

*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*

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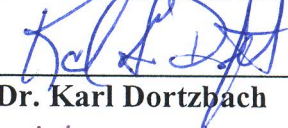
Approved:

Supervisor:



Dr. Richard Starcher

Second Reader:



Dr. Karl Dortzbach

External Reader:



Prof. Mary Getui

July, 2004

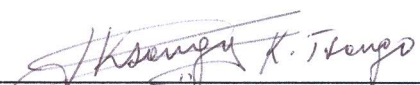
Student's Declaration

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.

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## 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

who are healthy at one time and sick at another time. This compassion ought to be genuine, not just a support for the teaching ministry of the Church.

Coming to the contemporary missions, one discovers that the ministry to the sick is still foundational to missionaries' task. For instance, the Africa Inland Mission (A.I.M.) has three essential ministries including evangelism, education and healing. When a mission station is established, the three main activities are building a chapel, schools, and a clinic or hospital. The national church of the A.I.M. in Kenya and Tanzania are both called Africa Inland Church while in Congo that same church is named, in French, "Communauté Évangélique au Centre de l'Afrique." It had strong programs of evangelism, education, and medical services with the objective of serving better the body of Christ and the nations among which God has placed His Church (Richardson 1968, 129-180).

### **Statement of Problem**

Most writers have approached ministry to the sick from the perspective of local church ministers rather than from the perspective of the sick. It is ministers who have described the responsibility of the Church to the ailing. Church ministers and church members agree that caring for the sick is an ecclesiastical responsibility. For instance, Oden (1986, 26) believed that physical illness was one of the most frequent crisis situations with which the pastor must deal. Collins (1988, 329) affirmed that the ministry to the sick is the responsibility of the entire Church. Thus, local churches must attentively listen to the experience of the sick members. According to Collins (42), listening is essential if one wishes to understand another.

Therefore, the objective of this study was to converse with the sick members of the Kericho Baptist Church in order to glean their perception of an effective local

church ministry to the sick. The conversation covered the hospitalized sick church members and those at home.

### **Purpose of the Study**

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

### **Significance of the Study**

This study was important because it sought:

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 to 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 the appointees in order to efficiently minister to the sick.
5. To help Bible schools and colleges provide appropriate contents for their pastoral care courses.

Indeed, the African cultural context of the Church renders it necessary to have a ministry to the sick since in Africa a family cares for its sick members. Mbiti (1975, 87-114), in his writings, implied that Africans are born in the community, live in the community, and die in the community. Therefore, when they embrace Christian faith, local churches become their family and in this sense the church should minister to them as brothers and sisters. This idea that the Church is the family of God is clearly stated in the Bible: "My brothers and sisters are those who hear God's word and put it into practice (Luke 8:19 New International Version)." And Jesus Christ revealed to

His disciples that, one day, He would reward them for whatever they did for the suffering. He said:

When the Son of Man comes in his glory, and all the angels with him, he will sit on his throne in heavenly glory. All the nations will be gathered before him, and he will separate the people from one another... Then the King will say to those on his right, "Come, you who are blessed by my Father; take your inheritance, the kingdom prepared for you since the creation of the world. For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me" (Matthew 25:31-36, NIV).

Oden (1986, 26) commented that in reaching out to the physically ill, the pastor shares directly in Jesus' own ministry for according to the parable of the last judgment (Matt. 25) Christ is present, incognito, in the sick. In caring for the sick one, in effect, cares for Christ's living body.

### **Research Question**

How do the ailing Christians describe effective ministry to them on the part of Kericho Baptist Church?

#### Sub-Questions

- 1) What do sick members expect from the Kericho Baptist Church?
- 2) Which activities, words, attitudes of the local church do suffering church members perceive as helpful?

### **Definition of Terms**

1. **Ministry to the sick:** The ministry to the sick consists of helping them to grow and sustain their trust in the Lord to promote some holistic care and healing. The help the church provides might vary depending on the needs of individual sick people. Oden (1986, 30) said that we minister to educate the sick so that they can regain and sustain inward health of soul as one mends bodily.

2. **Church:** The term “church” was used in two ways. To refer to the universal community of believers it was written with a capital “C” (Church) and to designate local congregations in Kericho and elsewhere with a small “c” (church).
3. **Church members:** In this study, the phrase “church member” referred to any attendee of church activities including Sunday service and weekly meetings in the Kericho Baptist Church.
4. **Sick, ailing, suffering, ill, patient:** The terms sick, ailing, suffering, ill and patients was used interchangeably to refer to any person who is suffering because of some health crisis and is in need of spiritual, material, social, and even financial assistance on the part of a local church.

### **Limitation**

The findings were limited by the willingness of the respondent to share their experience of the ministry of their local church to them during the period of illness. Financial implications of the study could not allow the investigator to visit informants more than once. Therefore the first audiotaped interview was the unique procedure of hearing the experience of the sick.

### **Delimitation**

The study was limited to the members of the Baptist Church of Kericho. Participation in the study was limited to those under a doctor’s care as outpatients, those admitted to hospitals sometime during the period from 2002 to 2004, and other sick people who consulted doctors and informed the congregation of their illness condition. In the case of sick children, the parents were considered on the children’s behalf.

## **CHAPTER 2**

### **LITERATURE REVIEW**

This section helped to acquaint the researcher with previous studies about Church ministry to the sick and other related topics, such as pastoral care and Christian counseling. The purpose of this study was to give voice to the experience of the sick church members of the Kericho Baptist Church.

The literature for this study was divided into four sections: (1) the importance of the ministry to the sick, (2) the necessity for the sick to express their experience to the church, (3) the expectations of the sick of their local Church, and (4) the methodological literature.

#### **The Importance of the Ministry to the Sick**

Various authors have, independently of each other, expressed the importance of the ministry to the sick in the local church. For instance, the writers of the Bible pointed out that people's leaders should care for the members of God's community, particularly the weak. Ezekiel, the prophet, reproached the priests, kings, and prophets for not ministering to the poor, sick, and the weak (Ezekiel 34:1). And Jesus gave his disciples the mission to heal the sick together with preaching the Gospel (Luke 10:9, Mark 16:15-18). Also the New Testament reported more than twenty cases of Jesus' involvement in the curing diseases. Also, Jesus sent his disciples to heal the sick (Matthew 10:8; Mark 16:17).



Jesus' involvement in this ministry was in response to the real need of ailing individuals who sometime begged for His mercy (Matthew 20:29-30; Luke 17:11-13). Even today the need is still the same on behalf of the sick members. Thus a local church should consider the importance of caring for the sick.

Collins (1988, 329) wrote that the whole church is responsible for the ministry of the suffering. Sick people are part of the Christian community, therefore, as equal members of the family of God, they deserve the local church's attention as much as the healthy ones do. Collins said:

By his words and actions, Jesus taught that sickness, while common, is undesirable. He spent much of his time healing the sick, he encouraged others to do likewise, and he emphasized the importance of compassionate caring for those who were needy and unhealthy. Even to give someone a drink of water was considered praiseworthy, and Jesus indicated that helping a sick person was same as ministering to himself. Elsewhere believers are instructed to pray for the sick and help them in practical ways (329).

By these terms, Collins underlined the responsibility of the church to minister to the ailing fellow church member. In addition, the literature underscored the importance of caring and ministering to the sick as a demonstration that the Kingdom of God is inclusive of all. For instance, Lohfink stated:

In considering the healing miracles which Jesus performed, we need not exclude deep compassion with the individual who was suffering (Mark 1:41)... In the eschatological people of God no one may be excluded from salvation: not outsiders, sinners, not sick. (Lohfink 1984)

There is no need to confuse miracle and compassion. Rather than suggesting that Jesus' miracles showed his compassion, Lohfink is warning his reader against limiting their appreciation of Christ's miracles but to see beyond and consider his love. The ministry to the sick, in itself, encompasses the whole human society as a sign of God's love and care to all, men and women, sick and healthy people.

### **The Necessity for the Sick to Express their Experience to the Church**

The literature reviewed in this section addressed, in particular, the need for a study on the perceptions of the sick. Indeed, the local church must seek to understand the experience of the sick members so that they may understand their suffering on one hand and thus minister to them and serve them appropriately on the other hand. Van Lierop (1992, 123), advised pastors to know how to minister to the sick by understanding how the patient feels and what he undergoes as a sick person. The minister and all the church members must listen to the voice of the sick and see their specific need for care. Unfortunately, most of available literature has approached ministry to the sick from the point of view of the duty of the Church toward the ailing, detailing the responsibility of the local church rather than describing sick peoples' perception of their own needs, as this was exemplified by Creswell (1998, 272). He described an analogous situation in the relationship between nurses and patients and concluded:

To describe caring interactions as indicated only from the nurse's point of view may not be at all congruent with the client's experience. It is primarily when the client defines the essential structure of the caring interaction for nurses that progress can be made to provide clients with quality of nursing care that can be identified and labeled as caring (Ibid.).

Similarly, church ministry to the sick often is considered effective because records of local churches indicate that a good number of ailing members had been visited in hospitals or at home. Yet, as in the example of nursing care, there was a need to let the patients say what they would call effective nursing care. The Church, too, must let her sick members voice their needs. A main reason for the local church to listen as the sick people make their need known is because no one knows the experience

another is going through until he or she goes through the same. Oates (1982, 50)

wrote:

When you care for physically ill persons, quite often you are a “stranger” to the inner world of the patient for whom you care. You may not ever have had any severe illness yourself, and may feel alien to the existing realities the patient is confronting.

Being alien to the experience of the ailing church members can be solved only by listening to them as they tell what they really expect from the local church.

### **The Expectations of the Sick on the Part of the Local Church**

No doubt, the sick have expectations on the part of their local church because the church members live together in times of fullness of health and they should help one another when there is a need created by sickness. Christian brotherhood is not limited to times of delight only, but it goes beyond to moments of anguish.

The Bible gives examples of people who voiced their needs when they were sick. For instance, Job admitted he needed the compassion and sympathy of his friends (Job 6:14). The sick man at the pool in Jerusalem told Jesus, “I have no one to help me into the pool when the water is stirred. (John 5:7).” This patient had no hope because he lacked companionship as well as access to medical care (Proverbs 17:17). Tournier (1957, 115) spoke of their spiritual needs, such as grace and forgiveness of sin. The pastor and the congregation ought to know that the ailing church members also need to be visited. Oden (1986, 26) explained:

The pastor does not passively wait for the sick to come to the pastoral office or residence for pastoral advice. Rather like the shepherd, the pastor goes out to look and care for them.

