

CMF Maasai Health Ministries
Christian Missionary Fellowship
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In the late 1970's, Christian Missionary Fellowship entered the country of Kenya for the purpose of reaching unreached people groups for Christ. In partnership with the Kenya Church of Christ, missionaries were stationed in remote areas of the two poorest tribes in Kenya, including the Maasai. The primary focus was evangelism and church planting among these people who had no previous knowledge of Jesus Christ. However, the extreme health needs of the local people demanded the missionaries' time and energy. In 1980, an American doctor was recruited to begin mobile clinics at the sites of evangelistic work. Over the ensuing decade, a system of rural clinics evolved to meet the health needs of the people. From its inception, the medical work has been an outreach of the local church and a means of demonstrating the love of Christ in a tangible way.

At present, CMF operates eight ambulatory care clinics in remote village locations within the Maasai tribe of southwestern Kenya. These eight facilities are simple, 4-5 room stone buildings with solar power for electricity and rain tanks for water. They have no X-ray or surgical facilities and minimal laboratory. While providing primarily ambulatory care, they are the ONLY medical facilities within their communities and thus provide essential medical care to the local people. The CMF Maasai health system serves a population of 80,000 from over 50 villages and covers a catchment area of 10,000 square kilometers.

The clinic work is intimately integrated into the identity and function of the local church, thus serving as a main outreach and evangelistic tool of the local churches. While primary curative care is the obvious daily work of the clinics, a wholistic perspective and spectrum of activities is included by preventative health, community health education, AIDS testing, counseling, and education, and development projects. Through the combined efforts of the church and clinic ministries, wholistic healthcare is provided which has resulted in church growth, improved health, and transformed communities.

The goals of the project aim for total health of each person... in body, mind, heart and soul... and for total health of the community, with transformation of the community into a community of believers in the Lordship of Jesus Christ. The program includes multiple activities that affect all aspects of individual and community life, namely:

- Curative care - daily outpatient visits and care for all ages and gender, including dental care

- Preventative care – well-child clinics, immunization clinics, antenatal clinics, family planning services, health education, CHE, HIV/AIDS education and care

- Development projects – famine relief, goat restocking program, literacy training, animal husbandry, veterinary shops, microenterprise, community employment, and local school involvement.

The Maasai culture equates doctors or healers with religious leaders, those who have connection with God and have the power to call God down to earth. The clinic workers are in a valuable position to address spiritual and social issues with patients – and are expected to do so. Therefore, clinicians as well as local pastors and church leaders provide curative care, psychological supportive care, evangelism and spiritual care in the community.

The key to the success of this project resides in the word “integration.” The clinics and churches are closely integrated into their communities. The work of one is an integral part of the other. The players of one are players in the other components. For example, the clinicians are often church leaders, while church leaders frequently help in the clinics. Clinic workers and church leaders are teachers in the local schools. The clinic workers, church leaders and volunteers from the church provide community health education. Clinic staff and church leaders provide veterinary services, microenterprise advice or seed-funds, literacy training and agricultural help. Furthermore, the clinic work is integrated into the ministries of the local church. Many of the clinicians are key leaders of the local church; several are even ordained pastors and elders. They see their work as a ministry. They pray with patients and witness to them. Patients are shown the love of God in a tangible way and will often visit the church after receiving care at the clinics. The community views the clinic workers as church leaders and equates the clinic activities as an extension of the church.

The CMF Maasai clinics are simple ambulatory care facilities, yet they provide the equivalent of inpatient care, by means of a natural facet of Maasai culture. Patients requiring multiple daily injections, wound & burn care or frequent follow-up visits will reside in the home of local residents. It is usually the Christians who will extend this hospitality, providing these patients with food and shelter. But they are also incorporated into the host family’s daily life, including Bible reading and daily devotions, thus meeting the social, emotional and spiritual needs of the patient and their family during the course of the illness. In this microcosm, we see the perfect picture of wholistic health care where physical, emotional, social, and spiritual needs are met at the same time.

The cost of the program is approximately \$127,000 (or 7 million Kenyan shillings) per year. The clinic system is presently self-sustaining for day-to-day functioning with 95% of the total operational costs being met by the community in the form of income generated by patient fees. Small fees of roughly \$3 per child and \$5 per adult are charged per illness treated. This charge covers the consultation fee, all medicines needed and all follow-up visits for any particular illness. These fees are both within the means of the local population and generate enough income to cover the operational costs of staff salaries and of medicines and supplies. Development projects are also based on self-sustainability by income generation within the project itself. Community health education is maintained by volunteers. Capital items, such as building construction, vehicles, etc. require outside funding and donations.

The CMF Maasai Health Ministries is able to succeed based on several key partnerships. The project is sanctioned by the local government. Some components are run in cooperation with the government and/or the government may supply resources, medicines or lab supplies, such as the immunization program, antenatal program, family planning, Tuberculosis treatment program and HIV testing and counseling. Partnerships exist with other NGO’s and mission groups such as Peace Corp, World Concern, New Mission Systems – either to accomplish a short-term task or to cooperate in a long-term program. Partnerships with the local schools include provision of books, water tanks, and teachers of Religious Education classes, construction of classrooms, and sponsorship of students. Cooperation with local schools is evident as some churches use school facilities for meetings.

