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Catholic Church's Efficacy in Alleviating Health Care Provision Normative Challenges in the Catholic Diocese of Kericho, Kenya

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Abstract: The study examined the efficacy of the Catholic Church in healthcare provision in Kericho Diocese, Kenya. It employed the descriptive research design to determine the respondent's feelings and experiences in relation to the Catholic Church healthcare provision. A total of 384 randomly sampled primary respondents participated in the study through questionnaire. Additionally, key informants including the bishop, a medical coordinator, 9 priests, 4 healthcare personnel and 8 recovered patients were purposely selected for interviews. Quantitative data was analysed descriptively while qualitative data was analysed thematically. The study concludes that the teachings of the Catholic Church on healthcare provision centre on defence for human dignity, common good, solidarity and fundamental option for the poor. The teachings, however, were not fully reflected in the provision of the healthcare service in the Catholic Church healthcare facilities under investigation. Therefore, the church in the Diocese of Kericho has not been adequately effective in healthcare provision. Based on the conclusions, the study recommends that the Catholic Church health facilities in Kericho Diocese should provide health care services in accordance to the Catholic's teachings on human dignity. The healthcare provision sector should implement personalist ethics of care by respecting the human person in the healthcare service provision.

Keywords: Catholic Church; teachings; normative challenges; healthcare provision.

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Introduction

Faith-based service providers play a significant role in efforts to achieve Sustainable Development Goals and promote integral human development. Catholic Church considers sustainable development as an important endeavor in the society. The Catholic Church oversees 26% of all healthcare institutions globally and the Catholic healthcare network is the largest organization of non-profit healthcare providers in the US, where one in six patients are

treated at a Catholic Church hospital. Catholic healthcare has long been a significant force in the U.S. with more than 600 hospitals, 1,400 long-term care home and other healthcare-related facilities (King, 2015).

Moreover, the Catholic Church is very visible in healthcare services in Africa. Out of all the religious organizations and for-profit organizations involved in the continent's healthcare sector, Catholic church operates the greatest number of hospitals and clinics offering Medicare and, occasionally, free medical care to those with HIV/AIDS, pregnant women and malaria patients. Even in African nations where the Catholic Church is not the majority, this nevertheless occurs. Catholics make up around 30% of the population in Ghana but they run more hospitals than any other organization in the country.

The Catholic Church manages around 30% of all medical facilities in Kenya through the Catholic Health Commission of Kenya. The Church has a vast network that includes 451 health units (including 69 hospitals, 117 health clinics, 14 medical training colleges and 251 dispensaries), more than 46 community-based health programs and programs for orphaned and vulnerable children (OVC). The Catholic Church operates mobile clinics in arid and semi-arid regions for nomadic populations since these are hard-to-reach areas where other groups, such as the government are unable to provide health care (Kenya Conference of Catholic Bishops, 2015).

World Health Organization (WHO) reported that the global society of today is rapidly changing and the disparity between the haves and have-nots in healthcare provision is growing. The world potentially faces a future population that lacks access to healthcare service in the overburdened healthcare provision systems (WHO, 2017). WHO (2017) further noted that presently, at least half of the population in the world do not receive the healthcare services they need and each year, large numbers of households are pushed into utmost poverty because of out-of-pocket payments for healthcare service access. This is partly an indicator that healthcare provision system is not reaching the demands of people.

COVID 19 pandemic amplified the negative healthcare outcome situation internationally dividing the world into developed and underdeveloped in terms of healthcare provision. According to United Nations (2022), only a small number of COVID-19 vaccines were given out in developing nations compared to developed nations, expanding the gap between the wealthy and the poor in terms of access to healthcare. The paucity of vaccines in lower-income countries was made worse by the hoarding problem in higher-income nations. Due to their reliance on contributions or "leftovers" to supplement their supply of dosages, low-income nations were left at the mercy of those who had stocked up.

