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The Church and the Healthcare Sector in Kenya: A Functional Analysis of Its Development through Evangelization

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Abstract:- The health sector in Kenya has grown rapidly. The corner stone of this growth was laid by the early Christian Missionaries who combined Evangelization with education and health. Thishistorical developmentled to the development and expansion of the healthcare system in Kenya by contributing to the building of a firm foundation upon which Kenya's health care stands today. TheChurch's education-health functional strategy cemented this milestone leading to the growth of a vibrant health care sector in Kenya. This has culminated in a well-coordinated Church-Government partnership in the implementation of health programs. Today Kenya is the leading country in the East African region in the delivery of well-established and functional health care system. The Church's pioneer efforts saw the healthcare in Kenya expand rapidly to all parts of the country thus playing a significant role in the healthcare market.The objective of this paper was therefore to explore the Church'scontribution to the development of healthcare sector in Kenya, to examine the functional role of an integrated and holistic approach to health care as a tool for the nurturing of Christian values and faith that support spiritual growth among people, to assess the sociological implicationsunderpinning the entire process of growth of health care through a Church-Government participatory partnership approach and how this approach has created a better society.Purposive sampling procedure was used to select four mainstream Churches that pioneered Evangelization in Kenya. Using qualitative approach, secondary data was obtained through face to face interviews with key informants from the four mainstream Churches.Data was transcribed and analysed qualitatively in for of themes. The findings show that the Church played a significant role in the development of health care in Kenya, they also show that the use of an integrated and holistic approach to health care was responsible for the evangelization and treatment of many Christians in Kenya and from a sociological perspective the findings show that the Church plays a significant role in unifying society. The study recommends that the Church should be supported through government policies to continue investing in the health care sector, other Churches in Kenya should adopt an integrated holistic approach to health care and the Church should strengthen its unifying role for the sake of a stable nation. The study will benefit the Church, policy makers and other stakeholders.

Keywords:- *Evangelization, Missionaries, Education, Functional, Healthcare.*

I. INTRODUCTION

Kenya has about four thousand Churches divided into Mainstream, Pentecostal and Others. The Mainstream Churches are six and their impact in Kenya's health and education sectors is significant. All Churches are registered under the (Laws of Kenya, 1968) Societies Act Cap 108.

http://kenyalaw.org:8181/exist/kenyalex/actview.xql?actid=CAP.%20108as read with the next link(https://www.tuko.co.ke/269699-list-registered-churches-kenya.html.)Most of them are members of the National Council of Churches of Kenya which provides a forum for member Churches and organizations to act on common issues, and to support and sharpen each other in the service as Christian witnesses.Most of the Churcheshave contributed to the development and growthof the health care in Kenya although at different levels. The most significant contribution has come from the Main Stream Churches.However, in the recent yearsPentecostal and other Churches have also made a firm mark in the sector. This study focussed on the main stream Churches because they are pioneers in terms of entry into the country and the fact that they also made inroads into health care in the early years of the last century.

Kenya's healthcare systemis structured in the following six levels: Level 1 isCommunity; level 2Dispensaries, Level 3 Health centers, Level 4 Primary referral facilities Level 5: Secondary referral facilities Level 6: Tertiary referral facilities (Republic of Kenya, 2014). The health care system has six distinct objectives:All levels have a clear mandate: to eliminate communicable conditions, to halt and reverse the rising burden of non-communicable conditions, toreduce the burden of violence and injuries, to provide essential healthcare,tominimize exposure to health risk factors,to strengthen collaboration with private and other health related sectors (The Republic of Kenya, 2014). As a result of this, the disease burden has dropped significantly. For instance, the life expectancy at birth now stands at 60 and is projected to stand at 72 years by 2030

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(Republic of Kenya, 2014). All these developments have been made possible by the government andpartially because of theactive role the Church has played in the sector over years.

