



HABARI GANI (“What news” in Swahili)

A Newsletter by Priscilla and Henry Ziegler

August - November 2023

Building on 18 years of Tanzanian partnership, Health Tanzania Foundation and its partners have made some remarkable progress in the last three and half months. This is occurring at the individual, family, and community levels as well as the national partnership levels. At the local level, the team has performed what may be considered miracles. At the regional and national level, our partnerships have accomplished several breakthroughs. Much of our work is done without formal grants, through local partnerships, and some money from you, our donors. Please continue to support our progress with your prayers, donations, and personal involvement and be part of making miracles.

Patients at the health center

Buguruni Anglican Health Centre (BAHC) assists patients of all ages and provides them with quality preventive and curative care. With Health Tanzania support, BAHC now provides comprehensive women’s and children’s services, including deliveries, C-sections, gynecological operations, family planning, well-child care, and immunizations. It also provides general medical care to everyone.

In mid-September, Henry observed excellent medical care at BAHC. Dr. Maxwell delivered a baby in an apparent normal delivery, and both mother and child appeared fine. Walking to his office, he was frantically called back because the mother had had a seizure and collapsed on the floor. When Dr. Max arrived, he could find no pulse. He thumped her chest three or four times and was able to elicit a pulse. The oxygen level was 79%, which is not compatible with life. She was immediately given oxygen and suctioned. Multiple IVs were started as the senior leaders arrived and blood was ordered from the nearby regional hospital. A day later, the mother left the hospital with no apparent health problems.

There had been no significant bleeding after delivery and no apparent cause for the event. When consulted, Dr. Peter Wangwe, former OB/GYN and Muhimbili University (MUHAS) department head and now MUHAS dean, suggested that the patient had suffered a pulmonary embolism that Dr. Max dislodged with his chest strikes. She was immediately brought back for further evaluation and was found to have a clear chest, a normal oxygen level, and no symptoms. With the diagnosis of pulmonary embolism, she was anticoagulated with aspirin since other anticoagulants were not feasible economically or logistically.

The Tanzanian BAHC team has saved many lives over the years; but for the first time, they have brought someone back from the dead. It is unlikely that any hospital in Tanzania could have proceeded as efficiently and quickly as they did. Below are photos of the woman, the baby, and Dr. Max. The last picture is the mother and baby on a follow-up appointment.



As we said in the last newsletter, Dr. Peter Wangwe has been coming to BAHC for several years, doing C-sections and other female operations. He continues coming even though he is now the dean of MUHAS. MUHAS is Tanzania's major medical school and is working with the Tanzania team in the development of family medicine.

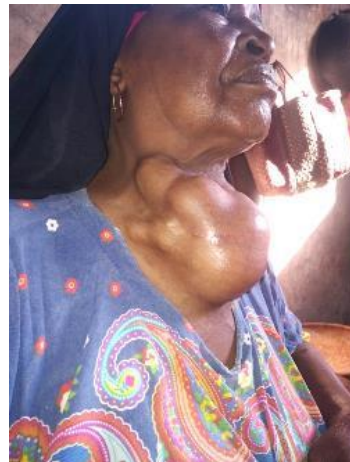
Below are more deliveries at BAHC. Included are photos of Augustine Chacha who is the head nurse at BAHC. As are most nurses in Tanzania, he trained as a nurse-midwife.





Newborn babies being carried from the delivery room to the health center for immunizations

One of the patients seen at BAHC had a very large goiter (photo on the left below). She did not have cancer but was hypothyroid due to iodine deficiency. Tanzania does put iodine in commercially sold salt. However, in some of the poor rural areas, people use local salt as it is cheaper. Unfortunately, the local salt does not contain iodine, and this can lead to a person with low thyroid levels and a large goiter. On the right is Dr. Obondo with a patient, his wife, and a nursing assistant. The patient, an Anglican priest who is diabetic, came in with ketoacidosis.



Below are photos of the monthly hypertension and diabetes screening and monitoring clinic, which is free to the patients.





Above are children from the Mokiwa orphanage at a celebration with the BAHC staff. They receive their care at BAHC.

Hospital development

We have described in previous newsletters that Action Medeor, a German NGO, is donating a new digital X-ray machine to BAHC as soon as a building is constructed to house it. Unfortunately, with more critical priorities and the decrease in support following Ed Kussy's death, this has been on hold. We still need \$20,000 to finish the building. Please help us fund the X-ray building. It is needed for both serving the community and teaching when the MUHAS family medicine residency training begins a year from now.

Action Medeor leadership was recently in Tanzania where they are building a factory to make laboratory reagents. Three of the BAHC staff participated in the initiation. Below is Mr. Barua, the health director, inside the partially built X-ray building. On the right are BAHC representatives in front of the sign at the factory launch.



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 can supervise and train lesser-trained doctors at the district and subdistrict levels. Dr. Obondo and Henry were able to meet with Prof. Rugajo, the head of the Curative Department of the Ministry of Health, who helped set up the meeting with the chief medical officer, Dr. Nagu. Our team consisted of Prof. Enica Richard, head of MUHAS, Dr. Obondo, and

Henry. The meeting went well, and Dr. Nagu requested that Prof. Richard send a letter requesting formal Ministry of Health support and a PowerPoint presentation for her leadership and parliament subcommittees. These have been submitted.

