



Habari gani (“what news” in Swahili)

a newsletter by Priscilla and Henry Ziegler

May–November 2025

Looking Back and Ahead

As of September, we have worked with our partners in Tanzania for 20 years – 13 of them through Health Tanzania Foundation. Our approach, an anti-colonial holistic model, helps poor and marginalized Tanzanians improve their health, education, and incomes. We also help Tanzanian leaders and institutions develop so that they can create local and sustainable long-term programs that assist needy Tanzanians in future years. For those of you who have partnered with us through your support and prayers: **Thank you.**

Globally, 2025 has been a year of crisis and chaos. War, famine, and global warming crises have pulled humanitarian aid from countries like Tanzania, one of the world’s poorest. The elimination of most USAID programs has been estimated to cost 600,000 lives in the world, many of them children and mothers. Tanzania lost \$280 million in humanitarian aid. Our health center HIV/AIDS program had nine staff. With the cut, seven of the staff were eliminated with no notice. Programs that address the reduction of malaria, HIV/AIDS, and maternal and child deaths that were progressing well will now regress and there will be more spread of disease and death.

Both Health Tanzania and SEET, our community Tanzanian nonprofit partner, have very low-cost models. SEET has a very small full-time staff and uses local leaders and international leaders if grants become available. Health Tanzania staff are mostly volunteers and can expand in number when grants are successful. The entire Health Tanzania U.S. personnel budget is \$40,000, for five core personnel, two full time volunteers (us), and three part-time volunteers. What that means is that Health Tanzania and its Tanzanian partners are a cost-effective way to begin to address a small but critical part of programs addressing violence against women and children, maternal and newborn death, mental health, malaria, AIDS, and widow and orphan care.

Buguruni Anglican Health Centre (BAHC)



Patients at BAHC

BAHC and other Tanzanian faith-based health programs provide a large amount of Tanzania's healthcare for its poor. In 2025, BAHC received less reimbursement from the government since a funding cut was made to all the faith-based health facilities.

Thanks to multiple donors, Health Tanzania has been able to address important needs. Because of new donors from Tennessee, we have completed the X-ray building! Another generous donor has funded a creative partnership with SOS International, a medical surplus recovery organization. SOS filled a 40-foot container with a badly needed ultrasound machine to replace and upgrade BAHC's dying ultrasound. The container also has other medical equipment and supplies.

Patients

Babies born at the health center:







Other patients:



The patient on the left had a hysterectomy and is with her mother. The man on the right is a truck driver who was in a motor vehicle accident and lost his leg above the knee. He needs an artificial leg to work. Please help him walk so he can work and feed his family. An artificial leg costs \$1,400.



This is a patient who lost his leg because of his diabetes. Diabetes is not well managed in Tanzania.



Child being held by mother and receiving a vaccine. Vaccines are both widely available and sought after in Tanzania. Mothers are given vaccine cards to keep track of vaccines given to their children.



On the left are patients who had cataracts removed at an eye clinic. The young patient on the right is receiving pain medication at the dental clinic located in the health center.

Socioeconomic and Education Transformation for Health (SEET)

SEET is the Tanzanian community nonprofit that Health Tanzania helped establish in 2016. It is an interfaith, government, academic, and community partnership consisting of Christian, Muslim, government, and academic leaders. SEET partners with poor local communities to mobilize them to improve the health and well-being of their community and its individual members, especially the poor and marginalized. It links its efforts with existing resources at local and national levels.

SEET is not categorical as priorities are identified with the community members. In 2025, SEET continued its important work with an emphasis on (1) orphans, widows, and single teen mothers; (2) violence and the related issues of alcohol, drugs, and HIV/AIDS; (3) emotional self-care and wellness; (4) community-oriented family medicine; (5) home-based care; (6) maternal and newborn health and death reduction; and (7) malaria.

Widows and single teen mothers' programs

Microfinance groups are one of the core strategies that assist widows and unmarried teens to create sustainable incomes and to support each other emotionally and financially. SEET continues to monitor and support 11 widows' self-help groups and one unmarried teen mothers' group that they helped establish. SEET workers are seen below visiting two widows' self-help groups.



SEET continues to establish new groups, giving them small business training, establishing bank accounts, and registering with the government that will make them eligible for microloans. SEET is also partnering with other women's groups to help them succeed.

