FIELD REPORT FROM KENYA: TRANSCRIPT

Adapted from the broadcast audio segment; use the audio player to listen to the story in its entirety.

About 30 people are sitting on the grass and plastic chairs under a white canvas canopy. A pastor from the Evangelicals Springs of Life Lutheran Church is sharing [a biblical] story with them.

Kenyan women in colorful kangas, men in shirts and trousers, and one Muslim man in traditional thawb listen and watch as the pastor manipulates a Rubik's-like Cube with biblical images that accompany his message. This is the first step of the registration process for a free eye clinic being held at a church in Nairobi's sprawling Kibera slum. A team from a Texas congregation work with Kenyan eye doctors to diagnose and treat eye problems. Some 2,000 people visit the clinic weekly but those who come to the clinic are given more than a vision test and cataract care.

Dennis Meeker is a senior pastor and he says all medical clinics held here are open to everyone.

"The most important thing is that when they are here, they are hearing the salvation story and they are hearing about Jesus. I think it's wonderful care for the community but I also think it's the best evangelism outreach that could be because you are loving your neighbor."

Reverend Meeker is touching on a topic that makes many in the secular world uncomfortable – the pairing of evangelism with health care particularly when serving a vulnerable population that may have no other option for health services.

Michele Barry, Senior Associate Dean of Global Health at Stanford University, feels that health care should come with no strings attached. She's seen plenty of faith-based organizations doing good work in the developing world. It's those that proselytize that make her uncomfortable.

"I think what happens is there is a nuance of coersion — that if you don't read this material or you don't think about my religion you won't get the health care. To me, that's not fair and gives me pause."

It doesn't give most Kenyans pause. Religion is a way of life here. Eighty percent of people in Kenya say they pray at least once a day. Religion and health have always been closely related. The health system [in Kenya] grew up around hospitals started by missionaries.

Religious messaging is often background noise to the people who seek care at clinics. Kenyans are both deeply religious and desperately in need of health services.

"Their main concern is people's health," says Siyama Ismail, a Muslim woman that was treated at the eye clinic held at Kibera's Lutheran Church. "If faith-based organizations come up with that... I think that is the right thing they are doing. That is why you find that if it is a Muslim organized health clinic, people go. If it is a Christian organized [clinic], then people still go because they have to stay healthy."

Non-Muslims will remove their shoes to see a doctor at the mosque. Non-Christians will listen to presentations about Jesus and even pray with the pastor if it means getting prescription eye glasses.

James Kiyiapi is Kenya's Permanent Secretary at Medical Services. He says people seek help where it's offered regardless of faith.

"People only go to the facilities which are accessible to them. For us, the role and the place of the faithbased facilities is extremely central due to the overall health delivery in the country."

Just how central faith-based care is difficult to quantify. Secretary Kiyiapi says religious groups provide about 6% of Kenya's health services. NGOs operating here say that number is as high as 60% to 70% in some regions of the country. The number of religiously affiliated organizations doing work on the ground in Kenya is huge. These groups which are both domestic and international fill a crucial gap in health care.

At Deliverance Church in the agriculture town of Kitali in Kenya's Rift Valley, province pastor Margaret Wanyone and her colleague pastor Patricia Achieng provide local health care from the church's small health clinic.

The town of Kitali does have a government hospital but medicine and services there are not free and stories abound of patients sleeping two and three to a bed or dying while waiting to be seen.

This free clinic at Deliverance Church has a government-funded volunteer counseling and a testing center for HIV as well as a small lab to test for diseases like malaria and typhoid. The church also provides home visits for those who are too sick to come to the clinic. These pastors will drive to anyone's home in order to transport them to the hospital says Achieng.

Achieng credits her pastor with saving her life when she learned she was HIV positive in 1999. At the time there was no available treatment.

"The only person that you go to is the pastor because that is the person who you trust with your health at that particular time. When there is no medicine in the hospital, the only thing you remain with is faith. That is why the church has to get involved in health issues and at least try to come up with the clinics that the church has."

It is this mandate of compassionate holistic care that makes religious institutions and leaders well suited to pick up where government leaves off. Both faith-based and secular organizations in Kenya say they often rely on churches, mosques, imams and pastors to reach people with health services and education. UNICEF is one secular agency that considers relationships with faith communities crucial for achieving positive health outcomes.

It works with leaders like Sheik Hassan Omari to develop faith specific health education materials in order to engage people through their own religious teachings.

Omari is helping to write the literature for Muslim leaders which includes both medical information and the scriptural bases for various health practices. Once the document is complete, he says the Supreme Council of Kenya Muslims will require the more than 10,000 imams in Kenya to discuss particular topics in their sermons.

"What we do we just issue a memo and we tell them that this Friday we are only talking about HIV and AIDS. You will find that they are all talking about HIV and AIDS."

Kellie Leeson is Country Director of the secular International Rescue Committee (IRC) in Kenya's far-flung northern Turkana province. The IRC partners with the African Inland Church and the Catholic dioceses to get health services to the mostly nomadic people. She says faith leaders have broad access and influence and they are not going anywhere.

"These church organizations have been there for 30-50 years and tend to be there for the next 30, 40 or 50 years. In terms of scope and in terms of sustainability, that's really where it's at."

To be sure, Kenya has a functional and expanding government health system. NGOs and donor agencies do their best to support and work within the government's public health structure. But Secretary Kiyiapi says it's not yet enough.

"I have to be very direct and say that do we have adequate health care in the country [but] we have a long way to go. Are we moving in the right direction? Yes, of course."

- Reported by Jordana Gustafson for America Abroad
- See more at:

http://www.americaabroad.org/radio/programs/documentaries/?prog=africa%27s_holy_healers&seg=field_report_from_kenya#sthash.Z60cpv9E.dpuf