Thedevelopment of the healthcare system in Kenya is traced to the coming of the early Christian Missionaries in the 16Th Century. Christianity first reached Kenyan when the Franciscan Friars, who were Chaplains tothe Portuguese soldiersand who were in the company of aParish Priest, were brought infrom Portugal in 1505 by Francisco d'Almeidaimmediately after Vasco da Gama had visited the coast in 1498. Although they did not carry out evangelization, their own Christian faith which they practiced was rejected by the local people (Meyer, 2013). However, Christianity was,in lateryears entrenched when a Portuguese Captain of Kilwa, allowed people to be baptized Nthamburi (https://dacb.org/histories/kenya-beginning-development).In 1591, John Dos Santos, a Dominican Friar baptizedanother group of people (John Gray, 1958) giving rise and development and growth of evangelization in Mombasa in 1599 with the conversion of six hundred people by the Augustinians who were at the time responsible for missionary outreach(John Gray, 1958). By 1624 there were four established places of worship in Mombasa (Guillain, https://dacb.org/histories/kenya-beginning-development/)Although the Portuguese Missionaries baptized many people, they did not train and prepareChristian leaders to carry on with evangelization in the event they left the country.Besides, no attempt was made to integrate andindigenize the Church into the African main stream culture andalign it with theway of life of the local people with a viewto merging it with their collective ideas and habits (Linton, 1945).Because of these short comings, the Churchquickly disintegrated and when the then first modern Missionaries arrived, there was no trace of Christianity (Nthamburi, 1982).

In the years that followed, themodern gospelstarted with the establishment of the Baptist Missionary Society (1792), the London Missionary Society (1795), the Scottish Missionary Society (1796), the Church Missionary Society(1799), the Foreign Bible Society (1804) and the Methodist Missionary Society which came into effect in 1813. In 1844, the Church Missionary Society (CMS) send its Missionaries to the Kenyan coast to carry out evangelization, education and healing (Walaba, 2009).In fact, according to Baur (1994) the Churches were considered as the most important tool of development. In 1862 the first Methodist Missionaries arrived in Kenya through the work of the then United Methodist Free Church. It started at Ribe station which was the base from where the mission was launched. The Church became autonomous in 1967. The Church sponsors one main hospital and ten clinics (Methodist Church of Kenya, https://methodistchurchkenya.org/ .

The Church of the Scotland Mission (CSM), the present-day Presbyterian Church of East Africa (PCEA) arrived in Kenya in 1891 and set up a Church in Kibweziwest of Mombasa from whereit spread the gospel (Gichumbi,2008).Efforts by the Catholic Church became evident when in 1862 the Vatican transferred its responsibility for the whole of Eastern Africa to the Holy Ghost Fathers which culminated in the setting up of theVicariates by the White Fathersthus laying the foundation for the growth of the Catholic Church in Africa (Gogan, 2005). A uniquestrategic policy by the Catholic Churchwas the incorporation of the Orders of the Missionary Sisters in evangelization. This policy wasa three-pronged approach to spirituality: education, healthcare and evangelization.The Church was aware that the provision of medicine ensures that the population remains healthy to contribute to economic growth by working in factories to produce profit (Haralambos&Holborn 2008).As the Catholic Church established its foothold, the Church of the Inland Mission (the present day African Inland Church) established its mission in the lower eastern of Kenya in 1895 (Africa Inland Church, p.2, 1985).

Although the main reason of the early Christian Church was evangelization, itaccomplished an integrative function among the communities they set out to evangelize by incorporating the development of healthcare to treat their followers. According to Emile Durkheim,religion has an integrative force in human society. Evangelization sought to achieve this integration by bringing communities composed of individuals, social groups and communities into the House of God. These groups and individuals had complete divergent views and aspirations. He also argues that Religion offers certain ultimate values that people hold in common. Functionalists and conflict theorists agree that religion provides social support and social control by bringing about order and social change (Schaefer, 2005). The four mainstream Churches therefore laid the corner stone for support of the health care by investing in the program through evangelization.

- *Objectives*

The objective of the study was:

1) To establish the role of the Church in the development of the heath care in Kenya
2) To examine the functional role of an integrated and holistic approach to health care as a tool for the nurturing of Christian values and faith that supports spiritual growth among people.
3) To examine the challenges facing the Church in the development of Health care in Kenya
4) To assess the sociological effects underpinning the entire process of the growth of health care through a Church-Government participatory partnership approach and how this approach has created a better society.

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II. METHODOLOGY

This is a qualitative study. Using case study approach data was collected from four purposively selected Churches. This approachwasappropriate in understanding the chronological growth of the Church and its contribution to the health sector from as early as the 19th Century. Furthermore,it allowed the collection of data from individuals, groups and documents related to the selected Churches in Kenya.

➢ *Data Collection*

Primary data was obtained from purposefully selected individuals from the five selected Main Stream Churches who were interviewed to provide historical information on the Church and its contribution to the health sector in Kenya. Focus group discussions were also carried out in the selected churches. Use of secondary data from books, documents and Church journals provided valuable information and were used to supplement the information given by the selected individuals. Throughout the discussions and use of secondary data, the researcher maintained control over the line of information that was gathered.

