

# CARING PARTNERS GLOBAL

Changing Lives, One Village at a Time

Winter 2009

## Points of Interest

Healthcare in Kenya

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## CPG and the New Year: The Founders' Message

We welcomed the New Year with great anticipation for growth. Growth in capacity for the Matangwe Community Health and Development Programme (MCHDP) toward self-sustenance and growth for Caring Partners Global (CPG) expansion into new programming targeted at building individual and collective abilities.

We have also started the year with much trepidation fueled by the uncertain global economy, nations at war with each other and from within, while preventable diseases and poverty continue to ravage lives across global communities. We find ourselves wondering how to best focus CPG's development initiatives to enable the communities we work with to achieve change and to continue to improve in spite of the looming uncertainties.

On January 24th, 2009, we had the opportunity to participate at the Wilfrid Laurier University Global Citizenship Conference as delegates. We were challenged to explore and define development in terms of progress, success and value. Reflecting back on the impact of CPG's work and approach over the past 10 years, we were encouraged by signs of progress, success, and value demonstrated to date.

At the conference we recounted our observations of committed and engaged community groups at work such as community health workers, youth groups, older women caregivers and the parent teacher associations. They have banded together to improve the physical, emotional, economic and the psychosocial health and well-being of their community and individual lives with few resources.

Amartya Sen, a highly regarded economist, philosopher and 1998 Nobel Prize winner in Economics for his

contribution to development economics, describes development in terms of freedom. In his 1999 book, Development as Freedom, Sen explains that "development can be seen...as a process of expanding the real freedoms that people enjoy...Viewing development in terms of substantive freedoms directs attention to the ends that make development important". Sen, explains that freedoms includes freedom to things such as water, food, shelter, health care and education and the freedom from poverty, systemic deprivation and tyranny. Matangwe today has evidence of sectors beginning to experience early glimpses of such including:

- freedom from poverty, preventable diseases or unnecessary pain
- freedom to adequate food and clean water
- freedom to education
- access to basic health care as a common right
- economic freedoms limited only by individual hopes and choices
- freedom to exercise values and beliefs that free rather than those that restrict

It is clear that the tide of change is beginning to take root, so this is the exact time to move forward with courage and purpose. May we take this opportunity to encourage you to participate in helping CPG enable the community of Matangwe individuals to begin to spread these signs of success, hope and value to the masses of children, youth, men, women, orphans, widows that are yet to experience such freedoms. Please help CPG create opportunities to increase the freedoms of others, one individual, one village and one community at a time.

Sylvia and Steve Scott  
Directors and Co-Founders



## PARTNERING WITH CITIZENS TO MEET A COMMUNITY'S HEALTHCARE NEEDS

By Elena Christy  
Administrative Coordinator for CPG

Imagine living in a place where there is no one to tell you why you are unwell, where illness is associated with being cursed, and where the connection between exposure to bacteria and viruses has not yet become a mainstream notion. A place where seeking treatment means a distant travel in which many never return home and a place where it might be better not to know what you have because of stigma associated with the illness is so great. Imagine the helplessness you would feel if you knew you had a life threatening illness but could not afford to pay for treatment, or that there simply was none of the medication you require at the accessible health facilities.

In the West, access to healthcare and medication is a freedom we often take for granted. We look to our healthcare professionals to explain reasons for our illnesses and medications to treat our conditions. The healthcare system in Kenya has not always been in the current state it is today. Healthcare in Kenya has a long history including much progress as well as decline.

Paul Mbatiam (2003), in his article *Responding to Crisis: Patterns of Health care Utilization in Central Kenya Amid Economic Decline*, takes us through a brief history of Kenya's health care system. Mbatiam explains that with the colonization of Kenya came a Westernized, urban-based, curative-care focused health care system that replaced many traditional health care practices native to

Kenya. When Kenya became independent in 1963 the government continued to fund the healthcare system that the British had created. In 1965, the Kenyan government provided free health care in all public health facilities. At this time, the government worked with civil society groups to deliver health care to rural areas. However, beginning in the 1980s under new leadership, economic crisis, and the onset of the HIV/AIDS pandemic, structural adjustment programs were put in place imposing cutbacks in public spending.

