

The Establishment of Catholic Health-Care System and Its Contribution to Human Capital Development in Kaduna: A Study of St. Gerard's Catholic Hospital, 1987 - 2021

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Abstract

The Catholic Mission has been active in providing health-care service delivery in communities in parts of Kaduna State since 1957. Despite its contribution to health-care delivery in the State, there is no detailed and systematic inquiry into its contribution towards health-care delivery and human capital development. This implies the existence of gaps in our current knowledge of faith-based health-care delivery services particularly in Kaduna and Nigeria in general. This study seeks to narrow the gap in the existing literature on health-care service delivery by focusing on Catholic Mission health-care in Kaduna since 1987. The work employs the use of descriptive to analyse the historical documents from both primary and secondary sources. Available literature focused more on the religions activities of the Catholic Church during and after the colonial era; little attention was given towards the role it played in the development of human capital. The Church made viable inputs in the establishment of structures and the delivery of health-care services in Kaduna state. The nexus between Catholic health-care system and human capital development is the institutionalization of various programmes that supported health-care services in Kaduna state, examples are the establishment of hospitals, maternity homes, nursing schools, medical outreaches in rural areas, provision of relief materials in crises prone areas, having medical outpost in rural and hard to reach places thereby providing employment to many. The church is also known to assist in execution of immunization and vaccination programmes in collaboration with other health-care agencies.

Keywords: Catholic hospitals, Health-care delivery, Human capital Development.

1.0 Introduction

The obvious Christian model of caring for sick was Jesus Christ himself. A few passage from the New Testament, such as the Good Samaritan tale influenced early Christian medical philanthropy (Resseguie 1975) and other focus on providing health-care and food to the underprivileged (Benj. 1928) Early Roman Catholic history describes the ministry of medical service as a diaconal (deacon and deaconess) practice that was centered in the church rather than as a formal medical field. This services were delivered by untrained, laymen and

women without any medical background. Nonetheless, for the first two centuries of its existence, the church served as the sole institution in the Roman Empire that provided organized medical treatment for the sick and impoverished (Frengren, 2016). The majority of those providing medical care in those early years were from lower social classes, and their job was to help the sick and the poor impoverished in the Roman Empire and other major European towns as Christianity spread. The church would distribute food and money to

them and take them to the public baths, where their basic hygienic needs could be met and they could find shelter in winter. None of those attending to the sick had medical training, but they were motivated by compassionate concern. Over time they became an intermediate order between clerical orders and laymen, and in the sixth and seventh centuries they were attached to large churches in the big cities of the Byzantine Empire and continued the long tradition of church-focused diaconal care of the sick. (Ferngren, 2016)

Many movements in the history of Christian philanthropy have drawn on the heritage of early Christian medical care. Roman Catholics have succeeded in organizing and institutionalizing medical welfares, including hospitals, most of them managed by religious orders of women. The Sisters of Charity, founded by St. Vincent de Paul (1580–1660), (Ferngren, 2016,) became a major force in caring for the sick. The nineteenth century saw a further eruption of Christian efforts on behalf of the sick poor: Catholic health-care system is global but the local context has been discussed within various frame work as regards Kaduna state, the human capital development within the context of Catholic health-care have not been a focal point since inception of the Roman Catholic Church Missionary activities. This paper attempts to highlight the nexus between Catholic health-care system and its contribution towards human capital development. Human capital development has evolved as a spinoff of the establishment of Catholic health-care system visa-vis the specific medical education and training domiciled in Kaduna State and other private organizations.

The Area of Study

Kaduna State in the context of this study refers to the entity that came into existence in 1987. Prior to 1987 Kaduna State comprised of two former emirates of Zauzau and Katsina. During the ogmilitary government of Gen. Ibrahim Babangida Kaduna state was created as an entity separate from Kastina. The State is bordered by Zamfara, Katsina and Kano to the north, Bauchi and plateau to the east, Nassarawa to the south, and Niger to the west. Abuja the Federal Capital Territory also borders Kaduna state to the southwest. By 2006 census the population of Kaduna was estimated to be 6,113,503 (Gazette1991) next only to Lagos and Kano (Diji, 2006).

Research Methodology

This study made use of primary and secondary sources while preparing this work. The primary sources include oral interviews and hospital records. In addition to oral interviews unpublished documents including records of health-care centers owned by the Mission and the State Government were consulted. For secondary sources, published works comprising books, journals, newspapers, were sourced from both relevant public and private libraries. The findings of this study was subjected to systematic scrutiny using analytical, descriptive and thematic approaches.