During the same week, Dr. Obondo presented the family medicine development to over 1,000 participants at the National Health Summit. Subsequently, Dr. Aghan, our family medicine lead, Dr. Obondo, and Henry met with USAID leaders to explore possible U.S. government support for the development of family medicine.



Dr. Obondo at the summit

The clinical teaching sites for the MUHAS Community Oriented Family Medicine program 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. Grants are being sought for SEET to develop a community mobilization program for the rural community service and teaching. The plan is to start family medicine teaching in September 2024.

SEET (Socio Economic and Education Transformation for Health)

The Health Tanzania Foundation helped establish SEET as a Tanzania nonprofit in 2016. SEET is a multifaith and local community partnership with an estimated 420,000 people in the poor urban Buguruni and Vingunguti neighborhoods and people in the rural villages in the isolated rural Rufiji District. SEET partners with churches, mosques, and community leaders and its members to address critical issues.

In addition to its work helping to develop family medicine, SEET continues to assist widows, orphans, and unmarried teen mothers to improve and maintain their health, increase their education, and obtain sustainable incomes. They also continue to train everyone in the community to address violence against women and children, alcohol, and other drugs (Ukombozi). They help those already dealing with the problems and helping them prevent further violence, drug abuse, and AIDS in the community. Over 70,000 adults and youth have taken the three-hour course and discussed what they can and will do for themselves, their families, and the community.

SEET also manages a program for AIDS orphans by helping them with emergency food, educational support, and, as needed, vocational training. The home-based care program for the home-bound sick is also part of SEET.

During July through September 2023, SEET:

1. Trained 359 people about Ukombozi in the Buguruni ward.
2. Visited 27 children supported by SEET in primary and secondary schools in Dar es Salaam.
3. Developed a new partnership with the deaf community in the Buguruni area.
4. Presented SEET's programs to the President's Office, Regional Administration, and Local Government (PO-RALG) national officials in Dodoma, Tanzania.
5. Facilitated and documented community discussions about violence in Buguruni and Vingunguti - reaching 359 people. As was reported in the last quarter, most people were aware of the existing violence in their communities. This time, however, poverty was among the identified triggers of violence in the community. Regarding the prevention of violence, participants emphasized the importance of family members and neighbors talking more about violence.



SEET leaders and the national PO-RALG staff talking about SEET

The photos below show discussions in the community about violence. Leading the discussions is Agnes Mhada, who is a nurse counselor trained in mental health care.



SEET provides school support to five orphans who are enrolled in its scholarship program. Salahe Ally (pictured below) was provided with all the requirements to join form five in a government high school. He will be studying physics, chemistry, and biology. Endith Thobius is joining college this November and will be doing a diploma in logistics. Feisal Shaaban was sent to driving school. Hamida Hashim and Samira Karim received school supplies and transport fare. Thanks to Help Aid Africa for providing full scholarships to these five children.



Faidha visited 27 orphans and vulnerable children SEET supports in school and their homes. The visits seek to understand the children's progress and to plan with teachers and caregivers for their future. Eighteen of the children were visited for the first time and nine as the follow-up to the last quarter visit. As was reported in the last quarter, a shortage of teachers and a lack of communication between parents (caregivers) and teachers were among the challenges that hinder the progress of the children. We also noted that some children attend school irregularly, and some primary school children do not know how to read and write.



Rashid Mwishehe
and his teacher

On the direction of Prof. Rugajo of the Ministry of Health, SEET leaders met with representatives of the Mirembe National Mental Health Hospital, PO-RALG, and Ministry of Health representatives to

begin to create a self-care, mental wellness, and resiliency manual and training. Dr. Mombeki, the research director of Mirembe Hospital, will be the technical lead for the program. Tanzania has virtually no self-help programs or materials for mental health and wellness and very few mental health professionals. By using SEET's full community involvement approach combined with the internet and government partners, the team expects to develop materials and programs that can be used throughout Tanzania. Below are Mirembe staff with Dr. Chilowaka and Henry after a presentation and discussion.



Health Tanzania and its local partners always need more manpower to accomplish their growing programs. The SEET website badly needs updating and maintenance. The leaders of the SEET program were told by a public health leader that the program was very good but needed more documentation and data. Dr. Obondo who is the SEET board chair, BAHC medical director, and a major leader in family medicine development, desperately needs someone to assist him. Yet this is very difficult to do with very limited funds.

In keeping with its "build from the community approach," the country's poverty, and high unemployment, SEET is using a novel approach and is working with three new people (pictured below). Benjamin has experience with website development and maintenance. Nasra was trained as a records clerk but was volunteering at BAHC since there was no job available. Charles was working as a waiter but going to school in management part-time. SEET began giving them travel allowances and has gradually been increasing their time and incomes as they demonstrate good skills and as donations or grants allow. This approach has allowed SEET to continue its work and vet new staff.



