



## **Health Tanzania Foundation Annual Report – 2024**

Health Tanzania Foundation is a U.S. faith-based 501(c)3 charity (EIN 45-5468614).

### **2024 Highlights**

- Health Tanzania Foundation raised \$149,931. This was 7% of the overhead for the health program in Tanzania. Major accomplishments with partners included the following:
- Buguruni Anglican Health Centre did well. It serves three neighborhoods in Dar es Salaam with a population of 151,000 people. It served 65,000 patients in 2024 and received a 4 out of 5 government quality rating. It is now locally sustainable. Its operating expenses were \$289,967: 92% locally funded and including some charity care.
- SEET is a community nonprofit that unites people in communities to help themselves. Since 2017, 80,027 community members were trained to address violence, drugs, and AIDS. Among those helped with health, education, and the knowledge of how to develop sustainable incomes were 276 widows, 121 orphans, and 16 single teen mothers. A 12-step emotions program and self-help mental wellness programs are being developed with Tanzanian leaders. Rural government and community health initiatives were initiated.
- Also continued was the development of the first family medicine program with Muhimbili University. This was begun in 2014. In 2024, the community-oriented model curriculum was refined, and training sites were identified. Stakeholder needs assessment surveys and national presentations were done.

In 2024, Health Tanzania Foundation (Health Tanzania) and its Tanzanian partners continued to improve the lives of thousands of Tanzanians by strengthening Tanzanian leaders' health systems. Health Tanzania continued to focus on:

1. Developing Buguruni Anglican Health Centre (BAHC) to become a district-level teaching hospital for family medicine residents, medical and nursing students, and community workers;

### **Health Tanzania Foundation**

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2. Supporting and expanding SEET, the interfaith-local community partnership Tanzanian nonprofit that Health Tanzania helped establish in 2016 to mobilize communities and individuals to help themselves;
3. Strengthening and expanding family medicine in Tanzania;
4. Helping individual needy patients to receive healthcare;
5. Helping widows and orphans improve their health, education, and sustainable income;
6. Addressing violence, mental health-wellness, alcohol, drugs, and AIDS in poor communities; and
7. Supporting education and the leadership development of committed Tanzanian health leaders.

Through SEET (Socioeconomic and Education Transformation for Health), Health Tanzania works closely with (1) the poor urban communities of Buguruni, Mnyamani, and Vingunguti in Dar es Salaam, (2) Muhimbili University of Health and Allied Services (MUHAS), (3) the regional and district medical officers of the Dar es Salaam and Pwani regions and their Ilala and Kisarawe districts, (4) the Mirembe National Mental Health Hospital, and (5) other local and national Tanzanian health leaders.

### **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 151,000 people in the poor Buguruni, Mnyamani, and Vingunguti urban neighborhoods of Dar es Salaam and the poor rural Rufiji (140,000 people) and Kisarawe districts (160,000) of the Pwani region. Because

the Kisarawe District Hospital has been chosen as the MUHAS rural family medicine teaching site, Health Tanzania and its partners will establish more programs in Kisarawe district. **The emphasis has been driven by perceived needs as identified with the Tanzanian partners rather than being categorical.**



Meeting with Dr. Risasi Rajabu, the Kisarawe District Medical Officer, and his staff.



Prof. Richard (Head of Muhimbili University of Medical and Allied Sciences -MUHAS); Dr. Aghan (SEET Family Medicine Centre); and Dr. Jonas (MUHAS Family Medicine Committee) presenting MUHAS-SEET vision for community-oriented family medicine at Tanzania's first International Primary Health Care Conference.

### **Buguruni Anglican Health Centre and the Development of St. James District Teaching Hospital**

Buguruni Anglican Health Centre (BAHC) continues to provide comprehensive primary and secondary care for all ages. Buguruni Anglican Health Centre in 2024 had 64,550 total visits, 13,325 child visits, 1,768 pregnant women health visits, 261 deliveries, 1,304 AIDS patients, 853 dental visits, 883 eye visits, and 17 tuberculosis visits. There were 5 deaths. The total income was \$290,679 with total expenses of \$289,967. In 2005, when the Zieglers began their partnership with BAHC, visits were approximately 6,500 per year and the annual budget was under \$25,000. Healthcare and services were minimal.

**In 2024, Health Tanzania 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 the government. The government provides AIDS medications, immunizations, and family planning supplies but does not pay for the visits. Health Tanzania helps fund these programs.

