

Habari gani (“what news” in Swahili)

a Newsletter by Priscilla and Henry Ziegler

July 2026 - September 2026

The war in the Middle East continues to raise prices and costs throughout the world, particularly for the very poor. With 14 million of its people living on less than \$0.85 a day, Tanzania continues to be affected. With the upcoming U.S. election and multiple world crises demanding attention, Health Tanzania Foundation has not been receiving enough donations. Now is not the time to cut back. Please help, if you can. Every little bit helps improve lives. We also donate monthly as we believe in the Tanzania mission.

Most of the newsletter was written by Raphael Barua, the director of BAHC, and Cyprian Chilowaka, the director of SEET. The photos were all taken by their staff.

Buguruni Anglican Health Centre (BAHC)

The health center remains committed to delivering compassionate healthcare, supporting mothers and children, improving patient outcomes, and serving the needs of the community. In July through September 2026, the staff at BAHC saw 12,984 patients, including outpatients, inpatients, child healthcare, dental work, HIV/AIDS care, and tuberculosis.

We always start with newborn babies, both natural births and C-sections, since it is an important BAHC service to the community. Mothers and babies are dying much less often than in the past, but there are still far too many preventable deaths. The four babies below were delivered by C-section. Note the proud father in the first two photos.





The following babies were delivered vaginally.



A difficult birth:



The baby above was delivered by C-section. It was a complicated labor with multiple presentations of both hand and head that blocked vaginal delivery. Dr. Max did the operation after consulting with the gynecologist Prof. Wangwe.

After birth, the baby was found to have missing toes on the feet and fused fingers on the hands. Some fingers are incompletely formed, while the legs are curved and the toes are not in a typical alignment. The mother is very poor and started her antenatal visits very late. She was anemic and did not receive iron or folic acid, which is usually started on the first trimester visit. This lack of iron or folic acid is a possible contributor to the anomalies. This case highlights the importance of appropriate medical aid, continued monitoring, and counselling for parents regarding the care their child may need.

The following photos are of twins brought to the health center for their immunizations. Mothers are given cards provided by the government for the health provider to write down what immunizations have been given and when they were given.



There is a clinic at the health center where the nursing assistant registers children attending the clinic for growth and development monitoring. Their weight and height are measured to assess progress and identify potential growth-related concerns at an early stage. This service helps parents and caregivers receive appropriate guidance on nutrition, childcare, and the overall health and development of their children. Below are photos of children being weighed and measured.



A healthcare provider is shown below counselling a pregnant woman attending the Prevention of Mother-to-Child Transmission (PMTCT) clinic. The counselling focuses on maintaining a balanced diet, taking appropriate care of herself during pregnancy, and correctly using prescribed medication. These services support maternal and infant health and help prevent mother-to-child transmission of HIV when applicable.



The following photo is of a man who was in a motorcycle accident. Motorcycles that take passengers are called boda-bodas and are quite dangerous. His leg was doing well, but later he was taken by relatives out of town to a traditional healer. His leg got worse and so they brought him to BAHC in bad condition with maggots growing in the wound and smelling very bad. He was treated and is doing well.



The photo on the right is of a child receiving dental care at BAHC.

In 2009, a man sustained a severe leg injury after being accidentally stepped on by another player while playing football. His injury deteriorated significantly, and the leg began to show signs of tissue decay, raising concerns about the possibility of amputation. When he came to the health

center, the medical team began providing treatment aimed at preserving his leg. He is improving and expresses his sincere gratitude to the health center for the care he has received. However, financial difficulties sometimes prevent him from accessing treatment consistently and following medical instructions, which could lead to a deterioration in the condition of his leg. Photos are below.



Another more recent patient with a severe leg ulcer is also being treated. It costs \$9.50/day for dressings. These poor patients cannot afford this cost without help.



Relatives brought this patient (in bed) to BAHC because he was severely dehydrated due to vomiting and had a fever. After admission he was found to have dengue fever. He was treated with IV fluids and improved.