The healthcare gap is related to the gender gap, where social and economic variables have a significant impact on both girls' and women's health. Girls and women in affluent households utilize healthcare services more frequently than those in poorer households. In contrast to their male counterparts, many women in underdeveloped nations experience tougher time accessing and affording professional healthcare. According to the International Labor Organization (2014), even if access to healthcare is legally guaranteed, those who reside in rural regions are nonetheless denied it since local enforcement of such legislation may not exist in rural areas. The situation is made worse by the scarcity of healthcare professionals in most rural areas of the world. In addition, healthcare facilities are more concentrated in metropolitan regions than in rural ones where vulnerable individuals are more likely to congregate despite the lack of resources. This is made worse by the urban private sector's explosive growth, which leads to an uneven regional distribution of healthcare services.

Inequities in healthcare delivery do not just occur between nations; they also exist within nations. For instance, the American healthcare system affects African Americans and other oppressed populations differentially. Healthcare inequities can be seen in the gaps in insurance coverage, inequities in access to treatments and subpar treatment for African Americans (WHO, 2017). Similar disparities exist with regard to healthcare opportunities in Kenya. Kenya has high levels of healthcare access disparities (Ilinca, et al. (2019). Poorer people not only have poorer health than wealthy ones, but it is more difficulty for them to get the necessary healthcare services.

The obligation of the Catholic Church to provide healthcare to humanity resonates well in this context. The Catholic Church seeks to guarantee

adequate healthcare service access for all. The provision of healthcare falls under the purview of distributive justice because it is a basic need, much like food, clothing and housing. The pastoral document Gaudium et Spes from the Second Vatican Council states that "the right of having a share of earthly goods sufficient for oneself and one's family belongs to everyone" (Second Vatican Council, 1965). According to doctrines of the Catholic Church, injustice occurs when a person has a right to something but is denied it. The right to healthcare access doctrine implies that the community has a duty to provide healthcare to anyone in need, even if the recipient cannot pay for it.

Today's society is characterized by a constant gaps between the wealthy and the destitute, the employed and the unemployed and the powerful and the powerless. Nearly everyone in the society is aware of the extremely wealthy, affluent elite. The elite class, working with global capitalist forces directs the health care toward themselves at the expense of the disadvantaged populace. This study sought to explore the Catholic Church's Efficacy in Alleviating Health Care Provision challenges in Kenya.

Literature Review

Literature Review

Review of literature on social teachings of the Catholic Church on healthcare provision, challenges related to healthcare provision and effective role of the Catholic Church on healthcare provision was done so as to situate the study in the existing body of knowledge and to identify the gaps to be filled by the study.

Social Teachings of the Catholic Church on Healthcare Provision

Precepts for healthcare reform by Condit (2016) offer a magisterial gift to every generation to support the creation of a just society. Condit in this article notes that the principles of the Catholic social teachings propose a moral criterion for responding to the neighbors' needs such food, shelter, healthcare and education. These guiding principles are: human dignity, common good, solidarity and subsidiarity. Condit explained how the Catholic Church should order the society in general.

Kammer (2020) in his work titled, *Catholic Social Thought and HealthCare* gives a discussion of the Catholic Church social teachings on healthcare provision. He notes that the Catholic Church's discussion of healthcare provision begins with the teaching that healthcare is a basic human right (United States Conference of Catholic Bishops, 2009). Given that people are created in God's likeness and in the sanctity of human life, they have a claim to respect and dignity. The implication is that everyone, regardless of their economic, social or legal position, must have access to healthcare services, which are essential for healthy growth and maintenance of life.

The Role of the Catholic Church in Healthcare Provision

The Catholic Church's mission regarding provision of healthcare is described by Putney (2004) who argued that the Catholic Church should provide healthcare to the sick and the afflicted in a way that invites people to recognize God's presence in their suffering. In other words, the Catholic Church, through its healthcare mission has to demonstrate compassion for the ill, the troubled and the weak in society. The author further argues that the Catholic Church should oppose any medical methods, procedures or policies that disadvantage or oppress some individuals while favoring others. Naumann and Finn (2009) argue that the Catholic Church healthcare ministry should respond to needs of people with compassion and in obedience to the healing mystery of Jesus Christ.

