

HABARI GANI (“What news” in Swahili)

A Newsletter by Priscilla and Henry Ziegler

September - November 2021

Although it seems to be slowing, Tanzania continues to suffer from the COVID-19 pandemic. Community members of all ages have died. Many of the poor were just hanging on and now are even more destitute. Thankfully, COVID-19 vaccines are now becoming available, but only a tiny fraction of the population has been vaccinated so far. Despite all the death and suffering, there is a considerable amount of resistance to getting the vaccine.



This is the District Medical Officer and head of our district. She died of COVID.

Thank you everyone who contributed to our last appeal and the matching grant. We were able to make the \$15,000 match and so have been using the \$30,000 to help the poor with their healthcare. 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, our health partners 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. In this holiday season, we have been blessed with another matching grant. A donor has pledged up to \$25,000 for the match. **Every dollar that you contribute during this campaign will be matched up to \$25,000. Please help now. Thank you.**

We apologize for more requests than usual for money in this newsletter. With the enormous need and the opportunity of the matching grant, we want to help as many people as possible.



On the left above, Dr. Maxwell is seen receiving his Covid vaccine. On the right is nursing assistant Bahati Kipalamoto's Facebook post.

Hospital Development

Thanks to everyone who has generously donated this year, Buguruni Anglican Health Centre (BAHC) continues to serve the poor community in Dar es Salaam and work 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.

In our last newsletter, we said that the Buguruni and Vingunguti communities had 220,000 people. As previous readers know, these communities are the urban focus of both BAHC and the community efforts. With large families, a very young population, and rural to urban migration over the last 10 years, the population is now 420,000. The communities remain one of the poorest parts of the city of 7 million. We need to expand our partnership and healthcare to many more of this population than we have been able to serve.

The Regional Medical Officer leads all health services for Dar es Salaam, and the District Medical Officer leads all health services for the Ilala District, where Buguruni and Vingunguti are located. In discussion with these government leaders, they have verbally agreed to allow BAHC to participate in the Improved Community Health Fund (ICHF), which previously had been only open to government health facilities. As soon as the inspection and paperwork are complete, we can enroll everyone eligible to receive ICHF care from BAHC.

With the ICHF, the government provides \$11.50 per person for a year's basic health insurance, but the person must match this amount. This means that each enrolled person needs to pay to join. While this is a very good price for services, remember that the ICHF eligible are part of the 23% of Tanzanians who earn less than 70 U.S. cents a day, the Tanzanian poverty level. Extrapolating to our poor community, well over 100,000 of the residents should be eligible for ICHF. **Please help us pay the annual fees for our widows, orphans, and others most in need so that they can receive a year of health coverage.** Our community program is working with the widows and orphan caregivers to form saving circles, and we hope to use this to create savings for future insurance payments.

The ICHF does not provide as comprehensive health coverage as the government National Health Insurance Fund (NHIF) does, but it is considerably cheaper. The ICHF funds also flow through the region, meaning that payments are more likely to be timely.

Regular readers will remember that NHIF payments are usually three-plus months late and pay much less than the healthcare team billed for care and the medications the pharmacy gave. In addition to seeing the very poor through ICHF, we have put in a plan to improve payments from NHIF. With Health Tanzania financial support, BAHC has just hired a recent nurse-midwife graduate, Joshua (see below), who had been working as a volunteer to gain experience. Remember that nurse-midwives in Tanzania can be either male or female. Mr. Barua is a nurse-midwife and is very popular with the patients.

Joshua now cares for patients half the time and spends one quarter time reviewing each of the NHIF bills to ensure that they follow NHIF's complicated rules and are complete. This already appears to be helping send more accurate bills. The other quarter of Joshua's time is spent taking pictures and collecting stories about the wonderful work that our Tanzania partners are doing. These in turn will generate more prayers and donations.



Dr. Obondo, the head doctor at Buguruni Anglican Health Centre and the board chair of SEET, and Mr. Barua, the health director, have been very busy finding support for the program and hospital development. Dr. Obondo met with the representative of an Indian nonprofit that is setting up a drug warehouse in Tanzania and can either sell us drugs at low cost or donate them. Indian drugs tend to be good quality and are the cheapest. In fact, most of our current medications come from the Indian wholesalers.

