

HABARI GANI (“What news” in Swahili)

A Newsletter by Priscilla and Henry Ziegler

April - July 2021

In these hard times, made worse by the COVID-19 pandemic, our Tanzanian partners continue to help very poor Tanzanians improve their health and quality of life. Until last year’s COVID-19 pandemic, they were able to locally fund most of the medical care they provided. They even subsidized significant charity care for the poor. With the current situation, there is a critical need for more money to help our Tanzanian partners face the severe need. Your prayers and contributions can make this happen. One of our donors has just pledged a \$15,000 matching grant. **Every dollar that you contribute during this crisis will be matched. Please help now. Thank you.** (We are also personally donating money.)

In January, Tanzania had a second wave of COVID-19 (South African variant) and is now undergoing a third wave with the Delta (Indian) variant. Despite considerable progress, Tanzania, with its 60 million people, is still one of the poorest countries in the world—making the effects of the pandemic particularly devastating. Especially in the cities, there is a lot of crowding in the markets and overcrowded buses; and this makes social distancing impossible.

The previous president who died in February told people to take natural herbs and stay home. He then declared the pandemic over in June 2020. Consequently, there is little mask wearing or social distancing. Under the new Tanzanian president, Tanzania is now obtaining vaccines and addressing the pandemic, but after a year of no vaccines, masks or distancing, there is a long way to go.

Hospital Development and Family Medicine

Thanks to everyone who generously donated during last winter’s financial crisis, Buguruni Anglican Health Centre (BAHC, photos below) continues to serve the poor community in Dar es Salaam and plans to expand to a district-level teaching hospital. Unfortunately, the patient volume at BAHC has not fully rebounded as the COVID-19 virus continues to devastate the country and people stay away from medical facilities. This has substantially decreased patient revenue.



To further reach the poor and in response to the financial crisis, BAHC is now working with SEET and TAVCO, another local community nonprofit, to expand screening of patients in the poor neighborhoods. They have met with Dr. Emil Lihawa, District Medical Officer of Ilala District with a population of 1.8 million, who is helping the team identify where there is the most medical need. Dr. Lihawa is asking the staff at BAHC to screen residents in these very needy areas and to set up medical care. What makes this approach viable is a new Tanzanian program called Improved Community Health, which pays for basic care for the very poorest Tanzanians. Currently, the program has only been available to government health programs. However, through the partnership with the government, BAHC now expects to be approved to participate.

Probably half or more of the 290,000 people in the immediate poverty area around BAHC will be eligible for the program; but the program pays only for very basic services. While BAHC and its community and government partners work to create a more sustainable ongoing healthcare system for the very poor, **please help us fund the community screening and charity care for these needy patients.** Charles Nkwabi, TAVICO Director, and Dr. Obondo from BAHC and SEET, are shown below with the health team, community leaders, and community volunteers



Below are photos of Dr. Obondo seeing patients. He is the medical director at BAHC.



Patients waiting for evaluation:



Patients being evaluated:



Mother with
handicapped child

Family Medicine

In 2000, Tanzania had the smallest number of doctors per capita in the world. They have come a long way since then, but there are still far too few physicians available, especially at the district level, for

the 60,000,000 people in Tanzania. Currently, there are only two physicians per 100,000 Tanzanians and seven hospital beds per 10,000 Tanzanians.

On May 28, the Health Tanzania Foundation participated in the first national Family Medicine conference put on by Aga Khan University and the Family Medicine working group. The group includes several other major universities, SEET, and BAHC. The virtual conference was to define what family medicine should look like in the Tanzanian context and how to expand it. Currently, Aga Khan has the only family medicine residency in Tanzania

Two of the primary speakers at the conference were South African Family Medicine experts, as they are the leaders in developing family medicine in Africa. U.S and Canadian family medicine experts also participated. The conference emphasized that family medicine needs to be taught in district and community hospitals—not in large multispecialty hospitals located in cities. BAHC and SEET are being developed to become the first such community partnership teaching hospital in Tanzania for nurses and family medicine doctors. Below are photos of participants in Dar es Salaam.