Challenges Related to Healthcare Provision

United Nations (2021) noted that the healthcare systems of industrialized nations are vastly superior to those of emerging nations. The development of technology in industrialized nations has left poor nations far behind in terms of healthcare systems and services. In contrast to wealthy nations, which have both a low death and birth rate, developing nations have high rates of natural growth due to their high birth and death rates. Thompson (2021) notes that in developed continents like North America, Europe and the Far East, the efficiency, sophistication and accessibility to healthcare systems are unmatched. For instance, there is typically one doctor for every 3,324 people in Africa as opposed to every 293 people in Europe.

International Labour Organization (2014) revealed significant disparities in healthcare availability across rural and urban areas. According to the report, basic healthcare services are unavailable to

56% of people living in rural areas around the world, which is more than double the percentage of individuals who do not have access to them in urban areas (22%).

Healthcare provision in Africa is faced with various challenges resulting to poor healthcare outcomes. A study done in Africa by Oleribe et al., (2016) established that inadequate healthcare staff, inadequate funding, bad leadership and poor management of healthcare providing systems are the main issues facing the industry. The incapacity of the healthcare delivery system to adequately and effectively respond to public health emergencies, such as the breakout of infectious illnesses and pandemic increased mortality and morbidity in these countries.

Limited access to healthcare facilities, lack of sufficient healthcare personnel and healthcare personnel specialists to address special healthcare needs and poor infrastructure where most healthcare facilities lack the necessary healthcare facilities and equipment to address the healthcare provision challenges are some of the major challenges faced by Kenya's healthcare system (Kenya Healthcare Federation, 2018).

The above studies are in agreement that healthcare provision in the world and particularly Kenya is faced with a lot of challenges. In response to this gap, this study sought to establish the Catholic Church's efficacy in alleviating Health Care Provision Normative Challenges in Kenya.

The Role of Catholic Church in Healthcare Provision

The Catholic Church's mission regarding provision of healthcare is described by Putney (2004) who argued that the church should provide healthcare to the sick and the afflicted in a way that invites people to recognize God's presence in their suffering. The Catholic Church, through its healthcare mission has to demonstrate compassion for the ill, the troubled and the weak in society. The author further argues that the Catholic Church should oppose any medical methods, procedures or policies that disadvantage or oppress some individuals while favoring others.

Naumann and Finn (2009) argued that the Catholic Church healthcare ministry should respond to needs of people with compassion and in obedience to the healing mystery of Jesus Christ. The arguments of the scholars were relevant in unravelling the need for understanding human person and his ethical positions in society.

Gordon (2021) in his work, *The distinctive role of the Catholic Church in development and humanitarian response* explains the Catholic Church's organizational structure and its contribution to humanitarian aid and development. The author noted that the Catholic Church is obligated to assist everyone, with a special focus on the underprivileged and marginalized groups that have often been left out, persecuted or are victims of injustice. Regardless of ethnicity, gender or creed, the Catholic Church provides for the needs of all individuals. Gordon ideas were relevant in establishing the calling of the Catholic Church of denouncing all forms of injustices and oppression in society. Gordon emphasized denouncing injustices and oppression generally in the society whereas this study confined itself to the calling of the Catholic Church in denouncing injustices and oppression in the healthcare provision setting.

Methodology

Design

The study employed a descriptive research design that aims to systematically obtain information to describe a phenomenon, a situation or population (Ethridge, 2004). Descriptive design was used to determine the respondent's feelings and experiences in relation to the Catholic Church healthcare provision.

Population and Sampling

The target population included 281,330 faithful, 50 Catholic Church leaders, 10 healthcare personnel and 24 recovered patients derived from the catholic diocese of Kericho statistics of 2019. The sample size was 407 and it constituted 384 primary respondents selected through simple random sampling. Additionally, Key informants were drawn by purposive sampling and it included the bishop, the medical coordinator, 9 priests, 4 healthcare personnel and 8 recovered patients.

