

*NAIROBI EVANGELICAL GRADUATE
SCHOOL OF THEOLOGY*

*MINISTRY TO THE SICK IN LOCAL CHURCHES
A CASE STUDY OF KERIGHO BAPTIST CHURCH*

*BY
KASEREKA TSONGO*

*A Thesis Submitted to the Graduate School in Partial Fulfillment
of the Requirements for the Degree of Masters of Divinity
(Christian Education)*

JULY 2004

E
2
6
4

LIBRARY
NAIROBI EVANGELICAL GRADUATE
SCHOOL OF THEOLOGY
• P. O. Box 24686, NAIROBI

NAIROBI EVANGELICAL GRADUATE
SCHOOL OF THEOLOGY

MINISTRY TO THE SICK IN LOCAL CHURCHES: A CASE STUDY OF
KERICHO BAPTIST CHURCH

BY
KASEREKA TSONGO

A Thesis submitted to the Graduate School in partial
fulfillment of the requirements for the degree of
Master of Divinity (Christian Education)

Approved:

Supervisor:



Dr. Richard Starcher

Second Reader:



Dr. Karl Dortzbach

External Reader:



Prof. Mary Getui

July, 2004

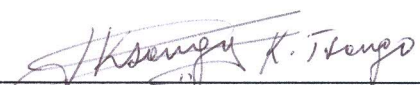
Student's Declaration

MINISTRY TO THE SICK IN LOCAL CHURCHES:
A CASE STUDY OF KERICHO BAPTIST 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)



Kasereka Tsongo

July 10, 2004

ABSTRACT

The objective of this study was to interview the sick members of Kericho Baptist Church in order to collect their perception of an effective local church ministry to the sick. The interviews covered the hospitalized sick church members and those at home.

The purpose of this study was to listen to the sick as they explain their perception of an effective local church ministry to the sick in Kericho Baptist Church.

This study was important because it wanted:

1. To enable the Church to hear the voice of the sick and therefore become aware of their real needs,
2. To prompt the Church to reevaluate her role in regard with the ministry to the sick members of the community,
3. To help identify specific church activities that sick Christians find helpful
4. To be a reference for the local church to train and equip their appointees in order to efficiently minister to the sick
5. To help Bible schools and colleges provide appropriate contents for their pastoral care courses.

The collection of data by interview allowed the researcher to listen to the ailing church members as they shared their experience of the ministry of the local church to the sick. Three points emerged from that experience, (1) their expectations: personal physical involvement of the church members into the ministry to the sick, spiritual commitment to pray, fast, and share the word of God with the sick church members, material and financial support, and the attitude toward the sick regardless of their illness. (2) View of the patients of the Kericho Baptist Church's ministry to the sick, and (3) the need to improve the ministry of the Kericho Baptist Church to the sick church members.

Literature supports the experience of the sick members of the Kericho Baptist Church. In summary, both the findings and the previous studies concurred that sick members of the Church need compassion, sympathy, companionship, nursing cared for, guidance, grace and forgiveness, acceptance by their fellow church members, and to be listen to as they express their feelings.

Some recommendations for further studies were made in chapter five that Studies should be carried on about how:

1. To equip the church members in order to help them meet health expenses as a community and as individuals as they for care the sick in the congregation.
2. To raise awareness of all the church members on the necessity to curb dependency syndrome through appropriate financial planning.
3. To determine the role of the church in the prevention and treatment of common diseases.
4. To analyze the feasibility of integrating basic health tips with theological training in Bible and theological colleges.

To

My younger brother Kakule Tsongo, who was hospitalized and left us prematurely because of a sudden death as we were starting our program of study at NEGST, to all the sick people in the “Centre Médical Evangélique de Nyankunde (Nyankunde Evangelical Medical Centre),” and to all the patients who need the Church’s attention.

For God’s glory.

ACKNOWLEDGMENT

My sincere thanks go to God the Father who has called us from darkness to His wonderful light so that we may proclaim His wonders. He has associated me to his work among the sick by His grace. May His name be always glorified in my life.