SEET helps teach groups how to make liquid soap and other marketable skills and donates some core staples, such as sugar and rice, to use to establish their businesses. For example, one widow's support group that SEET helped create makes and sells liquid soap. They are doing well and have made a small profit. They are seeking contracts with local schools and food vendors to increase their market. Unfortunately, not all the group members pay their weekly dues or pay for loaned soap in a timely manner – all due to their poverty and inability to pay. Another group in a mosque has created a small internal store where members have a month to pay for the sugar and rice that they are given. SEET donated 50 kilograms of sugar, which has given them capital so that they can expand their inventory of staples.

Orphans and vulnerable children program

During the last six months SEET has given school supplies, school uniforms, and shoes to 23 female and 9 male orphans. SEET paid for their transportation fares and gave stipends to four who are attending secondary school and college. Three orphans have graduated from university.

Faidha is shown below with some of the orphans.



SEET staff also visited five schools where 20 orphans are registered. The aim of the visit was to learn about their progress. Strict monitoring and involvement of caregivers was instigated earlier in the school year, and this has had a positive effect. Most children are now attending school regularly unlike in the past. Later in the year, SEET monitored orphans' school progress by visiting and talking to their teachers. This time, SEET visited nine orphans attending secondary and 16 in primary school. Overall, they are doing well. Below are photos of Faidha visiting orphans at their schools.



SEET staff also visited two orphans at their homes. Seleman Salum is one of them. He is 17 years old, HIV positive, and living with a caregiver who is also HIV positive. Seleman attends medical appointments and takes his medication regularly as directed. He dreams of becoming a professional football player. The major challenge he faces is being unsure of when he will have a meal. His caregiver is working hard to give him at least one meal a day.

Neema's story



Neema is 19 years old and lives with her aunt who is HIV positive. Neema was identified and enrolled in the orphan program at age 7. Since then, SEET has provided her with basic school needs.

In 2023, Neema got pregnant and left school. She said: *"I really regret becoming pregnant at 17 years and leaving school, but this was the result of many things including the poverty environment our family lives in, peers and not considering what will happen next."*

She delivered her baby but unfortunately lost the child in early 2024. Currently, Neema is assisting her aunt in selling locally cooked food. She would like to have her own business of selling cold water and juices within her aunt's business. For this she is asking for 1,000,000 Tanzanian shillings (\$420) to buy a refrigerator and to purchase soft drinks.

Community mental health and decreasing violence programs

SEET continued with the development of community-based feelings and conflict manuals and programs. Through school-based mental health discussion sessions, SEET reached 388 students from Hakima and Buguruni Moto Secondary Schools. Students thought feelings are common to everyone and are the result of relationships between girls and boys as well as excessive use of drugs and alcohol. Also, some feelings do affect or improve their school performance. To respond to their feelings, most of the students do things such as exercising, sleeping, and socializing. Below are photos of teenagers discussing feelings with Agnes Mhada.



In May, SEET began a grant from the Canadian Family Medicine Association: Improving Community Mental Health & Decreasing Violence – Post Covid; Creating a Family Medicine Training Module. From July through September, Ale Barientos helped improve data collection, monitoring, and evaluation.



Ale Barrientos orienting SEET staff to the program and data analysis.

Dr. Chilowaka, with Dr. Wilbroad Kyejo, (SEET research director), Mr. Ale Barrientos (Health Tanzania Foundation research director), and Dr. Hosiana Jonas (SEET family medicine implementation lead) developed and finalized the research, technical implementation, and evaluation plans. The plans were approved by the Aga Khan University Ethics Review Board and by the grant technical oversight and community oversight committees.

SEET adapted the “WHO violence against women” and “five well-being” surveys for this program. SEET then collected information about community violence and well-being using the revised tools. 500 community members were interviewed about violence against women, including a survivor of violence. To directly hear community attitudes and views on violence against women, SEET conducted four focus group discussions. Participants for the focus group discussion were women, widows, men, and single teen mothers from the two participating wards: Buguruni and Vingunguti. The photos below show Ale Barrientos and Agnes Mhada in discussions with two widow groups.



Home-based care program

Three new patients were identified: Ali, Mwanaarabul, and Amina. Ali lost a leg in a car accident and needs an artificial leg to walk (seen on the following page). Mwanaarabul (female, age 64) and Amina (female, age 55) have high blood pressure with complications. They have been added to the home-based program.



