

## **HABARI GANI** (“What news” in Swahili)

**A Newsletter** by Priscilla and Henry Ziegler

**January - March 2023**

Thank you to everyone who supported our \$25,000 matching grant. We were successful! Thank you, thank you, thank you. Because of your prayers and money, we are accomplishing seeming miracles.

Henry was in Tanzania through much of January. Tanzania’s hot season was unusually hot this year. It has started to rain early; and at least in the coastal area, they’re getting enough rain. In the fall Tanzania had much less rain than they usually get in their short rainy season.

### **Two leaders at the health center**

Last newsletter we described our philosophy and some of the leaders we developed. One of the developing leaders who we did not mention was David Habibu (in photo below). He joined Buguruni Anglican Health Centre (BAHC) with some IT training but no degree. Mr. Habibu did all the IT support for BAHC and managed the marketing. Yes, even poor health centers in needy areas must market to their community and funding partners.



In the last few years, Mr. Barua, the health director, progressively gave Mr. Habibu more responsibility, and he is now the BAHC administrator. He is also working on his bachelor’s degree. His commitment to the mission of helping people, working hard, and constant learning means that he should develop skills and experience along with the health program.

Another developing leader is Augustino Chacha. Six years ago, he was a health assistant but now has a bachelor's degree in nursing. He has become the head of nursing at BAHC.

**Patients at the health center**

**Mothers and babies**

Below are pictures of some of the babies delivered at BAHC with their mothers or a nurse.



Shows a mosquito net



Wrapped up but it's the hot season



A C-section



The patient pictured with Mr. Habibu has been coming to BAHC for wound care of his leg for three years. His leg was badly damaged in a motor bike accident. He had no money to go to the hospital and so the clinic staff has been treating the infection and bandaging the gradually healing wound.

### **Patients with disabilities**

Because of the overwhelming needs of the very poor Tanzanians, people with disabilities are often neglected. In a poor country like Tanzania, there are even more patients with disabilities than in the West. There are still beggars in Dar es Salaam who had polio and are paralyzed. Below are some of the disabled patients who come to the health center.



This child is severely disabled - likely from a birth injury or lack of oxygen during delivery.



This is a child who is handicapped from birth but has no apparent mental handicap.



This child has AIDS and has both physical and mental defects. He was infected with HIV by his mother at birth and probably was injured or experienced oxygen deprivation during delivery. He is part of the health center's AIDS club for children with HIV and AIDS.

### **AIDS Club**

Dr. Maxwell used to run the AIDS Club, a service for children living with AIDS. One weekend a month they would come to the health center where they played games, received health talks, and ate together. For six years, this club was sponsored by Management and Development for Health, a non-governmental organization supporting all AIDS care centers in Dar es salaam. During this time, the children did much better, taking their medications regularly and largely suppressing their HIV viral loads. For nine months now no funds have been provided, and there are no longer monthly meetings. Many of the children's viral loads have begun to go up. The meetings cost \$260 a month. This paid for transportation and a snack for each of the 53 children and overtime for the healthcare providers who come in on Saturday.

In January when Henry visited, he was able to pay for drinks and transportation, and the children had an AIDS Club meeting. Henry and Dr. Maxwell planned the event with the four peer leaders who received a small stipend for this role. The peer leaders felt that the children needed the money more than the food so there was to be no food or drink. Henry thanked them for their generosity but donated further funds to pay for drinks. A soft drink is a luxury to these children. (See photos on the following page.) Please help continue this important program.



Members of the club



Peer leaders with Dr. Maxwell



A dynamic nurse educator talking with the group



The youngest members

The children wanted individual or small group pictures in addition to the group picture. Some wanted their pictures taken with Henry.



### Tanzania's changing health problems

In 2019, neonatal disorders and lower respiratory tract infections ranked as the top two causes of death in Tanzania. While HIV/AIDS, tuberculosis, malaria, and diarrheal diseases are still listed in the top 10, they have fallen in rank over the last decade. Instead, noncommunicable conditions such as stroke, ischemic heart disease, and cirrhosis are now among the top 10 causes of death. High blood pressure and diabetes are particularly important because control of them will prevent a great many heart and stroke problems which have become more and more important as AIDS and malaria are being better controlled and are no longer among the top three causes of death.

Unfortunately, the Tanzanian health system was not set up for chronic diseases such as HIV/AIDS, diabetes, and hypertension. Until eight years ago, the government health insurance only paid for two weeks' supply of medicine, making chronic disease care nearly impossible.

Most of Tanzanian medical care is provided by clinical officers with three years of training after secondary school, with almost no chronic disease training. Medical doctors similarly are given limited chronic disease training. To address this, a partnership of SEET and the national medical school is preparing place to train family medicine doctors.