III. FINDINGS AND DISCUSSION

The year1888 marked the entry of the Western medicine into the country which then set the process of transformation in terms of healing the sick and group relationships.The Church of Scotland (The present day Presbyterian Church of East Africa- PCEA) was the first Church to setup a station in Kikuyuin 1888to provide medical help to the local communityPresbyterian Church of East Africa (1998), According to Talcott Parsons, the starting of all social actions is understood in terms of how they help society to function effectively. When people are sick they are unable to perform their social roles normally. Illnessis a form of deviance which disturbs the society's functioning, in just the same way that crime does (Haralambos& Holborn, 2008). By making the provision of medicine to the community an entry point, the Church's action was geared towards helping the society function optimally.To fulfil this mission, the Church established Kikuyu Mission hospital in 1908, while Chogoria Mission Hospital Tumutumu and Chogoriawere established in 1908 and 1922 respectively (http://www.pceachogoriahospital.org/). These three hospitals focused on curative, preventive and promotive healthcare services with an inspiring Mission: "*To Witness to the Lord Jesus Christ by providing Quality Holistic Healthcare that is affordable and sustainable, to the Glory of God*". The Church commenced its professional medical work in 1909 with the posting of the first doctor in 1910 (http://www.pceatumutumuhospital.org/). Italso started the Tumutumu School of Nursing in 1929 as an annex to the Tumutumu Mission.Courses offered included nursing, midwifery and pharmacology.In 1951, The Church established the Clive Irvine College of Nursing as a department of PCEA Chogoria Hospitaland commenced training Kenya Registered Community Health nurses (KRCHN) at Diploma level (http://www.pceachogoriahospital.org/). This holistic mission that blends the provision of healthcare and evangelization was a strategy that worked well the purpose of which was to transform people from within so that renewed, they can build societies of love, justice and peace (Kahiga, 2005).This enabled the building of a strong society in terms of Christian faith while at same time providing comfort and medical care to the sick.

Similar effortssaw the African Inland Church (AIC), establish its first hospital in 1915 as a small outpatient clinic within the grounds of Rift Valley Academy under the name Theodora. It was later on renamed AIC Kijabe(Muchendu, http://kijabehospital.org/about/history). Together with 45 dispensaries located throughout Kenya, they form a network that glorifies God throughthe medical ministry. The Hospital's Mission is to: *"Glorify God through compassionate health care provision, training and spiritual ministry in Christ Jesus."* (Ibid). In 1980, The Church initiated the registration of TheKijabe School of Nursing with the Nursing Council of Kenya which allowed the commencement of the official training of Kenya Enrolled Community Health Nurses program (KECHN) by enrolling 14 nurses.Since then, it has expanded and trained over 1,200 highly qualified professionals who are working both locally and internationally. The Church also started a training programme known as the Kenya Registered Community Health Nursing (KRCHN) and much laterthe Kenya Registered Nurse Anaesthesia (KRNA) Program at Diploma level.(Muchendu, http://kijabehospital.org/about/history). Italso commenced a one-year diploma course leading to a Certificate in Kenya Registered Peri-operative Nursing of Kenya and commissioned a Laboratory training programme in1970.(http://kijabehospital.org/education-training-programs/kijabe-school-of-nursing)

In addition to these developments, the AIC Kijabe Hospital pioneered and adopted the use of technology in diagnostic treatment and training of its personnel by use of simulation. Simulation-based training is an innovative teaching strategy used in various forms of medical training to give learners exposure to a realistic clinical environment where they can practice clinical communication and teamwork skills. This was achieved through the Improvement ofPeri-Operative and Anesthesia Care Training in Africa (ImPACT Africa), a program funded by General Electric Foundation of United States of America. It also partners with Vanderbilt University in enhancing training of nurse anesthetists through simulation to provide students with real life scenarios on how to efficiently use their skills to provide quality patient care and effective decision making skills (http://kijabehospital.org/simulation-training-centre).The Church has since then established a network of hospitals throughout Kenya.

On the other hand, the Catholic Church established its first dispensary as early as 1913 as a wayof building and sustaining good relations between the Mission and the local people. Through this the Church was able to access the sick and dying and thereby achieve evangelization (Gogan,

2005). The sick arepeople in the family and the family is regarded as the cornerstone of society (Haralambos & Holborn 2008). It has a multiplicity of roles that built and stabilize society. When a member is sick the family is destabilized. Furthermore, society requires a certain degree of solidarity and value consensus which are prerequisite for harmony and integration between its parts. These imperatives are necessary for society to function optimally and as Durkheim states, social life is almost impossible without these shared values. These are the moral beliefs enforced in the form of collective conscience which bind society together in a more meaningful way. In the absence of these values, social order, social control, social solidarity and cooperation in society would be almost impossible (Haralambos & Holborn (2008). Malinowski evaluates the functional role of religion to society and argues that religion reinforces social norms and values thus promoting social solidarity (*Ibid*, 2008).

