

**A HISTORY OF KAPSOWAR MISSION HOSPITAL ELGEYO MARAKWET COUNTY
KENYA, 1934-2020**

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**A Thesis Submitted to the Graduate School in Partial Fulfillment of the Requirements for the
Master of Arts Degree in History of Egerton University**


EGERTON UNIVERSITY

APRIL, 2023

DECLARATION AND RECOMMENDATION

Declaration

This Thesis is my original work and to the best of my knowledge it has not been presented for any award in this or any other institution.

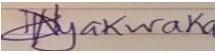
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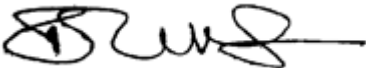
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DEDICATION

This thesis is dedicated to my dear wife and my two sons who have always wished me the best in my studies.

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The completion of this study would not have been possible were it not for the grace of God Almighty. Several institutions were instrumental in the success of this project. First, Egerton University enabled me to realize my dream of undertaking a master's course in history by admitting me into the programme. Second are the many individuals without whom this thesis would never have been written, and even if it had, it would not have acquired the form it has.

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ABSTRACT

Despite the significant role that Kapsowar Mission Hospital has in the health centre and especially in Elgeyo Marakwet and modernizing the area, little is known about its history. It is in this regard that this study examined the history of Kapsowar Mission Hospital and its outreach medical mission in Marakwet district. This was done through documenting the history of the institution since its inception in 1934. The study also focused on how the missionaries managed to win the hearts of Marakwet people who were deeply rooted in their traditional ways of treating the sick, especially by the use of herbs and made them embrace the modern health care. The main objective of this study was to examine the history of Kapsowar Mission Hospital from 1934 to 2020. The study applied Structural Functionalism Theory by Herbert Spencer. While Structural Functionalism sees society as a structure with interrelated parts designed to meet the biological and social needs of the individuals in that society. Hebert Spencer saw similarities between society and the human body; he argued that just as the various organs of the body work together to keep the body functioning, the various parts of society work together to keep society functioning. The theory showed how different institutions in Marakwet district worked closely towards uniting the people and hence developing the area, more specifically the missionaries and the locals. To achieve this, historical research design was used to evaluate and analyse data that was obtained from both primary and secondary sources. Primary data for this study was sought from the Kenya National Archives in Nairobi and Nakuru. This was complemented by data gathered through oral interviews with relevant informants living in Marakwet district. The informants were identified through purposive sampling. The informants who were be picked, comprised of residents who had information pertaining the history of the mission hospital, area administrators, doctors and nurses employed in the facility were also be included in the study. Secondary data was sought from the internet, Egerton University Library, British Institute of East Africa in Nairobi, the University of Nairobi Library, Macmillan Library in Nairobi and Kenya National Library Services. Three analytical frames were used to analyse the collected data. These included theoretical reflection, documentary review and content analysis. This analysis of the history of Kapsowar Mission Hospital as one of the missionary legacies in Marakwet district thus contributed to the body of knowledge as it added to written works on medical history in Kenya. The major finding of the study was that Kapsowar mission hospital was the reason for the growth of the town. This finding was important to policy makers in the health sector and urban developers at the county level.

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LIST OF ABBREVIATIONS/ACRONYMS

ADC	Average Daily Census
ADC	Aid to Dependent Children
AIC	African Inland Church
AIM	African Inland Mission
CCK	Christian Council of Kenya
CHC	Central Health Council
CMS	Church Missionary Society
COG	Church of God
CRA	Commission on Revenue Allocation
DC	District Commissioner
DEB	District Education Board
DMS	Director of Medical Services
DO	District Officer
FAM	Friends African Mission
KADU	Kenya African Democratic Union
KANU	Kenya African National Unity
KISA	Kikuyu Independent Schools Association
KMH	Kapsowar Mission Hospital
KNA	Kenya National Archives
MAR	Marakwet
MHM	Mill Hill Mission
MOH	Ministry of Health
MTC	Medical Training College
NEMA	National Environmental Management Authority
NHIF	National Hospital Insurance Funds
OI	Oral Informant
PC	Provincial Commissioner
RVP	Rift Valley Province
SDA	Seventh Day Adventist
TB	Tuberculosis
UNICEF	United Nations International Children's Emergency Fund
WWI	First World War
WWII	Second World War

YMCA Young Men's Christian Association

GLOSSARY OF TERMS

<i>Lagam</i>	Slopy area
<i>Chepkerichot</i>	Herbalist
<i>Chepsogeyion</i>	Witchdoctor
<i>Kiban</i>	Sorcerer
<i>Konyin</i>	Evil eye
<i>Harambee</i>	Fundraising

CHAPTER ONE INTRODUCTION

1.1 Background to the Study

Omulokoli, in his article observes that the Africa Inland Church (AIC) was born out of the missionary efforts of the Africa Inland Mission (AIM). The AIM, in turn, started its operation in Kenya in 1895 under its founder, Peter Cameron Scott. Initially, its base was among the Kamba in what was known as Eastern Province of Kenya. In the period of 1895-1901, the Mission experienced a lot of hardships and difficulties, including the loss, through death, sickness, and resignations of almost the entire missionary force.¹

Notably, when the personnel situation began to stabilize at the onset of new century, the operational headquarters of the Mission were moved in 1903 from Kangundo, among the Kamba, to Kijabe, on the border of the Kikuyu and the Maasai. It is from Kijabe that the establishment, expansion, and growth of the AIM was directed in subsequent years. The consequence was that by the time the AIM handed over its work to the AIC as an indigenous entity, the membership spanned the entire country, including Kapsowar with a strong presence in widely- scattered regions and ethnic groups of Kenya. Indeed, at the moment the AIC distinguishes itself as a prominent and powerful ecclesiastical unit which ranks numerically among the five largest denominations in the country.²

Although forgotten in the mainstream literature, Kapsowar Mission Hospital is bequeathed with greatness as an iconic pillar in Kapsowar town. Unquestionably, it is one of the best hospitals in Kenya. This work is in no way a eulogy of the Mission Hospital, it examines the medical mission in Marakwet district, especially a history of Kapsowar Mission Hospital which was one of the missionary legacies in this rural township. It was based on the observation that the development of western education and health in Africa has been bound up inevitably with missionary work. Missionary hospitals played an important role in modernizing the health care of rural populace in Kenya and Africa at large with health care being one of the major legacies of the missionaries. Kapsowar Mission Hospital is one of the mission hospitals whose history scholars have understudied.

Focusing on the comprehensive history of medical missions, Hardiman discusses the theory and practice of medicine in the Christian tradition, examines the position of women medical

¹ Watson A.O. Omulokoli, "Foundational history of the Africa Inland Church, 1895-1903", *Africa Journal of Fvangelical 'Theology /..1.2 /1)1)5*

² Ibid.

missionaries, and also analyses the major issues in the local politics of medical missions. He further explored the concept of sickness and healing, and the transition from mission to indigenous-controlled medical centres.³ Hardiman in his work draws attention to a Protestant bias in studies of missions, with critical accounts of Roman Catholic missions being rare. He further argues that, after the missionaries had settled in Africa, they showed very little interest in medicine. Protestant organizations least considered the establishment of hospitals and the provision of medical care as crucial for the scope of their missions. According to him, the missionary movement was persuaded that the biblical command of evangelizing every nation was limited only to preaching and teaching the gospel alone.⁴

In his argument, Zvobgo observes that the contribution of Christian missionaries to African education in colonial Africa has been the subject of several debates, little attention has been paid to the role played by Christian missionaries in the field of African health in many colonial African countries. According to him, this is all the more surprising especially when considered in the light of the fact that the medical missionary relieved a great deal of suffering among Africans especially in a country like Zimbabwe, particularly in the rural areas where, initially, Government hospitals and clinics were either very few or did not exist at all.⁵ He further observes that, Christian missionaries established medical missions both because they regarded the ministry of healing as an integral part of the Christian witness and because they viewed medical missions as an important evangelistic agency. For these reasons, at some mission stations where a trained doctor was not available, some missionaries practiced as amateur doctors.⁶

Zablon, in his article asserts that the African Inland Mission (AIM) created a new district in the northern area of their field and designated it the Eldoret district. According to him, this area comprised of all the Kalenjin speaking people. This area had received the gospel earlier apart from Keiyo, Marakwet and Pokot. He further observes that, the beginning of missionary work in Marakwet district which is the focus of this study, did not go without witnessing some difficulties. One major problem according to Zablon, came from Ibrahim Ali, a Somali Muslim who owned a shop next to the station. Reportedly, Ibrahim staged considerable amount of

³ D. Hardiman, *The mission hospital 1880-1960 In: From western medicine to global medicine: The hospital beyond the west*, (New Delhi: Orient Blackswan, 2009), pp. 34-42.

⁴Ibid, p. 42.

⁵C. J. Zvobgo, *Aspects of interaction between Christianity and African culture in colonial Zimbabwe, 1893-1934*, Zambezia (1986), XIII, 54.

⁶ Ibid

opposition to the missionaries and informed the local people that if they allowed the missionaries to settle there, they would be deprived of their sons by them. This information was never taken lightly by the locals, it created suspicion in the minds of the people.⁷

Before Christianity was brought in Marakwet in the 1930s, Zablon observes that there was an understanding among the missions to denounce and condemn female Genital Mutilation in the area. They did find it hard to accept converts who were still adhering to their native customs. Another of measures were put in place by the missionaries to tame those Africans who were not ready to be converted. Zablon explains that, teachers who refused to openly confess their opposition to continuance of female circumcision were dismissed and their schools were closed down.⁸ Female Circumcision was one of the major issues that these missionaries had to deal with in Marakwet.

Despite the oppositions staged by Ali, his Muslim allies and the custodians of the African culture in Marakwet, the missionaries went ahead and erected a dispensary in that area in 1934. This only became possible after being welcomed by a section of the locals. Available literature has it that, towards the end of that very year, the first Marakwet woman came in for the birth of a child. In the subsequent years, serious medical operations were successfully performed which managed to win the hearts of some Marakwets.⁹

Kipkorir, argues that mission hospitals in Kenya were historically highly respected because they were the only modern medical facilities accessible to African families. At Kapsowar, which is the focus of this study, apart from the trained European missionary staff, the AIM did not then employ professionally trained and qualified Africans, relying instead on a few selected members of the church who were given rudimentary training on the job training and thereafter entrusted to perform tasks assigned to them. Kipkorir further explains that Elijah Kilimo and his father were typical examples of untrained African doctors that were employed in this mission hospital.¹⁰

⁷J. K. Zablon, "The Growth and Development of the African Inland Mission and Africa Inland Church in Marakwet Kenya", *Africa Journal of Evangelical Theology*, 24.2. 2005. p. 108.

⁸J. K. Zablon, *Christian Response to the Female Circumcision; A case study of the Marakwet of Kenya*, (Nairobi: Evangel Publishing House, 2007), p. 18.

⁹Edwin, OI, 23rd August, 2021.

¹⁰B. E. Kipkorir, *Descent from Cherang'any Hills Memoirs of a reluctant academic*, (Nairobi: Macmillan Publishers Ltd, 2009), pp. 81-82.

In 1963, AIM handed over ownership of the hospital to the African Inland Church (AIC) and it is currently under the supervision of AIC Central Health Council. Even with the founding of Marakwet District Hospital in 1994, Kapsowar hospital continues to supply the majority of medical care to the people of the area with a view to providing excellent healthcare to the glory of God.¹¹ There was therefore a need to historically analyse the history of Kapsowar Mission Hospital and document how it has evolved over time.

1.2 Statement of the Problem

Kapsowar Mission Hospital stands as an iconic pillar in Kapsowar town. Since its establishment, the hospital has played a very important role in the development of the town. Undoubtedly, this hospital is the biggest in the whole of Elgeyo Marakwet county and has significantly played a key role in the health centre. Kapsowar Mission Hospital has a very rich history ranging from its inception. It is however surprising that it has never caught the attention of scholars. This study endeavoured to fill this existing lacuna.

1.3 Objectives of the Study

The general objective of the study was to examine the history of Kapsowar Mission Hospital from 1934 to 2020. The specific objectives were:

- i. To examine the establishment, growth and development of Kapsowar Mission Hospital under AIM from 1934 to 1962.
- ii. To assess the development of Kapsowar mission Hospital under AIC from 1963 to 2012.
- iii. To analyse the development of AIC Kapsowar mission Hospital under devolved government from 2013 to 2020.

1.4 Research Questions

- i. What were the factors behind the establishment, growth and development of Kapsowar Mission Hospital?
- ii. How did Kapsowar mission Hospital develop under AIC?
- iii. How did devolution affect in the development of Kapsowar mission Hospital?

¹¹ www.electives.net/hospital/4922/preview, Accessed on 7th July 2020.

1.5 Justification of the study

Kapsowar Mission Hospital is the biggest hospital in Marakwet district. It was founded by the AIM missionaries in 1934. This mission hospital played an important role in changing the lives of the people of Marakwet by modernizing the healthcare in the community. The hospital has grown over the years to its advanced current status in 2020. Nonetheless, Kapsowar Mission Hospital, though a standing legacy medical history in the region is yet to receive attention from the history scholars, hence there was need to document its history. This contributed to the body of knowledge as it added to the existing written work on the missionary activities in Kenya.

A lot of historical studies have been done on missionary activities like st. Mary's Yala by Bellindah, the focus, however, has been on schools and churches. Studies on missionaries and medical care in Kenya are a rarity. Kapsowar Mission Hospital has played a very significant role in the development of the area in almost all angles since its establishment in 1934. This study deviated from the emphasis of schools and churches to consider Kapsowar Mission Hospital as one of the major missionary legacies in Marakwet district. The findings of this study filled the knowledge gap of the missionary activities in Kenya regarding healthcare provision, it was also important because it added to the written works on medical history in Kenya.

1.6 Scope and Limitation of the Study

The study particularly examined the activities of missionaries in Marakwet district, especially in the medical care. Construction of Kapsowar Mission Hospital was one of the missionary foundations whose impact is still being felt in Marakwet district. The Marakwet occupy an area of 1,595 square kilometers. The area is divided into two parts, the Cherangany Hills, which is well watered and the Kerio Valley, which is semi-arid. The study analysed the history of this hospital from 1934, the time when the mission hospital was established, to 2020, a time when the hospital deals with varieties of ailments including covid-19 in the township, by focusing on some of the transformations that the hospital has witnessed over time.

The study was limited in the sense that, the thirty years rule governing the Kenya National Archives, was a challenge, since most of the information about Kapsowar Mission Hospital was not obtained from the archives. To overcome this challenge, the researcher conducted an

in-depth interviews with informants incorporating the same with the information obtained from the hospital's archives.

1.7 Definition of Terms

Christianization: Refers to the conversion of individuals to Christianity.

Development: Refers to improvement of existing systems and infrastructures for human wellbeing.

Devolution: Refers to the transfer of powers from the central government to the grassroots level.

Ethnic group: Refers to a category of people who tend to be associated with shared cultural heritage, ancestry, history, homeland, language or national experiences.

Evangelization: Refers to the act of publicly preaching the gospel.

Imperialism: Refers to a policy of extending a country's power and influence through colonization.

Imperialist: Refers to a person who supports or practices the taking over of poorer or weaker countries that have important resources.

Medical care: Refers to the provision of what is necessary for a person's health and well-being by a doctor, in this case by the missionary doctors.

Medical Missions: Refers Christian missionary endeavours that involve the administration of medical treatment.

Missionary: Refers to a member of religious group sent to an area to promote their faith.

Native: Refers to a person born in a specified place or associated with a place by birth whether subsequently resident there or not. In this case it refers to Africans living in Marakwet.

Rural: Refers to a geographic area that is located outside towns and cities.

Town: Refers to a place with many houses, shops or stores, where people live and work. It is usually larger than a village but smaller than a city. A small town has a population of between 5,000 and 50,000 people.

1.8 Literature review and Theoretical Framework

1.8.1 Overview

This section analyses literature which is related to the study of medical missions in the world, Africa and Kenya specifically, journals and many other relevant literatures were used to examine factors which influenced the actions of the missionaries globally and in Kenya. These written works significantly contributed to writing of the history of Kapsowar Mission Hospital as one of the legacies of missionary activities in Marakwet district. The review was done thematically to clearly identify some of the existing gaps that are yet to be filled. Structural adjustment theory informed the study. The main proponent of this theory is Herbert Spencer. The theory sees society as a structure with interrelated parts designed to meet the biological and social needs of the individuals in that society. The theory also sees how different institutions in a society work together towards achieving a common good.

1.8.2 Literature Review

There exist general studies on missionary activities and healthcare in Kenya and others that discuss themes that are relevant to understanding the history of Kapsowar Mission Hospital. However, there are limited studies that attempts to systematically analyse the evolution of Kapsowar Mission Hospital into a modern hospital. This review is therefore designed to explain this existing gap by explaining the need of undertaking this study of Kapsowar Mission Hospital to 2020.

To begin with, Kane in his book, covers the Christianization of Europe from A.D. 500 – 1200. According to him, the fall of the Roman Empire and the subsequent rise of the Holy Roman Empire started with the Irish missionaries. The Irish missionary, Columba started a mission on the isle of Iona. This mission was the source for spreading the Christian Faith throughout the British Isles and influencing the missionary efforts on the European continent. Kane explains how this Irish missionary's effort spread through Britain, Gaul, Holland, Germany, Saxony, Scandinavia, Denmark, Norway, Sweden, Eastern Europe, Monravia, The Bulgars, Russia, and Poland.¹² While Kane focused on the emergence of Irish missionaries and their subsequent

¹²J. H. Kane, *A concise history of the Christian world mission; A panoramic view of missions from Pentecost to the present*, (Michigan:Baker book house, 1978), pp. 37-48.

endeavors, this study focused on AIM in Kenya and their legacies in various parts of the country and specifically in Marakwet district.

Kane went further and discussed in his book how Islam affected Christian Missionary efforts from that same period when Christianization was on the rise. Effectively driving Christianity out of Palestine, Spain, and North Africa. According to him, the spread of Islam was responsible for turning Christianity from an Eastern-based faith to the European faith. The Crusades attempted to wrestle this area back but ultimately failed.¹³ This study also examined some of the challenges faced by missionaries in Marakwet in their effort to spread Christianity and to develop the area.

Hardiman on his part provides a comprehensive history of medical missions, he discusses the theory and practice of medicine in the Christian tradition, examines the position of women medical missionaries, and also analyses the major issues in the local politics of medical missions. He further explored the concept of sickness and healing, and the transition from mission to indigenous-controlled medical centres.¹⁴ Hardiman in his work draws attention to a Protestant bias in studies of missions, with critical accounts of Roman Catholic missions being rare.¹⁵ He further argues that, after the missionaries had settled in Africa, they showed very little interest in healthcare. Protestant organizations least considered the establishment of hospitals and the provision of medical care as crucial for the scope of their missions. According to him, the missionary movement was persuaded that the biblical command of evangelizing every nation was limited only to preaching and teaching the gospel alone.¹⁶ This study examined how evangelization resulted to establishment of a mission hospital in Marakwet district.

Balme, argues that before the introduction of modern medicine into China there was nothing in the whole country that was at all could be compared to the western hospital. There were only traditional health centres where herbs were the only medicine being prescribed to the patients. To him, it is true there existed a few Chinese Benevolent Associations, but they were chiefly concerned with the distribution of food to the indigent and the care of foundlings. There was

¹³J. H. Kane, *A concise history of the Christian world mission; A panoramic view of missions from Pentecost to the present*, (Michigan: Baker book house, 1978), pp. 37-48.

