

Habari gani (“what news” in Swahili)

a newsletter by Priscilla and Henry Ziegler

January - March 2024

As in much of the world, Tanzania is experiencing inflation and economic hardship. With a daily income per family member of less than \$0.75, 14 million of a population of 70 million people live in abject poverty. Health Tanzania continues to help individual needy Tanzanians and their families, while also creating sustainable systems to address those needs. In this time of world crisis, please help us save lives and improve the health of Tanzanians. Henry leaves for Tanzania in one week and will give you more updates on his return.

Buguruni Anglican Health Centre (BAHC)

Buguruni Anglican Health Centre served 59,558 patients in 2023. In 2005, when we first started, it was seeing 6,500 patients a year. BAHC provides comprehensive primary health care and some inpatient care, well women and children’s care, vaginal and C-section deliveries, female surgery, pharmacy and lab services, dental care, and eye care. Located in one of the poorest parts of Tanzania’s largest city, Dar es Salaam, BAHC provides significant charity care. Unfortunately, National Health Insurance, BAHC’s largest payer, has not paid since December and says that it will only pay \$3,000 of the \$5,000 owed for December. All the faith-based programs are being affected, but clearly BAHC needs your support more than ever.

Patients

If you’re a consistent reader, you know our newsletters often start with the wonderful newborns and their mothers whom our team has delivered vaginally or with a C-section.



More mothers and babies:



This mother was in labor for three days and so was given a C-section.

Well-child care is very important. Giving immunizations and addressing nutritional issues is critical for children's survival. Below are women and children who have come to the health center for immunizations. They are provided to BAHC by the government and are free. The mothers carry an immunization card to document each immunization. Below are mothers and their children who are receiving immunizations and blood tests.



The patient pictured on the following page came to the health center with a severe frontal headache, a fever of 39°C, major diarrhea and vomiting, and dehydration. She was diagnosed with Cryptococcal meningitis and treatment was begun. After the initial treatment that included antibiotics, antifungal medications, steroids, and two units of blood, she was transferred to the regional hospital. She died at the hospital—possibly from poor management.



Once a month, BAHC holds a hypertension and diabetes screening and treatment clinic to enable poor people to be screened, monitored, and treated for these diseases. Unfortunately, BAHC and Health Tanzania do not have the funds to give the medications to the patients free of charge. The photo below photo shows the crowd at one of the clinics.



A patient with high blood pressure is sitting next to Seth, who is our primary photographer and does an excellent job.





Khadija, shown above with her two children, has been coming to our health center since she was 14. Fifteen years ago, she had a bone infection in her left upper leg and right ankle. She spent three months in BAHC to clear the infections. She then received a failed bone graft and had an amputation of her left leg above the knee and was given an artificial leg made by a specialty hospital in 2008. This has allowed her to walk and raise a family.

She just texted Henry because her leg has become too tight and shorter than needed, making it difficult to walk. She went to the specialist and was told that a new artificial leg would cost \$600. She is poor and cannot afford this. Our program saved her life and allowed her to grow and have a family. Please help her continue to have a positive future. For longtime readers, we have always called her Hadija rather than Khadija, having never seen her name written until now.

BAHC and the Medewell Health Centre ophthalmologist held another annual eye screening and treatment clinic. Treatment includes treating eye infections and doing cataract operations. Patients are given free treatment. Below is a patient before and after cataract surgery. Other photos follow.





The pictures below show a milestone in the creation of a sustainable health program to help the poor. For the first time, all members of the surgical team were trained by the staff at BAHC. On the left is Dr. Maxwell (Dr. Max) who was a clinical officer, a first-level doctor, when we met him in 2005. With our support, he trained as an assistant medical officer, which allows him to do major operations. After working with Dr. Wangwe, the OB/GYN specialist, Dr. Max is now doing his own C-sections.



On the right on the previous page, Dr. Editha Roman, one of our clinical officers, is holding her certificate. She has just finished anesthesia training. The surgical assistant, Mr. Chacha, who started with us as a nursing assistant, is now the head nurse at BAHC, as well as our primary surgical assistant. The trained in-house team means that BAHC can perform operations much more easily and cheaper than paying for outside help. The patient in the operating room had a baby with the cord wrapped around the neck and needed a C-section. It was done as charity care, because the family did not have the money to pay for it.

Hospital development



Above is the partially constructed X-ray building. 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 still not been completed. We still need \$3,000 to finish the building. Please help us fund the building. It is needed for both serving the community and teaching when Muhimbili University (MUHAS), Tanzania's major medical school, begins family medicine residency training in September 2025.

