

NAIROBI EVANGELICAL GRADUATE SCHOOL  
OF THEOLOGY

*Understanding The Challenge of The Care of Orphans  
in the Free Methodist Church of Kenya*

BY  
NEDDY MUNDIA NANJOWE

*A Thesis Submitted To The Graduate School in Partial  
Fulfillment of the Requirements for the Degree of Master  
of Divinity in Christian Education*

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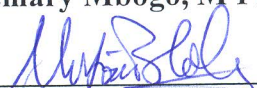
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**A Thesis submitted to the Graduate School in partial  
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**July, 2008**



Student's Declaration

UNDERSTANDING THE CHALLENGE OF THE CARE OF ORPHANS IN THE  
KENYA FREE METHODIST CHURCH

I declare that this is my original work and has not been  
submitted to any other College or University for academic credit

The views presented herein are not necessarily those of the Nairobi Evangelical  
Graduate School of Theology or the Examiners

(Signed) \_\_\_\_\_



Neddy Mundia Nanjowe

July, 2008



## ABSTRACT

The problem of orphans in Kenya is blooming significantly. The challenge of how to care for them is increasingly critical to achieving a healthy society. Understanding the role of church leaders in the challenging care for orphans is necessary. To be able to understand how best the church functions in addressing the orphan problem, the principal objective of this study was to understand why church leaders of the FMCK have not been able to offer significant help in caring for orphans in the church.

Using a descriptive approach, this study employed a closed-ended questionnaire as an instrument of data collection. Fifty church leaders were sampled. They included local congregation and denominational leaders of the Free Methodist Church of Kenya.

Results of the study revealed that leaders perceived themselves to have a magnificent task of using their position of influence to offer care ministries to orphans in the church. Financial constraints and ignorance on the care of orphans were ruled out as excuses for not establishing a ministry to orphans. These leaders also indicated that the church has a social obligation to care for orphans.

As a result the following recommendations emerged: 1) leaders should use their leadership positions to build a ministry for orphans. 2) Leaders should prioritize an orphan care ministry alongside other church ministries so as to raise up a healthy generation. Last but not least, church leaders are to be in the frontline to offer leadership guidance in the fight against HIV/AIDS which was noted as the highest cause in increase of orphans.



**TO**

Rev. Nixon Dingili, my loving husband. Without his love, patience, care and support the completion of this work would not have been possible.



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## CHAPTER ONE

### INTRODUCTION

A church council gathers one Sunday to discuss the way forward for four children who have been orphaned. These children belonged to one of the church members whose wife died two years ago and now he too has been laid to rest. When the council members struggled to find a lasting solution for these children, the congregation was asked to provide some food, clothing, and money for the children's upkeep. However, this help was only temporary. When relatives do not show up to take care of these children, the church is left in a dilemma. Who will provide long-term care for these children? This question seems to attract no fruitful answers in many Free Methodist Churches in Kenya.

With the increase of orphans in Africa, especially due to the HIV/AIDS epidemic and increasing wars in some countries, the problem of caring for orphans is continually a challenge. In communities where responsible adults have been wiped out either because of war or disease, the number of orphans is overwhelming. Some orphans have no adults to care for them and thus entirely depend on their brothers and sisters, who in most cases are just as young.

According to the Christian Post website (Vu 2007), the famous author of several Christian books, Rick Warren, together with other church leaders and Christian aid workers all pointed to the "church as the body large enough to help the more than 143 million orphans in the world today, according to the United Nations [statistics]." The challenge of this statement is that for the church to be able to help



orphans to such an extent there must be proper understanding among church leadership and must also have the ability to structure congregations and communities to respond to the loud alarm of the orphans' cries.

The World Bank reported that the care of orphans and vulnerable children remains a pressing challenge for many countries. By the end of 2003 there were 143 million orphans aged 0–17 years old in 93 countries of sub-Saharan Africa, Asia, Latin America and the Caribbean. Of these 143 million orphans in the three regions, just under 90% were aged 6–17 years; they were school-age children (Education and HIV/AIDS, 2006). UNICEF and UNAIDS, have reported that there are 48.3 million orphans south of the Sahara desert, one-quarter of whom have lost their parents to AIDS. Uganda and Kenya are home to 2.3 million orphans each (Queiroz 2006). Most of these children do not have proper care, education and security. This phenomenon calls for urgent attention by governments, community leaders and religious leaders.

#### Background Information on the Free Methodist Church of Kenya

The Kenya Free Methodist Church was started in Kenya in 1994 through the vision of Dr. Elie Buconyori who is currently the Bishop of the Burundi General Conference (Deborah and Nixon n.d., 42). The church has grown steadily. Currently the church has 144 local congregations that meet all over the country of Kenya (FMCK Annual statistics report 2006). With the focus of mission on its heart, the church is progressively involved in various ministries such as the ministry of the Word, counseling, worship and teaching among others. However, one of the most wanting ministries is that of reaching out to children and especially the orphans. As the church continues to grow, more orphans are added and their needs are becoming more apparent.

As earlier explained, the number of orphans is on the increase mainly because of the HIV/AIDS pandemic. The Millennium Development Goals Report 2007 informs us that indeed the number of people living with the virus is estimated to be 39.5 million worldwide (a majority of these live in sub-Saharan Africa). Deaths from AIDS worldwide have increased from 2.2 million in 2001 to 2.9 million people in 2006. Prevention measures are failing to keep pace with the growth of the epidemic because of the overwhelming infection rates. This report also states that in 2005, more than 15 million children had lost one or both parents to AIDS (Antonio 2007). In this case then, the world is likely to experience a tremendous increase of orphans, more than ever before. Young parents are dying and young children are left with little or no support at all.

The church (including Christian believers, Christian organizations, and institutions) has and will always be the place and home for a majority of orphans. This is so because as the church continues to enter into the lives of those living with HIV/AIDS, it becomes the main reliable source of care for orphans. The irony however, is that while many adults who are HIV positive often run to the church in their feeble state to seek God's help, once they die the orphans left are often unattended to by the church. The overwhelming increase in the number of orphans demands that the church extends a special ministry to them.

### Statement of Problem

The Free Methodist church of Kenya (FMCK) has recorded an increase of orphans in its church records. How these orphans are cared for is a matter of concern. Though there exists a lot of information on how to care for orphans, what is best for orphans, why orphans pose a problem to the society and so forth, church leaders seem



passive on the implementation of these suggestions or in finding other workable options to minister to orphans within their churches. The concern in this research was to try to establish the perceptions of these church leaders as related to their role in orphan care. Getting an understanding of what they think about these children's care is necessary for a better way forward. This researcher, as a member of the FMCK, had an understanding that many orphans in this church had received no deliberate attention from the church leaders to care for their needs.

The Free Methodist Church of Kenya exists for the purpose of representing Christ to its members and to the society. The question of what Jesus would do for the orphans if he were on earth today demands a practical response. The overwhelming burden of orphans cannot be ignored or handled with minimal attention. Concern in this study was to focus on discovering reasons why leaders of the Kenya Free Methodist Church had minimal or no response to the continuing challenge of the care of orphans. Why was caring for orphans a challenge to the church?

#### The Purpose Statement

As the FMCK continues to grow its congregation, the question of the care of orphans also grows to a magnitude that demands attention. Church leaders are faced with the need of ministering to these orphans. The purpose of this study was to understand why these church leaders in the FMCK have not offered significant help in bringing a solution to the challenge of the care of orphans within their localities.

What had been seen on the ground in the FMCK was a lack of deliberate steps to offer care to orphans through approved church planning structures. Since the problems faced by orphans are vast and demand attention, church leaders have a role of caring for orphans. As guides of the church, leaders are expected to offer direction

to the people on issues such as this concerning orphans. Whereas matters of the spirit are necessary, social concerns about the needs of those being nurtured in the spirit are equally important. The future of the orphan lies on the leadership direction. The leaders have a responsibility to ensure that orphaned children are fully integrated in the church and that their needs are met. What these leaders choose to do is vital to this cause.

While a lot has been researched concerning the fate of orphans, such as what can be done to help orphans, programs of orphan care, orphans and education, and orphans' health issues, this study's intent is to investigate the attitudes of church leaders in caring for the orphans. However this research also sought to understand the challenges that church leaders face in the care of orphans.

### Significance of Study

The study intends to provoke church leaders to give greater attention to orphans by empowering the church to work towards alleviating the strain put on our communities by orphans. Hopefully a purposeful focus on orphans through the concern of church leaders will promote healthy living for our churches as well as communities. This researcher believes that leaders who take a calculated focus on orphans will eventually influence how the church ministers to their needs.

Church ministries in our communities must be geared towards educating and informing people more about getting involved in community responsibilities. As in the case of orphans, the church needs an informed vision that will liberate these children from the difficulties they face. As concerns children and especially orphans in this case, church workers will gain more insight in this area because they will be stirred to investigate their involvement in the care of orphans. The church as a whole

will receive insights on how to go about the challenge at hand. This will be a step in the right direction to fulfill one of the global Millennium Development Goals on children matters (See more about Millennium Development Goals in the next chapter).

This study also wishes to help scholars and church workers to remove assumptions, increase understanding of underlying factors and the task of the church leaders on issues of orphans. Though this research is limited to church leaders, it will provide general insights for all who wish to help care for orphans. Last but not least, the study hopes to provide meaningful information that will help church leaders as policy makers concerning issues.

### Research Questions

RQ. 1 What is the existing understanding of church leaders on their role to care for orphans?

RQ. 2 What factors influence church leaders' involvement in the care of orphans?

### Hypotheses

The hypotheses below were guided by evidence acquired through the literature review and also through personal conversations with some of the church leaders.

These sources reveal that when emphasis is placed on something by church leaders, it is easier for the entire church to engage in the same. Secondly, the availability of budgeted funds and other needed resources will often contribute to implementing targeted programs and plans. Thirdly, for anyone to engage in a given ministry they need the awareness that will influence the choice of implementing that ministry.



Lastly, the churches will only be able to participate fully in any given ministry when they understand how that ministry relates to the whole church.

The following null hypotheses helped to answer the research questions.

H<sub>0</sub>: The perception among the leadership will not differ as to their influence on the care of orphans.

H<sub>0</sub>: 2 There is no relationship between financial resources and the care of orphans in the church.

H<sub>0</sub>: 3. The leaders' level of awareness about orphans' needs does not contribute significantly to their understanding concerning the plight of orphans.