Health Center and Staff



These women are staff from the cashier department at the service window. Their department receives and manages payments for services in accordance with established procedures. Its work contributes to the smooth administration and effective operation of the health center.



Mendrad Mtabab, the cleaner and the garden designer, is shown preparing the front entrance for the fall rainy season.

BAHC is keeping its environment clean. As Dr. Max said, “No trash or *takataka*, as our tutor Mama Priscilla kept emphasizing.”



A regular meeting of the BAHC staff where issues and challenges are discussed.

BAHC Eye Camp

The health center along with Comprehensive Community-based Rehabilitation in Tanzania (CCBRT) provides eye care and cataract surgery. Below are photos showing patients in recovery.





This is a boy from a poor family who had an eye problem that started as itching with little pain. His relative sent him to the local healer. The condition worsened to a point that he was no longer able to see. Below are photos of other children with severe and untreated eye infections.





When this man began experiencing poor vision, he started using herbal remedies from traditional healers. This treatment caused his eye to die. When he was seen at the hospital, his eye was already damaged, and the doctors had to remove it.



Since the age of five, this woman was blind. She needed to be held by the hand when she walked. After her operation, she could suddenly see and shouted in joy. She left - walking on her own.

Summary and Needs

Through good leadership and management, BAHC serves many thousands of poor urban Tanzanians by providing them with holistic and quality care. The BAHC annual budget is nearly \$300,000 with over 90% coming from local funding such as patient fees. Health Tanzania Foundation supports some of the charity care, pharmacy expenses, building needs, equipment, and new project expenses.

The major immediate need is for a digital X-ray machine now that BAHC has a finished, government-approved X-ray building. A new quality X-ray machine costs \$65,000 from Action Medeor, a German NGO that is located close to the health center. The company is willing to install the machine for \$21,000 with no interest payments and no due date for completion of payments. We are looking for partners to help raise this money. An X-ray machine is the last

critical element to comprehensive quality care. This is critical both for the health of the community, but also because BAHC has been identified as the urban family medicine training site for Muhimbili University as it develops the first public Tanzanian family medicine program.

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 people's power and money.

SEET:

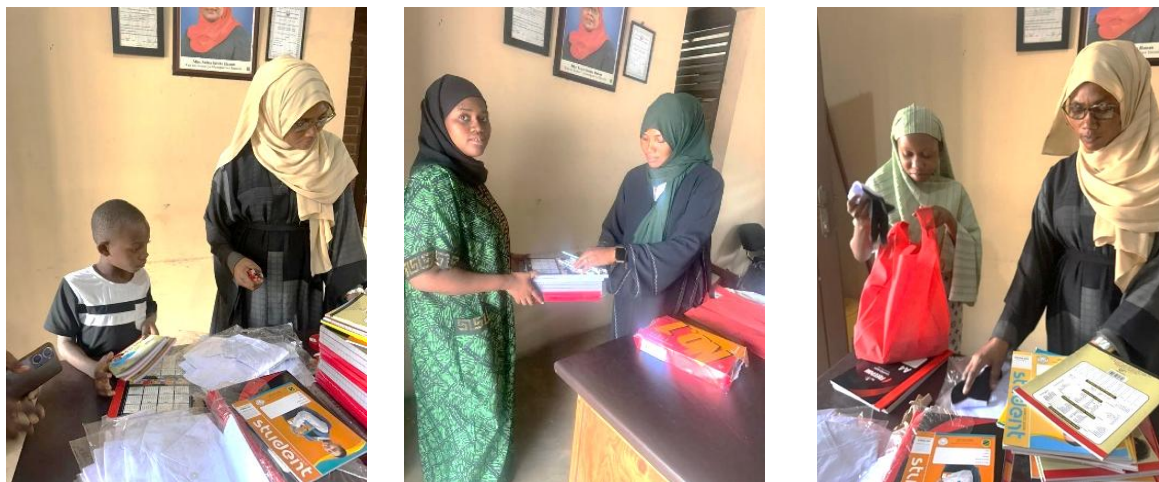
1. Identifies widows, orphans, and unmarried teen mothers, helping them improve and maintain their health, increase their education, and create sustainable sources of income.
2. Mobilizes communities to address current violence, AIDS, alcohol, and other drugs, and decrease further violence, drug abuse, 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