Hypertension and diabetes are initially asymptomatic. In a very poor community, checking blood pressure and sugar at home is difficult since patients cannot afford the testing equipment. After receiving a small grant from the Tanzania Christian Social Service Commissions, BAHC and SEET set up community screenings to test for blood pressure and sugar. Also, there are regular screening and treatment events at the health center itself. These are free and allow for monitoring and discussion about the illnesses. Below are photos of patients who came in for screening or follow-up.



BAHC and SEET are exploring using the community volunteer system for expanding the community testing. The medications are expensive, especially for the very poor who have no health

insurance. We are seeking a seed grant of \$4,000 that BAHC can use to buy high blood pressure and diabetes medications in bulk. By using the most inexpensive frontline drugs and bulk purchasing medicines, the medicine costs can be greatly reduced.

### **Hospital development**

In our previous newsletters, we explained that Action Medeor, a German NGO, was donating a new digital X-ray machine to BAHC as soon as we constructed a building to house it. They provided blueprints that were reviewed by the government radiation staff, and construction is now well underway. At each step the “atomic people,” as the radiation officials are called, inspect the construction. Between their adding to the design and the cost of the inspections, the overall cost is much higher than originally estimated. We still need \$15,000 to complete the building and obtain our digital X-ray machine, despite Shariff Manekia and his son Ali Manekia donating \$15,000 for the building. Please help if you can. BAHC badly needs an X-ray machine to serve the community patients; and because we hope to be teaching family medicine doctors in another year.

Below Mr. Barua is seen standing inside and outside the building.



### **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. The family medicine doctors will be the only Tanzanian doctors trained to approach the patients in a bio-psychosocial manner and link care to the community partnerships that SEET exemplifies. This will be particularly important for chronic diseases and for mental health, two major gaps in current Tanzanian healthcare. Tanzania has almost no mental health providers for its over 60 million people and general medical doctor’s mental health training focuses on severe mental illness such as schizophrenia. No one at the community and district levels is trained to address chronic illness.

In 2021, SEET created a division, the Family Medicine Development and Research Centre. Dr. Eric Aghan, the previous family medicine leader at Aga Khan Hospital became the program’s director. The family medicine program at this hospital is the only one in Tanzania. Since July 2022, Dr. Aghan and Muhimbili University (MUHAS) have been 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. Dr. Aghan, Dr. Obondo, and Henry have been

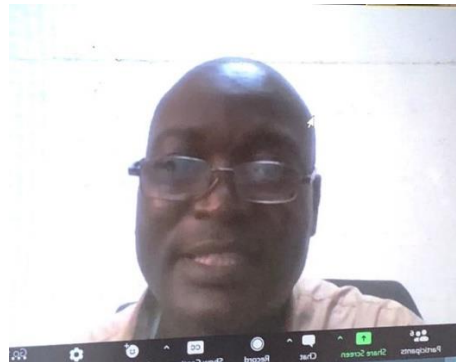
working with Professors Enica Richard and Peter Wangwe, principal and dean of MUHAS, to plan the family medicine development at MUHAS and create its curriculum. Most of Dr. Aghan's and Dr. Obondo's time has been pro bono. Henry's time is always pro bono. In January of this year, Dr. Aghan, Dr. Obondo, Henry, Prof. Richard, and Prof. Wangwe met with the MUHAS senior faculty to review and revise the Family Medicine curriculum.

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.

With a \$5,000 Health Tanzania Foundation grant from a generous donor, the SEET's Family Medicine Development and Research Centre and MUHAS hosted a two-day conference with the Ministry of Health to discuss family medicine and how it would fit in government health plans. MUHAS Principal Richard and Dean Wangwe spoke and Dr. Aghan described the evidence behind community-oriented family medicine and the importance of its biopsychosocial approach. Through Zoom, four family medicine leaders presented their ideas. They included Prof. Mash, considered the father of African family medicine; Dr. Mugambi, a Kenyan family medicine leader and the East African representative to the World Organization of Family Doctors (WONCA); Prof. Mutasingwa, a Tanzanian-Canadian family medicine chair from the University of Toronto, Canada; and Dr. Matillya, the program director of Aga Khan University family medicine in Tanzania.



MOH representatives with Dr. Aghan and Dr. Obondo



MUHAS Dean Wangewe



Professor Mash



Professor Mutasingwa



## **SEET**

Previous newsletters have talked about SEET (Socio-Economic and Education Transformation for Health). We will briefly summarize what it does and its goals.

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 poor people in the 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 to address critical issues.

SEET's initiatives are (1) to assist widows, orphans, and unmarried teens with children to help themselves improve their health and education and establish sustainable incomes; (2) to train all residents to address violence against women and children, alcohol and other drugs, and AIDS; (3) to improve maternal-child and reproductive health through comprehensive community-based programs; (4) to address malaria; and (5) to use in the future 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 into the government's basic health insurance program, enrolled into saving circles, and given small business training.



