

**A SOCIOLOGICAL APPRAISAL OF THE PHILOSOPHY
OF HEALTH APOSTOLATE OF THE CATHOLIC
DIOCESE OF GBOKO, BENUE STATE-NIGERIA**

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Abstract

The failure of governments to provide functional and affordable healthcare services to all especially the poor and the vulnerable in the society prompted the Roman Catholic Church to venture into health apostolate as a way of evangelizing. This paper therefore, has sociologically appraised the philosophy of health apostolate of the Catholic Diocese of Gboko of Benue State. The study used a purposive sampling technique to select eight Catholic health institutions for the investigation. The study used both primary and secondary data for the investigation and the data were analyzed using both historical, descriptive and analytical techniques such as tables and simple percentages. The study found that, the Catholic Diocese in line with the Jesus' healing ministry has established 28 health institutions that provide a variety healthcare services to the people at affordable cost; and these health facilities have employed 398 staff who earn incomes for a living. The study however, found that, these health facilities are faced with challenges such as: lack of funds, insecurity challenges, lack of infrastructural facilities, poor payment attitude of treated clients among others. The study concluded that, the Catholic Diocese of Gboko has immensely contributed to healthcare service delivery in the area. On the basis of these findings, the study has recommended that, to overcome the financial challenges in the health facilities, the diocese should set up Diocesan healthcare trust fund and health endowment fund for the poor and the vulnerable among other recommendations.

Keywords: Apostolate, Catholic, Diocese, Health, Philosophy, Sociological

Introduction

In many parts of the world today, material poverty and poor government policies have prevented many families and households from having access to quality and functional health care systems (Brehany, 2018). In recognition of

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this, the Roman Catholic Church in line with Jesus' care and love for the poor, sick and the vulnerable has developed these concerns in the body of Catholic Social Teaching (CTS) for integral human development all over the world (Akighir, 2023; Akighir & Akighir, 2024). Catholic Social Teaching is based on the teaching of Jesus Christ (cf Mt 8:14-17; Mt 25:45; Mk 1;29-34; Lk. 4:38-41).

The Catholic Church's philosophy of the health apostolate is rooted in the Divine mandate of Jesus Christ, "to heal the sick, raise the dead, cleanse lepers and cast out demons." The Church has leveraged this mandate because Jesus never turned His back on the sick and their suffering. In her approach to healthcare delivery, the church is guided by a precise concept of the human person and of his destiny in God's plan (John Paul II 2). The Church's integral approach to human health is informed by her conception of the human person who is not only body but also soul and spirit in a unity (cf 1 Thess 5:23)

According to Lindsay and Admon (2020) the missionaries firmly believed that the people needed good health and sound minds to appreciate the Christian message. In this regard, the missionaries got involved in healing apostolate by establishing hospitals to cure people of various ailments that could affect their physical and spiritual lives. The establishment of hospitals by the missionaries was an attempt to participate in the healing ministry of Christ (Hayley & Amy; 2019). In doing this, the missionaries remained faithful to the commitment of the mandate to carry out the mission to "heal the sick, raise the dead, cleanse lepers, and cast out demons".

The Roman Catholic Church is the largest non-government provider of health care services in the world. It has around 18,000 clinics, 16,000 homes for the elderly and those with special needs, and 5,500 hospitals, with 65 per cent of them located in developing countries. The Catholic Church manages 26 per cent of the world's health care facilities (The Pontifical Council for the Pastoral Care of the Health Care Workers, 2020).

In Nigeria, Coutsoukis (2018) asserts that, the Catholic Church was the first to introduce formal western medicine in the country as early as the 1860's when the Sacred Heart Hospital was established by the Catholic Missionaries in Abeokuta. Since then, the Catholic Church in the country continues to establish health care institutions.