¹⁴D. Hardiman, *The mission hospital 1880-1960 In: From western medicine to global medicine: The hospital beyond the west*, (New Delhi: Orient Blackswan, 2009), pp. 34-42.

¹⁵D. Hardison, *Missionaries and their medicine: A Christian modernity for tribal India*, (Manchester: Manchester University Press, 2008), pp. 34-54.

¹⁶Ibid, p. 42.

totally no Chinese institution that undertook to receive and treat the sick poor. However, in 1834, there landed in Canton the first medical missionary ever appointed as such by a Mission Board was Peter Parker, of the American Board of Commissioners for Foreign Missions. Colledge who was then in China and not a missionary in the ordinary sense did extend warmest welcome to Peter Parker on his arrival and the two men became fast friends. Within a year of his arrival in China Parker opened the first Medical Missionary Hospital of the Far East, the Ophthalmic Hospital, Canton, afterwards known as the Canton Hospital in 1835.¹⁷

Towards his conclusion, Balme observes that, a new and a most important chapter in the history of medical missions in China was opened in 1873 with the arrival of the first woman physician, and the founding of special hospitals for women and children. Although China has no purdah system, and her female population according to Balme has never been secluded in the same rigid fashion as is the case in India or in Moslem lands, there was never complete freedom of approach for a male physician, and it is certain that a large percentage of suffering Chinese women failed to secure the medical attention that they were in need of, especially at the time of child-birth, because of their unwillingness to be attended by a foreign man. Balme concludes his work by acknowledging that by 1887 more than one hundred and fifty medical missionaries had worked in China since Parker led the way sixty years before¹⁸ This study analysed the history of Kapsowar Mission Hospital in Marakwet district, by putting in place all reasons behind its establishment in that area.

In a different study on China, Brown observes that, the work of Protestant missionaries had been recognized as one of the most important points of contact between China and the West in late Qing and early Republican China, this was a transition from imperial China to the Republic of China and from a traditional to a modern society. According to him, since the western missionaries impacted Chinese culture, there existed debates on whether they had a positive or negative effect. Some historian scholars who were fascinated by the work of the missionaries in an age of high imperialism, looked at them with a skeptical eye. Brown further asserts that the line was that missionaries were imperialists; imperialism was not good at all; therefore, missionaries were bad because they imposed western religions on the Chinese and exposed them to a wide range of western cultural values that conflicted with indigenous values of

¹⁷ H. Balme, *China and modern medicine: A study in medical missionary development*, (London: United council for missionary education edinburgh house, 2 Eaton gate, s.w.i, 1921), pp. 87-123.

¹⁸ *Ibid.* p. 128.

Confucianism.¹⁹ This study equally examined the missionary activities in Marakwet district especially in the medical care and the impact on the existing practices.

Stockwell on his part argues that, other historians have stressed the many accomplishments of the missionaries. To him, these scholars have admitted that the enterprise of missionaries in China failed in its attempt to Christianize the nation, but its secular contributions were momentous. However, Stockwell is cognizant of the fact that the missionaries made an impact on Chinese culture through their schools, hospitals, and other social agencies, which became sources of alternate, more modern models of development. He further explains that when the transmission of new ideas and institutions were supported by the Chinese government, the missionaries started significant changes in China.²⁰ Kenneth Latourette another scholar in history, observes that the missionaries' successes compensated for the western merchants' and diplomats' mistakes and that "the future historian may see in missions in China one of the most important movements of the past three centuries".²¹

In yet another related study, Grimshaw and May argues that, missionary movements had a serious effect on changing pattern of Christian adherence all over the world and more generally on the making of world history. The duo further argues that, mission work enhanced close encounters of peoples from a great diversity of ethnic and racial backgrounds, well ahead of the globalisation and multiculturalism of the later Twentieth century.²² Mudenge on his part asserts that, as some of the first great transnational organisations, missions linked communities in disparate parts of the world via travel, correspondence, print and shared institutions. According to him the Swiss Basel Mission, for example, connected workers in India, China and New Guinea.²³ This study examined how AIM missionaries managed to access Marakwet land in Kenya and the legacies that they left behind.

Zvobgo argues that the contribution of Christian missionaries to African education in colonial Africa has been the subject of several debates, little attention has been paid to the role played

¹⁹G. T. Brown, *Earthen vessels and transcendent power: American presbyterians in China, 1837–1952*, (Maryknoll, N.Y.: Orbis Books, 1997), p. 25.

²⁰F. Stockwell, *Westerners in China: A history of exploration and trade, ancient times through the present*. (North Carolina: McFarland & Company, 2003). P. 27.

²¹K. Latourette, *A history of Christian mission in China* (New York: Macmillan Publishers, 1929), pp. 23-34.

²²P. Grimshaw and A. May, "Introduction", in Grimshaw and May (eds) *missionaries, indigenous peoples and cultural exchange* (Eatbourne, 2010), p. 1.

²³S. Mudenge, *A political History of the munhumatapa c 1400-1902* (Harare, 1988), p. 34.

by Christian missionaries in the field of African health in many colonial African countries. According to him, this is all the more surprising especially when considered in the light of the fact that the medical missionary relieved a great deal of suffering among Africans especially in a country like Zimbabwe, particularly in the rural areas where, initially, Government hospitals and clinics were either very few or did not exist at all.²⁴ He further observes that, Christian missionaries established medical missions both because they regarded the ministry of healing as an integral part of the Christian witness and because they viewed medical missions as an important evangelistic agency. For these reasons, at some mission stations where a trained doctor was not available, some missionaries practiced as amateur doctors.²⁵ Brigg on his part argues that the first permanent medical mission staffed by a medical doctor began when Dr W. L. Thompson, a medical missionary of the American Congregational Church, opened a dispensary at Mount Selinda in 1893.²⁶ Mission hospital was opened in Marakwet in 1934, hence there was need to analyse the reasons behind the establishment of this hospital and its history in the subsequent years.

Shobana Shankar and John Manton both discuss missionary medicine in regard to the control of leprosy in Nigeria. Leprosy, with its biblical ideas, was always a particular focus of Christian missions, but Shankar's study, situated in the predominantly Islamic north of the country, found limited evidence that medical treatment of lepers was an important factor in gaining significant numbers of converts. More sufficient was the fact that “residents of the leprosaria developed social networks connecting them to the colonial economy” an end that may well had broader implications.²⁷

Lynn on her part however, observes that, the case of leprosy control in the Northern Nigerian emirates prompted studies to look more closely at colonial medicine in the practice of political power by both European and African regimes. She further points out that histories of medicine and native authority, in separate scholarship, point in a common direction: the impossibility of capturing the cultural complexities of lived experiences and legacies of empire in dichotomies of African tradition and European modernity, Western and non-Western, and colonizer and

²⁴C. J. Zvobgo, *Aspects of interaction between Christianity and African culture in colonial Zimbabwe, 1893-1934*, Zambezia (1986), XIII, 54.

²⁵ Ibid

²⁶H. O. Brigg, *The missionary as an amateur doctor*, The Foreign Field of the Wesleyan Methodist Church (1917-18), 147-9.

²⁷ D. Hardison (ed) *Healing Bodies, Saving Souls: Medical Missions in Asia and Africa* (Amsterdam: New York Press, 2016), pp. 122-127.

colonized. According to her, scholars have described the dynamics of these encounters in many ways, as processes of invention and accommodation in politics, on the one hand, and as pluralism and entanglement in body politics, illness and health on the other.²⁸ Yet ongoing social construction is as much a factor in Megan Vaughan's account of a syphilis epidemic in British East and Central Africa as it is in Thomas Spear's survey of indirect rule and African cultural categories.²⁹ Bringing medicine into the realm of native authority envisions politics as more than government and sees the effects of health care beyond narrowly defined communities of practitioners, patients and colonial governmental authorities. This study examined how the missionaries managed to fight against female circumcision which was the biggest challenge in Marakwet district.

Carey on his part asserts that, before 1800 the chief contact of sub-Saharan Africa with Europe was through the traffic in slaves. To him, the increased number of western commercial penetration from the late eighteenth century and the final political dominance in Africa coincided with a massive Christian missionary enterprise. Carey further posits that, the modern era of the missionary expansion of the Christian Church started with an evangelical revival movement which according to him stimulated protestant initiatives later in the eighteenth century. With Anglican and Roman Catholic missions joining up years later. Intensified contact with the non-western world since the late eighteenth century confirmed in the European mind the idea of the Christianization of those parts of the world which had hitherto been deprived of the message of the gospel. This third phase of the expansion of the missionary movement in Africa, which continued throughout the nineteenth century up to the twentieth century.³⁰ This study examined how the Protestants especially the AIM missionaries improved their areas of jurisdiction in Kenya.

Buxton explains that, the expansion of the missionary movement into Africa was part of the growing conception of Christian responsibility for the regeneration of African peoples. The anti-slavery issue and the humanitarian conscience also played a vital role in stimulating European interest in Africa and gave an impetus to mission work and medical work was

²⁸L. Thomas, *Politics of the Womb: Women, reproduction, and the state in Kenya* (Berkeley, 2003), pp. 17-20.

²⁹M. Vaughan, 'Syphilis in colonial east and central Africa: the social construction of an epidemic', in Terence Ranger and Paul Slack (eds.), *Epidemics and Ideas* (Cambridge, 1992); Thomas Spear, 'Neo-traditionalism and the limits of invention in British colonial Africa', *Journal of African History*, 44 (2003), pp. 3-27.

³⁰W. Carey, *An Enquiry into the obligations of Christians to use means for the conversion of the Heathens*, p. 20.

identified as the best weapon to be used to win the hearts of rebellious Africans. Cardinal Lavigerie's mission strategy was particularly concerned with halting the slave trade in Africa. In 1878 Lavigerie was entrusted with the evangelization of Equatorial Africa. This new apostolic field soon led him with the full support of Pope Leo XIII to secure a federation of the various European anti-slavery societies in L'Œuvre antiesclavagiste and initiate a large-scale antislavery campaign, or as he himself called it, "a great crusade of faith and humanity". The opening up of Africa to forces of change by the four Cs, namely by the introduction or the imposition of the so-called legitimate commerce and Christianity as a key to civilization and eventually colonization was seen by most abolitionists, humanitarians, philanthropists and missionaries as the only remedy. The equation of civilization with commerce became a common characteristic of humanitarian and missionary thought since it was widely believed in the abolitionist, humanitarian and missionary circles that in addition to the general civilizing impulse which commerce would give to African peoples, legitimate commerce would deprive the slave trade of its hold on the West African coast and in the East and Central African interior. Traffic in tropical produce and other commodities should replace the trade in slaves to the benefit of both Europe and Africa.³¹ The task of leading Africans on the path of civilization by the expansion of moral and religious instruction and converting the pagans to the true religion fell on the newly established mission societies.

In further pursuit of missionary activities, Buxton posits that by 1870 there were a number of missionary posts, but, despite some early missionary efforts, religious penetration was confined to the coasts. According to him, the commencement of missionary work in Africa was attended by many hardships and trials. After a very short time many missionaries fell victim at a youthful age to the unhealthy tropical climate, most of them were killed. The position of these early missionaries was also complicated by the mere fact that in many places where religious change was occurring, it manifested itself in the acceptance of a nominal Islam. Buxton further asserts that, in West Africa, the push inland from the coast coincided with the simultaneous southerly expansion of Islam which posed a threat to Christian mission work. Islam, which had been present on the East African Swahili coast for nearly a thousand years, began to penetrate into the interior parts of the continent.³² This study examined how missionaries penetrated into the interior parts of Kenya and how AIM arrived in Marakwet district.

³¹T. F. Buxton, "The African slave trade and its remedy" in B. Edward (ed) *African Reactions to missionary Education*, 1998, pp. 3-5.

³²Ibid, p. 6.

Yet in another argument concerning missionary activities, Basseyy asserts that wherever Protestant and Catholic missionaries met in Africa, opposition, antagonism and rivalry was always being witnessed between them. In Nigeria for instance, missionary rivalry was particularly serious. To them, education was as an imperative part of civilisation as it was a way of winning converts. Thus, the rapid expansion of education institutions in Nigeria was in actuality, an accidental outcome of missionary rivalry rather than the result of altruistic policy to provide expanded educational opportunities.³³ The same rivalry was witnessed in the East African Protectorate. In Buganda again for instance, the Protestant and Catholic missionaries wanted to stop the other from gaining ground in Buganda; and also, from getting an upper hand in dealing with the Kabaka; the Buganda king. Buganda society was highly centralised and the various religious groups saw that it would be easier to evangelise if they managed to convert the royal ruling class first, and let conversion trickle down to the populace. This study equally examined the opposition meted upon the AIM missionaries in Marakwet and how these missionaries managed to win the hearts of Marakwets.

While studying missionary activities in Bunyoro, Bryaruhanga observes that, wherever Protestant and Catholic missionaries met in Africa, opposition, antagonism and rivalry flared between them. He further explains that in Nigeria for example, missionary rivalry was particularly intense. To them, education was as an imperative part of civilisation as it was a way of winning converts. Thus, the rapid expansion of education institutions in Nigeria was in actuality, an accidental outcome of missionary rivalry rather than the result of altruistic policy to provide expanded educational opportunities. The same rivalry was witnessed in the East African Protectorate. In Buganda, the Protestant and Catholic missionaries wanted to stop the other from gaining ground in Buganda; and also, from getting an upper hand in dealing with the Kabaka; the Buganda king. Buganda society was highly centralised and the various religious groups saw that it would be easier to evangelize if they managed to convert the royal ruling class first, and let conversion trickle down to the populace. The Protestant C.M.S thus began Kings College Budo to train children of chiefs and the royal family; with religious instruction being a major component in the curriculum of the college. The Catholics followed suit and began St. Joseph Kisubi, to also train the ruling class's children and thus enable conversion from the top.³⁴ The same rivalry was also replicated in Bunyoro in Uganda. In

³³M.O. Basseyy, *missionary rivalry and educational expansion in Nigeria, 1885-1945*, (New York: Edwin Mellen Press, 1999), p. 62.

³⁴Ibid, p. 67.

Bughaya and Masindi areas of Bunyoro, Protestants who were the first to arrive made alliances with local chiefs and the Bunyoro king with the hope that conversion of the masses would be achieved from above. When the Catholic missionaries arrived later, they had a hard time converting the locals as people were discouraged from joining Catholicism.³⁵ The Catholics therefore decided that they would win converts by opening a dispensary to treat the sick; a situation which led them to be known as the religion of the “lowly sick and those with jiggers,” a smear campaign started by the C.M.S.³⁶

Ayaji in his work observes that most late nineteenth century missionaries in the continent of Africa conceived of the appropriate education as a healthy dose of the four R's-reading, 'riting, 'rithmetic and religion-delivered in the vernacular. The insistence on the vernacular, as opposed to the western languages like English, French, or German, grew out of the missionary desire to train a group of catechists who could communicate with the local people in the vernacular and who would not exhibit pretensions to European culture which would alienate them from the illiterate masses.³⁷ Ayaji's work concentrates on the four Rs, while this study focused on health issues as one of the legacies of missionaries in Marakwet district.

Ogot in his writings in the late 1970s, he argues that culture was transforming in Africa and this altered the pattern of diseases in both man and animals.³⁸ He further observes that the pre-colonial Kamba society experienced various transformations in the Mbooni regions. Mbooni is a significant region among the Kamba community. According to him, the place laid a firm foundation for most of the Kamba civilizations. In medicine for instance, pungent tasting barks of certain Mbooni trees were useful in sustaining hunters and herders' lengthy travels. Traditions claim that this bark, when crushed and chewed suppressed the appetite. Edible herbs from the forest provided taste in the diet and were used extensively in rituals of healing. The author further claims that fresh roots and oily seeds of wild plants were resorted to during bouts of drought. Their juiciness was a natural source of fluids necessary to starve off physical desiccate. If the villagers were prepared to brave the thickets of central Mbooni, they would find tall *Hyptis Pectinata* plants whose yellowish leaves produced a strong stimulant that the

³⁵A.B.T Byaruhanga-Akiiki, *Religion in Bunyoro*, (Nairobi: Kenya Literature Bureau, 1982), p. 103

³⁶ Ibid, p. 104

³⁷ J. F. Ayaji, *Christian mission in Nigeria, 1841-1891: The making of a new Elite* (Evanstone: Northwestern University Press, 1965), p. 222.

³⁸ B. A. Ogot, *Kenya Before 1900* (Nairobi: East African Publishing House Ltd, 1976), p.3.

Kamba consumed to combat fever.³⁹ This review helped to show how Kapsowar Mission Hospital helped in the transition in the healthcare in Marakwet district.

Zezeza alludes that during early and late Colonial period, African healthcare standards deteriorated drastically.⁴⁰ The author cites strained healthcare facilities due to increased introduction of alien diseases such as Cholera and gonorrhoea to Africa. On his part, Dawson points out that inception of colonial and mission stations in different parts together with frequent movements to escape famine aided the spread of new diseases.⁴¹ These works give a clear picture of some of the tropical diseases that Africans had to deal with. This study examined how the establishment of Kapsowar Mission Hospital helped in reducing the fatalities caused by these diseases in Marakwet.

Lohrentz observes that the Church Missionary Society and Education in Western Kenya, examined the pattern of educational developments in North Nyanza. His study points out that those areas that were evangelized by the C.M.S. advanced faster in terms of African education than those of the Mill Hill Mission (M.H.M.) and Church of God (C.O.G) due to their differences in theological beliefs since though evangelism was the primary objective of these three groups. According to him it was the C.M.S. that were right from the beginning keen to use education to achieve that goal.⁴² Kimani and Odwako studied the role played by the C.M.S. in the development of education in Western Kenya. Karani examined the establishment of Maseno School and the contribution that it made to the local community around Maseno and beyond. She illuminates the fact that C.M.S. had both an evangelical and industrial approach to education at the Maseno centre. The study also gives background information to the setting up of the school within its present locality. Odwako on the other hand looks at the institutions that were established by the C.M.S. in the region. He mentions primary schools, secondary schools and 14 teacher training institutions. He identifies teacher education as one of the areas where C.M.S. put a lot of emphasis.⁴³ The above arguments majorly focus on education as the

³⁹ Ibid, p.21.

⁴⁰T. Zezeza, *A Modern Economic History of Africa, Volume 1: The Nineteenth Century* (Nairobi: East Africa Educational Publishers, 1990), p.11.

⁴¹M. H. Dawson, "Smallpox in Kenya, 1880-1920." *Social Science and Medicine. Part B: Medical Anthropology* 13, no. 4 (1979): pp. 245-250.

⁴²K. P. Lohrentz, *The politics of educational development in central and southern North Nyanza, Kenya, 1904 – 1939.*(Unpublished PhD Thesis: Syracuse University, 1977)

⁴³E. H. Odwako, "The church and education: the contribution of the church missionary society to education in Western Kenya, 1905-1963." (PhD Thesis. University of Nairobi, 1975).

key legacies of the missionaries, this study focused on health as the major contribution made by missionaries in Marakwet district.

Anderson asserts that, in Kenya, there also existed unscrupulous competition between the Catholic and Protestant missions. This was mostly prevalent in highly populated areas like Western Kenya where St. Mary's School is located. Missionaries had very few resources to carry out their operations; thus, many ended up settling in highly populated areas to increase their chances of winning high numbers of converts with the limited resources they had. This had the result of many mission stations being found in a particular area. The existence of other mission stations in one's area of operation served to increase the necessity for moving with speed to gain converts by particular mission stations. Each therefore tried to spread its influence as quickly as possible. The missionaries' main aim was evangelisation and conversion to their respective faiths. However, the initial trials for conversion using sermons were unattractive to local populations. Missionaries therefore resorted to using devious means to get converts. They began offering them incentives like sweets and clothing to come to church.⁴⁴ Later on, education was used as an inducement to convert. This study endeavored to show why AIM started a mission hospital in Marakwet.

