



Health Tanzania Foundation Annual Report – 2020

Health Tanzania Foundation (HTF) and its Tanzanian partners made substantial progress in 2020, despite very difficult situations related to the coronavirus pandemic and economic challenges. With the pandemic, no U.S.-based HTF board or staff member was able to visit Tanzania. Donations through Health Tanzania Foundation (Health Tanzania) rose from \$114,835.00 in 2019 to \$141,172 in 2020, a 23% increase. In 2020, African Palms donated \$3,000 to build space for eye services, but there were no other grants. However, individual donors were especially generous in responding to the crisis. HTF continued to partner with Tanzanian leaders and institutions as together we made positive change.

HTF continued to focus on: (1) developing the Buguruni Anglican Health Centre (BAHC) to become a district level teaching hospital for Family Medicine residents, medical and nursing students, and community workers; (2) supporting and expanding SEET, the interfaith-local community partnership Tanzanian nonprofit that Health Tanzania helped establish in 2016; (3) strengthening and expanding Family Medicine in Tanzania; (4) helping individual needy patients receive health care; (5) helping widows and orphans receive health, education, and sustainable income support; and (6) supporting education and leadership development of committed Tanzanian health leaders.

Through SEET, Health Tanzania worked closely with the poor urban communities of Buguruni and Vingunguti in Dar es Salaam and in the poor rural Rufiji District. Health Tanzania also worked closely with Aga Khan University, Kairuki University, the regional medical officer of the Pwani Region, the district medical officers of the Ilala District in Dar es Salaam and the Rufiji District in the Pwani Region, and other partners. With the population growth in Tanzania of over 1.8% per year and urban migration, our partner urban and rural communities have grown from 230,000 and 120,000, in 2012, to an estimated 427,000 and 145,000 people in 2020.

Health Tanzania Foundation

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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. It 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.

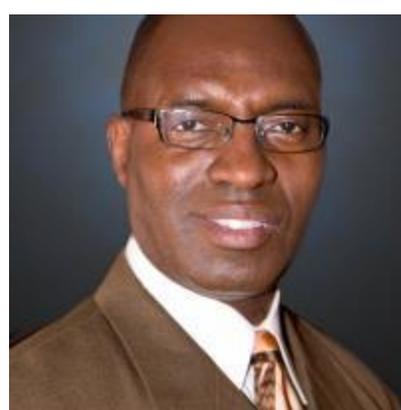
Vision: To enhance partnership and cooperation for health, education, and development in Tanzania, Health Tanzania Foundation pulls everyone together to help those most in need.

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 Pwani Regions but have emphasized developing programs and products that are potentially scalable to serve all of Tanzania. The current main partner populations are the 427,000 people in the poor Buguruni and Vingunguti urban neighborhoods of Dar es Salaam and the 145,000 people in the very rural, poor Rufiji district of the Pwani Region. The emphasis has been driven by perceived needs as identified with the Tanzanian partners rather than being categorical.

Health Tanzania Foundation Board



Henry D. Ziegler, MD, MPH - President and Board Chair

Dr. Henry Ziegler has an M.D. from McGill University and an M.P.H. from Johns Hopkins University, is board certified in internal medicine, and board eligible in preventive medicine. He has previously held faculty appointments with three different U.S. medical schools. He currently is a clinical assistant professor of medicine at the Wisconsin College of Medicine and a clinical assistant professor of global health at the University of Washington School of Public Health. Dr. Ziegler has 40-plus years of community health and public health leadership and expertise in both the U.S. and internationally.

Over the last 16 years, Dr. Ziegler has worked in Tanzania, the first three and a half years full time in country. Dr. Ziegler was health director for the Anglican Diocese of Dar es Salaam and developed strong community health and clinical programs, including comprehensive HIV/AIDS services. In 2008-2009, he was director of Dodoma Christian Medical Centre, where he led medical and administrative components of the developing hospital. Since 2012, he has been president of the Health Tanzania Foundation. In Tanzania, he is currently health advisor for the Anglican Diocese of Dar es Salaam and a partner with the Interfaith-Government Partnership, its interfaith and local community Tanzania nonprofit SEET, and a member of the Tanzanian Family Medicine Working Group.