Dr. Obondo has also been working with Action Medeor, a German nonprofit with offices right next to the health center. The health center has partnered with Action Medeor over the last 15 years, and the organization has donated an EKG machine and other supplies. It has agreed to donate a \$40,000 new digital x-ray machine—if we can pay for the housing of the machine. Action Medeor is also donating an oxygen system for operations and for patients with severe breathing due to asthma, COVID-19, and pneumonia. Action Medeor is reviewing our application for financing one or more floors of our hospital building. On the next page below are members of the Action Medeor team with Dr. Obondo.



Mr. Barua has been visiting the European embassies asking for support and has received eye equipment from Sweden that is being used in BAHC's new eye program. It is shown below.



Although not glamorous, one of the very important parts of a program is maintaining the buildings. All three of the major roofs need replacing, especially the roof of the outpatient building. One of the Health Tanzania board members has been funding and leading the repairs. Not only are safe clean buildings important for providing healthcare, but they are critical for BAHC's rating as a health facility.

A few years ago, the Tanzanian government began rating all health facilities, both private and public, on a 1-5 scale every year. Ones are closed, twos are pushed to improve, threes are considered sound, and fours are exemplary. It is not known whether anyone gets a five. For the last two years, the health center has received a rating of four. If the building is not sound when health officials inspect it, this could jeopardize the excellent score and government partnerships. Below are some of the pictures of a roof inspection prior to building the new roof.



Patients at the health center

Babies delivered:



The doctor is holding the baby of a woman who had obstructed labor and needed a C-section. One in 10 women will need a C-section to improve the chances of a living and healthy mother and baby.

Below are photos of Dr. Maxwell doing his first solo C-section. He had been trained to do this operation but needed several months of practice as he had not done any for years. Because he is at the health center, emergency C-sections are easier to obtain as another doctor outside the health center does not have to be called in.



Rashid, shown below, has AIDS. He was doing okay with medications until the death of his mother in 2017. Since then, his viral load has been increasing to 303,000 copies (meaning his AIDS is no longer controlled). The health team found that the main reason is food. He is skipping taking medications because he hasn't eaten. He also has paralysis of both lower limbs that makes life much harder for him. Faidha, the SEET community coordinator, has agreed to visit more frequently and supervise his medications. **He needs help with food.**



The child above came in with abdominal swelling and had a bowel blockage. He was sent immediately to the national hospital where the blockage was removed; and he was given a colostomy. Unfortunately, the hospital sent him back to BAHC without even a colostomy bag, putting him at a major risk of infection. The staff obtained a colostomy bag and are giving him follow-up care.

As we have said in previous newsletters, far too often Tanzanian hospitals operate and leave a wound or treat a wound caused by trauma and then do no follow up. Post operative wound care, hopefully before becoming infected or sadly after becoming infected, is one of the

important roles of BAHC. This is especially true since this care needs multiple visits and needs charity support.

The diabetic pictured on the next page came in septic because of a leg infection and breakdown of the left leg associated with his out-of-control diabetes. The team has spent over two weeks treating his diabetes and leg as an inpatient—saving his life and his leg. (MSD stands for Medical Supply Depot, a government supplier of medications and medical equipment.) Treatment of patients such as this man is impossible without charity care support.



The case reminds us of a 14-year-old who had an infected left upper leg bone, left knee, and right ankle. She spent three months at the health center. She is now a healthy mother with an artificial leg and is doing well.

A 67-year-old woman came to the health center with vaginal bleeding for two weeks. The staff were able to diagnose her as having cervical cancer and sent her to the national cancer hospital for chemotherapy. As she is very poor, the staff are working with the community to find money for her treatment. Her case highlights the importance of the health center's daily breast and cervical cancer screening. Far too many of these cancers are only identified after they have spread.

Family Medicine

Tanzania currently has only two physicians per 100,000 Tanzanians and seven hospital beds per 10,000 Tanzanians. At the district and subdistrict level there is a major need for doctors who can give an important level of care and supervise lesser trained doctors. It is for this reason that Health Tanzania Foundation (HTF) and its Tanzanian partners have participated in a Tanzanian family medicine working group to strengthen and expand family medicine in Tanzania.

HTF, SEET, and BAHC all participated in the National Family Medicine conference in May put on by Aga Khan University and the family medicine working group. Henry participated by Zoom. BAHC and SEET have been identified as sites for community-oriented family medicine teaching; and BAHC is being developed as a community-based teaching hospital for this.