SEET believes that every orphaned and vulnerable child deserves the chance to grow up healthy, educated, and hopeful for a brighter future. In collaboration with local communities and international supporters, SEET works to ensure that orphans receive the comprehensive support they need to thrive. SEET provides psychosocial support to help children heal from loss and build confidence. The program supports their education from kindergarten all the way to university or college. The staff conduct regular home and school follow-ups to monitor their well-being and academic progress. Also provided are essential health needs, including health insurance and access to medical care.

Because of limited funding, SEET gives priority to children enrolled in public schools, where the organization can support a larger number of vulnerable children with the resources available. For those who are outside the formal school system or who have missed the opportunity for formal education, we enroll them in vocational education and training, equipping them with practical skills for self-reliance and a dignified livelihood. Through this community-based approach, no child is left behind.

In the third quarter of the year, SEET continued to respond to the pressing needs of orphaned and vulnerable children in the community. During this period, several children requested and received school support to enable them to remain in school. A total of 34 (16 boys) received school supplies. In addition, two children in high school were supported with a comprehensive package that included tuition fees, accommodation, transport fares, uniforms, and health insurance, enabling them to fully concentrate on their studies without worry. Below are photos of children receiving school supplies. Faidha, SEET's community coordinator, is the woman in the yellow scarf.



Despite these achievements, the needs remain great. Eleven (six boys), who requested support for vocational education and training about a year ago, have not yet been supported due to limited funds. These young people are still waiting for the chance to learn a skill that would help them become self-reliant. Furthermore, 72 (33 boys) children who are in urgent need of health insurance are yet to be funded. Without health insurance, they remain vulnerable and at risk of missing school when they fall ill.

SEET wishes to express its sincere gratitude to Buguruni Anglican Health Centre for its continued generosity and partnership. BAHC has accepted and approved free treatment for the children in times of critical need, a support that has saved lives.

The staff at SEET continues to encourage your support. Every uniform, every book, and every contribution to health insurance brings an orphaned child closer to a brighter and healthier future. Following are some stories of the children whom SEET and partners support.

Education is every child's right, but for orphaned children, that right can easily be lost. Through community volunteers, SEET identified two such children who were at risk of missing their future.

Yusra Chuma is a 13-year-old girl who lost both of her parents and now lives with her elderly

grandmother. She was once a happy girl who loved school. That changed last year when she stopped going. She told her grandmother that she no longer understood her teachers and therefore would not go to school anymore. Behind her words was a child struggling silently with learning challenges and the absence of parental support. Her grandmother tried everything to persuade her to return, but she failed and felt helpless.

Ikram Omary is 11 years old and has never been to school in his life, although he can write his own name. After losing his parents, he lived with his grandparents in the southern part of the country. Two years ago, he was brought to Dar es Salaam to live with his aunt with the promise that he would start schooling. That promise was never kept. Instead, Ikram became his aunt's helper in her food vending business, washing dishes and serving customers. He wanted to go to school but was afraid to ask because he thought his aunt would refuse.

When Faidha, SEET's community coordinator, was informed about the two cases, she immediately followed up. She visited the families, listened to their stories with empathy and spoke to the children themselves. She learned that Yusra's grandmother was asking for support, while Ikram feared that his aunt would send him back to the village if he insisted on schooling.

