

The Relationship between Shikokho Medical Clinic and the Kenyan Government **& Top Ten Issues in Shikokho**

Development in Kenya has, since independence, been based on local initiatives. The government does not do much central planning of where to place clinics, hospitals, schools, roads, etc. Rather, in the system of *Harambee* (let us pull together in Kiswahili), each community must initiate such projects by demonstrating commitment. In the case of the desire for a road, crews of local people should take on the task of clearing the route and donating the land. In the case of a school or clinic, the community again should identify the location and donate the land (or raise funds to buy it) and at least begin the process of building.

Once such a project has been started by local communities in partnership with donors, the government might step in to assist. The most common form of assistance is with staffing and/or supplies. In the case of the Shikokho Medical Clinic, the government has posted and pays several trained nurses, and occasionally provides some drugs from its central distribution. Given the limited government resources, local clinics are never completely funded or run by the government. The assistance to a local clinic is considered government recognition, and therefore the Shikokho Medical Clinic is officially recognized by the Kenya government and therefore considered to be part of the national health care system. This affiliation is also predicated on the idea that the clinic is non-profit, but does attempt to support itself and its other staff costs through fundraising and fees.

The following are lists, not rankings (1 may not be more important than 5, etc.)

Top Ten Issues for the Clinic Staff:

1. Need regular doctor visit at least once a month, preferable twice a month or even weekly
2. Regular pay / salaries / additional staff person when Maternity Wing is fully operational
3. Enough patients to feel job is worthwhile / recognition / sense of mission
4. Ability to do outreach to schools, churches, etc., bags for carrying while doing fieldwork
5. Regular medicine and supplies (syringes, etc), examination lamps and pressure lamps, cleaning supplies, aprons
6. Communication (mobile phones, computerization) / transportation
7. Clear management structure
8. Evaluation / possibility of promotion / development / training
9. Uniforms, rain boots, raincoats & umbrellas
10. A scheduled way of meeting with staff at other local clinics in the area once a month to share issues, etc.

Top 10 for Clinic compound:

1. Need better (stronger) power and water supply (electricity / borehole)
2. Need means of transporting patients to hospital if necessary (some type of ambulance and wheelchair)
3. Need means of communication for such emergencies, etc.
4. Preventative Health materials and publications
5. Ability (staffing and supplies) to continue school outreach and check ups.
6. More drugs for common diseases in the area & nutrition program of some kind
7. Possible computerization?!!
8. Metal gate, wire mesh fence around compound & small extension on housing for nurses/staff
9. Ability to offer health classes and outreach services
10. Improved road from Primary School, *banda* (roofed open air shelter) for sewing group, grounds keeper

Most Needed clinic items:

Weigh scale for babies & adults, trolley, examination couch, delivering couch (rolling stretcher or gurney), sterilizer for boiling water and forceps, beds, benches, tables, sheets, blankets, mattresses, mosquito nets (ceiling hung and can be pulled around patient bed), small patient cupboards for when admitted, clinic gowns for in-patients, stationary, radios and television for entertaining patients

Top 10 Issues for patients:

Patients are seen primarily for diarrhea (water born problems usually) malaria, complications from malnutrition, immunizations, parasites, childbirth and neo and postnatal care, accidents, family planning advice and supplies (mainly condoms).

1. Affordable treatment (many are scared to come due to money)
2. Preventative advice (especially nutrition, anti-malaria)
3. Clean water
4. Accessibility/mobility (if I get worse, where can I go?)
5. Clan favoritism (will I be treated fairly? Do I know these people?)
6. Related issue--need staff outreach/visibility
7. Time to get preventative advice/convenience for classes, etc.
8. Medicine/treatment available on site (not just diagnosis)

Top Ten Issues for the Village:

1. Poverty
2. Land shortage / overpopulation (for subsistence farming)
3. Poor agricultural methods
4. Clan rivalry
5. Isolation / inaccessibility (phone, roads, power – need electricity)
6. Unemployment--only jobs are far away
7. Reliance on patronage from unreliable patrons
8. No clear organized economic product / activity or functional cooperative venture
9. High mortality / low health status – water supply not reliable
10. Despair / alcoholism

Top Ten Issues for the Schools:

1. Housing for teachers
2. Parents' inability to pay fees at Secondary
3. Students' lack of basic supplies (pens, paper, light at night) and Secondary school laboratory equipment (has not been restocked in 10 years)
4. Communication / transportation (telephone / school vehicle)
5. Supplies for classrooms and teachers
6. Administration block (staff room & headmaster office) Staff currently uses a classroom that is needed for students, accountant and secretary currently share a small room. Few funding sources for building and furnishings are available (compared to most schools, where parents contribute and pay much more)
7. Electricity -- computerization
8. Student health / malnutrition
9. Extracurricular offerings: (activities / training / clubs)
10. Water for cleanliness / drinking / cooking / etc.

School Building Initiatives:

Complete assembly / dining hall / kitchen currently under construction
Renovate lab, renovate administrative / office and staff space
Need agricultural workshop for academic and school farm needs