Regarding the spiritual impact of the CMF Maasai Health Ministries, the program is first and foremost God-centered and God-ordained, realizing that all healing comes from God.

Through the compassion of Christian clinicians, people in need of care experience the love of the Lord much as Jesus taught in the Parable of the Good Samaritan (Luke 10). Secondly, as the project fosters church growth; church leaders and members have been encouraged to begin churches in new areas of Maasailand and beyond. New churches have begun without missionary input.

As mentioned above, even though the clinics are only ambulatory care facilities, they often provide the equivalent to inpatient care, as patients needing prolonged care will live in the homes of neighbors.... usually the Christians, and will be given food, shelter and social support. These visitors are incorporated into the family life, including daily devotions and praise and worship times. They will often visit the local church after receiving care at the clinics and spiritual nurturing in these homes. Through the project we have noted an increase in the number and maturity of believers over time.

Whereas quantitative statistical data regarding the outcomes of this program have not been collected over the 20 years of its existence, definite successes and impact within the communities have been observed:

Integration of the local church with the clinic activities.

Success in health care: decreased infant mortality rate, increased percentage of children completing immunizations, home-based care for AIDS patients, improved nutrition, survival of many over the years and during times of famine and drought.

Success within the churches: Increased number of churches and believers, increased maturity of the church, Maasai self-leadership of the churches, and AIDS education within churches, particularly village level seminars which are hosted by the local church with facilitators from the church, clinic staff, outside experts, or missionaries. These seminars emphasize biblical sexual purity as the best means to prevent transmission and provide lessons on education, transmission, prevention and management.

Success within the community: increased number of children in school through grade 8, improved housing, improved status of women, improved knowledge of rights, improved coping with grief, increased joy and decreased fear level, release of cultural factors contrary to Christianity, less alcohol abuse, change in traditional activities and ceremonies to church-based activities, decrease in the number of premarital pregnancies.

Success in many development projects: food-for-work program during famine relief, goat restocking, small businesses started for widows, increased sanitation and number of latrines, improved literacy rate, increased number of small farms, improved health of herds, increased availability of veterinary services and medicines.

Due to the visible evidence of transformation in communities within reach of CMF Health Ministries, invitations to engage in similar outreach continue to come in from neighboring areas.

We have had to take extra precautions when approached by local political leaders who will often ask for medical services/facilities or help in administering community funds. Previous experience has caused us to dictate strong requirements that these leaders have no access to monies generated by the clinics or provided by NGO's for a specific purpose. In the past, these men have presented themselves to the clinic to "check the books and take the money into town to deposit into the bank," but we later learn the money never made it to the bank, but was "eaten" instead. In other instances, community funds committed to clinic projects such as the construction of a staff house were misdirected to other uses with funds taking years to reach the intended project.

Skills can be taught but integrity cannot. For a medical system to be successfully self-sufficient, the staff members must have integrity and complete trustworthiness with resources and finances. Past problems have arisen when clinic staff began to steal money or medicines. Often, the use of alcohol or poor choices in lifestyle contributed to irresponsible behavior.

Medical caregivers from the same ethnic group as the patients are much preferred over those from different tribal backgrounds. Fluency in the local language and respect for the local culture is often lacking from clinicians who originate from different tribes. Communication suffers and patients feel they are not given respect or proper medical care. They will often stop coming to the clinic, church or program activities. We have seen instances of patients walking great distances even passing other mission clinics in order to reach our clinics. When asked why they by-passed a closer clinic, they referred to the caring way in which they are treated in our clinics.

Self-sustainability is a necessary goal; donated equipment is only useful if it can be maintained with local resources. Equipment manufactured in outside countries has quickly become obsolete and abandoned when needing repair, if parts or appropriate technology were unavailable.

Effective administration of the clinics is an essential component to their success. In the early years, oversight of individual clinics was provided by a missionary family living near the clinic. Over the years, clinicians of integrity and proven ability were given more oversight responsibilities. In 1995, a CMF missionary (Dave Snyder) and a Maasai nurse gifted in administration and relational skills (John Sankok) were challenged by CMF to organize CMF's Maasai clinics into an integrated system. Within three years, administration of the clinic system was then turned over to John Sankok as Clinic Administrator with Dave serving as a colleague and advisor when called upon. John has taken several management and administration courses through Daystar University in Nairobi to help him develop his God-given gifts.

CMF missionary, Dr. Suzanne Snyder came to Kenya in 1992 to serve as the physician in charge for the CMF Maasai clinics. The long-term goal for the CMF Maasai Health Ministries is complete self-sustainability – financially, administratively, and medically. Finding a Maasai physician to assume the medical oversight of the program continues to be a major challenge.

Overall, the CMF Maasai Health Ministries has served the Maasai and been a witness of God's love in Kenya for 25 years. God has provided the ongoing success. May God be praised for the people who have been healed physically and reunited spiritually with His son Jesus Christ.