

IcFEM Dreamland Mission Hospital Newsletter January-April 2017

The last 3 months have been the busiest 3 months that DMH has ever experienced. The Kenyan Government Doctor's strike lasted 100 days, meaning very little was available at any government facility. The DMH staff spent 3 months going above and beyond the line of duty to try and save lives. They delivered over 350 babies, admitted 100's of inpatients and gave pints of their own blood to save lives. We thank God for the dedicated staff who agreed to continue to work in very difficult conditions. The hospital has been a lifeline for many in the community. Thanks to your support and donations, we have managed to pay the bills of many of inpatients and provide them with insurance care. We have spent over £10,000 ensuring the poorest people do not experience out of pocket payments to access the health care they require.

Everline is 18 years old from a rural poor area not far from the Hospital. Her family background is complicated. The only one who looks out for her is her mother in law. When she got pregnant, the father of the baby wanted them to marry and she agreed. He comes from Uganda and it appears that as she went into labour he disappeared. Everline was admitted in early January for a C-Section. She was very scared and had to face it alone. It was traumatic for her, especially it being her first child. Only once did her mother in law come to visit her. It became clear very soon that they would not be able to afford the bill. They tried and managed to raise a small amount whilst Everline remained in the Hospital (normal practice in Kenya-stay until you pay!). With your help we cleared Everline's bills which was about £200. We have paid for 1- years insurance to cover her baby - if she gets sick-no more bills! We will aim to continue to support Everline and family to ensure they have access to free, quality health care whenever they need it. She was overwhelmed that people cared enough and is very grateful she does not need to worry about her child's health.



The National Hospital Insurance Fund costs a family £50 a year, and will ensure they get free outpatient care at DMH, as well as free or reduced cost inpatient care at DMH or any participating hospital in Kenya. Overtime universal free maternity care is likely to be bought in, but patients requiring other health care needs still need help. If you or your church/work would like to sponsor a family to have NHIF cover, please get in touch or fill out the form attached to this email. Not all families

are happy for their story to be told, so we can't provide you with specific families. However, we will keep you updated with newsletters and stories on our Facebook page.



The other programs at DMH continue on. The orthopaedic surgery programme run by Mellan, our orthopaedic tech, is going from strength to strength. Mellan, Justus and Henry work together to ensure that disabled children get the best care. The children are assessed by the team and then booked for surgery. All care including the surgery is free. This is a huge relief for the families who have often been asked to pay over £1000 for surgery in facilities.

One such child is Nancy. *She was born at a District Hospital in Western Kenya, but at birth they missed her clubfoot deformity in her right foot. By the time she was one her parents were concerned about her. They took her back to the Hospital who attempted plaster splints.*

Unfortunately, it was too late for this to have any positive impact and as time progressed they eventually gave up because of the financial burdens. As Nancy grew older and attended primary school she realized she was not like other kids. She would often be excluded and mocked by her peers. They would call her "the disabled one". This damaged her confidence. She started skipping school until her parents eventually found out. Nancy is now 13 years old and this has always been difficult for her, especially as she enters secondary school. She dreamed of being able to run and walk like other people. This dream never looked likely because of the financial situation of her parents. Yet by God's grace they found an answer when they were visited by a DMH outreach team in their local village. They took some time to be convinced that this surgery could be free. Nancy had serious wounds on her feet, meaning surgery was postponed until they were clear and risk of infection was low. After surgery Nancy spent weeks in plaster and now wears splints in her shoes. For her, what has been most exciting is going into her new secondary school and not being known as the "disabled one". She looks forward to a complete recovery and is now concentrating better at school. Her family are so grateful for this service that has changed Nancy's life.



The orthopaedic service has grown so much that it needs a new building. The building is well underway, it will provide a new gym to allow child to have rehab at DMH, an orthopaedic workshop and clinic rooms including one just for children. The aim is to have the building completed by September. We will gradually equip the rooms machines that will allow staff to make prosthetic limbs and splints. We will also aim to provide the physio department with equipment to enhance the rehab of patients. Alongside this the private and isolation is nearly finished. The building will allow patient with infectious diseases to be isolated and also accommodate those who wish to pay for a private room. The money made from the private ward will be used to help run DMH.



The community presence of DMH continues to increase in breadth and impact. Currently we have 4 locations in rural poor areas where we have started a new scheme called “DMH Health Clubs”. These are run by community members linked to IcFEM, where monthly activities take place. One example is Chebukwabi, where we have a Health Club run by Aggrey (a local chaplain) and his team. As part of the Health Club, they mobilise their community to attend a monthly clinic run by the Hospital. The clinic focuses mainly on blood pressure and diabetes, but also many other special needs in their community.



Figure 2 The Community Project provides part-time casual labour for volunteers, as well as some perks like these DMH umbrellas

through the Health Club, he has been treated and recognised by the community. Whilst mentally he has been scarred by infection, he's slowly growing in confidence and is now finally being looked after by neighbours.



Figure 4 David before treatment with severe infection



Figure 1 Aggrey at Chebukwabi Health Club Clinic

One such special need is jigger infection – sand fleas that burrow into the skin and cause a host of physical, social and economic problems. In Chebukwabi, this is a severe problem, affecting at least 5% of people (500+ ppl). Through the Health Club, we have empowered Aggrey and his team to combat jigger infection. One person they've reached was David. Once, David could not walk and was despised by his neighbours. Now, he's independent. His whole life he has had jiggers, and they thought it was an incurable curse. But

through the Health Club, he has been treated and recognised by the community. Whilst mentally he

has been scarred by infection, he's slowly growing in confidence and is now finally being looked after

by neighbours.



Figure 3 David after treatment, given a jigger prevention kit including shoes!

This year the Health Clubs has reached over 500 people in rural communities with some form of care, and registering up to 150 families for health insurance at Dreamland. We hope it will help us all the more to reach the poor and marginalised, and link them to essential health care at Dreamland.

If you know anyone who would like to come and work with our staff we always welcome volunteers, good accommodation is available!

We would also be grateful if you could share this need within churches, hospitals and communities that you are part of or connected with.

We are extremely grateful for all the support, prayers and encouragement we get. The hospital continues to have a significant impact on this community. If you would like to visit, to help financially, to 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, Claire and Ben) 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.

Follow us at www.facebook.com/icfemdreamlandhospital