

21 Feb 09

Dear Friends and Family,

“Water is essential for all dimensions of life. Over the past few decades, use of water has increased, and in many places water availability is falling to crisis levels. More than eighty countries, with forty percent of the world’s population, are already facing water shortages, while by year 2020 the world’s population will double. The costs of water infrastructure have risen dramatically. The quality of water in rivers and underground has deteriorated, due to pollution by waste and contaminants from cities, industry and agriculture. Ecosystems are being destroyed, sometimes permanently. Over one billion people lack safe water, and three billion lack sanitation; eighty per cent of infectious diseases are waterborne, killing millions of children each year.”  
World Bank Institute

On Thursday 12 Feb as I left an all day Staff Training and Education Meeting, I was called to the phone. It was the Quality Assessor from the National Hospital Insurance Fund (NHIF) office in Meru. He was calling to tell me that the next morning at 9am two assessors from Nairobi were coming to assess Maua Methodist Hospital. Our CEO and Nursing Officer In-charge (NOIC) were away at an educational event in Nairobi and our Administrator takes classes in Meru on Fridays. I explained that those three top people would be gone thinking the assessment might be cancelled or at least postponed. However, he stated that the assessors wanted to be with the Hospital Quality Improvement Team and so that wasn’t a problem. He also stated that the Quality Assessors from Nairobi were impressed with my documentation but wanted to see how it translated to the wards and units of the hospital. Normally, we would have several days to prepare for a major hospital assessment.

I quickly talked to Sr. Rose Mutwiri, the acting NOIC, and to Dr. Inoti, the Medical Officer In-charge (MOIC) and spoke briefly with Mr. Munga’thia, our Administrator. It was 4:15pm. I then made a quick round of the hospital and informed all the unit in-charges that I met about the assessment. As I walked home that evening, I decided to give the assessment to God. Thursday evening we host a Bible study in our home and I was thankful for the additional prayers and support.

The next morning I was in my office before 5am and made a round of the hospital at 5:30am. One of the most important things to do is have all the documentation available to the assessors. Thus I arranged my notebooks, printed some items I could not find, cleared my desk and prayed. At 9:20am I called the Meru Office to see when the assessors would be coming. In the past the assessors have arrived quite late in the day. I had asked all the unit in-charges to stay at work until I released them to make certain the assessors could visit their unit if the assessment lasted until past working hours. I was told they would arrive between 11 – 11:30am. They arrived at 12:10am. I had met both the assessors before as in 2008 they had visited the hospital and gone on a tour. It was strictly a visit with no assessment.

We started the assessment in the OPD Board Room with members of the Hospital Quality Improvement Team, Dr. Inoti, Sr. Mutwiri and our accountant, Mr. Mauta. After tea, they asked for all our documentation and fortunately I had it to share. At 2:30pm we ate lunch and then they requested we visit 6 units; laboratory, pharmacy, labor ward, kitchen, community outreach department and the physio-therapy unit. As we walked around the hospital I was so proud of the staff. Everything was so clean and everyone so welcoming and prepared, my heart soared like an eagle. At around 5pm we returned to the Board Room for the marking of the Master Checklist they use to score the hospital. They explained that they were looking at the best hospitals in the area, as far as quality was concerned, to choose one to be the Center of Excellence for that region. Needless to say, we are prayerful we will be that hospital but whether we are or not, we all felt good about the assessment and what the assessors said. As the assessors left the compound at 6pm, I was so grateful to God and all the people who had made the assessment such a positive experience. I also felt so much thanksgiving for all our supporting churches in the

USA, who allow us to be here at this time, in this place, doing just what we are doing. Asante sana!

On Tuesday of this week, 17 Feb, the water pump for our large well stopped working. We receive some water from the river but from the compound we can see the waterfall that is located in the hills above the hospital and it appears to be a trickle of water now so we knew that would not begin to provide the water that is needed. The hospital wards and houses have had no water on and off since Tuesday. What is saving us from closing the hospital is a smaller well that was rehabilitated in 2000. We can run the pump on that well for 12 hours and then have it off for three hours and then back on for 12 hours. The in-charge of maintenance has been gone this week so Bill has been working hard with the other workers to make certain there is some water for the nursing wards, laundry, kitchen and a few other areas as possible. Yesterday our CEO ordered a new pump but this is Kenya and it always takes longer than we think. Yesterday Bill created a schedule for two of the workers plus himself to monitor the pump and the water supply. I even had a very quick, mostly cold shower today!

