Habari gani ("what news" in Swahili)

a Newsletter by Priscilla and Henry Ziegler

April - June 2026

The war in the Middle East is raising costs throughout the world, particularly for the very poor. They are especially suffering in Tanzania with 14 million of its people living on less than $0.85 a day per person. At the same time, multiple world crises make it harder for Health Tanzania Foundation to obtain donations. Please help us if you can. Every little bit helps improve lives.

Buguruni Anglican Health Centre (BAHC)

In April through June 2026, the staff at BAHC saw 15,241 patients, including outpatients, inpatients, child health, dental work, HIV/AIDS, and tuberculosis. Eleven patients were referred to Amana Hospital for specialty care.

We always start with 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!

On the left are women in labor who are being monitored prior to delivery.

BAHC has been slowly increasing the types of operations being done at the center. Thank you, donors, for your support for building the surgical theater and supporting BAHC's development as a critical hospital in this poor part of Dar es Salaam.

This is nurse Ilunga who is taking care of a patient's post hernia repair. The patient was diagnosed with a strangulation hernia that needed an emergency repair.

On the right is Dr. Sabrina who was diagnosed with both dengue fever and malaria and has now recovered. She works the night shift at BAHC.

Due to the dengue outbreak, doctors and nurses have really needed the mosquito spray that Dr. Ziegler used to bring whenever he visited. Mosquito repellent is available in Tanzanian shops, but it is of poor quality and does not work well. Like malaria, dengue is carried by a mosquito. While it does not kill as many as malaria, dengue is known as break-bone fever because it is so painful.

This patient was admitted and found to have diabetes and hypertension. She is doing well with the mutidisciplinary care given at BAHC.

The full 40-foot container shipped from the U.S. has finally cleared customs in Dar es Salaam. It contained medical equipment and supplies. The Port Authority charged $6,000, but the container is now at Buguruni where it was blessed by a chaplain, unloaded, and its contents carefully stored. The color ultrasound is the most important and expensive piece of equipment, but the container also was full of other valuable equipment and supplies.

We would like to especially thank the donor who made this shipment possible as well as SOS International, which coordinated the shipment. William Corley, the Health Tanzania Foundation administrator, also did a wonderful job putting the program together and making it happen.

The photos below show the container at delivery and the BAHC deputy director and director, chaplain, and building maintence worker with the open container.

The most important item sent is the color ultrasound machine. It will allow much better diagnoses of pregnant women. On the right is the radiographer at BAHC with the newly installed ultrasound machine.

Socioeconomic and Education Transformation for Health (SEET)

SEET is a Tanzanian non-governmental 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.

For 2026, SEET set a target of increasing community outreach to 10,000 more community members. With 3,514 individuals reached by mid-year, SEET is on track with widows and ahead with orphans. The focus for July through December will be scaling community outreach to meet the remainder.

Orphan and vulnerable children program

SEET's Orphan Support Program focuses on HIV-affected and other vulnerable children in Buguruni, Vingunguti and Mnyamani wards. These children have lost one or both parents to HIV-related illnesses or live in households impacted by HIV, poverty, and stigma. Without support, these children face two major risks: dropping out of school and poor health outcomes. Caregivers often cannot afford school fees, uniforms, books, transport fare, accommodation, or basic healthcare.

In quarter two, SEET supported 32 vulnerable orphaned children from the three slum communities to help them to stay in school. Children received school supplies: pencils, pencil sharpeners, shirts, socks, and notebooks, among other items. Photos of some of the children are below.



SEET also conducted school follow-up visits to track the children's progress. During these visits, the team met with teachers and caregivers to identify learning and welfare challenges such as absenteeism, lack of learning materials, and home pressures. Together, they developed plans that included academic support, closer home follow-ups, and counseling.

These visits have strengthened communication between school, home, and the program and are helping to address problems early so that children can stay in school and perform better. Below are photos of several school visits. Faidha, the community coordinator, is in all the photos.



Success story

Last year, five orphaned students sat for the National Form Four Examinations. Four performed well and are joining form five in high school. This achievement shows that with school supplies, monitoring, and psychosocial support, vulnerable children can overcome barriers and succeed academically. For many of these children, they are the first in their family to reach high school. Some comments from the students follow.

"The books, uniform, transport fare, and teachers who checked on me made the difference. I am the first in my family to join high school and I am so proud." — Samira

"At some point I felt like giving up. SEET, my aunt, and teachers encouraged me. Now I know I can achieve my dreams." — Hamida

Hamida Hashim

Khalid Jafar

Samira Karim

Orphan peer group follow-up meeting

As a follow-up to a previous session, SEET staff held an orphan peer group meeting this past quarter to continue supporting children regarding health, emotional, and school-related issues. Of 200 targeted children, 165 (82.5%) attended. Building on previous topics, new discussions concerning stress and fear were added. Children were given space to share how they are coping with their feelings and to discuss challenges such as fear of failure of examinations and catching up on missed classes.