Literature Review and Conceptual Clarification

For the purpose of clarity, this section of the paper attempts a clarification of some concepts and a review of literatures these are: Development, Human Capital, Health and Catholic Health-care system.

Development

Development has been defined by scholars in different ways, according to (Sen, 1999) development is visualized from the ends and means of freedom. He thought of freedom as a primary end and principal means of development. While (Egonmwan, 1999), sees development in terms of the condition of life, a goal and as a capacity to grow, change, and finally develop. He further explains that in order for development to be visible there must be a continuous improvement in the living standard of citizens and the structural transformation in the productive and distributive input and output systems of the economy.

In addition, (Adebayo & Adepoju, 2018) argues that development is the effort of government (Federal, State, and Local) to improve the environment and the living condition of the people in such a way as not to negatively affect generations to come. Similarly, (Mohammed, 2013) sees development as the ability to preserve the existing resources of the State for common use of citizens while deliberate efforts are made to conserve the resources for the future generation society ca not be said to be developed.

Therefore, development is likely to manifest in a country where the leadership is creative in approach and action. In this light development can be said to be a continuous harnessing of resources for the enhancement of quality of life of a people. This is in addition is putting in place adequate provision to cater for future generations. This implies that

development is only possible if deliberate efforts are made by those who are entrusted to manage public resources in a proficient manner and are willing to do so for the benefit of all in the society. Development in human society has many processes at the level of individuals; it can be seen as building of human skills and capacity, greater freedom, creativity, self-discipline, responsibility and material well-being (McCracken, 2017:130).

For the purpose of this paper development can be said to be a conscious and deliberate effort made by a country, individual or an organization to improve the lives of its citizens or employers by providing social amenities, infrastructure, and resources for growth and enrichment. These resources or amenities can be in the form of employment, schools, hospitals, building of institution, availability of roads, and security of lives and properties, creation of an enabling environment for people to thrive and make progress for the present and further generation.

Human Capital

The term human capital traces its root to the beginning of 1960s; (McCracken, 2017:131). Schultz's defines human capital as, all human abilities to be either innate or acquired. These attributes are valuable and can be improved by appropriate investment. Meanwhile, Becker defined Human Capital as the knowledge, information, ideas, skills, and health of individuals. Becker's definition, like Schultz's original classification, is somewhat limited (McCracken, 2017:132). However, Becker's definition is interesting as it adds an extra dimension in terms of the health of individuals. Indeed, the health and well-being of individuals is an important factor in contemporary research which relates to the contextual development of human capital within any organizations. (McCracken, 2017 p.140) quoting Bontis et al in his book defines HC as the human factor in the organization which is the combined intelligence, skills and expertise that gives the organization its distinctive character. The human elements of the organization are those that are capable of learning, changing, innovating and providing the creative thrust which if properly motivated can ensure the long-term survival of the organization. More recent definitions of HC include that of Thomas et al, who define HC as the 'people, their performance and their potential in the organization'. The inclusion of the term 'potential'

is important as it indicates that employees can develop their skill and abilities over time. (McCracken, 2017 p.141).

Health

According to the World Health Organization (WHO) Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity as a value asset for any nation or the world (Otile, 1987). This definition can be criticized because it focuses on an ideal state of perfection, which is hardly realistic. In the light of this observation Eric Fromm, defines health as a stand points of the functioning society, in which case a person is healthy if he or she is able to perform his or her role in the society. Health can also be analyzed from the point of view of society in terms of role obligation and adequate adjustment and adaptation to the society in terms of role obligation to socio-cultural environment. Health thus requires personal and adaptation to the physical conditions of the environment in terms of ecological, climate or weather conditions, economic and some cultural factors as well as the physical or topological features of land, sea, desert and mountains. Health as conceptualized in this research work therefore refers to physical, social economic and mental well-being. The assumption here is that individuals are normal functioning members of the society and free from any form of disease. The physical well-being indicates the efficient biological structure and functioning of the human body in terms of various systems (Otile, 1987).