In Benue State, the Catholic Church is one of the dominant churches which has significant presence with four dioceses. These are Makurdi Diocese, Otukpo Diocese, Gboko Diocese and Katsina-Ala Diocese, respectively. Each of these dioceses in Benue State is deeply involved in health apostolates. The

engagement of the Church in hospital apostolate is to cure people of various ailments which if not attended to, could affect their spiritual, economic and social lives. There are Diocesan Health Coordinators in each diocese that supervise the activities of the hospitals and clinics with the harmonization of ideas with the diocesan committees on medical services (Orhungur, 2010). The choice of Gboko diocese for this study is predicated upon the premise that, it has the highest number of health facilities in Benue State (Catholic Diocese of Gboko 2019 Directory and Diary, 2019).

Gboko Diocese in line with the philosophy of the Catholic health care system has been deeply involved in the medical apostolate through the provision of health care institutions such as hospitals and clinics to cater for the health needs of the people. The mission and/or vision statements of the various Catholic health care systems articulate that, the work of the system is a participation in the healing ministry of Christ, which is the commitment to the poor and vulnerable.

Thus, the appraisal of the philosophy of health apostolate is imperative because, it would unravel the contribution of the Catholic diocese of Gboko to healthcare service delivery to the people especially the poor and the vulnerable. This appraisal has social, political and economic implications. Therefore, this study is relevant in that, the findings of this study will show clearly the social concerns of the Catholic Church for the general society as explicitly incorporated in her principle of common good. It shows the role of the Church in political and social corporate responsibility. Politically, it will reveal the collaboration of the Catholic Church with the government and other stakeholders in providing health care services to the citizenry in the State. On the economic front, the findings will unravel the contribution of the Church to holistic human capabilities in terms of employment creation that lead to economic emancipation in the society.

Objectives of the Study

The broad objective of the study is to sociologically appraise the philosophy of the health apostolate of the Catholic Diocese of Gboko in Benue State. The specific objectives of the study include:

- i. To trace the emergence of the Catholic healthcare system in Benue State and Gboko Diocese; and
- ii. To appraise the impact of the Integrated Healthcare Systems of Gboko Diocese on healthcare delivery to the people in the diocese.

Methodology of the Study

The area of the study is Gboko Diocese of Benue State. Gboko Diocese is made up of seven (7) local government areas, namely; Buruku, Gboko, Konshisha, Kwande, Tarka, Ushongo and Vandeikya Local Government Areas. The territory of the Diocese covers 10,692 square kilometres, with a total population of 1,594,282 people. Catholics in the Diocese are 708,641, representing 53.1% of the total population (Catholic Diocese of Gboko Directory and Diary 2019).

The population of the study comprises the heads of hospitals/clinics and Coordinators of health institutions in Gboko Diocese as well as the heads of the 28 health institutions. The study employed purposive sampling technique for the investigation. The choice of this technique was predicated upon the premise that, only people who have requisite information needed for this study were selected. Using purposive sampling technique, the following health facilities were selected: St. Monica's Hospital, Adikpo; St. Thomas' Hospital, Ihugh; St. Christopher's CHC Annune; St. Joseph's CHC, Korinya; St. Jecinta's Primary Health Care, Utange and St. John's Hospital, Gboko.

The study used both primary and secondary data for the investigation. The primary data were sourced from oral interviews with the Coordinators of Catholic Integrated Health Care system in Gboko Diocese and the heads of the sampled health institutions. The secondary data were sourced from the records of the Gboko Diocese Integrated Health care system. The study used both historical, descriptive and analytical techniques such as tables and simple percentages in analyzing the data. Also, oral interviews were transcribed and analyzed.

Emergence of Catholic Health Care System in Benue State and Gboko Diocese

The Catholic health care system in Benue State provides psychosocial and emotional healing services through the healing ministry of Jesus Christ. In order to provide physical healing, the Catholic Church has established health institutions across the Catholic Diocese in Benue State. These health facilities are coordinated via the Integrated Health Programme. The Catholic Church in Benue State as a faith-based umbrella organization provides health care services to the people of Benue State and beyond (*Catholic Diocese of Makurdi Integrated Health Programme Policy 2019*). The programme began her health care service delivery in the 1930s. The missionaries firmly believed that the people needed good health and sound minds to appreciate the Christian message. In this regard, the missionaries got involved in the healing apostolate

by establishing hospitals to cure people of various ailments that could affect their physical and spiritual lives. This pastoral care for the sick made many people to be convinced about the decision to follow Christ (Orhungur, 2010).