H<sub>0</sub>: 4 Leaders' understanding concerning the role of the church's social responsibility does not affect the leaders view on the care of orphans.

### Delimitation and Limitation

#### *Delimitations*

This study was delimited to denominational leaders and local congregation leaders who were equally referred to as leaders within the Free Methodist Church of Kenya. Denominational leaders include national leaders. The national office comprises of the national superintendent who oversees the church leadership in the entire country. Other national leaders are national departmental heads who include the Christian education leader, the youth leader, the men's leader, the women's leader and the general secretary.

Other denominational leaders are the seven district superintendents who oversee church ministries and activities on the district levels. The church district demarcations are large and can be compared to Kenyan geographical provinces. The other group that was consulted was local congregation leaders who comprised pastors (ordained) and lay leaders of the Free Methodist Church of Kenya.

### ***Limitations***

While there was need to do an in-depth study on this topic, limited time and distance did not allow for some areas to be studied. For instance, the study did not include all the church leaders of the Kenya Free Methodist Church. A lack of adequate finances narrowed the researcher to consider only what was considered necessary for now; that was to understand the challenge of the care of orphans in the FMCK. Due to the difficulties encountered in a survey study such as getting all the informants to respond, this study was restricted to denominational and local congregational church leaders rather than to all the leaders.

### Definition of Terms

#### **Orphans**

In the study, an orphan is a child that has lost one or both parents and is below the age of 18.

#### **Local Congregations**

A local congregation in this research implies every Free Methodist gathering that holds regular Sunday services under the leadership of an ordained pastor, a deacon, a ministerial candidate or lay leader. Local congregations include local churches, fellowships, home churches and church plant congregations.

#### **Church Leaders:**

In this research context, church leaders include clergy and lay leaders both in denominational and local congregational responsibility.

#### **Care of Orphans**

This is any step taken willingly and purposefully by an individual or individuals to help orphans achieve a better life and attain a better future.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

In the case of orphans and church response, researchers and authors have written plenty of books, journals and articles. Some have offered suggestions on how to manage the orphan crisis. Some have clearly sent out a loud cry over the fate of these children. This researcher sees it necessary to understand why there is a continuing struggle to provide orphan care on the church. She is specifically interested in knowing the views held by church leaders in the care of orphans. It should be pointed out that church leaders hold valuable positions that can give the church and the community at large a lasting and more meaningful solution to the whole problem of orphans through their leadership roles. This view however, is not greatly addressed in the literature.

#### Mission Statement

The universal Free Methodist Church mission “is to make known to people everywhere God’s call to wholeness through forgiveness and holiness in Jesus Christ and to invite into membership and equip for ministry all who respond in faith” (Bates 1995, 73). Wholeness and holiness imply that individuals will receive care and nurture so that they can develop to maturity. Such individuals will in turn influence others to grow in the Christian faith. Local congregations of the FMCK have the mandate to reach out to all people and minister to their needs. Orphans are



not excluded in this mission. They need a premeditated ministry that will cultivate them into wholeness and holiness. The ability to reach out to orphans stems from an influential leadership activity.

### The Plight of Orphans

The World Bank records that the number of orphans from parental deaths of all causes was estimated at 143 million in 2003. By 2010 it is estimated that those children who will be orphaned as a result of AIDS alone will be 35 million. This means that there will be more orphans in Africa than the world has ever witnessed thus putting a great strain on Africa's socio-economic resources. The future of these children is at stake, particularly as it involves their access to social amenities such as health and education services (Kalanidhi and Coury 2004). Many of these children will be deprived of a bright future when these essential services are not provided to them. Such rights include the right to an environment that promotes health, the rights to equality, basic education, privacy and access to information as stipulated by the Convention on the Rights of the Child (Convention on the Rights of the Child, 1990).

Orphaned children deserve to have these rights administered to them. They are no exception. Looking in the eyes of most orphans in the church one will see misery and loss of hope. They are weak and need help to be able to achieve their rights. Someone needs to speak for them and lead them in the right direction.

Out of the eight UN Millennium Developmental Goals, five are directly linked to children. Even though all eight are interrelated in one way or another, the focus in this research narrows the consideration as directed to orphans, will briefly consider the five. Drawn from the Millennium Development Goals Report 2007, these five are: first, to "eradicate extreme poverty and hunger". Orphans are among those who are

exposed to poverty and hunger because of their status in society. The lack of parents exposes many orphans to marginalization within the extended family setup as well as the larger community. Most orphans often lose grip on their family assets once their parents die and so poverty is imminent.

The Second goal is to “achieve universal primary education”. If this goal is to be achieved in the case of orphans, there needs to be a deliberate effort to help orphans attain education. The International Aids Alliance explains the importance of education to children. Education aids their psychosocial development. It offers higher hopes for their future opportunities. It helps reduce their risks and vulnerabilities through offering vital information and sensitization. Children who are orphaned may not perform to their full educational potential because of stigma and discrimination in school. They are also vulnerable to dropping out of school so that they can take care of their younger siblings or the ailing parent that is still living and in other cases they may not have any food or clothes to facilitate their going to school. In some cases those who are HIV positive may not be in a position to enjoy free education when they are ill and uncared for. However education for these children is necessary. Reports verify that that gaining education at least for nine years allows children to be less vulnerable to sexual exploitation and HIV infection (International Aids Alliance, 2007).

The third goal is to “promote gender equality and empower women”. Orphan girls are more disadvantaged because of their gender status. They easily become victims of sexual abuse, and early pregnancies, are vulnerable to HIV infection, at risk to experiencing child abuse and to child labor. They are least considered for school when compared to orphan boys. In some cultures, boys may quickly find a relative to care for them because they are seen as carriers of the ‘family name’. In many

instances, orphaned girls miss out on educational opportunities. Tettey affirms the phenomenon of low educational enrolment for girls through what she claims to be “societal attitudes and norms which prevent girls from entering in greater numbers like their male counterparts” (Tettey 2002, 46). If girls are given an opportunity to education, UNICEF reports that there is a positive correlation between the girl’s formal education with several important national and international goals. These include universal primary education, economic productivity, social development, intergenerational education, social equity and sustainability of development efforts (2002, 45).

The fourth goal is to “reduce child mortality”. Orphan children are likely not to live long because they are highly exposed to diseases. If no one is concerned about orphans who are under the age of five, it is probable that they may never get immunized or be hospitalized when they are sick. Their death rate may in fact be higher compared to children who have their parents.

The fifth goal is geared toward “combating HIV/AIDS, malaria and other diseases”. Linked to the fourth goal, is the understanding that orphans are indeed more vulnerable to HIV/AIDS, malaria and other diseases since their dependency on older adults or parents is shattered. HIV/AIDS infections in orphans are high, especially among those under five years old (Antonio 2007). Many poor families who may willingly take in an orphaned child are less able to afford health care and other measures to prevent disease. For instance, they may be unable to purchase mosquito nets. In addition, poor people often have poorer nutrition, housing, hygiene and water. All these affect the health of children, especially orphans (Antonio 2007).

Many world organizations such as the World Bank, UN, World Vision and others have sent out a loud cry of help to the world communities concerning orphans.



They strongly encourage communities to quickly respond to the pressing problems of orphans. Most orphans are threatened everyday with starvation and the lack of basic needs such as love, security, attention, health, shelter, education and the freedom to be children. They are stretched far beyond what normal children go through. The World Bank records that orphans are faced daily with “severe malnutrition, above average rates of morbidity and mortality and lower than average rates of school attendance and completion at primary level, and in all probability, increased work burden (both paid and unpaid child labor)” ((Kalanidhi and Coury 2004).

The situation about orphan care is in summary, pitiable when one considers the above needs. Many orphans suffer trauma and hardship especially if the death of the parent was through illness. The loss of their parents may mean loss of direct financial or material support—school expenses, food and clothing are curtailed. It also means that they will lack emotional and social support, or adequate help with legal issues such as inheritance and adoption. Other concerns include feeling different from other children, stress, stigmatization, exploitation and the neglect of support responsibilities by relatives including their lack of visitation. Some orphans have reported that they are forced to work rather than attend school, are isolated from peers and are neglected or maltreated by caretakers. Also some of them are vulnerable to sexual exploitation and HIV infection, endangering the future health of the society they are expected to sustain.

### The Church and Orphans

The Bible is clear on how orphans should be taken care of. From the Old Testament to the New Testament, God never abandoned the cause of the fatherless. Whereas God warns believers not to take advantage of orphans, He desires His people

to defend the cause of the fatherless and the widow (Deut. 10:18 [New International Version]). God declares himself as the God of the weak, such as the fatherless, the widows, the poor and the oppressed. Exodus 22:22 [New International Version] says, “Do not take advantage of a widow or an orphan. God’s heart is with those who are weak. He defends their cause and loves them (Deut. 10:18). Isaiah 1:17 says “Defend the cause of the fatherless, plead the case of the widow.”

Doing justice is paramount for orphans, widows and strangers. Israel as a community was forewarned by God not to neglect the cause of orphans. He is to them (orphans) a father who cares for their interests. True religion is measured by how its followers care for the voiceless groups of people. James 1:27 declares that, “religion that God our Father accepts as pure and faultless is this: to look after orphans and widows in their distress and to keep oneself from being polluted by the world.” The church, which is God’s representative on earth, must concern itself with the care of orphans. Advocacy is a fundamental duty for the church to aid orphans in regaining their lawful place. International Aids Alliance 2005 defined advocacy as “pleading in support of others or speaking for those who are powerless to speak for themselves.”

Some issues that have to be considered in advocacy include what UNHCR has put out in the Convention on the Rights of the Child. This convention is an “international convention setting out the civil, political, economic, social and cultural rights of children. It is monitored by the United Nation’s Committee on the Rights of the Child...” (Convention on the Rights of the Child, 1990). One way of fulfilling the Convention on Rights of the Child’s goals is for the church to take the role of being advocates for children. Advocates avoid terms which reinforce stigma, such as AIDS orphans. They are to use the law to protect children’s rights such as inheritance of property, and help children get important documents such as birth certificates.

Advocacy should extend to issues of availing access to important services such as health and education (Convention on the Rights of the Child, 1990).