Catholic Health-care System

The concept of the health-care system here refers to the two types of medical care provided by the Catholic mission health-care which is a Christian faith base that goes hand in hand with spiritual healing and the second involves western oriented modern system of health-care. This involves services of physicians, nurses, midwives, laboratory technologists and other health workers. The hospital clinics, maternity centers, dispensaries, pharmacy etc serve as institutions of dedication for modern medical care as seen below. Green, et al. (2002) focus on the relationships between government and church health providers within sub-Saharan Africa with a particular focus on east and southern Africa. This is of particular interest, given the changing configuration of the health sector in many countries as a result of health

sector reform policies. This work provides a historical overview of the developing and emerging role of the church health service within the changing environment. The factors affecting the relationship between the governments are identified. The work then concludes that church health service will continue to play a key role in health-care of Africa even though there are challenges facing them and both parties in need to develop a response to tackle these challenges. As relevant as this work is to this research study but it's however, lacks in the understanding of our study by laying too much emphasis on relationship between government and the church.

Another important work to this research is the work by (Jowitt 2010) this study focus on the Christian religion with its complexities and different doctrines. The work offers a historical perspective toward a deeper knowledge and understanding of the Christian faith. Jowitt's work, basically, focuses more on the mandate given by Jesus Christ to the apostle in the Bible in the book of Mark 16:15, which say "Go into the world and preach the good news to the whole creation". The emphasis here is on spiritual healing and not necessarily physical healing of ailments as provided by the Catholic health-care services. As relevant as this book is to our understanding of the historical development of the church, it is limited to the history of Christian religion.

Brehany, (2010) in his work traced the history of Catholics health-care missions in the American society and compares it with the existing health-care sector in the America. As a result of this there was an increase and improvement in health-care facilities and services across the American societies. Also he explained how hospitals and the health-care sector became increasingly busy place with multiple, competing issues like budget, employment, union relations, accreditation, safety compliance etc which sometimes make health-care delivery processes complex. He further stated that, the love of Christ and fidelity to his teaching and example must be the foundation and the ultimate guiding light for the delivery of Catholic health-care services. This work also shades more light on how some of these government bureaucracy can affect quality health-care delivery processes in Catholic hospitals even in Kaduna State.

Nwangwu, (2010) presents the challenge of quality health-care delivery in Nigeria in two perspectives

which is the problem of quality of health-care facilities and health-care policies and medical centers, adequacy of standard operating procedures at these Health Centers, adequacy of the level and scope of care provided by physicians and nurses in light of current knowledge and accepted standards of medical practices in current world medical literature. The other problem identified is that of accessibility to health-care. This, according to the author, placed too much reliance on government hence the need for the civil society and voluntary organizations to contribute their quota to health-care delivery in the country. This work is important because more players are needed in the health sector which makes the Catholic church valuable and relevant in health-care delivery.

Another important work to this research is the study by Wolper, (2010) in this particular work, national health-care systems of twelve different countries were compared: Argentina, Brazil, Canada, Germany, Greece, Indonesia, Mexico, the Netherlands, Sweden, Turkey, the United Kingdom, and the United States. This is a diverse set of nations, representing a range of low, middle, and high income nations. (1) Financing, that is, how monies are mobilized and allocated for the provision of health-care; and (2) how health services are organized, that is, who provides services and the relative weights placed on the provision of primary and tertiary care. The writer focused on, "How and to whom this health care services are provided, and with what effect?" The following sections provide a brief review of the historical development and current organization and financing within each national health system, focusing on three prototypes for achieving universal access. Though these similarities are helpful in these countries mentioned nothing was said about the health-care system in Nigeria.

Catholic Mission Health-care Service Delivery and Human Capital Development: St. Gerald Catholic Hospital Kaduna in Perspective

St. Gerard's Catholic Hospital started under the proprietorship of Archbishop John McCarthy (SMA) in May 1957 following the footsteps of Jesus Christ, the Catholic mission not only catered for the spiritual needs of the people but also their physical health needs. For this reason, they do not only preach the gospel to convert people to the Catholic faith but also build schools and hospitals to provide education and medical needs of the

people. This paved way for the establishment of St. Gerard's hospital in the archdiocese and was registered by the Northern Nigeria Ministry of Health. Sister Christiana Cronin was appointed as matron and pioneered the early development with a maternity ward and an outpatient clinic with Dr. Vandarmans as the first Medical Officer (St. Gerald Hospital, n.d., para 1).

