



Dreamland Mission Hospital

**DMH Newsletter
July 2019**

Welcome to our latest newsletter! Please read on to hear the update of news from IcFEM Dreamland Mission Hospital (DMH).

The last quarter has been a busy period at DMH. We continue to develop our donor-funded special programmes which aim to provide particular gap-filling health care services. Conditions such as cleft lip, club foot, orthopaedic fractures, cataracts and obstetric fistula are all very curable, and yet can be prohibitively expensive for many Kenyans. It is not uncommon for a family to have to choose between paying for their child's surgery or buying food to eat. As a Christian mission hospital our goal is to show God's love through providing services that are affordable or free, removing the need to choose between food or surgery. The generous support of donors makes these gap-filling services possible. However, we also rely on the Kenya Health Insurance Fund, which has helped increase access for poor people to otherwise unaffordable treatment. This service is however not without its challenges, since the Fund is disorganised and pays very late.



Kiprop and Phanice picture above continue to run an excellent Eye service. They have seen over 3,400 patients this quarter in both the community and in clinics at DMH. They take their equipment to markets, village meetings and community health centres in order to

diagnosis eye conditions. Many patients just need glasses or drugs, which are funded via either the government insurance scheme or thanks to ROPE charity who enable us to provide a heavily subsidised eye service. Kiprop has also done 225 surgeries, the majority of which have been for cataracts. These patients literally come in blind and walk out seeing - a huge blessing to everyone. It is either free or costs them about £9, yet the true costs would be nearer £100 and is not affordable to many of our community. One such person who benefited from this surgery is Antonina.

One of Antonina's greatest joys in life was looking after her 4 grandchildren. Her daughter was struggling to bring up her children, and as is common in rural areas, the grandmother plays a vital role in bringing up the children. Therefore, when Antonina went blind, it had drastic affects on her happiness and the well-being of the family. When she was brought to DMH, Antonina was quite unwell and lifeless. She had to be guided everywhere by the hand. She told us how much she needed to see again, so she could look after the children and work on her 4-acre farm, where she plants maize and does some poultry farming. Though she was 64 years old, she lacked no zeal in her work and duties in the family. The thought of not seeing her grandchildren grow was unbearable.



Before surgery she could only perceive hand movement in front of her face. Now she can see well enough for her to do all she needs on the farm and with the children. When visiting Antonina at home, we could see how precious her grandchildren were to her. She had made some good progress with the farm, just in time for the planting season as the rain had just begun. Antonina told us with a big smile on her face, "I can't imagine what I could be without the hospital. God bless you!".





Florence gave birth to Viona at home, in a very rural area. The care she received was not adequate, and Florence almost lost the baby. Thankfully, Viona survived. Over time it became clear that her right foot was deformed. Florence took Viona to her local hospital, who referred her on to another orthopaedic centre, where she was asked to raise about £650. There was no way Florence could raise this, having come from a rural area where she makes very little and hasn't received any support from the husband, who left when he saw Viona's disability. In fact, Viona had never been sent to school because they didn't think it was worth paying school fees if she couldn't walk. Left at home constantly, Viona's future looked very bleak. As Florence told us the story, she was clearly upset, having felt helpless and alone.



One day, a neighbour told them that they had seen someone have their feet repaired at Dreamland free of charge. Florence's experience of repeated rejection and high medical bills left her in doubt. But then another neighbour said they saw the same thing. She decided to come and see for herself. She was shocked to arrive during a busy clinic, where over 15 mothers were in the ward with their children going through surgery, and she realised she wasn't alone in her situation. We managed to help Florence arrange her documents (including ID and Birth Certificate), so that we could register her for NHIF. Three months later and Viona went through a successful surgery. Another two months on, Pauline and the DMH Chaplain visited them at their home.

What a difference surgery has made! Viona is walking and able to take care of herself, allowing Florence to pay more attention to her farming and firewood business. Pauline (our social worker) had been urging the family to put Viona through school, and indeed in June she has begun her first term. Life is difficult and Florence is lonely, but she feels positive about her daughter's future. NHIF has also been helpful to her, as now she has no need to worry about medical bills.

We have also continued to provide services in the community. DMH has run 18 outreaches in the past 6 months, which include mobilisation for the Rope project, NHIF registration, and a basic clinic targeting high blood pressure and diabetes. Over 600 people have been seen in these clinics, and the messages about our services have reached countless more. There is no GP service in rural Kimilili, so providing community-based care is vitally important. If we can go to the community it reduces the cost of the individual coming the hospital.

Below is a picture of an outreach clinic in a primary school, where we raised awareness about our services and also treated the community for jigger infection. Jiggers is a small sand flea that burrows into the skin, often affecting poorer populations who live in mud huts and whose feet are exposed. Jiggers are quite painful, and if left untreated can render people immobile and vulnerable to severe secondary conditions.



In other hospital news we are delighted that we have appointed two new Doctors (Medical Officers). Dr Henry (left) and Dr Mpanga (right), have settled in well to the Hospital, and have proved to be a great addition to the team. The MOs see all the patient on the wards and work alongside the nurses and clinical officers in outpatients. They can also do some

surgeries such as C-sections and hernia repairs. They are both based full time at the hospital and will help to provide 24/7 care across the DMH site.



We are so grateful that we have had enough donations to start our solar project - thank you so much. The Solar panels are currently on a lorry on their way to DMH and we hope they will be fitted before the end of August. Watch this space! There will be updates on Facebook as soon as it is up and running!

www.facebook.com/icfemdreamlandhospital

To offer financial assistance towards other needy patients at DMH or to donate to general funds to help us provide this service, please donate via

<http://www.icfem-mission.org/donate/>

(make sure that you select Dreamland Mission Hospital on the dropdown menu).

Have your friends or family lost touch with us?

If your friends or family say they are no longer getting updates from DMH it is because we did not get a reply to our previous newsletter asking to be kept on the mailing list.

If they wish to re-added please ask them to email dreamlandhospital@icfem.org

or fill in the form at the link <http://eepurl.com/dtVLrj>



We also would love you to like our Facebook page:

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IcFEM Mission is a UK Registered charity (#1107038) and a Registered Society in Kenya.

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If you would like to support us please visit <http://www.justgiving.com/IcFEMDMH>

If you would like more information about the hospital please contact the team at

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