



Pediatrics in Tanzania

Nobody wants to give up on a dying child

In this Christmas season, we live Advent in Africa. Earth and animals lean in to hear the sounds of birth mixed with suffering. In Africa, our lives are stripped of familiar surroundings and wrapped in cloth remnants—symbols of simplicity, poverty, need. Along with so many others, we await the announcement of God’s coming, expectant that “by the tender mercy of our God, the dawn from on high will break upon us; to give light to those... in the shadow of death and to guide our feet into the way of peace.” (Luke 1:78-79) Advent is waiting for the arrival of God—unexpected, miraculous birth in modern manglers amidst filth and agony. We look for such God birthing. In waiting, we also labor to create a more thoughtful, comprehensive, effective system of medical care for children in Tanzania. How can we not? *Nobody wants to give up on a dying child.*

With year’s end, I look back on the past 14 months of our work in Tanzania. Small (and big) victories in the hospital seem so often overshadowed by continual shortages, medical errors, inefficiencies and staffing needs. At times, it is difficult to see God’s arrival, when Herod (disease, corruption, violence) continues to steal countless lives.

In the past year, I have witnessed the further development of our region’s only neonatal intensive care unit (NICU). Our inpatient census of critically ill, premature newborns has doubled every year since 2011. We are in the process of expanding, training staff, acquiring equipment. These victories are balanced by the great sadness of having lost 47 babies this year to death.

Three young, very motivated Tanzanian doctors approached me to see if I would train them to work in pediatrics. This represents a substantial increase in our capacity to care for children at two hospitals, and helps me avoid inevitable burn-out. It is the beginning of Arusha’s only training program in pediatrics. However, given the lack of healthcare funding in Tanzania, funding for their modest salary requires outside support.

Malnutrition affects so many kids

By my estimates, 25% of the hospitalized children at Selian Hospital are moderately-to-severely malnourished and 60+% are growth stunted. They are among the most vulnerable, medically fragile children in the hospital, and typically the youngest patients. Pneumonia, diarrhea and sepsis are commonplace because of compromised immunity. Severe electrolyte and mineral deficiencies, hypoglycemia and improper feeding regimens place them at greater risk of hospital death.

Faraja (pictured L, R), age 3, had severe acute malnutrition with edema (kwashiorkor) and weighed <22 lbs (10 kg) on admission (pictured L).

Following careful refeeding, she was discharged home (pictured R) after surviving sepsis. Her food was provided through donated funds due to poverty. Her story is repeated every day at Selian Hospital.





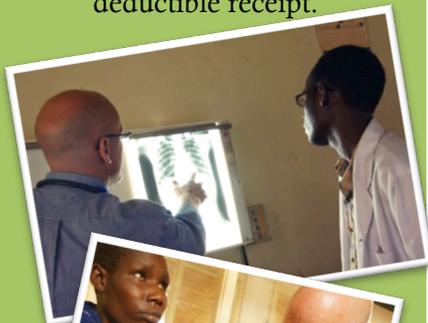
Tax deductible contributions for 2014/15 can be sent to:

Global Health Ministries
7831 Hickory Street NE
Minneapolis, MN 55432
Office: 763-586-9590

**Please designate on any contributions:
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Please indicate this account number/name on any contribution, so that it is directed into the Tanzania Pediatrics account.

GHM will send you a tax-deductible receipt.



Here are the ways you can help...

1. Support the salary of one of our new Tanzanian doctors who is training in pediatrics.

We now have 4 bright, motivated doctors who have recently completed medical school. They have requested to work in pediatrics and be formally trained by us. They are:

Drs. Christina Hongella, Nafisa Darod, Linda Simon (pictured L) and Joseph Sameji (pictured L).

Their help has lifted a great burden off of my shoulders, and enabled me to expand our clinical services whilst not having to directly respond to every pediatric emergency. To my knowledge, we are offering the only pediatric training in the Arusha Region, with a catchment area of several million persons.

The *annual* salary for a new Tanzanian doctor is USD\$14,000 (~\$1100/month).

I would like to raise the funds to support the salary of two of our Tanzanian doctors that are training/working in pediatrics for 2 years. (USD\$28,000/year x 2 years).

2. Refeeding foods and therapeutic minerals, vitamins, medications

We are developing training materials and protocols for nurses and doctors to treat hospitalized children with severe acute malnutrition and/or rickets (Vitamin D/calcium deficiency). Deleterious and outdated practices are being slowly replaced by newer protocols and the introduction of better formulas (F75/F100) for the feeding malnourished infants and small children. Jodi has simultaneously developed a model garden on the hospital grounds as a tool for teaching mothers and caregivers about high-impact, nutrient-rich foods that can be locally grown within their community to prevent malnutrition.

Total cost for food (F75/F100), minerals/vitamins and medications: \$8500 (year).
Estimated number of children treated annually: 400+

3. Neonatal Intensive Care Unit (NICU) Expansion and Funding

As NICU medical director at Arusha Lutheran Medical Centre, I have witnessed our census of hospitalized newborns skyrocket. We are the only facility that offers the ability to care for severely ill or premature neonates. Our cost estimates for the NICU is \$100,000 per year, which is on average, \$650 per baby admitted.

This includes all the baby's care plus room and board for their mothers in the hospital. Imagine that the average two-week stay in an NICU could cost so little. Currently half of our NICU babies are coming from the community and have no ability to pay. We desperately want to continue to serve these children.

Our request today is for you to join us in making it possible for these vulnerable newborns in need of the care that only we are providing, to have their expenses met through your generous gifts. Additional funds will be used for needed equipment, medications and antibiotics not available in Tanzania, etc.

The impact of your support cannot be overstated...

