

## **Maiani Salvation Army Dispensary (Health Clinic)**

Maiani is a small town situated in Mukaa Location, Kilome District. It falls with Sulutani Division of the Kenya East Territory. Within the compound at Maiani, The Salvation Army has a primary school, secondary school and a church. During a visit to Maiani in June 2012, the Project Officer discovered that community members had commenced building a health clinic using their own resources to start the process of addressing the ongoing needs and concerns surrounding health issues in the area. Although the project was perhaps started rather naively in terms of the costs, it did nonetheless highlight the community's commitment to solving their own issues. This is therefore a community initiated project. This was highlighted during one meeting when the Projects Team sat with the 12 members of the Community Health Management Team. When word got round that the TSA KE Projects Team were in the area to discuss the need for the clinic, the community members started to come to the SA Hall to offer their support. By the end of the meeting, almost 350 community members were in attendance, all with their own story of the problems of poor access to health care and supporting the completion of the proposed clinic.





During this meeting, community members outlined many of their issues. Through drama and singing they told the story of the difficulties they encounter in this rural community without any health care:

- The fear of the pregnant mothers delivering without proper medical supervision during their pregnancy
- Young children dying from treatable illnesses
- Girls getting pregnant too early
- The lack of access to drugs including Anti-Retroviral Therapy
- Not being able to be tested easily for Malaria
- Time wasted travelling to nearest clinic
- Lack of medicine in other clinics
- Only a few people in the community trained in health issues and they were overstretched
- Travel to clinics too expensive – too ill to walk
- People were consulting local witch doctors as they could not afford the travel costs to the nearest clinic

It was clear from the sketches and the conversations that some of the main health problems are malaria, HIV/AIDS, problems with pregnancies, pneumonia and high infant mortality. These are basic primary health care issues and can be addressed within day clinic setting. This is a primary health care approach, which integrates community health responses at the community level and can only improve health and save lives within the catchment area. There is also a fissional response as the

clinic falls within the SA compound, leaving the clinic and church well placed to provide a holistic approach to care.



Further investigations and discussions with the District Health Team from the Ministry of Health revealed the nearest clinic from Maiani Salvation Army Corps is 21km away (16km for the market place). For some this means a walk or motor-bike taxi ride (locally known as boda boda) of over 30km, which can prove problematic and sometimes fatal when it comes to addressing serious health concerns. It is also very expensive and many people only go to the clinic in the most serious of cases. This had led to an above average mortality rate within the area and a below average coverage of immunisations for children. The Ministry of Health recommendation is that no one should have to travel more than 7km to access their local health centre.

### **The International Vision Statement for Health Ministry**

‘The Salvation Army seeks to be a significant participant in the delivery of faith-based, integrated, quality primary health care as close to the family as possible giving priority to poor and marginalised members of society. The Salvation Army offers education programmes that equip health workers with appropriate skills and experience as well as developing commitment to holistic Christian health ministry.’

## **The Local Vision**

A cornerstone of this clinic will be to engage with the local community, to train community health workers / community members and provide a basic health service as close to the family as possible,

It is hoped this project will become a visible demonstration of integrated community focussed health care, which is very much part of The Salvation Army's mission. We believe that by placing the clinic within the Salvation Army compound and within a faith-based context, other healing resources are made available by God and these brought together within the medical profession's resources. This gives The Salvation Army a unique ministry of healing and advances its mission to be agents of change in people's lives and within the community.

The clinic will provide a much needed service in a poverty-stricken rural area, thus fulfilling the mission of The Salvation Army to work with the poor and the marginalised. The clinic will be committed to journeying together with community members as they develop a local response within the community, jointly responding to the concerns and critical issues that affect the people. (This is essentially how this clinic came about). It is hoped that a much wider community health programme will be developed around the clinic and this will give the local Salvation Army a chance to develop deeper relationships with the community members they serve with. The Corps Officer will also lead the Management Team and be the chaplain to the clinic, thus giving further opportunities to advance the mission of The Salvation Army in this area.

The clinic will also raise the profile of The Salvation Army in the local area and indeed the region. This will be the first formal clinic for Kenya East and will allow the territory to have a more credible voice when it comes to speaking up on social justice issues around health and wholeness.

## **Aim**

To promote health and well-being within the catchment area by providing accessible, basic healthcare and developing community health programmes.