The SEET team with Charles Nkwabi, head of TAVICO, a community partner organization



A widow and her child who receive school tuition support

SEET mobilizes the communities to address violence against women, alcohol and other drugs, and AIDS (Ukombozi). They help those already dealing with the problems and prevent further drug abuse, violence, and AIDS in the community. Over 70,000 adults and youth have taken the three-

hour course and discussed what they could and will do for themselves, their families, and the community.



Agnes, SEET's nurse educator, facilitating Ukombozi training at a Buguruni community primary school

### **Mother and infant deaths**

Long-term readers will remember that Henry and Dr. Chilowaka, now SEET's director, assisted the then regional medical officer (RMO) of the Pwani Region in developing Tanzania's first comprehensive maternal and newborn death reduction plan. As part of that plan, the team developed a clean birth pack with misoprostol (slows bleeding in women after delivery) to address both maternal bleeding and maternal and newborn infection. Through a Norwegian Laerdal Foundation grant, SEET has been doing a study evaluating the use of the birth packs. Claire Rater, a University of Washington MPH student, is currently helping complete the evaluation.

During January, Henry and Dr. Chilowaka met with Dr. Kamba, the RMO for Pwani Region, and Ms. Massawe, a public health nurse leader. One of the region's districts has among the highest newborn and maternal rates in the country. Dr. Kamba requested that we assist the district and region in evaluating and correcting issues leading to these deaths. The joint team is putting together a plan and looking for funding for this program.



Dr. Kamba, Henry, Dr. Chilowaka, and Ms. Massawe

### **Home-based care**

Begun in 2008, the home-based care program currently serves 25 to 30 patients. When first started, the numbers served were much higher, but lack of money has decreased the numbers. The patients receive food, medicine, and checkups. Patients are generally very sick and lack social supports. As part of SEET, Faidha, the SEET community coordinator, visits the patients in their homes and checks vital signs and delivers food and medicine. (See photos on the next page.)



Handicapped patient with TB



Faidha checking a patient's blood pressure



Faidha found this patient to be very ill during a February visit. She had her transported to BAHC and later to Amana Regional hospital for admission and further treatment. The patient was diagnosed with a heart problem and was very anemic.



Faidha is seen with a patient newly diagnosed with TB. He was very weak and unable to walk by himself.

### **St. Augustine's English Medium Primary School**

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 (Dunn Loring, Virginia) has continued to support 250 of the nearly one 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 food and for school fees. Through your donations, we have also funded the school's

bathrooms that were vastly inadequate and provided a playground for the school. Donors are helping individual poor orphan children by paying for their fees and other necessities.

Having recently added one more, Health Tanzania is currently supporting 11 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. Below is a photo of a kindergarten class.



One of the St. Augustine children whom a generous donor supports is Al-Nahyan Said Idd, 13 years old and in standard 7. He likes school and hopes to go to secondary school next year. He is an orphan who lost his mother and his father. His mother’s sister became his guardian and now “mother.” He has been in and out of school because his aunt is a low paid hotel worker and could not pay the school fees.

Unfortunately, the father’s family repossessed the house which the father had owned. In Tanzania, at the death of the father, everything, unless in the mother’s name, belongs to the father’s family, not the

mother or her family. This left the aunt and child on the street with no place to go. Al-Nahyan is bright and hardworking. With support, he is expected to do well.

Thanks to the support of the Manekias, major repairs and painting have been done for the school buildings which had sustained major termite damage and were in danger of collapsing. The pictures below show the work in progress.



**Staff at BAHC**

Because of a very tight budget, there was no money for a cleanup of the women and children’s compound. So, the staff were mobilized for the cleanup.



Mr. Barua leading by example



Henry doing his part



A group photo when the job was finished

On International Women's Day, the women from the health center put on matching dresses and went to the Valentine Children's Centre, an orphanage started by the previous bishop Valentine Mokiwa. They gave the orphans soap, medicine, and other items.



Recently, two of the staff members became sick. Maggie Lima for many years ran our tuberculosis program and gave out TB medications to patients. She developed severe back pain and was found to have tuberculosis of the spine. Tuberculosis is among the top 10 causes of death in Tanzania. It can be very difficult to diagnose when it does not involve the lungs. With help from donors, we have been able to support two operations and medications for her. Hopefully, she is now in recovery. (Her photo is on the left below.)



Dr. Mokiwa, pictured on the right, is one of the doctors at BAHC. He developed chest pain and went to the hospital. He was prescribed medications in addition to those he had been taking and is now back to work.

### **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](mailto:hdziegler@yahoo.com) or 703-887-1574.

### **Donations**

As we announced in previous newsletters, the Health Tanzania Foundation, our nonprofit, has tax-exempt status as a public charity—a 501(c)(3). Please look us up on the web at [www.healthtanzania.org](http://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 nonprofit are deductible to the full extent allowable under IRS regulations.

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.

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

May God Bless All of Us,  
Henry and Priscilla



A monkey in the trees outside the Pwani regional medical officer's office