Jesus taught by example. He developed intimate relationships with the lowly and outcast of the society. His actions challenged the order of the day among the Pharisees and the scribes. The latter were not good advocates of the weak in society. The church is looked upon today to follow the example of Jesus by taking initiative to minister to those in need, such as the orphans. The Lord Jesus demonstrated love and concern which is an act of justice. Didn't the poor, the weak, the homeless and the sick need a hearing? The social structures of the time had sidelined them and Jesus' acts of love brought them to their rightful place. The church needs to demonstrate the same for those who are neglected in society like the orphans.

God takes a very special interest in orphans and all other vulnerable groups of people. The church is to act on their behalf as God's eyes, ears, nose, hands and feet on earth. As eyes the church can look out to see that orphans are treated well. When the church's ears are alert they will hear orphans' cries and quickly act on their behalf. The church can look around to make sure that these orphans are not mistreated. With Christian hands and feet the same can be quick to take any necessary action once they learn about the fate of the orphans around them.

### The Importance of Church Leaders

Tidwell explains that church leaders are very important. He says that lack of good leaders makes church ministries feeble and shortsighted and so good leadership is equated to a sharp axe. "The Lord can cut more trees with a sharp axe than with a dull one" (Tidwell 1985, 12). When the leadership is knowledgeable about the quality of what God expects, they will indeed be influential in their ministries. Good church



leaders provide good church guidance to the members. Leaders empower people to reach out to the needs of the world. Communities grow and are strengthened through committed men and women who are called to lead churches, institutions and governments.

What makes a leader an important person? Maxwell explains that “everything rises and falls on leadership” (Maxwell 1993, x). Leaders have been given the power of influence, guidance and support. They are looked upon to offer direction to their followers because they carry the vision of their congregations. Lack of such guidance promotes weak and short-sighted ministries in the church. When the leaders are blinded from seeing the needs in the church and the society, definitely the people will be equally blind. The Bible declares that “If a blind man leads a blind man, both will fall into a pit” (Matthew 15:14[New International Version]). Thus we will agree with Maxwell that a church that lacks good focused leaders sends a silent message of defeat. On the contrary good leadership provides avenues for the people to utilize opportunities to build a better community.

It is what a leader chooses to do that is crucial in the ministry of God. While some have embarrassed the cross of Jesus Christ by failing to do what is expected of them, good leaders have excelled in the service for God because they know that every successful ministry hinges on them. Chacha explains that a leader is a person who can bring people to work together in response to a task or vision. Apparently such a leader is able to spur members to execute strategies that seem exceedingly difficult (2004, 65).

Church leaders have a humble yet noble task. Armerding says that anyone called by God to Christian leadership should recognize that he or she will be working with a minority in the society (1978). This study interprets these minorities to mean

those who are marginalized or lack power to speak for themselves. The church has a complexity of many minorities of people who are marginalized because of their status. These marginalized groups in the church have many pressing needs yet they are often bypassed by many church planners. Such examples are orphans, widows and single parents just to mention but a few. The irony is that though these groups of people (especially orphans) may be termed as minorities they occupy a considerable percentage of our churches and communities.

#### Importance of Awareness in Leaders

“Ignorance is no excuse” so is the saying. Awareness causes individuals to be acquainted with, understand and discern issues over specific matters. The problems of orphans in Kenya deserve a good understanding by those who intend to work and help them. Lack of understanding concerning the needs of orphans will definitely hinder any leader on how to offer help to them. When church leaders know what their roles entail, they are likely to perform better in meeting those specific needs that exist in their congregations. Hessel comments that for those leaders who think of themselves as preachers and pastors, they in most cases function as administrators and organizers (Hessel 1982, 42). As preachers, they guide people to follow God’s commands and as pastors they care for the sheep in their specific needs. This calls for Church leaders to understand their roles as well as understand the communities’ needs that they serve.

#### The Church’s Social Responsibility

Jesus Christ calls on Christians to ministers rather than wait to be ministered to by others (Matt. 20: 28[New International Version]). He did not simply come on earth to provide spiritual freedom alone rather he ministered to the whole man. Those

who were sick he healed, those who were hungry he fed, those who were bound by demons he delivered and much more He did as a social responsibility to mankind. Jesus preached and demonstrated love, peace, joy, faithfulness and the like as virtues that help people live in a socially conducive atmosphere.

Therefore the church has a social responsibility to care for those who are needy such as orphans. This social responsibility of the church is the Christian faith lived in action (Hessel 1982, 39).

### Church's Financial Ability

Finances are often considered as blessings or curses for the church. Church programs are run or not run in some cases because of the finance factor. You hear some church leaders say "We cannot do this ministry because there is no money". Is it always true that a ministry of the church cannot be found viable due to a lack of funds? Church leaders are daily faced with crucial ministries in the church that require a quick response through money. However it is possible to have various responses to ministries without the first urge of money.

The need for money in the care for orphans must however not be neglected neither must it be overemphasized. Leaders can strike a balance between money and the orphans depending on how they view money. Sproul Jr gives a deeper understanding of the place of money through the following words: "Money is not a claim against goods or services, nor are goods and services a claim against money.... Money claims nothing but it can be traded for goods and services under any situation of mutual consent" (1988, 69).



## Methods of Caring for Orphans

### *Extended Family*

Long before the huge “arrival” of orphans in Africa, no orphan was known to lack adult attention and care as such. Orphans were naturally integrated into the extended family. Every community had ways stipulated on how to absorb children who were orphaned by one or both parents. This trend is on the verge of collapsing because of the effects of HIV/AIDS and the poor socio-economic status of many people in Africa. Many responsible adults have been lost through this pandemic and some are too weak (either too sick or too old) to care for children. As a result the extended family network is thinning out. The burden of care and support is falling on the very young and the very old who are economically crippled (Foster, Drew, and Makufa 1998).

Due to the large loss of responsible adults as well as the poor socio-economic statuses of our communities, many households are today headed by a child, often an older one. The editor of “*The Orphan and Other Vulnerable Children*”, Levine Anthony, documents that families affected by HIV/AIDS, “particularly in rural areas are often taken as a sign of severe strain on the ability of the extended family to cope” (2001). The burden of orphan care for the extended family is exceedingly overwhelming.

### *Orphanages*

Institutions or orphanages have been alternative solutions to the problem of orphans. Though they may provide a high standard of material care, they are often quite expensive to run, have limited capacity and do not meet the child’s need to be part of a family and community. Child Protection Society of Zimbabwe and UNICEF have observed that this approach is unsustainable except as a temporary or last resort,

and should only be used if other options are unavailable or are unsatisfactory (Moreira n.d.).

Levine's report has highlighted some limitations of institutions such as orphanages. First, that such institutions have limited ways of providing for the psychosocial needs of orphans. It is notable also that they do not prepare these children well for adult life due to the fact that these children are isolated from the community's normal life.

Again, in institutions, orphans soon lose family connections and their social development is suppressed to that which the institution offers. Psychosocial support aims to help children and young people cope with emotional trauma and stress. Psychosocial support has been defined as an ongoing process of meeting emotional, social, mental and spiritual needs, all of which are considered essential elements of meaningful and positive human development.

Evidently institutions are expensive to set up and run. Furthermore, it would be impossible to build enough institutions to cater for all orphans and other vulnerable children in the world because the number of orphans is increasing at a high rate. Reports say that the minimum cost for one child in the residential institution ranges from US\$500–800 per year. Despite this, institutions often receive political and public support (Levine 2001), maybe because they are easier to plan and manage.

### *Piecemeal Approaches*

Another alternative is referred to as the piecemeal approach, which has been used by many organizations. It provides for the basic physical needs of orphans through donations of basic goods for their survival. An example of such is President Bush's Emergency Plan for AIDS Relief: Aid to Orphans and Vulnerable Children. This program provides “uniforms, book packs, and school supplies, for orphans and

vulnerable children in a community to enable them to go to and stay in school. It also offers provision of skill training to out-of-school children ... vocational training, and income-generation activities" (Kanabus and Noble 2007).

The weakness with this method is that more often aid (donation) fails to reach the neediest children. In some cases the recipients are encouraged to be dependent because handouts alone very often produce a culture of dependency and ungratefulness. Charity or welfare-based programs are likely to view children, and especially orphans, as passive beneficiaries of care. Thus they are seen as "needs-based" rather than "rights-based" and have very limited contact with the community (Levine 2001).

There is need to understand that apart from orphans needing essential services such as education, birth registration, health, nutrition, water and sanitation, they also need emotional support. This is due to the trauma and hardships they go through during the loss of their parents. They need an assurance of security and hope (UNAIDS, UNICEF, USAID: Children on the Brink 2004).

### ***Community-based Care***

Several communities have now adopted community-based approaches, which have been rated as the best and most cost-effective methods. These communities are best placed to strengthen family and community capacity to cope with orphans. Under community care, foster parenting finds a backing that endorses a more improved care model than adoption, which is not widely practiced in Africa. As one of the ancient African proverbs says, "It takes a village to raise a child" (Morreira, n.d., 13), so it is in the effort to care for orphans in the church. The entire community needs to be engaged in the care of orphans for effective and long-lasting results.



## CHAPTER THREE

### METHODOLOGY AND PROCEDURES

#### Procedures

The study took place among the denominational leadership also known as national leaders and local congregation pastors of the FMCK. The research investigated the opinions of these leaders to find out why they have not been able to offer significant help to the challenge of the care of orphans in the church

As a descriptive research, the study was carried out through the survey method. The basic idea behind survey methodology is to measure variables by asking people questions and then examining relationships among the variables. In most instances, surveys attempt to capture attitudes or patterns of past behavior (Creswell 2002, 396). In this study it was important to understand the opinions of church leaders in relation to the care of orphans. These orphans are all over the eight districts of the FMCK geographical location.

#### Description of Population

The population of the study comprised the Free Methodist Church of Kenya leaders. Those whom the researcher defined as leaders in this research were all who have a responsibility to lead a group of people or direct a church program. These leaders totaled two hundred in number. As earlier stated, the leaders were spread out in all the eight districts of the Kenya Free Methodist Church.

## Sampling

Sampling is the process of selecting members of a defined population with the intention that the sample will accurately represent that population (Gall, Gall and Borg 2007, 652). A sample from the population in this research was made with the assumption that it was representative.

This study applied the convenient sampling method. This is a non-probability process of sampling. Even though it is more difficult to make valid inferences about a population in this kind of method, it is apparent that this method is widely used in social science research studies. The advantage that comes with this method is that it is much easier to select a non-probability sample than a random sample when studying individuals in their environment (Gall, Gall and Borg 175).