## **Catchment Area**

The proposed catchment population is 12,930, covering an area of about 30 square kilometres. The figure is based on 2586 families, each with an average number of five people per house. In the same area, the local Health Office figures provided to TSAKE indicate that of this population there are 4,500 children under the age of 15 and 2,400 women of reproductive age. At present there are just over 500 pregnant mothers in this community. There are also 3 secondary schools and 5 primary schools in the area.

## **The Dispensary**

The main role of the clinic (known in Kenya as a dispensary) would be to provide primary health care, including addressing the maternal and child health issues in the area. It is also proposed to undertake series of community training in order that local volunteers can be able to undertake preventative health care training in the catchment area. Some informal training events have already taken place and the IHQ Flipchart health programme is being implemented in the area.

The Salvation Army has developed a proposed partnership arrangement with the local Ministry of Health District Office. It has been agreed that Maiani Clinic should be opened as an out-patients clinic in the first instance. The Salvation Army will be responsible for providing one nurse and one lab technologist, the District Health Office will provide one nurse also. The community will be responsible for providing the staff costs for supporting staff such as Revenue Collector, Security Guards and Cleaners through the patient fees. This form of cost-sharing is standard across Kenya.

## **The Building**

This is situated within Maiani Salvation Army compound, immediately adjacent to The Salvation Army hall and officers quarters. There is also a primary and secondary school within the same SA compound. An architectural plan has already been drawn up by the community and this has recently been signed off by the District Public Health Office. The building includes a waiting / revenue room, 2 consultation rooms, a small pharmacy room, a small laboratory and maternal & child health room.

The building has been started by the community but requires significant funding to complete. Work that needs to be undertaken includes:

- Floor Finish
- Ceiling installation
- Windows & Glazing
- Doors
- Plastering
- Toilets
- Incinerator
- Rain water harvesting
- Painting
- Ventilation
- Roof covering

The Projects Office have raised funds for complete the building through donations and grants. It is anticipated the funding will be in place by December 2013.



## **Equipment**

TSA KE Projects Office has liaised the local Ministry and Health and visited other clinics in the same district. A detailed list of essential equipment and drugs has been devised for start-up. The Ministry of Health has advised that following the registration of the clinic, drugs will be supplied through the government's central supplier KEMSA. We have included an initial supply of drugs for start up to see us through the initial stages.

The USA Central Territory has tentatively agreed to provide the initial start-up costs for equipment for the Clinic through a Mission Support Over and Above Project.

## **Staffing costs**

At present TSA KE are looking to fund 2 nurses and one lab technician for 18 months. This will allow the clinic to start and give some space to negotiate registration and integration into the government staffing structures. We are hoping the government will cover the costs of the one of these nurses but we expect this to take some time and so are planning to cover all the nursing staff costs for the first 2 years, just to be on the safe side. We also have a number of US/UK agencies and individuals willing to volunteer and work in the clinic on a regular basis (e.g. one nurse, one dentist, one pharmacists and a mobile doctors team have all volunteered their services). The cost of the 18-24 month staffing costs will be raised through the Projects Office. We have secured funds for one nurse and are continuing negotiations with other potential donors.

The community and the local Health Management Team have agreed to be responsible for the support staff through a cost-sharing initiative. Therefore, the night security guard, cleaner and revenue / administration clerk will be paid for through the user fees, as per other clinics in the area.

The local Corps Officer will chair the elected Community Health Management Committee and provide chaplaincy and welfare services to the clinic. We are also working with Churches Health Association of Kenya to provide some technical and financial support to assist with the staff and running costs. They have indicated that at the very least, they will be able to provide a regular supply of discounted drugs and non-medical items.

## **Conclusion**

When the Projects Office and Territorial Health Coordinator have visited we have always been impressed by the community spirit within Maiani. We have already started to help them by providing more training for the Birth Attendants and assisting in starting a Community Health Workers programme, however to complete the Clinic Project would be immensely beneficial. When you consider this is a rural area, with people who struggle to make ends meet, the work undertaken so far is a remarkable achievement. The community advised that the droughts over the last two years have slowed down the project as it has impacted on people's economic situation. TSA KE Projects Office were motivated to help and will try and work with the community and the Ministry of Health to see if we can complete and staff the Clinic.

Throughout this whole process, The Salvation Army in KE has also tried to adhere to the principles of the IHQ Health Strategy and the Government of Kenya's guidelines. We also have in place a Strategic Plan for Community Health, which evolved from the Territorial Mission Plan 2012-2015. This project aims at equipping and strengthening local capacity to respond to their own health issues and brings the health services closer to marginalised families within the Maiani area.