

Buy a Shunt

Fundraising Proposal

An Initiative to help children with Hydrocephalus



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1.0 ORGANIZATION PROFILE

Founded in 2018, Child-Help Tanzania was appointed to represent Child-Help International activities in Tanzania, such as medical and surgical materials distribution to health care centers, training and coaching of service and health providers, awareness and advocacy, and provision of transit homes for parents and children with Spina Bifida and Hydrocephalus. Child-Help Tanzania was then registered in 2019 and became one of the five divisions of Child-Help International, other divisions being Child-Help Belgium, Child-Help Italy, Child-Help Germany and Child-Help Netherlands.

The organization was registered under the Non-Governmental Organization Act, No. 24 of 2002 by number 00NGO/R/0855 on December 2019.

1.1 Mission

To enable a generation where children with spina bifida and hydrocephalus become thriving adults in an inclusive society by working with parties worldwide.

1.2 Vision

By 2050 all children with spina bifida and hydrocephalus should have a fair start in the world.

1.3 Focus Areas

- Life-long care
- Medical and surgical materials supply and distribution
- Training and Coaching of Health providers

1.4 Child-Help Tanzania's Credibility

Child Help Tanzania has experienced, committed, dedicated and qualified staff in Health Issues, Disability, Human Rights, Gender and Equality, Good Governance and Social Accountability. It has also clear policies, systems and procedures to facilitate and support smooth implementation of the project.

The organization has worked, and still works with different partners to improve the lives of children with spina bifida and hydrocephalus. The partners are KCMC Hospital, MOI Hospital, Bugando Referral Hospital, Mbeya Referral Hospital, Haydom Lutheran Hospital, Zanzibar Parents Association, MWADETA, and ASBAHT.

Overall responsibility for this project will be vested on the Executive Director who will act as the Project Manager with the assistance of Program Officer who will act as the Project Coordinator in the implementation of this fundraiser.

2.0 PROJECT BACKGROUND

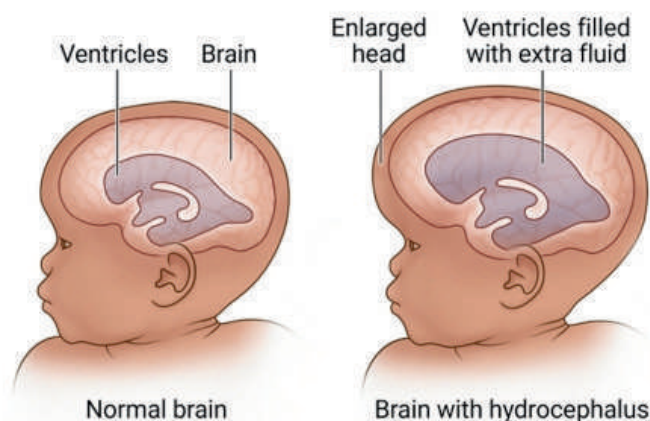
2.1 Hydrocephalus

Hydrocephalus is one of the most common disabling congenital defects, affecting around one in every 1,000 newborns in Tanzania. Regrettably, Infant Hydrocephalus is a significant contributor to mortality and disability in developing countries. However, owing to medical and technological progress in the last four decades, the projected life expectancy of children born with this condition has notably increased.

- **What is Hydrocephalus?**

All humans produce fluid in the head that helps protect the brain from damage when it collides with the skull. This fluid sits between the brain and the skull. Our

bodies produce the fluid every day, and some of it exits the brain through four fluid chambers called Ventricles. These chambers are connected by a narrow passage. This fluid is absorbed and enters the bloodstream through the narrow passage. But when it happens that one of these chambers experiences a problem such as scarring, swelling or infection, this causes blockage and ceases the fluid flow. This leads to fluid accumulation in the chambers (ventricles) and thus exerts pressure on the brain, a condition known as Hydrocephalus.



The key clinical sign of Hydrocephalus in infants is accelerated head growth. This is determined by serial measurements of the infant's head which are recorded on a growth curve. Accelerated head growth is demonstrated when the head circumference measurements are not following one of the normal growth curves. Imaging investigations like CT and MRI scans, although expensive, are ideal and essential to the diagnosis and management of Hydrocephalus in older children and adults, and infants in whom the clinical signs are not apparent.