### Rationale for Convenient Sampling

The convenient sampling procedure was preferred in this research because it suited the purpose of the research. First, the researcher was able to contact respondents more easily because their names were readily accessible from the church records. Secondly, the findings of this research affect the given convenient sample because the research problem directly related to their ministries. Thirdly, since the researcher understood the leadership structure of the FMCK, she was able to determine respondents who would avail relevant information for the research.

### Sampling Procedures

This study involved fifty respondents who are leaders in the FMCK. Six denominational leaders who were not in charge of local congregation were picked because the researcher was interested to know their opinions outside local

congregation leadership context. The next category was that of local congregation leaders who were sampled in relation to their parish responsibilities. Since all the eight districts are subdivided into parishes, parish leaders together with their lay leaders were selected. There are twenty-two parishes making a total number of forty-four leaders. This selection ensured equal representation in the sample.

### Pilot Testing

The researcher carried out a pilot test on three third year education students at NEGST. This testing helped “improve content, format, and scales” (Creswell 2003, 158) on the questionnaire. The test aided the researcher to clarify and determine the appropriateness of the items.

### The Instrument Design

A closed-ended questionnaire was used to collect data in this research. The instrument was developed through examining relevant literature in order to determine two things. First, was to get opinions on the understanding of church leaders on their role for the care of orphans. This was in response to research question one. Secondly, to know the factors that influenced church leader’s involvement in the care of orphans. This was designed to respond to question two.

The research instrument had three parts that directed the way to answer the research questions and test the hypotheses. Part A gathered personal information on every informant. Part B of the instrument informed the researcher about the existing understanding of church leaders on their role to care for the orphans. This part was designed to answer research question one. Part C of the instrument sought to find out



the factors that influenced church leaders' participation in the care of orphans, thus focusing on research question two of our research.

### Administering the Instrument

The researcher intended to administer the instrument herself. She did not mail the questionnaire because most of the informants would not have got it on time. Some of the questionnaires would not get to their destinations since even though they may be mailed the informants were not the mailbox owners, while others had been displaced by the country's recent post-election violence. This cycle provided unwanted risk, thus the researcher hand distributed the questionnaire in order to ensure that they all got to the respondents. While distributing them the researcher was able to clarify and explain the items of concern personally.

### Data Analysis

The study adopted some of Creswell's steps for data analysis (2003, 123, 24). The analysis was done with the aim to provide answers to the research questions and to test the research hypotheses. First, was a report of the number of members of the sample who did and those who did not return the questionnaires. A table was given to indicate the numbers and percentages describing respondents and non-respondents' information.

Using an SPSS program, data from scores on the instrument in the cells of the grid were entered. The identification number was given to each participant and placed in the first column or used the predetermined numbers assigned in column 1 by SPSS. The names of the variables in the column headers were also identified and lastly, each variable was assigned a score that determined for response options to the questions or

character strings such as strongly disagree =1.00, disagree = 2.00, and so on were used (Creswell 2002, 226).

The Chi-square test was the statistical test procedure of calculating the actual statistics. The Chi-square Test ( $\chi^2$ ) helped to test the hypotheses. It is important to keep in mind that the chi-square test only tests whether two variables are independent or not. As a nonparametric statistical test the chi-square test will help “to determine whether research data in the form of frequency counts are distributed differently for different samples” (Gall, Gall and Borg 2007, 325). A factor analysis on independent and dependent variables was done. Observing the relationship of the variables helped the researcher measure results and draw accurate conclusions. This non-parametric test was used to ascertain the probability that some factors other than chance accounted for the apparent relationship (Best and Khan 1998, 481). However the weakness with the Chi-square is its inability to reject a null hypothesis even when it is false. Also the test is only able to utilize data which are collected based upon counted or ranked order rather than measured values (Gall and Borg 1989, 526). This study used an “interactive calculation tool for Chi-Square tests of goodness of fit and independence [Computer software]” (Preacher 2001) to calculate the Chi-Square.

The Likert scale was used in relation to the questionnaire items, which were closed-ended in order to summate the ratings. This scaling method was designed to measure people’s perceptions of issues. The researcher was able to easily compare the wide ranges of opinions or thoughts that were measured by this scale, from extremely positive to extremely negative responses.

The Likert scale contained statements of varying degrees of favorableness and unfavorableness (Best and Kahn 1998, 316). The respondents were required to select one alternative from the five fixed-choices such as “strongly agree,” “agree,” “not

agree” or “disagree,” and “strongly disagree.” The respondent chose one statement that favored his/her response. High scores were an indication of favorable opinions and low scores indicated the opposite (Noll et al 1979, 362). The disadvantage with this Likert scale is that it only ranks individuals in terms of favorableness but does not tell us by how much more favorable one is to another.

The ranked responses on the above scale had five categories which were then collapsed into three. Those that indicated “agree” and “strongly agree” fell under one category “agree”. The second category was that of “not sure” as a neutral class. Lastly “disagree” and “strongly disagree” were both labeled “disagree”. Percentages were used to report these findings.



## **CHAPTER FOUR**

### **FINDINGS AND INTERPRETATIONS**

The purpose of this study was to find out why church leaders in the Free Methodist Church of Kenya (FMCK) have not been able to offer significant help to the challenge of the care of orphans. Forty four local congregation leaders and six denominational leaders were sampled for the research.

#### Rate of Questionnaire Returns

Fifty closed-ended questionnaires were administered to the above leaders in the eight districts of the FMCK. Though the process of data collection received considerable challenges due to the political conflicts and post-election violence in Kenya, the researcher was able to achieve a considerable amount of questionnaire returns. Table 1 gives information on the questionnaire return.

The total number of respondents was 82%. The questionnaire returns indicated that each district within the FMCK was represented. Table 2 shows that both congregational and denominational leaders were represented at 70% and 12% respectively. The intention for involving local and denominational leaders in this research was to try and present a fair view of the leadership challenges that these two groups of leaders have had in addressing the care of orphans in the church.

Table 1. Questionnaire returns by district

District	No. of Administration	No. of Respondents	Total % Rate of Return
Coast	5	5	100%
Eastern	4	4	100%
Central	8	6	75%
South Rift	6	5	100%
North Rift	8	7	88%
Western	8	7	88%
Nyanza N	5	3	100%
Nyanza S	6	4	67%
TOTAL	50	41	82%

Table 2. Distribution of returns

District	Congregation Leaders	Denomination leaders	Total respondents
Coast	5		5
Eastern	3	1	4
Central	5	1	6
S. Rift	4	1	5
N. Rift	6	1	7
Western	6	1	7
Nyanza N	2	1	3
Nyanza S	4		4
TOTAL	35	6	41

### Demographic Information

Part A of the questionnaire was designed to gather demographic information on the respondents. The data provided information about variables that was useful in understanding differences in some responses of the church leaders in other sections of the questionnaire. The demographic report is summarized in table 3 below.

Table 3. Demographic information

Demography	Specification	No. of Respondents
Sex	Male	33
	Female	9
Age	20-30	3
	31-40	9
	41- above	29
Location	Urban	14
	Rural	27
Office Status	Ordained	27
	Lay	14
Duration of service	Less than 1 Year	2
	2-8 years	25
	9-14 years	7
	Above 15	7
Membership Attendance	Less 20	7
	21-40	14
	41-60	6
	61-80	2
	81 above	4
No. of Orphans in congregations	0	1
	1-10	19
	11-20	6
	21-31	3
	31 above	3
Ministry to orphans	0- Yes	33- No

Part A of the questionnaire was designed to gather demographic information about the respondents' involvement in church ministry. Out of the 41 respondents, 9 (22%) were female and 33 (78%) were male. The ratio difference in the gender is probably because male leaders are more dominant in the church. This phenomenon is common in most leadership structures even outside the church. Despite the observable fact that women are more than men in many churches in Kenya leadership roles are still traditionally taken by men.

Twenty nine of the respondents, which is 71% of the sample, were above 41 years of age. This observation assumes that more than half of the leaders sampled were within middle age years. At such an age, the assumption is that one has



experience in many aspects of life issues among which is the orphan problem. The remaining nine (22%) respondents were between 31-40 years and three (7%) were between 20-30 years.

Twenty eight (68%) rural church leaders and 14 (32%) urban leaders responded to the questionnaire. The variation of leadership numbers is because the Free Methodist Church of Kenya has most of its churches planted in rural areas. A representation of rural and urban leaders in this research was for the purpose of achieving a fair view of the research problem. In total twenty five (61%) ordained leaders and seventeen (39%) lay leaders responded to the questionnaire. The difference between ordained and lay leaders is not quite significant due to the FMCK Book of Discipline which acknowledges both forms of leaders as necessary in the church. However a representation of both groups of leaders was necessary for a reasonable judgment. Ministry experiences for these leaders varied with experience ranging from less than one year to more than 15 years.

Thirty three local congregational leaders had varied membership to whom they minister weekly. Four (12%) leaders had a membership attendance above 81, two (6%) leaders had 61-80 members, six (18%) leaders had 41-60 members, and lastly fourteen leaders (43%) had 21-49 people. Those with less than 20 members were seven (21%). This membership attendance accounts only for adult members excluding children and youth. The number of membership attendance revealed that though the FMCK was considerably small in size, the number of orphans among its population was quite significant.

All but one leader affirmed that they had orphans in all their churches. Nineteen (61%) respondents had between 1-10 orphans. Six (19%) other respondents had 11-20 orphans. 3 (10%) had 21-30 orphans and lastly 3 (10%) respondents had

over 31 orphans. Despite the fact that these congregational leaders had orphans in their churches, none of them had a ministry of caring for orphans.

### *Discussion*

Though many of the leaders had served in the church for at least 2 to 15 years, and have orphans in their ministries, the plight of these orphans has had no considerable amount of attention. For a church to have more than 31 orphans and still have no focused ministry for them is an indication that the church is facing certain challenges that need addressing so as to minister to the orphans. The investigation revealed that no church in the FMCK had a ministry to the orphans. As we shall see in the following data presentation, we will be able to understand some of the challenges that have contributed to a lack of ministry to orphans in the FMCK.

### Existing Understanding of the Role of Church Leaders

Part B of the questionnaire addressed the understanding of church leaders on their role of caring for orphans. Six items on the questionnaire addressed issues on the role of leaders in the task to care for orphans. The first research question stated:

R.Q. 1 What is the existing understanding of church leaders on their role to care for orphans?

One hypothesis was drawn to answer this question.