The Church was aware of this functional role when it set out on its mission of evangelization in Kenya and Africa. Part of this mission was to enhance good relationship, cooperation and co-existence among the people. Through this the Church proceeded to impart and strengthen these values among the people. This was done in collective worship where people come together in religious rituals full of reverence. The Church therefore, exists for a mission and one of the central focus of this mission is evangelization (Asanbe, 2005). As Holy Father Pope Paul VI asserted, evangelization is a stable and Constitutional necessity for the Church and it means bringing Good News into all the strata of humanity and through its influence transformit from within to make it new (Gogan 2005). To attract pagans in Kenya and evangelize them they had to reach them through dispensaries and hospitals where they would come for treatment and after making acquaintances, visit them in the villages for primary evangelization.The underlying functional role of the Church is therefore its relationship with the entire human family, in particular, human beings with their inner life and their life in the world through the promotion of healthcare and love (Nwaigbo, 2005).

Therefore,the objectives of establishing a healthcare system was to build the family's' functional role. For the Catholic Church this was strengthened by the arrival of Congregations of Missionary sisters. Their arrival provided a unique set-up thatenhanced the process of evangelization. As a policy, the structure established a one Sister for the dispensary, one for the school and one for teaching catechism. In the healthcare division, this set-up intensified nursing care in dispensaries and homes using a specialized pool of Catholic Sisters(Meyer, 2013). Itrevolutionized the management of the Church's healthcare system and injected a new drive in the sphere of evangelization.The Congregations of Sisters included; the Loreto, Holy Rosary, Assumption, Maryknoll, Medical missionaries, White sisters, Franciscans, Sacred Heart, Mary Immaculate, Comboni, Benedictine and Verona (Gichumbi, 2008). Others are the Nazareth Sisters of the Annunciation, Franciscan Sisters of St Joseph, Evangelizing Sisters, Sisters of Precious Blood, Cottolengo Sisters, Sacramentine Sisters of Perpetual Adoration (Meyer, 2013). Most of them undertook healthcare duties. For instance, the Consolata Missionary Sisters who arrived in Kenya in 1913, devoted their time to treating the sick while instructing the natives in the rudiments of the Catholic faith (Meyer, 2013). They started by opening a dispensary at Tigania in Meru in 1932 and in 1945 established the Mathari Consolata Hospital near Nyeri in 1945. The construction of Nkubu hospital in 1949 in Meru and the opening of Karima Maternity and hospital in 1951, formed a turning point in the development of the healthcare system in Kenya by the Catholic Church (*Ibid*, 2013). Kyeni and Consolata hospitals were established in 1956 while the Chuka Maternity and the Nazareth hospital, located about 25 Km from Nairobi were opened on the 8th of December 1965.Nazareth provides pre- and post Natal care, maternity, pediatric, general, medical, surgical and outpatient services (Meyer, 2013). A training collage attached to the hospital was opened in 1955.

When the Government of Kenya, through the Ministry of Health started the first preventive medicine program in the early 1970s such as mother-and-child clinics, multiple vaccinations, leprosy and tuberculosis prevention, the Catholic Church commissioned all its missions to begin a Community-Based Health Care program within its clinics and outstations (*Ibid*, p. 209, 2013. By 1981, the Consolata Sisters were running 4 hospitals, one maternity hospital, 19 dispensaries, 24 mobile clinics, 5 mother and child clinics, 3 Nursing Trainings, one of them for registered nurses, and two with single course of three and a half years for midwives, health assistant nurses for specific and preventive treatment in the villages. In 1972, a group of Maryknoll Sisters arrived in the Catholic Diocese of Eldoret and appointed a Medical Missionary Sister as a Medical Secretary to augment the medical effort in Kitale area with the Bishop presiding over as the chairman of the Medical and Pastoral Department (Gichumbi, 2008).