A few examples of patients treated at BAHC:



*A four-year-old orphan burned over 24% of her body. Her widowed mother could not afford the hospital and waited four days to seek help. Her neighbor recommended that she go to BAHC where she was treated with no charge.*



*This is Khadija, who at the age of 14 spent three months as a BAHC inpatient to clear bone infections in her left leg and right ankle. Her left leg was amputated, and she received an artificial leg. Last year she needed a new leg and was given one after donations to Health Tanzania.*





*This patient has diabetes and was told by the government hospital that she would lose her foot. After careful surgery and the use of antibiotics Dr. Maxwell saved the foot.*

In 2024, Health Tanzania continued to partner with BAHC as it becomes St. James Teaching Hospital. It serves the poor neighborhoods of Buguruni, Mnyamani, and Vingunguti in Dar es Salaam with their population of 151,000 people. During 2024, major progress was made in strengthening the development of hospital infrastructure. Health Tanzania provided \$23,400 (8% of the total operating costs) in charity, pharmacy support, as well as building improvement and equipment, to further develop the program as a district teaching hospital. Also, Health Tanzania did some salary supplementation of the leaders to support their important work.

With support from Mohamed Shariff Manekia, his son Ali Manekia, and other donors through Health Tanzania, the X-ray building is nearly complete. BAHC is discussing with German NGO Action Medeor about obtaining a digital X-ray machine.



Diminished National Health Insurance Fund payments have made BAHC financing more difficult. In 2024, Tanzanian National Health Insurance decreased payments to all non-government health facilities, including BAHC. The National Health Insurance was already paying little per visit, four months late, and rejecting multiple claims for no apparent reason. Even so, with Health Tanzania support, BAHC continued community outreach, provided substantial charity care, worked to provide more community services, and sought to increase local revenue. **The goal of local sustainability, covering > 90% of medical**



**care costs and some charity care, was reached (similar to 2019 prior to the coronavirus pandemic).** Local sustainability is one of the critical goals of Health Tanzania's partnership with BAHC.

BAHC continues to perform vaginal and C-section deliveries and women's surgery. In another step towards full sustainability, C-sections can now be done entirely by BAHC staff and not by visiting obstetricians. This decreases the cost and increases the availability of C-sections.



Dr. Maxwell with twins that he just delivered by C-section.



The photos above show the BAHC surgical team doing a C-section. The middle picture is of the BAHC clinical officer with her anesthetist certificate. The final picture is of the very large fibroid that Prof. Wangwe, our gynecologist, removed. Prof. Wangwe was chair of Ob-Gyn at MUHAS. He is now MUHAS Dean of Medicine, but he continues to do his surgery at BAHC.

BAHC has continued monthly hypertension and diabetes screening and treatment clinics. Patients do not pay for these visits but only pay for medications prescribed.



On the left is a community blood pressure and blood sugar screening. The woman on the right had out of control hypertension, diabetes and could not walk. After hospital and following medical advice and medications she lost 18 pounds and is now walking with well controlled hypertension and diabetes.

In addition to routine eye care, BAHC and the Medewell Health Centre ophthalmologist held two eye screening and treatment clinics in 2024. Below are photos of cataract patients after surgery.



The comprehensive testing and treatment provided by the HIV/AIDS program at BAHC and its Children's AIDS Club are continuing.



On the left on the previous page is a youth with AIDS who went off his AIDS medications. He came in very sick with a high viral load and was treated. The 15-year-old on the right was infected from birth. Both parents died of AIDS-related infections. With no place to live and no food, she was not taking her AIDS drugs. Her viral load was very high. She was enrolled in the AIDS children's treatment group for help with AIDS treatment as well as food and lodging.



BAHC works very closely with Ilala district and its medical leadership as this is where the health center is located. Dr. Obondo conducted an assessment of the Ilala District Medical Officer and trained the medical staff. He is shown below teaching a district doctor.



**Good management is critical for helping the most people and providing quality and caring service.** Prof. Charles Mgone, the BAHC board chair, a retired internationally recognized pediatrician, and vice chancellor of Kairuki University, and one of his management leaders trained the management staff of BAHC in 2024.

On the following page Mr. Kassimu, the facilitator in the blue shirt, poses for a group photo with board members and the management team after completing the session. All participants are proudly holding their certificates of participation. Mr. Barua, the director of BAHC, is shown receiving his certificate from Prof. Charles Mgone, the board chair.