Research Instruments

Questionnaires with both open and closed-ended items were administered to the Catholic Church faithful to establish healthcare provision as a contemporary phenomenon, the involvement and efficacy of the Catholic Church in healthcare provision. Interviews schedules, on the other hand, were conducted among recovered patients, healthcare personnel and Catholic Church leaders. They gathered information concerning the

experiences in the Catholic Church healthcare facilities and the teachings of the Catholic Church on healthcare provision.

Validity and Reliability

Data collection tools were validated by experts in the social science department. Experts evaluated the relevance and clarity of each item in the tools. Suggested adjustments were addressed accordingly. A Cronbach's Alpha of 0.8 in the pilot study ensured that the questionnaire was reliable. The use of more than one instruments as source of data enhanced the reliability of the results.

Statistical Treatment of Data

Quantitative data was analysed descriptively in terms of frequencies and percentages while qualitative data was analysed thematically.

Ethical Considerations

Nature and purpose of research was explained to all the concerned participants and thereafter their consent was sought. The researchers used the data they collected exclusively for academic reasons and with the utmost confidentiality. The National Commission for Science, Technology and Innovation (NACOSTI) and the Directorate of Post-Graduate Studies at the Masinde Muliro University of Science and Technology granted authorization for the research.

Results and Discussion

This section presents the findings of the study as guided by research questions.

Research question one: What are the teachings of the Catholic Church on healthcare provision?

Respondents were asked to highlight the teachings of the Catholic Church on healthcare provision. From the responses, the following teachings were highlighted:

Dignity of the Human Person

Dignity is that special value that ties a human person to their humanity. The diocesan bishop of the Catholic Church affirmed that dignity of the human person is the core principle in the Catholic Church healthcare provision. He reported,

> The concept of human dignity is based on the conviction that because a person is made in the likeness and image of God, has been reconciled to God through the work of Jesus Christ and is ultimately meant to be united with God, they are deserving respect as members of both the human family and the family of God.

The foregoing assertions indicate that as the human individual is the most essential and distinct expression of ourselves, human life is sacrosanct. Catholic Church healthcare ministry is rooted in a commitment to promote and defend human dignity. The fundamental human right, the right to life, includes the right to the means necessary for that life to develop properly, such as access to quality healthcare (USCCB, 2009).

The basic tenet of the dignity of human life informs the United States Conference of Catholic Bishops' perspective on healthcare:

The foundation of the healthcare ministry of the Catholic Church is a dedication to uphold and advance human dignity. This serves as the cornerstone of its concern for the sacredness of every human life from conception to natural death. The fundamental human right, the right to life, includes the right to the means necessary for the healthy development of life, such as adequate medical treatment. This right derives from the value of human life and the dignity that all people possess as being created in God's image (USCCB, 2009).

The United States Conference of Catholic Bishops meant that dignity of human person is traced to the story of creation that man was created in the image and likeness of God. The responses implied that Catholic Church healthcare institutions are established for the defense of human dignity through prioritizing patient's healthcare need. Other socio-economic attributes such as ability to pay, gender or geographical location therefore should not take pre-eminence in the Catholic Church healthcare facilities.

Common Good

The common good is acting in everyone's best interests. Catholic Church is a community and a society as well. Therefore, it should work in pursuit of the common good for the community in terms of healthcare provision. The Kericho diocesan bishop of the Catholic Church noted in this respect that:

All people are members of the same human society and have the right to take advantage of all the benefits that the world and nature have to offer in order to improve their quality of life. This is the foundation of the common good. The earth and all its inhabitants were made by God. Therefore, each person's capacity to contribute to the common good

in the world that God created and gave to us is a direct link between their own well-being and that of all other human beings.

The assertion of the informant implied that the Catholic Church healthcare institutions are established for the good of all people in the community. In other words, Catholic Church healthcare provision is for the benefit of the entire population and community, not for specific individuals. From the responses, the study can argue that the Catholic Church healthcare facilities are meant to meet the healthcare needs for the entire community not specific people.

