

# Habari gani (“what news” in Swahili)

a Newsletter by Priscilla and Henry Ziegler

*December 2025 - March 2026*

During the past four months, Health Tanzania Foundation and its Tanzanian partners have continued developing sustainable Tanzanian systems and helping poor people and communities to help themselves, despite the world’s economic turmoil. Please help us build on our 20 years of progress in improving the health and well-being of many thousands of Tanzanians.

## **Buguruni Anglican Health Centre (BAHC)**

We always start with the newborn babies, both natural births and C-sections, since that is one important service BAHC provides to the community. The babies below were delivered by either natural birth or C-section. Notice how warmly the babies are dressed and wrapped – in the heat of Dar es Salaam!



The woman below was admitted in labor with her second pregnancy. The labor went well and a 9.2-pound male baby was delivered and was healthy. Soon after delivery, the mother developed massive bleeding. The delivery team shouted for help, the lab team got blood for transfusion, and the mother was taken to the surgical theater where a complete cervical tear on the left vaginal lip was found. This was repaired. Since the patient was in shock and had lost nearly two liters of blood, two units of blood were given. We are very proud of the BAHC team who were able to save the mother's life. Below on the left is a photo of the woman, baby, and Dr. Max who did the repair work.



On the right is a photo of the surgical staff. As we have said in previous newsletters, all of the C-section surgical staff are BAHC employees - making them very available and costing less than hiring outside staff. For other female operations, such as fibroids and hysterectomies, the Muhimbili University dean and former head of obstetrics and gynecology - Dr. Wangwe - still comes and does these operations.

Mr. Barua, the BAHC health director, recently trained his entire staff, both medical and nonmedical, to be able to give first-aid and assistance to a mother and baby as needed. Below are photos of the training.



Well-child care is critical for babies. Immunizations, monitoring weight, and dealing with malnutrition save many children. The government supplies the vaccines, but BAHC must provide the manpower. This is one of the charity services the health center provides and that Health Tanzania helps support. Below is a photo of waiting mothers and of a baby being weighed the African way. Unlike this baby, most babies cry when they are being weighed.



### Other health news

This spring BAHC partnered with Comprehensive Community Based Rehabilitation In Tanzania (CCBRT), Tanzania's major rehabilitation program. Patients with eye infections were treated and patients with cataracts received operations – for free. It was very successful. Below are photos of the large number of patients waiting to be seen both before and after the cataract surgeries.



This patient had cataract surgery on his “good” eye. He cannot see at all out of his other eye.





One of the staff members is shown donating blood.

BAHC continues to give dental care, which otherwise might be unavailable.



A full 40-foot container with medical equipment and supplies is currently on a ship going to Tanzania. This includes a badly needed quality color ultrasound machine for BAHC. The donations are thanks to a generous donor and support from SOS International, a charitable organization that provides medical supplies to religious health programs overseas. William Corley, the Health Tanzania Foundation administrator, did a great deal of work to make this happen. We are still looking for an X-ray machine.

### **SEET (Socioeconomic and Education Transformation for Health)**

SEET is a Tanzanian nongovernmental organization created in 2016 by an interfaith, government, and academic group that included Health Tanzania Foundation. SEET unites religious and local government leaders to equip, empower, and mobilize community members to improve their 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:

1. Identifies widows, orphans, and unmarried teen mothers - helping them improve and maintain their health, increase their education, and create sustainable sources of income.
2. Mobilizes communities to address current violence, AIDS, alcohol, and other drugs, and decrease further violence, drug abuse, and AIDS in the community.
3. Mobilizes all community members to address their self-care, mental wellness, resiliency, and mental health.
4. Identifies and addresses other community issues that prevent the Tanzanian poor and others at risk from improving their health, education, and economic stability.

### **Orphan and Vulnerable Children Program**



The photo above shows the orphans who have completed secondary school and Faidha (SEET orphan coordinator), allowing them to join a high school or college. Ally (second on the left) is an orphan we have supported for over 10 years. He did well in high school and in October 2025 joined a university to study accounting.