Anderson when discussing the interaction of missionaries, he observes that missionary refusal to heed to African demands concerning the type of instruction or the medium to be used in the school was combined with policies and attitudes undermining African culture, Africans most often bolted the mission church and school and established their own competing organizations. Anderson explains that such a move was witnessed in Kikuyuland during the years 1920s and 1930s. He further observes that the Kikuyu showed a great enthusiasm for the western education offered by the various missionary societies in Kenya after 1910. According to him, the Kikuyu fully expected that education would open for them the doors to power and wealth, just as it had for the dominant European settler population in Kenya. Their disenchantment with missionary education grew proportionately to the failure of the missionaries to heed their demands concerning the type of education desired and the medium of instruction to be used in the schools. The immediate factor that caused a large number of Kikuyu to quit the mission schools and establish rival independent schools was missionary insistence on suppression of the female circumcision ceremony. Anderson explains that the resistance of the Kikuyu was

⁴⁴ W.B. Anderson, *The Church in East Africa, 1870-1974* (Dodoma: Central Tanganyika Press, 1977) p.54.

for the preservation of Kikuyu culture, this sparked the creation of the Kikuyu Independent Schools Association (KISA).⁴⁵ This study examined the kind of resistance that missionaries faced in Marakwet and how they managed to overcome it.

Kalu while studying missionary activities in Kenya, he observes that Christian missionaries made significant contributions to Kenya's religious and cultural landscape. Strikingly parallel from the colonial administrators, it is the profound work of Christian missionaries that precipitated the introduction of a Western style of education and literacy into the mission territories by means of scripts and language use. He further observes that the effort of the missionaries to translate the principal Christian literature, such as the Bible and catechism, into the vernaculars triggered the reduction of the vernaculars into writing and the gradual development of standard orthographies. Concisely put, the works of European missionaries were an oasis that poured a full tide of development in areas of architecture and structural design in Kenya. In equal breath, the same could be said of the introduction of Western culinary arts and kitchen ware. Particularly through their social mission, the missionaries enabled the introduction of Western style medicare. The institutions they set up, such as schools and hospitals, introduced Western institutional models and brought up a generation of new professionals such as teachers, medical doctors and nurses.⁴⁶ Thus the missionaries made lasting contributions to the religious and cultural landscape of Kenya.

Mufaka observes that, at the turn of the nineteenth century, the British High Commissioner in East Africa set up various areas in which Christian missionaries were allowed exclusive influence. According to him, Scottish missionaries served the largest and most politically astute community in Kenya, the Kikuyu. Scottish education, combining a theoretical base with vocational training, attracted the best and the brightest of Kikuyu youths. This type of education provided a basis for future employment in government and industry. He however, explains that the rift came about when the Scottish missionaries insisted that all Kikuyu Christians should take an oath against female circumcision. Subsequently, two thirds of the Kikuyu Christians left the mission church to form their own nationalist oriented churches. Mufaka further observes that, after establishing a mission hospital, four girls were brought to Thogotho Central Mission on stretchers. They had suffered from serious lacerations, and these lacerations had

⁴⁵ J. Anderson, *The Struggle for the School: The Interaction of Missionary, Colonial Government, and Nationalist Enterprise in the Development of Formal Education in Kenya*. (London: Longman, 1970), pp. 37-51.

⁴⁶ O. U. Kalu, *African Christianity: An African Story*. (Trenton; Asmara: Africa World Press, 2007), pp. 203-212.

turned septic. These ladies were later attended to by the missionary doctors.⁴⁷ This study endeavored to explore the health issues that motivated the missionaries to construct a health centre at Marakwet district.

Osogo argues that, the early years of St Mary's School were centred on the figure of Monsignor Gorgonius Brandsma. Brandsma came to Kenya in 1900 with a group of Mill Hill missionaries from Holland. He further observes that the Mill Hill Missionaries had earlier settled in various parts of Uganda and there, began several missions. The Mill Hill Missionaries operating in Eastern Uganda found themselves on the Kenyan side when the border between the two countries was moved from Naivasha westwards to the River Sio in 1902.⁴⁸ The activities of Monsignor Brandsma and these Kenyan Mill Hill Missionaries on education development are what led to the beginning of St Mary's School Yala.

Belindah while discussing the establishment of St. Mary's School Yala, she observes that, Christian missions in Kenya began at the coast with the first mission being opened in Rabai by the C.M.S. She further observes that Christianity managed to penetrate the interior of Kenya with the building of the Kenya-Uganda railway. During that period according to her, western Kenya was one of the highly populated areas of the country, and thus many missionaries moved from the coast into Western Kenya when the railway reached Kisumu in 1901. Other groups of missionaries came to Western Kenya through Uganda. Belindah explains that the main group of missionaries working in the area in the early colonial period included the C.M.S, Mill Hill Missionaries, and the Seventh Day Adventists (SDA) Mission. She concludes that the rivalry between these mission groups played a crucial role in the beginning of formal education in the Western region of Kenya, and the establishment of St. Mary's School Yala.⁴⁹ This study explored the rivalry between the AIM and Muslims in Marakwet and the establishment of Kapsowar Mission hospital.

⁴⁷K. Mufaka, Scottish missionaries and circumcision controversy in Kenya 1900-1960, *International Review of Scottish Studies*, Vol. 28, 2003, pp. 47-48.

⁴⁸ J.N.B. Osogo, *Education developments in Kenya: 1911-1924*. "Hadith 3" (Nairobi: East African Publishing House, 1974), p.104

⁴⁹ B. A. Okello, The establishment of St. Mary's School Yala by the Mill Hill missionaries in Kenya, *Historical Research*, vol. 27, 2015, p. 31.

Kanogo analyses the place of women in healthcare provision among societies in Africa.⁵⁰ She affirms the fact that there existed African midwives who handled healthcare situations on women. That for many years before colonial period they conducted successful childbirth and promoted maternal health. They were always consulted during pregnancy long before the coming of European missionaries who discredited their healthcare interventions. While acclaiming modern maternity and other healthcare systems, Missionaries falsified traditional midwifery as unhygienic and superstitious. Although, the colonial authorities did not introduce policies to disadvantage traditional midwifery, other forms of indigenous healthcare delivery were suppressed. Doyle observes that during the long colonial era, the traditional healthcare systems were altered in various parts of the continent.⁵¹ The author notes that, the colonial institutions weakened indigenous medical patterns through rigorous suppressive measures. Marakwet district was not an exemption, the indigenous medical patterns were weakened through the establishment of the mission hospital.

In his study on the arrival of AIM/AIC in Marakwet, Zablun observes that AIM created a new district in the northern area their field and designated it as Eldoret district. According to him, this area comprised of all the Kalenjin-speaking group. He further observes that, as late as 1930, the District Commissioner (DC) indicated that there were no missions working in the district. Towards the end of 1930, the mission made arrangements with the DC to purchase the old “boma” at Kapsowar. According to Kibor, this is how AIM ended up setting up their station at Kapsowar.⁵² This study showed how AIM mission managed to erect a mission hospital at Kapsowar district.

Kipkorir in his writing observes that, the immediate origins of AIM’s work in Marakwet and the establishment of a mission station at Kapsowar can be traced to the accidental encounter between a colonial District Commissioner (DC) and two young Marakwet men. According to him the two young men were introduced to Christianity while working on European settler’s farms in the Uasin Gishu area. They later proceeded to AIM Kapsabet where they received elementary education. Kipkorir further narrates that, one day when the two young men were walking to Eldoret from Kapsabet, they request for a lift on the truck that was carrying the DC

⁵⁰T. Kanogo, *African Womanhood in Colonial Kenya, 1900-2005* (Nairobi: East African Educational Publishers, 2005), p.21.

⁵¹S. Doyle, *Crisis and Decline in Bunyoro: Population and Environment in Western Uganda, 1860-1955* (Ohio University, 2006), p.14.

⁵²J. K. Zablun, *The growth and development of the Africa Inland Church in Marakwet, Kenya, 1895-1992*, (Eldoret:Utafiti Foundation, 2019), p. 42.

of the newly amalgamated district of Elgeyo-Marakwet. Realizing that the two were students at AIM Kapsabet, DC informed them about the idea of the government transferring its headquarters at Kapsowar to Tambach, and should the head of AIM Kapsabet be interested in taking the site and premises, there would be no objection. AIM wasted no time in setting up their new found base at Kapsowar.⁵³

In a similar argument, Kipkorir argues that the AIM Kapsowar settlement was known by its members as *nganaseet* (the church community). It was known by the public as *Kap-chebisaass* (named after chebisaass) the mission's point of entry in Aldai then Nandi District in 1919. Although the first AIM station among the Kalenjin was opened in Baringo in 1913 or 1914, it was with the Nandi axis, itself an extension of the mission's work among the Luo that its adherent came to be most closely identified.⁵⁴

On the medical mission in Kapsowar, Kipkorir observes that, mission hospitals in Kenya were historically highly respected because they were the only modern medical facilities accessible to African families. At Kapsowar, which is the focus of this study, apart from the trained European missionary staff, the AIM did not then employ professionally trained and qualified Africans, relying instead on a few selected members of the church to whom were given rudimentary on the job training and thereafter entrusted to perform tasks assigned to them. Kipkorir further explains that Elijah Kilimo and his father were typical examples of untrained African doctors that were employed in this mission hospital. While comparatively modern medical care was available at Kapsowar Hospital, at the out-dispensaries it was rudimentary. Nevertheless, in treating ulcerous wounds, plucking rotten teeth and such like ailments, the dispensaries came to play an important role in healthcare.⁵⁵ This study therefore examined the historical transformation of Kapsowar Mission Hospital and the history of its medical staffs over time.

From the above literature, it is clear that there exist a few literatures on the missionary activities in the medical care in Kenya. There is therefore need to examine the history of Kapsowar Mission Hospital which has been in existence close to a century and yet its history is yet to be studied by scholars despite its great significance in Kapsowar town.

⁵³B. E. Kipkorir, *Descent from Cherang'any Hills Memoirs of a reluctant academic*, (Nairobi: Macmillan Publishers Ltd, 2009), p. 6.

⁵⁴ *Ibid*, p. 61.

⁵⁵ *Ibid*. pp. 81-82.

1.8.3 Theoretical Framework

Theories are devices used in explaining reality. This study therefore was informed by structural functionalism theory. This theory is also called structural-functional theory, it views society as a structure with interrelated parts designed to meet the biological and social needs of the individuals in that society. Functionalism grew out of the writings of English philosopher and biologist, Hebert Spencer, who saw similarities between society and the human body; he argued that just as the various organs of the body work together to keep the body functioning, the various parts of society work together to keep society functioning. Sometimes the theory is referred to as either structuralism or functionalism. The former suggests that the key to understanding any society for instance its structure which are the mechanism which triggers the actions. The latter is one of the concepts of social Darwinism and is based on the argument that any institution can be understood with the functions it serves. According to Spencer, the parts of the society were the social institutions, or patterns of beliefs and behaviors focused on meeting social needs, such as government, education, family, healthcare, religion, and the economy. The theory showed how the missionaries and Kapsowar Mission hospital a health institution in Marakwet district brought about cohesion among the community members.

Émile Durkheim, who is another renown early sociologist, applied Spencer's theory to explain how societies change and survive over time. Durkheim believed that society is a complex system of interrelated and interdependent parts that work together to maintain stability, and that society is held together by shared values, languages, and symbols. Emile Durkheim believed that to study society, a sociologist must look beyond individuals to social facts such as laws, morals, values, religious beliefs, customs, fashion, and rituals, which all serve to govern social life.⁵⁶ Alfred Radcliff-Brown on his part defined the function of any recurrent activity as the part it played in social life as a whole, and therefore the contribution it makes to social stability and continuity.⁵⁷

Durkheim believed that individuals may make up society, but in order to study society, sociologists have to look beyond individuals to social facts. Social facts are the laws, morals, values, religious beliefs, customs, fashions, rituals, and all of the cultural rules that govern social life. Each of these social facts serves one or more functions within a society. For

⁵⁶ E. Durkheim, *Primitive Classification*, (University of Chicago: University of Chicago Press, 1963), pp. 31-54.

⁵⁷ A. R. Radcliffe-Brown, *Structure and Function in primitive Society*, (Free Press, 1952), pp. 121-141.

example, one function of a society's laws may be to protect society from violence, while another is to punish criminal behavior, while another is to preserve public health.⁵⁸

Merton, another structural functionalist pointed out that, social processes often have many functions. Manifest functions are the consequences of a social process that are sought or anticipated, while latent functions are the unsought consequences of a social process. A manifest function of college education, for example according to him includes gaining knowledge, preparing for a career, and finding a good job that utilizes that education. Latent functions of your college years again he observes that include meeting new people, participating in extracurricular activities, or even finding a spouse or partner. Another latent function of education is creating a hierarchy of employment based on the level of education attained. Latent functions can be beneficial, neutral, or harmful. Social processes that have undesirable consequences for the operation of society are called dysfunctions.⁵⁹ Various institutions in Marakwet worked closely towards achieving a common good, the social process in the district was therefore desirable. This study specifically focused on the most important contributions of social theory that came about as a direct consequence of great transition from pre-modern to modern society in Kapsowar.

⁵⁸E. Durkheim, *Primitive Classification*, (Chicago: University of Chicago Press, 1963), pp. 45.

⁵⁹ R. K. Merton, *On Social Structure and Science*, (Chicago: The University of Chicago Press, 1996), pp. 339-359.

1.9 Methodology

1.9.1 Overview

This section discusses the methodology that was adopted in the study to investigate the history of Kapsowar Mission Hospital. It described the area of study, research design, sampling procedure data collection procedures data analysis and the ethical considerations.

1.9.2 Area of study

The study was carried out in Marakwet district where the mission hospital was built to serve the area residents. The defunct district is located in Elgeyo Marakwet County. It was created in 1927 as Elgeyo/Marakwet District. It was later split into Marakwet and Keiyo Districts in 1994. In 2010, the two districts were joined again to form Elgeyo-Marakwet County. Most of the people living in this district are the Kalenjin community. A large majority of Marakwet lead a simple rural life characterized by mixed small-scale farming.

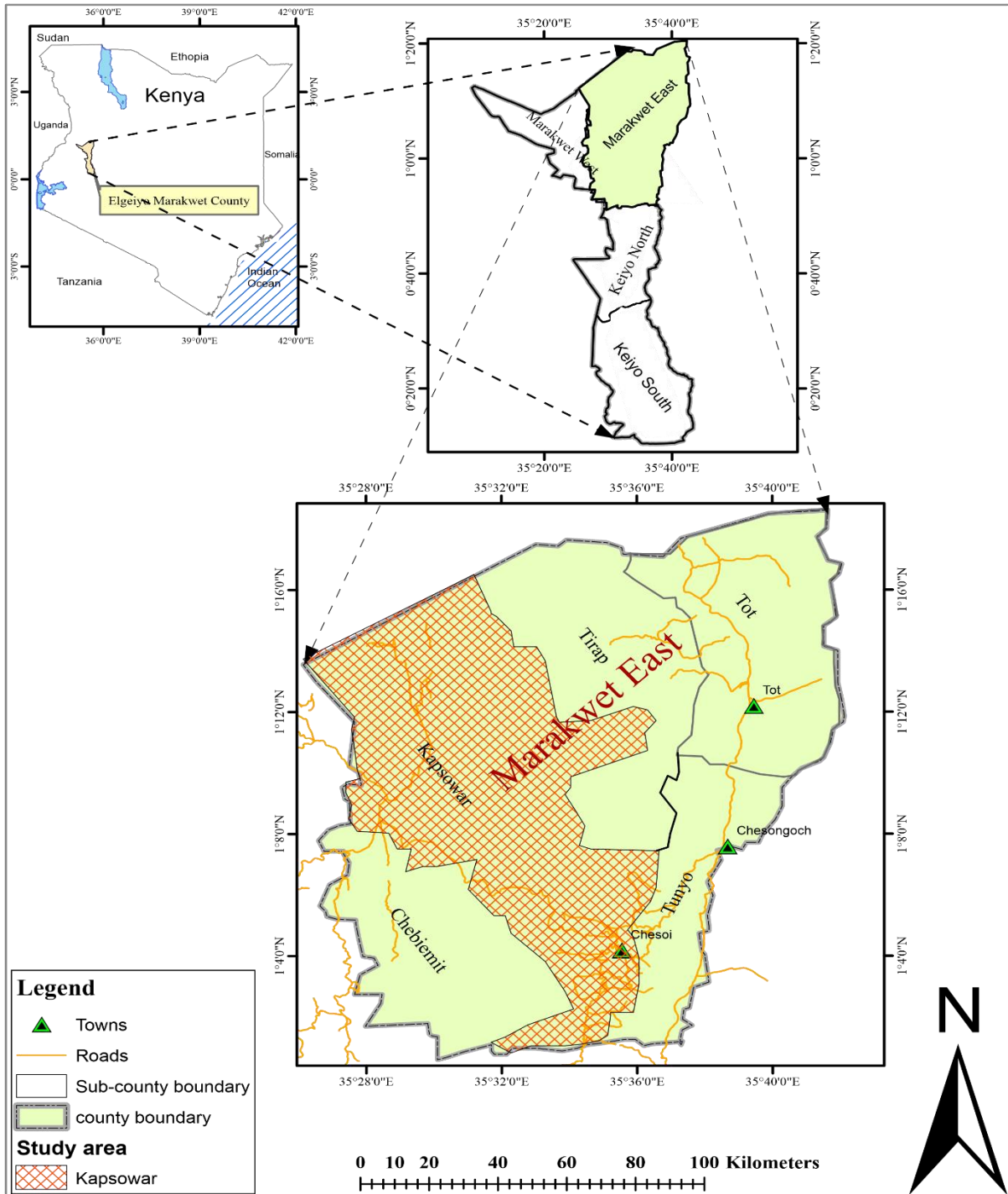


Figure 1: Location of Kapsowar

Source: Drawn by Robert Kiprotich on 13th April 2021

1.9.3 Research Design

The study was based on historical research design. The design refers to the process of critical inquiry into past events to produce an accurate description and interpretation of these events.

According to Walliman, historical research is the systematic and objective location, evaluation and synthesis of evidence in order to establish facts and draw conclusions about past events.⁶⁰ The design has four main steps: identification of the research problem, collection and evaluation of source materials (external and internal criticism), synthesis of information from source materials and analysis, as well as interpretation and formulation of conclusion. This design was appropriate for this study because it analyzed the history of Kapsowar Mission Hospital from 1934 to 2020. Qualitative research methods are best suited generally for social sciences and especially historical inquiries.⁶¹ This study therefore used qualitative methods of research. The study endeavored to get an in-depth understanding of the history of Kapsowar Mission Hospital.

1.9.4 Sampling Procedure

The study employed purposive sampling to identify informants. The number identified was stratified according to gender, age, profession, educational level and length of stay in Marakwet district area so that the sample picked spread throughout the district. The informants who were be picked, comprised of residents who had information pertaining the history of the mission hospital, area administrators, doctors and nurses employed in the facility were also be included in the study. This gave a picture of how Kapsowar Mission Hospital was constructed and how it has served this rural township over the years. All these groups comprising of at least thirty informants formed the population of the study.