Meetings discussing the two children:



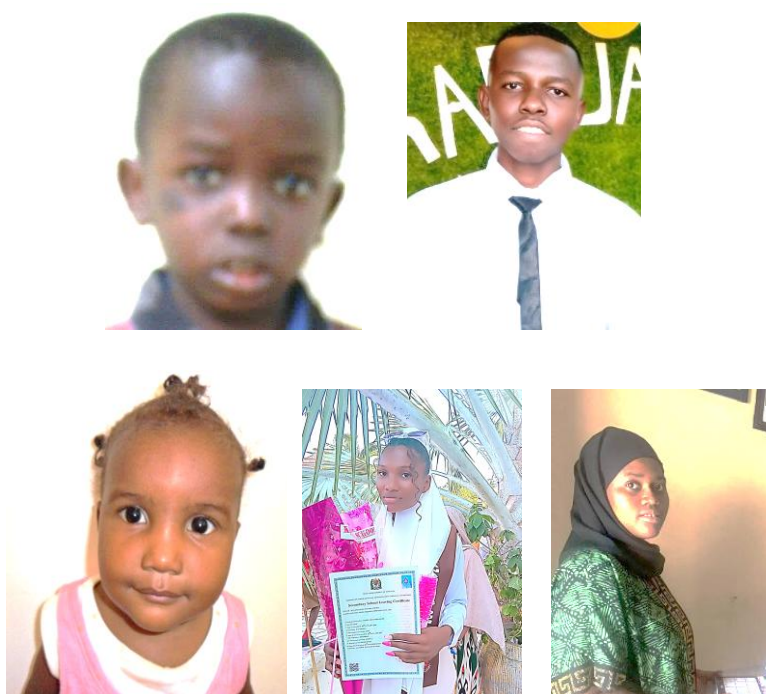
To address both issues, the SEET team intervened by speaking to the Parent Education Committee secretary and other local leaders. SEET also provided counselling to both families, helping Yusra's grandmother understand how to support her granddaughter and helping Ikram's aunt understand the importance of education and her responsibility as a guardian. Today, Yusra is back in school. Ikram started Primary One at the age of ten. They have put on their uniforms and are sitting in class with their peers, with hope restored.

The challenge ahead is to ensure that they stay in school, enjoy learning, and thrive academically. Both children have experienced loss and interruption in their lives and will need continued

encouragement, academic support, and close follow-up from volunteers and teachers. They will also need support with basic scholastic materials such as books, uniforms, and other school necessities. Yusra and Ikram remind us that sometimes children do not need much, just someone to listen, to advocate for them, and to give them a second chance.

Supported Students Excel in High School and College

In our last report, we shared the story of four children under the Orphan Support Program who performed well in their Form Four National Examinations – Samira Karim, Hamida Hashim, Khalid Jafar, and Siwa Kassim. The first four photos show Khalid and Hamida at enrollment and now. The last photo is of Siwa.



They have now taken the next important step in their education journey. Samira and Khalid have successfully entered high school. Hamida has chosen a different but equally promising path. She has opted to enter college and will be studying for a certificate in accountancy. This professional course will equip her with practical skills for employment and self-reliance. Siwa, due to family needs, has decided to postpone her further studies until next year. The SEET staff continue to provide her with counselling and support during this period.

The successes of Samira, Hamida, Khalid, and Siwa are a clear testimony that with close follow-up, encouragement, and material support, orphaned children can succeed just like their peers. Their performance is not just their personal achievement, but a shared success for their guardians, teachers, community volunteers, and all supporters who stood with them. However, their journey is not yet complete. To remain in school and college, they still need support. They

need assistance to afford tuition fees, accommodation, transport, and other schooling needs such as books, uniforms, and stationery.

An Orphan Searching for a Safe Home

Nesta Kelvin is 14 years old and has already lost both of her parents. She was among the orphans in the scholarship program that unfortunately ended last year. Despite all the hardships, Nesta is a determined girl. She just completed her national primary school examinations in September and has hope for a better future.



But her life has been one loss after another. Her most recent caregiver — the person she depended on — died just four months ago. Currently, the staff at SEET have managed with the help of the school to provide for her basic school needs and health insurance. She is now living temporarily with a well-wisher, but it is not a permanent home; and her future is uncertain. Nesta needs love, stability, and a safe place to grow. We wish to take her to a boarding school where she will be safe, cared for, have regular meals, continued education, and psychosocial support — away from the risk of abuse that girls in her situation often face.