The earliest health care service delivery by the Catholic Church in Benue State was joint approach between the Government and Medical Missionaries who came to deliver health care services to the sick and disabled in some designated centres in the State. Those centres eventually became health posts for control of communicable diseases such as: leprosy, tuberculosis, cholera, measles and other diseases (*Catholic Diocese of Makurdi Integrated Health Programme Policy, 2019*).

With the increasing need for better quality health care delivery, those health posts were upgraded to clinics and hospitals in the 1960s; and these institutions became the first generation health facilities in the State. In 1969, the late Bishop Murray founded the Sisters of Nativity to augment the medical services in the State. This became necessary given the special place the Church has given to the pastoral care for the sick. Following the formation of the Sisters of Nativity, Diocesan hospitals like: Bishop Murray Hospital, Makurdi; St. Vincent Hospital, Aliade; St. Monica's Hospital, Adikpo; St. Thomas Hospital Ihugh were established (Orhungur 2010).

Through the establishment of the hospitals and primary healthcare centers, the Church in Benue State has been educating people living within her territory on the importance of medical treatment as well as providing lifesaving information to salvage the health of the sick among her own. This pastoral care for the sick has made many people to be convinced about their decision to follow Christ. With this approach used by the Church to care for the well-being of people has yielded so much results in Benue State as the Church is the major actor in the testing and treatment of the people living with HIV and AIDS. This health educational approach has created hundreds of jobs and greatly facilitated the development of Benue State (Orhungur. 2010).

Catholic Health Care Policy and Philosophy of Gboko Diocese

The vision and mission of the Catholic health care policy of Gboko Diocese is a reflection of the promotion of the Church's healing ministry of Christ through efforts at comprehensive physical, mental and spiritual healing. Thus, the vision of the Catholic health care system of Gboko Diocese is that, Gboko Diocese Health Care Institution (GDHCI) envisages a society in which the health needs of the masses are well attended to such that, every individual has fair access to

quality health care and life in general. Its mission is therefore, to uphold the healing ministry of Jesus Christ, by improving on the health status of the masses in the Diocese and beyond; in line with the values of the Church.

The values of the GDHCI are anchored on the overall social teachings of the Church. Therefore, the GDHCI is guided by seven core values of Catholic social teachings which include:

- i. Sacredness and Dignity of Human Person: This states that life is a sacred gift from God. Every human must therefore be treated with dignity being special and unique.
- ii. Rights and Responsibility: This upholds that being human, all persons have the basic rights and responsibility and must be allowed to exercise them regardless of their social or political structures.
- iii. Social Nature and Humanity: This posits that being social nature in nature, all humans can only exude their full potentials living in community with others.
- iv. The Common Good: This states that there is need for a certain social fabric available for all in the society to enable all humans attain growth and development maximally.
- v. Option for the Poor: In every decision, a weighted concern must be given to the needs of the poorest and the most vulnerable.
- vi. Stewardship: This stresses the fact that all resources at the disposal of the GDHCI from any source are used and distributed justly and equitably according to purpose and plan and this is the stewardship expected from all staff of the GDHCI.
- vii. Gender Consciousness: GDHCI will be conscious of the needs of women, men and children in service delivery and work purposely towards inclusion (Gboko Diocese Health Care Institution Policy (GDHCIP), 2020).

Its mission is that, in imitation of the healing ministry of Jesus Christ, the Diocese offers health services that affirmed human dignity and manifest God's love and justice to all especially the less privileged and marginalized. The aim and objectives of Gboko Health care delivery system are as follows:

- i. To develop health care organization that combines commitment to gospel values with sound administrative practices;
- ii. To develop primary health care as a priority;
- iii. To assist in the provision of health care for the poor and marginalized;
- iv. To improve and sustain the health status of people;
- v. To control HIV/AIDS, Tuberculosis, Hepatitis and other communicable

- diseases and their impact on the family and community;
- vi. To develop health programmes based on charity, justice and equity;
- vii. To recognize the special needs of people with physical challenges;
- viii. To develop and maintain a holistic approach to health care provision which will be beneficial to staff, patients and communities; and
- ix. To partner with the State Government, Stakeholders and donors for improvement of healthcare delivery in the Gboko Diocese. (*Gboko Diocesan Policy on Health Care Services 2020*).