These cutbacks in government spending led to the introduction of a "cost sharing" approach to publicly funded programs. This included the initiation of a healthcare system in which Kenyan citizens pay an annual fee to receive health care services in public health facilities. These cutbacks in healthcare spending also meant that the public clinics could no longer afford to stock medications and other essential supplies.

The decline in the quality of the public healthcare system has revealed many inadequacies of the Westernized health care model in Kenya. For one, this model of healthcare is urban-focused while eighty percent of Kenya's populations live in isolated rural communities (United Nations, 2007) that lack infrastructure to support access to timely and effective care. This means that the majority of the population has to travel far distances to access health care in the urban centers. Secondly, Western health care focuses on curative care, providing medication for diseases that have already been contracted. However, most of the diseases that are killing Kenyan citizens are acute, preventable diseases that need a prevention-focused approach. Vaccinations for measles, clean water to reduce diarrheal diseases, mosquito nets and antimalarial medication to reduce the prevalence of malaria would have a far greater impact on the populations overall health. This primary health care model emphasizes decentralized decision-making and community participation which contrasts with the Western curative health care model.

In 1994, Stephen and Sylvia Scott, co-founders of Caring Partners Global, came into direct contact with community members taking action to close the gap in the delivery of health care services in this rural Western Kenya community of Matangwe. Sylvia had returned to Kenya after living in Canada for 20 years when her mother had become ill. Two days prior to returning to Canada the residents of Matangwe asked Sylvia and Stephen for their assistance in the construction of a clinic. Kenya had been suffering from a three-year drought and the Matangwe community saw the creation of a clinic as a main source of hope. The community had raised a small sum of money towards the cost of building a clinic but Sylvia and Stephen knew that to make the clinic successful, a lot more would be required. This included staff, a clean source of water, electricity, pharmaceuticals, medical supplies and equipment.

In 1998, the clinic structure in Matangwe was built and in 2001, the clinic started providing healthcare and health education to the residents of Matangwe and the sixteen neighbouring villages. This past fall Sylvia and a team of volunteers spent a month in Matangwe. On this trip community residents and clinic staff members were surveyed and provided us with great feedback as to the changes they have seen in the community since the initiation of the clinic, what the clinic has done well, and what changes they think are necessary to ensure continued success. Below is a summary of what staff and the community told us:

*Changes in the community:*

- More people are seeking treatment; community members are more likely to seek treatment due to the geographical location, reduced superstitions about sickness, and access to medication
- Decrease in water born diseases as most community members are supplied with rain water or water from the ministry as oppose to using water from the pond
- Poverty is no longer seen as a barrier to treatment and people can receive treatment first and pay later
- Increase in HIV/AIDS testing and intake of anti-retrovirals
- Increase in access to health education; the clinic has become a medical information centre in which other NGOs use the Matangwe clinic to deliver health education to the public.

*What the clinic has done well:*

- Life is first; the clinic is giving compassionate treatment where patients pay what they have and if it is not enough then the rest is brought later or never. It has provided health care to poor members of the community who would have otherwise suffered to death.
- Outreach has been initiated for surrounding villages by using schools as venues, taking care close to the people.

- Community involvement; the clinic has implemented feeding programs, is assisting in the creation of a mortuary to serve the community, consults with orphans and older women care givers to better address their needs, and provides a clean water supply for the community.

*Changes that would help the clinic provide better care:*

- Electricity provided from the national grid. Currently the clinic uses a generator for electricity that is costly to run. Electricity from the national grid is available 1.2 km away it is just a matter of having the funds to tap into it.
- New medical equipment including a x-ray machine, an improved laboratory, and an ambulance.
- Computers for easy data recording.
- Expansion and renovations of the clinic building including the creation of a separate dressing and injection room, a post-natal ward, room for support groups to meet, and renovations to staff housing to increase the number of staff that can be accommodated at any given time.
- More medical personal and non-medical social workers

Overall, the community and staff members are very pleased with what the clinic has been able to accomplish. Although, they recognize that there is still room for the clinic to grow to better meet the needs of the community. One staff member wrote "CPG has done an excellent job in Matangwe as much as there is still more to be done, congratulations."