**BAHC continued its excellent care.** The Tanzanian government grades all health facilities. BAHC continues to have a 4 out of 5 rating, one of the highest given to Tanzanian health facilities.

On-the-job training for all staff continues every Wednesday. The training has focused on several key areas, including noncommunicable diseases, infection prevention and control, heart failure management, and pre-op and post-op care.

**Health Tanzania continues to look for funds to expand the BAHC in-patient wards and other services to become a full hospital.** This is critically important since BAHC will be the urban MUHAS family medicine teaching site.

## SEET



SEET Director Chilowaka with an orphan

Health Tanzania is the primary funder of SEET (Socioeconomic Education Transformation for Health). SEET is a Tanzanian non-governmental organization created in 2016 by an

interfaith, government, and 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 mobilizes everyone to contribute; international resources complement local person power and money.** SEET is currently working in the poor urban Buguruni, Mnyamani and Vingunguti neighborhoods of Dar es Salaam with 151,000 people and poor rural villages in Kisarawe district with 160,000 people. Health Tanzania is the primary funder of SEET.

SEET:

1. Identifies community members, such as widows, orphans, and unmarried teen mothers in need of help and then enables them to improve and maintain their health, increase their education, and create sustainable sources of income.
2. Mobilizes communities to address alcohol and other drugs, violence, and AIDS, helping those already dealing with the problems and decreasing further violence, drug abuse, and AIDS in the community.
3. Mobilizes all community members to address their self-care and mental wellness, resiliency, and mental health.
4. Improves maternal and reproductive health through comprehensive community-based programs that directly address maternal and child deaths and family planning.
5. Decreases malaria through comprehensive community programs.
6. Develops community partnerships and programs to complement and strengthen the development of family medicine in Tanzania.
7. 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 churches, mosques, local government, other institutions and the entire community,
2. Educate and mobilize community members, and
3. Monitor, evaluate, and improve actions.



### SEET Core Team

Left to right: Mama Mhada, Health Educator; Mama Rasid, Community Coordinator; Dr. Chilowaka, Director; Mama Makame, Program and Administration Assistant

SEET recognized that HIV/AIDS and maternal mortality have significantly contributed to increased numbers of orphans in Buguruni and Vingunguti wards in Dar es Salaam. The majority of those orphans live with widowed mothers and other care-givers in poverty. It is difficult, if not impossible for them to meet family basic daily needs and also pay for education and healthcare. It is therefore essential to combine health and education initiatives with those that enhance household economic resiliency and income.

In 2024, SEET continued to work with the Buguruni and Vingunguti communities in Dar es Salaam by further implementing the widows and orphans and the “Ukombozi” (redemption or liberation) violence–drugs–AIDS programs. SEET trains the entire community together to address violence and related drugs and AIDS.

In the community mobilization initiative, everyone in the community is encouraged to participate in an Ukombozi three-hour mobilization discussion concerning drugs, violence, and HIV/AIDS and what each of them can do. Since the program began in 2017, SEET also identified and assessed orphans and widows and helped 276 widows, 121 orphans, and 16 single teen mothers with health, education, and developing sustainable incomes. Widows were trained in micro-business and record keeping. Five groups were officially registered and three of these received government loans.

Adult and youth volunteer trainers facilitate discussions of 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, the group discusses how to deal with existing violence, especially against women and children, addiction to alcohol or other drugs, and having AIDS. They discuss how to keep their family and neighbors from becoming addicted, victims of violence, or contracting HIV/AIDS. At the end of the training, everyone describes what they will do for themselves and the community.

**If those trained are currently dealing with violence, drugs, AIDS, or other serious emotional trauma, 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, 80,027 people have been Ukombozi-trained and 12 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.

As part of the African Child 2024 celebration, SEET taught 452 Buguruni Hekima Primary School children about illicit drugs and mental health. The children were excited and discussed both physical and psychological violence, including their own experiences. The photo below shows Agnes Mhada, the nurse educator, addressing the students.



Agnes is also shown working with widows' groups.



