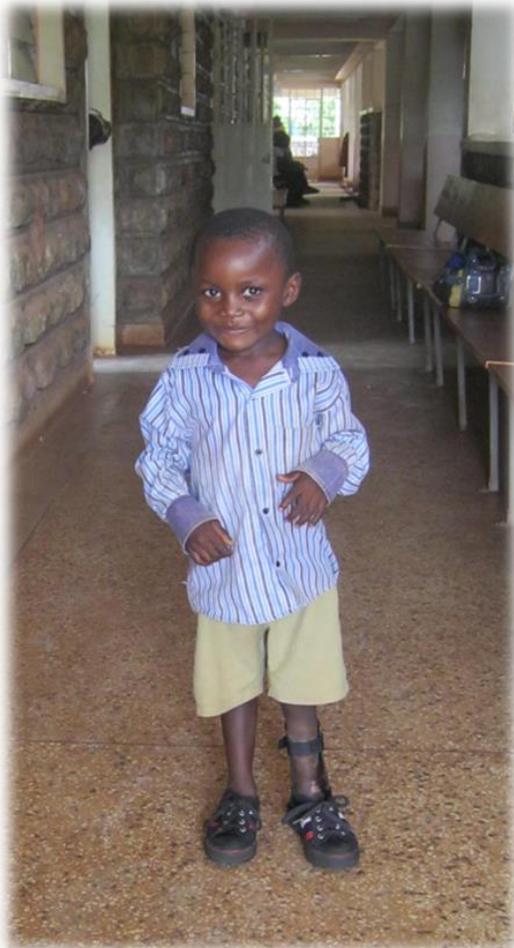


IcFEM Dreamland Mission Hospital (DMH) Newsletter April to June 2016

Welcome to the second newsletter of this year. We start this newsletter with some sad news. As a team we would like to pay tribute to Dr Mbute who was one of our visiting orthopaedic surgeons. Dr Mbute sadly died at the end of June in a road accident on his way to work. Over the last year in DMH alone he has given over 40 children back the ability to walk. On behalf of everyone who supports DMH, we have offered our prayers, support and condolences to his family and friends. He will be sadly missed.

Dr Mbute was trained by Dr Rotich, who is currently back at DMH covering his work. The orthopaedic programme makes a significant difference to the children in the community. One such child is Festus who was born with club foot. He had a complex start to his life – his mother ran away three months into his life so he was brought up by his Grandparents. Sadly, they both died when Festus was three years old. There was then much debate over who would next look after little Festus. Another relative came to the rescue. This type of story is not uncommon in the community and is why free and accessible surgery is so important.



Festus arrived at DMH with his guardian. She had heard about the service and was amazed that the little boy she cared for might be able to walk again. The staff immediately took to Festus. He had a lot of pain when trying to walk. Someone had to carry him to nursery, but as he got heavy they put him on the back of a bike. His family were very concerned how he would get to school as he got older. Festus said he'd always wanted to play football, so really wanted to have his foot fixed!

Festus had surgery this year and after 8 weeks in plaster, is now up and about with a straight foot. He is even starting to run and is excited at the prospect of playing football!! Festus and his relatives were both so thankful for the service, admitting that they were starting to lose hope given their humble background. Thank you to everyone who has made this possible.

Many others like Festus can't afford the cost of surgery. Disabled children are often hidden away and seen as a burden on their family. We like to try and make the children feel special while they are in hospital. The new children's ward seems to be doing this, with games, balloons and a bit of fun being part of the programme! It is fantastic having both floors open. Children now have the best wards, rather being relegated to the floor when we are short of beds. It has also allowed us to continue eye surgery at the same time as children's surgery, which would not previously have been possible because of a lack of space.



It is not just the special services that have continued to grow, the total number of general patients are showing a steady increase. Dr Hannington is providing a valuable service to DMH, allowing clinical officers to refer complex patients to him and also doing daily ward rounds. DMH has seen over 12,500 patients in the first 6 months of this year. The Hospital has also benefitted from an American Family Doctor, Dr Ray Downing. Dr Ray lives in Kenya and is visiting DMH 2-3 times a month, offering mentorship to our clinical team. We are looking for nurses, AHP's and Doctors who would like to work with and train our staff. If you or anyone else you know is interested please feel free to contact us.

Dr Hannington was delighted to move into his new house on the DMH site. It has made life much easier for the clinical team. He no longer has to travel up a mud road in the dark and is easily accessible in case of emergency. The hospital is now looking to employ another Doctor, meaning Dr Hannington can work on a rota rather than being on call 24/7.



The increased demand for care at DMH has also meant we have had to increase the capacity in the lab. We now have 3 full time staff and within the next 6 months aim to increase this further to provide a 24/7 service. The lab now has the ability to take cultures (blood, urine etc.) meaning patients can now avoid the hour-long trip (and extra cost) to Bungoma. The staff received extra training and have full government approval to provide this service. Over the next year we are aiming to increase the size of the lab department by moving orthopaedics to a new purpose built centre and expanding lab into the old orthopaedics rooms.

The number of maternity cases seen at DMH is also on the increase. The addition of a brand new ultrasound machine and baby resuscitator has helped with both antenatal care and the immediate care after birth. Recently it was thanks to our radiographer that a mother discovered (just in time) that she was having twins. Ultrasound are not part of routine care in Kenya, so it was only when she had complications was this discovered. She had an urgent C-section and two very healthy twins were safely brought into the world. Her family were delighted this was done at DMH. Friends could visit easily and because she was an NHIF member it did not cost them anything. If she had not been a member of NHIF it could have cost over a month of her husband's wages.



DMH is committed to providing accessible services to the community. Ben and the team are providing essential care in the community. The focus of the care in the community is on NCD's (such as diabetes and hypertension), HIV, jiggers (a flea that lives in the skin) and encouraging NHIF uptake (for just £5 a month a whole family can have free care at DMH). Outreaches are run with the help of Community health volunteers (CHV). A pilot table banking scheme enables CHV to be supported for the work and also allows the community health groups to loan and save money. These pilot schemes are working well, with many using the money from table banking to pay for their NHIF. If this continues it will have a significant impact on the community. Just one episode of bad malaria can have a catastrophic effect on a poor family, with all the money from a small harvest being spent on care. Educating the community to prevent this being the case is key and could have a great impact on their ability to be more financially stable. This is part of the long-term cultural transformation that we hope to see as a result of the community health work.



We are extremely grateful for all the support, prayers and encouragement we get. The hospital continues to have an impact on this community. If you would like to visit, help financially, pray for the hospital or would like more information please do not hesitate to contact us. The best way is via email: dreamlandhospital@icfem.org or by calling +44 (0) 161 408 0850 please leave a message and we will get back to you.

Thank you again for all your support,

God Bless,

Becky Nightingale and Ruth Nabie

On behalf of all the DMH management (Sister Margaret, RCO Kiprop, Sister Jael, Sister Agnes and Claire) and with thanks to all the patients who agreed to tell their stories.

If you wish to donate:

Visit www.justgiving.com/IcFEMDMH, or

Text IDMH99 followed by the amount (eg £10) to 70070.

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