There was a marked increase in child participation compared with the previous meeting. More children were actively speaking up, asking questions, and engaging in group discussions. Communication skills have also improved. Children reported initiating conversations with parents and teachers about their feelings and emotions, particularly those related to school. The continued meetings are contributing to a stronger sense of support among children and are effectively reducing feelings of isolation. On the next page is a photo of one of the peer group meetings.

Challenges and needs for the orphans

Despite significant progress, the orphan support program faces critical resource gaps that limit the ability to provide comprehensive care. Current funding does not cover essential costs for boarding students: accommodation, school fees, and meals. Most high schools are boarding schools. Three high-need children — Hamida, Samira, and Khalid — need more support to attend high school. Please help us fund them so they can fulfill their dreams.

Sixty of the orphans did not receive school meals as there was no money to pay for them. Following a discussion with teachers, four orphans were provided with free meals. SEET also continues to find people who can help cover meal costs for the remaining children.

Fifty orphans do not have health insurance. With caregivers living below the poverty line and unable to cover medical costs, children face delays in treatment and increased health risks when sick.

Ten orphans who have requested vocational training have not been trained due to a lack of funds.

Widows Empowerment Program

SEET recognizes that widows in our communities face economic and health challenges that affect their whole household. Through the Widows Empowerment Program, SEET works to restore dignity, income, and well-being. SEET facilitates the formation of Savings and Credit Cooperative Societies (SACCOS). They give widows a safe place to save, access small loans, and build financial independence together. SEET staff train widows in income-generating skills based on market demand. This includes soap making and small business management. Widows are given access to health education, screenings, and referrals and give each other emotional support.

By June 2026, SEET had facilitated the formation of 13 widows' SACCOS groups with over 200 members in churches, mosques, and communities across Buguruni, Mnyamani, and Vingunguti wards. Of these, 58 widows have been trained in soap making, detergent production, business management, and financial literacy. Six groups have started businesses. Through savings, skills,

and lending, widows are paying school fees, improving housing, and building a path to self-reliance. The photos below show some of the widows' meetings.

During the past quarter, SEET focused on strengthening existing groups and expanding income options. SEET conducted follow-up visits to four previously formed groups to assess progress on savings, loan repayment, and business performance. During these visits, challenges were addressed and best practices were shared to improve group operations. Liquid soap-making training was given to one group of widows who are now producing and selling liquid soap within their communities to generate immediate income. In addition, SEET supported two groups to introduce sugar lending businesses. The groups purchase sugar in bulk and lend to members and neighbors on credit, with profits reinvested into group savings to strengthen the SACCOS.

Challenges identified

During the follow-ups, several challenges were identified. Some widows delayed loan repayment, which affected the group's ability to lend to other members. There was also a failure to make monthly contributions consistently in some groups, leading to slow growth of group savings.

Other challenges included limited business capital and competition in local markets. These issues were discussed with group leaders and action plans were developed, including reminders, peer support, and financial literacy refreshers to improve discipline and repayment.

Member impacts

Through SACCOS loans, skills, and business profits, widows are transforming their households.

Ashura Hilary borrowed money to build a toilet at her home.

Kharuna Mbagile used a loan to renovate her house and later bought a plot of land.

Salma Said borrowed money to pay her child's school tuition and to dig a well at her home.

Home-based care

Across Buguruni, Mnyamani, and Vingunguti, thousands of people living with chronic illnesses and children with disabilities depend on home-based care for survival. SEET's program bridges this gap for some of them by bringing care directly to their homes. Every month, SEET conducts vital signs checks, provides emergency food support, and facilitates referrals to health and social services to a small group of clients. This past quarter the home-based care team, including Faidha, reached all 25 clients at home. More money would, of course, pay for visits with more clients. Below are photos of several of the clients.

There are critical gaps in the program. Most clients are uninsured, and caregivers cannot afford medical care. Demand for emergency food support is high, but funding is limited. Mutual support

within communities is low, increasing isolation for vulnerable families. With donor funding, we can provide initial health insurance coverage, scale emergency food aid, and rebuild community support systems so more disabled children and adults are not left behind. When home-based care clients require medical treatment, they are linked to healthcare services. Many are treated with charity care at Buguruni Anglican Health Centre.

This is Dr. Max treating one of the home-based care patients.

Mental health and wellness

SEET has been working with Mirembe National Mental Health Hospital and Institute to develop training on mental health self-care, mental wellness, and resilience. Last year they held a two-day planning conference to identify feelings, emotions, anxiety, and depression within Tanzanian culture. Together they are creating Tanzania's first mental health and mental wellness manual and training program.

SEET is building awareness about self-care, mental wellness, and resiliency (SMR), communication, and conflict resolution through small group discussions in communities, schools, churches, and mosques. SEET has developed a *Feelings Manual and Dialogue Guide* used by facilitators. This work is helping families and groups communicate better and resolve conflicts peacefully, creating a more supportive environment for orphans and widows.

During April to June 2026, SEET reached 770 individuals in churches, mosques, and organized public gatherings. Below are photos of groups attending the SMR training in a church and a mosque.