Furthermore, Dortzbach (June 2002, 259), showed that caring for the sick for healing calls for the community’s participation. He wrote:

Individual physical healing often comes from bio-medical physical interventions but corporate physical healing (environmental, micro-economics, rehabilitation, etc.) require interventions which meet physical needs through supportive social collaboration (Ibid.).

In summary, sick members of the Church need compassion, sympathy, companionship, nursing care, guidance, grace and forgiveness, acceptance by their fellow church members, and to be listen to as they express their feelings.

Furthermore, sick church members need the affection of the congregation.

Hiebert (1994, 251) wrote:

There needs to be a ministry to the sick.... Pattison, Lapius, and Doerr found that for many who sought prayer for healing, the important thing was not that they were physically healed (many were not), but that they felt the support of others in their times of their difficulty. As humans we need the spiritual healing that comes from being loved, even more than we need physical well-being.

When the attitude of the local church toward the ailing church member is characterized by love he or she is assured that he or she is not alone.

### **Methodological Literature**

The literature suggested various methodologies for the collection of data in educational research including participant observation, questionnaires, and interviews.

For this particular study, the researcher opted for the interview.

Indeed, Seidman (1998, 4-5) said:

The purpose of in-depth interviewing is not to get answers to questions, nor to test hypotheses, and not to “evaluate” as the term is normally used. At the root of in-depth interviewing is an interest in understanding the experience of other people and the meaning they make of that experience...

Therefore, the researcher interviewed people because this seemed the best way to hear individual church members’ stories to gain an insight and an understanding of their experience as they benefited from the ministry of the Church to the sick. Seidman

added that as a method of inquiry, interviewing is most consistent with people's ability to make meaning through language and that it affirms the importance of the individual without denigrating the possibility of community and collaboration (Seidman 1998, 7-8).

Other literary findings were integrated with field findings in chapter four of this study. Indeed, Strauss and Corbin suggested that investigators may avoid constraining themselves by previously developed theory when they are collecting data:

...there is no need to review all of the literature beforehand (as is frequently done by researchers trained in other approaches), because if we are effective in our analysis, then new categories will emerge that neither we, nor anyone else, had thought about previously. We do not want to be so steeped in literature as to be constrained and even stifled in terms of creative efforts by our knowledge of it! (Strauss and Corbin 1994, 49-50)

Thus the researcher first collected data then compared the experience of the sick church members with the existing assumption from related literature.

## **CHAPTER 3**

### **RESEARCH METHODS AND PROCEDURES**

This section outlined the methods used to understand the perception of the ailing church members of Kericho Baptist Church's ministry to the sick.

#### **Entry Procedure**

The Deputy Vice Chancellor of Academic Affairs approved this study and provided a recommendation letter to the Pastor and Elders of the Kericho Baptist Church (Appendix 1). Thus, the entry procedure was carried out with the help of the Kericho Baptist Church staff.

#### **Pilot Case Study**

The fieldwork was preceded by a reconnaissance survey on December 29, 2003. The purpose was to introduce the study to the host congregation, to seek its support for the work and solicit information about the experience of the local church's sick members regarding ministry to them. Two church members who were sick at that time, one at home and the other admitted in hospital were visited and interviewed about their experience. Their responses helped to re-evaluate the interview guideline and to clarify the design of the Study. According to Yin (1994, 74) the pilot case study helps investigators refine their data collection plans with respect to both the contents of the data and the procedure to be followed. The information from the case study has been integrated in the findings as well as the experience of the subsequent respondents.

## Research Design

Interviews were conducted to collect data on the experience of the ailing church members of the Kericho Baptist Church to the sick. An appointment was made with each interviewee for two consecutive meetings. The first was a pre-interview conversation of fifteen minutes, aimed at briefing the respondents about the objectives of the study, enquiring about individual participants' relationship with the local church, and anything related to hospitalization of the patients. The second was the actual interview of thirty to ninety minutes and focused on the personal experience and the meaning the suffering church member gave to the ministry of the Baptist church to him or her.

Interviews started in December 2003 and ended in February 2004. One day was spent with the Kericho Baptist Church's pastor developing church profiles which helped to identify potential interviewees for a detailed study. Sick church members were interviewed to collect information related to the experiences of individual suffering church members. An audiotape was used to record primary data for analysis purposes.

### Interviews

Interviews were used to capture the most significant experience of sick church members as they benefited from the Kericho Baptist Church's ministry. Each interview lasted thirty to ninety minutes. An open-ended question was framed and used for all respondents but the other questions came from the interviewees' testimonies. Weiss (1994, 66) wrote that the most significant events of people's lives could become known only through interviews because they are internal events of thought and feeling.

## Validity and Reliability

Selection for participation in the interview was based on the following criteria to ensure the validity and reliability of the exercise.

1. Active membership of the interviewees in Kericho Baptist Church, was established or verified through the pre-interview in form of a tête-à-tête.
2. The Kericho Baptist Church's knowledge about the church member's sickness was also confirmed in the pre-interview talk.
3. Information about admission and length of the stay in a hospital was communicated to investigator in the pre-interview conversation.
4. Furthermore, patients who remained at home and did not go to hospital but informed the local church qualified to participate to the interview.

## Data Analysis Procedures

The process of analyzing data consisted of various steps including transcribing from tapes, grouping words and ideas of the same meaning, then letting categories emerge from the shared and transcribed experiences of individual suffering church members. Finally, a theme was given to each cluster of ideas. In fact, Weiss (1994, 154) wrote that the idea of coding is to link what the respondent says in his or her interview to the concepts and categories that will appear in the report.



## CHAPTER 4

### FINDINGS AND DATA ANALYSIS

This chapter was divided into two sections, “Findings” and “Data Analysis and Literatures Review Integration.” The data presented in this chapter stemmed from the ailing church members interviews.

#### Findings

As the church members shared their experiences, three categories emerged, the ailing members' expectations, their view of the ministry of the Kericho Baptist Church, and their desire for improvement of the ministry to the sick in the local church.

##### Expectations of the Sick Church Members

Four common expectations and experiences emerged from the interviews as the sick described what they went through. They can be summarized as being:

(1) Personal involvement of their fellow church members, (2) Spiritual commitment for the care for the sick, (3) Material and financial support for the sick, (4) Attitude toward and moral support of the sick.

##### ***Personal Involvement of Fellow Church Members in the Care for the Sick***

Sick church members of the Kericho Baptist Church had some expectations, which they clearly brought forth in their sharing. All nine respondents acknowledged personal and physical involvement of their fellow church members. They expected visits in hospital and at home. For instance, one said:

I did not expect somebody saying: "I'm praying for you in the house" if he or she was in Kericho where we were admitted. I expected such a person to come and be with me face to face. But if you were in Nairobi, Kisumu and you called by telephone... I rejoiced to know that somebody, though far from here, was praying on my behalf (Translated from interview 5, lines 20-21).

Another rejoiced because the church members came to the hospital and looked for her. She shared:

When I saw church members coming, looking for me, I was encouraged and said to myself, "I will get up from this hospital bed. I will be healed because the people of God are still remembering me." Before their coming I knew I was going to die.

Still another said that the presence of his pastor with him in hospital, as he prepared to undergo a surgical operation, was the greatest encouragement he had during this difficult time of sickness (Translated from interview 9, line 26).

All nine respondents testified that their expectation of having their fellow members physically with them in these tough times of illness was fulfilled because the church members actively visited them. They were comforted by the fellowship with their fellow church members despite being weak in hospital or at home.

### *Spiritual Commitment for the Care for the Sick*

The ailing sick members testified that the individual fellow church members committed themselves to prayer and fasting for a miraculous healing to occur, and they also read the Word of God. A mother shared:

We prayed and read the Word of God with the brother and sister who visited us. Therefore, I was not left alone. We continued to pray and I saw other people committing themselves to fasting, praying for the healing of the child (Translated from interview 5, line 5).

Thus, the church was committed to prayer and to Scripture reading for the purpose of ministering to their hospitalized members who appreciated that undertaking.

### *Material and Financial Support for the Sick*

Sick church members responded that they did not expect material assistance even if they needed support. Fortunately, their fellow members cared enough to the point of providing, not only food and water, even financial assistance for the bill of those who were not able to pay their own hospital bill. One patient said:

It is true that I did not expect other assistance than a visit and prayer, because you cannot know what a friend can give before he offers you something. I expected that people would visit me and pray for me... but when they came they brought food, they prayed, they shared the Word of God, and they gave me money (Translated from interview 1, line 5).

All the nine respondents benefited from their fellow church members' generosity. They were given food, water, and sometimes money.

### *Attitude toward the Sick and Moral Support*

The sick people of the Kericho Baptist Church observed that their fellow believers had a positive attitude toward them. This was manifested in the fact that they were accepted regardless of their illness. One patient with HIV/AIDS, for example, said:

I am grateful that God's people were not afraid of me. They did not quarantine me. They accepted me. I preached among them and we ate together. They did not abandon me. They approached me very much (Translated from Interview 4, line 13).

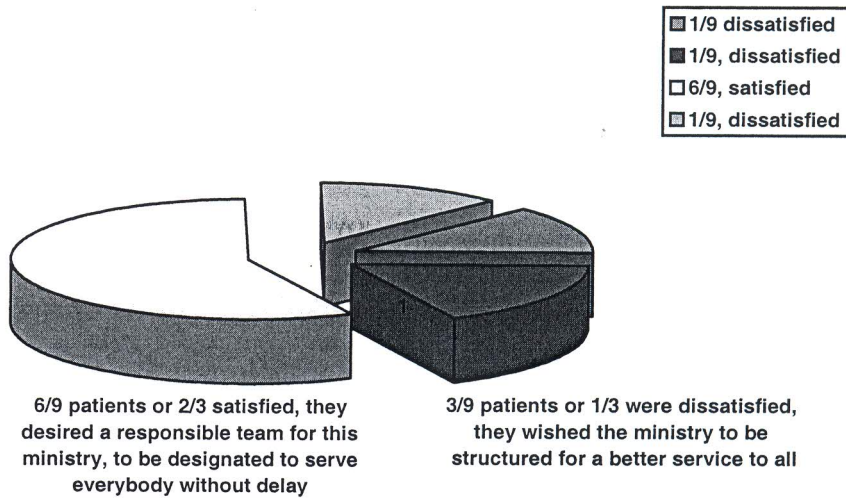
The hospitality of the Kericho Baptist Church members greatly encouraged the sick. It could have been painful for the patients not to have the attention of the community to which they give their loyalty when they are healthy. Therefore, the fellowship of the local church members with their fellow believers who were sick was part of the healing medicine. Another participant, speaking about her need of fellowship, said:

When one is ill, one sees the importance of fellowship more than when he/she is doing well. Until you become sick, you cannot realize the

realize the importance and necessity of being in communion with fellow church members, (Translated from interview 1, line 11).