One of the most outstanding hospitals in Kenya, the Mater Misericordiae was opened in 1962 by the Sisters of Mercy, a Catholic Order of Nuns originating from Ireland. It caters mainly for the poor, indigenous Kenyans, with the primary mission of general healthcare established through the efforts of the Dolorosa foundation led by Sister Dolorosa of Dublin, Ireland. In 1970, a 60-bed maternity ward was opened with antenatal, postnatal and immunization clinics to upgrade the quality of maternity healthcare available to the poor population of Nairobi, Kenya (http://materkenya.com/about-us/). It has fully functional pharmacy, physiotherapy, laboratory servicesincluding a more efficient Casualty, Accident and Emergency Departments, as well as an Intensive Care and Cardiac Units for open-heart surgery. The hospital is the first in East Africa to receive the ISO (International Standardization Organization) certification and is a flagship hospital for the Catholic Church in Kenya. The Catholic Church chain of health facilities account for about 35% of all the healthcare facilities in Kenya (http://materkenya.com/about-us/)The Church also established health training facilities in the 1950s such as a Nurses' training school attached to Nkubu hospital in Meru sub-county was opened in 1957 and in

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1968 the Samburu Mission hospital was opened complete with a nursing school to train enrolled nurses. This was later up-graded in 2006 to run an up-grading programme for Kenya Enrolled Community Nurses to the level of *Kenya Registered Community Health Nurses*. Another milestone in the Catholic Church was the expansion of Kyeni Consolata hospital to include an annex of "The Martin Luther King Midwifery" school in 1970 after the approval by the Nursing Council of Kenya (Ibid, p 177). Later on, the Church opened Community Nurses' Training to offer Nursing Diploma in Obstetrics and Sanitary assistance (p. 239). In 1972, in recognition of the contribution of training midwives. Mater was chartered as a School of Midwifery. The Mater School of Midwifery, Nairobi, admitted its first set of students in June 1972. Over 1300 Kenya Registered Midwives have graduated from the school over the years.

To strengthen and create efficiency in its health management system, the Kenya Conference of Catholic Bishops established a Catholic Health Commission of Kenya in 1957 with the sole mandate of facilitating national coordination of the management of Catholic Health facilities including; working as a link with the Ministry of Health of the Kenya Government, providing leadership on emerging health issues, facilitating collaboration, representation lobbying and advocacy of Government agencies for equitable resource mobilization and distribution(http://www.kccb.or.ke/home/commission/12-catholic-health-commission-of-kenya/).TheCommission has a Medical office which works under the guidance of a Health Advisory Board Chaired by the Archbishop. The goal of the Health department is "to facilitate provision of sustainable curative, preventive, promotive and rehabilitative health services to all in accordance with the social teachings of the Catholic Church". The Catholic Health care is a ministry of the Church continuing Jesus' mission of love and teaching. This arrangement has established the Catholic health system as one of the best managed faith basedhealth system that works seamlessly with the Ministry of Health of the Government of Kenya to provide an efficient health care system.

In the later years, the Catholic Church established the Mission for Essential Drugs and Supplies (MEDS), a registered Trust of the Kenya Episcopal Conference (KEC) and Christian Health Association of Kenya) with a mission to provide reliable, quality and affordable essential drugs, medical supplies, training and other pharmaceutical services. The organization has over the years consolidated expertise in selection and quantification, procurement, warehousing and inventory management, rational medicine use, distribution and logistics management.

The Catholic Churchwent further to establish Diocesan health departments. For instance, the Archdiocese of Nairobi has a Medical department which operates under the guidance of the Health Advisory Board chaired by an Archbishop. The goal of the Health Department is "to facilitate provision of sustainable curative, preventive, promotive and rehabilitative health services to all in accordance with the social teachings of the Catholic Church," guided by the following principles: Dignity of the human person, Motivation; Common good; Service; Preference for the poor and under-served;Stewardship of resources; and,Subsidiarity.An enduring sign of Catholic health care is rooted in the belief that every person is a treasure; every life, a sacred gift; and every human being, a unity of mind, body and spirit. The network of healthcare facilities, and community healthcare services in the Archdiocese make a significant contribution to the nation's healthcare network. The Archdiocese of Nairobi has a network of 62 health facilities within its jurisdiction.The Medical Office networks with the Kenya Conference of Catholic Bishops Catholic Health Commission for implementation of the following programs:Comprehensive care services for persons living with HIV;Base of the Pyramid program for care and treatment of persons living with diabetes; and, Healthy Heart Africa program for the care and treatment of persons living withhypertension. In terms of partnership for the development and growth of the health services in line with the government policy, the Archdiocese links and partners with the medical department of the Nairobi Metropolitan and the Ministry of Health in terms of implementing the relevant polices. It also partners and links with both local and international donors as well as with individual health facilities and the Nairobi County Health offices and regulatory bodies such as the Kenya Medical and Dentist Practitioners of Kenya, the Nursing and Clinical Councils Medical Department in the catholic Church https://archdioceseofnairobi.org/?page_id=4715