1.9.5 Data Collection

Data collection for historical research mainly relies upon written documents and oral sources. Thus, two types of data were collected for the study. Primary and Secondary data. Primary data came from archival and oral sources. Archival sources included records from the hospital's archive, the Kenya National Archives, like annual reports, official correspondence and government policy documents. As such the researcher visited Kenya National Archives in Nairobi. For effective administration of oral interviews, interview schedule was used. The significance of the interview schedule is that it facilitated easy and smooth interviews without

⁶⁰N. Walliman, *Your Research Project: Designing and Planning your Work*, 3rd Edn (London: Sage publication, 2011), p. 9.

⁶¹J.W. Creswel, *Qualitative Inquiry and Research Design: Choosing among Five Traditions* (London: Sage Publication, 1998), p. 152.

the risk of forgetting pertinent issues. The interview schedule was designed and used in a way as to cater for issues arising out of the given discussions. The researcher made observations on past evidence of the reasons behind the construction of Kapsowar Mission Hospital. A camera was used to capture the photographs and a voice recorder to record the oral informants. English, Kiswahili and Kalenjin were used as appropriate to particular informants. A research assistant translator assisted where necessary. All interviews were recorded with the consent of the informants for easy data retrieval. Transcription followed as soon as possible.

Data was also collected from secondary sources which helped to corroborate and complement primary data. These secondary sources included books, journal articles, reports, internet, theses/dissertations and conference papers. Thus, the researcher extensively read in libraries at Egerton University, Moi University (Margaret Thatcher library), Kenya National Library, the University of Nairobi among other libraries. The data collected was in three forms. These included the establishment, growth and development of Kapsowar Mission Hospital, to examine the historical development of Kapsowar Mission Hospital in the post-colonial Kenya and analyzing its impacts on the society.

1.9.6 Data Analysis

Data entry was carried out simultaneously with field study. Three analytical frames were used to analyze the collected data. These were theoretical reflection, documentary review and content analysis. Theoretical analysis entails utilizing the chosen theoretical framework to analyse the data collected. Documentary review involved analyzing documentary data corroborating it with oral data as a way of internal critique. Content analysis entailed contextualizing given statements, words, phrases, sentences, paragraphs, pictures, symbols or ideas. Recorded data was transcribed then analyzed. Analysis was based on objectives and research premises of the study. The final step involved drawing conclusions from the research premises drawn earlier. Data was analytically presented.

1.9.7 Ethical Considerations

Permission to collect the required data was sought from the National Commission for Science, Technology and Innovation (NACOSTI). During data collection and field work, the informants were informed about the research and that the study was majorly for academic purposes. It was made clear that the participation is voluntary and that the informants were free to decline or withdraw any time during the research period. Informants were not coerced into participating in the study. The participants were provided with clear and adequate information then asked to

give their own informed consent. They were guaranteed that their privacy was protected by strict standard of anonymity.

CHAPTER TWO

ESTABLISHMENT, GROWTH AND DEVELOPMENT OF KAPSOWAR MISSION HOSPITAL UNDER AIM 1934–1962

2.1 Overview

This chapter focuses on the establishment, growth and development of Kapsowar mission hospital. It focuses on the social Economic and political organization of the Marakwet getting to know how the community under study was organized in all dimensions. The chapter also analyses the traditional Marakwet medicine, religion and education. After laying a strong foundation on the organization of the Marakwet, the chapter examines the formative years of the mission hospital, the acquisition of the land and how the missionaries managed to win the hearts of the local rebels. The chapter also examine the early history of the church since the two entities were intertwined. Kapsowar Mission Hospital and the Second World was also a very important epoch in the course of the study, the study thus, examined the mission hospital and WWII. Various developments that took place on the eve of independent have also been captured in this chapter and finally the post-colonial growth of Kapsowar Mission Hospital. The principal aim of the African Inland Mission was spiritual nourishment of the locals, good health and education, therefore the need to examine the history of the church.

2.2 Social Economic and Political organization of the Marakwet

Kipkorir in his book posits that there are no such people as “Marakwet”. According to him the word is a corruption of Marakweta which is a sub-nation of the large Kalenjin group who along with the Almo, Cherang’any, Endo and Kiptani were formed by the colonial masters into the Marakwet Division of the Elgeyo Marakwet District in the Rift Valley province of Kenya.⁶² Marakwet together with their neighbours, the Elgeyo form the administrative District of Elgeyo-Marakwet in the former Rift Valley Province. Before the area was brought under the administration of the Kenyan colony, it was under the Ugandan protectorate. Notably, Marakwet has approximately one hundred and ten thousand people and occupy an area of 1,595 square kilometers. Over a century ago, the escarpment has been dry, with bush and shrubs. The zone became commonly known as *Lagam* by the locals, it is dotted with the houses if the people. The Marakwet had a decentralized system of government. Every Marakwet male, as member of an age set, progressed through several stages to become a member of the council of elders. The system of arbitration was maintained by elders sitting together to discuss matters

⁶²B. E. Kipkorir, *The Marakwet of Kenya: A preliminary study*, (Nairobi: East African Educational Publishers Ltd, 1973), p. 4.

involving all the Marakwet and to decide cases of unresolved individual or clan conflict. These elders were much respected because of their knowledge of Marakwet traditions. Marakwet people cultivated the traditional staple of grain crops like sorghum, millet, and finger millet. Additional food crops were beans, cassava, sweet potatoes, and yams. Marakwet people also kept livestock like sheep, cattle and goats for milk, meat and skin. Dowry among the Marakwet was paid in form of livestock. They also traded among themselves and also with their neighbors such as the Luo, and Maasai.⁶³

Kendagor in his book avers that in the pre-colonial epoch, land was communally owned and its use was decided on by the community elders. Individuals did not own land as the sole owners but the land was in the custody of clans. This factor explains why community members took time before to hive off some part of their land for missionary activities by the colonial government. Before that decision was arrived at, all the community members had to be consulted. The tendency to take long before all the clan members agreed on one development agenda was always experienced.⁶⁴ The establishment of Kapsowar mission hospital dates back to 1934. Kibor observes that as late as 1930s, the District Commissioner in the then Marakwet District indicated that there were no missions working in the district. According to him, towards the close of 1930, two catholic fathers named Hartmann and Bergman visited the government school at Tambach the then District headquarters and conferred with the principal regarding the possibility of attaching to the school a Christian (Roman Catholic) native who would give religious instructions to those who desired. Consequently, a native catechist was sent from the Roman school at Eldoret in 1931.⁶⁵

Kibor further argues that in 1931 Reverend Reynolds of AIM Kapsabet accompanied by Abraham Rurie of Githumu, visited Tambach and Marakwet with a view of inaugurating mission work in the field. Later in the same year, the mission sent two native adherents from Kapsabet on a short trip to Marakwet to spy out the land. By then, the government was moving its outpost station from Kapsowar to Tambach. The mission therefore moved with speed and

⁶³ J. K. Zablon, *The growth and development of the Africa Inland Church in Marakwet, Kenya, 1895-1992*, (Eldoret:Utafiti Foundation, 2019), pp. 8-11; Edwin, OI, 30th August, 2021.

⁶⁴D. R. Kendagor, *Rethinking British Rule and Native Economies in Kenya*, (Egerton: Pangolin Publishers Ltd, 2010), p. 15

⁶⁵J. Kibor, *The growth and development of the Africa Inland Church in Marakwet, Kenya, 1895-1992*, (Eldoret:Utafiti Foundation, 2019), p. 42.

arranged with the District Commissioner to purchase the old government land at Kapsowar. This was estimated to be around thirty acres.⁶⁶

2.3 Traditional Marakwet medicine, Religion and Education

In his analysis on traditional medicine, Builders argues that traditional herbal medicine (THM) have a very long historical background that corresponds to the stone age. According to him, in Africa, the practice of traditional healing and magic is much older than some of the other traditional medical sciences and seems to be much more prevalent as compared to conventional medicine. He further observes that African traditional medicine is a form of holistic health care system that is organized into three levels of specialty, which include divination, spiritualism, and herbalism. To him, traditional medicine is viewed as a combination of knowledge and practice used in diagnosing, preventing and eliminating disease. Accordingly, this may rely on past experience and observation handed down from generation to generation either verbally, frequently in the form of stories, or spirituality by ancestors or in modern times in writing. Builders argues that before attaining knowledge in traditional African medicine, one is often required to be initiated into a secret society, as many characteristics of this form of medicine can be passed down to initiates.⁶⁷

Kibor in book argues that when a Marakwet fell sick, he/she would first go to the herbalist, also known as *Chepkerichot*, who provided medical treatment based on his/her knowledge of herbs. And if the ailment persisted, the patient would resort to a witchdoctor also known as *Chepsogeiyon*, who accordingly would diagnose the source. According to Kibor, the witchdoctor would sometimes attribute the cause of the illness to a human agent of evil, the sorcerer also known as *Kiban*, the evil eye also known as *Konyin*.⁶⁸

Arguably, the religious beliefs of the Marakwet are not well formulated. However, it is important to note that the supreme deity among the Marakwet is “Asis”, the sun, who dwells in the sky. The Marakwets address prayers to their deity in moments of crisis or national disaster like epidemic or famine as they see him as the benefactor and giver of all good things. Interestingly, the Marakwet have no creation story like other ethnic groups. The traditional Marakwet religion has no cult of devotion. There are equally no regular worships or festivals

⁶⁶Ibid, p. 43.

⁶⁷ P. F. Builders, *Herbal Medicine*, (London: Intech Open, 2019), p. 192.

⁶⁸J. K. Zablou, *The growth and development of the Africa Inland Church in Marakwet, Kenya, 1895-1992*, (Eldoret:Utafiti Foundation, 2019), pp. 8-11.

observed, such as planting or harvesting as it is the case in some ethnic groups. Thanksgiving ceremonies were only evidenced in time of abundance or an end of a disaster.⁶⁹

Thompson observes that Africans had education long before the first Christian missionaries brought their schools, but the education provided was very different in outlook and purpose. To him, Education cannot be divorced from the traditions and way of life of a society and characteristically traditional education was primarily concerned with the socialization and acculturation of the youth of the society, with training the child to deal with the problems of living in his particular environment and with right behavior.⁷⁰

Arguably, during the pre-colonial period, the Marakwet had a well-organized informal system of education. In every homestead, learning was conducted at a designated place especially at the center of the home compound where fire was lit and people sat around listening to stories. Learning was usually conducted by storytelling. According to Thompson, the stories that were narrated touched on various societal issues ranging from accepted moral values to cherished heroes. In the process of telling stories, many idioms were used to depict the richness of the Marakwet language and culture. During story telling sessions, animal characters were used to portray certain virtues. For instance, the sheep in many occasions symbolized kindness and the hare signified intelligence. On the other hand, the hyena portrayed vices such as greediness and jealousy.⁷¹

Additionally, among the Marakwet, women had the responsibility of imparting societal norms and values such as respect, honesty, obedience and good behavior to young children. Stubborn children were disciplined through corrective punishments. Both boys and girls were taught various skills in art and crafts such as making of ceramics, calabashes, sleeping mats and ornaments. Children were also taught economic skills such as cultivation and making of farm equipment. They were also taught the art of hunting. At puberty, both girls and boys were initiated into adulthood. After circumcision, elderly men taught boys the importance of defending their community from enemies. They were also sensitized about society's secrets and future responsibilities as parents. On the other hand, elderly women taught girls their responsibilities in marriage. Through the guidance of parents and elders, children learned how

⁶⁹J. K. Zablon, *The growth and development of the Africa Inland Church in Marakwet, Kenya, 1895-1992*, (Eldoret:Utafiti Foundation, 2019), p. 13; Edwin, OI, 30th August, 2021.

⁷⁰ A K, Thompson, and Franken Jan. *Church and Education in Kenya*. (Nairobi: East African Publishing House, 1976), p. 12.

⁷¹A K, Thompson, and Franken Jan. *Church and Education in Kenya*. (Nairobi: East African Publishing House, 1976), p. 12; Suter, OI, 20th Sept. 2021.

to play their part in the society by listening to and imitating their elders, in a process of learning by doing. Children were taught how to behave towards their parents and other members of the society. The emphasis was upon conformity and obedience with the intention of preserving the society against external enemies and internal dissension.⁷²

2.4 The establishment of Kapsowar mission hospital

Gehman, in his book observes how Peter Cameron Scott, the founder of AIM, returned to Philadelphia from Scotland in the late nineteenth century, ardent and committed to the missionary task of taking the Gospel to East Africa. He was looking forward to establishing a chain of stations as far as Lake Chad and by planting stations on high ground to avert to a larger extent, the fevers of lower altitudes which then had proven a deadly plague to the Whiteman. However, Cameron found resistance from his own Presbyterian Church and other denominations because of extreme financial challenges. Towards the end of the nineteenth century for instance, a financial panic broke out in the New York stock market which resulted to an economic depression. Notably, attempts to raise missionary support during this period characterised by a severe economic downturn led to disappointment.⁷³

Therefore, Peter Cameron had no choice but to turn to his friends sharing his burden and seeking their prayer support. Accordingly, the same God who called Peter Cameron had prepared others to help launch the AIM included among them were A. T. Pierson, a prominent and respected Bible teacher and Charles Hurlburt, a leader of the Young Men's Christian Association (YMCA) and founder of the Pennsylvania Bible Institute which became Philadelphia Bible University.⁷⁴

From the onset, the AIM stated that their purpose was not to criticize nor antagonize, nor attempt to replace the existing organizations but to join heart and hand with them in a work of such amazing difficulty and sweep that existing agencies were still none too adequate to accomplish. Moreover, Kenya Field Council Minutes (KFCM) throughout the early years demonstrated that the AIM had been gracious partner with other missions, working

⁷²A K, Thompson, and Franken Jan. *Church and Education in Kenya*. (Nairobi: East African Publishing House, 1976), p. 12; KNA/ Letter Ref. log 5/32. Letter from office of the District Commissioner Marakwet. Dated 3rd Sep. 1937. Ref: recite for elementary school at Marakwet, Chelang'a, OI, 23rd August, 2021.

⁷³R. J. Gehman, *From Death to Life: The Birth of the African Inland Church in Kenya, 1895-1949* (Michigan: Nav Press Publishing Group, 2013), pp. 20-32.

⁷⁴R. J. Gehman, *From Death to Life: The Birth of the African Inland Church in Kenya, 1895-1949* (Michigan: Nav Press Publishing Group, 2013), pp. 20-32.

harmoniously with them rather than competing with them. And by August 1895, Gehman argues that God brought together the first party of AIM missionaries. According to him, those who joined Peter Cameron Scott in New York were his sister Margaret Scott, Plus Bertha Reckling, Minnie Lindberg, Lister Severn, Fredrick Krieger and Willis Hotchkiss. Gehman further observes that this group of missionaries unanimously elected Peter Scott as their leader. At a farewell service at the Pennsylvania Bible Institute, they were dedicated to the Lord's work in Africa. He added that the following day on August 17, 1895, the AIM missionaries sailed from New York to Britain where Walter Wilson joined them.⁷⁵

Sailing down the east coast of Africa, the S. S Admiral bypassed Mombasa and docked in the port of Zanzibar. However, not a single steamship line stopped in Mombasa on a regular basis. All British Government offices were located in Zanzibar. After the missionaries had been dumped off in Zanzibar, they learnt that no ship would leave for Mombasa for another week. The prospect of spending a whole week in what they described as stuffy little Africa hotel, mosquito and fly ridden, unsightly and unsanitary was not nice to contemplate. According to Gehman, the captain of the German vessel, who would steer his ship to Mombasa was homesick and insisted the missionaries to stay on the ship for that week.⁷⁶

Finally, on October 27 1895, the German East Africa line navigated past the treacherous reefs into the entrance of the old Mombasa harbour and dropped anchor. The CMS missionaries warmly welcomed them to stay in the settlement for freed slaves called Freretown. Having stayed in Freretown for some time, the officials informed them that travel into the interior was treacherous. In February 1895, Mbaruk bin Rashid, an Arab chieftain began his attempt to wrest control of the coastal region from the British. These Mazrui Arabs were rampaging through the interior and capturing Africans to become slaves for the North African Arabs. They attacked caravans and killed many. Because of the grave insecurity in the region, the British Consul General arranged for a military escort for the AIM through the bandit infested interior and forbade the lady missionaries from travelling at that time.⁷⁷ Even though getting their way to East Africa and Kenya was characterised by a lot of challenges as discussed above, the AIM missionaries were very determined to accomplish their mission.

⁷⁵ R. J. Gehman, *From Death to Life: The Birth of the African Inland Church in Kenya, 1895-1949* (Michigan: Nav Press Publishing Group, 2013), p. 24; Cherungu, OI, 22nd August, 2021.

⁷⁶ Ibid.

⁷⁷ R. J. Gehman, *From Death to Life: The Birth of the African Inland Church in Kenya, 1895-1949* (Michigan: Nav Press Publishing Group, 2013), pp. 20-32; Cherungu, OI, 22nd August, 2021.

Edwin, a reverend at Kapsowar AIC posits that the beginning of missionary in Marakwet faced a lot of challenges. The main challenge according to him came from the some Muslim faithful like Ibrahim Alli who owned a shop next to the station. He further argues that Ibrahim staged a considerable amount of resistance to the missionaries for fear of losing his ancestral land. He went ahead to tell the locals how dangerous it was to allow missionaries to settle in their land, to him, the missionaries settling in there could only mean that they would be deprived of their sons. Edwin, alleges that a prayer contest was conducted and the main aim was to challenge Ibrahim a Somali Muslim. According to him, their prayers were answered by God because after the contest, Ibrahim died after three days.⁷⁸

Notably, it is argued that the seed for development of Kapsowar Hospital and the entire A.I.C Church in Marakwet was sown by two Marakwet Men Daudi Kisang and Elija Kilimo who were introduced to Christianity while working on a European settler's farms in the Uasin Gishu area after which proceeded to A.I.M Kapsabet where they received elementary education. According to Edwin, one day as the two men were walking to Eldoret en route to Kapsabet, they hitched a lift on the truck that was carrying the District Commissioner (DC) of the newly amalgamated district of Elgeyo and Marakwet. The DC was curious about these young men and asked them where they were going and what they were going to do. On learning that they were students at A.I.M Kapsabet, he informed them that the Government was transferring its Head Quarters at Kapsowar to Tambach and should the head of A.I.M at Kapsabet be interested in taking over the site and premises there would be no objection.⁷⁹

When the two men reached Kapsabet they did not hesitate to pass on the information immediately to the head. When Reg. Reynolds heard about it, he acted swiftly and approached the colonial government through the DC in Tambach and paper work was started. Subsequently the Government sold its buildings to A.I.M at a cost of two thousand shillings. A year or so earlier Reynolds had sent Joel arap Chemibei from Nandi to explore evangelical work at Kapsowar and entire Marakwet by the kind request of the two Marakwet men. He did and took the report back to him in Kapsabet.⁸⁰

The colonial government upon closing the colonial administrative post and handing over to A.I.M Mission, hospital would be the goal. A.I.M had three goals to establish, a church, a School and Hospital which is in line with the Government and the people of Marakwet. The

⁷⁸Edwin, OI, 12 August, 2021.

⁷⁹Edwin, OI, 12, August, 2021

⁸⁰Biwott, OI, 23 August, 2021.

medical work was started in November 1933 by Bessie Mildenhall who was a nurse. The dedication ceremony was done in 19th October 1934 by Mr. Harry Lunn a farmer in Laborate in the current Uasin Gishu County and a member of Home & Field council of A.I.M in the presents of the colonial D.C Mr. Llewelyn, Reg & Zan Reynolds, Bessie Mildenhall the nurse, Leigh Ashton, Frances collier, and Rev & Mrs Stuart Bryson. Mr. Laurie Walker a business man and Chairman of the London Council, was to lay the foundation stone of the hospital but took ill on his way coming and died and was buried in Mombasa and because of his dedication to the project, the Hospital was called Laurie Walker Memorial Hospital until the AIC took over in 1952.⁸¹ Edwin concluded that Lord had been so faithful to the works that were started by Laurie and the team.

