

Computer renderings of new clinic:

[Floor Plan](#) – [Exterior 1](#) – [Exterior 2](#) – [Exterior 3](#)



Proposal for a Matching Grant for the Father's Heart Clinic

Chichicastenango, El Quiche, Guatemala

I. Proposal Summary

The Father's Heart Clinic is located in the most impoverished area of Guatemala. We have been providing health care to the Mayan Indians known as the Quiche for over 10 years. Our patient load continues to increase on a weekly basis (8% of our clinic day patients are new patients). We have outgrown our present facility and are raising funds to build a larger facility in the same area. We have received a \$50,000 challenge grant and are seeking other groups and foundations who would be willing to match this grant.

The new building will enable us to provide more services to the thousands of patients we see each year.

II. Introduction to the Father's Heart Clinic

A. Who we are:

Sharon Harvey is the Nursing Director of the Father's Heart Clinic. She graduated in 1968 from a Registered Nursing Program in New Jersey and has spent the last 40 years in various positions ranging from Med.-Surg., OB/GYN, Home Health and Nursing Administration. For the last 15 years she has served the people of Guatemala with her nursing and teaching skills.

The Father's Heart Clinic began in June of 1998 in the Western Highlands of Guatemala. Sharon and John Harvey had moved to the remote and war-ravaged area of the Department of Quiche earlier that year in January. The town of Chichicastenango and the surrounding areas had been hit hard by the violence of the 36 year civil war that was between the military forces and the guerilla forces, with the poor Mayan Indian families caught in the middle. Having ministered in the area through Bible classes and medical/evangelism teams from the US, the Harvey's felt drawn to live among these war-traumatized people and help them rebuild their lives in both practical and spiritual ways.

Not long after moving to the area news spread that a "gringo" nurse had arrived in the town. Sharon began to have local families come knock on her gate, seeking medical help for very sick babies and children. As the need rapidly increased a

nearby building was rented and the clinic officially opened. One of the Harvey's founding tenets was soon established as they realized that they must train local workers to serve their own people. Unable to speak the Indian dialect of Quiche, all of Sharon's nursing work was to no avail without a good translator! She began to train a young Quiche woman to work with her in the clinic. Being accepted by the stoical Indian women and men was not an easy task. Over the next few years the clinic grew and favor was gained. The highest compliment we could receive was that "your medicine works!"

B. What we do:

From those humble beginnings the clinic has continued to grow and more workers have been trained in various capacities. Responding to the many needs that came their way, a program for malnourished children was started in 1998, a Maternal/Infant program was promoted and begun in 1999, an eye exam and glasses distribution program was started in 1999, a Newborn Assessment Program was developed in 2003 and a Children's' Therapy Program was started in 2004. In 2006 a program was started to meet the needs of patients with chronic diseases. In 2008 a mobile bus outreach providing Women's Health Care has begun working in conjunction with the local National Health Care Services.

During these years of development and growth the Clinic has continued to train and equip local workers to serve their own people. The key to all of these programs is our dedicated staff of Quiche Christian workers. We currently have 3 RNs on our staff full-time (2 from the US and 1 from Canada) and 12 Guatemalan workers. 4 of these have gone through nurses training after being inspired while working with us, 1 came to us as a nurse and another is just starting nursing school. We also have a pool of doctors who do volunteer work at the clinic. These volunteers include Family Medicine, OB/GYN specialists, and Orthopedic specialists. These wonderful Latin doctors travel 2 to 3 hours each month to treat patients at our clinic on specified clinic days.

C. Our Vision and Mission Statements:

Our **vision** is to provide quality health care to the Mayan Indians of the area of El Quiche, ministering to their physical, spiritual and mental health. We desire to provide an atmosphere of acceptance, love and encouragement that will foster a sense of trust in our exams, treatments and therapies. Our vision is to provide care for all who seek our help, regardless of their age, sex, religious orientation, race, or ability to pay. We will give our services without charge, trusting in the provision of our Lord Jesus Christ who has imparted this vision to us.

