



MAF flies orthopaedic doctors to treat deformities in remotest Kenya

March 2021

MAF has joined forces with charity, CURE International to facilitate mobile medical clinics on Lamu Island and in Bura Town – two isolated communities in southern Kenya. Over 80 patients were treated for numerous conditions including cerebral palsy, club foot and cleft palate. MAF's Jenny Davies reports...

The people of Lamu and Bura do not have fast and affordable access to adequate healthcare, which is easier to access within Kenya's larger cities. MAF's partnership with CURE International however, enables mobile medical professionals to provide 'on-the-spot' care for Kenya's most marginalised communities.



It takes MAF just two hours to fly doctors from the capital, Nairobi, to reach Manda

Airport on Lamu Island, instead of eight hours by road. The following day they continue their clinic in Bura – another remote area but accessible by air in just 45 minutes.

For vulnerable Kenyans who have lived with a range of undiagnosed musculoskeletal disorders for many years, it takes the CURE International medical team just 48 hours to assess over 80 patients.

Cerebral palsy is common

Patients – mostly children – are triaged and treated or referred for life-changing surgery. For some parents, this is the first time their child's medical condition has been given a name. MAF passenger, Dr Adhan, explains what he is dealing with:



'The main condition I see here is cerebral palsy. In most cases, they're born with it. Cerebral palsy is often the result of prolonged labour. Women in these areas can't reach a doctor when there's a problem so anoxic injury happens - a lack of oxygen, which injures the baby's brain. That's what's causing cerebral palsy.'

'There are different categories - some will never walk. For them, if they are vertical, you can operate to fuse the vertebrae so they can sit

upright in a wheelchair. Others are walking, but with difficulty, so we release the contractures (hard tissue around the joints) so they can walk straight.'

'We assist each one according to their level of the condition. We are trying to improve quality of life and mobility. Most of the time cerebral palsy is 100% about care. We tell them to do a lot of exercise and physiotherapy so they can strengthen their muscle tone. With muscle, if you don't use it, you will lose the function completely.'

Communities in Bura face many challenges when accessing affordable emergency care. The nearest health service may only be five miles away, but people – who can afford them - rely on motorbike taxis to get there and there are simply not enough of them.

The stigma of deformity

Learning difficulties, delayed development and deformity are perceived with an element of shame. Patients presenting with these conditions are often ostracised by their own family and community, as Special Needs Case Officer – and fellow MAF passenger – Victor, explains:



'I come here to do advocacy and empowerment activities because even now, people are fearful of bringing their children to access the services. They think their children will be exposed and laughed at. There is a stigma. There needs to be more education in the community so that they learn it's not all about shame or witchcraft. They need to be enlightened about disability and that a child who has a disability also has a future.'

Fellow MAF passenger, Dr Fasto, agrees:

'The community sometimes has the mentality that such children and adults are cursed. They have these conditions, but they won't let them go outside or take them to hospital. If we do help someone and they respond to treatment, people say: "Ah, this one is actually treatable!" We kill the stigma every time we do a surgery. It's really nice!'

'We distribute posters showing pictures of the conditions that we are targeting - club foot, spinal scoliosis, deformed limbs, hands, extra digits etc. The community realises that this kid is supposed to go!'

Bravin and Metrin's story

Metrin, mother of 13-year-old Bravin, knows only too well what it feels like to be ostracised by your own family because of a disability.

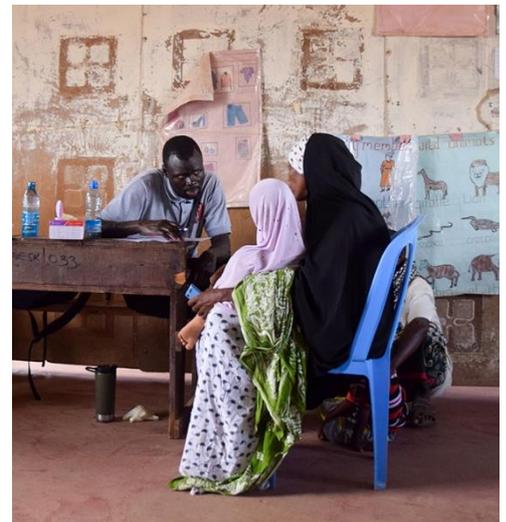
Bravin was born with cerebral palsy. When he was four months old, Metrin noticed that his left foot was curved when he was trying to stand.

She took her son to a basic dispensary where she was told to wait for him to get older before they would administer any treatment.

Metrin's husband left her and Bravin because of his disability, so as a single parent, Metrin was forced to bring her son up on her own on a limited income from her flower farm work. Metrin wanted to care for Bravin at home, but had to pay the rent and put food on the table:

'If I had it any other way, I would quit my job and stay home to take care of my son.'

Metrin heard about CURE International – supported by MAF - from a friend. The doctor told her that Bravin needed surgery.



Metrin knew there was a chance that her son could walk normally following corrective surgery. She was very grateful for his treatment, after care and pastoral counselling that they received.

Metrin is hopeful that Bravin will recover well and be able to go to school in future. She recognises that this surgery would not have been possible without CURE International and MAF.

'If you catch them early it's better, but because the community is isolated and not in a position to seek medical care, we don't often see them until they are quite serious.'

Dr Fasto, one of CURE International's orthopaedic surgeons and MAF passenger



Early treatment is key

Due to the stigma of being seen, delayed treatment can seriously affect quality of life. Treating children in the early stages of their condition is more effective than treating them as an adult. Dr Fasto continues:

'When children are born with deformities like clubfoot or bow knees, often their legs rub together and they fall down or they have a waddling gait, which restricts their normal activities. Clubfoot can be treated non-surgically with castings every week, which gradually straightens the foot. If they live further away, this can be extended to every two weeks.'



'If you catch them early it's better, but because the community is isolated and not in a position to seek medical care, we don't often see them until they are quite serious. When the child reaches five or six year, the bone has already grown and become deformed, and the tendons have become tight. If it gets to that stage, we have to do surgery to release the tendons.'

Early treatment for children who accidentally break their limbs is also crucial:

'I see children who have fallen and broken an arm or leg. Often, it's healed in a bad position because no one treated it or took care of them.'

You can see this in one of the kids here - normally, it requires a small surgery to pin the arm, a splint is fitted, three weeks later the wound has healed, there is physio at six weeks then by three months, it's as if nothing has happened. But they don't have the capacity to do such surgeries here. We can do corrective surgery, but it makes a big difference if we can correct it when they are children.'

More people are treated thanks to MAF

CURE International's partnership with MAF has enabled more people in remote communities to be reached across vast distances.

18 of the 83 people seen by CURE staff who were transported by MAF, went on to have life-transforming surgery. All patients have been properly diagnosed and treated – more mobility by non-surgical or surgical means, ultimately leads to a better quality of life.

