



HEALTH TANZANIA FOUNDATION

Health Tanzania Foundation is a U.S. tax-exempt charity established in 2012. It is built on Tanzanian partnerships that Drs. Henry and Priscilla Ziegler began in 2005. Until the Health Tanzania Foundation was established in 2012, the community work was done through the MEA Foundation (Taasisi ya Maendeleo, Elimu na Afya) established in 2006 as a Tanzanian non-profit organization. Health Tanzania raises money to help poor and needy Tanzanians, especially women and children, and actively works with Tanzanian partners to strengthen Tanzanian leaders and systems in the creation of sustainable health improvements through innovation.

Vision: To enhance partnership and cooperation for health, education, and development in Tanzania. Health Tanzania Foundation pulls everyone together to help those most in need.

Mission:

1. To obtain grants and other funds to assist Tanzanian individuals and organizations for the improvement of their health, education, and economic well-being.
2. To partner with Tanzanian individuals and organizations in implementing and evaluating programs that will improve their health, education, and economic well-being.
3. To focus on funding and developing programs that specifically help the poor and needy in Tanzania.

Programs and partnerships have focused on the Dar es Salaam and Coast Regions but have emphasized developing programs and products that are potentially scalable to serve more of Tanzania. The emphasis had been driven by perceived needs as identified with the Tanzanian partners rather than being categorical.

A. Major Initiatives (many interrelate)

1. Maternal and newborn death reduction – 2006 to present

- Developed the first regional comprehensive maternal and newborn death reduction plan in Tanzania for the Coast Region. This was done in partnership with Dr. Samson Winani, then Regional Medical Officer of the Coast Region and affiliated with the Ministry of Health of Tanzania. Dr. Winani presented the plan to President Kikwete.

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- Developed and field tested disposable clean birth packs, which included misoprostol to prevent or decrease postpartum hemorrhage. These packs are now sold in the Tanzanian Medical Stores and are being distributed and made available to public and private outlets throughout Tanzania.
- Started and strengthened deliveries at (Buguruni Anglican Health Centre (BAHC). Completed an operating theater and are doing C-sections.
- Undertook base-line studies at South Rufiji Delta Islands in order to start a maternal and newborn program. This led to the building of a surgical theater in Mtwarra Island and the purchase of an ambulance boat.
- Began a Lardael research study in the Rufiji District, Coast Region, in order to identify impact of the disposable birth packs with misoprostol on maternal and newborn deaths. It also compares villages with community mobilization to those without community mobilization. The study began in January 2020 and is in progress with Dr. Gunini, Regional Medical Officer, Coast Region is principal investigator.

Important Outcomes:

- i. Comprehensive Regional Plan for Maternal and Newborn Death reduction***
- ii. Disposable clean birth packs with misoprostol available throughout Tanzania.***
- iii. Conducting a study evaluating the effectiveness of disposable clean birth packs with misoprostol and whether there is a need for a community mobilization component to the program***

2. Malaria reduction – 2007 to the present

- NetsforLife, 2007-2012
 - Project partners: Episcopal Relief and Development, Coca-Cola, ExxonMobil, and Standard Chartered Bank
 - A base-line survey was conducted with 2,400 people.
 - More than 304 community and church volunteers were trained.
 - About 96,000 long-lasting insecticide-treated bed nets were distributed in the districts of Buguruni and Vingunguti in Dar es Salaam, in isolated Coast villages, Rufiji Delta Islands, in Mafia Island, and in Anglican parishes.
 - More than 600,000 information, education, and communication materials were printed and distributed.
 - Weekly door-to-door health education were done.
 - More than 500 community awareness meetings on malaria prevention by the use of the bed net were managed.

- The program evaluation was completed.
- Trained teams elsewhere in Tanzania to launch NetsforLife programs.
- “Island Model” malaria reduction – 2016 to present
 - Methods used include treated nets combined with larvicides (a modification of the Zanzibar approach), mass community-based rapid testing, and artemisinin-based combination therapy.
 - Base-line surveys were done with University of Washington public health students, 2014-2015.
 - Planning an implementation in Rufiji District 2021(based on funding).

Important Outcomes:

(i) Model of community mobilization, net distribution, and follow-up.

(ii) 96,000 nets distributed in Dar es Salaam and Coast Regions.

(iii) “Island model” developed but not yet implemented.