The hospital was registered on the 18th March, 1957 as St. Gerald Medical Maternity Hospital (St. Gerald Hospital, n.d., para 2). Due to demand and development in the hospital, it was upgraded and registered as St. Gerald's Catholic General Hospital on the 11th October 1958 with about a hundred beds. Rev. Sr. Asumpta (Our Lady of Assumption) was in charge of the hospital's day-to-day activities. The administration of the hospital moved from one person to the other in the management of the hospital's affairs. Sr. Mary Raphael OLA took over from Sr. Asumpta OLA in 1970 and did well with the help of Dr. A. N. Hamdy an Egyptian who headed the medical team. Doctor Gergis took over from Doctor Hamdy and were supported by two other doctors under the supervision of two other OLA sisters before Rev. Sr. Roshin Corks OLA took over the leadership from Sr. Mary Raphael in the late 1980s to early 90s (St. Gerald Hospital, n.d., para 3).

In the late 1990s, the OLA sisters resigned from the hospital. Dr. Ola took over the mantle of leadership of the hospital from late 1990s to 1994. Archbishop Peter Jatau took over the leadership of the Archdiocese in 1972 from Bishop John McCarthy and assigned Rev. Fr. Peter Zuni to manage the affairs of the hospital from 1995 to 1998. Rev. Fr. Veron Enuagha Gabriel aka Fr. Thank-God emerged as the new administrator from 1998 to year 2000 when His Grace Peter Jatau invited Our Lady of Fatima (OLF) sisters who came and evaluated the hospital and commenced administrative work from January, 2001 under the leadership of Rev. Sr. Mary Bulus OLF until October 2003 when Sr. Theresa Dung succeeded her as the administrator

who worked on till the 15 of August 2013. Rev. Sr. Beatrice Danladi took over the administrative management from 2013 to date under the proprietorship of His Grace, Most Rev. Dr. Matthew Ndagoso Ma'oso (St. Gerald Hospital, n.d., para 3).

. St. Gerald School of Nursing and Midwifery

The School arm of the hospital was established in 1965 as a Grade 1 Midwifery training school which was financed by the Miserior Germany, (St. Gerald Hospital, n.d., para 1).

Jean Amor was recruited from United Kingdom and appointed the first Tutor of the school. The midwifery school was an outstanding success in training. By 1992, the Archbishop discovered there was no Nursing school in the whole of the north and advocated for one and was given approval by the Nursing and Midwifery Council of Nigeria for general training of nurses under the principal-ship of A.O. Otoo a Ghanaian from 1992 to 2005 (St. Gerald Hospital, n.d., para 2).

Mr. Master Musa took over from 2005 to early June, 2007 and Mr. Zamani Bitrus came up as acting principal from July to October 2007, when Mr. L.M. Pate took over the leadership of the hospital in November 2007 to date (St. Gerald Hospital, n.d., para 3).

The school of Nursing St. Gerard's Hospital being a Faith-based institution, has been in the fore front of training quality nurses in all areas. The School admits students from within the country and other African Countries to be highly equipped as certify nurses without segregation on the bases of tribe, religion, or race. The school has all the facilities prescribed by the nursing and midwifery council of Nigeria. Students areas of practical include St. Gerard's Hospital, National Eye Center, Federal Neuro-psychiatric hospital, National Ear Care Center and comprehensive learning centers within Kaduna State. The school in its capacity has graduated more than two thousand (2000) students since 1987 (<http://stgch.org/history/> Retrieved 20/05/2021).

Table 1: Number of students that have graduated since 1987.

Number of students per 5 years	Year of graduation
201	1987-1992
255	1993-1997
248	1997-2002
304	2003-2007
456	2008-2012
403	2013-2017
219	2018-2021

Source: Field Survey

Employment Creation

Across differing regions, medical institutions play a major role in the social and economic vitality of states and countries health system is among the top 10 private employers in most economies (Samuelson, 2021). The Catholic hospitals in Kaduna had been in existence for more than sixty years and the hospital has contributed in many ways to the development of human capital and capacity building, apart from its primary role of saving lives in Kaduna. This section relies majorly on oral documentation gathered from the field. The hospital has staff under its direct pay roll and other employment created in the informal sectors.