Our *mission* is to identify health needs in the lives of the Mayan Indians of El Quiche and to meet those needs through:

- development of programs that are not currently available in our communities of El Quiche,
- education of local health care promoters, giving them the vision to minister to the needs of their own people group through medical services,
- promotion of the programs in Guatemala and the US,
- intercultural exchanges of skills and resources with our partners in Guatemala and the US.

Our mission is to bring the *Good News of Jesus Christ* (las Buenas Nuevas) to the people we serve, understanding that as Christ changes lives from the inside that the circumstances on the outside improve, especially in the serious problems that result from illiteracy, alcoholism, child/spouse abuse, incest and polygamy. We also desire to present hope for the future and self-esteem to those who are downtrodden and abandoned and do not understand God's love for them and His plan for their lives.

D. Clinic Success Stories:

1. We have had over 160 children graduate from our Milk Program over the last 5 years. Each child enters the program when diagnosed with undernourishment (and at high risk) or malnutrition, and they stay in the program until they are 4 or 5 years of age. We currently have over 200 babies/children enrolled in the program and that are seen on a weekly or monthly basis, depending on severity of the malnutrition. Graduation means they have successfully recovered from being malnourished or undernourished and have normal blood work, decreased episodes of monthly illnesses and are in a satisfactory weight range.
2. Last year (2007) the clinic provided services to over 6400 people. Thanks to donations from individuals, churches and organizations we were able to provide these services without charge.
3. Over the last 10 years we have been able to arrange for exams, tests, prosthetics and surgeries for many babies and children (and some adults) who would not have been able to receive help otherwise. The list includes amputations, broken bones, cleft lip and palate repairs, spina bifida repairs, shunts for hydrocephalus, hip replacements as well as congenital hip repairs, genetic disorders, eye surgeries and a variety of other conditions.
4. The Children's Therapy Program attends over 30 patients each week with more on the waiting list.

5. The Newborn Assessment Program examined 319 newborns last year. During these exams the mothers are taught how to properly nurse and care for their babies. It is a great opportunity to detect a variety of health problems and defects that would otherwise go untreated.
6. We are providing prenatal care to 60 to 75 mothers each month.
7. Over 800 patients received eye exams and glasses through our mobile eye clinics.
8. We have seen a major improvement in our 68 patients who attend our clinic for people with chronic diseases. Through monthly clinic visits where lab work, assessment, teaching and medicines are given, these patients who have never had a regular health care regimen are experiencing positive changes in their health.

III. Problem Statement



A. Demographics of Guatemala, El Quiche and Chichicastenango:

1. Total Population of Guatemala – 13,002,206
(From the Prensa Libre 7/8/08)
- ★ 2. Our department (like a state) of El Quiche has the highest percentage of poverty (81%) in the whole country. (ENCOVI, 2006 as quoted in the Prensa Libre)
3. Guatemala occupies first place in the percentage of births per 1000 inhabitants in Central America; 29.09 births per 1000 people. (Prensa Libre, 7/8/08)
4. The Infant Mortality rate (deaths per 1000 live births) in all of Guatemala is 28.79 (Prensa Libre, 7/8/08)
 - a. The principal causes of the high Infant Mortality rate are:
 - i. complications during birth
 - ii. respiratory illnesses
 - iii. diarrhea
 - iv. malnutrition
5. Total population of the municipal area of Chichicastenango is 107,193 inhabitants.
 - a. 85% of the population lives in the rural areas.