In 1939, the provincial commissioner wrote a letter to Africa Mission school Kapsowar that missionaries were at liberty to fly a union jack. However, directives were very clear, the union jack was only supposed to be flown on a building and not be planted on the ground. This meant that the whole of Kapsowar was officially under the control of the missionaries. The directive from the Provincial Commissioner did not only mean full control of the area by the missionaries, but also marked the beginning of the rapid development of the hospital.⁸² Suter, a retired teacher informed the study that 1939 was characterised with a lot of activities in Kapsowar mission hospital. According to him, the missionaries were in the race against time to ensure that they were done with the construction of the facility and at the same time Second World War (WWII) was on course and there were fears of a lot of casualties.⁸³

To fast track the construction of the mission hospital, the Provincial Commissioner approved a grant of 70 pounds after consulting the Roman Catholic and the Africa Inland Mission Tambach. This decision was arrived at because in the years before, AIM Kapsowar was yet to be given any grant. The grant was obtained from the Local Native Council (LNC) and it also helped in improving the status of the church since the church provided home for many patients.⁸⁴

⁸¹J. Kibor, *The growth and development of the Africa Inland Church in Marakwet, Kenya, 1895-1992*, (Eldoret:Utafiti Foundation, 2019), p. 42.

⁸²KNA/PC/RVP/5A/12/5, Africa Mission School, Kapsowar, 1939.

⁸³Suter, OI, 7, September, 2021.

⁸⁴ KNA/PC/RVP/5A/12/5, Africa Inland Mission, Kapsowar, 1939.



Figure 2: Photograph showing AIC Kapsowar, 1938
Source: Church's archive

2.5 Kapsowar Mission Hospital and the Second World War

The Second World War was a global conflict. It involved more than thirty countries and resulted to more than fifty million military and civilian's death. It was sparked by Adolf Hitler's invasion of Poland in September 1939 an action that made Great Britain and France to declare war on Germany. The conflict pitted allied nations against the axis nations. The allied nations involved close to fifty nations-notably Britain, France, Soviet Union, China and United States of America. On the other hand, the Axis nations included mainly Germany, Italy and Japan. The war was not only fought in Europe but also all over the world where the allied and axis nations had interests. At the end of the six years war, millions of people were homeless, the European economy collapsed and wanton destruction had accrued across the world.⁸⁵

United Kingdom declared war against Germany at a time when it controlled to varying degrees many crown colonies and protectorates across the world. It also maintained political ties with independent dominions as part of the British commonwealth. The British involved these colonies and protectorates in mobilization of troops as well as production of food for soldiers. African, Indian, Caribbean and other colonial troops and personnel played crucial role in

⁸⁵ Marx Hastings, *Inferno: The World at War, 1939-1945* (New York, Knopf, 2011), pp. 20-31.

supporting the allied cause in the war. British colonies in African such as Nigeria, Kenya, Gold Coast (Now Ghana), Zimbabwe, Sierra Leone and Gambia served as staging posts and military bases during the war. The British territories contributed both manpower and other materials to allied forces. Kenya for example, contributed a significant number of soldiers to fight alongside the British army. The soldiers served in Madagascar and Burma against Japanese.⁸⁶ The Kenyan colony produced cereals particularly maize and wheat in a bid to meet the war's food demands. Although some of the Kenya's white settlers enlisted in the war, a large number remained in their farms. The colonial government emphasised cultivation of grains particularly wheat and maize to meet the war cereal needs.⁸⁷

Kapsowar mission Hospital was greatly affected with the impact of the war. Cherutich argues that during that period he was still a young boy but his father narrated to them the story of how the hospital became deserted since most of the doctors went back to their respective countries to take care of the war casualties. According to him, Kapsowar was equally involved in the war though indirectly. Many people died since the hospital was no longer in full operation. He told emotionally how he lost his mother because of the absence of the medical doctors in the facility. To him, that period became the darkest moments ever in his life and the entire Kapsowar which for years then had enjoyed the fruits of having mission doctors in their midst.⁸⁸

After the war in 1946, Kapsowar mission hospital gained momentum. Most of the medical doctors who had gone back home to take care of the soldier war had returned. The hospital began to witness a rapid growth and developments. For instance, in 1958, the training programme for the African staff continued after it had been halted during the war and African staff began to occupy prominent place in the work of the Hospital. Towards the end of 1958, two African dressers, four female nurses had been trained. Three nurses completed the two years' course of training satisfactorily and thereby qualified for the Hospital certificate. The course equipped them with a sound basic knowledge of surgical and medical nursing principles; it also gave them sufficient practical experience to be allowed to bear considerable responsibility in the care and treatment of patients. They also gained sufficient knowledge and

⁸⁶ Ashley Jackson; *The British Empire and the Second World War* (London: Hambledon Continuum, 2006), pp. 183-186.

⁸⁷ Simon S. S. Kenyanchui, 'European Settlers Agriculture' in W. R Ochieng and R. M Maxon (eds) *An Economic History of Kenya* (Nairobi: East African Publishers, 1992), p. 17.

⁸⁸ Cherutich, OI, 23, October, 2021.

experience of midwifery to enable them to take full responsibility of normal deliveries and to take full responsibility of normal deliveries and to recognize complicating factors.⁸⁹

The number of patients visiting the facility had also increased. For instance, the hospital had recorded two hundred and sixty-eight male patients, three hundred and fifty-one female patients, maternity recorded two hundred two hundred and forty-seven patients. There was also an increase in bed capacity in the same year, there was a total of twelve beds for male patients, thirteen beds for female patients and ten beds in the maternity.⁹⁰ Laying down of concrete path to link together the various hospital building was also witnessed in 1958. This development proved to be a tremendous help, it enabled the nurses to move patients on a wheel trolley and doing away with all the mud carried on the feet of staff and patients during the rainy season. The dressers' house, built of temporary materials, was stripped down and completely rebuilt.⁹¹

The upward trend in the work of the hospital continued. The amount of ward work showed a further considerable increase towards the end of 1958. The in-patient days figure almost trebled what it was in the previous years. Notably, there was also a drop in the number of maternity cases as compared with previous years, this was due to the Average Daily Census (ADC) pushing up the maternity fee in the middle of the year without warning, merely to bring it into line with other hospitals and not allowing backwardness of Marakwet sub-nation. The effect on the number of hospital deliveries was immediate.⁹²

2.6 Employment opportunities provided by the mission Hospital

The establishment of the mission Hospital in Kapsowar meant the creation of employment opportunities and improvement of health. Since most of the residents especially those with severe ailments and the pregnant mothers opted to seek for help from the hospital, overdependence on traditional medicine drastically reduced and modern medicine became the most preferred one as it was offered by the mission Hospital. Kapsowar residents began to frequent the hospital and the number of babies that were delivered from the Hospital increased

⁸⁹ KNA/BY/60/9, Ministry of Health, African Inland Mission-Kapsowar, p. 2; Ngeno, OI, 1st September, 2021

⁹⁰ KNA/BY/60/9, Ministry of Health, African Inland Mission-Kapsowar, pp. 1-3.

⁹¹ KNA/BY/60/9, Ministry of Health, African Inland Mission-Kapsowar, p. 4

⁹² Ibid, p. 3

drastically. The successful child deliveries from the Hospital caused a shift from home deliveries as to focus on Hospital deliveries.⁹³

The establishment of Kapsowar mission Hospital in 1934 implied that workers had to be recruited. The Hospital in collaboration with the colonial government enrolled some locals to work in the Hospital alongside the mission doctors. Their number was insufficient and they only provided manual labour needed in the Hospital. Supervision work and other roles were provided by the mission church. Sometimes the Mau Mau detainees were brought from central province and they served for sometime in the Hospital without pay. Mau mau was an uprising of the peasants of Kenya from Central Province against the colonial state, its policies and agents in 1952. Maloba argues that when the revolt broke out, the colonial authorities refused to acknowledge that there was any legitimate reason for such an uprising. According to him, the general opinion of the colonial authorities continued to be that Africans were bound to benefit from colonial rule. Colonialism, so it was argued had brought with it the benefits of education, religion, modern commerce and government.⁹⁴ Work in the Hospital was abundant and due to due to perpetual conflicts in the Kerio Valley, casualties sought help from the Hospital. Since the Hospital did not discriminate, survivors of the conflict also opted to provide free labour to the Hospital as the only way of paying back.⁹⁵

The mission Hospital had workers from the surrounding area and also those who came with the Mau Mau detainees. The workers who came from around Kapsowar area set up houses for residence at Kapsowar town and villages bordering the Hospital. There are small villages with semi-permanent houses at the borders of Kapsowar mission Hospital. These houses had headmen who ensured that they knew each other. They ensured they had a clear database of the community members who lived in the Hospital villages. It was their duty to report to the chief any intruders who entered their village without their knowledge. The many settlements around the Hospital formed security surveillance groups who met regularly to exchange information on security. The locality was secured by the teams and it was peaceful and

⁹³ KNA/PC/RVP/2/6/1, Annual Report, Elgeyo Marakwet District, 1953; Chepkemoi, OI, 14 September, 2021; Ngeno, OI, 1st September, 2021.

⁹⁴W. O. Maloba, *Mau Mau and Kenya: An Analysis of a peasant Revolt*, (Nairobi: East African Educational Publishers, 1993), p. 23.

⁹⁵KNA/PC/RVP/2/6/1, Annual Report, Elgeyo Marakwet District, 1953; Chepkemoi, OI, 14 September, 2021.

habitable. It was also reported that the Hospital management encouraged workers to live near the Hospital and followed the instruction to the letter.⁹⁶

Prior to the establishment of Kapsowar mission Hospital, insecurity cases were very rampant in the area. Cases of cattle raids, resulting in loss of lives were common since the act was like a hobby among pastoralists. Since the presence of the Hospital boosted security in the area, the area residents began to enjoy some peace. The number of cattle raids reduced significantly because of the surveillance. The neighbouring communities feared the security operations in Kapsowar deployed by the missionaries and even the locals. Pokot community members who usually engaged in physical fights during cattle raids were slowly converted to farmers.⁹⁷

2.7 Kapsowar Mission Hospital on the eve of independence

As tension was building up from nationalism movements including mau mau uprising, it became so evident that a time had come when self-rule was going to be inevitable. The missionaries on their part were preparing Kenyans for a self-rule, the principal aim was to ensure that they left everything in good shape. A lot of changes took place as the missionaries were not certain of the aftermath of independence. Many missionaries returned to their homes but a few remained in Kenya where they had established themselves. Kapsowar mission hospital received a further boost in terms of development. In 1962 for instance, the construction of a new male ward was completed, and in the same year, the Inland Mission at Kapsowar, Marakwet got a new X-ray machine and this showed an upward trajectory as far as the development of the hospital was concerned.⁹⁸

The moving out of almost all missionaries and other foreigners who had already established their business in the town targeting the Hospital led to the decline of many activities in the town and the Hospital. Both the missionaries and the Indian traders played a major role in the development of the Hospital and the town respectively. They moved out of Kapsowar and the country because they feared the aftermath of independence. The departure of the missionaries and Indian traders led to reduced commercial activities in Kapsowar town.⁹⁹

There were other factors which adversely affected the pace of work in the Hospital during the later part of 1961, and these factors were still operative in the first half at least of 1962. In the

⁹⁶ Koech, OI, 22 August, 2021.

⁹⁷ Kipkanyilak, OI, 3 August 2021

⁹⁸ KNA/PC/RVP/2/6/1, Annual Report, Elgeyo Marakwet District, 1953, p.10.

⁹⁹ Kipkanyilak, OI, 3 August, 2021

view of these economic difficulties, some reductions were made in the fees charged at the Hospital. And there was a definite upward trend in the latter part of the year so that a glance at the statistical returns for the year showed that there was but a small drop in figures as compared with 1961.¹⁰⁰

The figures for the dispensaries showed another marked increase in the amount of work with which they were coping. This was especially significant since there were only five dispensaries open for the whole year. The dispensary at a place called Liter was taken over by the missionary nurse resident there, as from March, while that at Yemit had to be closed in the second half of the year due to a reduction in the (Aid to Dependent Children (ADC) grant. An oral polio vaccination campaign was carried out in the district in November. Several teams were formed to cover the area and the Hospital management was able to help in those campaigns.¹⁰¹

2.8 Summary

This chapter examined the establishment, growth and development of Kapsowar mission Hospital (KMH) since 1934 to 1962. Just before embarking on establishment of the Church, the chapter focused on Social Economic and Political organization of the Marakwet. The Marakwet were social beings who coexisted with one another harmoniously. Politically, they had a decentralised system of government. Family formed a very important basis headed by the father. Economically, the Marakwet were cultivators and they also kept livestock for milk, meat and blood. The study also clearly established that the mission Hospital was established in 1934 but this did not go without some resistance. The missionaries with their good intentions faced a lot of rejections, humiliations and even betrayals. Women began to give birth in the hospitals unlike before. The chapter went ahead to explain how the Second World War affected the development of the Hospital, it established that the effects of the war was felt indirectly by the Hospital, most of the mission doctors had to travel back to their respective homes to attend to the war casualties, this move the study established that reduced the operations of the Hospital since there were very few trained African doctors. Employment opportunities created by the Hospital was also another factor that the chapter discussed. The establishment of Hospital created more employment opportunities to the locals and Kenyans at large. Some employees were paid while some opted to volunteer. The Hospital in the later years reflected a considerable increase in attendance in most phases of the work. This move the chapter

¹⁰⁰ KNA/PC/RVP/2/6/1, Annual Report, Elgeyo Marakwet District, 1953; Chepkemoi, OI, 14 September, 2021.

¹⁰¹ Kipkanyilak, OI, 3 August, 2021

discussed that was a source of encouragement as the history of medical work in Marakwet had been one of a very slow progress among a people who had lacked the advantages of their neighbours, the Elgeyo, in the same Administrative District. Marakwet had lagged behind in road transport and communications facilities but the Hospital helped in the giving the district a new look. The next chapter focuses on the development of Kapsowar mission Hospital under AIC.

CHAPTER THREE

DEVELOPMENT OF KAPSOWAR MISSION HOSPITAL UNDER AFRICAN INLAND CHURCH (AIC) 1963–2012

3.1 Overview

This chapter deals with the development of Kapsowar mission hospital under the new ownership. It explains how and when the change of ownership took place. The chapter goes ahead to elaborate on how the hospital changed the lifestyle of the Marakwet community living in Kapsowar. The chapter analyses the growth of Kapsowar town, a town whose growth was catalysed by the presence of the mission hospital in the area. Schools which emerged in the area courtesy of the hospital have also been examined in this chapter. There were various employment opportunities for Africans that came up with the inception of the hospital. The link between the hospital and the growth of Kapsowar town from a small trading centre to a business hub is also analysed.

3.2 Change of ownership from AIM to AIC

As mentioned in the earlier chapter, Kapsowar Hospital was first established in 1934 by the AIM. Having accomplished whatever, they set to accomplish in their jurisdiction, AIM finally handed over ownership of the Hospital to the AIC and it is currently under the supervision of AIC Central Health Council (CHC). And since the Marakwet District came into existence in 1994, Kapsowar Hospital has continued to supply the majority of medical care to the people of the area. The Hospital took a new turn by ensuring that it also impacted on the society in almost all dimensions.¹⁰²

Good Health was one of the key pillars as far as the mission work was concerned. Missionaries believed in treating the patients and then leaving them in the hands of God to heal them thus, the motto “we treat but God heals”. Kapsowar Mission hospital was established in Kapsowar at a time when tropical diseases were very rampant and a lot of people died. Thyroid was also another serious disease that affected so many people living in Kapsowar. The hospital became so vibrant in the fight against thyroid, a lot of thyroid surgeries were successfully conducted in

¹⁰² www.electives.net/hospital/4922/preview, Accessed on 7th July 2020; Sang, OI, 10, August, 2021

Kapsowar Mission Hospital and that was how it became known for thyroid surgeries nationwide.¹⁰³

3.3 Post-Colonial growth of AIC Kapsowar Hospital

After Kenya had obtained her independence from the colonizers, most of the projects that were initiated by the colonial government were taken over by the government. Kapsowar Mission Hospital was not an exemption. Though being under AIM, the government played a key in enhancing its development. In 1964 for instance, the government came in handy to appreciate the magnificent efforts made by the missions and missionaries in the field of health services, and they were praised by the minister for Health and Housing, Dr. Mungai, when he opened a new male ward and nurses' home at Kapsowar Hospital in the Elgeyo-Marakwet district. The government agreed to give the hospital grants of up to 50 percent of the capital for expenditure. The grant went a long way in helping the hospital management to construct a mortuary and the laundry section. At the same time, a concrete path was laid, joining the men's and women's wards at the lower level, with steps down to the Laundry/Kitchen block which had a concrete surround to it.¹⁰⁴

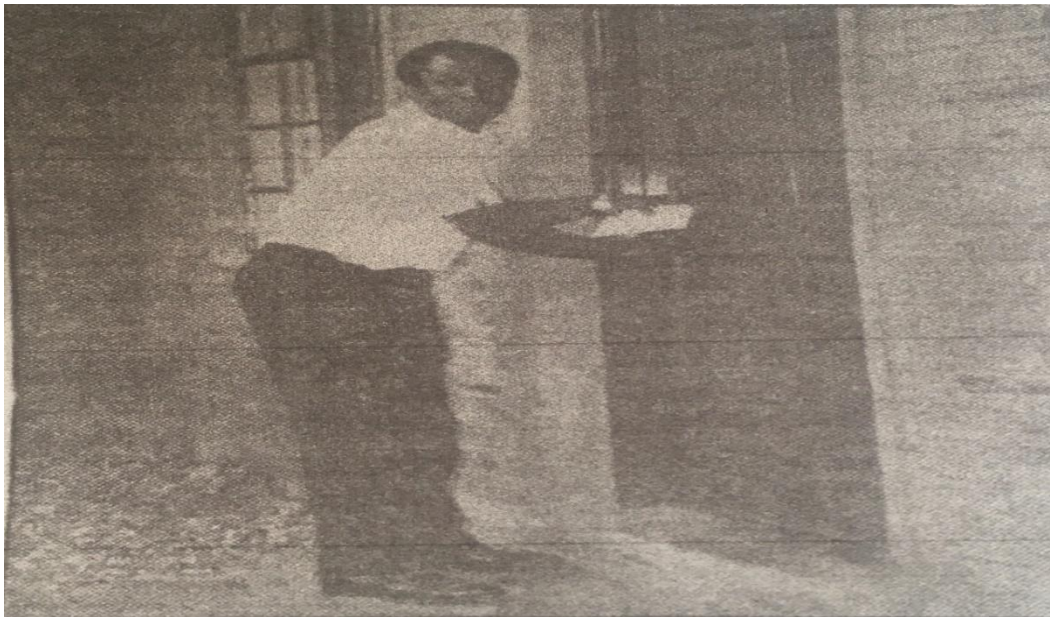


Figure 3: Photograph showing Kenya's Minister for Health Dr. Mungai, opening the new male ward and nurses' home at Kapsowar Hospital in 1964.

Source: Kenya National Archives, 2021

¹⁰³ J. K. Zablon, *The growth and Development of the African Inland Church, in Marakwet, Kenya*, (Nakuru: Utafiti Foundation, 2019), p. 57.

¹⁰⁴ KNA/BY/60/9, Missionaries praised for health work, 1964; Chelugoi, OI, 24 September, 2021.

