

## **HABARI GANI** (“What news” in Swahili)

**A Newsletter** by Priscilla and Henry Ziegler

**November-December 2019**

Henry was in Tanzania at the beginning of November and has identified more exciting progress as we help our partner Tanzanian organizations improve the health of more Tanzanians – by assisting them in helping themselves.

### **The Teaching Hospital**

Significant progress has been made in furthering family medicine in Tanzania and developing Buguruni Anglican Health Centre (BAHC) into a full teaching hospital for nursing students, medical students, and family medicine residents. With Tanzanian and international academic partners and the Ministry of Health, a conference to define what family medicine is in Tanzania will occur in April. Currently, Aga Khan University and Hospital have the only family medicine residency in the country.

Aga Khan University has agreed to begin sending their family medicine residents for selected rotations at BAHC. Also, Kairuki University has agreed to have medical and nursing students come for a rotation at BAHC. This will allow BAHC to immediately become a teaching institution as plans continue to build a full teaching hospital.



Drawing of  
proposed hospital

### **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 programs. As we have said before, high 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. Below is a photo of the shipping container.



**Patients at the health center**

Newborns and their mothers:





Shown with Dr. Max, our lead AIDS doctor, this 88-year-old man has AIDS. The health center has given him AIDS medications for 10 years. He takes his medications regularly and is healthy and strong.



This young man first came to BAHC as a baby and was given an immunization that unfortunately got in a nerve and created some paralysis. As an infant he came back every day for a week and was given simple physical therapy exercises. His leg cleared up perfectly. A few years later his mother was diagnosed with full-blown AIDS and after that he was found to have AIDS. He is doing well on his medications.

In addition to leading the health center’s AIDS program and the diabetes and high blood pressure programs, Dr. Max is a very good surgeon. The baby on the left below is having her extra finger removed – if you look carefully, the appendage is sticking out from her hand. The man, on the right, is diabetic and went to the Amana Regional Hospital with gangrene of his left foot and a blood infection. He was told that he would have to lose his entire foot at the ankle. He refused and they suggested that he try BAHC. Remember Amana is the regional hospital and BAHC is a health center. Dr. Max put him on antibiotics and had him return daily to have one toe removed at a time. He was able to save the man’s big toe and the rest of his foot. That is the kind of quality that BAHC is becoming known for.



**Multifaith Community Partnership (SEET, formerly called Faith in Action)**

SEET is the multifaith government and local community partnership program. In several communities its workers identify all of the widows, orphans, and unmarried children with children, help them receive

preventive and curative health care and establish social and economic supports for themselves. SEET is also training everyone to address AIDS, violence, and drugs. The pictures below show SEET's work in the Rufiji district of the Coast Region – the poorest district in the region. The motorcycle is the way that Mr. Gao and Hussein, the district social service coordinator, were able to reach the isolated village.



Mr. Gao of the SEET team is shown below with another local Muslim leader who is running an informal orphanage.



Below are community volunteers who received training. The ward leader is seen in front of her office.



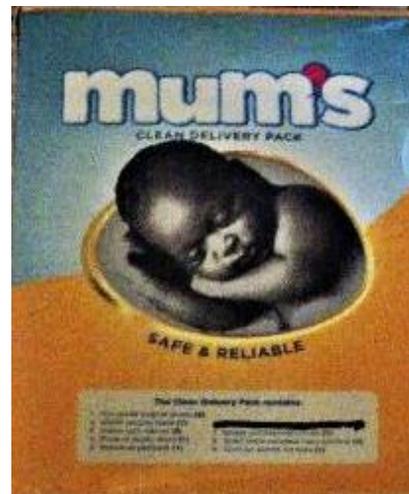
### **Clean Birth Kits**

As we have described in previous newsletters, Tanzania has some of the worst numbers of maternal and newborn deaths in the world. They have made significant progress but still have many preventable deaths. Asteria Massawe, then district nursing officer for Rufiji district, worked with our team when we pioneered maternal and newborn work on the Rufiji Delta islands. This was part of the comprehensive regional plan to decrease maternal and newborn deaths that we had developed with the Coast region. One of the most important outcomes was the development of a disposable clean birth pack that could be used both in the villages and the health facilities.