#### *Hypothesis 1*

**H<sub>0</sub>:** The perception among the leadership will not differ as to their influence on the care of orphans.

To test the hypothesis item 10 of the questionnaire was designed to find out whether or not the denominational leaders were held responsible to guide local leaders

on how to care for orphans. The chi-square test was done and 2 x 3 tables with 2 degrees of freedom were generated. Table 4 shows the results of Chi-square test.

Table 4. Top-down perceived influence

	Agree	Not sure	Disagree	Total
Congregation	17	6	1	24
Denomination	1	1	4	6
Total	18	7	5	30

Chi-square = 24.643      df= 2      p-value= 0.0010

Sixty percent of the respondents agreed to the statement whereas 17% did not. This implied that there was a statistical difference in the opinion between denominational and congregational leaders that it is the responsibility of the former to guide the latter on how to care for orphans. The  $\chi^2$  value 24.643 which is far beyond the critical value of 5.99 with 2df was generated. Thus the hypothesis was rejected at 0.05 level of significance. The analysis shows that differences among the leaders' perception concerning the leadership command may affect their influence on the care of orphans. That is the congregational leaders seem to think that a hierarchical chain of command is necessary for availing guidance for a ministry to orphans in the church.

### ***An Examination of the Perceived Leadership Command***

With a hierarchical leadership structure in the FMCK, local leaders have been observed to act on decisions enforced by the denominational/national leaders. There is a probability that local congregational leaders do not engage in caring for orphans because denominational leaders have not so demanded.

In order to establish this claim table 5 reveals three things. The following results were obtained based on the three items in the questionnaire. Item 11 of the questionnaire was designed to find out whether or not the call to orphan ministry is



the only reason that can facilitate care of orphans in the church. Fifty eight percent of the respondents considered a call to orphans' ministry as something that could influence the leader's involvement in the care of orphans. That could mean that without God's call to orphan ministry most leaders would not engage in orphan care ministry. Following this, item 12 of the questionnaire was set to investigate whether the care for orphan can take place within the church without the influence of church leaders. Eighty one percent of the leaders disagreed that the care of orphans can take place within the church without their influence. Lastly, item 13 of the questionnaire was designed to establish whether the leaders had no opportunity to offer the needed care for orphans because they already had too much work to do in the church. Seventy eight percent of the leaders did not think that too much work was a valid excuse for not getting involved in the care of orphans.

Table 5. Perceived leaders' influence

	Agree	Note sure	Disagree	Total	%
CTM	24 (58%)	4 (10%)	13(32%)	41	100%
NLI	7(17%)	1(2%)	33(81%)	41	100%
LOP	8(20%)	1(2%)	32(78%)	41	100%

CTM= Call to Ministry

NLI= No leaders' Involvement

LOP= Lack of Opportunity

### ***Discussion***

The null hypothesis which stated that the perception among the leadership will not differ as to their influence on the care of orphans was rejected. The findings disclosed that actually church leaders think of themselves as quite significant people in the care of orphans. Thus denominational leaders are expected to guide local

leaders in the care of orphans. Amicably the leaders felt that their leadership roles are necessary for an effective ministry to orphans.

Apparently congregational leaders have the feeling that denominational leaders have the responsibility of facilitating direction for a care program for the orphans in the church. However both groups of leaders admit that the call to orphan ministry is an important reason that would facilitate a ministry to orphans. If that is the case then these leaders have a duty to enthruse congregations to reach out to orphans and care for them. Whereas their influence is essential in making possible a ministry to orphans, these leaders did not think that too much work in the church was a valid reason for not getting involved in the care of orphans. So for one to think that leaders do not engage in the care of orphans due to a lack of opportunity because of too much work would be misleading.

### Factors Contributing to Leaders' Involvement

Research question two stated as follows:

R.Q. 2. What factors influence church leaders' involvement in the care of orphans?

Hypothesis two was designed to investigate factors that influenced leaders' involvement in the care of orphans.

#### *Hypothesis 2*

**H<sub>0</sub>:** There is no relationship between financial resources and the care of orphans in the church.

The table 6 shows responses from item 14 of the questionnaire which was designed to determine whether or not the church's many financial needs hinder the

leaders' involvement in the care of orphan. The responses were employed to test the null hypothesis 2.

Table 6. Financial hindrances and care of orphans

	Agree	Not sure	Disagree	Total
Congregation	4	2	29	35
Denomination	0	0	5	5
Total	4	2	34	40

Chi-square = 1.008                      df= 2                      p-value= 0.604

A Chi-Square value 1.008 obtained is below the critical value 5.99 with 2df required to reject the hypothesis at 0.05 level of significance. The null hypothesis was not rejected thus there is no statistical difference in the opinion between congregational and denominational leaders that the church's many financial needs hinder them from involving themselves in the care of orphans. This implies that the leaders perceive that financial limitations do not seem to influence their involvement in the care of orphans. Both groups of leaders perceived that lack of finances does not hinder them from engaging in a ministry to orphans.

### ***Financial Constraints***

Tabulated results in table 7 on the next page also revealed to some extent that there is no relationship between financial resources and the care of orphans in the church. Item 15 of the questionnaire was designed to find out whether or not these leaders thought orphans should be cared for from church resources. Twenty four percent of the respondents disagreed with the statement and 71% agreed while 5% were not sure. Item 16 of the questionnaire was formulated to establish whether the leaders thought that without donor funding they could not care for orphans. Fifty six percent disagreed and 32% of the respondents agreed to the statement with 12% not sure. Item 17 of the questionnaire was designed to investigate the leaders' opinions on



whether or not they could care for orphans because they did not have money. Forty one percent of the respondents were not of the opinion that they can care for orphans without money while 49% of them thought that they could, whereas 10% were not sure.

Table 7. Finance and care of orphans

	Agree	Not sure	Disagree	Total	%
RCR	29(71%)	2(5%)	10(24%)	41	100
DF	13(32%)	5(12%)	23(56%)	41	100
LF	20(49%)	4(10%)	17(41%)	41	100

RCR= Right to Church Resources

DF= Donor Funding

LF= Lack of Funds

### ***Discussion***

There have been significant arguments in the church concerning financial constraints that seem to be a dominant factor used by some as reasons why some vital ministry is nonexistent. In this research, the financial argument did not seem to be a factor that hindered leaders from engaging in a ministry of caring for orphans. The first possibility in this result is the probability that the leaders responded to this item subjectively. That is they did not want to sound like they were imploring excuses for not caring for orphans. The second possibility is that they were truly assuming an attitude that money should not be considered as a hindrance to orphan ministry since there might be different ways of reaching out to orphans without necessarily using money.

However the FMCK leaders seem to assume that lack of finances is a factor for a lack of ministry to orphans. To reinforce this assumption, 49% of the leaders categorically agreed to the idea that there cannot be a ministry to orphans because the church has no money. Even though a number of the leaders (56%) think that lack of

donor funding should not stand in the way as a reason for a lack of ministry to orphans in the church, there is tendency that financial resources and the care of orphans have a direct relationship. The data showed that there is a tendency in the leaders to think that lack of money is a factor responsible for not caring for orphans.

### *Awareness and Care of Orphans*

Is ignorance an excuse? Part C of the questionnaire was designed to achieve two objectives. One was to ascertain the impact of awareness on church leaders in relation to the needs for orphan care. The second one was to clarify the understanding of church leaders concerning the role of the church in social responsibility.

### *Hypothesis 3*

**Ho:** The leaders' level of awareness about orphans' needs does not contribute significantly to their understanding concerning the plight of orphans.

Table 8 considers the variable of awareness as a vital factor in the effort to have a ministry of care to orphans. Item 18 of the questionnaire sought to find out whether the leadership experience in church ministry involvement had spurred the leaders' levels of awareness concerning the plight of orphans.

Table 8. Awareness and care of orphans

Awareness	Agree	Not sure	Disagree	Total
Congregation	25	2	9	36
Denomination	5	0	0	5
Total	30	2	9	41

Chi-square = 2.088

df= 2

*p*-value= 0.3520

The Chi-Square test result 2.088 was below the critical level 5.99 with 2df at 0.05 level of significance required to reject the null hypothesis. The null hypothesis was not rejected. Therefore there was no statistical difference in the opinion between denominational and congregational leaders that their leadership experience in church

ministry involvement had spurred their levels of awareness concerning the plight of orphans. This implies that the leaders' low or high levels of awareness about orphans have no significant influence on how they respond to orphans. The dominant response however was that leaders perceived that their experience as leaders in the church had spurred their levels of awareness concerning the plight of orphans. That is there is a strong relationship between the leaders' church ministry and the understanding of the plight of orphans. They seem to meet face to face with the plight facing orphans as they engage in their ministries.

Table 9 gathered percentage figures to determine further information concerning the relationship between leaders' awareness and orphan care.

Table 9. Awareness and care of orphans

	Agree	Not sure	Disagree	Total	%
Training	17 (42)	3 (7)	21 (51)	41	100
Fear of incompetence	22 (54)	3 (7)	16 (39)	41	100
Lack of knowledge	29 (71)	3(7)	9 (22)	41	100

Question 19 of the questionnaire was stated to investigate whether or not the leaders have had some training about orphans and their needs. Fifty one percent of the respondents did not have any training concerning orphans but 42% had some training. Item 20 of the questionnaire sought to establish if the leaders feared to initiate a ministry to care for orphans because they did not know what to do. Fifty four percent of the leaders showed that they were afraid that they were incompetent in giving care to orphans because they did not know what to do with them. Last in this category was item 21 of the questionnaire which was designed to determine whether or not the leaders exactly knew what to do in the care for orphans. A total of 71% indicated that they lacked knowledge on how to care for orphans.



## Discussion

Apparently a number of leaders had some training on orphan issues. Some of them felt that they were competent to handle a ministry to orphans while more of the leaders were of the opinion that they had no understanding in orphan care ministry. The assumption here is that lack of awareness about orphan needs should not be used as a factor that contributed to a lack of ministry to orphans in the church. From these findings, though a sizable group of leaders reported to have some level of awareness about orphans' needs this understanding had no influence on their response towards the care of orphans, as far as the situation on the ground was concerned.

The researcher also wanted to gather a general understanding from the respondents what their understanding was concerning three specific items as far as orphans are concerned.