### Views of Kericho Baptist Church Ministry to the Sick by Sick Church Members

**Figure 1.**



This chart illustrates the views of sick members of the Kericho Baptist Church.

Two-third were satisfied with the current ministry to the sick. One-third was not satisfied but the same conclusion was reached by all that there is a need for improvement.

Despite the general satisfaction for the actual ministry to the sick, some found that it was still wanting. Two categories of respondents emerged from the data: the satisfied and the dissatisfied. The distinguishing feature between the two groups was their view of the church as an organization.

### *The Satisfied Respondents*

This category is that of those who did not distinguish between the double nature of the church: organization and living organism. They saw the Church as a living organism, the body of Christ, which could be represented by any of its members. Therefore, they considered any service rendered by a member as having been done by the Kericho Baptist Church. For instance, participant 2 (line 5) said: "When I saw fellow church members, I was encouraged and I had hope that I will get well." She was satisfied by members' presence whether they were formally sent in the name of the Kericho Baptist Church or they came by themselves. Participant 1 (line 9), referring to church members in general, said: "The church is my only family."

### *The Dissatisfied Respondents*

This category is that of those who recognized the double nature of the church and distinguished between the role of the Kericho Baptist Church as a body made up by believers and its task as an organization. As a living body, any member represents the church. But, as an organization, the church has official functions that can be considered done only when they are carried out by officials. Therefore the dissatisfied ones saw what fellow church members did for them as the duty of one member of the body caring for another who was in pain, they felt that the Kericho Baptist Church did not do what an organization is supposed to do officially.

For instance, one said:

If we consider church ministry, I was not ministered to, because I never saw people coming to me as representing any fellowship of the church. Nobody said: "I have come to represent our fellowship because you have had this problem," (Translated from interview 5, line 7)

Another one said in regard to financial need,

There was some need, which I could not tell them, it was not possible for me to say, "come and care for this..." I avoided that. All believers

are not the same. Your fellow church members may scorn you after they have helped you (Translated from interview 8, line 18).

There were some other complaints among other sick members regarding encouragement and fellowship from the local church:

If there is some moment of encouragement, but there are many people who discourage patients. Therefore, if we find people in charge of this ministry, we will go a long way. Many are suffering, not because they do not have money, but because they have no one to encourage them (Translated from interview 9, lines 31-32).

This dissatisfaction could be the result of some organizational shortcoming in the local church's ministry to the sick that needs to be addressed.

#### A Common Perception of the Importance and Common Desire for Improvement of the Ministry

The ailing members of the Kericho Baptist Church perceived the importance of the ministry to the sick in their local church and the need for its improvement.

#### *A Common Perceived Importance of the Ministry to the Sick*

Sick people's perception of the effectiveness of the church's ministry to them was directly related to their understanding of the nature of the church. All, fundamentally, had the same expectations and experiences with regard to the local church's ministry to them and they attested to its importance. One insisted:

Here is one thing I have learned through my illness. There is a need to have a ministry of caring for the sick. When you are sick you are fortified and encouraged to see people who come to comfort you with the Word of God. I have learned that sick people desire to be visited (Translated from interview 7, line 25).

Another said:

The ministry to the sick is one of the very important ministries that comforted me... Many came to convince me to act contrary to my faith. They wanted me to act, as in darkness... This ministry is very important for a Local Church (Translated from interview 9, lines 11-14).

This suggested that if there was no ministry to the sick that encouraged him, he could have acted contrary to his faith. Thus, this member saw the relevance of the ministry.

All participants testified that the ministry to the sick was very important for various reasons. For some, the ministry provides companionship and identification with the suffering brothers and sisters, and could be used to plan ways of maintaining fellowship between the patients and the local church. For others, it cares for spiritual needs of the sick church members.

### *A Common Desire for Improvement of the Ministry to the Sick*

Dissatisfied members viewed the church as falling short of meeting their needs because these patients did not recognize the ministry as official. The satisfied and dissatisfied expressed the same desire to see changes in the future

The sick church members from both views wished the church would organize a ministry to the sick. They proposed having a team that would be responsible for informing the congregation about any sick members as soon as possible.

The church should have workers to care for the sick because there are people who fall sick and nobody is aware. All the members of the local church members are not informed (Translated from interview 9, line 18).

Another said:

Concerning ministry to the sick, any church member needs to be ministered to. Women minister to the ill because he or she is a member of the body and we want to assist him or her in the area where he or she is not able to provide for himself or herself. We do whatever we do for God's glory (Translated from interview 5, line 10).

When one reads these experiences and comments of the Kericho Church members, one appreciates the importance of the ministry to the sick and how well the church needs to organize it.

### **Data Analysis and Literature Review Integration**

According to Yin (1994, 103) various techniques could be used to group the data, including putting information into arrays, making a matrix of categories and placing the evidence within such categories, creating data displays for examining the data, tabulating the frequency of different events, and so on. Thus, based on the research question, the factors taken into consideration were the description of the ailing Christians of (1) the ministry to them on the part of Kericho Baptist Church, (2) their expectation of the ministry of their local church, (3) their experience of that ministry in terms of activities, words, and attitudes of the local church that were helpful, and (4) their wishes for the future.

From all that the sick church members said, an effective ministry to the sick would be defined as the local church's personal involvement in the care of the sick following the model of Christ. It entails physical, spiritual, emotional, and financial commitments on behalf of individual church members and the attitude of the congregation as a corporate body of Christ toward the ailing.

#### **Expectations and Experiences of the Sick**

##### ***Personal Physical Involvement to Care for the Sick***

Oates (1982, 17) noted that the history of the Church had conditioned patients to expect a lot from their pastors. He wrote that the two thousand years of Christian ministry have conditioned Christians to expect their pastors to be with them at these times of crisis. Therefore a Christian pastor comes to the task in the strength of a great heritage. Grippled by awe in the presence of the mysterious and tremendous crises of life, you can be secure in the fact that people both want and expect you to be present at their times of testing.



Beside Oates' observation, it would be impossible for African Christian not to expect assistance since they viewed the church as a family. Africans see care for the sick as a community's endeavor. Therefore, beside Christian family's cohesion there exists the solidarity of the African family. Not many African would rejoice to be left alone in a situation such as illness.

Indeed, the literature has shown that health in Africa is not a personal and private issue. Africans are culturally bound to each other. Why should a sick church member not expect his or her fellow church members to be physically involved in his or her care? Dortzbach (June 2002, 65), for instance, wrote:

A key part of the community richness is the creation of opportunity to deal with individual needs and pains. For example, personal healing includes forgiveness, and must be part of a community healing.

Therefore, if Kericho Baptist Church would have abandoned its sick members, it would have been hurting them more than the sickness itself. It was the task of the Church as a community to care for the sick in its midst.

In addition to the above, the four Gospels indicated that Jesus was personally and physically involved in the ministry to the sick. These cases included the healing of:

- (1) The son of the King's official at Cana of Galilee (John 4:46-54)
- (2) Every disease and sickness among the people in Galilee (Matthew 4:23-25)
- (3) A man possessed by an evil spirit at Capernaum (Mark 1:23-27; Luke 4:33-36)
- (4) Demon possessed and all the sick at Capernaum (Matthew 8:16; Mark 1:32-34; Luke 4:40-41)
- (5) People on His way, as Jesus traveled through Galilee (Mark 1:35; Luke 4:42)
- (6) A man with leprosy in Galilee (Matthew 8:1-4; Luke 5:12-16)
- (7) A paralytic in Capernaum (Matthew 9:1-8; Mark 2:1-12; Luke 5:18-25)

- (8) A woman who was bleeding for twelve years in Capernaum (Matthew 9:20)
- (9) A man with a shriveled hand in the synagogue at Capernaum (Matthew 12:9-14;  
Mark 3:1-6; Luke 6:6-11)
- (10) The servant of a centurion at Capernaum (Matthew 8:5-13; Luke 7:1-10)
- (11) A mute demon-possessed at Capernaum (Matthew 12:22; Luke 11:14)
- (12) Two demon possessed men in the region of the Gadarenes (Matthew 8:28;  
Mark 5:1-15; Luke 8:27-35)
- (13) A blind mute at Capernaum (Matthew 9:27-30)
- (14) A demon possessed who could not talk at Capernaum (Matthew 9:32-33)
- (15) A deaf and mute man in Tyre and Sidon (Mark 7:32)
- (16) Peter's mother-in-law and many other sick at Capernaum (Matthew 8:14-17)
- (17) Canaanite woman's daughter in Phoenicia (Matthew 15:21-28)
- (18) A demon possessed boy at Mount Hermon (Matthew 17:14-21; Mark 9:14-29;  
Luke 9:37-41)
- (19) A man born blind in Jerusalem (John 9:1-7)
- (20) A woman who had been crippled by a spirit for eighteen years in Judea (Luke  
13:10-17)
- (21) A man who suffered from dropsy in the house of a Pharisee (Luke 14:1-6)
- (22) Two blind men near Jericho (Matthew 20:29-34; Mark 10:46-53; Luke 18:35)

In this way, Jesus was a model for his Church of personal involvement in the care of the sick. His disciples imitated him as he sent them to heal the sick (Luke 10:8-9).

Oden (1986, 29) thought that ministry to the sick had always been a preoccupation of the Church. He wrote:

...sick visitation has been classically understood as existing within the context of already personalized and regular mode of pastoral visitation that meets people where they are.

Most of the participants said they expected their fellow church members to visit them and to spend time with them on a personal and corporate level. One of them revealed that the presence of brothers and sisters strengthened the ailing ones because they no longer thought about external problems when brothers came to remind them that Jesus healed such kinds of sicknesses (Translated from interview 7, line15).

The physical presence of friends allowed the patients and their visitors to fellowship. The patients were able to share how struggles to understand their suffering and the hope they had in the Lord while the visitors shared thier compassion with the sick by listening and talking to them. Job said: “A despairing man should have the devotion of his friends even though he forsakes the fear of the Almighty (Job 6:14 NIV).”