The Hospital electric circuits had then been reorganized, being centred on the theatre where the power line from the X-ray generator joined the main station circuit. The area in front of the Hospital had been enclosed and parking facilities were provided on the upper approach road. A motor mower had been purchased with a gift from England as more grass was enclosed as the area of the Hospital expanded. The inside walls of the dresser's houses had been cemented, there were improved sink and sluicing facilities in wards. Plans were also underway to construct children's ward to replace the old condemned Nurses Home and a private wing which would go a long way to provide a better type accommodation for those benefiting under the HHIF.¹⁰⁵



Figure 4: Photograph showing Dr. Mungai and Dr. R.S Lindsay talking to women patients at Kapsowar AIM Hospital when he opened a new men's ward in 1964.

Source: Kenya National Archives, 2021

In 1967, there was an 18 percent increase in the work load of the Hospital, as was evidenced by the increase in the number of patients admitted to the wards. In addition to the Hospital, there was a regular visitation and supervision of the four dispensaries. A fifth at a place called

¹⁰⁵ KNA/BY/60/9, Missionaries praised for health work, 1964; Oleng'o, OI, 3rd September, 2021

Liter was run by a missionary nurse and was also visited monthly by the doctor. There had been repeated requests for the Hospital to reopen the other two Dispensaries which had to be closed in the previous years. The County council came in handy to help in the reopening of the two Dispensaries hence a further boost to the development of the Hospital. The success of the ante-natal clinic had also been shown by the further rise in 1967 in the number of maternity cases. In addition to the Tuberculosis (TB) and child welfare clinics, a start was made with a family planning clinic.¹⁰⁶

The two year of Institutional Nursing Training (INT) was continued again in 1968. The institution opened its doors in 1965 but later halted its operations. Two male nurses left Kapsowar mission Hospital to take up work in Turkana, and two girls were accepted for the Academy for Emergency Nursing (AEN) course in Nakuru. Six girls completed their course in the year under discussing. Of the six, two were expected to Kapsowar mission Hospital. The number of nurses in training had increased and this was a positive move because it managed to match the Hospital expansion.¹⁰⁷

1968 was a year of considerable expansion for Kapsowar Hospital exceeding the expectations that were in place. As soon as approval of the plan for the children's ward was received in January the work of construction was begun. The foundation stone was laid by His Excellency, the Vice-President of Kenya Daniel Arap Moi on 9th February, 1968. After completion the ward opened on 8th June by the Director of Medical Services, Dr. J. C. Likimani. Since then, the ward had been constantly full. Approval of the plan for the Dormitory annexe to the Nurses' Home was not received until later in the year. Despite some setbacks work went ahead well and it too was ready for the opening ceremony on 8th June. The furnishing took rather longer to complete due to financial constraints.¹⁰⁸

The third project completed in the financial year 1967/68 was the new kitchen for the Nurses' Home. It proved unsuitable to have the kitchen included in the main building and the addition of an Alfa Laval cooker had enhanced the facilities. For 1968/69 the Hospital management embarked upon two further projects, one of which, an Enrolled Nurses' Staff House, had already been completed. The construction of the twenty-thousand-gallon water storage tank

¹⁰⁶ Ibid, p. 3

¹⁰⁷ KNA/BY/60/9, Missionaries praised for health work, 1964.

¹⁰⁸ Ibid.

had been shelved. Steady work had also been carried out by the garden staff to improve the appearance of the Hospital surrounds and the planting of trees-Aracaria, Eucalyptus and Pine which added beauty to the facility.¹⁰⁹

Daniel Arap Moi became part and parcel of the Hospital and the Church at large. Moi learnt about the Hospital and the Church in Kapsowar when he still a teacher at Tambach. Chebelion observes that Lena Moi was equally a frequent visitor of the facility. Lena Moi could be taken to the facility whenever she was ill. The relationship between the Moi family and the Hospital and even the Church grew so strong to an extent that Moi could preside over a lot of Harambee that were conducted by the Hospital. Chebelion further argues that the relationship even became stronger when Moi was elevated to the post of presidency in 1978. To him, when Moi became the second president the development of the Hospital became so rapid because Moi always made resources available. The love that Moi had for the hospital became very important as it opened up the hospital to the rest of the country and globally. The current status of the Hospital could not be achieved if it were not for the intervention of Moi Chebelion explained.¹¹⁰ Mutwol on his part argued Moi became a very strong pillar to the Hospital and the Church. His support was so overwhelming. According to him, Moi supported the facility even after retiring from active politics in 2002.¹¹¹

When the new regime took office in 2002, there was a lot of fear that the hospital would never receive resources as it used to when the benefactor was in power. The fact that Moi was not in power never stopped him from supporting the Hospital. His generous support continued as was before. The next hope was being built on the new constitution which began to take shape when the new government took office. The new constitution which was promulgated in 2010 advocated for the devolved system of government. This meant that governments would be brought to the grassroots level. This move made the Hospital management have hopes that the County government would also cheap in to inject more resources just like what Moi used to do while in power.¹¹²

¹⁰⁹ Ibid.

¹¹⁰ Chebelion, OI, 20 October, 2021.

¹¹¹ Mutwol, OI, 24, September, 2021.

¹¹² Chelanga, OI, 13, August, 2021.



Figure 5: AIC Kapsowar Mission Hospital
Source: Photograph taken by the Author, 2021.

3.4 AIC Kapsowar Hospital and the spread of Christianity

AIC became so determined in ensuring that their operations were still outstanding. The hospital doctors under the supervision of CHC held so many rallies across the country to treat the sick and to preach the gospel to the people. They camped in areas like Kapsokwony in Mt. Elgon, Baringo, Nandi among other places. Treating the sick and spiritual nourishment were the key responsibilities of the mission doctors. They became very instrumental in spreading Christianity in Kapsowar and in Kenya at large, the mission doctors could walk door to door to preach the gospel and at the same time treat the sick. There was a severe epidemic of whooping cough in 1965 and the mission played a key role in leading a campaign against the epidemic and through that initiative, they managed to convert many locals to Christianity. This became the very fast difficult test that the mission doctors in Kapsowar had to go through under the new ownership, reportedly, they managed to contain the situation and that was how they

managed to win more hearts and more patients to their facility hence a further boost to the hospital.¹¹³

3.5 AIC Kapsowar and Educational programme

At the onset of the mission, AIM missionaries desired simply to open a school where the only textbook was the word of God and the main objective in teaching the people was to ensure that they knew how to read and write. It is important to note that other missions in Kenya arranged for their brighter pupils to go further. They benefited from the educated leaders at a much earlier stage than AIM as well as producing a growing, protestant, educated elite in Kenya. AIM believers' appetite for learning whetted in the simple village schools, found themselves left behind and began to agitate. Some missionaries saw that they had not only lost confidence of government but of large sections of the native people as well.¹¹⁴

The government short of money after the World Wars, looked to missions to educate the masses. Officers then grumbled about AIM's poor educational standards and reluctance to expand beyond the elementary phase. On realizing that missions lacked cash, the Director of Education offered generous subsidies which other missions used gladly. It was noted that money was short everywhere and as the number of African teachers swelled, the source of overseas money augmented from the missionaries' meagre salaries, proved increasingly inadequate. For the first few years, AIM vainly appealed to the African workers to live like missionaries on faith basis. And without adequate salaries, even the best were tempted to join different missions through accepting government grants to pay them a standard wage.¹¹⁵

The frustrated government announced its Kenya Education Ordinance in 1924 which demanded the closure of all unlicensed schools. They would only issue licenses to those schools which met government standards for buildings, equipment and trained teachers. Faced with the closure of their schools, thirty-nine missionaries in Kenya wrote to Hurburt in America, the majority of missionaries in Kenya felt that it was proper the mission receive grants. Lee urged the American council to appreciate the seriousness of the situation and that if immediate

¹¹³KNA/PC/RVP/2/6/1, Annual Reports, Elgeyo Marakwet District, 1974; Koech, OI, 11 September, 2021

¹¹⁴D. Anderson, *we felt like Grasshoppers: The story of African Inland Mission* (Bristol: Crossway Books Nottingham, 1994), p. 98.

¹¹⁵ Ibid. p.88.

remedial steps were not taken, it could spell disaster to the work of AIM in Kenya.¹¹⁶ It is important to note that AIM was aiming at becoming better educated than other missionaries.

According to Wong, education institutions influence the development of a town in various ways since they ultimately become integral parts of the town. To him, they not only increase the intellectual and cultural activities of the town, but also contribute to its physical growth. Additionally, the institutions not only strengthen the economic base of the town, but also diversify it. Moreover, the institutions enrich the town culturally, especially through their cosmopolitan nature. The town's management is intimately connected to the institutions through the provision of services.¹¹⁷ The town provides services to the institutions. This creates a symbiotic relationship between the two sites. To provide educational services adequately, a number of agencies spring up near the institutions. These agencies include books and stationery shops, laundries, tea and coffee houses, hostels and grocery shops. The agencies contribute greatly to the commercial growth of the town. The cessation of operations and closure of education institutions often have a tremendous negative effect on towns in the area of economic activities, education and culture.¹¹⁸

Kapsowar town had a number of academic institutions. A significant number of these institutions began in 1960s and the year 2010. In total, Kapsowar town has one primary schools, two secondary schools and one two colleges.¹¹⁹ These institutions admit pupils and students from all over the county and the country at large. Though the town has some day schools, a few schools have boarding facilities. The numerous educational institutions in the town pervade both economic and social life. The Medical and Training College (MTC) campus was for instance established in 2008. Since the establishment of the colleges, the growth of the hospital and the economy of the town were closely linked with educational institutions. For example, many medium-size businesses in the town catered for the educational needs. These businesses included bookshops, stationery shops, school uniform shops, laboratory chemicals and equipment outlets as well as mass printing businesses. The institutions, especially those with boarding facilities, were the main consumers of farm produce. Farmers engaging in agro-

¹¹⁶ J. Glenden, *A historical study of the educational work of the Africa inland mission in Kenya*. (unpublished M.Ed thesis, university of New Brunswick, 1969)

¹¹⁷ R. H. Wong, "The Urban Functions of Educational Institutions" in J. A. Lauways and D. G. Scanlon (eds), *Education in Cities* (London: Routledge, 2006), pp. 30-31.

¹¹⁸ F. Harbison and C. A. Myers, *Education, manpower and Economic Growth* (New York: Mcgraw-Hill, 1964), p. 23.

¹¹⁹ Ayabei, OI, 29 August, 2021.

business activities supplied their produce from their farms to the Hospital and different educational institutions. Rental premises were at the time of study being constructed especially near the colleges, college students, teaching and non-teaching staff and doctors are the main consumers of these facilities.¹²⁰

Academic institutions whether government or private often secure funding from the central government or other donors respectively. In Kapsowar town, schools and colleges created a new landscape for the town, particularly by changing the face of the town. For example, Medical Training College (MTC) and Bible College in Kapsowar contributed much in enhancing the continued growth of the town and the mission Hospital, the road heading to the institution were tarmacked, and businesses around the colleges boomed, a lot of hostels had been put up. Schools like Moi Girls Kapsowar which was established in 1972 had a social hall, which was used by leaders to conduct their meetings.¹²¹

The majority of the girls were not allowed to go home for holidays because their parents were against the idea of them going to school. Cherono, observes that some girls who were yearning for change could hide in her their home from school. These challenges propelled the AIC to put a boarding school for girls with the support of the hospital. Consequently, Moi Girls Kapsowar was established in 1972 and the school has grown to be what it is today.¹²²

Medical Training College is sponsored by the AIC, and was established in Kapsowar in 2008. It offered health-related courses like, diploma in Clinical Medicine, certificate and diploma in Community Nutrition, diploma in Oral Health, diploma in Dental Technology, certificate, diploma and a higher diploma in Environmental Health Sciences and diploma and a higher diploma in Health Education and promotion. The College equipped local youths with technical knowledge. After graduation, some of the students established businesses in the town. For instance, the mission hospital, employed graduates from the college. The college played a key role in the development of the town.¹²³ The nursing school or MTC accepted its first class of students in August 2008. The college was established to solve the problems of the staff shortage. Though some of the graduates were hired by other firms but a majority remained to work in the AIC Kapsowar Hospital. The first class comprised of seventeen students; second

¹²⁰Cherungu, OI, 24 September, 2021.

¹²¹Chepchumba, OI, 12, August, 2021.

¹²²J. Kibor, *The growth and development of the Africa Inland Church in Marakwet, Kenya, 1895-1992*, (Eldoret:Utafiti Foundation, 2019), p. 42; Yego, OI, 23 August, 2021.

¹²³Kandie, OI, 28 October, 2021.

class comprised of eighteen students. Since the performance of the college was excellent according to Mutwol, the number of students enrolling increased drastically. The current student's population stands at two hundred. Except for the surgeon, the current full-time staff in the Hospital is entirely Kenyan.¹²⁴



Figure 6: AIC Kapsowar Hospital School of Nursing (MTC)

Source: Author's collection, 2021.

3.6 AIC Kapsowar Hospital and The Growth of Kapsowar town

This town began as a small trading agricultural centre. It is one of the fast-growing towns in Elgeyo Marakwet. The growth of Kapsowar has been supported by establishment of the mission Hospital. The town began as a meeting point for traders who assembled their products for transportation to bigger towns like Eldoret, Nakuru and Nairobi.¹²⁵ It was initially a temporary housing area with few structures which just acted as stores for the farm produce. As the produce from the farm increased, the centre also had an upward trajectory as the farmers needed more space for goods storage.

Availability of the mission hospital was the main reason why people chose Kapsowar to be the trading location. This was because of the good health. The Hospital provided better health care

¹²⁴ Mutwol, OI, 24, August, 2021.

¹²⁵ Chepkemoi, OI, 13 August, 2021.

services to the people of Kapsowar and its services attracted people from far and wide. It was observed that Kapsowar grew rapidly due to the availability of a modern health facility. It was easy to put up shops because the population was steadily increasing and that only meant that the demand for goods was equally high.¹²⁶

As the small structures advanced to better houses and many people joined the trade, government had to step in to set records straight. The centre was subdivided into plots by the County Council of Elgeyo Marakwet and the inhabitants were allocated plots to develop.¹²⁷ During the plot allocation of course some members from the highlands may have infiltrated the system but most owners were the inhabitants of Kapsowar. The majority numbers of the people occupying the town are Kikuyu, Tugen, Pokot, Turkana and Kipsigis. Their existence in the town is closely linked to the existence and growth of the Hospital. Kapsowar town has taken time to grow and attain its status as it is now. The structures are mostly semi-permanent with a few permanent structures. The planning of the town is well organised and the market place is located near the road to make it easily accessible and convenient for the traders. According to Kipkanyilak, the town was planned with the close supervision of the provincial administration who wanted to have a clean, well-planned town in future.¹²⁸ The administrators made it their duty to constantly check on the upcoming houses and other infrastructures within the town. There are feeder roads which have been opened up in the town to allow faster movement within the town and efficient supply of goods and services to the traders. Although most of these roads have been encroached on, they were put in place to facilitate easier access to the interior of the town especially during emergencies like fire breakouts. The necessary amenities for the traders have been strategically placed for them to enjoy the town and invest in it more as it is attractive and reasonable to move around.

The growth of Kapsowar town necessitated the establishment of rental residence. People needed descent houses to settle in as they worked in the Hospital. The town experienced new houses for the increasing population. Good rental houses were put up by traders and the missionaries. There was population increase in the town and people sought better houses to rent and live in. Arguably, with the advancement of in houses, sanitation became a problem. The population increase meant many houses and the area was not properly planned so waste

¹²⁶ Koech, OI, 12 August, 2021.

¹²⁷ KNA/DC/MAR/16/201/2, Annual Reports, 1970.

¹²⁸ Kipkanyilak, OI, 29 August, 2021.

disposal became a problem. The town therefore had to be re-planned for better living conditions.

The Hospital employs many of the area residents. These labourers come from far places. These employees work in the Hospital from morning to evening and they settle down for the night. The town has acted as a residential area for them since they started working in the Hospital. Kenya power has also set up a power substation at Kapsowar. This has helped boost the growth of the town as businesses are assured of electricity supply all the time. The offices are within the town and so in case of any problem it is easy to rectify and sort out. It takes a shorter time unlike in the past times when the locals had to travel to Tambach town for their electricity to be sorted. The town is well light at night and thus cases of insecurity are minimal. The police station set up in town also acts as a good security provider and promotes growth of the town. Hospital workers and traders are assured of security.¹²⁹



Figure 5: Kapsowar town
Source: Photograph taken by the author, 2021.

¹²⁹ Oleng'o, OI, 12th September, 2021.

3.7 Summary

This chapter aimed at examining the development of AIC Kapsowar mission Hospital under the new ownership. The chapter established that AIM handed over the ownership of the Hospital to AIC in 1963 the same time when the country was obtaining her independence. The chapter also established that the post-colonial growth was so rapid following the financial support that the Hospital received from government specifically under the Moi regime. AIC Kapsowar mission Hospital played a key role in giving the town a new look. The chapter established that schools developed in the town because of the activities of the mission doctors and the church. With schools rounds, huge population was attracted to the area for the purposes of education and even job. Consequently, the hospital expanded based on its day-to-day intake of patients. This was a symbiotic relationship. The chapter concluded by focussing on the relationship between the Hospital and the town. It was evident that if it were not for the Hospital, Kapsowar town would have not been what it is today. But then again there is symbiotic relationship between the town and the Hospital. The town plays a key role in providing some vital services to the Hospital like rentals. Rentals were discovered to be so crucial especial for the staff working in the Hospital. This factor helped in the expansion of the facility as the facility also helped in the growth of the town. The next chapter focusses on Devolution of health sector and AIC Kapsowar mission Hospital.

CHAPTER FOUR

DEVOLUTION AND AIC KAPSOWAR MISSION HOSPITAL, 2013–2020

4.1 Overview

Devolution being the transfer of power to a lower level, especially by the central government to a lower level also commonly known as grassroots level. This chapter deals with the development that the Hospital witnessed since the onset of devolution in Kenya, it examines the role that devolution has played towards the development of the mission Hospital. The chapter discusses how the transfer of power from the national level to the county level impacted on the growth of Kapsowar mission Hospital. It also analyses the challenges that Kapsowar mission hospital has faced over time. The challenges that have been captured in this chapter includes but no limited to poor infrastructure, financial crisis, over taxation and even the challenges posed by the novel corona virus.