Priscilla B. Ziegler, ScM, ND, MSN - Vice President and Treasurer

Dr. Priscilla Ziegler has both an N.D. (clinical doctorate) in nursing and a M.S.N. in pediatric nursing from Case Western Reserve University in Cleveland, Ohio. She also has a Master of Science in health education from Johns Hopkins University. She has taught pediatric nursing at both Case Western Reserve University and Seattle Pacific University in Seattle, Washington. Dr. Ziegler has extensive international experience.

Dr. Ziegler has worked in Tanzania over the last 16 years, the first three and a half years full time in country. From 2005 to 2009, she was nursing director of the Anglican Diocese of Dar es Salaam and set up all health center systems (including financial). She also taught staff and initially acted as administrator, accountant, and nursing director at Buguruni Anglican Health Centre. In 2008-2009, she was nursing director of Dodoma Christian Medical Centre where she set up all nursing and pharmacy services and systems. She hired and supervised nursing and pharmacy personnel. In 2012, she helped establish the Health Tanzania Foundation and is an advisor for management and nursing for the Anglican Diocese of Dar es Salaam.

Mr. Mohamed Shariff Manekia - Board Member

Mr. Manekia is an accomplished businessman, committed community leader, and caring philanthropist. He believes we all have a purpose and the foremost of those purposes is

serving and furthering humanity. While in New York, Mr. Shariff held many community leadership positions including treasurer of Hussein Madrassa New York and SIJNY. In 2002, Mr. Shariff relocated himself and his family to Lake Mary, Florida, and continued his community leadership and development as the trustee of Hussein Islamic Center in Orlando and the Florida president of Hussein Islamic Center in Orlando.

Since 2002, he has dedicated much of his time and resources to his philanthropic efforts. His primary focus is on Tanzania charities, which provide clean water projects, wells, school renovations, distribution of classroom furniture, renovations of health clinics, mentoring of youth, introduction of computers to classrooms, vocational training, supporting local orphanages, and many more much needed causes. Additionally, he is actively involved in assisting Iraqi and Syrian refugees in the greater Orlando area.

Deodatus Mtasiwa, MD, PhD – Board member

Dr. Mtasiwa is a medical and public health doctor and long-time Tanzanian health leader who held leadership positions in the public health system in his country. He served as regional medical officer for Dar es Salaam and then as Tanzanian chief medical officer at the Tanzanian Ministry of Health. Dr. Mtasiwa then became deputy permanent secretary for health in the Ministry for Regional Administration and Local Government.

After retiring from government service, Dr. Mtasiwa joined the Health Tanzania Foundation board where his extensive knowledge of the health issues and systems in Tanzania have been invaluable in advising and directing Health Tanzania Foundation's initiatives.

Vibert White, PhD, MA – Board Member

Dr. Vibert White, who joined the Health Tanzania Foundation board in 2019, graduated from Bethune-Cookman University (1980), Purdue University (1982), and the Ohio State University (1988). Currently, he teaches at the University of Central Florida as an associate professor of Public History. Since 2018, Dr. White has assisted WIPAHS Academic Institution and Center in Dar es Salaam as an educational consultant. His publications include the books: *Inside the Nation of Islam* and *Pullman Porters and Black Train Workers in Winter Park, Florida*, as well as numerous academic articles.

COVID-19 Pandemic

Health Tanzania provided Buguruni Anglican Health Centre (BAHC) with personal protective equipment and a monitor to improve safe screening of patients at the health center. Using a 2019 African Palms grant, nearly 50% of the renovation of a container was completed. The container was to serve diabetic and hypertension patients but proved to be a godsend for AIDS care when the COVID-19 pandemic hit. By creating two doors to the container and a walkway away from the main patient area, 200

HIV/AIDS patients were seen daily for three months. This included 150 patients normally seen at the Amana Regional Hospital, which had been converted to a COVID-only hospital during this period.

Also critical during the pandemic, the laboratory services at BAHC were expanded and strengthened. Through a Health Tanzania grant, BAHC obtained a new CBC machine, an analyzer machine for hormones, and a cardiac monitor. The heart monitor enabled staff to safely do rapid and accurate vital signs.