### ***Material and Financial Support***

In reviewing literature written about the church’s care for its sick, not much was found regarding providing material support for the sick. However, Waruta (1994, 71) did recognize that medical care is beyond the reach of a majority of Kenyans, particularly the poor. In the case of the Kericho Baptist Church, individual church members were happy to assist those in need by giving them food and money. They even assisted the family members of the sick and the sick counted this as an effective form of ministry to the sick by the local church. Indeed, Collins (1988, 340) wrote:

When an individual has a problem, the family almost always is affected. This is especially true when a family member is ill since most of the issues that concern patients also concern their families... Families, therefore, need counseling too, but this in turn can help the patient deal with the illness more effectively.

The Kericho Baptist Church’s concern of helping patients with food, finances and other material needs is also in line with Jesus' teaching. It is a way in which the church body shows love towards its people.

According to Dortzbach (June 2002, 27-31) the Good Samaritan of the Bible (Luke 10:29-35) is a good example of giving material and financial support to the healing of the sick. Dortzbach commented that assisting the sick is perhaps one of the clearest examples of a conduit through which God pours his healing to the sick members of the community (Ibid.).

For the local church to be a good shepherd, it can be wise to find ways of using material and financial assistance by teaching ways of preventing preventable diseases such as malaria, intestinal worms, and so on. According to Harrison (1993, 290), prevention would be the better way to assist poor people regarding health.

### *Spiritual Commitment*

The church in Kericho had understood that healing comes from God, they committed themselves to Him “who can give life and who can take it” (Translated from interview 6, line 20) through prayer, fasting, and the reading of the Word of God. Taylor (1983, 203) wrote:

The essential fact is that ultimately all healing comes from God, but He is not restricted to any one method. God may work through ‘natural’ means, i.e. the process of ‘nature’ by which living organisms (including our human bodies) heal and repair themselves, and the skills and compassion of doctors and nurses who use the properties of plants, minerals, etc, to provide medicines and medical services to help on that process. Or He may work through ‘supernatural’ means such as prayer and the exercise of faith. God uses all means to bring healing: it is God who heals through them.

By committing themselves to prayer and fasting, and the reading of the Word of God with the sick the church was proclaiming its trust that healing comes from God.

### *Attitude toward the sick and Moral Support*

The friendly relationship between the sick church members and others is in agreement with the findings from the literature review concerning

pastoral ministry to the ailing. Hiebert (1994, 250), from an anthropological point of view, wrote:

Healing in the church belongs to the congregation. Some may have the particular gift of praying for the sick, but they do so as members of the body rather than as leaders...

At the heart of the ministry of the church is a pastoral heart - a love for people and a willingness to share in their struggles and to help bear their burdens. A church must be concerned with the everyday needs of human life and should minister to these needs in both personal and corporate ways.

Similarly, an attitude that manifests love and concern for one another, not only encouraged, but also may have accelerated the healing of the sick church members of Kericho Baptist Church.

The attitude of church members toward their fellow sick church members of the Baptist church in Kericho was positive. This means that they accepted them regardless their diseases. The sick were encouraged by this way of thinking and acting. Waruta and Kinoti (1994, 82) wrote that the church had a duty to call Christians world wide to treat those who are suffering with compassion and care, not judgmentally, recalling that Jesus healed the outcast and the wounded of the world without judging them or blaming them for the conditions they were in.

Taylor (1983, 7) explained that in the New Testament as well as the Old Testament the word "shepherd" was picture-language to describe not only human "shepherds," but also the attitude of God towards His people. Furthermore, he inferred that the church should be a shepherd for her individual members and as the work of the Shepherd, the church should carefully tend any sheep that are sick or weak, and take special care of the nursing ewes and young lambs (9).

### Contrasting Views

The contrasting views of the sick church members of Kericho Baptist Church can be interpreted as a sign that there is need for harmonization of understanding between the two approaches to ministry of the sick at Kericho Baptist Church. The contrast between the two views suggested that there is no existing formal definition of Christian care for ailing church members.

### Desire for Improvement of Ministry to the Sick

Both groups perceived the need for improvement for the existing ministry to the sick in their local church. This also means that in one way or another they both agreed that the ministry, though existing, has some shortcomings that call for the Kericho Baptist Church leaders to structure their efforts to assist the sick.

## CHAPTER 5

### CONCLUSION AND RECOMMENDATIONS

The experience shared by the sick members of Kericho Baptist Church was an indication that ministry to the sick should be considered one of the fundamental elements of the life of the congregation just as are evangelism and worship.

#### Conclusion

This is a reminder of the previous chapters, a summary of the findings, and recommendation for the local church and for further studies. The purpose of the study was to allow sick church members of Kericho Baptist Church to express their perception concerning an effective local ministry to sick. The question was “How do the ailing Christians describe effective ministry to them on the part of Kericho Baptist Church?” The study was important for the following reasons:

It could help the local church

1. Hear the voice of the sick and, therefore, become aware of their real needs.

Indeed, the ailing church members shared their experiences and the meaning they attach to the local church ministry to the sick.

2. Reevaluate her role in regard to ministry to the sick members of its community.

The local church can read the compliments and the suggestions of the ones who have benefited from their ministry. This can help the church understand her role toward suffering members.

3. Identify specific church activities that sick Christians find helpful. It is very important to list tasks that are relevant to the hospitalized ones and the sick who are at

home. For instance, the hospitalized may feel lonely while the one at home is surrounded by family members. The church will need to decide how often and how long to stay with each of them.

4. Train and equip their appointees in order to efficiently minister to the sick by becoming a reference for the local church. The responses of the participants in the interviews in this study could help the church choosing what to teach the congregation in the form of seminars in order to prepare them for the task of ministering to the sick.

5. Help Bible schools and colleges provide appropriate contents for their pastoral care courses. Since illness is part of every human's experience, there is an urgent need for theological institutions to incorporate a well-elaborated course concerning ministry to the sick in local churches. The students could practice this ministry in hospitals under the supervision of teacher trainers. In that way the student would gain practical skills in the area of ministry to the sick before they are sent into the pastoral ministry.

The most important elements of the church's ministry depicted by the ailing church members were:

1. Personal involvement of their fellow church members

This consisted of personal physical hospital visits, visitation at homes, and spending time with the suffering one. It also meant spending time with the family of the sick.

2. Spiritual commitment for the sake of the sick

This was regarding devoting oneself to reading the Word of God with the sick, to praying, to fasting and trusting God for the sick person's healing.

3. Material and financial support

Material support consisted of food, water, means of transportation, and money provided to the sick for his or her physical needs. Money was given to pay the



hospital bill in case in which the sick church member was not able to pay for the medical service received.

#### 4. Attitude towards the sick

Attitude referred to the acceptance of the sick by the congregation and the positive way of thinking about the sick, as well as the fellowship that continued to link the patient with the congregation.

#### 5. The sick church members' desire for improvement of the existing ministry

The desire of the sick was that if a team were selected, it would plan teaching, instruction, and guidance to the congregation regarding prevention of illness and caring for the sick in their midst.

The literature review was in accordance with the experience of the sick church members who participated in this study, even though most writers viewed the ministry from the perception of the church rather than from the point of view of the sick.

### **Recommendations**

The study showed that the ministry to the sick could become a means of spiritual and social edification if it is properly organized to respond to the needs of church members regarding health. The researcher made two sets of recommendations, for the local church and for further research.

#### Recommendations to the Local Church

Based on the experience of the sick members who benefited from the Kericho Baptist Church ministry, the researcher recommends that the church structures its activities of pastoral care to the sick. For the church to implement its ministry to the sick there must be a consensus of all the members rooted in the experience of the current ministry to the sick and the Word of God.

The church should organize seminars with the objective of equipping the church members to help to minister adequately to their fellow members who fall sick. These seminars should raise all the church members' awareness of the necessity to curb the dependency syndrom through appropriate financial planning. This kind of education may help them to economise and be able to meet health expenses as a community and as individuals as they care for the sick in the congregation.

#### Recommendations for Further Research

Among the shared experiences there were events which seemed unique and which call for further investigation. Studies should be carried on determining the role of the church in the prevention and treatment of common diseases. The church should understand its role as a teaching and learning community. The church should instruct her members about diseases that can be prevented through hygiene and other non-costly means.

Since the experiences shared by the sick members of Kericho Baptist Church was an indication that ministry to the sick was at the heart of the life of the congregation and this reality is the same in most African local churches, it is suggested that further studies to analyze the feasibility of integrating basic health tips with theological training would be beneficial. Yet most of trained pastors come out of theological training with very little preparation for the for the ministry to the sick.

#### *Conclusion of Recommendations*

The local church is responsible to organize and structure a ministry to the sick and instruct all church members about how to carry on the task of caring for the sick. However, Bible colleges and other institutions which train pastors and other workers of the Church are recommended to equip students with skills in ministering to the sick which could help them when they go back to their local churches.

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## INTERVIEWS

- Participant 1. *Interview by author, 29 December 2003, Kericho.* Tape recording, Baptist Church, Kericho.
- Participant 2. *Interview by author, 29 December 2003, Kericho.* Tape recording, Baptist Church, Kericho.
- Participant 3. *Interview by author, 17 January 2004, Kericho.* Tape recording, Baptist Church, Kericho.
- Participant 4. *Interview by author, 17 January 2004, Kericho.* Tape recording, Baptist Church, Kericho.
- Participant 5. *Interview by author, 17 January 2004, Kericho.* Tape recording, Baptist Church, Kericho.
- Participant 6. *Interview by author, 17 January 2004, Kericho.* Tape recording, Baptist Church, Kericho.
- Participant 7. *Interview by author, 5 February 2004, Kericho.* Tape recording, Baptist Church, Kericho.
- Participant 8. *Interview by author, 5 February 2004, Kericho.* Tape recording, Baptist Church, Kericho.
- Participant 9. *Interview by author, 5 February 2004, Kericho.* Tape recording, Baptist Church, Kericho.

## APPENDICES

### Appendix 1: Entry letter



#### **NAIROBI EVANGELICAL GRADUATE SCHOOL OF THEOLOGY**

P.O. Box 24686, NAIROBI, KENYA  
A Project of the Association of Evangelicals in Africa (AEA)

TEL: 254-2-882104/5, 882038  
FAX: 254-2-892966  
E-Mail: [NEGST@aiaf.org](mailto:NEGST@aiaf.org)

15<sup>th</sup> Jan , 2004

Kericho Baptist Church  
Kericho

#### TO WHOM IT MAY CONCERN

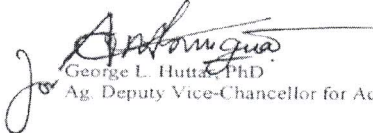
Dear Sir/Madam,

#### RE: RESEARCH WORK

The bearer of this letter, Mr. Kasereka Tsongo is a student at Nairobi Evangelical Graduate School of Theology (NEGST) and is doing research towards the completion of the Master of Divinity (Christian Education). The research is on "The Ministry to the Sick: A Case Study of Kericho Baptist Church."