4.2 AIC Kapsowar mission Hospital under devolved government

Devolution in Kenya did not begin in 2013, it can be traced back in 1963 when the country got her independence however, it is important to note that this was short-lived due to lack of substantive founding in the philosophies of either KADU or the KANU party which was responsible of implementing it.¹³⁰ Arguably, the adoption of devolved system of government in Kenya was a desire of citizens who wanted easy access to public services closer to them. The objectives of devolution as provided for in Articles 174 and 175 of the Constitution includes promotion of democracy and accountability in the exercise of power, promoting national unity by recognizing diversity, fostering people's self-governance, enabling communities manage their own affairs, protecting and promoting interests and rights of minorities and the marginalized and ensuring equity in terms of resource allocation. In order to achieve these, there must be framework put in place and enabling environment provided to all stakeholders involved in the implantation of devolution. However, the environment for implementation of devolution has not been that easy due to various setbacks experienced for the past years. Challenges like disagreements between the National Government and County government over funding for County functions, poor or absence of consultation on matters that affect County Governments, little technical support for the implementation of functions, insufficient allocations and delayed disbursements of funds to Counties by the National Treasury, lack of capacity and skills to deliver services, corruption, lack public participation,

¹³⁰SID. (2011). Devolution in Kenya's New Constitution. Available at ww.sidnt.org. Accessed on 20th June 2021.

gender inequality are some of the challenges that devolution has gone through since it was inaugurated. It is with no doubt that these setbacks have affected the implementation of devolution in Kenya. The only way to make devolution work is to create a conducive working relationship between the two levels of government.¹³¹

The Constitution of Kenya, 2010 created a decentralized system of government wherein two of the three arms of government; namely the Legislature and the Executive are devolved to the forty-seven Political and Administrative Counties as provided for under Article six. The primary objective of decentralization was to bring power closer to the power, resources and representation down to the local level. Devolution was seen to be the key to unlocking Kenya's economic potential through distribution of responsibilities.¹³²

Moreover, decentralization gave Counties the opportunity to identify problems, make policies, plan, and collect revenue, execute budget, accounting, auditing and monitoring and evaluation and citizen participation in decision-making. Article 174 of the Constitution identified several objects of devolution which included giving powers of self-governance to the people and enhance their participation in the exercise of power in making decisions affecting them. The Article also recognized the rights of communities to manage their own affairs and to further their development.¹³³

The forty-seven County governments came into operation in 2013. This marked a complete departure from the national government system that had been in operation since independence. The national government was characterized with a series of challenges that included marginalization, vast inequalities, and mismanagement of resources and exclusion of many communities from the decisions process. Institutions as well as policies and regulation were established to hasten the functioning of devolved system of government. For example, The Commission on Revenue Allocation (CRA), was mandated to recommend the basis for equitable sharing of revenues raised nationally between the national and the county governments.¹³⁴

¹³¹ S. Ngigi and D. N. Busolo., "Devolution in Kenya: the good, the bad and the ugly." *Public Policy and Administration Research* 9, no. 6 (2019): 9-21.

¹³²Ibid.

¹³³The Standard Media (2017). "How grand corruption in the counties undermines devolution", Available at www.standardmedia.co.ke. Accessed on 18th March 2021.

¹³⁴S. Ngigi and D. N. Busolo., "Devolution in Kenya: the good, the bad and the ugly." *Public Policy and Administration Research* 9, no. 6 (2019): 9-21.

When the County governments came into operation in 2013, AIC Kapsowar mission Hospital management saw it as the best thing ever in the history of Kenya. They had a lot of hope in their County government of Elgeyo Marakwet. Mutwol, observes that Kapsowar Hospital is the only level five Hospital in the whole of Elgeyo Marakwet County. According to him, he believed that bringing the government closer to people at the grass root level would make the Hospital visible to the County government. He told regrettably that devolution has had very insignificant impact on the development of the Hospital. All that notwithstanding, he informed the study that the Hospital has never stopped working together with the Hospital, the only hope he had was that maybe in future the county government officials would see the need of financing the Hospital.¹³⁵

Yegon, on his part argues that the County government did very little to help in the development of the Hospital because they believed that it belonged to the missionaries. According to him, he was worried because the beneficiaries of the Hospital were the locals and yet the County government was not willing to allocate resources for the facility. The only credit that Yegon gave the County government was on the issue of road. He informed the study that the County government managed to repair the road leading to the facility hence easy access. This move to some extent helped in the development and expansion of the Hospital he further observed.¹³⁶

4.2 Challenges Experienced by the Hospital and mission doctors

Anderson in his book observes that when ethnically divided Africans first came into contact with the missionaries, they saw them as strange people. Their physical appearance, dress, language and smell immediately set them apart. As the locals continued to interact with the visitors, they noticed that they built rectangular houses, ate different foods and carried powerful weapons. As the interaction continued, the locals discovered huge differences in attitudes to such vital areas of life as sickness, harvest, family and the spirit.¹³⁷

The worst of all in the relationship between the missionaries and the locals according to Glenden was that each assumed their own way of life was better than any other. The newcomers hardly questioned the rightness of sharing, not only the Christian religion, but also the assumed benefits of their western civilization. Notably, missionaries differed from the officials over numerous issues but where the missionary found the African customs wicked, the government

¹³⁵ Mutwol, OI, 13, August, 2021.

¹³⁶ Yegon, OI, 27, August, 2021.

¹³⁷ D. Anderson, *we felt like Grasshoppers: The story of African Inland Mission* (Bristol: Crossway Books Nottingham, 1994), p. 76

administrator found them a barrier to progress, and in breaking down their solidarity the administrator saw the missionary as his ally.¹³⁸

Gration, on his part argued that learning from the Africans was the only way forward. According to him, miraculously some locals became Christians and were then able to help missionaries understand their language and culture better. Even as the missionaries were depending heavily upon the converts in many ways, the missionaries often felt unable to trust their judgment in ethical issues. Gration further observes that in such matters they relied on the scriptures and on personal observation. Missionaries moved so fast to condemn polygamy and circumcision without considering the impact of their decisions either on unbelievers or on young church. He concluded by observing that it could appear that missionaries precipitated and aggravated the crisis by demanding too much too soon.¹³⁹

Arguably, the stream of political protest was also reported to have widened. One evening a group of Christian men whom Virginia a missionary had nurtured in their faith for many years brought a very disturbing news from the villages. Most of them who had called themselves Christians were insisting that if their land was not returned, they would drive the white man out. The visitors further added that the leaders wanted all the Kikuyu to take a strong hand against the mission churches in the affair of the circumcision of girls.¹⁴⁰

During that time, Jomo Kenyatta was already emerging as a dominant politician in Kenya, although from he lived in England. Kenyatta wrote in support of circumcision. He argued that circumcision had enormous educational, social, moral and religious implications.¹⁴¹ And by selecting this emotive issue emerging from African leaders aroused Kenyans to decide who would determine their future way of life whether themselves or the white man. AIM/AIC like other missions had long taught against this dangerous practice and regarded it as evil. As the debate was still taking the centre stage, many precious teenagers disappeared from the mission schools for training in tribal lore for several months before the physical operation. It was worth noting that, a cloak of secrecy surrounded the ritual and it hindered most foreigners from making a careful investigation. One answer for the boys was to keep them at the mission for

¹³⁸ J. Glenden, *A historical study of the educational work of the Africa inland mission in Kenya*. (unpublished M.Ed thesis, university of New Brunswick, 1969)

¹³⁹ Ibid

¹⁴⁰ D. Anderson, *we felt like Grasshoppers: The story of African Inland Mission* (Bristol: Crossway Books Nottingham, 1994), p. 85

¹⁴¹ J. Kenyatta, *Facing Mount Kenya* (Secker &Warburg, 1938), p. 133.

training and then circumcised in hospital. Mission doctors could not permit the mutilation operation on the girls.¹⁴²

Mission doctors deployed in Kapsowar by AIM/AIC were not anywhere far from the challenges that their colleagues from other areas places faced. These challenges were universal and very common. Biwott, observes that missionary work in Kapsowar was not easy, he informed the study from the story told to him by his late father how Marakwet especially in Kapsowar rebelled the invasion of their land by foreigners. According to him, since they were bordering the Nandi and based on the experience that the Nandi went through including the assassination of Koitalel Arap Samoei, they refused to accept the white man into their land.¹⁴³

Oleng'o, observes that it took the intervention of a few elders who had benefitted from the works of the mission doctors to calm down the locals. According to Oleng'o, some memories were still very fresh in his mind. He informed the study that he could still vividly remember how some mission doctors like Dr. Lindsay was publicly humiliated in Kapsowar when he was leading a campaign against circumcision. The locals never took it lightly as they believed that circumcision was part and parcel of their culture and nothing could make them change. Such attitude coupled with the campaigns that were being conducted by Kenyan leaders then, including Jomo Kenyatta made it almost impossible for the missionaries to convince the locals otherwise Oleng'o further argues.¹⁴⁴

Poor infrastructure is another main challenge faced by the Hospital. Notably, Infrastructure is the basic facility and proper installation is needed for the functioning of an establishment. These are the main facilities which keep the facility running and ensure it achieves its results as expected by funders. These may include roads and buildings that the Hospital heavily rely on. Most of the infrastructure in the town are out of service as the few others are not enough or able to handle the demand of the Hospital.

Mutwol, observes that the hospital is aged, according to him most of the structures that are existing were built in 1934 and they have lost strength despite the repairs that have been done on them over time. The poor and weak structures make the hospital less attractive especially

¹⁴²J. Glenden, *A historical study of the educational work of the Africa inland mission in Kenya*. (unpublished M.Ed thesis, university of New Brunswick, 1969)

¹⁴³Biwott, OI, 23, September, 2021.

¹⁴⁴Oleng'o, OI, 22, August, 2021.

for the in-patients. Mutwol, further argues that if they are not careful, chances of some of their structures collapsing was very high.¹⁴⁵

Roads are the main access points to the Hospital. The road from Ravine to Kapsowar is a tarmacked all-weather road. This can be used all through the year although it is a meandering road which is not suitable for the new comers to the area and this hinders transport. This tarmacked road ends at Kapsowar town. The road has no clear road signs, no standardised bumps on the roads leading to the hospital. This factor made many motorists to fear driving to the facility.¹⁴⁶

Machinery in the Hospital require servicing and maintenance every time. The cost of maintaining the machines is very expensive and all the expenses are taken care of by the Hospital. Most of the time the machines require spare parts which are not available in the local market. These spare parts are imported at the cost of the Hospital management which is very costly. But the Hospital's operations have to run and they are then forced to undertake these measures. The few machines are hired from other private firms like Kijabe which is the biggest AIM mission Hospital in Kenya. It is thus noted that the Hospital management and daily running is costly affair. It takes the Hospital management time before they recover the costs which they incur in maintenance and operations. It is a practice by the employees of the Hospital to try and help the Hospital run smoothly at a cost friendly way but since most of the operations require finances it is hard for the costs to come down. Notably, the high cost of operations and maintenance is one big challenge to Kapsowar mission Hospital which can bring it to non-operational status if not well checked and managed.¹⁴⁷

Mutwol, also the director of the Hospital argues that financial crisis is also another night mare that the hospital has had in the past years. To him, this crisis is both real and man-made. He told regrettably that the man-made financial crisis is caused by some few officials in the National Hospital Insurance Fund (NHIF) offices who have refused to release the money for the mission hospital. He further argued that NHIF was owing the Hospital three months payroll during the time of study, a move that according to him caused delays in staff salaries. Kapsowar mission Hospital being a referral Hospital, it receives patients from far and wide, their priority is to offer quality healthcare services to everyone who visits their facility. However, most of the patients do not pay for the services rendered to them especially those without NHIF, some

¹⁴⁵ Mutwol, OI, 21, Septemver, 2021.

¹⁴⁶ Chetambe, OI, 12, August, 2021.

¹⁴⁷ Mutwol, OI, 21, August, 2021.

cases are genuine but some are not genuine and those are the real financial crisis according to Mutwol. The Hospital records around ten to fifteen million unpaid debts from cash without including the debts from NHIF he further explains.¹⁴⁸

Exploitation from the County government revenue collector and the tax man. In as much as the Hospital has a very good relationship with the County government of Elgeyo Marakwet, there is very insignificant support that the Hospital receives from the County government and the national government. The hospital has suffered from heavy taxing which according the management is pure exploitation. Mutwol, told emotionally that the facility has over twenty licenses which they are paying for very expensively including NEMA license, business permit, County government permit among others. Most of the taxes that the Hospital was forced to pay were not witnessed in other public hospitals. In other words, in as much as the hospital was trying to play its missionary roles, the tax collectors saw it as the best spot the earn more from.¹⁴⁹

Mass exodus of staff has also been another main challenge that the hospital has faced for years. As a mission Hospital, their main aim was to provide quality healthcare services to the people without expecting any payment in return. Missionaries believed that payment only comes from God. This was a fact that most of the Hospital staff refused to live with. Due to the hard economic times most of the staff preferred to look for other Hospitals public or private where their needs could be addressed to their satisfaction. This move widened the ratio between the doctors and the patients. Some informants told jokingly that the society we live in today, youths are yearning for quick wealth, patience was no longer part of them. They went ahead to argue that a young doctor is hired for instance today then in less than a year, they want to drive high-end cars. The Hospital was not in a position to maintain doctors with such desires and that was why the mass exodus was being witnessed.¹⁵⁰

When COVID-19 hit the country 2020, there was a lot of panic especially among the healthcare providers. Being a new deadly virus, everyone feared and doctors were not an exemption. Kapsowar resident were equally worried and they never knew how they would go about the virus. Since the County government did not have any better site for isolation, AIC kapsowar mission hospital had to create an isolation place for the COVID-19 patients. Mutwol, argues that the County government only supplied the facility with the testing kits and nothing more to

¹⁴⁸ Ibid.

¹⁴⁹ Ibid.

¹⁵⁰ Barchok, OI, 10, Aug. 2021.

it. According to him, the number of patients visiting the facility reduced drastically because people feared interacting with doctors. The drastic drop in the number of patients visiting the facility only meant a reduction in revenues which almost made the running of day-to-day activities of the Hospital almost impossible. Despite all the challenges, the Hospital still managed to take care of the COVID-19 patients without any discrimination. Mutwol, concluded by observing that they only lost one patient to COVID-19.¹⁵¹

4.3 Summary

The chapter examined the development of AIC Kapsowar mission Hospital under the devolved system of government and the challenges that the mission Hospital has experienced over time. The chapter established devolution did not just begin after the 2010 constitution. On the contrary, devolution can be traced back to 1963. The objectives of devolution as provided for in Articles 174 and 175 of the Constitution includes promotion of democracy and accountability in the exercise of power, promoting national unity by recognizing diversity, fostering people's self-governance, enabling communities manage their own affairs, protecting and promoting interests and rights of minorities and the marginalized and ensuring equity in terms of resource allocation. Devolution came as great beacon light of hope to the mission Hospital. However, the chapter established that devolution impacted very insignificantly to the development of the Hospital. The challenges that the mission Hospital has experienced over time were also discussed in this chapter. These challenges included but not limited to poor infrastructure, over taxation, mass exodus of healthcare providers as the mission Hospital was not able to meet their demands. All these challenges including many others caused some sought of stagnation in the development of the Hospital.

¹⁵¹ Mutwol, OI, 23, Aug. 2021.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary

The research on a history of Kapsowar Mission Hospital in Elgeyo Marakwet County, was an attempt to analyse the significance of the mission hospital and its impacts on the growth of the county and country at large. This was examined from its inception to 2020. It was realized that the mission hospital transformed lives and has been the key contributor of the county's growth since its inception. The development and advances made by the mission hospital from its inception is tied to the day-to-day decisions made by government officials in both national and county levels.

A history of Kapsowar Mission Hospital has been studied thematically and chronologically. The first part is covering its establishment and growth, the process of acquiring the land and how the missionaries managed to win the hearts of the locals who were deeply rooted in their culture. The second theme is on the social and economic impact of the mission hospital, it focussed on economic impact like the expansion of businesses in the area, the growth of Kapsowar town among others. On the social factors, the study dealt with how the hospital changed the lives of the locals, the various types of ailments that were controlled just to mention a few. Before the establishment of the mission hospital in Kapsowar, diseases like thyroid and measles were very common. A lot of the residents succumbed to these diseases since the indigenous medicine that was being used then could not control the diseases.

Chapter two examined the establishment, growth and development of Kapsowar mission Hospital (KMH) since 1934 to 1962. Just before embarking on establishment of the Church, the chapter focused on Social Economic and Political organization of the Marakwet. The Marakwet were social beings who coexisted with one another harmoniously. Politically, they had a decentralised system of government. Family formed a very important basis headed by the father. Economically, the Marakwet were cultivators and they also kept livestock for milk, meat and blood. The study established that religious beliefs of the Marakwet are not well formulated. However, it was important to note that the supreme deity among the Marakwet is "ASIS", the sun, who dwells in the sky. According to findings of the study, Marakwets address prayers to their deity in moments of crisis or national disaster like epidemic or famine as they see him as the benefactor and giver of all good things. Interestingly, the Marakwet have no creation story like other ethnic groups. The traditional Marakwet religion has no cult of devotion. There are equally no regular worships or festivals observed, such as planting or

harvesting as it is the case in some ethnic groups. Thanksgiving ceremonies were only evidenced in time of abundance or an end of a disaster.

The study found out that Africans had education long before the first Christian missionaries brought their schools, but the education provided was very different in outlook and purpose. Education could not be divorced from the traditions and way of life of a society and characteristically traditional education was primarily concerned with the socialization and acculturation of the youth of the society, with training the child to deal with the problems of living in his particular environment and with right behavior. During the pre-colonial period, the Marakwet had a well-organized informal system of education. In every homestead, learning was conducted at a designated place especially at the center of the home compound where fire was lit and people sat around listening to stories. Learning was usually conducted by storytelling. The stories that were narrated touched on various societal issues ranging from accepted moral values to cherished heroes. In the process of telling stories, many idioms were used to depict the richness of the Marakwet language and culture. During story telling sessions, animal characters were used to portray certain virtues. For instance, the sheep in many occasions symbolized kindness and the hare signified intelligence. On the other hand, the hyena portrayed vices such as greediness and jealousy.

Among the Marakwet, women had the responsibility of imparting societal norms and values such as respect, honesty, obedience and good behavior to young children. Stubborn children were disciplined through corrective punishments. Both boys and girls were taught various skills in art and crafts such as making of ceramics, calabashes, sleeping mats and ornaments. Children were also taught economic skills such as cultivation and making of farm equipment. They were also taught the art of hunting. At puberty, both girls and boys were initiated into adulthood. After circumcision, elderly men taught boys the importance of defending their community from enemies. They were also sensitized about society's secrets and future responsibilities as parents. On the other hand, elderly women taught girls their responsibilities in marriage. Through the guidance of parents and elders, children learned how to play their part in the society by listening to and imitating their elders, in a process of learning by doing. Children were taught how to behave towards their parents and other members of the society. The emphasis was upon conformity and obedience with the intention of preserving the society against external enemies and internal dissension.

The study also clearly established that the mission Hospital was established in 1934 but this did not go without some resistance. The missionaries with their good intentions faced a lot of rejections, humiliations and even betrayals. All these notwithstanding, they still went ahead and established the mission hospital and this marked the beginning of a new civilization in Kapsowar. Women began to give birth in the hospitals unlike before. The chapter went ahead to explain how the Second World War affected the development of the Hospital, it established that the effects of the war was felt indirectly by the Hospital, most of the mission doctors had to travel back to their respective homes to attend to the war casualties, this move the study established that reduced the operations of the Hospital since there were very few trained African doctors. Employment opportunities created by the Hospital was also another factor that the chapter discussed. The establishment of Hospital created more employment opportunities to the locals and Kenyans at large. Some employees were paid while some opted to volunteer. The Hospital statistics in 1958 reflected a considerable increase in attendance in most phases of the work. This move the chapter discussed that was a source of encouragement as the history of medical work in Marakwet had been one of a very slow progress among a people who had lacked the advantages of their neighbours, the Elgeyo, in the same Administrative District. Marakwet had lagged behind in road communications and transport facilities but the Hospital helped in the giving the district a new look. It is important to note that the objective of establishing the growth and development of Kapsowar Mission Hospital was achieved.

Chapter three aimed at examining the development of AIC Kapsowar mission Hospital under the new ownership. The chapter established that AIM handed over the ownership of the Hospital to AIC in 1963 the same time when the country was obtaining her independence. The chapter also established that the post-colonial growth was so rapid following the financial support that the Hospital received from government specifically under the Moi regime. AIC Kapsowar mission Hospital played a key role in giving the town a new look. The chapter established that schools developed in the town because of the activities of the mission doctors and the church. With schools arounds, huge population was attracted to the area for the purposes of education and even job. Consequently, the hospital expanded based on its day-to-day intake of patients. This was a symbiotic relationship. The chapter concluded by focussing on the relationship between the Hospital and the town. It was evident in the chapter that if it were not for the Hospital, Kapsowar town would have not been what it is today. But then again there is symbiotic relationship between the town and the Hospital. The town plays a key role in providing some vital services to the Hospital like rentals. Rentals were discovered to be so

crucial especial for the staff working in the Hospital. The chapter showed how those factors helped in the expansion of the facility as the facility also helped in the growth of the town. The objective of the chapter was achieved.