On the left are staff at daily morning meeting - showing distancing and masks. On the right is a district medical leader training the entire staff at BAHC about COVID-19 and how to manage it.

HTF was also able to fund SEET to help the entire Buguruni and Vingunguti communities address the coronavirus pandemic. With the dense crowding in these areas, masks and hand washing were especially important. Many homes have no running water and no way to wash hands. SEET procured and distributed 40 hand-washing buckets with soap to widows and orphans and placed others in open areas.



On the left is the converted container where AIDS patients were seen. In the middle is a window at a handwashing station. On the right are orphans with masks.

SEET also provided health education about how to protect the community from the virus. Through their volunteer network and partners, they provided health education advice about masks, distancing, and handwashing, all of which were difficult in these very crowded poor communities. Fifty community health volunteers (CHVs) were trained about how to manage COVID-19. Over 600 cotton masks were made by the widows and orphans and distributed to widows, homecare patients, volunteers, orphans, and the general population. The CHVs reached over 6,000 people with messages related to the disease.

Pictures below show women with masks, a widow and family members with the distributed hand washing buckets, and a volunteer washing hands using the buckets placed in one of the open areas.



As with much of the world, the impact of the coronavirus in Tanzania has affected people economically as well as affected their health and education. Below are some responses from widows to Faidha the SEET community coordinator.



As you know Faidha, I am also a food vendor, but the business is now very challenging – very few people are coming here. Is it because of Covid or what? Even the widows we work with are complaining the same.



It is good that our group got a loan from government. However, doing business was tough especially in the past two to three months, but we still survive. (A widow and orphans caregiver)

BAHC and Development of St. James Hospital District Teaching Hospital

In 2020, Health Tanzania Foundation (Health Tanzania) continued to partner with the Buguruni Anglican Health Centre (BAHC) as it becomes the St. James Teaching Hospital. It is serving the poor neighborhoods of Buguruni and Vingunguti in Dar es Salaam with their population of 427,000 people. While progress was made, it was slower than 2019 because of the COVID pandemic.

In 2020, BAHC visits were dramatically down because of the COVID pandemic. BAHC still saw 55,502 people: (1) 16,766 children were vaccinated and received well-child evaluations; (2) 1,235 women's health visits; (3) 122 vaginal deliveries; (4) 90 C-sections; and (5) 1,235 AIDS patients. BAHC expenses and revenue were \$370,549. HTF only provided \$106,546 (28.8% of the total) in charity, building and equipment to further develop the program as a district teaching hospital. In 2020, HTF continued to provide charity care for sick patients with no money. Health Tanzania also paid for some of the AIDS, reproductive and child health, and well-woman care since they are not paid for by the patients or government. The government provides AIDS medications, immunizations, and family planning supplies but does not pay for the visits. Also, HTF

did some salary supplementation of the leaders to encourage them to continue their important work.

In addition to the equipment to help address the pandemic, a HTF grant purchased a new ambulance because the old, used ambulance had died. The ambulance is set up for emergency transport, and BAHC can much more safely take patients to the hospital. The ambulance has played a very important role for sick patients, as well in our community and church health screenings. It presents BAHC as a place of quality and excellence while also serving as a site for actual screening. This encouraged both the poor community members and the church members to use the services to improve their health. Below are photos of Mr. Barua and Dr. Ernest with the new monitor, the vicar general blessing the ambulance, and a health worker doing screening.



Throughout 2020, BAHC did 104 breast and cervical cancer screenings which were free. Patients with suspicious lesions were sent to Amana Hospital or Aga Khan Hospital for further testing and treatment when needed. Below are photos of these screenings.



Financial Crisis

In 2019 and without HTF support, BAHC paid for over 90% of the costs of medical visits and medications and even subsidized charity care. In 2020, BAHC was unable to pay many of its medical costs from local revenue. Three things combined to create the financial shortfall: (1) Tanzania's National Health Insurance Fund, by far BAHC's largest

revenue source, was three to four months behind in payments and only paid a third of what was billed for the month that they had last paid; (2) an HMO that owed BAHC for patient care went bankrupt. The HMO had not paid the \$21,000 owed for the care and medicines provided; and (3) In April during the coronavirus pandemic, the Tanzanian president told everyone to stay away from health care and take the natural herbs popularized by Madagascar. Health care visits dropped precipitously all over the country and have stayed substantially down, decreasing both impact and revenue.

