



HABARI GANI (“What news” in Swahili)

A Newsletter by Priscilla and Henry Ziegler

August - November 2022

Thank you to everyone who supported our \$15,000 matching grant. We were successful! Thank you, thank you, thank you. Our core programs are still recovering from the pandemic, and your support now enables us to help many more poor Tanzanians improve and maintain their health and development. As we move forward, please now consider helping us even more. Through your prayers and money, we are accomplishing seeming miracles. A generous donor has pledged a \$25,000 match—so anything up to \$25,000 will be matched dollar for dollar. Please help us make more miracles.

With the rest of the world, Tanzania is already experiencing global warming and a drought. Food prices are skyrocketing. Dar es Salaam and the coastal region is normally one of the wettest parts of the country. To date, they still not gotten their annual fall rains.

Identifying, supporting, and mentoring local leaders

A recent donor asked about our approach to helping in Tanzania. All our programs in Tanzania are led by Tanzanians. Most of our leaders grew into their leadership roles with our encouragement and support. Our approach has always been an “anti-colonial” one: (1) they lead; (2) we fully partner; and (3) our joint initiatives build from their culture, successes, and goals. The focus is always on individuals, families, and communities helping themselves to improve their health, education, and sustainable incomes. To attain this, we help our Tanzanian partners create and develop locally sustainable Tanzanian institutions.

Through prayers and support from people like yourselves, we have been remarkably successful in what we have accomplished over our 17-year partnership. In 2005, Buguruni Anglican Health Centre (BAHC) was virtually empty with no community health program. Today, the health center is becoming a full hospital that will teach family medicine doctors who are desperately needed. In 2016, we helped establish SEET (Socioeconomic Education Transformation for Health), the multifaith and community partnership nonprofit that now implements the community programs.

Below, we describe some of the leaders we have developed, and additionally one of the leaders chosen by the health center’s staff to help. What do our partners and leaders have in common? They are all very caring and committed to the poor and marginalized people we serve. They are respectful to everyone. They are all very honest. They are clearly bright. They’re all team players. They have all worked extremely hard.

Dr. Bahati Maxwell (Dr. Max)



Dr. Max with an AIDS nurse and has sisters with AIDS. Dr. Max was working two full-time jobs when we came to Tanzania in 2005. With a salary increase, he became a full-time clinical officer at Buguruni Anglican Health Centre. A clinical officer is a first level medical officer. He was a rapid learner and became our lead doctor. With British donor support, he trained to be able to do major operations and more comprehensive care. He leads our award-winning AIDS program and our diabetes hypertension programs and is now doing C-sections as well.

Dr. Cyprian Chilowaka (Chillo)



This is Dr. Chilowaka with his daughter Linah, who is just starting university. When we came in 2005, Dr. Chilowaka was a clinical officer with a bachelor's degree in health education. After Dr. Max took over his clinical shifts, he became our community health leader. With donor support, he received his MPH at Edinburgh University in Scotland. With Mr. Gao and Ms. Rashid, he (1) trained community volunteer health workers; (2) helped distribute more than 93,000 treated mosquito nets; (3) led community HIV testing; and (4) helped develop the first regionwide comprehensive maternal and newborn death reduction program. He is now the director of SEET, the program that assists widows and orphans and addresses domestic violence, drug and alcohol abuse, AIDS, and malaria.

Mr. Gao John Gao



This is Mr. Gao at his daughter Hope's wedding. She is a clinical officer. Mr. Gao was the Anglican Diocese accountant when we met him in 2005. His dream was to run a community nonprofit that helped the poor. In 2006, he became the director of MEA Foundation (development, education, and health), a nonprofit we developed and that lasted until 2015. He fully participated in all the community activities but also managed the grants, which totaled more than \$1 million over the years. He is now the SEET administrator and accountant.