Any assistance that you can give to Mr. Tsongo will be much appreciated.

Sincerely,

  
George L. Huttar, PhD  
Ag. Deputy Vice-Chancellor for Academic Affairs

## **Appendix 2: Guideline for Interview**

The interview derived from the research questions found in chapter 1 and is attached to this study (appendix2). The participants were first ensured of confidentiality of any information he/she would give to the interviewer.

The interview had four points as follows:

- A. Church membership identification
- B. Sickness status related questions
- C. Ministry of the local Church to the interviewee
- D. Perception of the sick of the church's ministry to him or her.

Points A and B were dealt with as pre-interview and were not be included in the interview report. But C and D were recorded on tapes and included in the report.

### **Interview outline**

#### Introduction

We are conducting this interview in order to help the Church improve its ministry to the sick. This interview may take 30 to 90 minutes, would you help us by responding to the following questions?

#### **A. Church membership identification**

Where do you fellowship on Sundays and what is the name of your senior Pastor?

Does your Church have weekly meetings and, if yes, how often do you attend those them? What could be your specific role in the Church and for how long?

#### **B. Sickness situation:**

- 1) For how long have you been sick?
- 1) Which clinic or Hospital did you consult?
- 2) Where have you been admitted?

#### **C. Ministry of the local Church to the interviewee**

- 1) When you fell sick, what did you expect from the local church?

(Can you share briefly what you expected the local church would do in order to minister to you, e.g. enumerate specific actions that you expected the church would do for you)

- 2) How often did the Pastor and your fellow members visit you? (would you share briefly about the Church visits?)

**D. Perception of the sick of the church's ministry to him or her.**

- 1) Share with us what you feel about the visit of your Pastor and fellow local church members
- 3) Compare what you expected from the church with what you experienced.



### Appendix 3: Interviews

#### Interview 1

2. **Researcher:** - Ninajua ulikuwa hospitalini siku chache zilizopita. Je! Unaweza kutuelezea kama kanisa lilikuhudumia vipi kwa wakati wa ugonjwa?
3. **Participant 1:** - Wshiriki pia mchungaji walinitembelea, walinipa vitu (chakula) na pesa. Waliomba pamoja nani na kusoma Neno la Mungu. Nilipokuwa mgonjwa huduma ya kanisa ilinikumbusha kukaa katika ushirika.
4. **Researcher:** - Je! ulitarajia nini ulipokuwa hospitalini?
5. **Participant 1:** - Nimekuwa member wa kanisa hili kwa miaka 17. Na kanisa ndilo jamaa yangu pekee sasa. Ni kweli sikutarajia misaada mingine walioniletea sababu huwezi kujua rafiki atakupa kitu kabla akutolee kitu chenyewe. Lakini kwa kweli nilitarajia kutembelewa na kanisa na kuombewa. Nao washiriki wa kanisa walikuja kuniona sababu mimi ni mshiriki pia. Walinitembelea, wakanipelekea chakula, wakanipa Neno la Mungu, na wakanipa hata pesa.
6. **Researcher:** Baada ya kutoka hospitali unaendelea vipi?
7. **Participant 1:** - Ninaenda kanisani, kwa hivi hawakuji -
8. **Researcher:** - Sasa unaweza kusema nini kuhusu huduma kwa wagonjwa - hasa kama mtu ambaye umedumu kanisani miaka hii yote 17 ukiwa mzima, na sasa umepitia hali ya ugonjwa - yaani umeona tofauti ya haja ya huduma ya mtu mzima na haja ya huduma ya mtu wakati anapokuwa mgonjwa?
9. **Participant 1:** - Naweza kusema kwamba kweli kitu, Unaweza kusema uende umpe mgonjwa huduma, lakini wengine hawahitaji kupewa - wako nazo - Mgonjwa anahitaji zaidi anapokuona unamtembelea, hata anasikia moyo wake kweli nina jamaa - ambao wananijali at least - Nimeamini niingie katika jamaa. Hasa mimi nilifarijiwa kujua wenzangu kanisani wananijali.
10. **Researcher:** - Mtu ambaye hajawa mgonjwa hawezi labda kufikiria ushirika wa kanisa - wewe unaonaje?
11. **Participant 1:** - Mtu anapokuwa mgonjwa anaona uzito zaidi wa ushirika zaidi ya wakati asipokuwa mgonjwa. Kabla ya hapo huwezi kuona kwamba ni lazima uwe mushiriki pamoja na wengine Kanisani.
12. **Researcher:** Aksante kunielezea ulivyoshugulikiwa na kanisa wakati wa ugonjwa.

#### Interview 2

1. **Participant:** - Tulipatwa na adjali ya barabarani tarehe 6 ya December. Tulipokuwa tukitoka kwenye arusi. Mimi nilifikuta niko hospitalini.

2. **Researcher** - Je! Ulitarajia huduma yoyote toka kanisa?
3. **Participant 2:** - Nilifurahi walipotokea kwenye ward, washiriki wenzangu wa kanisa, wakinitembelea kwa wakati nilikua sizani kwamba watafika. Walikuja tena na tena kwa kuomba na walileta chakula, pia walileta pesa.
4. **Researcher:** - Unaweza kusema nini kuhusu huduma ya kanisa kwako ulipokuwa hospitalini?
5. **Participant 2:** - Nilipoona washiriki wenzangu wa kanisa letu, nilipata nguvu, na nilijua kwamba nitapona sababu katika ile adjali nilipoteza binti wangu wa Form 4. Hivi sikujua kama mimi pia nitapona.
6. Lakini nilipoona watu wa Mungu niliamini nitapona, nilijiambia: “kumbe bado watu wananikumbuka” kwani sikujihisi kwamba nilikuwa hai tena nilisema hakuna sababu ya kuishi kwa mimi lakini kutembelewa na na washiriki wenzangu kuliniletea tumaini la kuishi.
7. **Researcher:** - Katika haya yote ni jambo gani lililokusaidia zaidi?
8. **Participant 2:** - Siwezi kusema hili lalinisaidia na lile halikunisaidia, yote yalikuwa muhimu Kila kitu ambacho walinifanyia kilikuwa cha maana kwangu. Lakini kukaa pamoja na mimi kuliniinua sana moyo wangu hata sijui niseme nini.
9. Ningekuwa ninaeleza kwa lugha yangu ningeeleza mengi zaidi kwani sijui kueleza vizuri kwa Kiswahili.
10. **Researcher:** - Umejifunza nini kuhusu huduma ya kanisa Kwa wagonjwa?
11. **R. 2:** - Nimejifunza maneno mengi kweli. Kwanza nimejua ni muzuri kukuwa na huduma ya wagonjwa katika Kanisa. Kanisa asipohudumia wagonjwa hawatakuwa na tumaini kama mimi nilijua nitapona wakati niliona washiriki wenzangu waliponitembelea mara ya kwanza na tena walipoendelea kukuja kuniona.
12. Unajua, mutu akikaa pekee yake bila kutembelewa, anapitia mawazo mengi sana, hasa anajisikia ako pekee yake katika mateso yake. Hata mimi nifikika nyumbani, nitawahimiza wamama wenzangu na washiriki wote ili tuendeleo na kuhudumia wagonjwa.

### Interview 3

1. **Researcher:** Madam, I remember that you have been pregnant two times and your babies have been dying at birth. Now can you tell me how the Church did help you during the third pregnancy?
2. **Participant 3:** - First, I want to tell you that I was discouraged after the loss of my second baby at birth. I thought of going back to my parents because I said: “this marriage was not accepted by God.” I was, surely, helped by the church. The Pastor assisted me by praying for me and he could not stay long without visiting and encouraging me. As I thought our marriage was not accepted by God he insured me that it was but that my thought was not right.
3. The women fellowship of the local church also assisted me.

4. For this third pregnancy the Church really supported me by praying, visiting, and providing material assistance.
5. **Researcher:** - How did this assistance help your heart in relation with your faith?
6. **Participant 3:** - See, when I was tempted to go back to our home (my parents' home), I realized that this was wrong because I was fortified by the fellowship of the Church.
7. I remembered that I grew up in the Church. Since my childhood, youth, and even now that I am married I am still an active church member.
8. But it is the presence and assistance of the church that made me remember that as Christian I should not behave that way.
9. **Researcher:** - Should we say that your commitment was reinforced by the fellowship of fellow church members. And do you mean that if Christian had not visited you, you would have forgotten your marriage vow and leave your husband and go to your parents?
10. **Participant 3:** - I cannot say that.
11. My testimony is that I saw that the church sustained me during this discouraging time. Even when the baby came (for the third pregnancy), the very day I bore the child, and the local church members knew that I have had a baby, it was a Thursday, even before I saw the baby, the Church Elders were already there in the nursery to pray for him – eeh – those elders who sit on the altar (Swahili madhabahu). They went to the church and prayed for him.
12. Before they left the nursery, other fellow members were already there to praise the Lord and pray for the baby. And others after this group until the nurses chased them away saying let us weight the baby and see whether we can take him to his mother in the maternity. The baby was brought to me during the night (second day), The next day church members were still coming to see the baby and pray for him. And at 1 p.m. nurses told me to go out because they asked themselves “to what extend do people of your church love you?”
13. I can say that the Church provided everything I needed in hospital: tea in the morning came from fellow church members, lunch came from fellow women in the church, even warm water for washing the baby. I mean, I had no problem at all. No one from this house brought me something, only people from the church preoccupied themselves with me until I was released from hospital.
14. **Researcher:** - What does “being ministered to” by the Church means?
15. **Participant 3:** - I only told them, surely I am no able. You have carried my burden with me, God alone will repay you. There can be a church member who is really saved and has stayed long in the Church. But he/she lives without any concern about the sick not even one day. I wonder whether he/she does not experiment trials or problems. What is that? He / she feels no responsibility when a fellow believer is in pain he sees no need to help. If she is a woman, other women would not tell her that our sister has a problem we need to visit her or during this week some of us will go to her house. Such a person is not in fellowship with the Church.

16. **Researcher:** - We believe that God is with us! Now if God was with you why did you need your fellow church members to be with you?
17. **Participant 3:** - This is because I was not able to go to Church yet I needed the Word of God and the fellowship even in my difficult time. Even after I was released from hospital I still was not able to go to Church but I had the Word of God in my heart because those brothers and sisters brought it to me.