I am especially indebted to my supervisor Dr. Richard Starcher and his wife who created time to guide me despite their already full schedule, to my readers Dr. Karl Dortzbach and Prof Mary Getui.

Thanks to my wife who has always been an intercessor for me during all the period of formation here at NEGST and who typed the interviews (Appendix 3) as I transcribed them from the recorder. Also I thank our children Nzundi Musafiri, Mbale Muyisa, and Justine who remained in Congo, separated from us all the three years. I also thank our son Nathanaël who always reshelfed my books after my study.

Special thanks go to all the members of Kericho Baptist Church for accepting that this study be done in their midst. We will always be grateful for their cooperation without which this study would be impossible.

Thanks to Dr. Lynn & James Cohick, for their financial commitment to assist us and encouragement when we could not stand due to the shock of the death of our young brother back in Congo.

Thanks to the C.M.E. (Centre Médical Evangélique), Nyankunde Medical Directors Dr. & Mrs. K. M. Lusi, Dr. Ukety O. Tony, Prof. Dr. Ahuka O. Longombe, and the C.M.E. Board of Governors, for sending us for training as a chaplain of C.M.E. Nyankunde.

Thanks to the following organizations for financially supporting our studies from undergraduate to the graduate levels: C.M.E., Tear Fund, Samaritan's Purse, Trinity Baptist Church, Back to the Bible.

Thanks to the friends who have given us at least a glass of cold water when nobody else was thinking about us, Mr. & Mrs. Katembo Kaluma, Sospeter Ruwa, Mr. & Mrs. John Mburu, Wesley Mutai, Mr. & Mrs Daniel Masumbuko, Mr. Undehoso Elisé, Mr. & Mrs. Muyali, Mr. & Mrs Okamba and Safi Okamba, Mr. & Mrs. Kitumuliko Michel.

Thanks to the following brothers and sisters for a continual encouragement, Dr. & Mrs. David Kasali, Dr. Suraja Raman of NEGST, Rev. David Kilel of Tenwek Hospital.

Special thanks to those who stayed with our four children back in Congo, Rev. & Mrs. Kamete, Mr. & Mrs. Muhayirwa of Oicha Hospital, Dr. Kambale Ndaliko, Kavuo Nzingene, Mrs. & Mr. Daniel Mwera of Butembo.

Thanks to those who assisted with proof reading, Mr. Katembo Kaluma, Mrs. Starcher, Mr. Felly Mabe, and those who assisted in printing Rev. Mbusa's family.

Thanks to all the teachers and the students of Nairobi Evangelical Graduate School of Theology, who have shaped my character and vision of the ministry.

Thanks to my classmates Wanjiru Njiraini Ciro, Rachel Mutai, and Esther Wambugu who encouraged me during times of discouragement.

To all who prayed for us whom we could not mention by name, we sincerely express our gratitude.

TABLE OF CONTENTS

ABSTRACT	iv
ACKNOWLEDGEMENT	vi
LIST OF FIGURES	vii
TABLE OF CONTENTS	X
CHAPTER	
INTRODUCTION	1
Statement of Problem	3
Purpose of the Study	4
Significance of the Study	4
Research Question	5
Definition of Terms	5
Limitation	6
Delimitation	6
CHAPTER 2	
LITERATURE REVIEW	7
The Importance of the Ministry to the sick	7
The Necessity for the Sick to Express their Experience	9
The Expectation of the Sick on Part of the Local Church	10
Methodological Literature	11
CHAPTER 3	
RESEARCH METHODS AND PROCEDURES	13
Entry Procedure	13
Pilot Case Study	13
Research Design	13
Interviews	13
Validity and Reliability	15
Data Analysis Procedures	15
CHAPTER 4	
FINDINGS AND DATA ANALYSIS	16