Because of community feedback, in 2018 SEET identified that the Ukombozi manual, a direct translation from a similar U.S. program, was not fully effective. Tanzanian culture is very indirect, especially when talking about topics such as drugs, violence, and sex. They also have a strong oral tradition that uses stories to talk about sensitive topics. Haley Millet, a University of Washington public health student, and the team identified the correct words, approaches, and community-based participatory research needed to recreate the Ukombozi manual. The team spent 2019 through 2023 reworking the Ukombozi manual and creating an oral manual with stories that can be played on an MP3 player and put on the internet. SEET hopes to field test this in 2025 as part of a grant that begins in 2025 from the College of Family Medicine of Canada. The version of the Emotions Anonymous Manual is also a direct translation from English and a written document. Much of this same material used for Ukombozi will apply to creating a culturally specific Emotions Anonymous



manual.

### **Mental Health and Wellness**

Tanzania has very little mental healthcare available and almost no mental wellness materials and programs. **The community and volunteers identified a need for guidance and support for everyone's self-care, mental health, and wellness. In response, SEET is working with the Mirembe National Mental Health Hospital to develop a Self-care, Mental Wellness, and Resiliency (SMR) self-help manual and curriculum.** Nothing like this currently exists in Tanzania. Like the violence program, everyone will be taught through brief group discussion training and follow-up.

In 2024, Health Tanzania and SEET continued working with Mirembe National Mental Health Hospital to develop the self-care, mental wellness, and resiliency program and self-help manual that can be used country-wide for entire communities and marginalized groups. It can also be put on the internet. A joint two-day retreat has been set up for early 2025.

In early 2025, Agnes Mhada SEET's Emotions Anonymous coordinator, will travel to Dodoma to train Mirembe staff so that they can use the self-help 12-step Emotions Anonymous Program in their own programs. Mirembe will use the Swahili Emotions Anonymous Manual that SEET had translated from English.

Coupled with these community programs is the work being done with widows, orphans, and unmarried teen mothers to help them address their health, education and to obtain sustainable incomes. Since the violence, alcohol, drug, and AIDS program began in 2017, SEET has trained over 80,027 poor urban Buguruni and Vingunguti residents to work together to address these issues. In 2024, 1,301 orphans, widows, students, and other community members were trained.

SEET also met with the youth who did not continue primary or secondary school. Reasons included lack of caregiver support and low grades. As money is available, SEET will support these youth to train as mechanics hairdressers, nurse assistants, or tailors. In 2024, SEET also assessed 149 newly identified widows and enrolled them in the program. SEET did a needs assessment for the orphans, widows, and teen mothers it serves. SEET staff identified and assessed 60 new orphans and reassessed the needs of 40 current ones, all living in poverty. They met with newly identified orphans and their caregivers and created orphan peer groups. Through visits to their schools and talking with the teachers, the orphans, and their caregivers, the program addresses school attendance, school performance, and caregiver support. **SEET continued to address immediate needs, healthcare, training, saving circles, and micro-business development of widows, orphans, and unmarried teen mothers.**



This is one of two newly established orphan peer support groups. They talk about in-school and out-of-school issues and violence at both school and home.



An example of help given to orphans is Richard. His caregiver grandfather is old and sick most days, and they have only one meal. Richard was sick for two weeks and had no money for doctors. He is shown with Dr. Mokiwa at BAHC, where he was given charity care.

In 2022, SEET, with Help Aid Africa funding, established a scholarship program for five orphans in Dar es Salaam. The scholarships cover school and college supplies, transport fare, school fee, accommodations, and meals. Help Aid Africa Foundation has continued funding the five orphans that they have been sponsoring. Below are three of the orphans with Faidha Rashid.



On the next page orphans are receiving school supplies, bags, uniforms, and shoes.



### Home-based care

**SEET continued improving the health and social well-being of sick patients and people with disabilities who are cared for at home.** SEET's approach is to provide clinical and nursing care as well as mobilizing the community to provide psycho-social support. The program also functions as a hospice program for some. In 2024, 22 patients were visited monthly, had their vital signs checked, and were provided with appropriate medicines. In addition, all 22 patients received emergency food. During 2024, three patients lost their lives and two left the community. Amy Patel, a UK Oxford University senior medical student, evaluated the home-based care program and has submitted a report that is being analyzed. Improvements are being implemented.



Happiness (before and after pictures) came to BAHC and was diagnosed with tuberculosis (TB), AIDS, and shingles. She was enrolled in the HIV/AIDS program and home-based care. She is doing well. On the next page is a homebound patient having her blood pressure taken. On the right is Maggi, an outstanding nursing assistant who ran the BAHC TB program for years. She developed TB of the spine. After operations she was unable to walk without assistance. SEET is helping her get her life back together.