2.0 PROJECT BACKGROUND

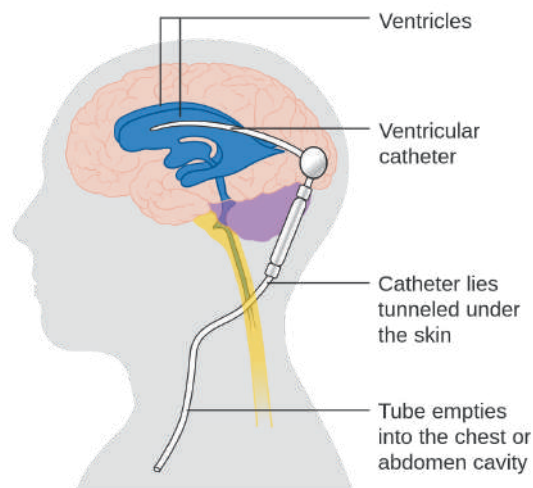


2.2 Treatment

The most commonly used method to control fluid accumulation is surgery where the doctor places a tube called **Shunt** inside the child's body. This tube directs fluid from the brain or spinal cord to the rest of the body where it is absorbed and transported in the blood vessels. This method reduces fluid pressure on the brain, which, if left untreated, can cause brain damage or death.

- **What role does a Shunt play?**

Shunts have played a major role in saving the lives of many children with Hydrocephalus. These days, the excellence in shunt technology combined with the efficiency of shunt placement surgery gives us great hope. More than half of all infants with shunt placement do not experience any complications and remain with the shunt for up to seven years or more, at which the shunt may need to be lengthened due to physical growth. About 40 percent of children will need shunt replacement, and some of them will need more than two.



A large percentage of children who have not received shunt placement pass away before they are one year old. Those who have received shunt placement have a better chance of leading normal lives with normal abilities.

2.0 PROJECT BACKGROUND

2.3 Shunt accessibility in Tanzania

In most developing countries, availability of shunts is the first problem to come across. Shunt placement remains the primary method of treatment in the majority of children for the foreseeable future. Typically, shunts manufactured by companies in the West are prohibitively expensive for use in emerging countries; the cost of a single shunt exceeds a year's income for many families. This poses an obstacle not only to families but also to non-profit organizations that might hope to underwrite the care of such children. Less expensive alternatives are commonly used in Africa. These range from the "home-made" shunts of simple plastic tubing as reported from Zimbabwe and Malawi, to the inexpensive Chhabra shunt manufactured in India,

- **Why choose Chhabra Shunts?**



The shunts used most commonly in North America and Europe are very expensive. A large experience suggests that less expensive shunt systems are adequate. Factors other than the type of shunt used are probably much more important to the treatment of Hydrocephalus. These factors include early diagnosis and treatment. IFSBH (International Federation for Spina Bifida and Hydrocephalus) has 10 years of experience in using

the Indian manufactured Chhabra shunts and promotes the use of this type of shunt. A recent scientific study by Dr. Benjamin C. Warf, a pediatric neurosurgeon and IFSBH medical advisor, proved that a Chhabra shunt has the same quality outcome as the more expensive American Codman shunt. The study showed formal comparison of clinical outcomes when using the Chhabra shunt system as opposed to the more expensive American Codman shunt system. This was regarded as an important undertaking to assure the use of "cheap" shunts with confidence throughout Healthcare centers in developing countries.

2.0 PROJECT BACKGROUND

2.4 A Story of Masalago Nyando

Masalago Nyando is five months old, born on February 11th, 2023. His parents, Limi Yuma (34 years old) and Nyanda Muhoja (38 years old), have a total of six children. The family resides in Sesele village in Magu District. Masalago was born on the way to the hospital.

In the middle of the night, Limi experienced labor pain, alerting Nyanda to rush her to the hospital, which is 25 km away. However, before reaching the hospital, Limi's water broke and she gave birth. The father said that Masalago hit his head on the ground during this incident.