#### Interview 4

1. **Researcher:** - Ninakumbuka kwamba ulikuwa mgonjwa kwa siku zilizopita. Tunafanya utafiti huu kwa malengo ya kusikia sauti ya watu wa Kanisa wenye walikuwa wagonjwa ao walikuwa kwenye shida yoyote. Na walihitaji msaada wowote kutoka Kanisa.
2. **Participant 4:** - Nilikuwa na ugonjwa wa ukimwi. Na sio mimi nilienda kuutafuta maana nilielezwa kwamba mume wangu ni mgonjwa na nilienda kuonana na Daktari aliniambia, alinitolea file na kuanza kunijulisha hali za vipimo vile amepima. Akaniambia hana maleria, hana TB, hana sukari, hana magonjwa yoyote.
3. Nami mara moja nikamwuliza na nini ambacho kinamsumbua? Na Daktari akaniambia lakini inaonekana ana viyiviva ukimwi. Nami nilishtuka, nikashika kichwa, nikaanza kuwaza na kuwazua. Nilikumbuka wakati nilipojifungua mtoto kwa sababu nilikuwa bado nimezaa mtoto alikuwa bado na miezi mine. Na wakati huu nikatazama nikaona kwamba Mungu ameniokoa kwa sababu wamama wengi wanakufa wanapojifungua. Mara moja nikasikia ni kama sauti iliniambia kwamba msamehe. Nami tu nilisema nimemsamehe.
4. Nikauliza Daktari na mimi nifanye nini? Kwa sababu ninajua kwamba hata mimi nina ugonjwa kwa sababu nilikaa na mume wangu katika ndoa na nilipitia hali zote ambao mme na mke wanazopitia. Hivyo nikaambia daktari utanisaidia namna gani? Na daktari akaniambia fanya hivi, kesho asubui uamkie uje tukupime huenda ukawa hauna ama huwa unao. Nami Siku iliyofwata niakamkia na nikaandaa na hako katoto kangu kadogo.
5. Na mtoto akampimwa nami nikapimwa. Na wakati nilipoonyeshwa ripoti ya daktari akaniambia kwamba mimi nina ugonjwa lakini mtoto hana ugonjwa. Hivi nikajua kwamba huu ni muujiza wa kwanza. Na nikajua kwamba kweli Mungu ikiwa mtoto huyu ametoka kwa hiyo damu na mtoto huyu hana ugonjwa nikawa na sifa mbele za Bwana.
6. Nikauliza daktari nifanye nini. Akaniambia kitu mzuri uache kunyonyesha mtoto. Na mara moja nikaachisha mtoto kunyonya. Na hivi nikaweza kuendelea. Na ikafika mzee akaaga na tukamzika. Tulipomzika mzee nilichukua jukumu nikaongea na mchungaji wangu. Nikamwambia aje kwangu na wakati alipokuja kwangu nikamwambia vile vyote nilivyopitia. Na nikamwambia vile nilipitia katika vipimo vya daktari na daktari alivyoniambia kwamba nina ugua huo ugonjwa.
7. Nataka niseme kwamba tuliweza kuomba na nikaambia mchungaji kwamba nataka kuenda mkutano. Nakuru kulikuwa mkutano wa Bonke pale Nakuru mwaka wa 1990 mwezi wa nane. Tulipoenda mahali pale nilikuwa nimeandika jina langu nitakapoleta niwaambie kwamba ninahitaji maombi ninaugua ugonjwa wa ukimwi. Muda wa siku tano niliandika juu ya karatasi.

8. Niliporudi nilienda kwa daktari nipimwe. Akaniambia “Mama bado.” Kulikuwa mkutano mwengine hapa Kericho nikaenda kuombewa. Nilipoenda kwa daktari.
9. Akaniambia tena “Mama bado.” Mwaka wa elfu mbili msichana mwengine akaniambia tuende mkutano kule Kisii. Watu wakiombewa nilikuwa ninasimama nyuma yao. Usiku ule dada yule tuliyekuwa naye aliomba katika usiku.
10. Ninafurahi sana kwa sababu watu wa Mungu waliniinua. Hakuna siku watu wa Mungu walinitenga. Watu wale wa kanisa letu na wengine kutoka makanisa mengine waliposikia mme wangu alikufa kwa ajili za ukimwi walinitembelea nyumbani kunitia moyo kwamba tunakuombea, walinipa maandiko.
11. Nilikuwa nimeambia watoto wangu kwamba sina matumaini kwa sababu nin weya kufa wakati wowote. Kwamba ni lazima wapendane na hata nikiondoka kwa gafula waendeleo kupendana.
12. **Researcher:** - unasema kwamba haukutengwa, je unaweya kufafanua hili?
13. **Participant 4:** - Ninamaanisha kwamba ninashukru sababu watu wa Mungu hawakuniogopa. Hawakunitenga sababu wakati mwingi, yaani nilikaa kama mtu mwenye amajisikia ako nyumbani - tukiwa katia ushirika nilikuwa nikiwahubiria, tukiwa pamoja tunakula pamoja. Yaani hawakuniogopa. Walinikaribia sana, eeh.
14. **Researcher:** - Sasa na wewe mwenyewe, kulingana na hilo, unafikiri nini kuhusu umuhimu wa huduma ya Kanisa kwa wagonjwa ama kwa watu wanye mateso?
15. **Participant 4:** - Kupitia katika hali yangu huwa ninatazama na ninaona ya kwamba hata kama mtu ni mgonjwa ama ako na shida ya namna gani, inafaa kumleta karibu ili mkaweze kumwinua kiroho na hata kumwinua kimwili.
16. Ni kwa sababu wakati mwingi watu wengi huwa wanafinyika sana, ni kwa sababu ya kutengwa na kuona ya kwamba hawafa. Nakumbuka wakati daktari alipokuwa akinihimiza aliniambia “Watu wengi wakisikia watanitenga. Nami nilimwambia. “sina shida ya kutengwa ni kwa sababu ninajua ya kwamba nimeokoka na hata sasa ikiwa ni kufa ninajua mahali ambapo ninaenda.”
17. So ninataka niseme ya kwamba, yaani, mimi huwa nawahimiza na kuwaambia ya kwamba ni vizuri kuwakaribisha na kuwaleta karibu na kuwahimiza wakae katika Bwana. Kwa sababu ukikaa katika Bwana, ndiyo unaweza kuwa na hivyo viyini vya ukimwi na Mungu anaweza kukuinua katika hali zote ni kwa sababu katika Maisha, maisha yetu yako mikononi mwa Mungu.
18. **Researcher:** - Ninashukuru sana kwa yote tumeongea. Je! Kuna msaada mwengine uliupata ktoka kwa kanisa?
19. **Participant 4:** - Niseme, wakati ule, unajua nilipoachwa na mzee sikukaa ... nilikaa miezi saba ili niweze kupokea uponyaji. Na niseme wakati mzee alipokufa, baada ya miezi miwili walinifanyiwa mchango –
20. Hivi ninasema ya kwamba walinichangia. Hivyo sikukuwa na hali ile ya kufinyika kwa sababu ya msaada ambao ulikuwa umeingia. Ndio Kanisa langu walifanya mchango wa pesa ambao ninaushukuru sana sababu sikupungukiwa chochote.

## Interviews 5

1. **Researcher:** - Tunafanya utafiti huu kwa malengo ya kusikia sauti ya watu wa Kanisa wenye walikuwa wagonjwa ao walikuwa kwenye shida yoyote. Na walihitaji msaada wowote kutoka Kanisa. Na kama Kanisa liliwahudumia liliwahudumia namna gani. Wewe pia ulikuwa Hospitalini.
2. **Participant 5:** - sasa unauliza nikiwa hospitalini ama hapa nyumbani. Kwa Kanisa kwa jumla ama watu binafsi ambao ni watu wa Kanisa? Nikiwa pale hospitalini kuna washiriki wa kanisa walinitembelea, kuna wale walitoa mali yao, vitu wakaja na vitu kunitazama.
3. Kuna wale ambao pia walikuwa hawajajua kwamba nina mtoto mgonjwa. Waliposikia niko hospitalini, walipiga simu na wakasema hawakujua imekuwa kiasi hicho cha kufanya nilazwe hospitali, na ninashukuru kwa sababu maombi mengi hata kama sikuwaona “physically,” kuwaona, yaani wakija. Nilijua tuko pamoja sana kwa sababu wengi nalijua wananiombea na hivyo ninasema kwamba kwa ujumla kama ni kanisa, Kanisa kwa jumla maombi ndio kitu nilipokea kwao, zaidi kuliko vitu vingine.
4. Ao kama ni kwa vitu vingine, ao kama ni kwa vitu nilipata kwa watu binafsi labda marafiki ambao ni wa karibu, ama wale ambao wanajisikia wako karibu sana na mimi. Mzigo nilio nao ni wao. Nilipokea kutoka kwao. Na pia nikirudi Nyumbani, pia nilipata, hata kuna siku Pastor alikuja, tukakaa naye kwa masaa.
5. Tukaomba; tukasikia neno la Mungu pamoja na wakristo wengine ambao walikuwa wametutembelea. Kwa hivyo si kwamba nilikuwa nimeachwa na kanisa, nilihudumiwa. Na pia haikuishia hapo, kwa sababu baadaye si kwamba mtoto alipona “immediately”. Tuliendelea tu kuomba na nikaona kuna watu wengine walijitoa wakaendelea kujifunga kula na kunya kwa sababu ya kumwomba mtoto.
6. **Researcher:** - Unaweza kusema nini kuhusu huduma ya kanisa kwa wagonjwa?
7. **Participant 5:** - kwangu mimi nikisema ama nisiseme kwa sababu nilihudumiwa ama sikuhudumiwa kama kanisa, apart from kuona watu individual wenye walikuja, mimi sione huduma gani ilifanyiwa na kanisa. Kwa sababu hata baada ya kutoka hospitalini hakuna watu waliokuja kama shirika la kanisa; kuja kusema kwamba sisi kanisa tueona tukuje kwako kwa sababu umekuwa na shida hii na hii, kwa hivyo sikuona a huduma yoyote.
8. **Researcher:** - Wewe ni miongoni mwa kina mama wa kanisa, hata viongozi wa wamama wa kanisa.
9. **Participant 5:** - Sisi kama wagonjwa, kuna kitu kimoja ninataka uelewe - Maisha yale tunayoishi wakati huu kuna huduma ambayo sisi wamama tunatoa kama kanisa.
10. Wamama wa kanisa na tunapitia jukumu kama mtu ni mgonjwa na tumejua yeye ni mgonjwa tuna mtembelea nyumbani kwake, tunapeleka ibada pale, tunafanya aombi, na kile ambacho Mungu atawezeshamtu kumwima yuke mgonjwa.
11. Maana yake hatutaenda kumwambia akae na blanket, ajifunike na apate joto na labda hana kitu nyumbani, labda amefinyika kimatibabu, hana pesa za kununua dawa. Na kama tunaweza kusaidia kiasi, hata kama ni chache cha siku mbili, kumsongesha maisha haya hao pengine Mungu naye atamwezesha.