1. Causes of increase in orphans
2. Agencies of caring for orphans
3. Programs of caring for orphans

Causes of Increase in Orphans

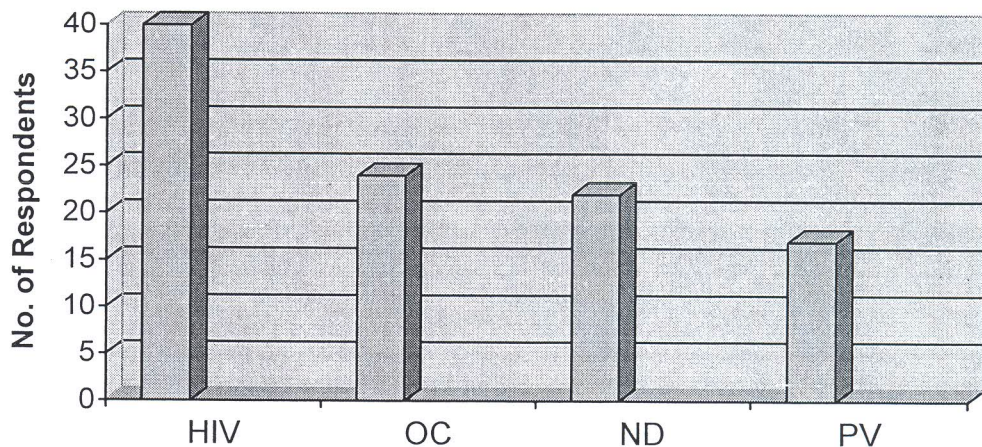


Fig 1. Causes of orphans

PV= Political Violence  
 HIV= HIV/AIDS  
 ND= Normal Death  
 OC= Other Causes

Item 22 of the questionnaire sought to identify the causes of increase in orphans in Kenya. Figure 1 presents a summary of the findings. Rating highest was HIV/AIDS, which reported 98% responses of 41 respondents. Other causes received 58% responses and natural death received 54 %. Forty one percent indicated that political violence was another cause of increase in orphans.

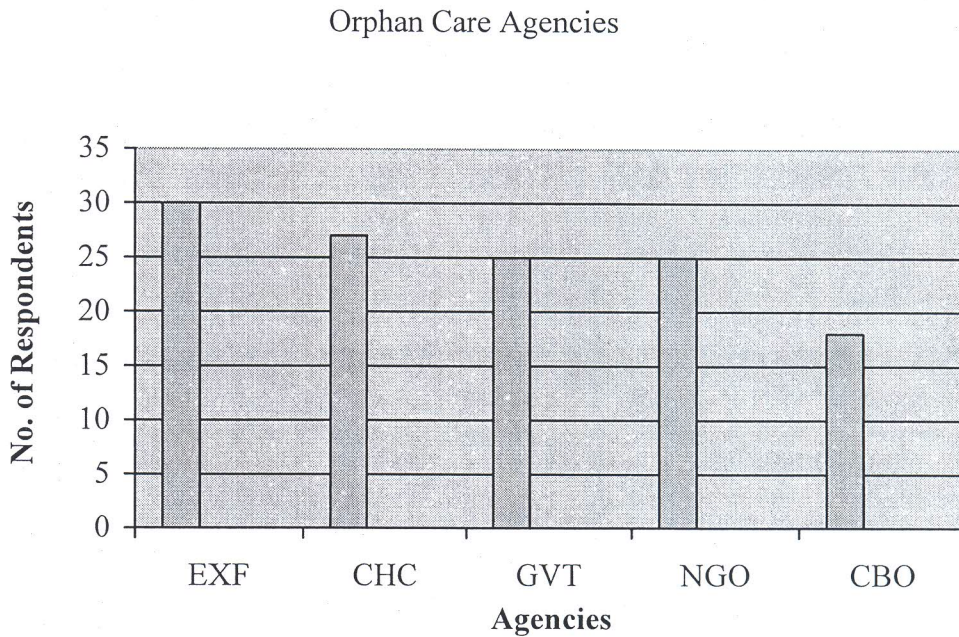


Fig. 2. Agencies caring for orphans

GVT= Government  
 CBO= Community-based Organization  
 NGO= Non-governmental Organizations  
 CHC= Churches  
 EXF= Families

Figure 2 summarizes the findings on agencies of orphan care. Item 23 of the questionnaire was stated in order to establish the agencies that frequently help orphans in the community. Respondents were to rate the agencies in order of involvement. The



government as an agency of orphan care was rated at seventy four percent.

Community-based organizations received 55% rating. Another 74 percent was given to Non-governmental Organizations as caregivers of orphans. The church and the extended families scored 82% and 71% respectfully as caregivers of orphans.

### Programs for Orphans

Four programs commonly used to care for orphans were indicated as extended family, piecemeal program, orphanages and community-based organizations. Figure 3 summarizes the findings concerning these programs. Item 24 of the questionnaire was meant to find out how much the stated programs are used to care for orphans.

Respondents were meant to rate the programs in order of preference from the most suited to the least. Thirty one (76%) of the 41 respondents scaled community-based organizations highest as a program that is commonly used to offer care to orphans.

Twenty four (59%) respondents indicated that the extended family was a better program for caring for orphans. The piecemeal program received twenty one (51%) responses and orphanages got sixteen (39%) responses.

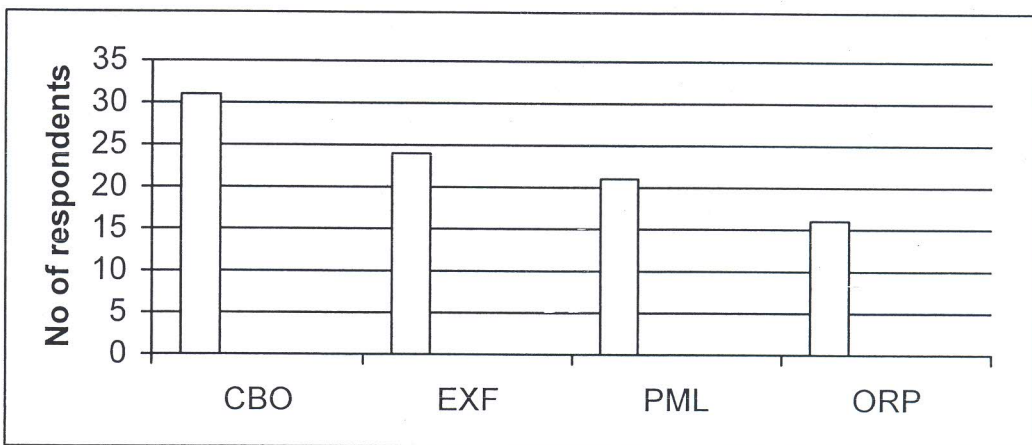


Fig. 3. Orphan programs

EXF= Extended Family

PML= Piecemeal Program



ORP= Orphanages

CBO= Community-based Organizations

### *Discussion*

The number of orphans is on the increase in Kenya. Respondents in this study pointed to HIV/AIDS as the highest common cause of the increase in orphans in Kenya, followed by other causes, natural deaths and lastly war.

Who then stands a better chance to minister to orphans? The respondents think that churches (82%) and families (71%) are better placed as orphan caregivers. These findings put the leaders to task in their perception concerning the church's social responsibility to care for orphans. The leaders and the church in this case need to work hand in hand with families and communities in order to offer care to orphans without negating the government, NGOs, and CBOs as other vital tools of support to the care of orphans.

Though there are various programs of caring for orphans, this research indicated the leaders perceived that CBOs are the most commonly used programs alongside the extended family. The church falls under the CBO programs because it works within the larger community in reaching out to the pressing needs of the people.

### Church's Social Responsibility

Is the church responsible for the social needs of the people? Some would argue that the church exists only to offer spiritual nurture; others would object to this opinion. For the latter the church has a social responsibility to care for people's needs. Hypothesis 4 was designed to discover the leaders understanding concerning the social role of the church in the care of orphans.

#### Hypothesis 4

**H<sub>0</sub>:** Leaders' understanding concerning the role of the church's social responsibility does not affect the leaders view on the care of orphans

Table 10 shows the findings of item 25 of the questionnaire which was designed to find out what the leaders thought was the primary goal of the church.

Respondents were asked to respond to the statement that the church's primary goal is to preach the gospel; it's not responsible to provide care for orphans.

Table 10. Church's social responsibility

	Agree	Not sure	Disagree	Total
Congregation	32	1	2	35
Denomination	6	0	0	6
Total	38	1	2	41

Chi-square = 0.555      df= 2      p-value= 0.7576

The Chi-Square value (0.555) obtained is lower than the critical value of 5.99 necessary to reject the null hypothesis at 0 .05 level of significance. The null hypothesis was not rejected. It was noted that there was no statistical difference in the opinions between congregational and denominational leaders indicating that the church's primary goal was to preach the gospel; not to provide care for orphans. These findings imply that the leaders' understanding concerning the role of the church's social responsibility does not significantly affect their views on the care of orphans. The dominant responses of the leaders seem to suggest that the church has no social responsibility to care for orphans. Such a view can be argued as a reason why there is a lack of the leaders' involvement in the care of orphans.

Results displayed in table 11 were gathered from items 26 which sought to further establish whether or not the church has a social responsibility to care for orphans and item 27 that was designed to investigate if the leaders were obligated to

care for orphans. These findings may imply that the care of orphans is more of individual leaders than corporate (church's) responsibility.

Table 11. Church's social responsibility and care of orphans

Role of Church	Agree	Not sure	Disagree	Total	%
Church's Responsibility	24 (59%)	1 (2%)	16 (39%)	41	100
Leaders obligation	35 (85%)	0 (0%)	6 (15%)	41	100

As indicated above 59% of the leaders showed that the church has a social responsibility to care for orphans and 85% indicated that church leaders are obligated to care for orphans. Thirty nine percent and 15% respectively were of the opinion that the church has no social responsibility to care for orphans and also that it did not have an obligation to do so.

### ***Discussion***

The null hypothesis that the leaders' understanding concerning the role of the church's social responsibility does not affect the leaders view on the care of orphans was not rejected. The research findings reveal that leaders perceive the primary goal of the church as that of preaching the gospel and not to care for orphans. It is possible that one reason why the FMCK has no focused ministry to orphans is because of the leaders' perceived understanding of what they think about the social responsibility of the church. Items 26 and 27 of the questionnaire revealed to a greater extent that the church and the leaders were obligated to care for orphans. Lack of a focused ministry to orphans may be as a result of the leaders' perceived understanding concerning the social responsibility of the church. Considering the opinion that leaders think that the church's primary goal is to preach the gospel; not to care for orphans two things emerge. The first one is that the leaders may have the assumption that as long as the orphans are in the church, they will hear the gospel and be transformed. The second is



that the leaders may probably be thinking that they are not socially responsible to care for orphans cooperatively as a church rather individually. Or that the leaders think that orphan care is not the only ministry of the church and therefore should not be treated with specialty per se.