During one observed visit, SEET's 22 previously enrolled patients received food support and had their vital signs checked. Of these, eight patients had high blood pressure, one female had AIDS, and two other females had tuberculosis. During the visits, three males were given a referral to the health facility for more investigations and treatment.

Margareth, a spinal TB patient, needs further specialist care as she cannot stand up by herself despite prolonged treatment. Juma had periodic high blood pressure and was unable to walk; he was told to attend appointments as scheduled and to stop believing in witchcraft. Emanuel, a disabled child aged 15, was instructed to undergo physiotherapy. Sadik (56 years) is unable to lift hands and legs or even turn sideways. He has had several investigations and treatment, with no changes seen. He has health insurance that expired in October 2025 and is unsure of its renewal. Mussa on the left below cannot stand or talk, and Sadik is on the right.



Last year Zabula Salim Sadik, a widow pictured on the next page, was diagnosed with cervical cancer and advised to undergo chemotherapy and then radiation treatments. The costs were covered with support from Health Tanzania. In September 2025 after post-treatment investigations, Zabula was declared free from cancer by her doctor. *"I would like to thank all people who helped me financially, food and with advice during my hard period of time....and I am now a free and happy woman again,"* Zabula said.



Dr. Chilowaka, Zabula, and Faidha
after Zabula's treatment.

Strategic partnerships and collaboration

SEET had meetings with local government ward leaders. Interestingly, most of the leaders wanted more work to be done on raising awareness of mental health, specifically at the family level. The leaders pledged support as needed. With these meetings, SEET also identified a lack of community volunteers in some neighborhoods and an absence of a clear process of identification and documentation of orphans, vulnerable children, widows, and other vulnerable groups. Leaders said that SEET could identify them through the local neighborhood chairperson, the community health volunteer, and ward social welfare and development officers.

During their spring visit this year, William Corley and Dr. Henry Ziegler, Health Tanzania Foundation administrator and president respectively, visited SEET and led a discussion of organizational visibility and program sustainability. SEET will improve documentation of its achievements. SEET staff, William Corley, and University of Washington students will finalize publications on previous SEET'S maternal and child health and malaria programs.

In the summer, Ale Barrientos, the Health Tanzania Foundation research director, worked with SEET in Tanzania and refined the wellness program plan and marketing materials. He taught the staff data analysis and quality assurance and helped them do an analysis of the violence against women focus group discussion data. Ale is pictured below.

Dr. Faraja Mgaya on the right is a medical doctor from Muhimbili University and an MPH student at the University of Washington. She is helping SEET with grant writing and developing maternal, newborn, and violence programs. She expects to return to Tanzania next summer and will continue to partner with SEET. She also plans postgraduate training in either obstetrics and gynecology or family medicine.



SEET Centre for Family Medicine

As we discussed in previous newsletters, SEET established the SEET Centre for Family Medicine Development and Research in 2021 to work with the Muhimbili University of Health and Allied Sciences (MUHAS) in the development of Tanzanian community-oriented family medicine. SEET will be the community service and teaching partner for MUHAS family medicine, both rural and urban. BAHC has been identified as the urban family medicine service and teaching partner. Kisarawe District Hospital and the district's population of 160,000 is the rural district teaching site. Dr. Eric Aghan, the former head of family medicine at Aga Khan University, is the SEET family medicine director. To earn a salary, he is currently working in Zambia helping develop family medicine.

The current Canadian grant is helping to develop and evaluate the SEET community partnership approaches and its wellness and violence programs. The team will then integrate them into family medicine training and practice. Dr. Wilbroad Kyejo, SEET's research director, led the academic portion of the grant and partnered with Dr. Chilowaka and Mr. Barientos. Tragically, Dr. Kyejo, although young, suddenly died in September. This is a terrible loss for family medicine in Tanzania. Mr. Barrientos and Dr. Chilowaka have taken over the research direction and development. Mr. Barrientos will be in Tanzania in January working with the SEET staff and community.



Dr. Donatus Mutasingwa and
Dr. John Obondo.

SEET and Health Tanzania Foundation are members of the MUHAS family medicine development team, along with Dr. Donatus Mutasingwa, a Tanzanian family medicine professor at Toronto University. In the spring, he coordinated a national family medicine conference and has represented and presented our work at international conferences.