Solidarity

Solidarity is the capacity to identify with other people, groups and institutions that cooperate for society's welfare. Working together for the benefit of society's overall well-being is a key component of solidarity. Catholic Church priests reaffirmed that solidarity practice is an essential part of the Catholic faith. One of the priests reported, "Christians are united not only by their affection for those who are closest to them, such as friends and family, but also by their solidarity with the Church as a whole and, by extension, with all of mankind. "The assertions therefore means Christians have a responsibility to care for the sick as they belong to the same family. This is in agreement with the teaching of the Catechism of the Catholic Church which reports,

The right distribution of things, the fair payment for labor and the enthusiasm for a more just social structure are the first ways that solidarity, which is born out of human and Christian brotherhood, is shown. It is much more crucial to cultivate the virtue of solidarity while sharing spiritual riches of faith than when sharing tangible commodities (Buckley, 1993).

Fundamental Option for the Poor

Providing the impoverished the preferred option requires providing their demands special consideration and importance. The Catholic Church leaders asserted that the Catholic Church's healthcare system is judged more on how well it treats the needy than on how well it treats the wealthy. The teaching of preferred option for the poor in the Catholic Church exhorts Catholics to replicate Christ's love for the underprivileged by trying to build a society that puts the needs of the underprivileged first. The foregoing discourse resonates well with Pope Francis, *The Joy of the Gospel (*Pope Francis, 2013) when he argued:

The Church has a long history of loving the underprivileged. The Beatitudes, Jesus' poverty and his care for the underprivileged serve as the inspiration for this love. The Church, which has continued to fight for their relief, defense and liberation since her founding and in spite of the shortcomings of many of her members, has a preference for those who are afflicted by poverty. In the pursuit of justice and freedom, there is a need to love others and especially the poor, whom the Church sees as Christ himself.

Pope Francis here meant that giving the less fortunate the means to take an active part in the society is the major objective of this special commitment. Its goal is to enable everyone to take part in activities that promote the common good.

From the teachings, the study therefore established that effective Catholic Church healthcare provision is at the defence for human dignity, common good, solidarity and fundamental option for the poor.

Research question two: What are the experiences in the Catholic Church healthcare facilities?

The research question sought to establish whether the Catholic Church healthcare provision is accessible for all or there are challenges related to it. This would unravel how the Catholic Church healthcare facilities provide their services. Respondents were asked to highlight their experiences regarding the Catholic Church healthcare provision. From their responses, the following themes emerged:

Polarization of Healthcare Services

This is a state in which healthcare service is provided in a manner that favors a certain group in most cases the 'haves' and disadvantages others, the 'have-nots.' Diocesan medical coordinator affirmed that the Catholic Church healthcare provision is not efficient. The informant attributed this to the deficiency of prescribed drugs and equipment. He explained,

Our healthcare facilities are not efficient. One of the challenges is the availability of healthcare equipment. Furthermore, when there is drug shortage, the diocese takes too long to procure and deliver other drugs. The healthcare facilities then stay too long without drugs. Patients are forced to go and look for medication in other settings.

Respondents further affirmed differences in the in-patient services provision which seem to portray a

divide between the haves and have-nots. One of the respondents opined,

We offer inpatient services based on the admission category. Our facility has a common room and private wing ward based on the affordability of the patient. Private wing is preferred by those who can afford because it has a lot of privacy, high quality care, reduced infection and fewer adverse events. Also, improved ability to rest increases recovery time and it provides excellent atmosphere to recuperate after undergoing extensive treatments. Due to the privileges in the private wing, the charges are higher compared to the common room.

According to the respondent, this meant that provision of in-patient services in the Catholic Church healthcare facilities are made based on the social classes one belongs. It depicts that people from high class are admitted based on the class they belong, that is, private wing since they can afford. Those who do not afford are admitted in the common room. The differences in the provision of in-patient services depicts the fact that the 'haves' have greater opportunities to access better healthcare services compared to those who don't have. Foregoing scenario conflicts with Vatican II; *Caritas in veritate* (Love in truth) that, if economic help is to be true to its intended use, it must not seek ancillary goals, such as being tied to healthcare policies which disadvantages the poor and the under-privileged.