Your Small Gift Can Rewrite an Orphan's Story

A Message from SEET Director Cyprian Chilowaka



No child chooses to be an orphan. At SEET, when a child loses their parents and has no clear path for the future, we become their family. We walk with them every single step — from their first

day in kindergarten to the day they proudly graduate from university or college. We give them what matters most: unconditional love, constant follow-up at home and at school, a uniform so they can stand with dignity among their peers, books so they can dare to dream, and health insurance so they can stay alive to live those dreams. Currently, we work with 103 orphans and vulnerable children.

But today, my heart is heavy. Eleven determined children have waited over a year for vocational training — a skill that would make them self-reliant. Seventy-two precious children are sleeping without health insurance, one illness away from dropping out of school. Yusra and Ikram are back in school because someone cared, and Samira, Khalid, and Hamida proved orphans can excel. They are begging us not to stop now.

Will you be the one to answer their call? Your gift, however small, will put a uniform on a child, a book in their hands, and hope back in their heart. It will keep an orphan learning today and give them the brighter future their parents dreamed of. *Please, rewrite their story today.*

Home-based Care Program

SEET continues to provide holistic home-based care to the most vulnerable clients. SEET's dedicated team regularly visits clients in their homes to check their vital signs — blood pressure, breathing rate, and general condition — to ensure early detection of complications. Beyond physical care, much-needed counseling and psychological support are provided to both clients and their caregivers, who often feel overwhelmed and without hope.

To ensure no one goes to bed hungry, SEET continues to provide emergency food support to the most destitute families. Also provided are health education on medication adherence, hygiene, nutrition, and prevention of complications, while ensuring clients live with dignity and respect despite their difficult conditions. A key part of the work is strengthening family support. The SEET staff encourages family members to take an active role in caring for their loved ones, rather than leaving them isolated. The following are photos of clients in the care program.





As a result of these efforts, two clients have now had their health insurance covered by their own family members — a major step towards sustainable care and family ownership. One client was successfully referred for specialized treatment. Three of the most vulnerable families received emergency food support to sustain them during this difficult period. Through these small but significant actions, SEET continues to restore health, hope, and human dignity to those who are often forgotten.

Client needs assessment



In October, in collaboration with a student from Kairuki University in Dar es Salaam, SEET conducted a comprehensive needs assessment for all clients in SEET's home-based care program. Each client was visited at home, and their current health, social, and economic challenges were assessed. The exercise culminated in the development of individual case summaries in which specific needs for each client were identified and documented. Together with their caregivers and family members, SEET staff then developed a personalized care and support plan for each one.

The assessment revealed urgent needs:

1. All 21 clients are in dire need of psychological and spiritual support. Many live in isolation and are anxious and hopeless due to chronic illness, old age, and extreme poverty.
2. Seven clients do not take their medication regularly, not by choice, but because of poverty. They cannot afford to buy drugs, pay for transport to clinics, or even eat enough to take medication safely.
3. Nine clients urgently need health insurance to access treatment and regular check-ups that they currently cannot afford.
4. Five clients require physiotherapy that they have never received, leaving them unable to move and care for themselves.
5. Many homes are in poor condition and need urgent repairs to be safe and habitable.
6. Four families have no reliable source of food and need immediate food support to survive.

This assessment shows that the clients do not just need medicine — they need holistic care to live with dignity. Some of the real stories of home-based care clients are seen below.

Two Sisters Forced to Live Next to an Open Toilet

Hadija (90) and Fatuma (86), are sisters living together in a single small room in Buguruni Madenge, one of the informal settlements in Dar es Salaam. Both are elderly women living with hypertension. Hadija's only daughter resides outside Dar es Salaam and is unable to provide support.



They are clinic patients, but they no longer go. They have no money for transport, no money for medication, no health insurance, and no strength to make the long journey. They completely depend on well-wishers' support. The SEET staff has become their family — regularly visiting

them, bringing emergency food when their pots are empty, and providing some basic drugs to keep their blood pressure and blood sugar under control.

