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DEATH IN BIRTH

## Fragile Tanzanian Orphans Get Help After Mothers Die

By [DENISE GRADY](#)

BEREGA, [Tanzania](#) — The Berega Orphanage, a cluster of neat stucco cottages in this village of red dirt roads and maize plots, is a far cry from what the name suggests. The 20 infants and toddlers here are not put up for adoption, nor kept on indefinitely without hope of ever living with a family.

Most of [their mothers died giving birth or soon after](#) — something that, in poor countries, leaves newborns at great risk of dying, too. The children are here just temporarily, to get a start in life so they can return to their villages and their extended families when they are 2 or 3 years old, well past the fragile days of infancy and big enough to digest cow's milk and eat regular food.

And, in an innovative program designed to meet the infants' emotional as well as physical needs, many have teenage girls from their extended families living with them at the orphanage.

[Africa is full of at least 50 million orphans, the legacy of AIDS](#) and other diseases, war and high rates of death in [pregnancy](#) and childbirth. With the numbers increasing every day, Africans are struggling to care for them, often in ways that differ strikingly from the traditional concept of an orphanage in the developed world.

Programs like the one in Berega are “the way to go” in Africa, said Dr. Peter Ngatia, the director of capacity building for Amref, the [African Medical and Research Foundation](#), a nonprofit group based in Nairobi, Kenya.

He said similar programs for AIDS orphans had worked well in Uganda, looking after the children until age 5 and then sending them back to their families or volunteers in their communities.

“In less wealthy nations, people are being very creative,” said [Kathryn Whetten](#), an expert on orphan care from [Duke University](#). She had not seen the orphanage in Berega or encountered others like it. But that did not surprise her. Little is known about orphan care in Africa, she said, because little research has been done. On a recent trip to Moshi, a Tanzanian city of about 150,000, she said, local officials knew of three orphanages. She and her colleagues found 25 there, most with 10 to 25 children each.

The Berega Orphanage is of that size, one small, apparently successful attempt to cope with the aftermath of more than a quarter-million deaths of women each year in pregnancy or childbirth in Africa.

They die from bleeding, infection, [high blood pressure](#), prolonged labor and botched abortions — problems that can be treated or prevented with basic obstetrical care. But in Tanzania, which has neither the worst nor best medical care in Africa, but is similar to many poor countries, everything is in short supply: doctors, nurses, drugs, equipment, ambulances and paved roads. By the time many women get to the 120-bed hospital here, it is too late to save them.

Their babies may be saved, but their survival hangs in the balance. Often, the father or other remaining relatives cannot take care of newborns. Without [breast milk](#), infants here are in real trouble. Formula and baby food are not widely available, and cow’s milk is a poor substitute. Malnutrition and infection are constant threats. An orphanage can provide basic needs, but to thrive, babies need dedicated caregivers, and their extended families may live in distant villages.

The orphanage here, started in 1965 by United German Mission Aid, an evangelical Christian mission, began recruiting relatives to move in about five years ago. Ute Klatt, a German missionary and nurse who has been director of the orphanage for 10 years, said she learned about the practice from another orphanage in Tanzania. Now many of the children at the orphanage are cared for by a teenage girl from the extended family — a binti, in Swahili — often a sister, cousin or aunt, who lives with them and learns how to take care of them.

The young women come to love the children, and will look after them when they leave the orphanage, Ms. Klatt said. In addition, the bintis, some of whom have never been to school, gain some education. Ms. Klatt provides schoolbooks, she said, and the young women study and teach one another in the evenings. Many arrive illiterate and leave knowing how to read. She also teaches them the basics about health, and they learn sewing and batik, and share the cooking in an outdoor kitchen.

“Before we had this system, the families weren’t visiting, and it was hard to reintegrate the children,” Ms. Klatt said. “There were attachment disorders.”

With the bintis, Ms. Klatt said, life becomes less institutional and the children grow up more normally, as they might at home.

On a recent visit to Berega, the children seemed to be thriving. Dressed in shorts, T-shirts and sandals, they looked well fed and were bursting with energy as they chased one another around the patio and competed for attention from Ms. Klatt, whom they called Mama Ute. Shy at first with visitors, they were soon competing for laps to sit in and hands to hold.

Ms. Klatt said the infants were fed formula, and the older children ate food grown or raised nearby: bananas, mangoes, cereal made from maize, chicken, goat, and tomatoes, greens and other vegetables. They attend nursery school at a nearby church.

Late one afternoon on the patio, 10 bintis gathered with the children, and shyly told what had happened to their families. They spoke in Swahili, and Ms. Klatt translated.

One young woman, Lea, looked after her 2-year-old cousin Simoni, whose mother gave birth to [twins](#) and died on a bus on the way to the hospital. She had been in labor for “only a few days,” Lea said, and did not know she was carrying twins. It was her first pregnancy. Simoni’s twin died a few days after birth.

Another binti, named Happy, took care of twin cousins, Jacobo and Johanna, whose mother, Paulina, died after giving birth at home. Before that, two of Paulina’s other children had died, one at 5 months, one at 9 months. Others told similar stories, of mothers dying at home or in cars on the way to the hospital.

Ms. Klatt said it had been her dream since childhood to work as a missionary in Africa, though she had never imagined running an orphanage. She said one of her greatest rewards was when older children who had been in her care came back to visit, and were obviously healthy and happy, living with their families back in their home villages.