

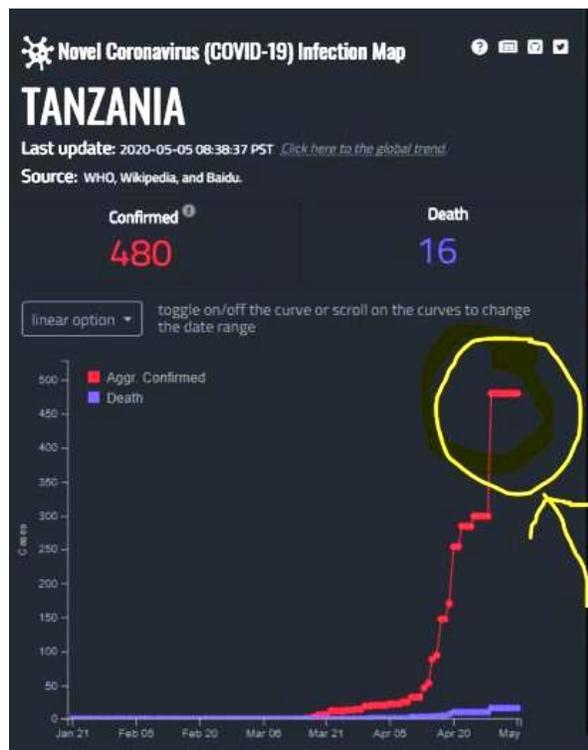
# HABARI GANI (“What news” in Swahili)

A Newsletter by Priscilla and Henry Ziegler

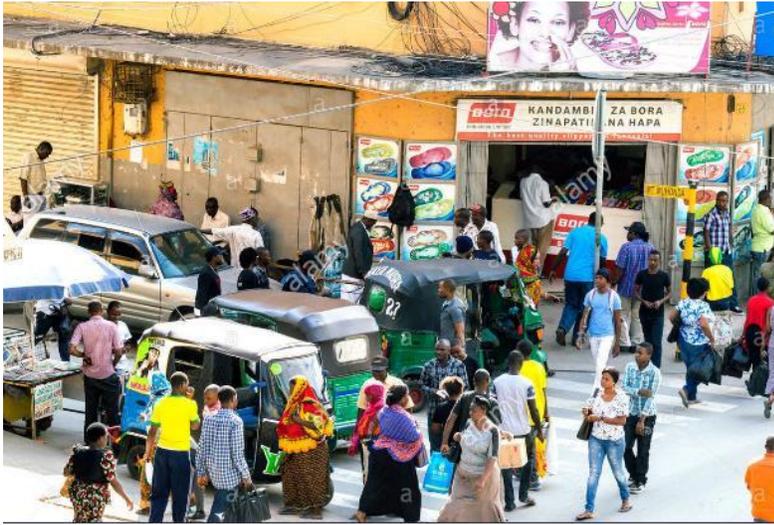
February - May 2020

With the coronavirus pandemic, Henry was unable to go to Tanzania in April as planned. Tanzania has locked down the country and anyone coming in will be quarantined for two weeks. Like much of Africa, initially Tanzania had few cases and was unaffected until mid-March. Unfortunately, unlike Uganda that had a great deal of epidemic experience from the Ebola virus, Tanzania ignored the international advice on banning gatherings until the coronavirus cases started to appear. Early in the pandemic people were encouraged to attend churches and mosques to pray.

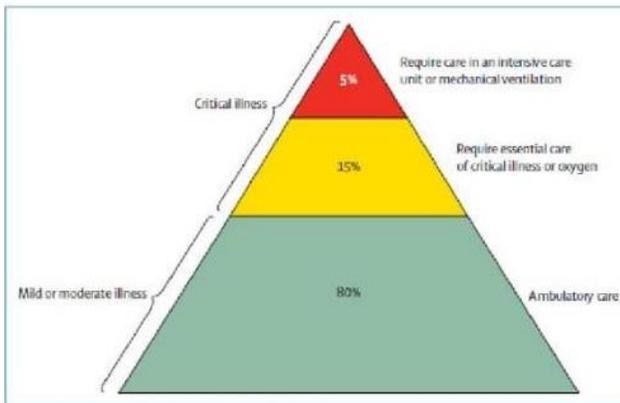
The cases first appeared in a few major cities and border areas. Dar es Salaam, Tanzania’s largest city, has 6.7 million people and massive crowding. By comparison, New York City has 8.8 million people. By April 17, 147 cases were diagnosed in Dar es Salaam. By April 29, there were 480 confirmed cases in Tanzania. Since then, the Tanzanian government has stopped publishing the number of cases. According to a report from the U.S. Embassy in Dar es Salaam, the hospitals in Dar are now being overwhelmed and the chances of contracting the virus is very high.



Graph of cases until April 29.



Until things got bad, there was no social distancing instituted in Tanzania. The photo shows a street scene in a shopping district in Dar es Salaam. (The photo was taken from the web.)



This diagram shows patients grouped according to the care required in the pandemic:

- 80% are mild and can receive out-patient care.
- 15% need hospital care and oxygen.
- 5% require admission to an intensive care unit.

(from Dr. Frank Minja, Yale University)

Assessing the care pyramid, the 80% of cases with mild symptoms can be cared for as outpatients can generally be handled in Tanzania. The 15% of cases needing hospital and possibly oxygen will be a challenge. The 5% needing intensive care units will be almost impossible to treat. Oxygen may not be available in hospitals, especially in rural areas. There are only a very small number of intensive care units and mechanical respirators in the entire country of 60 million people.