Despite this, with Health Tanzania Foundation support, BAHC continued to do community outreach, provide substantial charity care, work to provide more community services, and increased local revenue with the goal of reestablishing local sustainability to again cover over 90% of medical care costs and some charity care. BAHC increased the number of deliveries and C-sections. BAHC also increased the number of patients covered by the National Health Insurance. The number of AIDS patients increased because of good service and care. The electronic visit and billing system was expanded to all departments.

BAHC continued its excellent care. The Tanzanian government grades all health facilities. In 2020, BAHC received a score of four stars, one of the highest given (since fives are almost never given). With HTF support, BAHC bought a QuickBooks accounting package to maintain more accurate and rapidly produced financial reports. Previously the accounting was manual. BAHC increased the specialty services by starting new clinics for general surgery and pediatrics. The management team marketed the BAHC services through Buguruni, Vingunguti, and the churches and mosques weekly. People cannot be helped if they do not know about or use the services.

On-the-job training for all staff was a routine event every Wednesday. Below, staff are reviewing infection control and waste management and the cans containing the different types of waste. BAHC continues with the pilot infection control–waste disposal system it started the year before.



BAHC created a very strong Health Centre board, chaired by Professor Charles, the vice chancellor of Hubert Kairuki University. Below is a photo of one meeting of the board.



Community Health Screening

BAHC staff and SEET held a three-day screening in Vingunguti, one of the very poor neighborhoods near the health center. Tents were put up along the street and near a church, in the community. The staff screened 201 adults (106 women and 95 men). Of these, 26 had newly discovered high blood pressure, 12 had high blood sugars (indicating diabetes), 7 were probably positive for tuberculosis, 4 were HIV positive, and 3 women had infertility problems. All were encouraged to follow up at the health center for further assessment and care.



HTF continues to look for funds to expand the in-patient wards and other services to become a full hospital. Plans for two buildings for both hospital care and education have been drawn up. Building even a full floor of one of the buildings should allow enough beds to qualify as a hospital and provide at least some teaching space. The architectural drawings of the buildings are shown on the next page.



Examples of Patients Helped with Health Tanzania Support



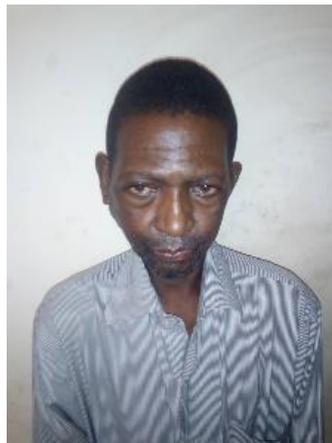
The diabetic woman (above) had lost her previous three newborn babies to rebound low blood sugar three days after delivery. For this pregnancy, the obstetrician did a C-section at week 37 and the team closely monitored the baby's blood sugars every half hour for a week. At 10 days post-delivery, mother and baby were discharged - both healthy.

The child on the left below was born prematurely and was found to be HIV+. He is seen with Dr. Maxwell on the left and with his family.





Above is the photo of a one-year-old with hydrocephaly, a condition in which the fluid bathing the brain cannot drain and puts increasing pressure on the brain. When the father found that his child had this condition, he committed suicide, leaving the mother and baby destitute. The baby had not yet begun to talk or walk. He had a drain placed but was recently in the hospital when it became infected. TAVICO, a community nonprofit, sent the patient to BAHC. Dr. Obondo, the health director at BAHC, and Mr. Nkwabi, the TAVICO director, reviewed the situation together and came up with a plan to help both the baby and mother. TAVICO trained the mother who likes to cook to set up her own business and BAHC gave the family charity medical care.



Since he had no money, the patient on the left above was treated as a charity patient for a swelling in his salivary gland. He was given antibiotics and tested for HIV, malaria, and TB. Blood tests were normal. He was then seen at the local hospital for a biopsy that showed cancer of the tongue. He went to the mosques and churches to get money to pay for a National Health Insurance Fund card that allowed him to get a CT scan and chemotherapy. The patient on the right has a neck abscess which was treated at the health center.