### Community-wide screening

**Over four days in 2024, SEET and its partners screened, counseled, and treated 1,400, rural villagers** in Morogoro region. Of these, 111 were referred for follow-up and more care. Three were referred for possible cervical cancer, and one was found to be HIV positive.

### Children with disabilities

In 2024, SEET partnered with the community, particularly with organizations such as TaViCO and the Deaf Church and identified community children with disabilities. They assessed them and referred them appropriately. SEET also continued working with leaders of the Deaf Church towards the goal of training the deaf community about violence, mental health, drugs, alcohol, and HIV. SEET and the Deaf Church have agreed on the modality of training deaf community trainers and conducting health screening. Deaf trainers and the first health screening to the deaf are planned for 2025.



Two of the children who were identified and who could not walk by themselves, were not enrolled in school, lacked transportation, had no health insurance, and were not attending medical clinics.



During 2024, 13 orphans took national examinations. Nine performed well and moved to the next level of study. Among them, two went to college, and one graduated from vocational tailoring training.

During 2024, four new widows' groups were formed. Two widows received training on micro-business and entrepreneurship skills. SEET made follow-up to all groups to identify and support management, technical issues, and other group concerns. Also, 15 community trainers received refresher training for facilitating community violence, drug, and HIV/AIDS trainings. A total of 1,301 new community members received violence, drug and HIV/AIDS trainings to make a total of 80,027 now having been trained in Buguruni and Vingunguti Wards since 2017. SEET also visited groups of recovered drug users in Buguruni ward. Two groups with five members each are now involved in shoe and umbrella businesses.

### **Family Medicine**

Aga Khan University has had a family medicine program since 2004, but there are no other family medicine programs in Tanzania. In 2014, Aga Khan, Health Tanzania Foundation, U.S. family medicine leaders, and the government began to discuss developing public family medicine programs. When the partners developed SEET in 2017 this was one of its objectives. In 2021, Aga Khan hosted Tanzania's first international family medicine conference and agreed on the Tanzanian community-oriented approach to family medicine. In 2022, with Health Tanzania support, SEET created the SEET Centre for Family Medicine Development and Research as a division of SEET. Under the direction of Dr. Eric Aghan, it has partnered with MUHAS as they establish community-oriented family medicine as a department and clinical residency.



Dr. John Obondo, SEET board chairperson, presenting at the Tanzania Health Summit about Tanzanian family medicine development in October 2023.

In 2023, MUHAS senior faculty, SEET, and Health Tanzania reviewed the plans and approved the initial curriculum.

In 2024, MUHAS, SEET, and Health Tanzania made further progress in the development of the first public family medicine program in Tanzania. Dr. Kyejo, a young family medicine doctor trained at Aga Khan University, was appointed the research director of the SEET Centre for Family Medicine. Dr. Jonas, another member of the MUHAS development group, was appointed the director of administration and implementation of the SEET Centre for Family Medicine Family Medicine. Family medicine stakeholder needs assessment surveys were conducted and the community-oriented family medicine curriculum refined. **BAHC and its SEET community mobilization partner were identified as the urban training site for the MUHAS community-oriented family medicine residency that is being developed. The Kisarawe District Hospital in the Pwani region was identified as the rural training site.** SEET began planning with Kisarawe district leadership for SEET community mobilization. Because some of the villages are very isolated, Pwani regional and Kisarawe district staff, SEET, and Health Tanzania visited some of the isolated villages to begin to plan the logistics.



Above shows Kisarawe-Pwani, SEET, and Health Tanzanian staff meeting with the village leader of one of the isolated villages. The village leader is on the left. Mama Massawe, a public health leader representing the Pwani region, on the right. Connie Gallaher, Health Tanzania, is second from right.

Prof. Enica, the principal of all Muhimbili University (MUHAS) and leader of the MUHAS family medicine group, and Dr. Aghan, the director of the SEET Family Medicine Centre, presented at the first International Primary Health Care Conference. The World Health

Organization representative reinforced the important need for family medicine.



Dr Aghan at the International Primary Health Care Conference.

**Dr. Chilowaka and Dr. Henry Ziegler met with the senior staff of the President's Office of Regional Administration and Local Government, which leads all local and regional health and other services implementation.** Dr. Ziegler discussed family medicine and its development in Tanzania. Most of the staff were not aware of family medicine and promised collaboration and government support.