Appraisal of Catholic Healthcare System in Gboko Diocese

According to the Gboko Diocese Health Care Institution Policy (GDHCIP) (2021), there are twenty-eight (28) Catholic health institutions in the Diocese. These institutions are presented in the following table.

Table 1: Number of Catholic Health Institutions in Gboko Diocese

Type of Facility	Number of Facilities	Percentage
Hospitals	3	10.70
Community Health Centres	4	14.30
Primary Health Centres	21	75.00
Total	28	100.00

Source: *Gboko Diocese Health Care Institution Policy (GDHCIP)*, 2021

Table 1 reveals that, there are 3 hospitals in the Diocese which represents 10.70% of the total health institutions; and there are 4 Community Health Centres which represents 14.30% of the health institutions. The table also showed that there are 21 Primary Health Centres in the Diocese which represents 75.00% of the total health institutions in the Diocese. The names of these health facilities are: St. Monica's Hospital, Adikpo; St. Thomas' Hospital, Ihugh; St. Elizabeth's Hospital, Vandeikya; St. Christopher's Community Health Centre, Annune; St. Joseph's Community Health Centre, Korinya; St. Veronica's Community Health Centre, Agidi-Gboko; St. Martin's Community Health Centre, Mbape-Kwande; St. Martin De Porces, Mbwa; St. Augustine's Primary Health Centre, Ayaga-Kwande; St. Paul's Primary Health Centre, Ashamena-Buruku; St. Agnes' Primary Health Centre, Yande-Kwande; St. Paul's Primary Health Centre, Sambe-Vandeikya; St. Theresa's Primary Health Centre, Mbangough-Kwande; St. Peter's Primary Health Centre, Akem-Vandeikya; St. Francis' Primary Health Centre, Hiitom-Kwande; St. Mary's Primary Health Centre, Alumunku-Ushongo; St. Monica's Primary Health Centre, Atimenya-Ushongo; St. Anthony's Primary Health Centre, Dav-Gboko; St. Augustine's Primary Health Centre,

Tarungwa-Ushongo; St. Theresa's Primary Health Centre, Jorbua-Kwande; Holy Trinity Primary Health Centre, Dagba-Kwande; Torjir Primary Health Centre, Ivenge-Vandeikya; St. Simon's Primary Health Centre, Javer-Kwande; Primary Health Centre Dagba, Mbaduku-Vandeikya; St. Jacintha's Primary Health Centre, Utange-Ushongo; St. Joseph's Rehabilitation, Vandeikya; St. Paul's Primary Health Centre, Ikyaaator-Vandeikya; and St. Bartholomew's Primary Health Centre, Iorkighir-Konshisha (Catholic Diocese of Gboko 2019 Directory and Diary, 2019).

Looking at the distribution of the Catholic health facilities in the Gboko Diocese shows that, the Catholic Church in Gboko Diocese is very fair in the provision of medical access to the people that make up the diocese. This is so because, every local government area in the Diocese, namely; Buruku, Gboko, Konshisha, Kwande, Tarka, Ushongo and Vandeikya local government areas has at least one health facility.

According to Sister Felicia Ebamu in oral interview, medical services in these health facilities are opened to all sick people seeking medication, irrespective of religion, tribe and ethnicity. Also, Rev. Father Dogo also in an oral interview, explained that, Gboko Diocese Health Care Institutions (GDHCI) have been actively involved in human development by providing health care services to the people especially the poor and the vulnerable in line with Jesus' healing ministry. The GDHCI has average annual hospital attendance of 6,862 patients who come for various health challenges such as: HIV/AIDS, Tuberculosis and malaria; Maternal and Child Health, accident cases, hypertension, immunization, surgical operations, eyes clinic amongst others. He stressed further that, these health institutions from time to time organize medical outreaches for people who reside in the rural areas that cannot come to these health facilities because of financial constraints. Also, these health facilities organize medications for the Internally Displaced Persons (IDPs) and give health information on important health issues such as: HIV/AIDS, Ebola and COVID-19 pandemic.