Dr. Obondo, the SEET board chair and medical head at Buguruni Anglican Health, is a leader in MUHAS family medicine development. Several years ago, he spent four months in family medicine training at the St. John Medical College in Bangalore, India. Dr. Obondo will spend the next three years earning his family medicine graduate degree from St. John. The first three months of the residency will be in Bangalore where he is now. The remaining time he will be in Tanzania where he will use telemedicine training from Bangalore and have a Tanzanian family medicine as preceptor. He will train at BAHC and Kisarawe District Hospital, allowing him to pilot rotations for the MUHAS community-oriented family medicine program. The hope is that the teaching of family medicine students will begin in September 2026.

St. Augustine's School



Since we began working in Tanzania in 2005, St. Augustine's English Medium Primary School, located next to the Buguruni Anglican Health Centre, has been an important Tanzanian partner. Under headmistress Alice Nalugwa's 18 years of strong leadership, its teaching quality has consistently improved. St. Augustine's is a preschool and primary school owned by the Anglican Diocese of Dar es Salaam. It was established in 1998 with 60 children. The school currently has 760 pupils, 37 male and female teaching staff, and 17 non-teaching staff. Pupil attendance is 98%.

Achievements

The school administration has continued to register new pupils from other surrounding schools. Since the government set up similar English medium schools, many children have registered with them. However, due to large class size and poor teaching quality, many parents have not been satisfied and are bringing their students to St. Augustine's even when they have little money to pay for the education.

St. Augustine students have continued to perform well in both external and internal exams, including the national exam. Over the years, Health Tanzania and Holy Cross Church have brought books for St. Augustine's library and 50 computers to provide a computer center for the teachers and students. Unfortunately, most of the computers have not survived because of the humidity and heat in Dar es Salaam. Mohammed Shariff Manekia, a Health Tanzania board member, has paid for and supervised major repairs to the school and also paid for much needed painting.

Health Tanzania Foundation has been able to sponsor 17 students who otherwise would not be able to attend school. This year 9 students have had their school fees and expenses paid for them. They are shown below.





Newsletter readers will remember the two young girls who were abused by their parents who are now in prison. The girls were moved to foster care and a nongovernment school (St. Augustine's) so they could not be tracked by a vengeful extended family. The children are doing well and prospering and are still at St. Augustine's. SEET helped with some of their counseling.

Feeding program



After surveying the students at St. Augustine's, a British volunteer found that 200 students were receiving no breakfast or lunch because their very poor parents could not pay for both school and food. The school does provide lunch for the students, but there is a fee for it. Since 2014, Holy Cross Episcopal Church in Virginia has provided money to pay for 250 children to receive a midmorning porridge meal and donut, allowing all the children at the school to eat at least two meals a day. Previously, there was a lot of absenteeism; and during lessons children would be napping and generally unhappy. Since the program, attendance is 98% – the children are alert and happy. This year, many of the members of Holy Cross have lost jobs directly or indirectly from the USAID and other government funding cuts. They may not be able to fund the porridge program in 2026, and we will need another funder.

In 2026, eight orphans will need continued support for uniforms (\$60 per child) and school supplies (\$65 per child). Tuition averages \$350 per year. For one year the total cost is \$475 per student. A child could be adopted for one year. Perhaps you could form a relationship with a child you support.

Staff and Infrastructure at Buguruni Anglican Health Centre



Mr. Barua, the BAHC director, and Mr. Corley, the HTF administrator, shown inside the now completed X-ray building. Thank you to everyone who contributed!



One of Mr. Shariff Manekia's work team improving a part of the BAHC buildings.



On the left is Anania, the ambulance driver, lab assistant, and sometimes painter in the lab. On the right is one of the staff with her cute baby.

Health Tanzania and Partners: Accomplishments, Direction, and Needs

BAHC

In 2005 the health center saw 6,500 patients a year. The building was inadequate with a leaking roof, only one tap for water, and a laboratory containing only one instrument – a microscope. The electrical system was a disaster waiting to happen. There was no community health outreach. It was likely to close as had another health center run by the diocese.



This is the front of the health center. There is another building in the back.

Today the health centre sees about 65,000 patients per year. It has comprehensive services, including AIDS care, major surgery, a modern laboratory, delivery services, a water tower, and a fully stocked pharmacy. It has received a 4 out of 5 government rating (no one gets 5/5). It is now locally sustainable and provides some charity care. It also has extensive community health outreach in partnership with SEET.