Level of poverty and need in Tanzania

Some readers may not be aware of the level of poverty and need in Tanzania. Despite recent economic growth, Tanzania is one of the least developed countries in the world, ranking 159th out of 187 countries on the Human Development Index (UNDP, 2014).

Compounding this, Tanzania's population is growing at a very fast rate: 2.98% per year. In 2012, there were 44.9 million people in Tanzania and now there are now more than 60 million. On average, women in Tanzania have five children. Only 38.4% used any contraceptives in 2017. Unfortunately, a rapidly growing population in Tanzania means increased levels of poverty and income inequality.

Tanzania has a very young population, which also leads to population growth. Nearly 44% of the population is under the age of 15. Slowing fast population growth by empowering women through education and local development support, as well as family planning services, are key to reducing poverty in Tanzania.

Over the past decade, Tanzania recorded remarkable economic growth and a persistent decline in poverty, from 34% to 26%. Continued government efforts to improve living conditions have resulted in a sustained increase in access to basic services. However, with a growing population, poverty has

actually increased. In 2018, about 14 million people lived below the Tanzanian poverty line of 71 U.S. cents a day. About 26 million lived below \$1.90 per person per day.

Vulnerability is also still high: for every four Tanzanians who moved out of poverty, three fell into it. Clean drinking water is accessible for only 55% of the population, and improved sanitation is available for only 15% of the population.

The poverty can be seen in the houses around BAHC. Below are photos of some of the area around the health center and some of the Rufiji rural houses.



Outhouse serving many

Rufiji rural houses:



Patients at the health center

Two of the patients seen at the most recent community screening and who were treated are shown below. The woman on the left was found to be extremely anemic. She has very large fibroid tumors in her uterus that have been bleeding for years and getting worse. She badly wants to have children since she has none. Since she has no money, an operation to remove the fibroids but preserve the uterus will cost \$520. Please help us give this woman a future.

The boy on the right was found to have slow intestinal movement but no apparent tumor or obstruction. He was admitted to inpatient service for a few days and is now doing fine.





The woman on the left had had several spontaneous abortions. One of the doctors at the health center stitched her cervix closed; and she then successfully delivered a healthy baby.

The 40-year-old woman on the right was brought to the health center in critical condition with difficulty breathing and a marked cough. She had experienced 11 spontaneous abortions, had no children, and had just had her uterus removed. She was diagnosed with pulmonary edema and did well with treatment.



The patient on the left had a history of fluid around the lung, which was drained at another health facility. The drainage site became a chronic ulcer, and his left lung collapsed. He is being evaluated for tuberculosis and is being treated for the infection. He was treated as a charity case.

The 68-year-old eye cancer patient on the right was seen at the national cancer hospital. The eye was removed, and she received chemotherapy. The staff at BAHC has been dressing her eye. Because she is very poor, she was treated as a charity case. Most Tanzanian hospitals do not do good follow-up of

wounds or operations. When they do follow up, it is very expensive. BAHC serves a major role in such wound care. Without the wound care, successful operations still lead to suffering or even death.

Eye Care

As part of both expanding services for the poor and generating more funds to support the program, BAHC has begun an eye care program. Eye care services are in short supply and generally too expensive for many of our patients. Using the renovated container for service, BAHC is phasing in the program. The program started July 11, with a free eye screening and treatment day. The team had received 100 pairs of glasses, as well as bottles of eye drops. Over 400 showed up and 250 were seen. Below are some of the many patients waiting for services and being evaluated. The program is a partnership in which the eye team brings the equipment and pays rent. BAHC receives rent and is paid for medications. This means charity cases can also be treated with a small subsidy.