Presently the hospital has over 400 plus staff under its direct employment, and others under indirect employment. Apart from the management staff mentioned above the hospital has on its payroll 15 medical doctors, 13 medical consultants, and 3 resident doctors. The number of nurses employed in the hospital is about 90, other support staff are 9 accountants, 5 auditors, 1 project manager, security guards, ward attendants, and the list goes on. These help address socio-economic issues in the communities, employees are able to afford health-care services at a reduce costs in the hospital, thereby building community of healthy workforce.

Table 2: Number of Medical and Non-Medical Personnel in St. Gerald Hospital

Staff and function	Number
Medical Doctors	15
Medical Consultants	13
Resident Doctor	3
Nurses	90
Accountants	9
Auditors	5
Project Manager	1
Wards Attendants	36
Secretary	18
Security Guards	36

Source: Field Survey data from 2016-2021

The Training of Medical Personnel Through Capacity Building

Since around the mid-1987s, Catholic hospitals in Kaduna has witness an increase in patronage due to the quality of services render at a relatively low fee. In 1987 the St. Gerald Catholic hospital out-stations was birthed (Dogo Kurmi and Issa in Kagarko LGA) and their services to other health-care across the state with innovative approaches to rural communities. Catholic health-care over the years has integrated health-care service delivery with the improvement of workforce development by providing job training and a pathway to entry- and mid-level employment. The hospital has an arm where it trains medical doctors to become consultant in family medicine, which was accredited in 2019, Dr. Kelechi Medosa and Matron Magarete Edoa were sent to Kenya on a medical conference in the same year. (C.B Shurkuk personal communication July 9, 2021)

The hospital accountant was sent for a course on current trends on internal audit, while on several occasion staff of the hospital were trained in several capacity building programmes; one of such trainings was in interpersonal communication in 2015 at the hospital. Another training carried out in the hospital for the staff in order to enhance human capital development in strategic planning development for Heads of Department from 2016 and 2021 (K.A Gbade personal communication June 5, 2021). These are just a few examples of the many meaningful ways in which the hospital supports communities thereby, making local capacity building a priority and creating the foundation for long-term poverty alleviation

National Health Insurance Scheme

St. Gerard's Catholic Hospital is an accredited provider of the National Health Insurance Scheme which is established under Act 35 of 1999 constitution by the Federal Government of Nigeria. The aim of the scheme is to provide easy access to health-care for all Nigerians at an affordable cost through various prepayment systems. NHIS is meant to secure a national health coverage and access to adequate and affordable health-care in order to improve the health status of Nigerians, especially for those participating in the programmes and products of the scheme. NHIS is meant to

provide social health insurance in Nigeria where health-care services of contributors are paid from the common pool of funds contributed by the participants of the scheme. St. Gerald Catholic hospital is currently working with over 37 HMOs to provide these services.

St. Gerard's Foundation

The hospital also has a foundation which was registered under the Corporate Affairs Commission (CAC) with registration number CAC/IT/NO77245 in 2014 to carry out corporate social responsibilities to the community. The Foundation seeks to contribute towards strengthening and scaling up access to quality care on HIV/AIDS, Hepatitis, Nutrition, TB Prevention and Treatment. It also provides psycho-social support and mitigation of the adverse effects caused by these diseases and other STI's (Sexually Transmitted Infections) among others, the foundation also caters for the vulnerable groups /populations in Kaduna state with emphases on those who could not have access to health-care facilities and are situated in a very hard-to-reach communities.

Medical Outreach

St. Gerald's medical outreach focuses on teaching young mothers on effective sanitation, personal hygiene and child feeding, this is for the sole purpose of managing preventable diseases and to also prevent the outbreak of diseases in rural communities (St. Gerald Hospital, n.d., para 1). Other activities include vital Signs checks, HIV/AIDS screening, hepatitis test, random blood sugar test, malaria tests etc. Free hepatitis B vaccination, free distribution of drugs such as: Vitamin A, Albendazole, Multivitamin, Anti-hypertensive drugs, malaria drugs and antibiotics etc. The hospital also provides Ready-to-Use Therapeutic Food (RUTF) to children with all sorts of acute malnutrition symptoms, through a network of community health workers or community-level health facilities. It created awareness on Preventive Nutrition Initiatives which is aim is the promotion of breastfeeding and appropriate complementary feeding and provision of relevant Information Education and Communication (IEC) materials. Also in identifying and treating children in all parts of the state at all times of the year through effective

community mobilization and distribution of other micronutrient to pregnant women and children. These activities are efforts to improve the lives of the disadvantaged and vulnerable people in Kaduna state.