Below are two sisters being treated for AIDS They had a high viral load due to poor attendance at the AIDS clinic, probably due to the pandemic.

On the left is a new diabetic patient with gangrene of the foot. High blood pressure and even diabetes are often not looked for or identified only when there is a major illness such as a stroke or this patient's gangrene.



On the left are boys from Mokiwa Orphanage acting tough after being circumcised. Circumcisions decrease the transmission of the AIDS virus.

On the right is a newly diagnosed diabetic who also had a cough with sputum. Because of the diabetes, the symptoms were not typical; but after evaluation and tests, he was diagnosed as having tuberculosis. After taking both diabetes and tuberculosis medicines, he did well.



Above are children from a deaf school who have just been immunized against HPV (cervical cancer). They are holding their immunization cards.

St. Augustine's English Medium Primary School

Health Tanzania assists the 1,000 pupils in St. Augustine's Primary School next to BAHC. Since education is critical for health, Health Tanzania is in partnership with the school. In the past, a volunteer had done a survey that revealed that over a quarter of the children were getting only one meal a day in the evening. Through Holy Cross Episcopal Church, St. Augustine's has been providing daily mid-morning meals for 250 of the children (see photo on left). The children on the right are washing their hands before eating.



Health Tanzania has also established a computer program and donated 50 computers that are used by both students and staff at the school. However, many of the computers are failing and will need to be replaced.



In 2019, Health Tanzania brought more computers for St Augustine's computer laboratory that Health Tanzania had launched through a grant. They also brought books since English is the language of instruction. Unfortunately, with the pandemic they were unable to bring either computers or books in 2020.

Health Tanzania also paid the school fees for a group of orphans in particular need. Alice, the headmistress, is shown with the orphans. On the right are children playing at recess.



SEET

Health Tanzania is the primary funder of SEET (Socio-Economic-Education-Transformation for Health). SEET is a Tanzanian non-governmental organization created in 2016 by an interfaith-government-academic partnership that included Health Tanzania. SEET unites religious and local government leaders to equip, empower, and mobilize community members in self-reliant efforts to realize more equitable health, education, and local development outcomes. SEET focuses on everyone, but especially the marginalized. SEET is currently working in the poor urban Buguruni and Vingunguti neighborhoods of Dar es Salaam with 420,000 people and the poor rural villages in the Rufiji District with 140,000 people. While programs and partnerships have focused on the Dar es Salaam and Pwani Regions, they have emphasized developing programs and products that are potentially scalable to serve all of Tanzania. The program

priorities have been driven by perceived needs as identified with the Tanzanian partners rather than being categorical.

Working as a community-interfaith-government partnership, SEET:

- Identifies community members, such as widows, orphans, and unmarried teen mothers, who need help and then enables them to improve and maintain their health, increase their education, and create sustainable sources of income.
- Mobilizes the communities to address alcohol and other drugs, violence, and AIDS, helping those already dealing with the problems and decreasing further drug abuse, violence, and AIDS in the community.
- Improves maternal and reproductive health through comprehensive community-based programs that directly address maternal and child deaths and family planning.
- Decreases malaria through comprehensive community programs.
- Develops community partnerships and programs to complement and strengthen the development of Family Medicine in Tanzania.
- Identifies and addresses other community issues that prevent the Tanzanian poor and others at risk from improving their health, education, and economic stability.

To achieve these goals, SEET employs an approach involving community self-reliance and long-term sustainability. This is achieved through three primary action strategies:

1. Foster collective action among mosques, churches, local government, and other institutions,
2. Educate and mobilize community members, and
3. Monitor, evaluate, and improve actions.

SEET mobilizes everyone to contribute - international resources complement local person power and money. Below is the SEET team with Dr. Ziegler.



In 2017, with HTF and Khaki Foundation grants, SEET implemented a widows-orphans unmarried teens with children program (WOT), in collaboration with the local Buguruni-Vingunguti community government, church, and mosque leaders. The partners and SEET trained community volunteers identified and assessed the needs of the widows, orphans, and unmarried teen mothers and addressed them.