Home-based care

As we discussed in the last newsletter, the home-based care program currently serves 20 to 30 patients in the poor Buguruni and Vingunguti neighborhoods. Patients are generally very sick and lack social support. For some of the patients, the program acts as a hospice. The patients receive food, medicine, and checkups. Faidha visits the patients in their homes, checks vital signs, and delivers food and medicine. During July-September, 20 patients were visited, including three new ones. This quarter, we lost one patient. With additional funds, more patients could be helped.



During Faidha's visits, she noticed that 13 patients cared for at home did not attend their routine clinics. The reason given was that they did not have a means of transport to take and bring them back from the clinic. Faidha discussed the challenge with related family members, and they agreed that the patients must be taken to the clinic before their next visit.

Deaf Church

BAHC has been providing medical care for patients at the nearby deaf school. SEET has just established a new collaboration with the Church for the Deaf in Dar es Salaam. The Church has two branches in Dar es Salaam and one branch in the Coast Region. It is a worship and meeting center for the deaf community, is led by deaf persons, and serves over 280 deaf people. There are sign language interpreters that facilitate smooth communication. The majority of the deaf and their extended

families attending these centers are poor. To promote inclusiveness, the Church for the Deaf in Dar es Salaam provides educational support to deaf children.

Following a meeting, SEET and the Deaf Church came up with the following action list:

1. The Church for the Deaf will identify church volunteers among the deaf congregation.
2. To facilitate communication, the Church for the Deaf will identify specific sign language interpreters.
3. SEET will train sign language interpreters and identify deaf volunteers who can become Ukombozi trainers.
4. SEET will ensure that deaf people are trained about violence, drugs, alcohol, and HIV/AIDS.
5. SEET will ensure that deaf members are trained about self-care, mental wellness, and resilience.



SEET staff meeting
with the administrator
of the Church for the
Deaf in Buguruni

St. Augustine’s English Medium Primary School

Since 2005 when we began our work in Tanzania, St. Augustine’s Primary School, located next to the Buguruni Anglican Health Centre, has been an important Tanzanian partner. Donors are helping individual poor orphan children by paying for their fees and other necessities. Through your donations, we have also upgraded the school’s inadequate bathrooms. One of our early U.S. partners, Holy Cross Episcopal Church (Dunn Loring, Virginia) has continued to provide 250 very poor students of the nearly 1,000 students with a free midmorning meal of porridge and a doughnut (mandazi). Otherwise, they would have no breakfast or lunch as their parents cannot afford to pay for both the food and school fees. Holy Cross also built a playground for the school.

Donors are currently supporting nine orphans. To continue in school, they will need tuition by 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. Dixon below is one of the orphans being sponsored.



Henry was asked to be the guest of honor at the St. Augustine's Primary School graduation. Some of the pictures below are from this event. Every grade performed with singing, dancing, or a short play. Below are younger children practicing. Al Nayhan, one of the supported orphans, was part of the after-school karate club demonstration. He never smiled before he was sponsored, but now he is constantly smiling. The middle pictures show the graduates from the school and the students lined up. The last picture is of the graduates from the preschool.



The two children shown below were sexually abused by their father, and their mother covered this up. The children spoke out and the father and mother are now in jail. Unfortunately, the relatives blamed the children for talking. Consequently, to protect the children from violence, social services have moved the children to a foster family in a different part of the city. Social services asked St. Augustine if they would take them as students because the family could track them in the public system. The Health Tanzania Foundation and St. Augustine agreed to split their school costs and food. Agnes Mhada has begun talking with the children to help them through this unimaginable trauma. The children will need ongoing support and we are asking for a sponsor to help them.



Staff at BAHC

Even if they are working, most Tanzanians are one major event away from poverty. One of BAHC employees since 2005, Maggie Lima managed the tuberculosis program for years. Recently, she developed tuberculosis of the spine, requiring a major operation and substantial rehabilitation. While she owns her own home, she is a widow and not being able to work means no money for food or other living expenses. Mohamed Shariff Manekia, a Health Tanzania board member, was able to pay for the operation and a monthly subsistence amount. Her daughter and a neighbor also helped.

Health Tanzania will fund the rehabilitation of part of her house to allow for a renter, giving her a monthly small income. Maggie is very independent, and this will give her back more control over her life as she deals with her lack of work and illness. Seen below is Maggie and her daughter and neighbor.



The BAHC ambulance serves the home games of the Simba soccer team which gives BAHC a little revenue and good publicity. A major star was injured and all the news channels showed the BAHC ambulance as it transported him to the hospital.



Need for volunteers

We are constantly looking for volunteers, both short- and long-term, to help in the U.S. and Tanzania. There is always a role. If you or someone you know may be interested, have them call, text, or email Henry to discuss 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.

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. Donations to our tax-exempt organization are deductible to the full extent allowable under IRS regulations.

We know 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.

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

May God Bless All of Us,
Henry and Priscilla



Much of the construction in Tanzania is done by hand. The workers are carrying cement.