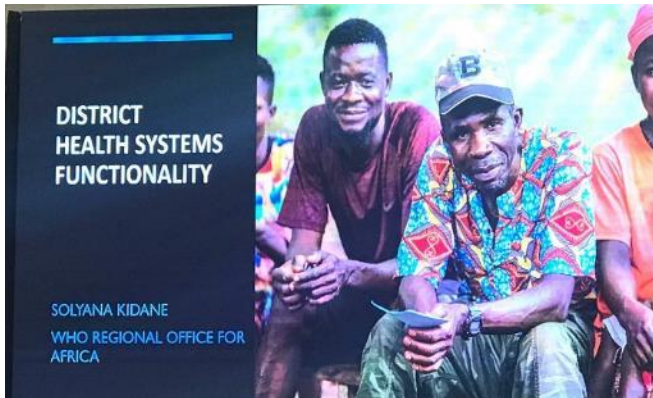
Family medicine

With MUHAS, we are helping to establish family medicine training, which will provide general specialists who can lead primary care throughout the country. Our partnership in the development of family medicine in Tanzania continues to move forward. In March, Prof. Enica Richard, the head of MUHAS, and Dr. Eric Aghan, the family medicine lead and SEET's director of its Centre for Family Medicine Development and Research, both presented at the Tanzanian first international conference on primary health care. The WHO African Region representative also presented and strongly

supported the need for family medicine in primary health care. The conference was created by the Tanzanian President’s Office with international sponsorship and included most national health leaders. The following are photos from the conference.



The MUHAS and SEET delegation are pictured on the left: Prof. Enica Richard, principal of MUHAS, Dr. Eric Aghan, family medicine lead, and Dr. Hosiana Jonas, family medicine assistant to Dr. Richard. On the right Dr. Aghan is presenting.



WHO presentation

BAHC and SEET will be the urban MUHAS training site for family medicine. The Kisarawe District Hospital in Pwani region will be the rural training site where SEET will develop the rural community program.

SEET has been approved for a grant to strengthen self-help and the behavioral health of the community and to develop teaching materials and training to be used in family medicine. This should start in the next few months and allow us to strengthen and scientifically validate our SEET self-help, mental wellness, and violence initiatives. It will also cover some of SEET’s costs during this coming year. Currently, all SEET’s expenses are paid by the Health Tanzania Foundation.

SEET (Socioeconomic Education Transformation for Health)

In the first three months of 2024, SEET conducted needs assessments for its programs: orphans, widows and teen mothers, home-based care and violence, drugs, and the HIV/AIDS program. Other achievements include distribution of school supplies and other needs to over 60 orphans, creation of the first orphan peer group, training of over 500 people on the subject of violence, and addressing issues of patients cared for at home. SEET continues to work with the Mirembe National Mental Health Hospital to develop a self-care, mental wellness, and resiliency manual with plans to make it accessible throughout Tanzania.

Orphans



Above is Faidha with two of the orphans receiving ongoing educational support through a grant from Help Aid Africa. One is in secondary school and the other plans to take vocational training.

In January 2024, SEET conducted a needs assessment of the orphans in the Buguruni and Vingunguti wards. SEET identified and assessed 60 new orphans and reassessed the needs of 40 current ones—all live in poverty. Also found: one orphan in secondary school is pregnant and two children have stopped going to school for no known reasons. Following the assessment, SEET provided school supplies, school bags, school uniforms, and shoes as needed. Below are orphans receiving the supplies and a view of some of these supplies.



In March, SEET met with 38 newly identified orphans and 22 of their caregivers. They discussed the program, shared experiences, and agreed to create orphan peer groups. Group leaders were elected. Their main role is linkage to the program.

Issues discussed included infrequent orphan school attendance, lack of teacher and caregiver communication, and the roles of caregivers in supporting orphans. The orphans' concerns included not being listened to by caregivers, irregular support from caregivers, and the shortage of teachers in their schools. As a way forward, each caregiver will visit the schools four times a year and discuss their children's progress and ways to improve their performance. The first peer group meeting will be in April. The following is a photo of orphans, caregivers, and SEET staff.



SEET also met with the youths who had completed primary or secondary school but had not continued further schooling. Reasons included the lack of caregivers' support and low pass marks. All of them, however, have dreams of becoming auto mechanics, hairdressers, nurses, and tailors. As money is available, SEET supports these youth to receive six-month training to do these jobs. Some of these youths are pictured below.