SEET ensures orphan and vulnerable children can access basic needs and essential services such as healthcare, education, and psychological support. It provides children with textbooks, uniforms, school fees, transport fares, and cost of accommodation for children in college. SEET also monitors their school progress by resolving challenges in collaboration with their teachers. To date, 100 children are directly enrolled and supported by the program.

SEET staff also made school and home visits to identify issues and to provide assistance as required. Periodic lack and/or a shortage of food was mentioned by a majority of the orphans who were visited at home.

Below are photos of visits to the children's schools, home visits, and the giving of school supplies. Twenty-six children received school supplies, such as pens and textbooks. Twenty-five received school uniforms and two received school bags. Faidha is in all the photos.



Below are two orphan program success stories:



Salehe Ally was born in November 2003, the last of four children. When his mother passed away in 2010, life became very tough for the family. His brother struggled to find basic needs such as food, shelter, and clothes. The difficulties made them move and live in the poorly constructed house of their late grandmother.

He says, “SEET is everything for me. It has brought me where I am.” It provided him with emergency food, school fees, uniforms, accommodation, clothes, and transport fare. Now he is in university studying for a degree in accountancy. The challenges ahead of him are lack of funds to cover his tuition fee and his other needs for the next two years. SEET has no funds to continue paying for these because the scholarship from Health Africa Foundation was abruptly discontinued, despite an earlier promise of ongoing support.

Albentina (below on the left) has fulfilled her dream of being able to study and get a job. After achieving very high results throughout her school studies, she was admitted to university to study for a bachelor’s degree in banking. She graduated last year and got a job in January 2026. Albentina sincerely thanks SEET and her donors for helping her through a difficult journey.



A fourth orphan peer group meeting was held (photo above). New leaders were elected and suggestions about what is to happen with the group were made. Samira Karim was elected secretary and Selemani Salimu chairman. Apart from the trainings SEET is organizing and conducting, the members suggested that there should be study events and an English course taught during the holiday period.

### **Challenges and needs for the orphans:**

- The scholarship for Salehe Ally, the orphan who joined university in October, has ended. Unfortunately, Salehe did not receive a government loan. So far, we have not been able to find a new sponsor. Health Tanzania Foundation was able to pay for the first quarter of the year, but we must find \$1,000 to fund his remaining tuition fees, accommodations, meals, and transportation for the year.
- Sixty of the orphans did not receive needed school meals as there was no money to pay for them. Following a discussion with teachers, four orphans will be provided with free meals which started in January 2026. SEET also continues to find people who can help cover meal costs for the remaining children.
- Fifty orphans do not have health insurance Ten orphans who requested vocational training have not been trained because of a lack of funds. SEET has worked with community members on how to address these but so unsuccessfully so far.

### **Home-based care**

SEET offers skilled nursing care, health education, and emotional and spiritual counseling to people cared for at home, seniors, and children with disabilities. SEET also ensures that targeted people are enrolled in health insurance. Currently, 22 (11 male) people are enrolled in the home-based program - including four children (two male) with disabilities. In this quarter, all 22 were visited. The majority went for their appointments as scheduled and received drugs and care as needed. The challenge is finding wheelchairs for two disabled children.



Margaret Lima (above with Alé Barrientos) is a former nurse at Buguruni Anglican Health Centre who is unable to stand and walk after treatment and surgery for tuberculosis of the spine. She was the head of the TB program at the health center. She has accepted her condition and is excited to start a small business which will make her busy again.

Ally Mohamed (below) had a motor vehicle accident that resulted in a leg amputation. SEET provided him with nursing care, psychological support, and health education. Ally received a prosthetic leg from a donor and now walks and is happy again. “Your support is unmeasurable,” Ally told Faidha. The two photos show him before the prosthetic and then after with Faidha.



