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Cover Photo By Beatrice M. Spadacini

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When PUBLIC Meets PRIVATE

The Story of a Nurse Turned Entrepreneur

By Beatrice M. Spadacini
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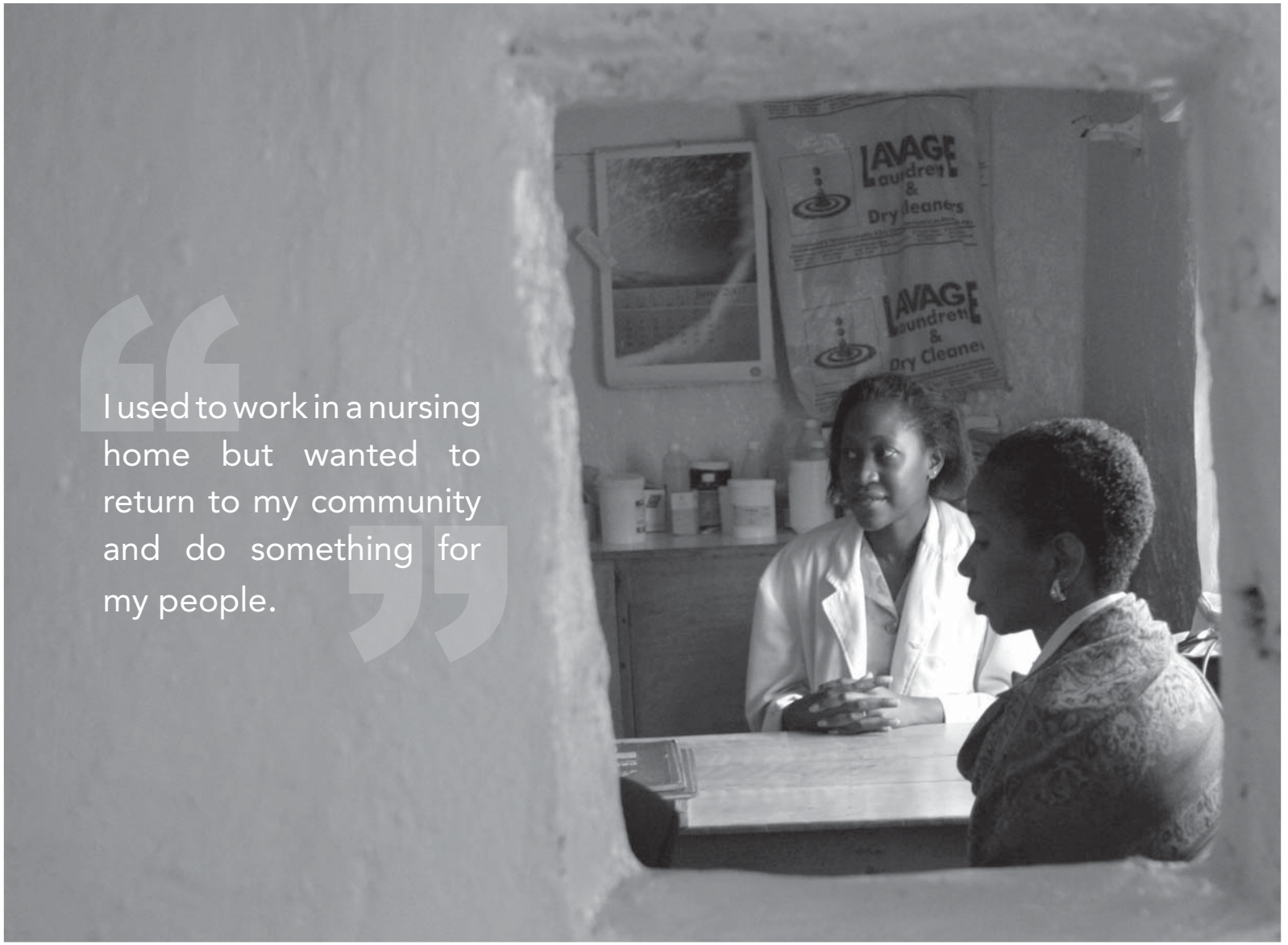
To meet Dorah Nyanja you have to zig zag your way through the narrow and winding alleys of Kibera, one of the largest slums in Africa, home to close to 1 million people and situated in Kenya's capital city of Nairobi.