12. Huduma hiyo huwa tunatoa. Lakini sasa watu wameitukana hiyo huduma kwa sababu imekuwa ni kamayaa... kuna wale ambao wanaenda kutembelea wale ambao wana shida, na kama mtu akionekana kama amejeweza kidogo yaani hana tena shida kwake hata alale hospitali hawezi kosa chakula. Huyu ni kama anarukwana kuwekwa kando.
13. So, kwangu mimi, huduma ni muhimu na hakuna mtu hahitaji hiyohuduma, isipokuwa tunaenda kujibagua na kujitenga; watu kuwabagua, huyu ana shida sana, huyu kwake hakuna shida sana, lakini kama ni kwa huduma, kila mtu ahitaji huduma ya wamama kanisani kwa sababu yule mgonjwa ni kiungo chetu nani lazima tumwinue kiasi ambacho mahali amepungukiwa utukufu wa Mungu uonekane kupitia kwa huduma hiyo ya wamama.
14. **Researcher:** - Je! Ulitarajia huduma yoyotekutoka kwa kanisa katika mawazo?
15. **Participant 5:** - Kwa mawazo yangu, sikutarajia huduma yoyote toka kwa kanisa. Ila huduma niliyotarajia ni ya maombi. Hiyo ndiyo nilitazamia sana, kwa sababu kama ni vitu, ninaweza kuwa kama nijiweka kwa nafasi ya mtu mwengine.
16. Labda nina kupenda, napenda huyo mtu sababu ni mshiriki mwenzangu na tunashiriki Kanisa pamoja na wakati mwingine ninapenda kwenda kumtazama na kitu, niende na kitu, nimuhudumie na kitu angalao kidogo na kumuonyesha kwamba ninapenda na ninamwinua lakini sina uwezo wa kukinunua kupata kile kitu ili nimwinue, lakini kuja kuonekana physically yaani nikuone.
17. Kuonana unipe Neno, labda hata ni Neno utanipa la kunitia moyo. Hilo linafaraji na ninakosa kutazama ile shida ninalitazama lile neno likiniinua.
18. Hivyo ninaona kwamba sikutarajia haswa sana “material things” kwamba nitapata lakini nilitarajia sana niinuliwe kwa maombi kwa sababu hali niliyokuwa nayo nilikuwa ninahitaji mtu asimame mbele yangu kwa sababu nilihitaji sasa uwepo wa Mungu. Mtu asimame katikati yangu na Mungu, amwambie Mungu kitu juu yangu.
19. **Researcher:** - Ingekuwa mtu akuombe kwa distance na mtu akuombe akiwa papo hapo kwenye ulikuwa!
20. **Participant 5:** - Kama uko Kericho na mimi nime lazwa Kericho, sikutarajia uniambie unaniombea ukiwa nyumbani. Ninatarajia niwe na wewe, nikuone, tuonane uso kwa uso ndio nisikie moyo wangu umefarajika.
21. Lakini kama uko Nairobi, uko Kisumu, unipigie simu na tuongee nawe na nikuambie niko hivi na hivi na hivi, na uniambie unaniombea, pia ninajisikia niko sehemu yako kwa sababu nimejua kuna mmoja yuko mbali amesimama pia kwa ajili yangu. Kwa hivi, ukiwa “around” nina “prefer” ni vizuri zaidi kuwa unione tuonane.
22. **Researcher:** - Je! Una lingine lolote ambalo ungesema kuhusu huduma ya Kanisa kwa wagonjwa, ambalo unaweza kuambia Kanisa?
23. **Participant 5:** - Kitu ambacho ningependa kusema kuhusu huduma ya Kanisa kwa wagonjwa ni “kama haijadarauliwa ni nzuri, lakini kama ikidharauliwa hata mukiifanya mkiwa hamko roho moja, huduma hiyo, yule mnayeifanyia haitakuwa msaada kwake!” Tuseme kwa mfano mimi ni mgonjwa, nimelazwa hospitali, Kanisa limenishughulikia kiasi ya kuwa wameweka matumaini makubwa kwangu

vile nitakavyo “respond” kwao - yaani baada ya kuwa nimepata nafu, watakuwa labda wanatarajia kwamba niwe tofauti kuliko vile nilivyokuwa kwa sababu wamenihudumia kiasi kikubwa.

24. Na pia huduma hii ni mzuri na ni mbaya kwa sababu inawafanya wengi wakiwa wagonjwa mahitaji yao yote wanaweka mzigo kwa Kanisa. Vivyo hivyo ni kujua kwamba hiyo siyo “Red-Cross” - kwa sababu wale ni watu wana mahitaji, kila mtu akisema aseme mahitaji yake hakuna mtu ataweza mahitaji ya mwengine. Lakini ni vizuri kama shida ambayo tunatazama kuiona huyu mgonjwa amefinyika kiasi gani, anahitaji huduma yetu. Sasa hapa pamefika tumuinue. Na hivyo ninaona huduma hiyo ni muhimu.
25. Na pia kuna huduma hiyo ya kumhudumia mtu, umuhudumie mtu kesho asikie unamsema inje. Hiyo pia, yule mgonjwa akifikiwa na ile habari, badala ya kumtia moyo ni kumvunja utamvunja moyo, na ataona ilikuwa na maana gani wao kuja kunihudumia kama wakanihudumia kiisha waniseme? Sasa huduma inaharibiwa na inachafuliwa njia moja na nyingine ya masemo yetu ya midomo yetu.

## Interview 6

1. **Researcher:** - Tunafanya utafiti huu kwa malengo ya kusikia sauti ya watu wa Kanisa wenye walikuwa wagonjwa ao walikuwa kwenye shida yoyote. Na walihitaji msaada wowote kutoka Kanisa. Nimekuja kukutembelea sababu nimesikia ulikuwa mgonjwa kwa wakati fulani. Na ninataka kujua kama kanisa lako la Baptist lilikuhudumia vipi kwa wakati wa ugonjwa.
2. **Participant 6:** - Nilipitia hali ngumu, hata kanisa walikuwa wameona ilikuwa ngumu kwangu. Juu nilikuwa ninombewa mpaka kwa kanisa. Walikuwa wanajifunga kwa ajili yangu. Lakini tena kifeza walikuwa wamenisaidia juu kama walikuwa wanatoa fedha zao kwa kanisa, walipatia wazee wa kanisa, nao wanakuja kuniona - Ninasema wakati ule walinisaidia, walinisaidia kwa pesa na hata kwa maombi. Tuseme sikuona wakiniwachilia mpaka vile nilipoona sikuona shida.
3. **Researcher:** - Unasema kanisa halikukuachilia - Kwa sababu Pastor alikutembelea nyumbani, na uliingia hospitali pia - Na washirika walikutembelea, na walifunga. - na zaidi ya hiyo tena walichangia pesa mara kwa mara na kupatia wazee ili wakuletee. sasa unaona umuhimu gani wa kazi waliokufanyia? Kwa hivi umepata nafuu.
4. **Participant 6:** - Ee - Hata kwa hospitali - walinitembelea na washiriki walinitembelea. Zaidi ya hiyo - ule ugonjwa haukuwa mwisho, uliendelea - ilienda mpaka ikafikia mahali ya kutoka sasa hapa nyumbani na tukaenda mpaka kwetu kwa mzee.
5. **Researcher:** - Ni umbali gani?
6. **Participant 6:** - Kwetu ni kipkelion - Kwa mzee ni Nyeri na sababu ni mtu wa.....
7. Kwa kufiria hata usiku ule sikulala. (Here the interviewee broke into tears). Pastor Maina akaja alitaka kuniombea usiku wote. Sijui namna alifikiri je juu sikuwa nasema niende nyumbani,ao niende nipelekwe hospitali kwetu –



8. Na nilikuwa nimewekwa hospitali hapa Kericho, Kaplong – hata nilikuwa nimepelekwa Kaplong. Sasa ndio niikuwa nimeamua nimeona mwisho wangu umefika (tears again) - Na badala kama ni mama yangu asumbukane na mimi - juu nilikuwa naona ni mwisho sasa, lakini nilikuwa naambia Mungu kitu kimoja “ ee Mungu unisaidie” hata saa hii yote mzee wangu hakuongea hata kitu kimoja “huyu mama anasema aende nyumbani, ataenda je!”
9. Hata hakujiuliza hilo swali! Walisema tu niende nikaambia yeye sitaacha huyu mtoto mdogo huko “Caltex” Gari ilikombolewa kutoka hapo ndipo sasa (not able to speak clearly because weeping) na ninapanda gari. Sitaki uchungu tena - sitaki ugonjwa unitupe hapa....
10. Ni kweli Mungu ni wa huruma. Alifanya hivyo. Kwa hivi nilibeba mtoto na tukaenda.
11. **Researcher:** - Kwa hivi hamukusimamia Kepkelion -
12. **Participant 6:** - tulikuwa tunaenda Girinyaga - Vile nilisema hivyo, ndivyo
13. nikaambia mzee kwamba “twende na mama”, ao kama hatutaenda na mama, hivyo nipeleke kwetu, kwetu nyumbani. Sasa mama naye aliamua hapo hapo tutaenda naye kwangu nyumbani pale niliolewa.
14. Sasa kufika Nairobi, tukaenda gari hiyo ya kwenda Girinyaga, lakini wakati hii yote nilikuwa naenda hata kwa hiyo safari mimi sikuwa naenda wanipeleke hospitali. Juu spitali hiyo yote nilikuwa naenda, nilikuwa nimechoka mpaka nimeona nimetibiwa na siponi, juu ninaenda spitali huwa ninaambiwa nitapelekwa “theater” leo - kisha huwa Daktari akija haende.
15. Nikaangalia hivyo nikaona ni kama wamekosa ugonjwa wangu. Na hata hawafikiri ugonjwa wangu ni gani. Sasa ndio nilikuwa nimeamua nipelekwe kwetu nyumbani niende nipumzike huko, kama siku yangu ikifika ifike kama niko nyumba... nyumbani. Nilikuwa nikiomba Mungu: “Hata kama siku yangu ikifika Mungu asinisahau. Na usifanye nitoke kwa wema wako, nichanganye wokovu wangu na mambo ambayo si ya halali.”(tears again). Lakini tuseme sana Mungu alinisaidia kwa hiyo “siku yenye nilitoka hapa - ushindi ulionekana –
16. Nikasikiza mume wangu akisema: Huyu ugonjwa wake haupatikane na sasa anasema yeye atangojea Mungu.
17. Najua wokovu tunasema wokovu na tunaenda lakini kanisa tutaenda si ati wazee wakuonage ao ni pastor akuonage anaenda kanisa - Lakini kitu ya muhimu uweke ndani yako ni kuwa na uhusiano na Mungu. Na ukijua hivyo mambo yako yote ukiweka mienendo yako utakuwa ukijichunga vile utakuwa ukijua Mungu kama hata pahali mbaya Mungu anajua. Mungu hamuachi mtoto wake. Kila saa mko na yeye na saa ile hata unalala, Mungu muko na yeye. Hata ukiingia kwa shimo Mungu uko na yeye. Unajua sasa kama ni pastor utamwacha kwa kanisa, wzee wa kanisa utawaacha kwa kanisa - Je! watajua pahli unaenda?
18. Lakini kama unajua kweli Mungu anajua mienendo yangu, hutafanya makosa, juu pastor hakuoni, ni Mungu ambaye yuko karibuna wewe. Basi nitaweza kusema kila mtu ajiweke kwa Mungu. Na wakati ule uko na shida usiangalie dada yako ao ndugu yako, wewe uangalie Mungu. Naukiangalia Mungu ushindi unapatikana.
19. Hata kama uko kwa majaribu gani, Mungu atapatikana - Hata kama uko kwa shida gani Mungu ataonekana.
20. Ile ndiyo nitaweza ambiya kila moja ajiweke mbele za Mungu akijua kwamba Mungu ndiye mwenye uwezo wote - Ndiye wa kutoa uhai na ndiye wa kuweka uhai.