### **Self-help groups**

SEET supports the development of self-help groups to increase the capacity of widows, orphan caregivers, and single teen mothers’ capacities to address livelihood challenges and enhance income generation. The strategy is not based on direct monetary contributions. Instead, the approach builds on learning, mutual support among members, and SEET training group members in various skills such as tailoring, soap making, and tie dye. This enhances their employability and enables them to start their own businesses. Through collective efforts, the group increases income for members and so improves their overall quality of life.

During the past four months, SEET has facilitated the formation of six new groups of widows, single teen mothers, and caregivers with a total of 41 members. To register with the government, SEET is helping them develop constitutions needed for registration. Two groups received training on tie dye as well as soap making. Two others asked for capital to introduce an internal shop where members will be loaned items such as sugar, cornflower, beans, and other goods.

Buguruni Mivinjeni widows’ group (seen on the next page) has 10 members. Their newly developed constitution has been submitted to the local government authority for approval. They have not started collecting member contributions but will do it monthly with each member contributing 5,000 shillings (\$1.90). The group has requested training on how to produce liquid soap.



The SEET staff also followed up on previous groups to identify their progress and issues. Two are presented below.



Buguruni Malapa Mosque (above) is officially registered and has a total of 23 members, of whom six are widows. The group is doing very well. They have expanded their business from loaning goods such as sugar and cornflower to buying rolls of fabric and loaning three-meter pieces of it for 30,000 shillings (\$11.50) to each member who pays the cost within a month. They also sell the pieces to the rest of the community.

The Muungano group in Vingunguti (shown on the next page) is officially registered and has 10 members, all widows. Each member contributes 4,000 shillings per month. The group specializes in liquid soap which is sold for 7,500 shillings (\$2.90) per liter. They also sell sugar at 3,500 shillings (\$1.30) per kilogram. Their group savings total 94,000 shillings (\$36). Felicia from SEET is seen teaching the group how to make liquid soap.



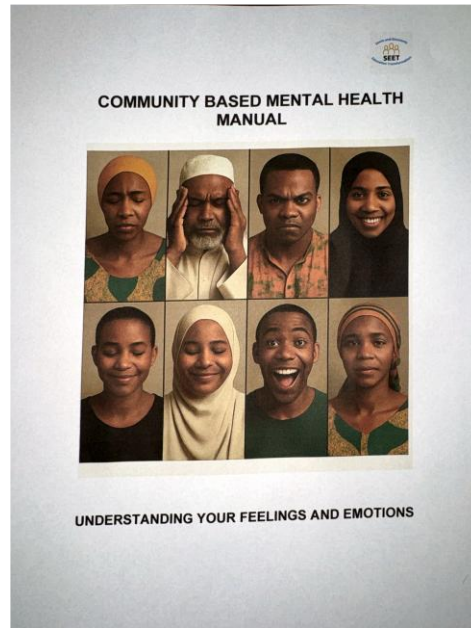
### **Mental health and wellness**

SEET with Mirembe National Mental Health Hospital has been developing a mental health and wellness manual and program which can be scaled for the entire country. In the reporting quarter, SEET finalized the initial development of the self-care, mental wellness, and resiliency (SMR) manual and curriculum. SEET also trained people at 28 mosques, churches, and community volunteers on SMR. They were also trained on violence, drug and alcohol, and HIV/AIDS. They are now community trainers. See the training photo below.