3. Development of model “district hospital-community” program for service and teaching, 2005 to present

- Located in Buguruni, Ilala District, Dar es Salaam Region
- Partnership between the Anglican Diocese of Dar es Salaam and Ilala Municipal Council Health System
- Strengthened and expanded Buguruni Anglican Health Centre
 - Refurbished one building and built four, including a surgical theatre building and a surgical ward building
 - Added OB-GYN and pediatrics units, and rooms for deliveries, AIDS counseling and treatment care (CTC), TB, dental, full laboratory, ultrasound, and full pharmacy
 - Fully equipped operating room
 - Staff supported for more education
 - Patient volume increased from 20/day to 160/day
- Established AIDS CTC with Management and Development for Health, a Tanzanian non-governmental organization (NGO). The AIDS CTC now is an award-winning program.
- Breast and cervical cancer screening linked with Aga Khan Hospital for further evaluation/treatment
- Closely linked community initiatives and the community health volunteers with clinical care
- Implementing training partnership with Kairuki University for medical and nursing students
- Implementing training partnership with Aga Khan University for Family Medicine rotations

Important Outcomes: Implementing “Community Oriented Primary Health Care” Model Teaching Hospital

3. Emergency Medicine Response system -2011 to 2019

- Worked with Dr. Christopher Mnzava (then at Amana Regional Referral Hospital), Dr. Peter Dattani (then at Tumbi Regional Referral Hospital), and Dr. Deo Mtasiwa (then the Chief Medical Officer) to plan a pilot system
- Linked team with Medical College of Wisconsin Emergency Medicine group for a joint planning and two-week intensive training/consultation with Dr. Mnzava and Dr. Dattani in U.S.
- Helped arrange the Wisconsin emergency system leaders’ visit to Tanzania
- Consulted on Dar es Salaam and Coast Regions pilot implementation and national rollout

Important Outcomes:

- (i) Model emergency medicine response system designed.**
- (ii) Implementation of emergency response system under way in Dar es Salaam and Coast Regions.**
- (iii) National roll-out of Emergency Response System underway**

4. Interfaith Government Partnership -2012 to present

- National model of multiple faiths and government working together with local communities to improve the health, education, and local development for the poor and isolated communities.
- With Christian, Muslim and Government leaders established an Interfaith-Government partnership and developed initial priorities.
- Faith-in-Action-Tanzania, an Interfaith NGO, created under Prof, Masalakulangwa Mabula to implement partnership programs in 2016
- Faith in Action renamed SEET (Socio, Economic, Education, Transformation for Health) as non-profit NGO under Ministry of Health. Done at request of Tanzanian Government request – 2019
- Interfaith, community, and local government identification and assistance to ensure that high- risk widows, orphans, and single children with children are healthy, receive education, and have improved economic sustainability. Local implementation in process in Ilala District of Dar and Rufiji District, Coast Regions.
- Currently working with 696 orphans and 455 widows and 23 single children with children. - June 2017-present
- Implementation of Ukombozi 2-hours training for everyone to mobilize against alcohol/drugs, violence and AIDS, for both; prevention and treatment. Local implementation in process in Ilala District of Dar and Rufiji District, Coast Regions. Trained 32,341 people through Ukombozi (See under drug-violence-AIDS) - 2017-present
- Revised Ukombozi through community dialogue and focus groups to crease culturally appropriate words and approaches to manual, messages and for program implementation
- Local pilot of 12 step self-help groups to deal with addiction and emotional issues,

related to violence and AIDS. Local implementation in process. (See under drug-violence-AIDS) -June 2017-present.

- Planning for comprehensive malaria reduction in isolated Rufiji District (See under malaria)
- Implementing Lardael research study in Rufiji District, Coast Region, identifying impact of the disposable birth packs with misoprostol on maternal and newborn deaths and comparing villages with community mobilization to those without community mobilization. - January 2020 until present.
- Expanded existing maternal and newborn death reduction in Buguruni-Vingunguti. (See under maternal and newborn)
- Finishing Tanzanian adaption of self-help mental wellness manual “Feelings, Communication, and Conflict” manual, pilot it in communities and parishes. (See under drugs-violence-AIDS)

Important outcomes:

- (i) Creation of an Interfaith Government Partnership**
- (ii) Establishment of formal Tanzanian Multifaith-Community NGO**
- (iii) Model local mosques, churches, villages, and other government structures partnering to reach and support widows, orphans and single children with children in health.**
- (iv) Ukombozi initiative (see Drug-Violence-AIDS)**
- (v) Emotions Anonymous manual in Kiswahili (see Drug-Violence-AIDS)**
- (vi) Island model malaria reduction (see Malaria)**

5. Drugs-Violence-AIDs - 2005-present (These are described together since our approaches have focused on all three.)

- Established AIDS program and CTC along with TB program at Buguruni Anglican Health Centre (2005-present)
- Universal community-based HIV voluntary counseling and testing (VCT) for entire Buguruni Community. Also identified, engaged and worked with commercial sex workers through VCT, sexually transmitted disease screening (STD). Used harm reduction approach to decrease their risks and found other employment opportunities - 2007-2008
 - Rapid Funding Envelope grant
 - 7,500 people tested for HIV
 - 250 commercial sex workers, received STD testing, discussed safer sex and AIDS prevention
 - More than 80 commercial sex workers identified and trained on other income generating sources
 - 30 commercial sex workers left sex business
- Translated first section of self-help mental wellness manual into Kiswahili
 - HIV/AIDS Used successfully in pilot counseling
- Peer Support - 2007-2008
 - Grant from Anglican Church of Canada
 - Worked with people living with HIV/AIDS to assist them with gaining independent livelihoods and support as they dealt with AIDS and