Ms. Faidha Rashid



This is Ms. Rashid with two of the AIDS orphans who are now working at jobs for which they were trained. Ms. Rashid is a long-term resident of our poor urban community. A widow with five children, she is trained as a nursing assistant. In 2006, she became the home health nurse and continues to visit, monitor, and help our home-bound and incapacitated clients. She then became coordinator for this program and the AIDS orphan program. She is now the SEET community coordinator for all SEET's community programs, both urban and rural.

Dr. John Obondo



Dr. John Obondo is the lead doctor at BAHC and is shown with his two older children. Dr. Obondo was a nurse midwife who became Priscilla's nursing deputy. We supported him for a Bachelor of Nursing degree. When the university recommended him for an MD degree, he was supported through a major donor and some of our own funds. During medical school, he helped develop the SEET program, became a SEET board member, and helped establish the family medicine working group. He then became medical director of Buguruni Anglican Health Centre. He now is medical leader of the entire program and the board chair of SEET. Dr. Obondo works closely with our academic partners to begin the family medicine residency based in Buguruni.

Mr. Raphael Barua (Barua)



This is Mr. Barua who is shown with Mr. Chacha. Dr. Obondo recruited Mr. Barua when they were both nurse midwives. We supported Mr. Barua for his Bachelor of Nursing degree as well. Health Tanzania Foundation also supported him for his Master's in Public Health, which he recently completed. Mr. Barua is now the health director for Buguruni Anglican Health Centre and directs and manages the development of the teaching hospital. He still delivers babies and is very popular with pregnant mothers. Mr. Barua and the BAHC leadership team have continued the practice of helping staff members with limited education advance and take growing roles. An example is Mr. Chacha.

Mr. Augustino Chacha

Mr. Chacha began working at BAHC as a medical assistant six years ago. As he did very well, he was financially supported by BAHC to that he could become a nurse midwife. He is now one of the health center's key staff members. He assists Mr. Barua in projects, serves as a surgical nurse in the operating room, and works as a nurse midwife. Unlike in our own country, men often work as nurse midwives in Tanzania.

Patients at the health center

On the next page are some of the babies whom the team has delivered at BAHC. You will note again the brightly colored kangas that they are using to decorate their beds, to wrap their infants in, and to wear. Kangas are cotton material that can be used as dresses and skirts. Women use them to hold their infants on their backs.



C-section baby with staff

Other patients



Above a nurse is giving blood to a postoperative patient. In the U.S. and elsewhere, the patient would, of course, be on a monitor; but here at the health center, the nurse is the monitor.



This is Hadijah with her two children at the health center. Newsletter readers will remember that when Hadijah was 15, she broke her left upper leg. She was misdiagnosed at a local hospital and put on bedrest for the wrong part of the leg. She developed an infection in the upper left leg and the lower right ankle. She went to the national hospital where they put her on the wrong antibiotic. Once admitted to BAHC, it took the staff three months to clear the infection from her leg and ankle. An orthopedic doctor attempted a bone graft; but the operation failed, and they had to amputate her leg. She has an artificial leg that is now failing. We gave her money to purchase national health insurance and told her to let us know if she needed help to pay for a new artificial leg.

Eye camp

With the assistance of SEET and Mediwell, a Muslim health center with expertise in cataract surgery, BAHC held a community screening/treatment for eye problems. Eye infections were treated, and cataract patients received operations. Below are pictures of participants. The care, including the operations, was given free.



Hospital development

In our previous newsletter, we explained that Action Medeor, a German NGO, would donate a new digital X-ray machine to BAHC as soon as we constructed a building to house it. Action Medeor provided blueprints that were reviewed by the government radiation staff, and construction is now well underway. Our board member Mohamed Shariff Manekia and his son Ali are generously funding the

building seen below. They are the same donors who paid for the critical building repairs and upgrades to BAHC last year. Below are pictures of some of the building and workers.



Family medicine

As we described in the last newsletter, Tanzania has a major need for family medicine doctors who can give a high level of care and supervise lesser trained doctors at the district and subdistrict levels. Muhimbili University (MUHAS) is developing a family medicine department and training program. As the national medical school, MUHAS needs to be the leader if the program is to expand throughout the country.