In the first two years of the program, SEET identified and assessed 696 orphans and 455 widows and helped them address their health, education, and economic needs. Widows were trained in micro-business and record keeping. Five groups were officially registered and three of these received government loans.

With the Health Tanzania Foundation and Khaki Foundation grants, SEET also addressed drugs, violence, and AIDS through a community mobilization initiative, the Ukombozi (or “Liberation”) program. Everyone in the community is encouraged to participate in an Ukombozi three-hour mobilization discussion concerning drugs, violence, and HIV/AIDS.

Volunteer trainers, including youth, facilitate discussing the problems. The groups address the issues using real situation “what if” questions and discussing what each person will do to help themselves, their families, and their communities deal with the problems. Without labelling anyone specifically, the group discusses how to deal with addiction to alcohol or other drugs, violence especially against women and children, and having AIDS. They discuss how to keep their family or neighbors from becoming addicted, victims of violence, or becoming HIV positive. At the end of the training, everyone describes what they will do for themselves and the community.

If they are currently dealing with drugs, violence, or AIDS, they are encouraged and supported to start or join Emotions Anonymous groups dealing with each of these issues. Since the program began in mid-2017, 32,341 people have been Ukombozi-trained and 20 Emotions Anonymous groups formed in Dar or Rufiji. This resulted in positive feedback and substantial community-wide increased involvement in dealing with drugs, AIDS, and especially violence.

On the left below is a SEET volunteer who is screening children for malnutrition by measuring their arm circumferences. On the right is a photo of a youth addressing a group about Ukombozi.



In 2018, the SEET team identified that the Ukombozi manual, a direct translation from a similar U.S. program, was not fully effective. Tanzanian culture is very indirect in talking about things such as drugs, violence, and sex. They also have a strong oral tradition that uses stories to talk about sensitive topics. Haley Millet, a public health student from the University of Washington, worked with the team to identify the correct words, approaches, and community-based participatory research needed to recreate the Ukombozi manual. The team spent 2019 and 2020 reworking the Ukombozi manual and creating an oral manual with stories which can be played on an MP3 player and put on the internet. They hope to have this complete in 2021.

If this is successful, SEET expects to use the same approach in developing an oral storyteller version of the Emotions Anonymous Manual, which is also a direct translation and a written document. Much of this same material will apply to the Emotions Anonymous manual.

In 2020, 24 community health education events were organized by the community health volunteers (CHVs), reaching over 12,000 people with health-related information and education. Their efforts resulted in 54 orphans and 27 widows' health insurance costs covered by community members and over 150 people referred to health facilities and to other social and economic support institutions. Below are photos of this event.



Below left is Mariam Omary, one of the chairs of the widow groups receiving government loans. Her group manufactures liquid soap and sells it to the community. The groups received a loan of 7,000,000 Tsh (\$3,050) from the government, and it was split equally among all 35 members. Selua Mitti is another chair of a widow's group which received a 7,000,000 Tsh loan. Each of her 35 members is doing a different business. They both have a year to return the loan without interest.



Above on the right and below on the left are photos of rural Rufiji widows' groups. The last is a photo of a rural village volunteer trainers' meeting.



Decrease Malaria

Working with HTF, BAHC, and regional leaders, SEET has developed an “island model” of malaria reduction based on the successful malaria eradication efforts in Zanzibar, the partners’ experience, and the availability of rapid testing technology. The reduction in malaria in the Zanzibar islands demonstrated what can be done in an isolated population without a constant influx of malaria-infected people enabling continued transmission. The model includes community-wide mobilization, testing and treatment, treated mosquito nets, and larvicides.

The program will start in three Rufiji villages. The initial one-year grant will focus on 5,000 to 6,000 in the three villages. A grant has been submitted and, if funded, the program will begin in 2021.

Maternal and Reproductive Health

Building from previous work developing a clean birth kit, Health Tanzania Foundation was able to obtain a proof-of-concept grant from the Norwegian Laerdal Foundation to test a disposable clean birth pack containing Misoprostol. This medication addresses the leading causes of maternal death of postpartum bleeding and infection in the mother and newborn. Dr. Kamba, the Regional Medical Officer of Pwani Region, is the principal investigator and the study was carried out by SEET and Aga Khan University.

