



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

**A Newsletter** by Priscilla and Henry Ziegler

*January - March 2021*

Thank you everyone who donated to Health Tanzania to support the Buguruni Anglican Health Centre (BAHC) and the SEET program—a great deal was accomplished despite the pandemic. Because of the generous donations, BAHC’s finances are stabilizing.

Because of the COVID-19 pandemic, none of the Health Tanzania team went to Tanzania this past year. Therefore, the content of this newsletter is based on information obtained from the team in Tanzania either by email or telephone calls. All the photos were taken by team members and sent to us. We thank Dr. Maxwell, Dr. Chilowaka, Dr. Obondo, Mr. Barua, Ms. Faidha Rashid, and Mr. David Habibu for their help.

### **COVID-19 in Tanzania**

In 2020, Tanzania was hit hard by the pandemic in April, but then the government stopped counting cases. By June, President Magafuli declared the pandemic controlled and everyone stopped wearing masks. Distancing, especially in the cities, had always been difficult. There was a presidential election in the fall with many rallies with no obvious increase in cases. But in 2021, many people started getting sick. Since health personnel could not report COVID cases, a pneumonia epidemic was declared. It is assumed that the new upsurge is due to the South African variant.

A few weeks ago, President Magafuli died of a heart condition. It is unknown whether COVID was involved. The vice president, economist Samia Suluhu Hassan, is now the new president of Tanzania. The presidents of Tanzania have alternated between Christian and Muslim faiths. This



**Mhe. Samia Suluhu Hassan**  
Rais wa Jamhuri ya Muungano wa Tanzania

transition keeps this tradition intact. While controversial, President Magafuli accomplished a great deal and improved the economy, education, and health, and decreased corruption.

### **Hospital development and family medicine**

Health Tanzania is part of a multi-university working group developing family medicine in Tanzania to expand and strengthen quality medical care. In 2000, Tanzania had the smallest number of doctors per capita in the world. They have come a long way, but there are far too few other specialists available, especially at the district level for the 60,000,000 people in Tanzania.

As part of this effort, BAHC continues to be develop a full district-level teaching hospital, with strong community health and focused on teaching family medicine doctors, medical and nursing students, and community health workers. BAHC had its first family medicine resident from Aga Khan University who spent a month rotation at the health center—Dr. Mwakiganda Mkasa.



With a grant from African Palms to the Health Tanzania Foundation, BAHC can further expand its services by expanding the container used for hypertension and diabetes treatment to also serve eye care. Readers may remember that the initial renovation of the container allowed BAHC to safely care for 200 AIDS patients every day for three months last spring, while Amana Hospital, the local regional hospital, became solely a COVID hospital. When Amana Hospital restarted its AIDS program, some of the patients stayed at BAHC for their care because they preferred the care at the health center. The addition of eye care will allow for more services for the community and bring in further income. On the left below is the partially renovated container, and on the right is the now fully renovated container.



In 2021, BAHC has continued to work with SEET in community and church health screenings. Every Sunday the team has gone to a different church. The screening identifies people needing further health care and lets everyone know what BAHC offers and that they are welcome. Below is the ambulance and services at a church screening. Mr. Barua is seen speaking at one of the churches.



As part of the efforts to address the new wave of COVID, students from Tanzania Education College came bringing hand sanitizers and buckets of soap for staff and patients. They also helped to sanitize the health center. Below are pictured the students with BAHC staff and students with Dr. Obondo and Dr. Maxwell holding a bucket of soap.



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

BAHC staff continue to deliver babies. The baby on the right with the male nurse-midwife was delivered by C-section.



The 39-year-old man (pictured below) came from the Tanga Region to the health center for evaluation of his left knee, which had been swelling for six months. It was diagnosed as tuberculosis of the joint. He was sent to the orthopedic doctor at the Amana regional hospital to evaluate options.



The patient below had an eye cancer removed and was at BAHC for post-wound care. Unfortunately, in Tanzania there is little or no post-operative wound care and many successful operations result in infection or even death. BAHC has found an important role seeing post-operative patients, including some from the national hospital. BAHC not infrequently treats some of the visits as charity cases since the patient needs to return multiple times.





## **SEET**

Health Tanzania helped establish SEET as a Tanzania nonprofit in 2016. SEET, a multifaith and local community partnership. SEET is working with the 230,000 poor people in the Buguruni and Vingunguti neighborhoods and the rural villages in the isolated rural Rufuji District. SEET partners with churches, mosques, and community leaders to address critical issues. It mobilizes everyone to contribute; and international resources complement local person power and money. Currently, SEET is identifying all widows, orphans, and unmarried teen mothers and helping them improve and maintain their health, increase their education, and create sustainable sources of income. In the two communities, 154 volunteers have been trained. Through 2020, 847 orphans, 487 widows, and 40 teen mothers have been identified and they have received: 718 emergency food supplies, 265 health screenings, 490 health referrals, 246 school supplies and uniforms, 110 school fees, 141 health insurance, 285 small business training, and 461 saving circles. All of this is done through the trained volunteers.

SEET, with volunteers, mobilizes the communities to address alcohol and other drugs, violence, and AIDS (Ukombozi), while helping those already dealing with the problems and decreasing further drug abuse, violence, and AIDS in the community. By the end of 2020, 50,941 adults and youth had taking the three-hour course and discussed what they could and would do for themselves, their families, and the community.