**COVID-19 at the health center**



Buguruni Anglican Health Centre has completely revised its patient flow to minimize contact and maximize distancing. All staff wear masks in all areas of the health center. The picture shows morning rounds.

The entire staff at BAHC were trained about COVID-19 and how to manage it. One of the district medical leaders did the training.



The Amana Regional Hospital in Dar es Salaam has been converted to a coronavirus hospital. Because of this, our Buguruni Anglican Health Centre (BAHC) is now seeing an additional 140-180 AIDS patients a day. We are also seeing a large increase in general medical patients who had been going to outpatient clinics in Amana Hospital. Fortunately, Amana has sent doctors and nurses to BAHC to help see the AIDS patients.

AIDS patients are now seen in the converted storage container that was funded by an African Palms grant and was to be used for high blood pressure and diabetes care. Below are photos of the facility and a few patients. This has been a godsend since it allows the now 200+ AIDS patients a day to be seen for evaluation and medicine refills while maintaining distancing. Since the AIDS patients are at particular risk from the coronavirus, this has been critical. We were seeing 50 AIDS patients a day for evaluation and refills, before the Amana patients were added.



Thanks to donations to the Health Tanzania Foundation, the foundation has been able to send money for personal protective equipment for the health center staff and a heart monitor (photo on next page) to make vital signs safer and more efficient. Since the complete blood count (CBC) machine had worn out, BAHC was able to purchase a new complete blood count machine to test white blood count and cell type, and the red blood cells used to identify anemia. This is vital for evaluating infections and anemia.



Mr. Barua and Dr. Ernest with the new heart monitor

### **Patients at the health center**

Since the Amana Regional Hospital has been converted to a COVID-19 hospital, BAHC was very busy seeing 150 patients a day for general medical care. Amana patients were asked where they wanted to be seen and a large number said Buguruni Anglican Health Centre. The government at the beginning of May suggested that patients use traditional medicine for COVID-19. Because of this, the number of medical patients at BAHC has decreased. Without numbers it is impossible to tell but suggestions are that many are dying at home. In Tanzania, critical issues such as malaria and maternal and infant deaths tend to receive less attention because of the pandemic. With Amana Hospital not available for deliveries, BAHC is seeing more deliveries and doing more C-sections.

Below left is a 23-year-old woman who had malaria during the end of her pregnancy. Sadly, the baby died at birth. The 38-year-old woman on the right is diabetic and had lost her previous three newborn babies to rebound low blood sugar three days after delivery. For this pregnancy, the obstetrician doctor did a C-section at week 37 and the team closely monitored the baby's blood sugars every half hour for a week. At 10 days post-delivery mother and baby were discharged and both were healthy.



**SEET - addressing coronavirus in the community**

SEET, the multifaith-local community partnership, is working with the 230,000 poor people in Buguruni-Vingunguti neighborhoods to address the coronavirus pandemic. They are using the same partnership with local churches, mosques, and community leaders and their community volunteers. Dr. Max at BAHC taught SEET volunteers about the management of COVID-19.



Note the six feet distance between the volunteers and their wearing of masks

With the dense crowding, masks and hand washing are especially important. Many homes have no running water and no way to wash hands. With their trained volunteers, SEET has provided hand washing buckets to widows and orphans and placed other buckets in open areas. Photos of some of the distributed buckets are shown below.



The SEET team has also been distributing locally made masks to members of households and conducting small group health education sessions. Widows were taught about the importance of wearing masks.



Orphans and their caregivers were also provided with masks:



While implementing their coronavirus program, Dr. Chilowaka and Faidha (the community coordinator) conducted short discussions with some SEET volunteers about how to address Coronavirus in their areas of implementation. Below are the views of two volunteers.



Faidha discussed COVID-19 with Godfrey COVID-19. He was hopeful that the disease will be defeated at certain point. However, he thought that making people understand and practice how to prevent the disease is a big challenge. He said: *“Faidha, look at how most people live in our area, overcrowded in a house, in poverty and some even not sure of their daily meal. It is sometime unrealistic to ask someone to buy a bucket for hand washing while he or she is not sure of her family’s meal. Thanks to the ones that have funded these buckets and masks.”* More are needed, he said.



Omary Mbombo said to Dr. Chilowaka: *“There are several issues that need to be addressed to prevent spread of the disease. First, people have to be taught on how to prevent the disease and help remove fear of the disease. People, even me, fear the disease - fear kills. Secondly, testing is to be easily accessible. It is important to know whether I am infected or not so as to make right decision - similar to what we are doing in HIV, And lastly provide mask, gloves and hand washing tools to the poor. As you saw yesterday, everybody was asking for mask, the widows were very happy to receive the buckets that translated how those people missed those things. Chillo if you can do more do it.”*

Please help us provide education and assistance to poor Tanzanians as they face the COVID-19 pandemic.

(All of the photos were taken by Dr. Cyprian Chilowaka and Faidha Rashid.)

### **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](mailto: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](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 will go to Health Tanzania. On Amazon, you can donate to Health Tanzania through Amazon Smile.

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.

Please continue to pray for the health programs in Tanzania.

May God Bless All of Us,

Henry and Priscilla



A creative mask