### Overall Discussion

The findings in this chapter show that not all the four hypotheses were rejected. In answering research question one, hypothesis one was rejected. The understanding of church leaders on their role to care of orphans is that they perceive themselves as significantly influential in the care for orphans. Church leaders face a critical role in the care of orphans in the church. Their role as church leaders is very important for any viable and focused ministry to orphans (Tidwell 1985, 12). Maxwell says that leaders have been given the power to influence, guide and support (Maxwell 1993, x). They are looked upon to offer direction to their followers. This existing understanding of church leaders on their role to care for orphans is a promising light for the church that it can have a ministry to orphans.

In answering research question 2, hypotheses 2, 3 and 4 were not rejected implying that apparently a given number of factors that were thought to influence church leaders' involvement in the care of orphans were not perceived by the leaders as critical to the lack of a focused ministry to care of orphans. For instance the leaders' level of awareness concerning the needs of orphans had no significant influence on how they actually responded to orphans. Financial constraints also did not seem to affect the leaders' perception as to their perceived role in the care of orphans.

## **CHAPTER FIVE**

### **CONCLUSION AND RECOMMENDATIONS**

This study was designed to try and establish the opinions of church leaders of the FMCK to find out why they have not been able to offer significant help to the challenge of the care of orphans in the church. Getting an understanding of what they think about these children's care was necessary for a better way forward. This chapter summarizes the findings, makes conclusions and recommendations.

#### **Research Problem and Purpose**

The increase of orphans in Kenya is alarming. How these orphans are cared for is a matter of concern. Orphans have many and alarming needs that need attention from different bodies. In this study the Kenya Free Methodist Church leaders were studied for the purpose of understanding why the FMCK had not offered significant help in bringing a solution to the challenge of the care of orphans within their localities. The investigation showed that indeed the Free Methodist Church of Kenya has not been successful in availing substantial help to orphans. Therefore the concern in this research was to try and establish the perceptions of the church leaders as related to their role in orphan care.

### Research Questions

As earlier indicated, two research questions were employed to aid in availing substantial information from the church leaders' understanding of the challenges of orphan care.

RQ 1 What is the existing understanding of church leaders on their role to care for orphans?

RQ 2 What factors influence church leaders' involvement in the care of orphans?

### Research Hypotheses

Four hypotheses were statistically tested. The purpose of these hypotheses was to provide guidance in answering the research questions. The first hypothesis was in response to research question one. It treated the perception among the leadership levels of congregational and denominational and how they differ or not differ as to their influence on the care of orphans. Hypotheses 2-4 were designed to assist in answering research question two. They were to gather the leaders' opinions on the factors that influence their involvement in the care of orphans.

### Significance of the Study

An attempt was made in this study to determine the perceptions of church leaders on the subject of orphan care. Participants in the research were local and denominational leaders of the Free Methodist Church of Kenya.

The ultimate intention in this study was to gather relevant information concerning the leaders' challenges in the care of orphans. This information was likely to empower church leaders to work towards availing a vital care ministry to orphans.



That means that the focus on orphans through the concern of church leaders will possibly promote healthy living for churches as well as communities since church leaders perceive themselves as significantly influential to the cause of orphan care in the church. Their leadership influence is likely to serve as a guide in the right direction for a vital ministry to orphans.

Information about Church leaders' understanding of orphan care will prove beneficial to orphan care program designers in the church, government, Non-governmental Organizations, and Community-based organizations. First, the findings give information that can be used for administrative purposes to those who wish to work with church leaders in implementing orphan care programs in the church. Second, the research provided a clear perception of church leaders concerning matters of leadership influence, financial resources, awareness, and the role of the church's social responsibility.

#### Summary of Procedures used in the Study

This was a descriptive study which employed a survey method that collected information describing the existing understanding of the challenges of orphan care in the FMCK. A closed-ended questionnaire was designed to gather respondents' information. The local and denominational leaders responded to the questionnaire. The validity of this questionnaire was done through a pilot test on three educational students at Nairobi Evangelical Graduate School of Theology.

In this research, two questions were treated and four null hypotheses were tested using a Chi-square test of independence at 0.05 level of significance. The research also employed percentages in interpreting questionnaire items that were not tested by the Chi-square test. Four dependent variables: Leaders' influence,

awareness, the church's financial resources and the role of the church's social responsibility were identified. Care of orphans was the independent variable. The reason for this was to ascertain if each of the dependent variables restrained the care of orphans (independent variable) in the FMCK.

R.Q. 1 What is the existing understanding of church leaders on their role to care for orphans?

Responding to this question, one hypothesis was formulated as follows:

H<sub>0</sub>: 1 The perception among the leadership will not differ as to their influence on the care of orphans.

R. Q. 2 What factors influence church leaders' involvement in the care of orphans?

Three hypotheses were formulated to respond to the research question 2.

H<sub>0</sub>: 2 There is no relationship between financial resources and the care of orphans in the church.

H<sub>0</sub>: 3 The leaders' level of awareness about orphans' needs does not contribute significantly to their understanding concerning the plight of orphans.

H<sub>0</sub>: 4 Leaders' understanding concerning the role of the church's social responsibility does not affect the leaders view on the care of orphans

## Summary of Findings

### *Role of Church Leaders*

What church leaders perceive as the role of the church is critical to how they respond to orphans. This section seeks to investigate what the leaders think there role is in caring for orphans.

R.Q. 1 What is the existing understanding of church leaders on their role for the care of orphans?

In answering the above question, hypothesis one was tested and rejected. The results revealed that:

The perception of congregational and denominational leaders differed in their influence on the care of orphans. The findings showed that the congregational leaders' perception concerning the leadership command significantly affects their influence on the care of orphans. They perceived that a top-down command was a valid way to help establish a ministry to orphans. That is denominational leaders are expected to offer direction to congregational leaders on how to minister to orphans.

Other items investigated disclosed that:

1. The call to ministry is critical to the leadership involvement in church ministry such as care for orphans. The implication is that the leaders felt that without God's call to orphan ministry they would not engage in orphan care ministry.
2. Leaders did not think that too much work in the church was a valid reason for them not getting involved in the care of orphans.
3. Leaders felt that their leadership roles are necessary for an effective ministry to orphans

### ***Factors for Leaders Involvement***

R. Q. 2 What factors influence church leaders' involvement in the care of orphans?

To answer this question, hypothesis two was tested and was not rejected. Thus congregational and denominational leaders did not perceive that the church's many financial needs hindered them from involving themselves in the care of orphans. The leaders think that there is a relationship between financial resources and the care of orphans in the church. The findings indicated that financial limitations seem to



influence the leaders' involvement in the care of orphans. To support this finding several items tabulated indicated the following results:

1. Forty nine percent of the leaders indicated that lack of financial resources does constrain them from addressing the challenges of orphan care.
2. Seventy one percent of the leaders reported that orphans have a right to church resources.

H<sub>0</sub>:3. The leaders' level of awareness about orphans' needs does not contribute significantly to their understanding concerning the plight of orphans.

Though this null hypothesis was not rejected, the findings revealed that denominational and congregational leaders experience in church ministry involvement had spurred their levels of understanding concerning the plight of orphans. The implication is that the leaders' low or high levels of awareness about orphans had a significant influence on how they responded to orphans.

1. A higher number of leaders (51%) indicated that they had had no training at all about orphans.
2. Fifty four percent of the leaders showed that they feared to initiate care of orphans because they did not know what to do for orphans.
3. Seventy one percent of the leaders indicated that they did not know what to do in order to care for orphans.

H<sub>0</sub>:4. Leaders' understanding concerning the role of the church's social responsibility does not affect the leaders view on the care of orphans

This null hypothesis was not rejected since the congregational and denominational leaders were of the opinion that the church's primary goal was solely to preach the gospel and not to provide care to orphans. However, tabulated results revealed that these church leaders' understanding concerning the role of the church's

social responsibility does affect their view on the care of orphans. More so two things also emerged:

1. The leaders did not think that their lack of involvement in the care of orphans is limited because they lack of understanding about the church's social responsibility.
2. Responses indicated that the church as well as leaders have a social responsibility and thus are obligated to care for orphans.

### Conclusions

The research findings conclusions are as follows:

1. Leaders have the ability to offer significant leadership influence to the church ministries such as care for orphans. Through their leadership roles there is a high possibility of establishing a vital ministry to orphans in the church.
2. Church leaders are not entirely ignorant of their responsibilities to the care of orphans. There are those with higher or lower levels of awareness but a greater level of awareness does not necessarily translate into involvement in care of orphans.
3. Lack of finances is not perceived as a reasonable excuse for a lack of ministry to orphans.
4. A lack of orphan care ministry in the church can be attributed on the leaders' lack of understanding concerning the role of the church's social responsibility.

### Recommendations

In relation to the above conclusions, the following recommendations were made to possibly avail a ministry to orphans in the Free Methodist Church of Kenya:

1. Local leaders need to take up the initiative of caring for orphans without depending on the denominational leaders. This is because both leaders were of the view that their leadership positions are of great influence for a ministry to orphans to materialize. Alternatively the leadership structure of the FMCK that allows for hierarchal decisions needs to be revisited so as to allow for creativity and responsibility within the local congregational leader's docket so as to initiate ministries that will respond to the needs of the people.
2. Ministry to orphans should be made a priority alongside the pressing ministries of the church because the church has a social responsibility to care for them following the magnitude of their needs and their increase rate.
3. Individual leaders who have the call to minister to orphans should take up the lead to initiate a ministry for orphans rather than wait for a collective response from all the church leaders.
4. From the recent post-election violence in Kenya (December 2007- February 2008), it is noted that the fight against HIV/AIDS which was rated as the highest cause of increase in orphans in this study, has received considerable challenges thus the looming increase of orphan. People suffering from the disease and were displaced (living in camps) risked premature death due to lack of proper medication and poor nutrition (Muriuki, 2008). Their children will in no time become orphans unless something is done about their parents. Church leaders need therefore to be in the frontline to offer leadership guidance in this situation.