Once you are deep into the heart of this landscape made up of tin roofs and muddy shacks, you will come face to face with a gentle and focused healer who, besides working 12-hour shifts and being the mother of three children, is a registered nurse and a successful entrepreneur running her own health clinic in one of the most challenging urban environments you can imagine. "Every day I encounter at least one case of abortion-related complications," says Nyanja as she swings open the door of her two-room clinic, one used for consultations and the other one for examinations. "Not to mention the regular ailments I always come across such as malaria, opportunistic infections, upper respiratory diseases and dysentery."

Though she could be working in a posh Nairobi private hospital, this energetic 30-year-old nurse has deliberately chosen to serve the poorest of the poor in an area that has a population density of 82,000 residents per square kilometre.

It all started 18 months ago, when she saw an advertisement in a local newspaper by the HealthStore Foundation (formerly known as SHEF) seeking qualified health professionals who wanted to set up their own

Dorah Nyanja, a nurse-entrepreneur who is serving her local community. Photos courtesy of CARE



Nyanja meeting with CARE President and CEO Dr. Helene Gayle.

private practice. "I used to work in a nursing home but wanted to return to my community and do something for my people. I wanted to teach them basic health practices. This society suffers because there are many quacks and not enough trained people," Nyanja says.

She applied for a loan and got selected. She is now one of 65 Kenyan entrepreneurs, for the most part women, supported by the HealthStore Foundation, an organization that developed a franchise of micro pharmacies branded as the Child and Family Wellness Shops (CFW Shops) whose mission is to provide access to essential medicines to marginalized populations in developing countries. The company describes itself as having a market-driven approach that combines micro-enterprise principles with proven franchise business practices to create a micro-franchise model. It is, in other words, a socially responsive version of a McDonald's chain that caters to basic health needs in poor communities.

In Kenya the Foundation has four outlets in Kibera while the rest are in the western and Nyanza regions of the country, both underdeveloped rural areas. CARE is supporting the Foundation through its CARE Enterprises Partners, a unit that seeks to link the informal sector with the formal economy. "CARE supports innovative market-based approaches, like the HealthStore model, that address issues of poverty and have the potential of becoming self sustaining," explains Jiwa Farouk, director of the CARE Enterprise Partnership. Similar and equally successful projects have already been undertaken in the areas of horticulture and animal husbandry. "The idea," continues Farouk, "is to move away from ongoing donor support and to enable the market to cater to specific needs of the community."

The franchise network operates two types of outlets: the basic drug shop run by community health workers and clinics operated by nurses like Dorah Nyanja who provide a longer list of

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Nyanja is one of 65 Kenyans who own their own micro pharmacies.

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of activity, MDG 5 will not be reached, or even approached, in many countries. Certainly, working to increase funding from major donors is one challenge we face in the next decade, but it is not the only one.

We need to keep the focus on maternal mortality, not in an exclusive way, or as a vertical program. But we need to make sure that the key interventions for women's survival don't get lost. A colleague recently showed me the delivery form in a brand new national register from East Africa. It has five columns related to HIV and MTCT, and five columns related to newborn health, but for maternal health it merely asks the mode of delivery and whether the mother lived or died – there is not a single column designated for information about obstetric complications. Thus, I think we can still ask, "Where is the M in MCH?"

We need to work hard on coverage, as well as quality of care. Too often I hear well-meaning officials in governments and agencies say, we'd like to provide emergency obstetric care or real skilled birth attendants, but it is too hard and takes too long. "In the meantime," they say, we will give community health workers a little extra training and call them skilled attendants. Many precious years can be wasted with this "in the meantime" approach.

We need to think about systems, not just activities. It is never enough to do training and buy equipment – skills and equipment can only be used in what is called "an enabling environment" with all that this entails. Before we give up on health systems, we should remember that strengthening them will benefit the whole population. For example, a functioning operating room in a district hospital can mean saving the lives not only of women who need cesareans, but also the lives of people injured in road accidents (which the WHO recently reported are the leading cause of death among young people in the world).