The provision of health facilities by the Catholic Church is in line with the suggestion of Sachs (2005) in the book titled: *The End of Poverty: Economic Possibilities for Our Time*. He stated that, investment in basic health is one of the investments needed to end poverty in the society. He explained that the provision of basic health is the key to ending extreme poverty as it enables the poorest of the poor to get their foot on the ladder of development. This is so because health is wealth.

Rev. Father Dogo in an oral interview stated that, the nature of the services delivered by the Catholic Diocese of Gboko are basically grouped into three segments, namely; medical services, medical outreaches and health sensitization campaigns. The Core values of the Catholic health care policy in Gboko Diocese are anchored on the overall social teaching of the Church which stems directly from the healing ministry of Christ. The mission of the Catholic health care policy is to promote the healing ministry of Christ by providing functional and affordable healthcare system with a view to offering physical, mental and spiritual healing to the people as a way of evangelization. The vision of the Catholic health care system in the diocese is that, the poor and the vulnerable need to be cared for especially by making available medical care accessible and affordable to them. This is predicated upon the premise that every individual is supposed to have access to quality health care and life.

Furthermore, he stated that, the health facilities of the Gboko Diocese provide health care services to patients who come with ailments such as, Diarrhea cases, diabetes, accidents, snake bites cases, Tuberculosis, Malaria, severe and complicated hypertension. Other cases include Antenatal services, normal delivery, Assisted and Caesarian section (CS) and Immunization services. These services are provided at out-patients departments and In-patient during admission. These facilities provide referral services both in and out referrals (Oral interview). Also, the health facilities render surgical services such as, Exploratory Laparotomy, Chest Intubation, Manual vacuum Aspiration (MVA), Myomectomy, Lumpectomy, Appendectomy, Orthopedic surgery, Haemorrhoidectomy, wound exploration, inclusion and drainage, Salpingectomy, Total Abdominal Hysterectomy, Cystectomy, Oophorectomy, Thoracotomy, Bi-lateral tuber Ligation, Uteri and repair amongst others (Oral interview).

On the medical outreaches, Rev. Father Dogo stated that, as a faith-based organization with the overall objective of using health apostolate as a way of evangelization and care for the poor and the vulnerable in line with Jesus' healing ministry, Catholic health facilities from time to time organize medical outreaches for the rural poor and vulnerable. According to Rev. Fr. Michael Dogo, the Health Coordinator of Gboko Diocese, the Catholic health facilities periodically organize medical out-reaches to rural areas and the Internally Displaced Persons (IDPs). The idea is to take medical services to the door-steps of the poor and the vulnerable who are constrained by distance and financial resources but need medical attention. This practice by the Church is to emulate what Jesus Christ was doing (Oral Interview).

From the foregoing, it suggests that, the Catholic health facilities in quest to render medical services to humanity make concerted efforts to extend these services to the poor and vulnerable who are resident in the rural areas that may not be able to come to the locations of these health facilities for medical attention.

As regards health sensitization campaigns, the diocese in a bid to deliver holistic health care services to the people, the Catholic Integrated Health Care system also champions health sensitization campaigns to create awareness and clarifications on emerging health challenges. According to Rev. Fr. Dogo in an oral interview, the Catholic integrated health care system engages in health sensitization campaigns in collaboration with the APIN. The APIN public health initiative limited is a Non-Governmental Organization from USA that is registered in Nigeria for healthcare delivery. The Catholic healthcare system in partnership with the APIN provides health sensitization campaigns across the state. The two bodies collaborate in the provision of prevention, care and treatment services to patients with HIV/AIDS, Tuberculosis, Malaria, reproductive health, family planning, Maternal newborn and child health, Ebola, COVID-19 and other non-communicable diseases of public significance/importance (Oral Interview). This suggests that, the Integrated Catholic health system offers the public with useful health information on emerging health challenges to enable them live in sound healthy conditions for enhanced healthy living.