Findings	16
Expectations of the Sick Church Members	16
<i>Personal involvement of fellow Church Members</i>	
<i>in the care for the sick</i>	16
<i>Spiritual Commitment for the Care for the Sick</i>	17
<i>Material and Financial Support for the Sick</i>	18
<i>Attitude toward the Sick and Moral Support</i>	18
Views of Kericho Baptist Church's Ministry by the Sick	19
<i>Satisfied Respondents</i>	20
<i>Dissatisfied Respondents</i>	20
A Common Perception of the Importance and Common	
Desire for Improvement of the Ministry	21
<i>A Common Perceived Importance of the Ministry</i>	21
<i>A Common Desire for Improvement of the Ministry</i>	22
Data Analysis and Literature Review Integration	23
Expectations and Experiences of the Sick	23
<i>Personal Physical Involvement to care for the sick</i>	23
<i>Material and Financial Support</i>	26
<i>Spiritual Commitment</i>	27
<i>Attitude toward the Sick and Moral Support</i>	27
Contrasting view	29
Desire for Improvement of the Ministry to the Sick	29
CHAPTER 5	
CONCLUSION AND RECOMMENDATIONS	30
Conclusion	30
Recommendations	32
Recommendations to the Local Church	32
Recommendations for Further Research	33
<i>Conclusion of Recommendations</i>	33
REFERENCE LIST	34
INTERVIEWS	36
APPENDICES	37
Appendix 1: Letter of Entry	36
Appendix 2: Guideline for Interview	37
Appendix 3: Interviews	38-58

LIST OF FIGURES

Figure	Page
1. Views of Kericho Baptist Church's Ministry to the Sick by Sick Church Members	19

CHAPTER 1

INTRODUCTION

Jesus, the founder and Master of the Church, cared compassionately for the sick (Matthew 9:35-37) and inaugurated the Kingdom of God among people. According to Bosch (1998, 28-33), the assault of God's reign on evil was particularly manifested in Jesus' healing miracles, most notably in his exorcisms. Jesus' ministry was inclusive of all and nobody was out of his attention, even the sick benefited from His love.

The book of the Acts of the Apostles recounts the Church's inception and her commitment to care for the sick in the community mostly through healing. The Apostles' involvement in the ministry to the sick was a reflection of Jesus's unconditional love for the suffering ones. Several evidences show that the caring task of the Apostles focused on both inreach and outreach ministries. This could be respectively illustrated by the healing of Dorcas and the thirty-eight year old at the gate of the temple (Acts 9:32-43; 3:1-10). Thus, ministry to the sick, the physically disabled and the poor existed since the origin of the Church.

History shows that when the Church expanded to the European continent, ministry to the sick continued to be part of the proclamation of the Good News, as a sign of the compassionate love of God. As an example, the medieval Waldenseans took at heart the need of the sick as Sheils (1982, 65), reported the words of a patient Concerning them:

They circulated, visiting towns and villages. They came into houses, eating and drinking what they were given. They (for most part) accepted neither gold nor silver...Finally they preached, and they cured the sick.

They continued the compassionate activity that Jesus inaugurated with His first disciples. They preached repentance and forgiveness of sin, and they cared for the ailing in the community.

Furthermore, when the mission reached Africa, ministering to the sick was a fundamental part of the missionary endeavor. Wherever missionaries established a mission station, they cared for the sick in the community, even before the colonial governments established hospitals. For example, Baur (2000, 416), wrote:

The medical services clearly occupied the second place in missionary activity. Education was considered a direct response to Christ's commission "Go and teach all nations"; healing diseases seemed to have been an activity used mostly to support Christ's own teaching mission. But as nobody would dare deny that the healing Christ was not primarily moved by genuine compassion, we have to admit the same for those who came, in his name, to teach and to heal.

Some readers may understand that Baur's point means that healing ministry was simply a compassionate support and an evidence of Jesus' teaching ministry, and that Christ's teaching ministry was authenticated by his compassionate healing. If this was the case, then Christ's compassion was not genuine because it would mean that he healed because he wanted to teach rather than because he loved the sick just as everybody. But Baur's point suggests that Christ's love and compassion were a real response to the need of those who suffered from various illnesses and who came to him expecting his assistance rather than his teaching. He might have used healing as an opportunity to teach the Good News of the Kingdom of God to those He healed, but he also assisted them and set an example for His Church to follow.

Compassion for the sick is inseparable from the Church missionary activity. This is obviously true because Christian ministry is carried on among human beings