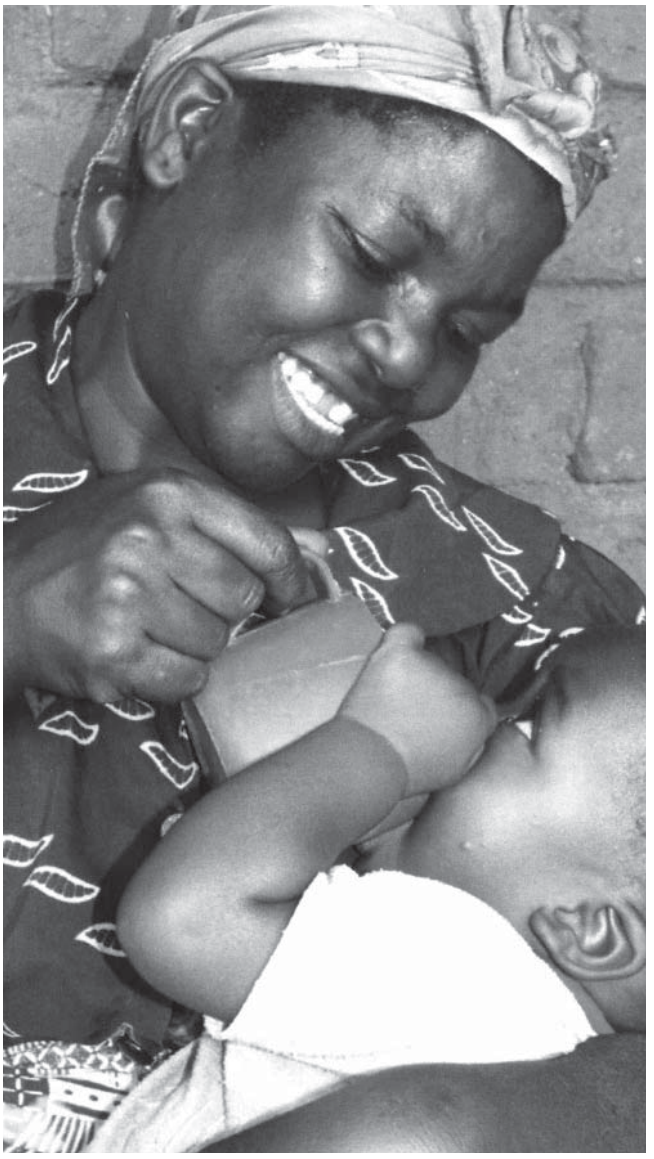

Photo by Andrew Miller/PSI

We need to make the most of existing human resources. It is wonderful that many governments are interested in learning from the excellent experience with non-MD surgical technicians in East Africa. The training of MBBS doctors in comprehensive emergency obstetric care in South Asia is also very hopeful. And we must ensure that nurses and midwives are trained and authorized to use their full potential.

We need to monitor, monitor, monitor. We need to get timely information on programs as they are being implemented, so that problems can be detected and addressed early on. It is not enough to have evaluations after the fact.

We need to build a solid foundation for continuing progress over the next decade. In order to do that, we must resist the temptation to invest resources in what we hope will be quick fixes. After all, 20 years goes by very quickly.

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essential medicines as well as basic primary care. "Dorah is one of our most successful entrepreneurs," says Esther Njuguna, executive director of HealthStore Foundation Kenya. "Initially the goal was to provide only basic medicines but it soon became clear that women need help with child deliveries as well as guidance on how to treat basic ailments."

Nyanja sees an average of 65 patients a day, about five patients per hour in a 12-hour day, a clear indication of the thirst for services in this overpopulated and neglected area of Nairobi. Since the Senye Community Clinic has opened its doors in May 2006, the average number of monthly clients has risen from 350 to more than 1,300, and Nyanja's monthly turnover has gone from $879 to $1,500. This has enabled Nyanja to hire an assistant whom she has trained in delivering babies. There is an average of four to five deliveries per day. Though currently successful, the clinic's start-up phase was rough. Finding a good location was particularly challenging. "It took me months to find this place," says Nyanja. "I walked around so much that my third baby was born premature."

Then there was the issue of security, as slums are notoriously high in crime, as well as the need to find a place with access to safe water and a reliable power supply. And since the majority of people in Kibera live on less than $1 a day, paying for basic health services can be a real struggle. To help the poorest, Nyanja waives the 30 shillings (US 44 cents) consultation fee for those unable to pay, while sticking to the fixed rate for the medicines she sells over the counter. Nyanja prefers not to skip the consultation altogether as she wants to, in her own words, "change the mentality about over the counter drugs," in Kenya.

Over the next three years HealthStore aims to expand the network in Kenya to 200 outlets, serving up to 1.5 million patients visits per year. "The idea is to expand in concentric circles, in order to maximize services and increase the density of coverage," explains Njuguna. But, she adds, one of the hardest tasks will be to recruit nurses like Nyanja, who are highly qualified, compassionate and with a sound business mind.

For more information, visit www.care.org.

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