Because of their old age and extreme poverty, they can no longer walk to a toilet. So, a toilet plate was fixed inside their room and connected with a PVC pipe to a pit outside. But this toilet is completely open — no water, no cover, no door. It sits less than two meters from their beds, separated only by a thin curtain (see photo below). Imagine sleeping, eating, and living less than two meters from an open toilet. The smell never leaves the room. Flies move straight from the toilet to their food. Now both sisters suffer from frequent diarrhea — a direct result of this unhygienic condition.



Hadija and Fatuma deserve to live their final years in dignity and good health, not in sickness caused by their own toilet. They urgently need help to build a proper cover, a door for privacy, and a water connection to keep the toilet clean and stop the infections. Please help us restore dignity and health to these two sisters. The cost to build a covered toilet with a door and water access is \$800.

Left Alone All Day, Unable to Move



Asia Shaaban is 83 years old, one of the most vulnerable home-based care clients. She has been severely affected by high blood pressure that led to a stroke that has left her paralyzed. She can

sit with support, but cannot speak, move, or walk. She depends on her only daughter to be fed, to be cleaned, to be moved, and to take her medication.

But here is the heartbreaking part: her daughter is her only caregiver and her only hope for food. Every morning, the daughter must leave her helpless mother alone at home and go out to look for casual work — washing clothes, dishes, cleaning houses — just to get enough money to pay for something for them to eat that day. She leaves early in the morning and returns only in the evening. Think of this scenario: An 83-year-old woman who cannot reach for water, who cannot go to the toilet by herself, left completely alone from morning to evening, every single day except weekends. If she needs water, no one is there. If she needs to use the toilet, no one is there.

Because of extreme poverty, Asia sometimes misses her life-saving medication. She has no health insurance and no way to afford regular clinic care or physiotherapy that could help her sit or move again. Asia needs urgent support — health insurance, regular medication, physiotherapy, and food support so that her daughter does not have to choose between caring for her mother and finding food for her mother.

Mental Health Program

This quarter, SEET continued its vital work of raising awareness about mental health, feelings, and emotions, using real-life situations that people can easily relate to. The SEET staff believes that when people understand their feelings and learn how to manage them, they can solve problems better, prevent violence, and build healthier families. During this quarter, the staff conducted interactive awareness and psychosocial sessions both in schools and in the community:

- At the school level, 302 children (152 girls) and young people had sessions on understanding emotions, managing anger, self-esteem, and positive problem-solving.
- At the community level, 89 young people (51 female) were reached through youth meetings and community outreach.





Through these sessions, community members are learning that it is okay to talk about feelings, to seek help, and to support one another. SEET staff are seeing a positive change — more people opening up and more women no longer silent. This is how SEET is building emotionally healthy and resilient communities.

Breaking the Silence of Violence

Mayassa Mrisho is 30 years old. Already divorced, she is left alone to care for her two small children while trying to build a future by studying sewing. Mayassa attended a feelings and problem-solving training sessions. At first, she was as quiet as are many other women. But after the training, she found the courage to approach a psychological counselor privately and ask for help. What she shared was heartbreaking.



Mayassa is a survivor of prolonged domestic and sexual violence. For over six years, she endured repeated sexual assault by her former husband. For years she suffered in silence — with fear, shame, and no one to turn to. But Mayassa is a brave young woman, and she did not just want healing for herself. She asked for support to take the perpetrator to the law, to make him

accountable for what he did. She said she wants to do this so that no other woman who will marry this man will have to go through the same pain she endured. While SEET continues to provide her with intensive psychological support to help her heal from the trauma, we have referred her case to the District Social Welfare officer for legal action and further protection measures.

Mayassa's story is a clear and painful example of the many women in Tanzanian communities who experience violence behind closed doors. They suffer alone, unseen and unheard. Through SEET's mental health program, we want to help women like Mayassa to heal, find their voice, and move on with their lives with dignity and hope.