The economic recession is affecting the cost of living in Kenya just as it is across most global communities. Medications, food, and day to day supplies have more than doubled in price causing an increase in the operational costs of running the clinic. While CPG focuses on building capacity for community self sustenance over the next 5-10 years, we must continue to bridge the financial and skills gap until then.

If you are interested in getting involved with the work of CPG you may make a financial contribution or volunteer your skills to build capacity and enable the community to increase its ability to sustain change and to continue to make improvements. To make a donation or volunteer your time and skills, check our web-page for areas of priority at [www.caringpartners.ca](http://www.caringpartners.ca).



Left: Clinic staff and volunteers on the front steps of the clinic in July, 2007.

**at a glance:**  
spring 2009 issue

Our Spring 2009 newsletter will focus on CPG's most recent undertaking, the creation of a community centre in Matangwe. This past fall CPG received partial funding from CIDA to build and run a community centre in Matangwe. The community centre will deliver intergenerational educational and skills training programmes to orphans and the older women caregivers of the community. This will include literacy and skills training, early childhood education, and income generating activities for women. The centre will be built in summer 2009. We are looking for people with trade skills to help with the construction.

An Evening For Matangwe

CPG's Annual Educational Initiatives Fundraiser

Our 4th annual fundraiser was held on the evening of Saturday, November 15, at the Kitchener Portuguese Club. If anyone can remember, during that evening we witnessed one of the worst snowstorms of the 2008/09 winter season, even though the winter season had not officially arrived. Despite the conditions the turnout was excellent and everyone had a great time. The evening included an outstanding silent auction table, photo presentations, and great music provided by DJ Paul Black (Black Magic) at no cost. Once expenses were taken into account we ended up with a profit of \$16 009 which is about the amount we will require to feed almost 600 children at Matangwe Primary School a nutritious, lunch-time meal during each school day in 2009.

We have already booked the 2009 fundraiser, to be held, once again, at the Kitchener Portuguese Club. The date for this fundraiser is October 24th, which I'm sure will arrive well before our initial winter storm for the 2009/10 winter season.

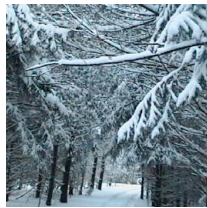
Thanks to all those who attended.

Ron Bell



Above: Some of the sponsored high school students home from school for the summer in August, 2008.

THE SECOND ANNUAL WINTER SOLSTICE BIKE RIDE



The 12 Hour Winter Solstice Bike Ride, a bike ride fundraiser on the shortest day of the year, began as a take off of the many 24 hour mountain bike races that use the summer solstice (the longest day of the year) for their annual race. It was setting up to be a perfect ride with excellent conditions for December 20th, and then on the 19th, it snowed...heavily. The event began in Guelph on Saturday morning, with the 6am ride being delayed as we donned snow shoes to pack some of the path that was buried the night before. There was a mixture of snow shoeing in the morning, then riding until 6pm. Some of the riding was around a parking lot, some through riverside park in guelph, and in the afternoon there were journeys made onto the back streets of Guelph for variety, as most of the trails were still too deep in snow to navigate.

This second annual event had 5 participants, raising over \$2500 (more money just came in again today). This year, the planning and promotion was minimal, as the organizers were in Matangwe, Kenya for the month of November, so most of the actual fund raising was done in 3 weeks. Next year, we are looking at an even better event, and the participants of this year are once again excited about being involved.

Dwayne Burkhart

For more information on Caring Partners Global please visit our website at [www.caringpartners.ca](http://www.caringpartners.ca) or contact us by...

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