

ABSTRACT

The role being played by non-government organizations in health care delivery has been recognized but not much is documented on the extent and quality of services being delivered. In a bid to ease the burden on the public health sector, private organizations are providing levels of medical services and among them is the church.

This research project has identified twenty-nine (29) church related clinics located in Kingston and St. Andrew. All, except one, are providing at least a basic curative service. Some have expanded their service to include pastoral counselling, health education, health promotion, community participation, social services and community activities. The predominant model to evolve was the comprehensive model which is wholistic and community based.

The spatial distribution of these clinics is good as areas of greatest needs for health services, have coverage. These are the low income, high density areas with inadequate public health services.

Resources being used to sustain these services are varied. Health professionals and lay persons form the health teams. Many give voluntary service. Financial resources are tapped from local and overseas sources.

Cost is contained as the hidden costs are actually the gifts of cash and kind, voluntary manhours and defrayed utility cost. Operational difficulties cited well high cost of drugs, shortage of manpower and underfinancing.

The working model suggests a multiplicity of activities to be executed simultaneously which maximises the use of the waiting time and also filters out the patients who will need to be seen by the doctor or who might be best served meeting with the social worker or getting pastoral counselling.

In terms of developing a wholistic, community based church related clinics (CRC), the stages suggested start with a basic counselling service with preventive/curative services, social service, skills training and community projects added progressively as the need and resources become available.

The operations and activities of church related clinics are contributing to the delivery of health care to the communities. It has however been identified that in order to avoid ad hoc placing of these services and duplicating of services that the newly formed Interchurch Association of Health Healing and Counselling Ministries (IA-HHCM) be the enabler of setting this group on a solid primary health care foundation.