This reminds both Bill and me of the year 2000. That year we had the most severe drought Kenya had experienced in 40 years (and in those years the population had doubled). All the hospital staff were very worried. About two months before the river went completely dry a tree fell on our river water intake tank and crushed it. For the next week we had no water (well, the hospital bought water and each nursing unit had one container a day.) At the time I was working in the Pediatric Ward and finding that taking care of babies and children with almost no water was near to impossible. I wrote an email about our situation, describing my week on the Pediatric Ward. I did not ask for money. In my email I had mentioned that there was a well that had been dug for the hospital but when the pump had broken, the hospital had not had funds to buy a new one and so that well had not been used for many years. Plymouth Park UMC in Irving, TX, our home church and First UMC in Dumas, TX, a supporting church immediately responded to that email. Those two churches raised and sent us \$30,000 in just a few weeks. Our well was rehabilitated, a pump purchased and installed, a new large water tank was built and water available in the hospital two days before the river in Maua was completely dry. We had the only water for the town and shared as much as we could. I will never forget how thankful we were for the generosity of those two churches and the celebration we had the day the river went dry. Today, again, I am so grateful for that well and those churches that again are providing us with the water to keep going. God's goodness and faithfulness never fail!

The summer of 2000 a mission work team from Chapelwood UMC in Houston, TX came and laid pipe to connect the rehabilitated well to our water tank and then we had another, deeper well dug that was paid for by Chapelwood UMC. Normally, that well and tank are our major source of water. We are so grateful for the work and funds from those churches that keep us going.

As Benjamin Franklin said, "When the well is dry, we know the worth of water." In our area of Kenya we do not pay for water and certain businesses have bought land where there are springs or fresh water sources. Over half of our population receives their water from the river by sending their daughters with 2 - 5 gallon jugs to collect it daily. Another 20 - 30% of our population has severe water problems every year during the dry seasons and has to buy the little water they use.

When we served in Jos, Nigeria, the women there during the dry season would walk many miles to a dry river bed and then dig down and allow water to fill a small hole. One of the major projects in Nigeria was digging wells. This ministry made huge difference in the lives of the women and children. Trachoma, an eye disease which causes blindness and is caused primarily from not having water to wash the eyes especially in children, decreased significantly when the wells were dug in the villages. Before the wells were dug in Nigeria, the rural health program used to teach mothers how to bathe with 6 ounces of water (a tomato paste can).

I recently read the following statement; "Water has become a highly precious resource. There are some places where a barrel of water costs more than a barrel of oil." Lloyd Axworthy, Foreign Minister of Canada. Today, as you drink that bottle or glass of clean, safe, cool water, and flush your toilet say a prayer of thanksgiving that you have the water to drink and use. Then consider spending some time in prayer about all the people in the world who do not have any clean, safe water to drink and would never imagine flushing waste with 5 gallons of water.

"I was thirsty and you gave me a drink.....I'm telling the solemn truth: Whenever you did one of these things to the least of these, that was me—you did it to me." Math: 25: 42 - 45

This Lenten season please remember those who are hungry and thirsty and in some way help them. I once heard a pastor say, "Don't give up anything for Lent but add something." How about adding prayer that translates into action for the hungry and thirsty, for the least of these around the corner, around the country and around the world?

Our cup overflows,

Jerri & Bill Savuto

[savuto@maf.or.ke](mailto:savuto@maf.or.ke)

Maua Methodist Hospital

Box 63, Maua 60600

Igembe, Kenya

"The crisis of our diminishing water resources is just as severe (if less obviously immediate) as any wartime crisis we have ever faced. Our survival is just as much at stake as it was at the time of Pearl Harbor, or the Argonne, or Gettysburg, or Saratoga". Jim Wright, U.S. Representative