MEA Foundation, 2006-2014

MEA (Development/Education/Health) Foundation was created in 2006. It created community-wide HIV/AIDS community testing, an AIDS orphan program, and home-based care program for the very ill. With the Pwani region, it created the first comprehensive region-wide maternal and newborn death reduction plan. As part of the plan, MEA developed disposable clean birth packs. Used at delivery, they substantially decrease maternal bleeding and maternal and newborn infection. These were distributed country-wide for several years by the Tanzanian government.

Through the Nets for Life Program (an Episcopal program), 92,000 treated mosquito nets were distributed in urban and rural communities. Also, MEA created a harm reduction and job retraining program with sexworkers and an emergency response system with Dar es Salaam and Pwani regions.

Socioeconomic and Education Transformation for Health (SEET), 2006-present

SEET was established by an interfaith-government-academic partnership that included Health Tanzania Foundation. SEET has mobilized urban and rural poverty communities to address violence, drugs, and HIV/AIDS. Over 80,000 residents have been trained on what to do for themselves and for their communities to address and to prevent violence, drugs, and AIDS. In parallel, there has been community-wide identification of widows, orphans, and teen single mothers. For them SEET has created saving circles, health and education support, and small business development.

SEET has done a clean birth pack program implementation, which identified the need for community mobilization to encourage the use of the birth packs. As the government no longer provides the birth packs, a community-based program needs to be developed to ensure that poor rural women can obtain and use them. SEET also implemented a community-wide malaria program for isolated rural villages that have persistent malaria.

With Mirembe National Mental Hospital, SEET is developing a national self-help, self-care, mental wellness, and resiliency program and manual for local and national distribution. Along with the national medical school, SEET is helping establish the first community-oriented family medicine medical specialty department and training. The formalization and teaching will begin in 2026.

Priorities for 2026

Buguruni Anglican Health Centre (BAHC)

An X-ray machine is needed for the new X-ray building. Also needed is an expanded charity fund to see more of the very poor. With the fixed costs covered, we only need to find support for the marginal costs of each patient.

BAHC and Muhimbili University of Health and Allied Sciences (MUHAS)

A telemedicine program can be created by BAHC and MUHAS. This will be connected to rural government and faith-based health facilities. The district-level care can then be improved and be much more cost-effective.

Community-oriented Family Medicine

MUHAS will begin training family medicine doctors. They will be training for four years at BAHC and Kisarawe District Hospital and their SEET-linked community programs. As family medicine doctors, they will begin serving districts throughout Tanzania.

SEET and Mirembe National Mental Health Hospital

SEET and Mirembe will focus on breaking the culture of non-disclosure that prevents violence survivors from healing and identifying perpetrators. The perpetrators will be identified and taught to address their behavior or will be jailed. The cycle of violence can be stopped.

SEET and Mirembe will complete the development of a national self-help, self-care, mental wellness, and resiliency program and manual. This will be in written, oral, and internet formats to allow access to everyone 10 years and older to improve their mental health and resiliency.

SEET and Pwanini Region and Kisarawe District

SEET can help provide disposable clean birth pack deliveries to all rural Kisarawe pregnant women. Every mother needs to deliver with one, unless they are in a fully equipped hospital.

SEET and St. Augustine's Primary School



SEET needs to increase the number of computers at St. Augustine's. With more computers and programs for the teachers and students, the quality and volume of teaching can be increased.

SEET and St. Augustine's School need to partner to identify the informal and formal educational needs of widows, orphans, and other marginalized people. The school and its staff can then increase learning

opportunities for them, both informally and formally. This will help more poor people create sustainable incomes.

Volunteers

We are constantly looking for volunteers, both short- and long-term, to help in the U.S. and in Tanzania. There is always a role. If you or someone you know may be interested, have them call, text, or email Henry to discuss possibilities at hdziegler@yahoo.com or 703-887-1574.

Donations

Health Tanzania Foundation, our nonprofit organization, has tax-free status as a public charity –a 501(c)(3). Please visit us 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 #605, Arlington, VA 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 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 against the dollar, a little goes a long way.

The majority 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 members.

Please continue to pray for the health, education, and development programs in Tanzania.

May God bless all of us.

Henry and Priscilla



This hyena is cooling off.