The program began in January 2020. The grant was delayed because of the COVID pandemic, but this fall the study began with the base line data collection for six Rufiji villages. The base line work has identified that the disposable clean birth packs were not available at the health facilities serving the villages. This emphasizes how important the study is for improving maternal and newborn survival.

The remainder of the study will be completed in 2021. It is aimed at demonstrating the effectiveness, simplicity, and low costs of the packs and the need for community mobilization.

Below are team members meeting, teaching, and listening to women in the community study villages.



Family Medicine

In 2019, the Tanzanian Ministry of Education approved the Master of Medicine, in Family Medicine, as a specialty. During 2020, HTF and SEET participated in a Family Medicine working group of Tanzanian leaders to plan for a national conference on Family Medicine in 2021 and further develop the programs.

The Family Medicine program at the Medical College of Wisconsin (MCW) worked closely with the group. Dr. Ziegler worked with Nolan Coallier, a senior year medical student at MCW who developed an annotated bibliography for international family medicine. A team of Aga Khan Family Medicine residents led by Dr. Neelam Ismail, the chief resident, worked from the bibliography to create a “white paper.” This document will support a national conference in 2021 to discuss “what family medicine should be in Tanzania.” Dr. Allison Straus, a family medicine resident at Wisconsin, helped the Aga Khan team.

SEET worked with Aga Khan University (AKU), Hubert Kairuki University, and BAHC to establish the community portion of a Family Medicine Community Oriented Primary Health Care” Model Teaching Hospital and to strengthen the community health knowledge and skills of the program’s family medicine residents. AKU Family Medicine is partnering with SEET in the evaluation of the clean birth pack grant, the Ukombozi program, and the malaria “Island model” program. AKU currently has the only family medicine residency in Tanzania.

Other Ongoing Community Programs

SEET also partners with BAHC in providing the AIDS orphan program and the home-based care programs that BAHC has provided since 2006 and 2008. The AIDS orphan program: First started in 2006, the AIDS orphan program supported 51 AIDS orphans in 2020. The orphans had lost one or both parents to AIDS, and some of them are HIV positive. The orphans stay in the community with extended family, such as the

grandmother or aunt. If they have no available family members, a foster family in the community is found. They are provided with health care, emergency food, school supplies, uniforms, shoes, and other necessities for going to school. If they are older and no longer can stay in school, they are enrolled in a course to learn to be a mechanic, a tailor, electronics technician, etc. Ten of the older orphans have been supported for this training. It costs \$150 a year for each school child. Some of the orphans are pictured below receiving food support, school supplies and used clothes.



Home-based program: In 2020, there were 25 people in the home-based program, which was started 11 years before by a volunteer U.S. nurse. The program provides food, supportive visits, health monitoring, and medicine for the home bound. Patients are post strokes, have AIDS, or other chronic diseases. In some cases, they are treated as hospice patients who are receiving support at the end of life. Where possible, family members or neighbors are trained to help. There is very little in the way of social supports in Tanzania outside of the family. It cost \$150 to support one home-based care patient for a year.

Below are photos of two patients enrolled in the program. The program has shrunk in numbers due to a lack of funds. Initially, there were 50 patients involved in the program. Below on the left is a blind patient receiving food. The other patient has AIDS and is paraplegic and is shown with money and food given for his support.



Conclusion

2020 was a productive year for our Tanzanian partners and Health Tanzania Foundation as they responded to the COVID-19 crisis in addition to all the other needs. Thanks to donor support, Buguruni Anglican Health Centre was able to weather the sudden decrease in patients and funding associated with the COVID pandemic and continue to serve its poor community, do community screenings, and give charity care. SEET and the other community programs were able to continue and serve more of the very poor.

For 2021, we expect to continue to build the Buguruni Anglican Health Centre to become a model district teaching hospital for family medicine residents, medical students, and nursing students. Health Tanzania Foundation will also continue its support of SEET as it works in the isolated Rufiji district and refines and expands the community programs in the Buguruni and Vingunguti neighborhoods.

Submitted by: Henry D. Ziegler, MD, MPH, President, Health Tanzania Foundation