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

Health Tanzania assists the 1,000 pupils of St. Augustine's Primary School next to BAHG. **Since education is critical for health, Health Tanzania partners with the school.** In the past, a volunteer did a survey that revealed that over a quarter of the children were getting only one meal a day in the evening. Through money from Holy Cross Episcopal Church in Virginia, St. Augustine's has been providing daily mid-morning meals for 250 of the children. Below are children eating a midmorning meal of porridge and mandazi (a bread donut).



Also in 2024, Health Tanzania paid the school fees for eight orphans' caregivers who otherwise were unable to afford tuition, supported two children whose parents had abused them, provided books, and renovated classrooms.



The two children on the left were abused by their parents, who are now in prison. Because their family blamed them, they were taken out of public school and moved to a foster family. Through the joint support of St. Augustine's and Health Tanzania, they are now enrolled at the primary school.



Health Tanzania board member Mohamed Shariff Manekia presided over the graduation at St. Augustine's in 2024. He is seen giving out a preschool graduation certificate.

Below is the graduation of the elementary students at St. Augustine's.



Health Tanzania established a computer program and, over the years, has donated 50 used computers that have enabled both students and staff to create computer learning, internet access, and the ability to store lesson plans. However, most of the computers are failing and will need to be replaced.

Through the generous support of Mr. Manekia, classrooms at St. Augustine's were renovated.





### Leadership Development

Health Tanzania is helping develop Tanzanian leaders who will create and sustain the organizations and programs that improve health, education, and local development in Tanzania. Many of the key leaders whom Health Tanzania works with were mentored and received further education to fill these roles. They care, are bright, committed, and honest. Some of the key leaders being mentored and supported are below:

Leader	Position	Educational support
Dr. Obondo	Medical Head of BAHC, Board chair SEET	Bachelor of Nursing, MD degree
Dr. Chilowaka	SEET Director	MPH
Mr. Barua	BAHC Director	Bachelor of Nursing, MPH
Ms. Rashid	Community coordinator SEET	On-the-job training
Mr. Habibu	BAHC Administrator	On-the-job training, certificate in marketing, Bachelor's degree (in process)
Dr. Maxwell	Head of BAHC AIDS program, lead C-section surgeon	Assistant Medical Officer
Mr. Chacha	BAHC Nursing Head	Nurse-Midwifery education

### Health Tanzania Foundation Board



Dr. Mtasiwa, second from left; Dr. Henry Ziegler, third from left; Mr. Manekia, fourth from left. Dr. Priscilla Ziegler photo on right. Dr. Obondo and Fatima Manekia are also in the photo to the left.

**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 global health at the University of Washington School of Public Health. Dr. Ziegler has 50-plus years of community health and public health leadership and expertise in the U.S. and internationally.

Over the last 20 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 both the medical and administrative components of the developing hospital. Since 2012, he has been president of Health Tanzania Foundation, which he and Dr. Priscilla Ziegler established. In Tanzania, he is currently health advisor for the Anglican Diocese of Dar es Salaam, a partner with the multifaith 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 an 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 20 years, the first three and a half years full time in country. From 2005 to 2009, she was the 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 nursing and pharmacy services and systems. She hired and supervised nursing and pharmacy personnel. In 2012, she helped establish Health Tanzania Foundation and is an advisor for management and nursing for the Anglican Diocese of Dar es Salaam.

#### **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 Madrasa, New York. In 2002, Mr. Shariff relocated to Lake Mary, Florida, and continued his community leadership and development as the trustee of Hussein Islamic Center in Orlando and the 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 that 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 longtime Tanzanian health leader who has held leadership positions at all levels of 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.

### **Conclusion**

In 2024, thanks to prayers, involvement, and financial support of many people, Health Tanzania Foundation has accomplished amazing things. With our help and full participation, Health Tanzania's Tanzanian partners helped thousands of needy individuals and poor communities, created programs, and strengthened Tanzanian institutions and leaders. Communities were further mobilized to help themselves, leading to sustainable health, education, and economic development for their poor and marginalized. **Please assist us to make further impact and sustainability.** Thank you and May God Bless you.

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

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**If you would like to know more about Health Tanzania Foundation, or become involved, you may reach Dr. Henry Ziegler at [hdziegler@yahoo.com](mailto:hdziegler@yahoo.com) or call or text him at 703-887-1574. Please identify that it concerns Health Tanzania since otherwise it may be treated as spam.**