

AIC Litein Hospital / Community Health Program
Mission to the World / Africa Inland Church
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Africa Inland Missionaries started Litein Hospital as a dispensary in 1924. Our purpose is to bring glory to God through quality health care. In 1992 the last missionaries left and it is now managed and staff by 262 Kenyan staff. The Lord has blessed the ministry and outreach of the hospital so that in 2002 we had a budget of \$1.2 million, which is an increase of total assets of 70% over the past 5 years. The hospital is 100% self reliant for the monthly running expenses with the main sources of funds coming from patient fees and small income generating projects which are related to the focus of the hospital. We do receive assistance from outside for major capital expense projects. The hospital manages 7 dispensaries, which are also self-sustaining.

One of the keys to a sustainable hospital is the attitude of responsible leaders – “We can do this with God’s help” — who are able then to motivate other staff to be committed, cooperative, and creative as well as motivate Kenyan doctors and other professional medical personnel to work with us. The numbers of outpatients have increased by 23% over 5 years and in patients by 12%. The 5 chaplains are trained counselors; in 2002, 2,058 people came to know the Lord in the hospital, and 2,334 made a recommitment. Interestingly the community health, by reducing preventable health problems, it enhances attendance for other illnesses as it functions as a public relations arm of the hospital.

In 1997 the hospital management asked that I come to revitalize the community program in a very simple sustainable way; this replaces previous programs, which fell apart when donors left. We found major felt needs were malaria, traditional birth attendants (TBA), and round worms. We began training in the community itself with NO allowances of any kind and no costly seminars. Our budget for 2003 is \$12,000 with 98% used for petrol and staff salaries. We work only in response to community initiative and solicitation and put a lot of effort to encourage the community to say “thank you” in traditional ways to enable the program to be self-reliant.

We have trained 577 traditional birth attendants in 16 areas; by the end of 2003 we expect 752 and demand increases. Associated changes include maternal deaths decreasing from an average of 8 to 0 in 2000 and 2001 and 1 in 2002 and neo natal deaths from an average of 23 per year to 0 in 2001 and 8 in 2002. With deworming 56,063 people, we see an associated change of 25% reduction in intestinal parasite cases; this program gave us \$5,479 net income. In selling 1,651 mosquito nets and 1,401 doses of treatment we see a 15% decrease in malaria cases. We also trained 100 community health workers.

We continue to face problems in areas where previous programs have given financial “motivations.” With the change of government in Kenya we need to reorganize the deworming program, as school children may no longer come to school with money. It is also a big challenge to be creative in finding felt needs of people and helping them to take responsibility for their own health needs – especially in HIV/AIDS related issues.

In order to get at changes in attitude and thinking, we do most of our evaluation in the community by antidote – asking a community what has changed since we began the project. Community members tell us, “Our church is growing, the women are now committed fully to serving the Lord, some come to know the Lord. The TBAs are now our spiritual advisors, empowerment and capacity building of women work together on all kinds

of community projects. Our family relationships are much stronger, we are united as a community, there is no longer problems between different denominations. The money saved on medical bills now goes to educate our children. We understand the need for family planning, etc.” We see people giving us goats and gifts rather than asking what we will give them.

We see many challenges before us as a hospital with a slow economy in Kenya, government hospital improving and offering services at a lower price, and private clinics competing for “business”. There is a big challenge of continuing to improve medical services, which are expensive, as well as showing concern for the poor and still balance the budget. Of course HIV/AIDS, estimated at about 12% in our area, is a huge challenge forcing us to review expenditures, and admissions; yet due to the stigma people are hesitant to be trained in home care.

In spite of the challenges and problems, we want to continue to show the love and compassion of Christ.