The birth pack has the so-called “six cleans” that keep the mother and baby from becoming infected. The six cleans are a sterile blade to cut the cord, a sterile clamp for the umbilicus, a clean plastic sheet to go under the mother, several pairs of sterile gloves to change during stages of labor, and a bar of soap to wash hands between each stage. It also contains misoprostol pills that decrease maternal bleeding after delivery. Infection of the babies and the mothers and afterbirth bleeding by the mother are the leading causes of death for them. Because virtually all Tanzanian women are high-risk for postpartum bleeding, every mother needs the pills to decrease bleeding immediately after delivery. The birth packs are distributed around Tanzania but have never been formally evaluated.

Another important outcome of the partnership was that Asteria received her Master’s in Public Health with an emphasis on women and children’s health. She did this because she got excited by what we were accomplishing. Eight years later she suggested applying for a Scandinavian research grant for maternal and newborn death reduction. We just received the grant and it will be used to formally evaluate the birth packs and their effectiveness. The plan is to compare the use of the birth packs between two sets of villages. They will also be made available at the health facilities. With scientific publications documenting our findings, there is a good chance that the birth packs will be used more effectively throughout Tanzania. Additionally, they will be likely to be considered in other countries with similar problems.

Below is a photo of Asteria who is sitting with Henry reviewing ideas for the Rufiji district. On the right is the picture on the front of the disposable clean birth packs that are now distributed throughout Tanzania. Henry was instrumental in pioneering the use of the birth kits.



### **St. Augustine’s Primary School**

St. Augustine’s Primary School now has over 1,000 students. When we came in 2005, they had 600 students. Because of the generosity of the Church of the Holy Cross in Dunn Loring, Virginia, 250 of the children are given a midmorning porridge meal since they would otherwise not eat that day. The parents of these students cannot afford the cost of lunch and some of the children often miss breakfast.

Every time Henry goes to Tanzania, he tries to bring laptop computers. Through a grant obtained by the Health Tanzania Foundation, the school was able to establish an initial computer lab where students can learn to use the computers and teachers can use the computers for developing and storing their lessons. This trip Henry was able to give the school four more computers. Please, if you have used laptops, donate them to Health Tanzania and Henry will take them as he is able. Ethiopian Airlines provides a free third suitcase so that he can bring up to six or seven computers at a time. Shown below are children during their computer class.



Henry also tries to take books every time he goes to Tanzania. Shown on the next page are students reading out loud from some of the donated books. Fortunately, St Augustine's is an English medium school, which means that donated English language books are very valuable.



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### **Meeting with Tanzanian-American Diaspora (DICOTA)**

Henry had the honor of speaking at the DICOTA meeting in Washington, DC. He was one of the panelists and talked about lessons learned over the last 14 years while working in Tanzania. In the photo on the left is Dr. Kurwa, one of the DICOTA leaders, Mohammed Shariff, an HTF board member, and a participant in the meeting.



**Staff**



Mary on the left is one of our strong nursing assistants and has just graduated with a degree in community health. The staff member on the right recently had a baby. Congratulations to both of them.

### **Volunteers**

In our newsletters we talk about international volunteers coming and making a difference. We are blessed to have had Mr. Ed Kussy and Mrs. Henriette Warren come for two weeks to assist in our programs. Ed is an environmental lawyer with many years of government experience. He is developing ties with a Tanzanian law school and several universities. Improving and maintaining the environment are critical parts of health, and his perspective and input are valuable to the Tanzanian efforts.

Henny is a psychiatric social worker with many years of leadership and clinical experience running mental health and comprehensive health programs in Detroit. In Tanzania Henny talked about mental health with patients living with AIDS, school children, community volunteers, and community members who are addressing their substance abuse. Mental health is a critical part of what our programs are doing. With very few mental health providers and only two mental health hospitals in the entire country, this is an area that we will be continuing to focus on and help our Tanzanian teams strengthen. We hope that Henny will be an important partner for this effort.

As we have said in previous newsletters, whatever your skills and interests, we would like to talk with you if you are interested in short-term or longer involvement in our partnerships with our Tanzanian friends and colleagues. If you or someone you know may be interested, have them call, text, or email Henry to talk about possibilities at [hdziegler@yahoo.com](mailto:hdziegler@yahoo.com) or 703-887-1574.

Below are photos of Henny and Ed with John Obondo, talking with the AIDS patient, meeting with SEET members, and meeting with Dr. Chilowaka and Faidha who are explaining the SEET program to them. There is also a picture of part of the SEET team with them.





### **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](http://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 at Amazon will go to Health Tanzania.

In addition to making Pay Pal 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 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 members of the Grace Episcopal Church in Alexandria, Virginia. Henry also brought 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.

May God Bless All of Us,

Henry and Priscilla



homemade pacifier