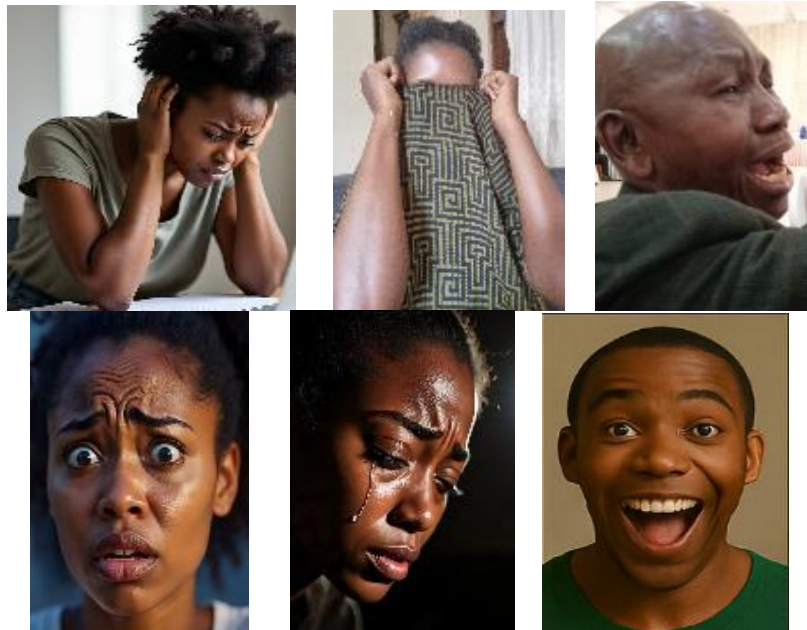


Targeted communities will be taught SMR through group discussion training and follow-up. During the same period, a community oversight committee with members from churches, mosques, and community met and reflected on what have been accomplished and planned for 2026.

A guide called the *Community Based Mental Health Manual* has been developed from discussions with Mirembe National Health Hospital experts and SEET team members. It builds on local community culture and beliefs combined with science. A photo of the cover of the manual is on the following page.



Feelings pictures from the manual:



### **Volunteer training**

A Canadian grant is enabling SEET to do more formal documentation of their programs, which is important if it is to be scaled nationally. In January through March 2026, SEET collected both baseline violence in women and girls' and community mental health wellness data. SEET adapted the World Health Organization's interviewer administered questionnaire to collect the data. SEET assessed clarity, relevance, and flow of the tool by pretesting it in a non-selected area of Buguruni area to validate the assessment.

Prior to data collection, Alé Barrientos, the Health Tanzania research director, trained all SEET staff in a one-day orientation session covering study interview techniques, confidentiality, and procedures for obtaining informed consent. In total, 500 people were interviewed about violence in women and girls. Four focus group discussions about violence against women were conducted; and 300 people were interviewed about their mental wellness.

During the same period, SEET facilitated the training of community members on SMR using its developed SMR manual and facilitation guide. Training focused on improving community understanding of stress, anger, sadness, depression, anxiety, and fear, including how to positively cope with negative feelings and emotions. Since January, SEET has trained 89 (30 male) adolescents and young people from Buguruni ward. Similar training workshops were held in seven neighborhoods. In total, 147 (117 male) adult community members in these neighborhoods were trained. SEET prioritized widows, orphans and single teen mothers in its SMR trainings (in photos below).

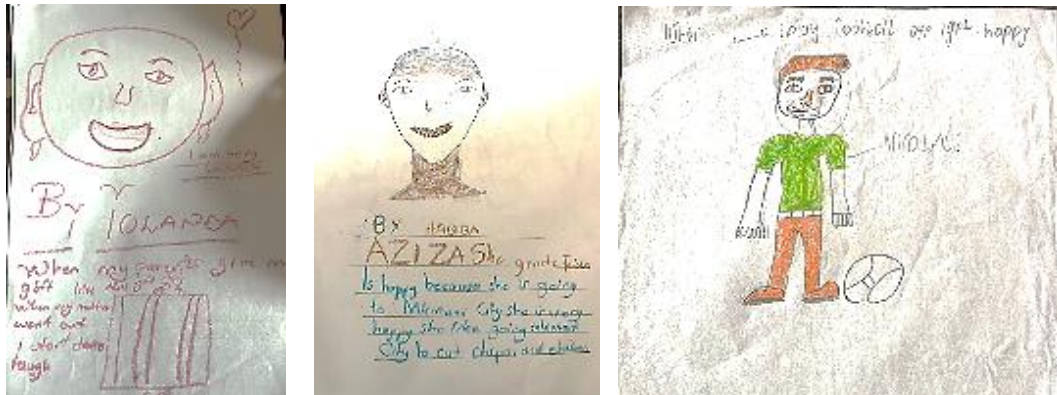


The training sessions were very interactive with participants very involved when talking about feelings, emotions, and struggles experienced. Remember that Tanzania has a very indirect culture that does not traditionally discuss their mental health and feelings. Self-help mental health materials are not available in the country.