Out Post Project to Makyali Camp

The continuous herders-farmers conflict in communities of Southern Kaduna which has resulted to loss of lives and destruction of properties resulting to many people living in these conflict areas fleeing to neighbouring villages while others moved to IDP (Internal Displaced People) camps. Majority of the displaced are women and children. These victims are vulnerable in the camps as violence persists and humanitarian assistance seems to be inadequate. As part of St. Gerard's social responsibility, the hospital visited MaKyali camp (Southern Kaduna village) and presented; building materials (roofing sheets, and bags of cements), others food items on the 17 June, 2019 to the victims among many others. (C.B Shurkuk personal communication July 9, 2021) Also, St. Gerald Catholic hospital supports the Nigerian Police and the Federal Road Safety Corp, Nigeria Civil Defence Corp (NCDC) with new tires to aid their movement a for better Nigeria (C.B Shurkuk personal communication July 9, 2021)

Strikes in the Health Sector

As earlier mentioned, the health sector in Nigeria is charged with the responsibility of providing qualitative and accessible health-care delivery in order to ensure a healthy population in the country. Apart from the challenges facing the Nigerian health sector is the issue of indiscriminate and incessant industrial actions and supremacy tussle among health-care professional unions. These and many more have impaired the efficiency of the health delivery system in the country, thereby resulting in the country's poor health indices which place it close to the bottom in almost all developmental indices of the world. The World Economic Forum (WEF) in their 2016/17 Global competition index report placed Nigeria health system as the 127th out of 138 countries (Essien, 2018). It appears that no part of public service in Nigeria has experienced more strikes than the health sector. In recent times there are many incidences of health workers strike; when compared with other countries. In many parts of the country

public sector hospitals were closed due to strikes by health workers. But the Catholic hospitals in Kaduna has never gone on strike.

Philanthropic Support to the Hospital

The question in this section is how the hospital gets finances, the hospital gets its finance from out of pocket payment by patient who patronized the hospital on daily basis. The hospital also gets donations from Nigerians and other multi-nationals, in 2019 the hospital got donation of hospital equipment from Nigerian Breweries (NB). They donated one CT scan machine, a modern X-ray machine, and a female orthopedic ward. Other international donors are the Catholic Relief Service (CRS), Catholic Agency Overseas Development (CAFOD), Catholic Medical Mission Board, Caritas Nigeria, Heineken, Misereor (German Catholic Bishops Organization), Center for Integrated Health Program (CIHP) etc.

Challenges Facing St. Gerald Catholic Hospital in the Provision of Health-Care Delivery in Kaduna State.

The coronal virus pandemic, globally affected many businesses negatively, for St. Gerald Catholic hospital, its temporally relived 100 staff under its pay roll of their appointment, but as the Pandemic began to ease, these staff were recalled back to their jobs and additional 30 new staff employed (T. Uladi (personal communication June 01, 2021). The activities and the patronage of Kaduna state government to the hospital over the years has not been encouraging, as the state government is indebted to the hospital, due to unpaid medical bill of about ten million naira (10,000,000). These accumulated bills were ranging from treatment of electrocuted victims from Kaduna north local government and the treatment of victims of communal and religious clashes at different times (Akpenna personal communication July 11, 2021) Despite the hospital strategic importance the hospital does not get support from the state government.

Another challenge facing the hospital is its inability to deliver these medical services to customers without complains, especially when it comes to medical bills. Few of the customer interviewed complained of lack of care from the nurses and some of the doctors Mr. Fatai a private security

guard stated that because he was not able to make a down payment for his wife's Cesarean-Section she was denied medical attention, and this led to the death of their unborn baby 22 years ago (S. Fatai personal communication, July 21, 2021). Mr. Fagbeye a contractor and metal fabricator with Nigeria Brewery complained on the cost of medical bill when his pre-matured baby needs to be incubated, according to him, he spent over a million naira within 2 months, but he later lost the baby (T. Fagbeye, personal communication, July 18, 2021))

Results and Discussion

St. Gerald Catholic lost its financial supports from foreign donors, the few local donors are not enough to cater for all the needs to support the hospital for its consumables and salaries. The hospital is forced to seek some of its finances from out of pocket payment by patient who patronized the hospital on daily basis. Some of the medical bills could be outrageous because the hospital offer some essentials services hardly carried out by some public hospitals in Kaduna example infant incubation, orthopedic treatment, dialysis center etc which can be relatively high due to energy cost and supply. Another setback, due to high number of patients some medical personals are unable to show empathy and care as needed probably due to fatigue and burn out leading to complains from patients and their relatives especially when a life is lost. Above these challenges the St. Gerald hospital played a strategic role, in the delivery of health-care services in Kaduna and its environs, with time the hospital had become a pillar of support to many seeking medical services. St. Gerald nursing school can comparatively compete with any nursing school in Nigeria.