SEET

Health Tanzania helped establish SEET as a Tanzania nonprofit in 2016. SEET is a multifaith and local community partnership and is now working with the estimated 290,000 poor people in the Buguruni and Vingunguti neighborhoods and additional people in the rural villages in the isolated rural Rufiji 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 in the designated communities and helping them improve and maintain their health, increase their education, and create sustainable sources of income. As described in the last newsletter, in the two communities 154 volunteers have been trained. Through 2020, 847 orphans, 487 widows, and 40 teen mothers were identified and 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 help of the trained volunteers.

With volunteers, SEET mobilizes the communities to address alcohol and other drugs, violence, and AIDS (Ukombozi). They help those already dealing with the problems and prevent further drug abuse, violence, and AIDS in the community. By the end of 2020, 50,941 adults and youth had taken the three-hour course and discussed what they could and would do for themselves, their families, and the community. Below are photos of a widow group meeting in which the women received supplies.



Other SEET initiatives are: (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 the partnerships and programs to train family medicine residents as part of the development of family medicine in Tanzania.

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

The disposable packs supply the following: a plastic sheet for the woman to lie on, two pairs of sterile gloves for the delivery and handling the baby, a bar of soap to wash hands between stages, a surgical blade to cut the baby's cord, and a sterile clamp for the cord. Included also is a picture instruction sheet to describe and demonstrate steps the steps of delivery at either the health facility or at home. On the next page the SEET team is seen taking birth packs to the health facilities that are part of the study since the birth packs were not present at the health facilities. The study will hopefully lead to widespread use, saving both mothers and babies.



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 number. Each orphan has lost one or both parents to AIDS. The pictures below show the orphans being given supplies and food at Easter time. Faidha, the community coordinator, is in most of the photos.





Orphans holding bags of rice.

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 often lack social supports. For some, it becomes a form of hospice. The program provides, food, medicine, and checkups. Some of the patients are post stroke, have AIDS, or dementia. As with the AIDS orphan program, numbers are limited due to the lack of enough money. Faidha is seen in the photos.



St. Augustine's English Medium 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 a partnership with St. Augustine's English Medium Primary School. Located next to the health center, the school has 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 to receive a midmorning 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. Families with sufficient money pay for the mid-morning snack.

As we said in the last newsletter, conditions for the children are particularly bad due to the combination of poverty and COVID-19; and more of the 1,000 children will need this help. Far too many children are only having 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. Please help: **\$26 feeds one child for a whole school year.**

Cooking of the food is seen below. The other photo shows children washing their hands before eating.



Another program that Health Tanzania supports is the computer program. In the past years used laptop computers were taken to Tanzania for the school. Over 40 computers were available so that everyone in the class had a computer; and the teachers were able to prepare and keep their lesson plans and records on the computers. Sadly, the humid tropical climate with no air conditioning has resulted in most of the computers dying.

As shown in the picture below, only eight computers are functioning for the entire school of 1,000. **Please help by donating one or more laptop computers.** Our health leaders also need laptop computers as the used and new laptops that we brought them have also died. Laptop computers can be sent to our address on the last page.





There is also a need for sports equipment. The three balls shown above are the only ones available for 1,000 children. While nowhere near as critical as the computers, donations of balls are appreciated. Tanzania is soccer (world football) crazy, so soccer balls are especially wanted. We have found an inexpensive way of sending items, such as laptops and balls, to Tanzania by boat, which takes six weeks to arrive.

Staff



Congratulations to Father Person Nhayo and his wife for their new baby. Fr. Pearson is part of the SEET team and serves a group of Anglican parishes outside Dar es Salaam.

Because of the pandemic in Tanzania, none of the Health Tanzania Foundation team went to Tanzania this past year and a half. 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.

Need for Volunteers

We are constantly looking for volunteers both short and long term to help in the United States 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 nonprofit foundation, has a 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 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 non-profit.

In addition to making PayPal 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 to the extent allowable by law.

We know that we are always asking for funds, but so little can do so much in Tanzania. With the Tanzanian shilling continuing to decrease in value when compared against 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



Rural mother with children on her back and on the back of a bike