Other SEET initiatives include (1) improving maternal and reproductive health through comprehensive community-based programs that directly address maternal and child deaths and family planning; (2) addressing malaria, and (3) using its partnerships and programs to train family medicine residents as part of the development of family medicine in Tanzania.

SEET is partnering in rural Rufiji district villages where it is conducting a Laerdal Foundation study to document the decreased maternal and newborn death associated with the clean disposable birth packs and community education and mobilization. The disposable birth kits were first developed by members who are now part of SEET and Health Tanzania, but the packs' impact has never been documented.

The pictures below show SEET staff educating residents about the Ukombozi program.



SEET is now partnering with TAVICO, another Tanzanian nonprofit, which is also supporting women and children's groups. TAVICO is supporting a farm growing onions to help support the women's program. Below are women and men planting onions.



### **Malaria**

Kyeema Foundation, an Australian funder, just awarded Health Tanzania a grant for SEET to do an important malaria study. Malaria for years was the leading cause of death in Tanzania, dropping to second due to the AIDS epidemic. Using insecticide-treated bed nets (ITNs) and combination therapy, Tanzania and international partners have caused malaria to drop to the third cause of death behind AIDS and pneumonia. Malaria still represents 7% of all deaths and is especially dangerous to pregnant women and children under the age of five. "Hotspots" where malaria is not decreasing or even increasing are largely isolated areas, along rivers or on islands. The Rufiji District has a number of such villages. The SEET leadership has a great deal of experience addressing malaria. As the MEA Foundation, with Episcopal Relief and Development

NetsforLife funding, it addressed malaria in Dar es Salaam and isolated rural communities and distributed over 96,000 treated mosquito nets.

With the new grant, SEET will mobilize three isolated villages, screen, and treat every villager and combine this with insecticide-treated nets and larvicides to decrease the mosquitos. The full village testing will be repeated after three months. The program will greatly lower the malaria in these villages and, if successful, can be used in other remote villages with high malaria levels.

### **AIDS orphans**

The AIDS orphan program was started in 2006 and continues to care for 48 orphans. When begun, the program supported over 200 but does not have enough money to care for more than the current 48. Each orphan has lost one or both parents to AIDS. The pictures below show some of the orphans.



A donor has been helping Mariam and Abdullah, shown here with her baby and their grandmother.



Neema just finished form four and needs training to become a nursery-school teacher



Hamida (left) and Harid (right) are in grade 7. Both are being supported by donors.





Reuben just finished grade 4 and needs technical training as a mechanic. Faidha, the manager of the AIDS orphan program, is pictured with him.



Mansul (left) is in grade 6. Seleman (right) and his father are both HIV positive. The father earns \$43/month as a security guard.

If a child is not able to go on to further formal education, the AIDS orphan program trains them for a specific trade. (See photos on the following page.)



The girl on the left is becoming a tailor, and the boy on the right is becoming a mechanic.

### Home-based care

The home-based care program has been ongoing since 2008 and serves 25 to 30 patients. Patients are generally very sick, and for some it becomes a form of hospice. They often lack for social supports. The program provides food, medicine, and checkups. Patients have post-stroke conditions, HIV/AIDS, or dementia, for example. As with the AIDS orphan program, numbers are limited due to the lack of enough money.

The patients on the left have high blood pressure and receive medicine and food. The patient on the right has AIDS and needed support for his rent as well as food.





This woman suffers from dementia.

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

Since education is a critical part of health, Health Tanzania helps support the education of needy children. One of the ways it does this is through partnership with the St. Augustine's English Medium Primary School next to the health center with its 1,000 students. Over the years, Health Tanzania has helped build needed toilets and playground equipment. Holy Cross Episcopal Church in Dunn Loring, Virginia, has been paying for 250 children of the 1,000 for them to receive a mid-morning meal. Many of the families are very poor and the children are only getting one meal a day as their families strain to pay school fees.

Unfortunately, Alice, the head mistress of the school, reports that she has never seen conditions this bad—because of the pandemic. She shares that some children have a small cup of porridge at night for dinner. They are the lucky ones. Far too many only have black tea for dinner. Their only meaningful meal is the one provided at school. For the first time, children are asking for seconds, knowing there will not be food at home. The amount of \$26 feeds one child for a whole school year. More children will need the food support. Please help.



Alice addressing the pupils at the beginning of the school day.



Children lining up to receive the mid-morning meal. Children drinking the porridge. A doughnut is also provided.

### Staff

The BAHC leaders are shown below meeting with the Bishop of Dar es Salaam.



With BAHC now doing operations, there is a greater need for blood. Staff members are shown on the next page donating blood.



Thank you to the donors who have been helping Faidha Rashid, SEET's community coordinator, build her house. In a previous newsletter we reported that with her husband's death, she and her five children would need a new house as her husband's family has kept the current house. The new house is coming along well but still needs doors, windows, and tile. Please consider helping.

### 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've announced in previous newsletters, the Health Tanzania Foundation, our nonprofit organization, has tax-free status as a public charity—a 501(c)(3). Please look us up 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. Just register on Amazon Smile and designate that the money earned is given to our nonprofit.

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 against the dollar, a little goes a long way.

Please continue to pray for the health programs in Tanzania. Below is a photo taken by Ed Kussy, one of our benefactors.

May God Bless All of Us,

Henry and Priscilla