A month after birth, Masalago's head began to swell. Seeking treatment, they visited Lugeye Health Center after two months. They were advised to go to Bugando Medical Center which was the nearest specialized neurological services center equipped to treat Hydrocephalus. The parents were also directed to House of Hope Kitongo for additional support. Despite Limi's unsuccessful search for the House of Hope, they returned to Lugeye Health Center on March 7th, 2023, as the baby was unwell.

Finally, the nurses contacted the House of Hope Kitongo, and our team visited their home with plans to assist the family in accessing treatment for their son. This includes receiving treatment at Bugando Hospital and post-operative care at the House of Hope, Kitongo.

Financial implications on the family due to poverty has significantly delayed Masalago's early diagnosis and treatment.



3.0 BUY A SHUNT FUNDRAISER PROPOSAL

Availability of shunts is often the primary challenge in many developing countries. The scarcity of readily equipped treatment centers for Hydrocephalus poses a significant barrier to caring for affected children in these regions whose cases emerge rapidly. Poverty and limited healthcare resources continue to hinder access to proper care and early treatment.

Moreover, the greatest possibility of shunt complications is in the first year of the child's life, although they can also happen at any time. Sometimes the shunt stops working efficiently, and sometimes causes an infection. Most people with a shunt need replacement at some point in their life. Some replace several times, and sometimes many times in a year.

To address these issues, Child- Help Tanzania proposes to implement a Shunt Fundraiser that aims to raise TZS 520,000,000 a year. With the price of a single shunt standing at TZS 130,000, Child-Help Tanzania aims to raise about 4,000 shunts a year.

3.1 Fundraiser Objectives

- To ensure easy accessibility and availability of adequate shunts for healthcare centers.
- To ensure early and safe treatment for children with Hydrocephalus in order to avoid secondary disabilities or death.

3.2 Expected Results

- A reduced morbidity and mortality rate for infant Hydrocephalus.
- To give a second chance to the disabled community for an opportunity to independent living, economic self-sufficiency, equality of rights or status, and full participation in social activities.



**#GIVE
LIFE**



Child Help Tanzania

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Donate:

Bank Name: KCB BANK TANZANIA LTD
Acc Name: CHILD HELP TANZANIA
Acc No.: TZS-3390599134/USD-3390605223/EUR: 3390605231
Swift Code: KCBLTZZ