Using the *Feelings Manual and Dialogue Guide*, facilitators focused on stress and anger management, respectful communication, and peaceful conflict resolution. Outcomes included improved cohesion in SACCOS groups with fewer disputes over contributions, and better emotional awareness and peer relationships among orphans. The community sessions also increased neighborhood support for widows and orphans and helped reduce stigma. Overall, 33% of the annual target had been achieved by mid-year. Progress is strong with widows and orphans, and the focus for July-December will be to scale community reach to meet the 10,000 targeted.

Below are photos of feelings training at a secondary school, a Sunday school, and in the community.

Community-oriented family medicine

As we have noted in previous newsletters, SEET established the SEET Centre for Family Medicine Development and Research in 2022 to work with Muhimbili University of Medical and Allied Sciences (MUHAS) in the development of Tanzanian community-oriented family medicine. SEET will be the community 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 recently submitted a large grant proposal to a U.S. foundation to create a telemedicine-based, community-oriented family medicine program. If funded, over the three years of the grant SEET will mobilize 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 one or two months whether we are successful.

The one-year Canadian grant given to SEET has been extended although without more funding. The extension allows more time to complete the development and evaluation of the SEET community partnership approaches to mental wellness and violence. The results will be integrated into family training and practice.

Dr. Eric Aghan, the director of the SEET Centre for Family Medicine Development, has been working in Zambia helping develop a family medicine program. Because of this work, he can no longer lead the SEET Family Medicine Centre nor be the principal investigator of the Canadian grant. Dr. Nancy Matillya, the director of Aga Khan University Family Medicine, has agreed to assume both positions. She is currently Tanzania's leading family medicine doctor. SEET and the family medicine programs will benefit greatly from her leadership.

The photo below shows Dr. Juvenalius Anselem, a recent graduate of the family medicine program at Aga Khan. He has joined our SEET Family Medicine Centre programs.

Dr. John Obondo, BAHC's lead physician and the board chairman of SEET, has been at St. John's Medical College in Bangalore, India, as a family medicine resident since last October and returned to Tanzania in May. He will continue his residency in Tanzania at BAHC and Kisarawe District Hospital with a local family medicine preceptor and further telemedicine-based training from India. He will also continue his SEET and medical leadership.

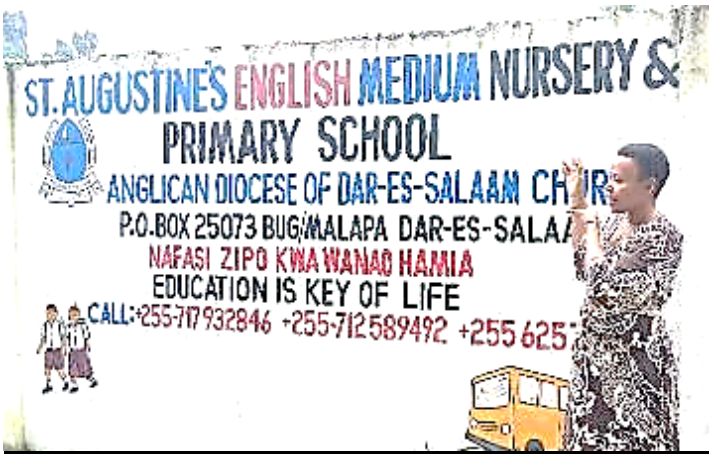
Later this year, Muhimbili University is expected to formally establish a family medicine department. It is unlikely that the Muhimbili family medicine training at BAHC and Kisarawe District Hospital will begin until 2027.

St. Augustine's English Medium School

Since we began working in Tanzania in 2005, St. Augustine's School, which is next to Buguruni Anglican Health Centre, has been an important Tanzanian partner. Under headmistress Alice Nalugwa's 18 years of strong leadership, its programs and teaching quality have 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%.

Headmistress Alice is a missionary from Uganda, and her three children are now back in school in Uganda. She needs financial help to pay for their education. Please help so that she can continue her outstanding work in Tanzania.



St. Augustine's celebrated its best performing students during an assembly.

A photo of the preschool students is below.

The school administration and pupils organized a TV broadcast that was aired on local television. The photo was taken with Azam, the TV presenter.

St. Augustine's supports sports activities.

The following photo shows a parent meeting for classes 1, 2, and 3 to update them and to give them the opportunity to ask questions.

Health Tanzania and its donors continue to support nine orphans at the school. This is Nayan who is now in secondary school and doing well.

Staff

Rehema Obondo, Dr. Obondo's wife, is a mental health nurse with over ten years of mental health nursing at Mirembe National Mental Health Hospital. She has spent the last two and a half years getting a master's degree in mental health from the University of Zambia. Now back in Tanzania, she will be a leader in Mirembe, SEET, and the family medicine programs as the team builds mental health and wellness for the communities. She will also be a part of the family medicine program.

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 a 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, 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. All donations are tax-deductible. We also make donations to the foundation.

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.

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

May God bless all of us.
Henry and Priscilla