Conclusion

The establishment of St. Gerald Catholic hospital has in many ways provided health-care services, by reducing pressure on government and private owned hospitals and other health-care facilities in Kaduna state. In the area of human capital development, the church continues to train and educate medical personals with efficiency. The hospital has created employment in the health sector thereby reducing pressure in the labour market. St. Gerard's foundation has in various times send relief materials to troubled communities

and assisted IDPs. The hospital has assisted in carrying out medical outreaches by distributing free drugs and assisted with other medical needs to patients. These activities are efforts to improve the lives of the disadvantaged and vulnerable people in Kaduna state. The hospital gets philanthropic support from organization within and outside Nigeria for funding and support even though foreign support had seriously reduced. The hospital has a record of not going on strikes. The hospital operates other outpost in rural areas and hard to reach places taking medical care to the less privileged. It is in this light that this research has made attempts to unravel the extent these Catholic hospitals played a vital role in the development of human capital.

Reference

- Adebayo, P., & Adepoju, A. (2018). Insecurity problems and socio-economic development in Nigeria: An historical reassessment, 1999-2017. *Journal of African Interdisciplinary Studies*, 2(2), 80-89
- Adjaino, O. V., & Agbonifoh, C. I. Accountability and Nation Building: a Review of the Literature. *The Academy of Management Nigeria (TAMN)*, 53.
- Benj. W. Bacon. (1928). Jesus and the Law: A Study of the First 'Book' of Mathew (Mt. 3-7). *Journal of Biblical Literature*, 203-231.
- Diji R. J, (2006) Beyond this Horizon: A Biography of Ahmed Mohammed Makarfi, (Kaduna Enifa press
- Egonmwan, J. A. (1991). Public policy analysis: Concepts and applications. (Benin City Nigeria S. M.O. Aka Brothers press.
- Essien, M. J. (2018). The socio-economic effects of medical unions strike on the health sector of Akwa Ibom State of Nigeria. *Asian Business Review*, 8(2), 83-90.
- Federal Republic of Nigeria official Gazette, No.2, Vol. 96, 2009. Gazette, F., & No, L. N. (1991). Federal Republic of Nigeria Official Gazette
- Ferngren, G. B. (2016). *Medicine and health care in early Christianity*. JHU Press.
- St. Gerald Hospital Retrieved on June 18, 2021 from <http://stgch.org/nursing-school/>
- Resseguie, J. L. (1975). Interpretation of Luke's Central Section (Luke 9: 51-19: 44) since 1856. *New Testament Studies*, 18(197172), 39-53.
- Lewis, A. (1953). Health as a social concept. *The British Journal of Sociology*, 4(2), 109-124.
- Otile, O (1987). "The impact and the integration of Behavioral sciences in Education of Health-care Professionals" *Social Sciences and Medicine* Vol. 25, No.6.
- Meyer, R. (Ed.). (2024). *Christian Global Health in Perspective: A Guide to Healing and Wholeness in Missions*. William Carey Publishing. Fromm E, cited in "Health as a Social Concept" by Aubrey Lewis, in *British Journal of Sociology*, London.
- McCracken, M., McIvor, R., Treacy, R., & Wall, T. (2017). Human capital theory: assessing the evidence for the value and importance of people to organisational success. *Chartered Institute of Personnel and Development: Belfast, Northern Ireland*.
- Mihoreanu, L. (2019). The Health Sector: From Desideratum to Real Reform. *Journal of Economic Development, Environment and People*, 8(2).
- Mohammed, U. (2013). Corruption in Nigeria: A challenge to sustainable development in the fourth republic. *European Scientific Journal*.
- Samuelson, K. (2021). The Role of Hospitals in Community and Economic Development.
- Sen, A. (1999). Development as Freedom (New York: Anchor). *South Indian ICT Clusters*, 227.