Tanzania is a very indirect culture where violence is rarely talked about, even within the family. The woman or child is often completely alone with no one to talk with safely. SEET is changing this. SEET volunteer coordinators help everyone in the community address violence, related substance abuse, and AIDS. With Mirembe National Mental Health Institute, SEET is developing a self-help manual and training for every person to improve his or her self-care, mental wellness, and resiliency.

Children with Disability Program

SEET continues to work with children with disabilities — one of the most forgotten and vulnerable groups in the communities. Recently, SEET provided a wheelchair to one child, thanks to the generous support of a donor. For that child, the wheelchair was not just a chair — it was freedom and a chance to move and see the world outside his home.



Overall, however, the support provided by SEET has been minimal because of severe funding constraints. For example, 80% of the children SEET serves urgently need physiotherapy, but they are not receiving it simply because of poverty. Their families cannot afford the service, and the children remain stiff, and unable to sit, stand, or walk. Most of these children have no health

insurance and no money to pay for treatment, medication, or therapy. And their caregivers — mostly mothers — cannot go out to work because caring for a child with a severe disability is a full-time job. They must feed, bathe, carry, and watch their children 24 hours a day.

So, the family is trapped: no income because of caregiving, and no care because of no income. These children need physiotherapy, health insurance, assistive devices, and food support. Their mothers need psychosocial support and a means to earn a living while caring for their children. Without help, these children will remain locked at home, missing the chance to live to their full potential. Felista is one of the caregiving mothers.

Felista Chula is 40 years old, a mother of three children. She lives in Buguruni in one small house along with the three children of her sister – a total of seven people. One of her own children is severely disabled. He cannot sit, stand, or walk and needs full-time care. To make sure all of them are fed, that the children go to school, and that their basic needs are met, Felista goes from house to house, begging for casual work: washing clothes, cleaning dishes, and cleaning houses. Sometimes she has to leave her disabled child behind alone at home. Sometimes she has no choice but to carry him on her back all day while she works. She is grateful that through this exhausting work, she manages to provide at least one meal a day for her family. She is shown below with Faidha.



What Felista needs now is a chance to live with dignity. She needs a small fund to start a small business — such as selling vegetables or fruit — so she can earn a living near her home while still caring for her disabled child and her family. Supporting Felista is supporting seven lives.

Widows Empowerment Program

SEET continues to empower women economically and socially, with special priority given to widows and teen single mothers — women who are often left most vulnerable by poverty and stigma. This quarter, SEET conducted follow-up visits to 13 women's savings and solidarity

groups, identified their problems, and supported them to improve their record-keeping, leadership, and group cohesion. The stories coming from these groups are truly inspiring and prove the power of women working together:

Alwatan Group, Buguruni Malapa: a model group. This group is exceptional. They have excellent documentation, are very transparent, and strongly support each other's needs during times of sickness, loss, and joy. Their savings discipline has grown tremendously so that a member can now borrow up to 500,000 Tanzanian shillings (\$200) at 10% interest. This is a huge achievement for women who were once excluded from formal financial services.

Umoja ni Nguvu Group, Vingunguti Mtambani: real Impact in families. Members are now seeing direct benefits from the group. For example, Mariam Mkangazi used her loan to increase her capital for her porridge-selling business. Now her business is growing, and she can better feed her family. Mariam Vule managed to use her loan to take her child to school, covering uniforms and school needs.

Fanya Kazi Group, Vingunguti: This group is also growing steadily. In this quarter, they expanded their group business by buying and selling women's clothes. They used TZS 156,000 (\$60) to buy 13 pieces of clothes and lent them to each other at TZS 15,000 (\$5.75) each. They made a profit of TZS 39,000 (\$15). This profit goes back into their group fund.

The Anglican Church Widows Group, Vingunguti: This group started in February 2026 and is doing very well. Now their group is worth TZS 423,000 (\$163). Their internal group shop is working very well and is a source of income and unity for these widows who found strength in faith and in each other.

