. Of the clients, 222 were tested for HIV and one new AIDS case was found and connected to the health center's award-winning AIDS program. Women were tested for breast and cervical cancer. Attendees were also tested for high blood pressure; and 12 were found to have high blood pressure. Three community members were found to have diabetes. Two were found to be positive for cervical cancer and referred to Aga Khan Hospital for more evaluation and treatment. Participants are seen below.



One of the partners at the health screening was Mediwell an excellent Muslim health center with a very strong eye program. As part of the health program, their team screened 416 patients and found 216 patients with eye problems. Of these, 35 had cataracts which were subsequently operated on, 83 had eye infections and were given antibiotic drops, 82 had poor vision, and ten suffered from a vitamin deficiency. (John Obondo is seen with two members of the Mediwell team.)

In order to make SEET successful, it is important to meet with community leaders and volunteers. Anyone who had done community organizing and partnership knows that it takes many meetings. As SEET is building a multifaith, local community, and government partnership to improve community health and well-being, its staff is constantly meeting with community religious leaders and government leaders. Some of these meetings are seen on the following page.



Meeting in a mosque.

Home-based Care

The following photos were taken by Faidha and show the variety of patients she works with in the home-based care program. In Tanzania, there is often family support, but when this is lacking there is little health and social service support for the needy. The home-based care program provides this care.

Unfortunately, due to a lack of funding, only approximately 30 clients in the community are involved in the program.



Patient having her blood pressure taken



Patient with hypertension

The following are patients who are hypertensive and have had strokes:



A mentally ill patient



AIDS patient with paralysis of legs

Many of the patients have blood pressure issues and have had strokes. In one study of the district of Dar es Salaam where we work, a third of the adults surveyed were found to have high blood pressure. Tanzania has very limited resources and so aggressive treatments for strokes, heart problems, and kidney failure related to high blood pressure are not feasible. The home-based care program helps those with strokes control their blood pressure. The health centre is attempting to strengthen its high blood pressure program to control blood pressures before there are strokes. A diabetes program is also being developed.

Need for Volunteers

We are constantly looking for volunteers both short and long term to help here and in Tanzania. There is always a role. So if your or someone you know may be interested, have them call, text or email Henry to talk about possibilities at hdziegler@yahoo.com or 703-887-1574.

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 again brought more medical supplies such as stethoscopes, pulse oxygen readers, and blood pressure machines donated by Grace Episcopal Church. Henry also brought books, and flash drives for the primary school. We especially need laptops for both the health program and school.

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