The family medicine director at Toronto University, the dean of Muhimbili University Medical School, her assistant, and Dr. Aghan.

All met virtually with family medicine leaders from South Africa and the U.S., including Henry, to plan the development of Muhimbili University's family medicine program.

The planned sites for the training will be (1) BAHC and SEET and the surrounding poor urban community in Dar es Salaam and (2) the Kisarawe Rural District Hospital in the Pwani region and its surrounding district. SEET will be developing its community partnership models in Kisarawe District to allow the community-oriented training there as well. Through SEET and its Division of Family Medicine Development and Research, led by Dr. Aghan, SEET, BAHC, and Health Tanzania Foundation are key partners.

SEET

Health Tanzania Foundation helped establish SEET as a Tanzania 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 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.

SEET's initiatives are (1) assisting widows, orphans, and unmarried teens with children to help themselves improve their health and education and establish sustainable incomes; (2) training residents to address violence against women and children, alcohol and other drugs, and AIDS; (3) improving maternal and reproductive health through comprehensive community-based programs that directly address maternal and child deaths and family planning; (4) addressing malaria; and (5) using the SEET partnerships and programs to train family medicine residents.

With community volunteers, SEET is partnering with over 1,500 widows, orphans, and unmarried teen mothers. They are given emergency food, health screenings and treatment, school supplies and uniforms, and school fees. They are also enrolled in the government's basic health insurance program, enrolled into saving circles, and given small business training.

Also 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. More than 60,000 adults and youth had taken the three-hour course and discussed what they could and would do for themselves, their families, and the community. Those dealing with significant emotional issues or addiction are encouraged to develop self-help Emotions Anonymous groups.



Faidha training volunteers at school

During September, SEET with trained community volunteers facilitated Ukombozi training in the Buguruni ward. Eighty-four (45 females and 39 males) students from Kamanija Open School received training on violence, HIV/AIDS, drugs, alcohol, and stigma. Students were very open when discussing those issues and had suggestions on how to prevent or reduce them. Students were most interested in discussing violence and what could be done to lessen it. They even asked for more time for further discussion.

In October, SEET, in collaboration with community volunteers, continued with Ukombozi training. A total of 69 people (34 males and 25 females) were trained in Buguruni and Vingunguti wards. Training took place at two schools and two community locations. Among those trained were young single mothers who were previously street children. SEET has helped them form their own savings group. They are now being provided with vocational trainings by a nonprofit organization in the Buguruni area.

Below are SEET team members meeting with widows' savings groups. Meeting with the group is Claire Rater, one of three of Henry's University of Washington public health students. In addition to assisting in all the SEET projects, the students have specific projects. Claire's project is helping with the evaluation of the disposable clean birth packs.



Orphans

Mr. Abbas Molloo and his Help Aid Africa are generously supporting five of our AIDS orphans to enable them to complete their education through college. They have all done very well and could not have continued in school without this support.



Hamida Hashim is 13 years old and wants to become a teacher. Both of her parents died of AIDS. She currently lives with an aunt who is a local brewer.



Samira Karim is 13 years old and dreams of becoming a doctor. She lost her father in 2014 due to AIDS and now lives with her mother who is infected with HIV and is on AIDS medications.



Feisal Shaban is 17 and plans to become an information technologist. He lost his father in 2020 and now lives with his mother and three young sisters. His mother has microbusinesses.



Editha Thobius is 18 years old and dreams of becoming a lawyer. She lost her father due to AIDS and currently lives with her mother who is infected with HIV and is on AIDS medications.



Salehe Ally is 17 and dreams of becoming a doctor. He lost his mother due to AIDS and now lives with his brother.

Home-based care

The home-based care program has been ongoing since 2008 and currently serves 25 to 30 patients. The program provides food, medicine, and checkups. Patients are generally very sick and often lack social supports. For some, it becomes a form of hospice care. 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. As part of SEET, Faidha is the coordinator of the program and visits the patients in their homes. In September and October, Faidha visited six patients, two of whom had asked for visits as they were not feeling very well. They were both referred to BAHC. Four of the patients seen asked for food support. As is usual, vital signs are checked for all visited patients.