Amos (shown on the right) was one of the orphans not going to school. Faidha, the community coordinator, met with Amos and his grandparents who are his caregivers to discuss their concerns. They found that Amos was coming home late, and the grandparents had not been providing school support for several years. The grandfather went to the school and disenrolled Amos. On discussion with them, Amos said he was very thankful for their support. He came home late often because he was working informal jobs to pay for school supplies and other needs. The grandmother said, "We are old and poor, and our main focus is to have at least one meal per day for you and us." They

agreed that Faidha would meet Amos's head teacher to discuss his returning to school. There should be improved communication between Amos and his caregivers. Below are Amos, his grandparents, and Faidha.



Home-based care

SEET provides nursing care and psycho-social support to patients cared for at home. In the last quarter, SEET assessed 22 patients, seven of whom were new. The assessment showed that most of the patients are recovering from stroke and major operations. Thirteen (59%) are enrolled in related clinics but attend irregularly. The reasons for not attending clinic regularly are lack of transport fare and the absence of a person to accompany them. Only two of the assessed patients have government health insurance, making it difficult to receive related health services including physiotherapy and the purchase of drugs. Faidha checked the vital signs of the 22 patients and provided them with medications, painkillers, and emergency food. Patient caregivers were also provided with the appropriate health education. Photos are shown below.





If Faidha seems to be everywhere, she is. She is amazing.

Children with disabilities program

As SEET partners with the community, it identifies children with disabilities, assesses them, and refers them appropriately. In this quarter, SEET assessed six children with disabilities between the ages of 9 and 14.



Only one child can walk by herself but with difficulties. None of the children are enrolled in school and none have health insurance. Five are enrolled in related clinics but not attending as scheduled. Lack of transport fare and health insurance are two major reasons for non-enrollment in school and irregular clinic attendance for these children.

Widows and single teen mothers

As with the other programs, SEET conducted assessments of 149 newly identified widows. Of these, 21 widows have three or more orphans in their household, only 13 have health insurance, and only 15 are enrolled in self-help groups. In addition to helping their children, SEET and its community

partners support widows to improve their health, receive small business training, establish saving circles, and form microloans groups.

Violence, drug, and HIV/AIDS program

SEET staff facilitated two-hour discussions about violence with 452 (230 girls) Hekima Primary School children and 215 (113 girls) Motto Secondary School children. The children were very excited and open and discussed issues such as drivers of physical and psychological violence of children. For example, the children described being beaten by parents or teachers for no understandable reason.



Hekima Primary School



Motto Secondary School

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 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.



Students lined up for graduation last fall

Donors are currently paying school fees for nine orphans. It costs \$550 per orphan for the year if you want to “fully adopt” one of the orphans. In our last newsletter we talked about two girls who had been sexually abused by their parents who are now in prison. Because the other family members blame the girls for telling the truth, the girls have been moved to a foster family across the city and enrolled in St. Augustine’s since they could be tracked in public schools. Health Tanzania and St. Augustine’s are splitting the cost of their tuition and meals. The girls, shown below, clearly need further support and we are looking for donors.



Discussing the priorities for the school with headmistress Alice, she states that their biggest need is computers. St. Augustine’s has 1,000 students. Over the years Health Tanzania has donated 50 used computers that Henry had brought from the United States. This led to the creation of a computer lab where teachers could develop and store lesson plans and students could learn to use the computers and explore the Internet for courses. With no air conditioning, constant humidity, heat, and dust, there are now only three functioning computers. We are looking for donations of used computers that can be shipped to Tanzania to re-create the computer lab.

Staff at BAHC

Staff salaries are low, and the work is stressful as the staff members work to provide quality care 24 hours a day, seven days a week. As a good leader and manager, Mr. Barua sets up an annual one-day retreat to build morale. Below are some of the staff at a park.



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 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 tax-free status as a public charity—a 501(c)(3). Please look us up at www.healthtanzania.org. In addition to finding out more about our programs, you can donate through PayPal at the website. You can designate what the donation is for and this will be honored.

In addition to making 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 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.

All of our Health Tanzania team are volunteers, including us. Both of us are members of the board of the Health Tanzania Foundation, where Henry is the president and board chair. We also pay for our travel to Tanzania and other items, such as medical supplies and computers for staff.

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

May God Bless All of Us,

Henry and Priscilla



Crocodiles at rest