The team has just launched a “Family Medicine Development and Research Centre” based in Buguruni as a division of SEET. Dr. Eric Aghan directs the center. He was the director of post-graduate studies at Aga Khan University and chaired the National Family Medicine Conference. He previously led a university family medicine program in Kenya. As the director of the center, Dr. Aghan will continue to lead the family medicine working group’s development of family medicine in Tanzania. The center will allow him to focus on this critical initiative and fully involve BAHC and SEET in the work. He has continued to see patients as a clinician and will hold two clinics a week at BAHC.



Dr. Aghan at the conference and seeing a patient at BAHC.

SEET

Health Tanzania helped establish SEET (Socioeconomic Education Transformation for Health) as a Tanzanian nonprofit in 2016. SEET is a multifaith and local community partnership and is now working with the estimated 420,000 poor people in the Buguruni and Vingunguti neighborhoods and additional people in 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. 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.

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.

A few of their pictures and stories are below.



Nesta Kelvin (left) is eight years old. She is in primary school standard 2. She was born to an HIV-positive mother and is currently on AIDS medications. Nesta was previously cared for by her poor single mother and living in a village. She was later taken in by her aunt. Nesta dreams of becoming a medical doctor. Her aunt is a single mother too, doing micro-business to care for Nesta and her own three children. Please help Nesta and other orphans SEET serves achieve their dreams. She currently needs school supplies, uniforms, and health insurance.



Victoria Ndunguru (left) and Devota (right), pictured with Dr. Chilowaka, are among members of BAHC staff and are working at the HIV testing and counseling unit. Victoria is an employee while Devota is a volunteer. They have the role of encouraging and initiating HIV testing and counseling to attending clients as well as promoting adherence to treatment. They have been doing this for more than three years now. They usually initiate HIV testing and counseling for 10 to 12 people per day.

Dr. Cypryan Chilowaka, the SEET community director, had a chat with them about their experiences, including challenges and their roles. Victoria stated: “It’s a difficult and challenging job.”

“People take our job as an easier one but not so,” added Devota. “For a client who comes here with symptoms like fever or diarrhea it is harder to convince him or her to test for HIV. One of the hardest parts of our job is making HIV-positive clients accept the status. Most of them reject immediate enrollment for AIDS treatment, giving reasons such as they are harmful, I am not ready, and they make users fatter which becomes easier to be identified as HIV positive.”

On using those testing positive to help encourage others to have an HIV test, Devota started by laughing, then said: “It is useful only when a new HIV-positive person is ready to disclose.” Most of them disclose to healthcare providers but are not ready to speak with their partners. Victoria said that HIV-positive persons are not ready to disclose to their partners and family members for different reasons: they are afraid they will be divorced, will lose support from their partner, and will be stigmatized. The young ones of her age do not want to disclose because they are afraid of ending of sexual relationship with partners.

They ask an HIV-positive person to provide the mobile numbers of their partners and call them as healthcare providers and then encourage them to get testing. Some accept and come for testing. However, the strategy has its own challenges: some tend to lie about where they are, others want to establish a sexual relationship before getting tested, and others hang up the phones once the conversation leads to talking about HIV testing.

Devota and Victoria suggested that more health education about HIV is needed and should be done in the community. It is important to expand testing and counseling campaigns in the community and continue encouraging disclosure to everyone found to be HIV positive.

Widows’ groups in SEET

Below are photos of widows’ groups in their weekly meetings.





A video (available on request) shows one of the groups that SEET helped form providing gifts to one of its members for her daughter who was to be married shortly. The gifts were bought from the social fund, which is developed within the group to support each other when needs occurs. What they sing is: "Here is the mother, here is the mother."



Faidha with one of the widows' groups

A village leader meeting with a widows' group:



Bringing sugar to a widows' saving group:





Orphans
being given
books from
SEET

Maternal and newborn

As part of maternal and newborn death reduction, SEET is partnering in rural Rufiji District villages where they have just finished 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 grant is in its evaluation phase and the data are being assessed. 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 simple things: (1) a plastic sheet for the pregnant woman to lie on; (2) two pairs of sterile gloves for the delivery and handling of the baby; (3) a bar of soap to wash hands between stages; (4) a sterile surgical blade to cut the baby's cord; and (5) a sterile clamp for the cord. Also included is an instruction sheet with pictures that describe and demonstrate steps to provide an infection-free delivery at a health facility or, if needed, at home.