Chapter four which was the very last chapter as per the objectives of the study analysed the development of AIC Kapsowar mission Hospital under the devolved system of government and the challenges that the mission Hospital has experienced over time. The chapter established devolution did not just begin after the 2010 constitution. On the contrary, devolution can be traced back to 1963. The objectives of devolution as provided for in Articles 174 and 175 of the Constitution includes promotion of democracy and accountability in the exercise of power, promoting national unity by recognizing diversity, fostering people's self-governance, enabling communities manage their own affairs, protecting and promoting interests and rights of minorities and the marginalized and ensuring equity in terms of resource allocation. Devolution came as great beacon light of hope to the mission Hospital. However, the chapter established that devolution impacted very insignificantly to the development of the Hospital. The challenges that the mission Hospital has experienced over time were also discussed in this chapter. These challenges included but not limited to poor infrastructure, over taxation, mass exodus of healthcare providers as the mission Hospital was not able to meet their demands. All these challenges including many others caused some sought of stagnation in the development of the Hospital. According, the objective of this chapter was achieved.

5.2 Conclusions

The study was aimed at establishing the growth and development of Kapsowar Mission Hospital. It was motivated by the fact the hospital is almost a century old yet remarkable developments started in the late 1950s. This study largely examines the factors that have influenced the development of the hospital. The study has established that the origin and development of Kapsowar mission hospital has been influenced by a host of factors. An analytical look at the AIC shows that the church also accelerated the development of the hospital. A central argument in this study is that the development of the mission hospital would significantly decline with the absence of the Church and its dependants. Further, up scaling of the Church would mean more development of the hospital. The stand taken in this study is that without the AIC Kapsowar, the development of the mission hospital would have not attained its current status. AIC is not only the most conspicuous landmarks in Kapsowar but also a key contributor to the development of the hospital. The above stand is qualified by the fact that the

Church is the key that attracts many people to Kapsowar and through that the hospital gets recognition from far and wide.

The research provides an important contribution to the existing history of mission hospitals in Kenya. The study presents a useful analysis in understanding the relationship between the Church and the mission hospital.

5.3 Recommendations

Based on the findings of the study, a number of recommendations emerged. The rapid development Kapsowar mission hospital has experienced in the recent years has exposed it to major underlying challenge: Lack of enough personnel. The hospital lacks enough doctors to take care of the growing number of patients. Since the principle aim of the management is to serve humanity and give glory to God, many doctors find it very hard to adopt to such kind of lifestyle. This has resulted to a massive exodus of doctors to other hospitals with better salaries. As a result, the establishment of Medical Training College (MTC) became very important. The County government in liaison with hospital needs to put in place a plan on how to properly remunerate the doctors. Further, the hospital with this much history, though lacks land for expansion. The county government should therefore secure land to hasten the expansion of the hospital.

Finally, the study is not all inclusive; more study needs to be done on Kapsowar mission hospital. For instance, the relationship between the mission hospital and Kapsowar town. In the course of this research symbiotic relationship between the hospital and town was apparent. It would also be interesting to study the relationship between the Christians and Muslims in Kapsowar. The influence was vivid in the course of the study.

SOURCES

(A) INFORMANTS

S/No	Name	Age	Occupation/Details	Place of Interview	Date of Interview	Length of Stay in Kapsowar
1	Ayabei, Jane	67	Reverend	Kapsowar	10.08.2021	23
2	Barchok, Paul	35	Teacher	Kapsowar	23.08.2021	17
3	Biwott, Robert	48	Farmer	Kapsowar	14.08.2021	16
4	Chebelion, Nathaniel	60	Businessman	Kapsowar	19.09.2021	21
5	Cheboi, Edward	40	Teacher	Kapsowar	20.09.2021	13
6	Chelang'a, Silas	50	Bodaboda operator	Kapsowar	10.08.2021	14
7	Chelanga, Willy	55	Farmer	Kapsowar	11.10.2021	14
8	Chelimo, Eunice	49	Teacher	Kapsowar	12.10.2021	16
9	Cherono, Beatrice	70	Farmer	Kapsowar	12.08.2021	42
10	Cherop, Richard	56	Trader	Kapsowar	16.08.2021	10
11	Cherutich, Charles	50	Doctor	Kapsowar	13.08.2021	37
12	Cherungu, Evans	52	Teacher	Kapsowar	14.09.2021	43
13	Chepchumba, Risper	48	Nurse	Kapsowar	13.09.2021	23
14	Chepkoech, Jane	55	Nurse	Kapsowar	14.08.2021	32
15	Cheriro, Alicen	51	Nurse	Kapsowar	15.08.2021	20

16	Chepkwony, Joyce	36	Teacher	Kapsowar	12.09.2021	16
17	Chepkemoi, Winfred	75	Farmer	Kapsowar	11.09.2021	23
18	Chetambe, Frankline	67	Trader	Kapsowar	14.08.2021	37
19	Kagongo, Jenipher	53	Hospital Receptionist	Kapsowar	12.09.2021	18
20	Kamurian, Leonard	67	Farmer	Kapsowar	14.08.2021	27
21	Kandie, Dennis	50	Doctor	Kapsowar	12.09.2021	30
22	Karani, David	45	Teacher	Kapsowar	17.08.2021	45
23	Katya, Isaac	59	Trader	Kapsowar	10.08.2021	10
24	Keino, Edward	40	Trader	Kapsowar	14.08.2021	15
25	Kimunge, Daniel	57	Teacher	Kapsowar	12.09.2021	31
26	Kipkanyilak, Simon	93	Retired Chief	Kapsowar	05.09.2021	57
27	Kiplangat, Simon	57	Trader	Kapsowar	12.09.2021	30
28	Kituri, Nathaniel	55	Farmer	Kapsowar	14.08.2021	35
29	Kiyen, David	48	Teacher	Kapsowar	18.09.2021	10
30	Koech, Danson	73	Retired Doctor	Kapsowar	16.08.2021	36
31	Kosgei, David	52	Chief	Kapsowar	17.08.2021	23
32	Kurui, Paul	70	Village Elder	Kapsowar	15.09.2021	27
33	Muituri, Dancun	64	Farmer	Kapsowar	09.08.2021	45
34	Mutai, David	66	Retired Teacher	Kapsowar	14.08.2021	42

35	Muthama, William	44	Doctor	Kapsowar	12.08.2021	30
36	Mutwol, Stanley	52	Hospital Director	Kapsowar	10.09.2021	34
37	Ngeno, Daniel	39	Teacher	Kapsowar	11.08.2021	28
38	Ngozi, Daniel	44	Bodaboda operator	Kapsowar	21.09.2021	30
39	Njuge, Patrick	59	Businessman	Kapsowar	20.08.2021	32
40	Oleng'o Obadiah	56	Reverend	Kapsowar	19.08.2021	15
41	Rono, Erick	53	Farmer	Kapsowar	18.09.2021	12
42	Rotich, Joseph	53	Revenue Collector	Kapsowar	13.09.2021	31
43	Sang, Raphael	77	Retired Chief	Kapsowar	11.09.2021	37
44	Sitawa, Rebecca	73	Businesswoman	Kapsowar	02.09.2021	29
45	Suter, Edwin	63	Pastor	Kapsowar	12.08.2021	42
46	Tanui, Stanley	45	Salesman	Kapsowar	09.08.2021	20
47	Tapotug, Robert	38	Driver	Kapsowar	13.09.2021	38
48	Yego, Thomas	57	Farmer	Kapsowar	12.08.2021	24
49	Yegon, Daniel	51	Teacher	Kapsowar	18.08.2021	20
50	Zablon, Robert	57	Doctor	Kapsowar	18.08.2021	45

N/B: The informants that appear here approved the listing of their names

(B) ARCHIVAL SOURCES

KNA/BY/60/9, Missionaries praised for health work, 1964.

KNA/PC/RVP/5A/12/5, Africa Inland Mission, Kapsowar, 1939.

KNA/DC/MAR/1/4/14, District Education Board, 1949

KNA/DC/MAR/2/7/3, Education, General correspondence, 1946-1949

KNA/PC/RVP/2/6/1, Annual Report, Elgeyo Marakwet District, 1953

KNA/ Letter Ref. log 5/32. Letter from office of the District Commissioner Marakwet. Dated 3rd Sep. 1937. Ref: recite for elementary school at Marakwet.

KNA/ Minutes of the management committee held on the hospital on Saturday February 20th 1960 at 8.30 am. Min 15/59

KNA/61/1/484. British East Africa Mission (E.E.AM) standing Committee of Conference, 1918.

KNA/ Letter of the Church of Scotland overseas Presbytery of Kenya. 5/6785.

(C) DISSERTATIONS AND THESES

Glenden, J., *A historical study of the educational work of the Africa inland mission in Kenya.* (unpublished M.Ed thesis, university of New Brunswick, 1969)

Juma, K. J., *The contribution of the Church Missionary Society (CMS) to education and Christianity in Kaloleni District, Kilifi County (1900-1963)* M.A Thesis, Nairobi university, 2013.

Kazungu, Joseph J. *The Contribution of the Church Missionary Society (CMS) to Education and Christianity in Kaloleni District, Kilifi County (1900-1963).* PhD dissertation University of Nairobi, 2013.

Odwako, Habyl E.O. *The church and education the contribution of the church missionary society to education in Western Kenya, 1905-1963.* PhD Dissertation, 1975.

Lohrentz, K. P., *The politics of educational development in central and Southern North Nyanza, Kenya, 1904 – 1939.*(Unpublished PhD Thesis: Syracuse University, 1977)

(D) JOURNAL ARTICLES/BOOK CHAPTERS

Buxton, T. F., "The African slave trade and its remedy" in B. Edward (ed) *African Reactions to Missionary Education*, pp. 3-5.

Durkheim, E., *Primitive Classification*, Chicago: University of Chicago Press, 1963.

- Grimshaw, P and May, A., "Introduction", in Grimshaw and May (eds) *Missionaries, indigenous peoples and cultural exchange*, Eatbourne, 2010.
- Mufaka, K., Scottish missionaries and circumcision controversy in Kenya 1900-1960, *International Review of Scottish Studies*, Vol. 28, 2003, pp. 47-48.
- Okello, B. A., The establishment of St. Mary's School Yala by the Mill Hill missionaries in Kenya, *Historical Research Letter*, vol. 27, 2015, p. 31.
- Zablon, J. K., "The Growth and Development of the African Inland Mission and Africa Inland Church in Marakwet Kenya", *Africa Journal of Evangelical Theology*, 24.2. 2005. p. 108.
- S. Ngigi and D. N. Busolo., "Devolution in Kenya: the good, the bad and the ugly." *Public Policy and Administration Research* 9, no. 6 (2019): 9-21.

(E) BOOKS

- Anderson, D., *We felt like Grasshoppers: The story of African Inland Mission* (Bristol: Crossway Books Nottingham, 1994), p. 76
- Anderson, J., *The Struggle for the School: The Interaction of Missionary, Colonial Government, and Nationalist Enterprise in the Development of Formal Education in Kenya*. (London: Longman, 1970)
- Ayaji, J. F., *Christian mission in Nigeria, 1841-1891: The making of a new Elite*, Evanstone: Northwestern University Press, 1965.
- Brown, G. T., *Earthen vessels and transcendent power: American presbyterians in China, 1837-1952*, Maryknoll, N.Y.: Orbis Books, 1997.
- Carey, W., *An Enquiry into the obligations of Christians to use means for the conversion of the Heathens*, p. 20.
- Creswel, J. W., *Qualitative Inquiry and Research Design: Choosing among Five Traditions* London: Sage Publication.
- Kalu, O. U., *African Christianity: An African Story*, Trenton; Asmara: Africa World Press, 2007
- Kane, J. H., *A concise history of the Christian world mission; A panoramic view of missions from Pentecost to the present*, Michigan: Baker book house, 1978.
- Kanogo, K., *African Womanhood in Colonial Kenya, 1900-2005* Nairobi: East African Educational Publishers, 2005.
- Kenyatta, J., *Facing Mount Kenya* (Secker & Warburg, 1938), p. 133.

- Kipkorir, B. E., *Descent from Cherang'any Hills Memoirs of a reluctant academic*, Nairobi: Macmillan Publishers Ltd, 2009
- Latourette, K., *A history of Christian mission in China*, New York: Macmillan Publishers, 1929.
- Merton, R. K., *On Social Structure and Science*, Chicago: The University of Chicago Press, 1996.
- Mudenge, S., *A political History of the munhumatapa c 1400-1902*, Harare, 1988.
- Ogot, B. A., *Kenya Before 1900* Nairobi: East African Publishing House Ltd, 1976
- Osogo, J. N., “educational developments in Kenya 1911 – 1924” in Bethwel Ogot’s *Hadith* 3. Nairobi: East African Publishing House, 1971.
- Radcliffe-Brown, A. R., *Structure and Function in primitive Society*, Free Press, 1952.
- Rostow, W. W., *The Stages of Economic Growth; A Non-Communist Manifesto*, London: Cambridge University Press, 1990.
- Sheffield, J. R., *Education in Kenya: A historical study*. New York: Teachers College Press, 1973.
- Sifuna, D. N and J. E. Otiende, J. E., *An Introductory History of Education*. Nairobi: University of Nairobi Press, 1994.
- Sifuna, D. N., *Development of Education in Africa: The Kenyan Experience* Nairobi: Nairobi University Press, 1990.
- Stockwell, F., *Westerners in China: A history of exploration and trade, ancient times through the present*. (North Carolina: McFarland & Company, 2003). P. 27.
- Walliman, N., *Your Research Project: Designing and Planning your Work*, 3rd Edn. London: Sage publication, 2011.
- Zablon, J. K., *Christian Response to the Female Circumcision; A case study of the Marakwet of Kenya*, Nairobi: Evangel Publishing House, 2007.
- Zezeza, T., *A Modern Economic History of Africa, Volume 1: The Nineteenth Century* Nairobi: East Africa Educational Publishers, 1990.

(F) NEWSPAPERS/MAGAZINE

The Star

Daily Nation

The weekly Review

(G) INTERNET SOURCES

www.electives.net/hospital/4922/preview, Accessed on 7th July 2020.

SID. (2011). Devolution in Kenya's New Constitution. Available at ww.sidnt.org. Accessed on 20th June 2021.

The Standard Media (2017). "How grand corruption in the counties undermines devolution", Available at www.standardmedia.co.ke. Accessed on 18th March 2021.

APPENDIX

Appendix A: Sample Interview Schedule

I. PERSONAL INFORMATION

NAME:.....

SEX:.....

AGE:.....

CLAN:.....

PLACE OF BIRTH:.....

RESIDENCE:.....

QUESTIONS FOR THE INFORMANT

Interview schedule for county administrators and civic leaders

1. When did the whole idea of constructing Kapsowar mission hospital begin?
2. What do you know about Kapsowar mission hospital?
3. Which common diseases were being treated in Kapsowar mission hospital and how were they being treated before the establishment of the hospital?
4. How did the missionaries overcome the challenges faced in Marakwet district?
5. What kind of diseases motivated the construction of Kapsowar mission hospital?
6. According to you, how did the hospital transform the area?
7. What kind of developments did the hospital bring forth?
8. How has Kapsowar mission hospital impacted on the people of Marakwet?
9. How did the area residents react when the hospital was erected in their land?
10. According to you, if the mission hospital was not erected in Marakwet, do you think the area would have received any hospital from the government sooner?
11. Who was the African doctor from Marakwet to work in Kapsowar mission hospital?
12. Did the Marakwet stop using the traditional medicine?
13. How has the number of those visiting the facility changed over time?
14. What challenges were faced by the missionaries in Marakwet district?

Interview schedule for Business Community and other town residents

1. When did the whole idea of constructing Kapsowar mission hospital begin?
2. What physical changes have occurred in Kapsowar town since the establishment of the Hospital?
3. Which common diseases were being treated in Kapsowar mission hospital and how were they being treated before the establishment of the hospital?
4. Did missionaries engage in trade? If yes, specify the items of trade and where this was carried out:
5. What kind of diseases motivated the construction of Kapsowar mission hospital?
6. According to you, how did the hospital transform the area?
7. What kind of developments did the hospital bring forth?
8. How has Kapsowar mission hospital impacted on the people of Marakwet?
9. How did the area residents react when the hospital was erected in their land?
10. According to you, if the mission hospital was not erected in Marakwet, do you think the area would have received any hospital from the government sooner?
11. Who was the African doctor from Marakwet to work in Kapsowar mission hospital?
12. Did the Marakwet stop using the traditional medicine?
13. How has the number of those visiting the facility changed over time?
14. What challenges were faced by the missionaries in Marakwet district?
15. Are there specific changes you would like to see in the Hospital? If yes, please explain.

Interview schedule to employees of various learning institutions

1. When did the whole idea of constructing Kapsowar mission hospital begin?
2. What do you know about Kapsowar mission hospital?
3. Which common diseases were being treated in Kapsowar mission hospital and how were they being treated before the establishment of the hospital?
4. How did the missionaries overcome the challenges faced in Marakwet district?
5. What kind of diseases motivated the construction of Kapsowar mission hospital?
6. According to you, how did the hospital transform the area?
7. What kind of developments did the hospital bring forth?
8. How has Kapsowar mission hospital impacted on the people of Marakwet?
9. How did the area residents react when the hospital was erected in their land?

10. According to you, if the mission hospital was not erected in Marakwet, do you think the area would have received any hospital from the government sooner?
11. Who was the African doctor from Marakwet to work in Kapsowar mission hospital?
12. Did the Marakwet stop using the traditional medicine?
13. How has the number of those visiting the facility changed over time?
14. What challenges were faced by the missionaries in Marakwet district?

Appendix B: Nacosti Research Permit


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Appendix C: Research Publication

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Original Article

An Iconic Pillar of Hope in a Rural Township: The Emergence, Growth and Development of AIC Kapsowar Mission Hospital

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Keywords:

*Pillar of Hope,
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Mission
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The article is about the emergence, growth and development of AIC Kapsowar Mission Hospital, the hospital that was central to the development of Kapsowar town since its establishment in 1934. The hospital was so iconic in the sense that it opened Marakwet District to the rest of the world. The hospital created employment opportunities for Kenyans who flocked the town in their thousands in search of jobs. Kapsowar which was once a frontier town transformed into a medical town making it display many signs of prosperity. However, it was not easy for the Africans living in Kapsowar to let go of their lands. They had to fight back and protect what according to them was given to them by their deity ASIS. Among the Marakwet, land was communally owned and its use was decided by the community elders. Individuals did not own land as the sole owners but the land was in the custody of clans. This factor made it very hard for the missionaries to acquire land to establish the mission hospital when they first arrived at the place. The locals were only convinced after a series of successful surgeries were conducted by the mission doctors and that was when they allowed them to settle in their land. That move marked the beginning of a new civilisation among the Marakwet. Many women began to visit the hospital for child delivery, and child mortality rate reduced drastically owing to the good works of the mission doctors. All the good things brought about by the mission Hospital including the development of the town, employment opportunities, improved infrastructure among others notwithstanding, challenges never ceased to hit the Mission hospital and the latest challenge was posed by the outbreak of the novel corona virus in 2020 causing a lot of fear and panic to both the doctors and the patients.

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