Furthermore, Rev. Fr. Dogo in oral interview stated that, in Gboko Diocese, there is an average daily attendance of 136 patients across the 28 health facilities. Also, as regards the cost of accessing medical care in Gboko Diocese, Rev. Father Michael Dogo, the Diocesan Health Coordinator in an oral interview stated that, the average cost of accessing medical care services in the Catholic health facilities in the diocese is as low as N1,500.00. With this amount, you can have a card and consultancy services. Operations like Caesarian section (CS) are done for N30,000.00. Such operations are even done at the cost of between N12,000.00 and N15,000.00 in some of the facilities.

In terms of employment, Gboko Diocese has employed 398 staff which represents 28.80% of the total number of staff employed in the State. This level of employment has positive implications for the level of unemployment in the State. According to Sachs (2005) in the book titled *The End of Poverty: Economic Possibilities for Our Time*, investment in health facilities has the potentials of ending poverty in that, first, medical services will be provided to the people and second, employment opportunities will be offered to the people to earn a living.

Similarly, Rev. Father Michael Dogo explained that, Gboko Diocese has adopted and implemented 70% of the Consolidated Health Salary Structure (CONHESS) of the ministry of Health. So, the Diocese has an organized and uniform salary structure across the facilities. For instance, if the government is paying N300,000.00 to Doctors, the Diocese pays N210,000.00. Community health technicians in the Catholic healthcare system are receiving about four times what their counterparts in the private health sector receive as salaries.

Challenges of Catholic Integrated Healthcare System in Benue State

The Catholic integrated healthcare system in Benue State is beset by many challenges that militate against its full attainment of the predetermined objectives of human development in the State. Some of these challenges are discussed under the following headings:

i. **Lack of Funds:** According to Rev. Sr Ebamu, the Catholic integrated healthcare system in Gboko Diocese is financed by the users' charges, foreign donors (APIN) and the church contributions. These sources are now becoming grossly inadequate to finance modern health system in the 21st century. (Oral Interview). Corroborating this challenge, Rev. Sr Namakaa added that, due to low and inadequate incomes generated within the health system, it is difficult to hire consultants but the system depends on visiting arrangements. Also, most skilled staff resign their services with the Catholic integrated health system for greener pasture. (Oral Interview). From the foregoing, it suggests that the inadequacy of finance militates against the Catholic integrated health system from equipping her facilities with the needed human and infrastructural resources necessary for hybrid medical services in the 21st century for enhanced human development.

ii. **Insecurity and Crises in the Rural Areas:** Given the high level of insecurity and crises in the State today, Mr Samuel Gum explained that, the crisis between herdsmen and farmers has led to the closure of the facilities within the affected areas. Apart from the herdsmen and farmers' crises, communal crises between community members have been another challenge that has adversely affected the management of healthcare facilities in the affected areas (Oral Interview). Commenting further on the insecurity challenge, Rev. Sr. Ebamu, the unit head of St. Monica's Hospital Adikpo stated that, insecurity in the area has affected the level of patronage of the health facilities. (Oral Interview). Arising from the above lamentations, it suggests that, insecurity in the State is one of the major challenges affecting the smooth running of Catholic health care system in Benue State for enhanced human development.

iii. **Lack of Infrastructural Facilities:** According to Mr Boniface Atachia, the unit head of St. Jacintha's Primary Health Care Utange, it has now been a serious

challenge to take the health care services to the door-steps of the rural dwellers due to non-accessible roads and other social amenities such as water and electricity. (Oral Interview). In a similar view, Mary Adzu, the unit head of St. Christopher's CHC, Wannune stated that, the major challenge of the health facilities in the Diocese now is steady power supply. For instance, for five months now the facility has remained without public power supply because of non-functional transformer. Thus, running the facility with private power plant on diesel is quite expensive (Oral Interview). Emergent from these complaints, it is suggestive of the fact that, poor infrastructure state in Benue State is negatively affecting the effective operations of the Catholic integrated health system in the State for enhanced human development.