Socio-economic Divide

This is where healthcare provision opportunities are unequally distributed. Respondents affirmed that socio-economic differences in Catholic Church healthcare facilities are prevalent. They asserted that affordability dictates attention in the catholic healthcare facility. Of similar opinion, one respondent reported, "The affordability aspect dictates the urgency of attendance. If you don't have adequate finance to meet the required healthcare service, you are asked to source for the finance be it from relatives or any convenient source before getting the treatment.

Another respondent noted that, "Nothing is free. You must pay for it.'' The respondents here meant that before receiving treatment, you must first meet the required finance to cater for the healthcare services to be delivered. The aforementioned claim is in odds with Meyer's (2003) claim that everyone deserves access to high-quality healthcare, regardless of personal factors like affordability, identities, or qualities like ethnicity or gender. The foregoing scenario further conflicts the Catholic Church's obligation to uphold justice for everyone by guaranteeing that anybody in need of medical care gets access to it, even if they are unable to pay for it. Obligation is mandatory rather than voluntary irrespective of race, gender, denomination, ethnic background or affordability (United States Conference of Catholic Bishops, 1997).

Health insurance Cover Dictating Medical Care

The two common forms of payment that emerged from the study were insurance company and direct payment from the recipient of the healthcare service. However, the two forms are faced with challenges. Insurer at times delays approval for medication whereas for patients who makes direct payments, a challenge emerge when they don't have money to meet the payments.

Respondents appeared to maintain that insurance companies are what dictates accessibility of healthcare service in the Catholic Church healthcare facilities in the Diocese of Kericho. Of similar opinion, one respondent narrated,

Medical insurance companies have introduced measures to control costs. These regulations call for doctors to notify insurers of their actions and request authorization before providing treatments and undergoing procedures. You should first determine whether a procedure or test is covered by your health insurance plan before getting it done. Making sure a doctor has approved or requested the required treatment or tests is the first step. Obtaining a doctor's opinion alone does not guarantee that the insurance will view the procedure as medically required. If the insurer does not consider it as medically necessary, then the insurer does not cover your healthcare bill. You will be forced to pay the bill from your pockets.

Another patient reported, "You have to pay National Health Insurance Fund (NHIF) at least every ninth of the month. Failing to pay will cause you penalties. But now when it is time for the NHIF to pay for the patients, we have to beg.' According to respondents, receiving treatment posed a challenge to them especially where there were issues with treatment approval from the insurer. Treatment was only received upon the approval of payment from the insurer.

Geographical Location Divide

This encompassed accessibility of healthcare service considering the geographical residence of the patients. Respondents noted that physical access to healthcare service is a challenge to them because of the distance from their residence to the healthcare facility. A similar position was held by the diocesan medical coordinator who affirmed that the Catholic Church healthcare facilities are not evenly distributed in the diocese. He pointed out that;

> High level healthcare facilities such as St Clares Kaplong, Kipchimchim mission hospitals, St. Lukes Matobo are located in urban centers whereas outskirts of the diocese are serviced by mobile clinics. This disadvantage the poor and vulnerable who in most cases tend to be clustered in the rural areas. This also explains the high cost of healthcare service especially for rural residents. Therefore, patients in rural and urban areas do not have equal opportunity for the healthcare service access.

Healthcare Technology Divide

This entails the difference in levels and adoption of technology. Interview responses from the Catholic Church healthcare personnel revealed that the Catholic Church healthcare adopts technology in their provision of healthcare. However, there is a discrepancy in the level of technology development across the Catholic Church healthcare facilities. Of similar contention, one healthcare personnel noted,

> Digital healthcare is highly demanded in a world that is becoming technologically oriented. Catholic healthcare facilities use technology in their delivery of healthcare service. Technology has facilitated early detection of diseases and has contributed greatly to quality healthcare outcomes. The challenge is unequal development of technology in various Catholic Church healthcare facilities. Some healthcare facilities are underdeveloped in terms of healthcare facilities. Some level two healthcare facilities such as St Anne's kapsorok, Mercy Dispensary still use manual register for patients when developed facilities used desktop computers for patient registration and keeping patient's healthcare history.