Some of the older home-based care patients whom we assist are shown below with a brief description of their social situation.



Mwajuma Ramadhani is 78 years old, and she lives in Vingunguti with her daughter who sells self-made snacks in the street.



Zaina Mtakata is aged 75 years. She lives with her daughter in Vingunguti where her daughter sells bananas.



Tatu Mussa is aged 70 and lives with her daughter in Buguruni. Her daughter has no specific activity or job.



Fatma Ally is 68 years old. She lives in Vingunguti with her daughter who is a food vendor.



Above is a picture of Faidha checking a patient's blood pressure. With more funding, more patients could be seen in the community.

St. Augustine's English Medium Primary School

Since education is critical for sustainable incomes and the health and development of a family, this is an important part of what we do through our Tanzanian partners. While educating both men and women is important, a public health truism is that if you can only do one thing to improve a community's health, it is *educate* the women. Since we began our partnerships in Tanzania back in 2005, helping St. Augustine's Primary School, located next to Buguruni Anglican Health Centre, has been an important part of our health program.

One of our early partners, Holy Cross Episcopal Church (in Dunn Loring, Virginia) has continued to support 250 of the thousand students so that they can receive a midmorning porridge meal and doughnut. Otherwise, they would have no breakfast or lunch as their parents cannot afford to pay for the lunch at the school. Through your donations, we have also funded the school's bathrooms, which were vastly inadequate, provided a playground, and are helping individual poor orphan children receive school fees and other support.

As we showed you in our last newsletter, volunteers are currently supporting 10 orphans. To continue in school, they will need tuition at the beginning of next year. Please help if you can. It costs \$550 per orphan for the year if you want to "fully adopt" one of the orphans who are pictured on the next page with the principal of the school and Henry on his last visit.



Thanks to the support of the Manekias, major repairs and painting are being done for the school buildings which had sustained major termite damage and risked collapse. The pictures below show the work in progress.



Partner programs

SEET, BAHC, and Health Tanzania Foundation are constantly forming additional partnerships to improve the health and development outcomes for the poor in the community. Below are a few of these partners.

TAVICO

TAVICO, a Tanzanian nonprofit, is partnering with the SEET nonprofit and BAHC to help community members and do health screening. TAVICO identified a 10-year-old boy who is unable to walk and mentally handicapped. With their support, he has been attending a special school run by the Salvation Army. TAVICO has been providing transportation for him to the school, food, and school materials, while BAHC is helping with medical care. Through donations this month, Health Tanzania was able to pay his tuition for another year and purchase a wheelchair making him more mobile.



The child is seen on the left. The other picture shows two TAVICO board members with Henry.

Preschool for the poor

Henry is shown below with Stella, a master's prepared teacher who is developing preschool programs for the poor and giving support for primary school children. We discussed ways to help each other. One of Stella's preschools is in Dar es Salaam and the other one is in Dunda, an isolated village in Kisarawe. The Kisarawe District Hospital is where the MUHAS community-oriented family medicine rural training site will be located. Consequently, SEET will be expanding to cover this district, making links to existing programs, such as the one in Dunda, even more important. Below are photos of some of the children in the Dunda school.



Ebola

Ebola is currently spreading in Uganda, one of the neighbors of Tanzania. Large urban centers such as Dar es Salaam with its six million people are particularly vulnerable. The minister of health and her team trained Dr. John Obondo to educate the 420,000 people in the health center's catchment area. Below is a photo of some of the training.



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 or 703-887-1574.

Donations

Health Tanzania Foundation, our nonprofit, has a tax-free status as a public charity, i.e., a 501(c)(3). Please look us up on 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 against the dollar, a little goes a long way—and **with the match, it will be doubled**. Unfortunately, Tanzania is now experiencing drought and high food prices, like much of Africa.

Please continue to pray for the health and educational programs in Tanzania.

May God Bless All of Us,

Henry and Priscilla



A girl in the Buguruni community taken some 15 years ago