### Suggestions for Further Research

The scope of this research did not capture several important issues. The following are suggested topics to consider:

1. A study needs to be done to reveal why the FMCK is not having care programs for orphans.
2. A study should be done to understand what factors motivate church leaders to offer a ministry for the care of orphans.
3. Since the study revealed that 82% of the respondents rated the church (apart from the FMCK) as the organ that should offer care to orphans, a study needs to be done to understand how these churches have managed to run a ministry to orphans.
4. A suggested study on church members' views and understanding of the problem of orphans and their suggestions on how to care for them needs to be carried out.
5. A study on whether an orphan program is a viable idea for churches needs to be done.

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## APPENDIX

### QUESTIONNAIRE

#### Dear Church Leader

The purpose of this research is to find out your view on the care of orphan in the Kenya Free Methodist Church (KFMC). I hope that the findings from this study will help in giving a proper perspective of what church leaders think about the challenge of care for orphans. For me to achieve my purpose, I kindly request you to fill this questionnaire to the best of your knowledge. All responses will be treated with confidentiality.

#### PART A

Please indicate by ticking (✓) the correct response and fill in the blanks where necessary.

1. What is the name of your local congregation? \_\_\_\_\_  
District \_\_\_\_\_ Parish \_\_\_\_\_
2. Sex: Male ( ) Female ( )
3. Are you ordained? Elder \_\_\_\_\_ Deacon \_\_\_\_\_ Lay \_\_\_\_\_
4. Please indicate your age bracket: 20-30 \_\_\_\_\_ 31- 40 \_\_\_\_\_ over 41 \_\_\_\_\_
5. What is your average number of membership attendance per Sunday: Below  
20 \_\_\_\_\_ 21- 40 \_\_\_\_\_ 41-60 \_\_\_\_\_ 61- 80 \_\_\_\_\_ above 81 \_\_\_\_\_
6. Location of your church: Rural \_\_\_\_\_ Urban \_\_\_\_\_
7. How long have you been a leader of your local congregation?

- a. Less than 1 year ( )
- b. 2-8 years ( )
- c. 9- 14years ( )
- d. More than 15 years ( )

8. How many orphans are there in your congregation? Please tick (√) the correct bracket 0 \_\_\_\_\_ 1-10 \_\_\_\_\_ 11-20 \_\_\_\_\_ 21-30 \_\_\_\_\_ above 31 \_\_\_\_\_

9. Do you have a ministry for orphans in your local church? Yes \_\_\_\_\_ No \_\_\_\_\_

Using the following 1-5 scale, please indicate by ticking (√) the most correct response, the degree to which you are satisfied by answering the questions below.

## PART B

### Instruction:

This section expresses the understanding of local congregation leaders concerning their role in caring for orphans. Using the following 1-5 scale, please indicate by ticking (√) the most correct response, the degree to which you agree with the statements below.

5 _____	4 _____	3 _____	2 _____	1 _____
Strongly agree	agree	not sure	disagree	strongly disagree

10. Church leadership involvement in the care of orphans is not important when the congregations or the local communities care for orphans.

- 5 \_\_\_\_\_ strongly agree
- 4 \_\_\_\_\_ agree
- 3 \_\_\_\_\_ not sure
- 2 \_\_\_\_\_ disagree
- 1 \_\_\_\_\_ strongly disagree

11. It is the responsibility of the denominational church leaders to direct local leaders on how to care for orphans

- 5 \_\_\_\_\_ strongly agree
- 4 \_\_\_\_\_ agree
- 3 \_\_\_\_\_ not sure
- 2 \_\_\_\_\_ disagree
- 1 \_\_\_\_\_ strongly disagree

12. The call to ministry is the only reason that can facilitate care for orphans in the church.

- 5 \_\_\_\_\_ strongly agree
- 4 \_\_\_\_\_ agree
- 3 \_\_\_\_\_ not sure
- 2 \_\_\_\_\_ disagree
- 1 \_\_\_\_\_ strongly disagree

13. Care for orphan can take place within the church without the influence of church leaders.

- 5 \_\_\_\_\_ strongly agree  
 4 \_\_\_\_\_ agree  
 3 \_\_\_\_\_ not sure  
 2 \_\_\_\_\_ disagree  
 1 \_\_\_\_\_ strongly disagree

14. Church leaders have no opportunity to offer the needed care for orphans because they already have too much work to do in the church

- 5 \_\_\_\_\_ strongly agree  
 4 \_\_\_\_\_ agree  
 3 \_\_\_\_\_ not sure  
 2 \_\_\_\_\_ disagree  
 1 \_\_\_\_\_ strongly disagree

15. The church's many financial needs hinder the leaders' involvement in the care of orphan

- 5 \_\_\_\_\_ strongly agree  
 4 \_\_\_\_\_ agree  
 3 \_\_\_\_\_ not sure  
 2 \_\_\_\_\_ disagree  
 1 \_\_\_\_\_ strongly disagree

16. Orphans have rights to church resources

- 5 \_\_\_\_\_ strongly agree  
 4 \_\_\_\_\_ agree  
 3 \_\_\_\_\_ not sure  
 2 \_\_\_\_\_ disagree  
 1 \_\_\_\_\_ strongly disagree

17. Without donor funding church leaders cannot care for orphans

- 5 \_\_\_\_\_ strongly agree  
 4 \_\_\_\_\_ agree  
 3 \_\_\_\_\_ not sure  
 2 \_\_\_\_\_ disagree  
 1 \_\_\_\_\_ strongly disagree

18. We cannot care for orphans because we have no money

- 5 \_\_\_\_\_ strongly agree  
 4 \_\_\_\_\_ agree  
 3 \_\_\_\_\_ not sure  
 2 \_\_\_\_\_ disagree  
 1 \_\_\_\_\_ strongly disagree

## PART C

### Instruction:

This section expresses the factors that influence local congregation leaders' participation in the care for orphans. Using the following 1-5 scale, please indicate by ticking (✓) the most correct response, the degree to which you agree with the statements below.



5 \_\_\_\_\_ 4 \_\_\_\_\_ 3 \_\_\_\_\_ 2 \_\_\_\_\_ 1 \_\_\_\_\_  
 Strongly agree      agree      not sure      disagree      strongly disagree

19. My leadership experience in church ministry involvement has spurred my level of awareness concerning the plight of orphans.

5 \_\_\_\_\_ strongly agree  
 4 \_\_\_\_\_ agree  
 3 \_\_\_\_\_ not sure  
 2 \_\_\_\_\_ disagree  
 1 \_\_\_\_\_ strongly disagree

10. I have had some training about orphans and their needs.

5 \_\_\_\_\_ strongly agree  
 4 \_\_\_\_\_ agree  
 3 \_\_\_\_\_ not sure  
 2 \_\_\_\_\_ disagree  
 1 \_\_\_\_\_ strongly disagree

21. Church leaders fear to initiate the care of orphans in the church because they do not know what to do for orphans

5 \_\_\_\_\_ strongly agree  
 4 \_\_\_\_\_ agree  
 3 \_\_\_\_\_ not sure  
 2 \_\_\_\_\_ disagree  
 1 \_\_\_\_\_ strongly disagree

22. I know what to do in order to care for orphans in my church

5 \_\_\_\_\_ strongly agree  
 4 \_\_\_\_\_ agree  
 3 \_\_\_\_\_ not sure  
 2 \_\_\_\_\_ disagree  
 1 \_\_\_\_\_ strongly disagree

23. In the table below answer the following question by ticking (✓) the most agreeable answer under each title on your left.

There are more orphans today in the church in Kenya because their parents die from:

	Strongly agree (5)	Agree (4)	Not sure (3)	Disagree (2)	Strongly disagree (1)
Political Violence					
HIV/AIDS					
Natural Death					
Other Diseases					

24. In the table below answer the following question by ticking (✓) the most agreeable answer under each title on your left.

Who helps orphans in the community frequently? Please scale the table categories on the left in the order of involvement

	Strongly agree (5)	Agree (4)	Not sure (3)	Disagree (2)	Strongly disagree (1)
Government					
Community Based organizations (CBO)					
Non-governmental organizations(NGOs)					
Churches					
Families					

25. In the table below answer the following question by ticking (✓) the most agreeable answer under each title on your left.

How much do you agree that the following programs should be used to care for orphans?

	Strongly agree (5)	Agree (4)	Not sure (3)	Disagree (2)	Strongly disagree (1)
Extended Family					
Piecemeal Program					
Orphanages					
Community-based Care					

26. The church's primary goal is to preach the gospel; it's not responsible to provide care for orphans.

- 5 \_\_\_\_\_ strongly agree  
 4 \_\_\_\_\_ agree  
 3 \_\_\_\_\_ not sure  
 2 \_\_\_\_\_ disagree  
 1 \_\_\_\_\_ strongly disagree

27. The church has a social responsibility to care for orphans

- 5 \_\_\_\_\_ strongly agree  
 4 \_\_\_\_\_ agree  
 3 \_\_\_\_\_ not sure  
 2 \_\_\_\_\_ disagree  
 1 \_\_\_\_\_ strongly disagree

28. Leaders are obligated to care for orphans

5 \_\_\_\_\_ strongly agree

4 \_\_\_\_\_ agree

3 \_\_\_\_\_ not sure

2 \_\_\_\_\_ disagree

1 \_\_\_\_\_ strongly disagree



## VITAE

**Name: Neddy Mundia Nanjowe**

**Gender: Female**

**Nationality: Kenyan**

**Marital Status: Married**

**Name of Spouse: Rev. Nixon Azere Dingili**

### **Educational Background**

1977-1983: Ndalú Primary School, Certificate of Primary Education

1984-1987: Lukhuna Secondary School, Kenya Certificate of Secondary Education

1992-1994: Kenya Highlands Bible College, Advanced Diploma in Theology

2003-2005: Kenya Highlands Bible College, BA Christian Education

2005-2008: Nairobi Evangelical Graduate School of Theology, Master of Divinity,  
Educational studies

### **Professional Experience**

1995-1996: Untrained teacher, Chebigen Secondary School

1996-2000- Ministry to Children coordinator, Light and Life Free Methodist Church  
Kericho

1997- 2000: Youth Leader, Light and Life Free Methodist Church Kericho

1996-2005: National Coordinator Theological Education by Extension (TEE) Free  
Methodist church Kenya

1997-2000: Assistant pastor Light and Life Free Methodist Church Kericho

1996-to date: Children's Sunday school teacher

2000- To date: Director Kenya Free Methodist Bible School