- b. There are 84 communities in this area.
 - c. 98.52% of the inhabitants are Quiche Indians (105,610 people) with the other 1.48% (1583 people) being Non-Indigenous. (INE, 2002)
6. The Infant Mortality Rate in our municipal area of Chichicastenango is 64.2 per 1000 live births (INE, 2002). That is more than twice as many as the national rate.
 7. According to an INE report from 2002, 62.2% of children from 6 – 9 years of age show stunted growth in the Chichicastenango area due to malnutrition.
 8. Guatemalans depend on the National Health System to provide care and medicines for the majority of the population. The Health Centers are located in the main cities of each region with small clinics in various outposts in the more rural areas. These “Puestos de Salud” are open 1 day a month usually and have very limited equipment and medicines for the patients. The staff often do not speak the local dialect of the Indian people.
 9. A recent newspaper article in the Prensa Libre on July 7, 2008 quotes a member of the government’s Legislative Commission for Minors and the Family, Maura Estada Mansilla, saying “The **health services are not adequate** in some zones of the country and that makes it difficult to reduce the statistics (those noted above).”
 10. The Father’s Heart Clinic has patients from 85 different communities from the Chichicastenango area as well as other communities in the department of El Quiche. We have some patients who travel over 8 hours to receive our services. The majority of our clinic staff are Quiche Indians. Because of the lack of a language barrier, our patients feel accepted and are empowered because of the information given to them in their own dialect.
 11. Our goal is to work with the poorest of the poor to help improve their state of health as well as their spiritual condition. This we are doing with the approval and applause of the Medical Director of the National Health System for the Municipal area of Chichicastenango.
 12. In the whole state (department) of El Quiche there is but one small therapy program for over 750,000 inhabitants. It is located in the capital of our department and is very difficult for the majority of our patients to access their services on an on-going basis due to distance, language barrier (Quiche Indians mainly speak their own dialect), and cost.

A. Current Medical Plant Space:

1. The current area housing the Father's Heart Clinic is about 1200 sq. feet. Over the last 4 years we have more than doubled our patient inscription each year. We currently have 2,700 *families* enrolled in our clinic. Each family represents 1 to 6 patients that receive services at the clinic.
2. We have outgrown our waiting room with the majority of patients having to wait outside for hours during the rainy and dry seasons. Chichicastenango is at about 7000 feet above sea level and the temperature is very cool in the mornings and evenings. Patients begin to arrive at 3:00 AM to get a number to be seen at the clinic. Only people with real and urgent needs and/or with no monetary resources seek out our help.
3. We have only 2 small consult rooms. Most clinic days we need to have 3 to 5 consult rooms available to see patients.
4. Most of our rooms have a double use. We use the Milk Program room as part of our Therapy Department. We are out of space for storage of equipment and supplies for both programs. The waiting room, the laboratory area and our file storage area also double as therapy rooms. The lack of space limits the number of patients we can see for Physical Therapy.
5. We have no storage areas for medicines or supplies in the clinic proper.
6. Our laboratory area is also a waiting room and main walkway on clinic day. This does not allow for privacy or protection from bio-hazardous fluids.

B. Future Clinic Plans:

1. Our plan is to build a multi-purpose building of approximately 6000 sq. feet to meet our current needs and that can be restructured as the needs change in the future.
 - a. Features will be:
 - i. Indoor waiting area to seat up to 100 patients
 - ii. Secure area for files
 - iii. Enclosed laboratory to prevent contamination and provide privacy
 - iv. Larger consult rooms; 6 rooms in total
 - v. Storage for each department in the main building
 - vi. Large, separate areas for Physical Therapy and the Milk Program that provide a teaching area, indoor seating for patients and

family members, small individual PT rooms that will limit distractions and provide privacy, indoor bathrooms in each area.

- a. Each area will have a separate entrance so that the healthy children will not be in direct contact with people with acute illnesses.
 - vii. The building will have a clean and a dirty utility room to reduce contamination from dirty items and keep clean and sterile items protected.
 - viii. Staff will have a locker room to safely store their personal belongings.
 - ix. The pharmacy will have a large area to prepare and dispense the scripts as well as a storage area.
2. Our goal is to increase our capability to handle more patients to meet the needs of our impoverished area. The new facility will allow this increase due to the number of consult rooms and other improvements in the structure of the clinic.
 3. As needs change in our region, the building can be adapted to meet the new needs due to the layout and room sizes we plan to build.

IV. Project Objectives

- A. Our objective is to match the grant that we have received in September, 2008 for \$50,000 to begin the construction of the new building. The total building cost is difficult to determine as prices are continuing to escalate in Guatemala. We are estimating that the cost will be between \$250,000 to \$300,000 to complete the building. We already have bought the property where we will construct the new building.
- B. We will begin to buy the initial concrete block and rebar (iron) for the building in October as prices will rise in January, 2009. As funds come in we will start the foundation and the block work.
- C. We will let our regular supporters and mission teams know about the project so that we can schedule construction work teams throughout 2009 to come to help us build. This also reduces the cost of labor.