iv. Poor Payment Attitude of Treated Clients: Lamenting on the poor payment attitude of treated clients, Rev. Sr Namakaa stated that, Catholic integrated health system considers the sacredness of human life above money and as such, treats most patients on credit with the hope that such patients will pay later. Regrettably, however, there are very high failure rate to maintain this trust in terms of payment of such debt. (Oral Interview) Corroborating this challenge, Rev. Father Michael Dogo said that, huge amounts of unpaid debts of patients who were treated on credit are usually written-off as bad debt after a given period. (Oral Interview). Substantiating further on this challenge, Rev. Sr Ebamu opined that, many unpaid medical bills are often written-off. These include: those from dubious patients, handling charges of the orphans, the aged and the less privileged and the vulnerable in the society (Oral Interview).

The implications of these unrecovered amounts are that, it reduces the supposedly revenue of the facilities, and given that these users' charges are revolving funds, it affects the onward procurements of drugs and other critical medical items for further delivery of medical services for effective human development.

v. Other Challenges: The oral interviews revealed other challenges such as: lack of vehicular movement for effective medical outreaches and medical sanitization campaigns, unstable medical doctors and personnel on account lack of desired motivations, lack of grants from the government and government's unwillingness to grant-aid the integrated health system in the State, poor infrastructure in Catholic healthcare facilities among others (Oral Interviews).

The above challenges individually or collectively affect the effective discharge of medical services by the Catholic healthcare facilities for enhanced human development in the State.

Conclusion and Recommendations

It is concluded in this study that; the Catholic Church in Gboko Diocese has immensely contributed to health care services delivery as well as employment creation in the area. However, the Catholic Church is faced with numerous challenges such as: lack of funds, insecurity challenges, government taxes and levies, inadequacy of infrastructures and medical personnel among others that are seriously militating against the Church from successfully achieving her health care delivery mission in the diocese.

On the basis of the findings of this study, the following recommendations are made to enhance health care service delivery by the Catholic Church in Gboko Diocese.

- i. To alleviate the challenge of funds in the Catholic health sector, the Diocese should set up Catholic Healthcare Trust Fund whose functions shall be to source for funds to supplement the Catholic healthcare services in the diocese. This has to be headed by qualified fundraisers.
- ii. Government should provide subvention/grant-in-aid to hospitals/clinics, since children and people who receive medical services in these facilities of the Catholic Church are Nigerians who have right to medical care.
- iii. The Diocese should endeavour to establish a Health Endowment Fund that will cater for the poor and vulnerable. These endowment funds could also be established at the health facility level. A flourishing endowment fund should be one of the distinguishing characteristics of the Catholic health care delivery.
- iv. The management of Catholic health facilities through the Church should always appeal to the consciences of the Catholic communities for financial and material assistance. Members of the Church should be individually and collectively contacted for donations in these facilities for enhanced human development by the Church.
- v. The State government should create a conducive atmosphere for the establishment and running of Catholic health facilities. Tax wavers should be given to Catholic Integrated Health System. The government should facilitate them to operate according to national aims and minimum health standards.
- vi. To overcome the challenge of resident doctors and consultants in Catholic health facilities, the government and other stakeholders need to support the Catholic health care facilities by seconding skilled staff to Catholic health facilities; since the Church is seriously complementing the efforts of the government in the area of healthcare delivery.

- vii. To overcome the challenge of taking the Catholic health care services to the door-steps of the poor and vulnerable, government and other stakeholders need to provide access roads and other social amenities such as electricity and water in rural areas.
- viii. Finally, community members, government at all levels and other stakeholders need to create peace and ensure adequate security to avoid violence in communities for Catholic health facilities to operate. Here, the government, traditional rulers and religious should make concerted efforts to arrest the insecurity problems in Benue State.

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