- improved coping skills.
- Building constructed (currently used as surgical women's ward building)
- 300 HIV-AIDS + persons involved in program
- Loans to initiate business ventures given to 150 HIV/AIDS + persons
- 90% of loans repaid after first year
- Ukombozi initiative (Alcohol, other drugs-violence-AIDS) -2016-present
 - International Drugs and 12 steps expert (including alcoholics anonymous) trained group of leaders and a few addicts
 - Translated Emotions Anonymous manual into Kiswahili and 2,000 copies were made.
 - Developed Ukombozi curriculum for a 2 hour mobilization course for training everyone
 - Group discussions:
 - (a) Do we have drug, violence, and AIDS problems?
 - (b) What do you do to prevent and treat drugs, violence, and AIDS? Discussion based on what if questions.
 - (c) What will you do for yourself, family and community as part of Ukombozi initiative?
 - Developed draft Ukombozi self-help manual for use by volunteer trainers and others
 - Trained 32,341 people in Ilala District, Dar es Salaam and Rufiji District, Coast Region through Ukombozi.
 - Identified words and stories to use to talk about drugs, sex and violence through community dialogue and discussions.
 - Creating revised oral Ukombozi manual and messages using the story telling and indirect approaches identified in community discussion. (2018-present)
 - Pilot in process to set up 12 steps self-help groups for drugs, people dealing with violence and people living with HIV/AIDS -June 2017-present.
 - Developing oral Emotion Anonymous manual based on the appropriate words and storytelling approach.

Important Outcomes:

- (i) Local experts trained in 12 steps process**
- (ii) Emotions Anonymous manual in Kiswahili**
- (iii) Ukombozi oral and written materials manual and course**
- (iv) Initial local implementation and evaluation in progress, both urban and rural.**

6. Family medicine development- 2014-present For the district level and below, there is a major need for general doctors who combines skills in medicine, pediatrics, ob-gyn, surgery but also public health, emotional health, and management. This can be done by Family medicine specialists, as it is done in other countries.

- Discussions with Aga Khan University who has the only family medicine residency in Tanzania.
- Group discussion with the Directorate of Human Resource Development (Dr. Gowele) Ministry of Health, Aga Khan, Kairuki, and U.S. Family medicine experts Dr. James Sanders and Dr. Esther Johnston, on how family medicine could be organized. Health Tanzania facilitated involving Dr. Sanders and Dr. Johnston.
- Agreement with Aga Khan for Family Medicine Residents to do rotations at Buguruni Anglican Health Centre.
- Family Medicine approved by Ministry of Education as a medical specialty
- Conference with academic institutions and Ministry of Health on Tanzanian Family Medicine tentatively set for February, 2021.
- Agreement with Kairuki University to teach medical and nursing students at BAHC and, when Buguruni becomes a full hospital, to begin a family medicine residency at the campus.
- Partnering with Dr. Eric Aghan, Family Physician and Director Postgraduate Medical Education Aga Khan University on Lardael and other grants.
- Family medicine working group of academic leaders from Aga Khan University, Kairuki University, Muhimbili University to work with the Ministry of Health on further developing and implementing Family Medicine in Tanzania.
- Dr. Aghan and Dr. Obondo from BAHC met with leaders of Catholic University-Bugando to involve them in the Family Medicine working group.

Important Outcomes:

- (i) Dialogue about what Family Medicine should look like and how it should be used in Tanzania,**
- (ii) Increased progress in fully establishing family medicine in Tanzania.**
- (iii) Family medicine formalized as a specialty.**

8. Other

- USAID grant-distributed 75 tons, shelf-stable prepackaged food to vulnerable populations
 - Food distributed in Dar es Salaam and Coast Regions – 2008-2010
 - Receiving food: >40,000 orphans, >200,000 people living with HIV/AIDS, >50,000 malnourished children, >50,000 malnourished/very ill adults
- BAHC and SEET working together, with the Ilala District and with the Buguruni-Vingunguti communities to address the Corononavirus epidemic. - 2020

Important Outcomes:**Improved health for those who received the food.****Likely, less spread of Coronavirus in Buguruni-Vingunguti communities.*****C. What is next***

- Assess and further develop the successful models
- Advise and inform the policy experts
- Plan to scale up country-wide