According to the respondent, Catholic Church healthcare provision uses technology in their delivery of healthcare services. However, differences emerge in their level of utilization. High level facilities have highly developed technology compared to dispensaries and clinics which may have not even managed to adopt better way of keeping healthcare history of their patients. From the responses, this study can argue that there is a divide in healthcare technology among the Catholic Church healthcare facilities in the Catholic Diocese of Kericho.

From the responses, the study could argue that healthcare provision system of the Catholic Church confronts a range of economic, technological, social and moral challenges hindering accessibility of healthcare service for all people.

Research Question Three: Are the teachings of the Catholic Church on healthcare provision compatible with the experiences in the Catholic Church healthcare facilities?

Efficacy of the Catholic Church in healthcare provision was determined by the compatibility of the teachings of the church on healthcare provision and the experiences in healthcare facilities. That is, whether the teachings of the Catholic Church on healthcare provision are reflected in the provision of healthcare services in the Catholic Church healthcare facilities. Respondents therefore were required to agree or disagree on whether the listed teachings of the Catholic Church on healthcare provision were upheld in the healthcare facilities or not. Responses appear in table 1:

Table 1: Teachings and Actual Healthcare Provision

Social Teaching	Percentage (%)	
	Agree	**Disagree**
Human Dignity	5.3%	94.7%
Service to community	100%	0
Option for the poor	5.6%	94.4%
Call to Justice	5.3%	94.7%

Regarding the defense of human dignity, 94.7% of the respondents disagreed that the Catholic Church healthcare facilities prioritize the defense of human dignity. Furthermore, 5.3% of the respondents held an opposing view. From the majority of the responses, the study deduced that attendance to human dignity is not effective. This is contrary to the core tenets of the Catholic Church's social class doctrine, which advocates human dignity and preference for the underprivileged. This unaddressed doctrine is fundamental to the biblical

teaching about justice as emphasized by the National Conference of Catholic Bishops (1986).

Besides, 100% of the respondents agreed that the Catholic Church healthcare facilities serves the healthcare needs for both Catholic Church faithful and non-Catholics. The foregoing position is in tandem with Pope Benedict XVI plea for the "Cooperation of the Human Family" in *Caritas in veritate* (love in truth). The author claims that the development of people "depends, above all, on a recognition that the human race is a single family working together in true communion, not merely a group of subjects who happen to live side by side" (Vaccaro and Sison, 2011).

With regard to call to justice, 94.7% of the respondents noted that the church healthcare facilities practice injustice while only 5.3% held a contrary opinion that the church healthcare facilities are administering justice to its clients. From majority of the responses, it can be argued that the church healthcare institutions exhibit a significant level of injustice. Their assertion resonates with Guala (2016) who reported that the church healthcare facilities are structures which exhibit institutional injustice as they do not offer equal opportunities in healthcare access. They create disparities in representation, opportunities and resource allocation.

With regard to option for the poor, 94.4% of the respondents held that the church healthcare facilities do not prioritize the poor while 5.6% held an opposing view saying that the healthcare service provision gives priority to the poor and the underprivileged. The opinions of the majority respondents conflict the Catholic Church social teaching on healthcare provision to the poor. The teaching places emphasis on the idea that a society's treatment of its weakest people serves as a fundamental moral yardstick. According to the Catholic Church tradition, society as a whole should prioritize the needs of the poor and vulnerable in a world marked by widening wealth and poverty disparities.

Conclusion and Recommendations

The study concludes that the Catholic Church has teachings on healthcare provision which centre on defense for human dignity, common good, solidarity and fundamental option for the poor. The teachings however were not fully reflected in the provision of the healthcare service in the healthcare facilities under investigation. In this regard, the study submits that the Catholic Church in the Diocese of Kericho has not been adequately effective in healthcare provision since the teachings on healthcare provision were not fully upheld and were not fully reflected in the real healthcare provision.

Based on the conclusions, the study recommends that the Catholic Church health facilities in Kericho Diocese should provide health care services in accordance to the Catholic's teachings on human dignity. The healthcare provision sector should implement personalist ethics of care by respecting the human person in the healthcare service provision.

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