Community SMR training:



The pictures below were drawn by St. Augustine's primary school children responding to a question about what makes them happy.



### **Community-oriented family medicine**

As we discussed in previous newsletters, SEET established the SEET Centre for Family Medicine Development and Research in 2022 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 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 are the rural district teaching site.

With assistance from Health Tanzania Foundation, MUHAS, SEET, and Aga Khan University have just submitted a large grant proposal to a U.S. foundation to create a telemedicine-based community-oriented family medicine program. When completed over the three years of the grant, SEET will have mobilized 96 rural villages, with 1.7 million people, in the Pwani region. Four family physicians based at a BAHC telemedicine center will be mentoring and providing comprehensive specialist consultation to 48 rural health centers in the Pwani region. We should know in six months whether we are successful.

The current one-year Canadian grant given to SEET is helping to develop and evaluate the SEET community partnership approaches to the wellness and violence program and integrating them into family medicine training and practice. This is helping support SEET programs described above in the newsletter.

Dr. John Obondo, BAHC's lead physician and the board chairman of SEET, has been at St. John Medical College in Bangalore, India, as a family medicine resident since last October and returns to Tanzania in May. He is very excited about the knowledge and skills that he is learning, which he will apply on his return. He will continue his residency in Tanzania at BAHC and Kisarawe District Hospital with a local family medicine preceptor and continued telemedicine-based training from India.

In January, Muhimbili University hosted a two-day international symposium to further define family medicine's role in the Tanzanian health system. Participants included national Tanzanian government leaders and local and international family medicine leaders, as well as SEET, BAHC and Health Tanzania Foundation. Later this year, Muhimbili University is expected to formally establish a family medicine department. It is unlikely that the family medicine training at BAHC and Kisarawe District Hospital will begin until 2017.

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



When we began working in Tanzania in 2005, St. Augustine's Primary School, which is 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%.

This year the emphasis at the school is on mastering reading to help pupils understand the interpretation of exams. Thus, all classes spend 40 minutes daily to read and respond to different questions.

St. Augustine's second initiative is to widen the gardens in their school compound to bring back life in the community while also protecting nature. Many fruit trees have been planted and soon fruit will be harvested to improve the students' meals. (Photo is on the next page.)



St. Augustine's is encouraging its pupils to fully participate in sports. Below, the children are competing with all schools in Buguruni ward.



Thanks to Holy Cross Episcopal Church in Dunn Loring, Virginia, the feeding program is continuing. All children, including those who otherwise receive no lunch or breakfast, receive a mid-morning porridge meal. Despite economic challenges from increasing costs in everything, the school is trying its best to serve its pupils. Below are students in St. Augustine's preschool class who are having their morning porridge.



## Staff



Alé Barrientos and Dr. Faraja Mgayao are both finishing their MPH degrees at the University of Washington. They have been taking their MPH practicums through Health Tanzania Foundation and SEET. Alé has a master's degree in anthropology and considerable research experience. He is now Health Tanzania's research director. Dr. Faraja is a Tanzanian MD. Both are shown at their project poster presentations at the university. Alé's was considered the class's best poster.

Faidha Rashid has been mentioned several times in this newsletter. She is a widow with five children who has spent most of the last 20 years in the community she serves. She coordinates the orphan program and home-based care and is involved in all SEET's community programs. She has had only six months' training as a nursing assistant but functions as a very caring, very organized community partner and leader.

## 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](mailto: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 look us up 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 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. All donations are tax-deductible.

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 compared to 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



Baboon in Nyere National Park