The Diocese of Kitale also runs a well-established health services department. With a total of 16 Health facilities. It was established at the inception of the diocese of Kitale in 1998. Previously, it was part of the diocese of Eldoret The department aims to promote wholeness and general health care through Hospitals, Health Centers, Dispensaries, Mobile Clinics and Community Based Health Care. The Health-Evangelization Nexus plays out significantly in the management and implementation of medical services which is a unique approach to the strengthening of the societal values. Most the facilities are semi-autonomous under the Sisters' Congregations. The diocesan health department is affiliated to the Catholic Health Commission of Kenya (CHCK). The Catholic Health Commission of Kenya is a national organ that provides an oversight, advocates and presents an expansive network of catholic health facilities under different diocesan health departments. The commission provides direction and formulates the operational links between catholic health facilities and the ministry of health (Caritas Directorate Health Services Department http://catholickitale.org/directorates/details/4).

The other mainstream Church is the Kenya Methodist Church. Its' approach to evangelization was guided by a strong focus on healing. Although one of its core function isto provide spiritual nourishment this spiritual function was strengthened by the support of holistic theology which blended full development of the body, mind and soul. This approach helped attract followers to the church and to the Mission of God and made it possible to achieve complete

evangelization.The Church has succeeded in integrating primary Health Care activities with this unique traditional spiritual nurture.With a clear understanding that evangelization is not possible when people are sick, the Church opened its first hospital, the Maua Methodist Hospital in Meru, Kenya (formerly, Beresford Memorial Hospital)in 1928.

This is a flagship investment that has a 230-bed capacity serving over 600,000 people in the region. (http://www.methodistchurchkenya.org/index.php/departments/health-wholeness)TheChurch is an active member of the Christian Health Association of Kenya (CHAK) and through this collaboration,trainsVoluntary Counselling and Testing Counsellors. In line with its core values of following Jesus' example of teaching, preaching and healing coupled with its Vision of being a modern Christian Referral and Training Centre providing health Care in the Community to the glory of God, itcontinuesto partner with the Government of Kenya'sMinistry of Health (http://www.mckmauahospital.org/index.php/who-we-are/history).

In 1942 the Church established a nursing school paving way for the first Caesarean section that was performed in the same year. The training of nurses began in 1942 with the Enrolled Nurses and Enrolled Midwives programmes in 1966. In 1977 the Enrolled Community Health Nurse programme startedfollowed and later on the Registered Community Health programme commenced in 1999 (http://www.mckmauahospital.org/index.php/who-we-are/history)Church has established links with other Faith Based Organizations through the National Council of Churches of Kenya (NCCK) and is an active member of the Christian Health Association of Kenya (CHAK) http://www.methodistchurchkenya.org/index.php/departments/health-wholeness

- *Challenges Experienced by the Church in the Development of the Heath Sector in Kenya*

The mainstream Churches stated experiencing multiple challenges in the development and growth of health services. They particularly singled out the maintenance of the facilities in the remote areas and the challenges facing people seeking treatment. Furthermore, the challenges of the increasing HIV/AIDS prevalence in some families especially the poor ones, orphans and the destitute who are unable to access treatment due to poverty. The most significant is the donor dependency. Accessing adequate funds to run programs due to global economic recession and the near economic shut down is proving to be difficult. A number of facilities are reported to have experienced staff turn-over particularly in specialized areas of the health sector. The Church expressed inadequate access to health policy manuals to enable standardization of the health operations in the country. Finally, rural areas have experienced mushrooming of government health facilities funded by National Constituency Development fund.

IV. CONCLUSION AND RECOMMENDATIONS

It is therefore important to conclude that the Church in Kenya has made significant contributions to the growth of healthcare in Kenya. Most of the flagship health facilities run by the Church offer very specialized healthcare services not only for the citizens of Kenya but are also referral services for East African region.The Church has supplemented government effort in treating millions of people especially the poor and the disadvantaged. It has added to the health care network that has seen Kenya assume a leading role in the Health care sector in the East African region. It has trained thousands of young health workers and provided employment to thousands thus supplementing the government efforts in the creation of employment. The study recommends that the government support the Church's efforts in strengthening the sector by providing policy and legal framework to enhance efficiency.

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