TOTAL SHUNTS WHICH CHILD-HELP INTERNATIONAL HAVE DONATED TO TANZANIA GOVERNMENT & PRIVATE HOSPITALS FROM 2019 -2023

COUNTRY	HOSPITAL	YEAR	DOCTOR NAME	CONTACTS	Child Help	(VP LP) SH201	(VP MP) SH 202	(VP HP) SH 203	EVD	Ext. Res	METAL INTROD U	IO-DRAPE	TOTAL GOVERNMENT HOSP(SHUNTS)	TOTAL PRIVATE HOSP(SHUNTS)
TANZANIA	Haydom Lutheran Hospital	2019	Dr.Haitey	682222524	CHD	80	160	50	60	35	0	0		385
TANZANIA	Arusha Lutheran Medical Centre	2019	Dr.Catherine Ng'ong'o	754049242	CHD	0	40	0	17	8	0	0		65
Tanzania	Muhimbili Orthopadic Institute	2019	Dr.Hamisi Shabani	755979385	CHD	10	250	50	50	20	0	0	380	
TANZANIA	Mbeya Zonal Referral Hospital	2019	Dr.Boniface Kivevele	763153524	CHD	0	50	0	0		0	0	50	
TANZANIA	Bugando Medical Centre	2019	Dr.Gerald Mayaya	754011193	CHD	40	200	10	10	30	0	0		290
TANZANIA	Bugando Medical Centre	2019	Dr.Gerald Mayaya	754011193	CHD	40	100	30	20	50	0	0		240
Zanzibar	NED Institute,Mnazi Mmoja Zanzibar Hospital	2019	Dr.Said Idrissa Ahmad	777451655	CHB	0	100	20	50	20	0	0	190	
TANZANIA	Bugando Medical Centre	2019	Dr.Gerald Mayaya	754011193	CHD	0	0	0	0	0	10	250	260	
Tanzania	Mbeya Zonal Referral Hospital	2019	Dr.Boniface Kivevele	763153524	CHD	0	100	0	0	0	0	0	100	
COUNTRY	HOSPITAL	YEAR	DOCTOR NAME	CONTACTS	Child Help	(VP LP) SH201	(VP MP) SH202	(VP HP) SH203	EVD	Ext.Res	METAL INTROD U	IO-DRAPE	TOTAL GOVERNMENT HOSP(SHUNTS)	TOTAL PRIVATE HOSP (SHUNTS)
TANZANIA	CCBRT	2020	Dr.Happiness Rabel	787477096	CHD	20	140	20	5	0	0	0		185
TANZANIA	Ndanda Referral Hospital	2020	Dr.Norbart	678019903	CHD	0	30	0	0	0	0	0		30
TANZANIA	NED Institute,Mnazi Mmoja Zanzibar Hospital	2020	Dr.Said Idrissa Ahmad	777451655	CHD	50	100	20	50	30	0	0	250	
TANZANIA	Bugando Medical Centre	2020	Dr.Gerald Mayaya	754011193	CHB	40	400	10	0	40	0	0		490
TANZANIA	Muhimbili Orthopaedic Institute	2020	Dr.Hamisi Shabani	755979385	CHD	0	500	50	100	20	0	0	670	
COUNTRY	HOSPITAL	YEAR	DOCTOR NAME	CONTACTS	Child Help	(VP LP) SH201	(VP MP) SH202	(VP HP) SH203	EVD	Ext.Res	METAL INTROD U	IO-DRAPE	TOTAL GOVERNMENT HOSP(SHUNTS)	TOTAL PRIVATE HOSP (SHUNTS)
TANZANIA	Muhimbili Orthopaedic Institute	2021	Dr.Hamisi Shabani	755979385	CHD	0	500	50	100	0	0	0	650	
TANZANIA	Arusha Medical Center	2021	Dr.Catherine Ng'ong'o	754049242	CHD	0	60	22	26	0	0			108
TANZANIA	Mbeya Zonal Referral Hospital	2021	Dr.Boniface Kivevele	763153524	CHD	30	50	30	30	30	0	0	170	
COUNTRY	HOSPITAL	YEAR	DOCTOR NAME	CONTACTS	Child Help	(VP LP) SH201	(VP MP) SH202	(VP HP) SH203	EVD	Ext.Res	METAL INTROD U	IO-DRAPE	TOTAL GOVERNMENT HOSP(SHUNTS)	TOTAL PRIVATE HOSP (SHUNTS)
TANZANIA	NED Institute,Mnazi Mmoja Hospital	2022	Dr.Said Idrissa Ahmad	777451655	CHD	50	100	50	50	100	0	0	350	
TANZANIA	Muhimbili Orthopaedic Institute	2022	Dr.Hamisi Shabani	755979385	CHD	50	500	0	50	0	0	0	600	
TANZANIA	Mbeya Zonal Referral Hospital	2022	Dr.Boniface Kivevele	763153524	CHD	20	50	20	70	10	0	0	170	
TANZANIA	KCMC	2022	Dr.Happiness Rabel	787477096	CHD	30	30	30	30	30	0	0		150
TANZANIA	Bugando Medical Centre	2022	Dr.Gerald Mayaya	754011193	CHD	20	300	20	50	10	0	0		400
TANZANIA	Uhuru Hospital	2022	Dr.Kanumba Emmanuel Saguda	754565891	CHD	10	5	5	10	5	0	0		35
TANZANIA	ALMC	2022	Dr.Catherine Ng'ong'o	754049242	CHD	0	100	5	20	0	0			125
COUNTRY	HOSPITAL	YEAR	DOCTOR NAME	CONTACTS	Child Help	(VP LP) SH201	(VP MP) SH 202	(VP HP) SH 203	EVD	Ext. Res	METAL INTROD U	IO-DRAPE	TOTAL GOVERNMENT HOSP(SHUNTS)	TOTAL PRIVATE HOSP (SHUNTS)
TANZANIA	KCMC	2023	Dr.Happiness Rabel	787477096	CHD	50	150	10	30	0	0	0	0	240
TANZANIA	Bugando Medical Centre	2023	Dr.Gerald Mayaya	754011193	CHD	50	400	50	100	0	0	0		600
	TOTAL					590	4415	552	928	438	10	250	3840	3343