

HABARI GANI (“What news” in Swahili)

A Newsletter by Priscilla and Henry Ziegler

August-September 2019

Tomorrow Henry returns to Tanzania to support the progress being made in developing the hospital and community health programs. Please help us make a difference.

The Hospital

Since we began working together in Tanzania in 2005, our joint Tanzanian/U.S. partnership has truly accomplished miracles. As some of you older readers know, in 2005 we had a dying health center that saw 15 patients a day. One building leaked so badly that Dr. Maxwell had to use an umbrella in his office when he saw patients in the rainy season. Seen below are photos of the old health center, which had a spigot for its one source of water and its leaky roof.



The Buguruni Anglican Health Centre had no revenue except for \$15,000 a year paid by the patients. All but one of the staff members was earning less than the Tanzanian poverty standards. There was no AIDS program - despite it being the leading cause of death in Dar es Salaam. Malaria was then the second-leading cause of death and it was widespread. Pregnant women and newborns were dying at some of the highest rates in the world and yet the program did not deliver babies. There was no community health program - even though community self-help and prevention make the biggest health impact.

In 2018, the Buguruni Anglican Centre saw over 65,000 patients -182 patients a day. It now provides comprehensive medical care for all ages, including maternal and child health. The center has ultrasound, a full pharmacy with over 100 medications, and extensive laboratory services. In 2018, the total annual budget was \$280,000 with 95% of the cost of medical care covered by local Tanzanian income. The program has an award-winning AIDS program, delivers babies, and is performing C-sections and other operations. With donations from people like yourselves and grants that include a United Thank Offering grant, we have improved the existing building and built four new buildings, including both a surgical and a surgical ward building. By keeping our costs and charges low and providing a charity allowance when needed, BAHC sees many poor from the surrounding communities. We now have a large community health effort, an AIDS orphan program, and a home-based care program for the very ill.

In our last newsletter, we showed you pictures of the new hospital buildings. In order to create our model district teaching hospital, we need to build at least one floor of the education building and two floors of the women and children's ward building. Please donate to help us create this important hospital where we can teach doctors and nurses who will deliver quality care. The donation of \$10 will buy building supplies. \$200 will purchase a ward bed. \$2,000 buys a hospital bed. \$20,000 buys a ward or a classroom, named in your honor. \$200,000 buys the first floor of either the ward building or the education building, again named in your honor. \$600,000 pays for the first three floors of either the education or the ward building, again named in your honor. Please help us construct our model district teaching hospital.



Drawing of proposed hospital building

The pictures below show a member of Action Medior (a German NGO) donating an EKG machine to the health program leaders and Diocesan General Secretary. Also seen is Dr. Mokiwa, our lead EKG doctor, taking the equipment to the testing room.



The gynecologist Dr. Wangwe and the team are shown removing large fibroids from a woman. Our emphasis in the health program is on women and children. Being able to do quality female operations is a major step forward.

African Palms Grant

African Palms has just given Health Tanzania a grant to modify a large shipping container which will be used to create a screening and treatment site for our diabetes and high blood pressure program. As we have said before, blood pressure and diabetes are common problems in Tanzania that have been largely ignored. As the country continues to decrease infections such as AIDS, malaria, and pneumonia, greater numbers of people are suffering and dying from strokes, heart problems, or kidney failure.

African Palms last supported the recycling system which has made our program one of the pioneers in Tanzania in decreasing infection transmission and recycling. The pictures below show the recycling autoclave for plastic waste. The equipment was donated by an international donor with an African Palms grant paying for the building housing the equipment.



Patients at the health center

The average non-government worker in Tanzania earns \$1.50 a day while government workers average \$5 a day. In 2013, 39,000 newborns died, the tenth highest in the world, and 7,900 women died from childbirth. Three million Tanzanian children have lost at least one parent from AIDS or pregnancy deaths.

The pictures below show the baby born of a Tanzanian woman and her American husband. They chose to have their baby delivered at our health center. Pictures show the baby with a nursing assistant, the mayor of the district, and one of the political leaders when they came to honor Hilda, the nurse-midwife who delivered the baby. This was indeed an honor for the entire health center since the family had a number of quality options for the delivery of their baby.





This is one of the poor families living near the health center - one of the large families that are all too common in Tanzania. In 2012, the total population of Tanzania was 45 million people. In 2019 it is now 60 million people. The rapidly growing population makes it all that much harder for people to feed themselves, to educate their children, and to have a sustainable income. As part of our women and children's health program, we do have family planning services, but it needs to be significantly expanded both in our current communities and around Tanzania.

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

SEET continues its very important community work. In August, 56 widows received emergency food contributions as a result of discussions with the community volunteers. In addition, the widows' self-help groups continue to strengthen and to come up with ideas for businesses such as tie-dyeing and manufacturing liquid soap. The pictures below show one of the Vingunguti widows' groups and a newly started widows' group in the same community.



SEET is also continuing to strengthen the drug-violence-AIDS program called Ukombozi. They've trained another 350 community members about how to address these three problems. 123 of the trainees were students. The pictures on the following page show two of these trainings.



The picture on the left below shows two of our volunteer trainers with the Swahili translation of the Emotions Anonymous manual. With almost no resources for formal behavioral health services, the 12-step self-help model developed initially as Alcoholics Anonymous is particularly important when dealing with substance abuse, violence, and the issues related to AIDS. Starting with substance abuse, 12 step programs have been initiated. We are proud to say that we now have recovering addicts in the program.



On the right is Prof. Mabula, head of SEET and the translator of the Emotions Anonymous manual. He is shown talking with some of the 12-step participants.

Despite setbacks and delays, SEET has begun its programs in the very rural Rufiji district South of Dar es Salaam. The program has started in three villages, which were identified by Rufiji leadership. Just as in our program in Dar es Salaam, the program helps widows, orphans, and unmarried children with children helping themselves in improving health, education, and ways of earning a living. They are linking the multiple faiths and local government resources to the local communities. They are also training village members to address the alcohol drug violence and AIDS issues.

Below are pictures of a meeting with the leaders from the three rural villages and a training meeting with community volunteer who will help implement the program.



AIDS Orphan Program

One of our AIDS orphans is now grown up and is pictured with her child. She is shown with her brother whom we are still helping.



Home-based care

The pictures below show two of our home-based care patients. As you can see, the woman on the left is blind but also has had a stroke and has high blood pressure. The man on the right has had a stroke as well and also has high blood pressure. As we have said in the past, there are very few social supports for the disabled and for very ill Tanzanians other than extended families.



Two other home-based care patients are below. For some of the patients the program provides hospice care. Because of limited funds, the program only supports around 25 patients.



Need for Volunteers

We are constantly looking for volunteers both short and long term to help in the U.S. and in Tanzania. There is always a role. If you 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. You can designate what the donation is for and this will be honored. We are also on Amazon Smile which means that 0.5% of any purchase will go to Health Tanzania. On Amazon you can join the program. After joining you sign in to Amazon with smile.amazon.com.

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 will be bringing more medical supplies such as stethoscopes, pulse oxygen readers, and blood pressure machines donated by members of the Grace Episcopal Church in Alexandria, Virginia. Henry is also bringing books, and flash drives for the St. Augustine Primary School. We especially need laptops for both the health program and the school.

Please continue to pray for the health programs in Tanzania. Starting tomorrow Henry will be visiting again. Two short term volunteers, an environmental lawyer and a mental health-/substance abuse leader will be there with him.

May God Bless All of Us,

Henry and Priscilla