Mbuyu Group, Buguruni Kisiwani, and Umoja Family Group, Buguruni Madenge: The Mbuyu group is making progress. Seven members received and successfully returned loans totaling TZS 223,000 (\$85) at 10% interest. Similarly, all 14 members of the Umoja Family Group received loans totaling TZS 300,000 (\$115) at the same interest rate. Both groups have now asked for additional training in record-keeping and skills development and a small support of TZS 100,000 (\$38) each to start group income-generating businesses - maize flour selling for Mbuyu and cooking oil selling for the Umoja family.

These women have proven they are trustworthy and hardworking. With a little training and capital support, they can move from survival to sustainable livelihoods.

Pearson Nhayo

Dr. Pearson Nhayo received his doctorate from Virginia Theological Seminary this summer. He has been a member of SEET. His thesis was on violence, mental health, and the family. He is now making his mission: educating Tanzanian communities (and beyond) on building strong families and safe homes through the Gospel and improved mental health. Thanks to a generous supporter, he now has equipment (a sound system, instruments, a video camera, tents, and chairs) to begin this. The pictures show a youth retreat that took place in his home rural village of Mbori in the Dodoma Region.



As with many youth retreats, part of the aim was to engage the youth in helping the poor rural community. Dr. Pearson and the children are seen below with small hammers breaking available rocks into usable gravel to put on the dirt floor of the village church.





Community-oriented Family Medicine

Ale Barrientos, the Health Tanzania research director, is coordinating the research team for the Canadian Family Medicine Association grant. The plan is to develop further the SEET community programs and integrate them with family medicine under the direction of Dr. Nancy Matillya. She is the SEET family medicine director and Aga Khan Hospital's Family Medicine Department director. Both the qualitative and quantitative research are going well. This is important because without published data, the innovations cannot be replicated and scaled.

From discussions with SEET AIDS survivors, Ale Barrientos has just published, in [Anthropology News](#), "What Death Leaves Behind: The Social Afterlife of HIV Mortality in Tanzania." It identifies the impact of AIDS beyond the deaths and the surviving family members' continued struggles with poverty and HIV-related loss. The AIDS deaths have profoundly affected the orphans and widows.

The surviving orphans inherited economic insecurity that with hunger complicated treatment, education, and the possibility of imagining a different future. The widows faced social isolation, as well as housing and financial hardship for themselves and their children, while simultaneously requiring them to rebuild livelihoods and social support. Despite this, the widows' meetings never lingered in despair.

Women exchanged practical advice about navigating family disputes, discussed opportunities for earning income, and pooled their limited financial resources. In the absence of meaningful institutional support, they had created their own system of mutual care. Helping widows and orphans come together and create better futures for themselves and their families is what SEET is all about. The following are photos of Ale with some of the widows.



St. Augustine's English Medium School

Since we began working in Tanzania in 2005, the 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, the school's 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.





Mohamed Shariff Manekia with Alice, Faidha, Gao, and school board leaders. Shariff is a major donor to Health Tanzania Foundation.



The seventh grade graduating class



Former St. Augustine's students back for career counselling day



Above are some of the nine children supported by donors at the school. Neema and Grace are two girls who were sexually abused by their parents who are now imprisoned. Because of a fear of family retribution, they are with a foster family and attending St. Augustine's rather than their previous public school. They are both doing well. Dickson is one of the younger orphans we support. Nayan, shown with his aunt, is an orphan now in secondary school and is being supported by a donor. He and his aunt returned to St. Augustine's to thank the school.



The nursery school pupils on their class fun day



First to fourth graders receiving their polio vaccines



Second session on child protection and safety
with officers of the local police child division unit

Volunteers

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

Donations

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

In addition to making donations at our website, you can send donations to **Health Tanzania Foundation, 1300 Crystal Drive, Apt. 605, Arlington, 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 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



Tanzania is a bird watcher's paradise. Tour groups come to the country to see the birds.
(Photo taken by Henry)