Malaria grant

Health Tanzania Foundation was successful in obtaining a grant from an Australian foundation to do a "proof-of-concept study" on a comprehensive approach to malaria eradication in three isolated Rufiji villages that have year-round malaria. The program consists of community mobilization, testing everyone, treating those who are positive, and the use of treated mosquito nets and larvicides to kill the mosquitoes. Because of the isolation, such a campaign should be able to largely eliminate malaria in a village if there is good follow-up.

Initial assessments and interviews done in October identified that the three remote villages had 16,393 people. In the two months before October, 613 people tested positive for malaria, but this is not the heavy malaria season when numbers would be higher. If you expand the number to a year, the program could largely eliminate 3,600 malaria cases a year and the related suffering and deaths. Health education about malaria, testing of everyone, treating cases, and larvicide spraying of mosquito breeding sites are happening in November. A picture of one village is below.



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 have dementia. As with the AIDS orphan program, numbers are limited due to the lack of enough money. Faidha is the coordinator of the program and visits the patients in their homes.



Faidha, the SEET community coordinator, taking one of the home-based care patients to the HIV/AIDS care and treatment clinic



Many of the home-based care patients have high blood pressure or have had a stroke. Blood pressure monitoring is an important part of the program.

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. 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 children 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.

St. Augustine's School has been hit hard by the COVID-19 pandemic. Enrollment has decreased by 10%, as poor families cannot afford the tuition even though it is low by private school standards. There are more orphans, one or both parents having died. Already stretched budgets have gotten worse. Below are some of the children we hope that you will consider sponsoring partially or completely. To pay for a year's tuition, uniforms, and a meal each school day, the cost is **\$680 per student**. The midmorning meal costs **\$26 per school year**. **Please help if you can**. The information below is provided by Alice Nalugwa, the head of the school.



These are Lisa and Loveness, two sponsored orphan sisters who have both done well in school. A few weeks ago, they shared their current life with headmistress Alice. A good Samaritan was trying his best to transport them to and from school. They had no food at home so what they ate at school was their only food for their day. Weekends, they only had water and that's all. On hearing this, their sponsor has stepped in to help.



These three girls are close to three years of age and are in the nursery school at St. Augustine's. The middle child has lost her mother and desperately needs a sponsor if she is to stay in school



In a green chair with her class, Najima is a two-year-old in nursery school who is a very fast learner and loves school. She needs a sponsor if she is to continue attending school.

Alice, an orphan, was initially sponsored by one of our churches. She is working very hard and excelling in school. She needs sponsorship to continue.



This is Alice, an orphan who was initially sponsored by members of a church. She is working very hard and excelling in school. She needs sponsorship to continue at school.



All three of these children have lost both parents to COVID-19. Without sponsorship they will all be out of school and likely destitute.



Akrim (left) is 10 years old, in grade 2, and an orphan. He is very active and loves school. Hassan (middle) is 9 years old, in grade 2, and good in school. Maliam (right) is 10 years old, in grade 2, and trying her best. All three children need support to continue in school.



Children holding midmorning snacks

Another initiative that Health Tanzania supports at the school is a computer program. By bringing used laptop computers 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 combination of the computers being used, the humid tropical climate, and no air conditioning has resulted in most of the computers dying.

Only eight computers are currently functioning for the entire school of 1,000. **Please help by donating one or more laptop computers.** Our health leaders, widows and orphans also need computers if you have one to donate. Laptop computers, new or used, can be sent to our address on the last page.

Staff



Above, Pearson Nhayo and Dr. Obondo are discussing programs. Having trained in the U.S. at the Virginia Theological School, Pearson is now a priest in the local diocese as well as a SEET team member. He is helping SEET and BAHC set up social media programs to spread the word about their work.

Trips to Tanzania

Because of the pandemic in Tanzania, none of the Health Tanzania Foundation team went to Tanzania this past two years. 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, Mr. David Habibu, and Rev. Pearson Nhayo 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

Health Tanzania Foundation is nonprofit and has a tax-free status as a public charity, i.e., a 501(c)(3). Please look us up 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 nonprofit.

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.

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 to the dollar, a little goes a long way and **with the match it will be doubled.**

Please continue to pray for the health programs in Tanzania.

May God Bless All of Us,

Henry and Priscilla



An elephant in Mikumi National Park