21. **Researcher:** - aksante sana kwa ushuhuda wako. Kwa mwisho unaweza kuleta shauri gani kwa mapastors na kanisa kuhusu huduma kwa wagonjwa?
22. **Participant 6:** - Sasa mimi kitu nitaweza kukuambia wewe. Nitaweza kukuambia, saa ile uko kwa kanisa ili kuwahudumia watu - Zidi kuwaambia kila mtu ajuane na Mungu wake sana Kabla hajawa mgonjwa na aingie ndani - na wakati shida ya ugonjwa ama majaribu gani inapotokea hataweza kutengana naye. Juu hata kama ukimwombea na awe hajachukua uzito huo hakuna kitu atafaidika nacho. Lakini kama ameingia ndani kabisa, Mungu atamsaidia - Kama ni mapastor saa ile munaenda kutembelea, hasa kama wewe huduma yako anapeleka hata Mungu awasaidie.

### Interview 7

1. **Researcher:** - Tunataka kujua kuhusu huduma ya kanisa kwa wagonjwa...Wewe pia umekuwa mgonjwa - Kanisa lilikusaidia vipi? Kanisa lilikusaidia vipi ulipokuwa mgonjwa...?
2. **Participant 7:** - Hili ni kweli... Ni mzuri kwa sababu kweli mgonjwa ni mgonjwa. Na huyu mgonjwa anahitaji kuwa na watu karibu naye kwa sababu kama watu wakiwa mbali na yeye anaona upweke. Lakini wakati unaona watu wakiwa karibu na wewe, wengine wanakuja kwa maombi, wengine wanakuja na mawaida fulani, unajaa na furaha kwa sababu unajiona sipeke.
3. Na kama mwengine anakuja na kufariji kiroho ugonjwa huu umekuwako sio wewe tu umeanza, lakini ugonjwa uko, na Mungu ndiye ana uwezo kufanya nini? Wa kuponya sasa mambo kama haya mgonjwa anafurahia, maana wakati kama nilipokuwa mgonjwa, ilipata watu wananitembelea, nilisikia maombi mengi, nikaridhika kwa njia moja na ile nyingine na nikaona kweli si pekee yangu katika magonjwa.
4. Na nikapata kuna uwezo sababu hata wewe kama ni mgonjwa, hata wewe kama ni huduma unajua, kweli watu wagonjwa wanafaa kuhudumiwa maana unaona kwamba vile wewe anahitaji hata mgonjwa mwengine anahitaji vilevile maana niliona zaidi, wakati naona watu wakija nasikia moyo wangu unachangamka, nakuwa na furaha maana wakati mwingi nilikuwa peke yangu. Ugonjwa unakuwa zaidi nyingi. Unaona sijui sasa ni lini; lakini si hivyo.
5. Ukiwa na mtu anakuambia watu wanakuaga wagonjwa hivi na wanapona. Kwa hivyo faraja kama ile inafanya hata mgonjwa kupona. Sababu moyo unachangamka unasikia roho yako inakuwa na amani kwa kuona unatembelewa na watu, mambo kama hayo ni mambo ninaona kama ni funzo kwa watu. Kama kiongozi anaweza kuona watu hospitalini lakini yeye hajakuwa mgonjwa, hawezi kujua haja za wale watu.
6. Wakati nilipokuwa mgonjwa nimesikia kweli na nimejua kumbe mtu akiwa mgonjwa anahitaji kuonwa, ni jambo la busara kwa sababu wakati ule nilikuwa mgonjwa niliona hata nilikuwa mawiki kaza nikiwa mgonjwa na wakati moja nilikuwa nasimama kanisani nilitaka kutoa maombi lakini nilisikia moyo wangu ukiwa mnyonge na mdhaifu. Na hata wale nilikuwa nao na huduma nao hawakujua mimi ni mgonjwa.
7. Hata mimi sikuwa nimeamini ya kwamba huu ni ugonjwa mkubwa kumbe ni ugonjwa ulikuwa ndani ya mwili ndio ukaingia wakati ule. Nimesimama katika

madhabahu nikitaka kuomba nikasikia hata nikataka kushindwa kumalizia. Lakini Bwana ni mwema. Kuanzia hapo nikaona magonjwa. Kumbema mtu anaweza kuwa ni mgonjwa na hajulikane. Lakini yote tunaambia Bwana kwa sababu anaweza.

8. Nina furaha kwa sababu tangu niwe mgonjwa nimechukua mawiki kadha wengi wakuja kunitembelea nyumbani wakija kunisalimu, lakini nilikuwa nikienda kwa matibabu na wakati niko kwa matibabu hata nakutana na wagonjwa wengine, najua ya kwamba siye mimi mgonjwa tuu, kuna wengine wagonjwa, nafika hata wakati naona kumbema mimi si mgonjwa kama huyu mwengine.
9. Sasa naona kama kupata nafasi ya kuwaombea wale wagonjwa maana naona ugonjwa wangu ni tafauti na wale nikajua kwamba hata magonjwa mengine bado yanaleta watu shida. Situ ugonjwa ule wako peke yake, magonjwa ni magonjwa.
10. Na tunaona ya kwamba kumbema kuenda hata mahali pale ugonjwa umekupeleka pale lakini unakupeleka kama mhudumu sababu unapoona watu wameumia zaidi unajihurumia hata unaona wewe si mgonjwa kama wale, ukiona wale ndio wagonjwa zaidi. Kwa hivyo mambo ndiyo kama yale nimeona hakika magonjwa yale nimekuwa nayo katika udhaifu.
11. Lakini katika nyumba ya Bwana si watu wote wamepeua roho ile ya kufikia wagonjwa. Maana wengine pia nao ni wadhaifu lakini yote ni Bwana anaweza. Wale wote wanatembelea wagonjwa ninaona tukiwahimiza kwa kupeleka wagonjwa maombi, wagonjwa wanapata moyo ule wa furaha na wanapata nguvu kujua kwamba wanakumbukwa.
12. Kwa hivyo tuendelee kuwakumbuka wagonjwa na iwe ni funzo hasa kwa wachungaji. Mchungaji, sana anapotembelea wagonjwa wake yaani mshiriki wake katika hali ile anajisikia sana, anaona kweli si peke yake, na hayo ndiyo nimejifunza katika magonjwa haya nilikuwa nayo. Naona muda mwengi watu wanasema “ugonjwa wa sukari hauna dawa.
13. Lakini Yesu anaweza yote. Sasa wewe unakuwa na moyo wa kuchangamka kujua kwamba anaweza. Sasa ukijua ya kuwa Bwana anaweza hakuna lingine maana tuna tumaini. Kwa hivyo mambo yangu ni kama hayo ambao nimejifunza katika ugonjwa.
14. **Researcher:** - Ninajua wewe ni m-wokovu umeamini unasema wakati mtu anakuja na kukumbusha kwamba Yesu anaweza, unatiwa moyo. Je! Kuna jambo lingine lolote ambalo umejifunza kupitia hali ya ugonjwa?
15. **Participant 7:** - Mbali na ile nimejifunza kwamba ukiwa mgonjwa na unatembelwa unakuwa na nguvu zaidi sababu mawazo yako pale unatulizwa maana afya yako husumbuke kwa mambo yale yako inje.
16. Sasa wewe mawazo yako ni ya ugonjwa wa saa ile mtu amekuja amekuambia kwamba: “magonjwa kama hayo Yesu alitibu” sasa unajisikia sana kama ulipona. Hata mimi ni fanye nini? Nitapona sababu alifanya mambo haya wakati ule na wale walikuwa wagonjwa si tofauti na sisi.
17. Maana tunaona ya kwamba mambo haya yanatia moyo zaidi sababu kama ni peke yako, hata mimi ni mwokovu na nina jua haya yote lakini lakini nahitaji kukumbushwa kwa sababu nisipokumbushwa mawazo yananipeleka, watu wanasema ugonjwa huu hauponagi, ama haukwishi.
18. Lakini wakati unapokumbushwa, nakumbuka kweli Yesu anaponya na ana uwezo. Kwa hivyo tunapowatembelea wagonjwa na kubainisha ya kwamba Yesu ni mweza wa yote, wagonjwa wanapata nguvu mpya.

19. Kwa sababu hata kama mimi ninajua, lakini wakati wa ugonjwa, nitakuwa na mafikira ya ugonjwa na ugonjwa ule utaponipeleka kusahau hata imani yangu inaenda ikipunguka lakini kukiwa na mtu anakutembelea anakuambia Yesu anaweza, anaponya, anabariki – sasa mambo hayo yanakurudisha yale uliyoyajua.
20. **Researcher:** - Ikiwa wakristo walikutembelea, unaweza kusema walikutembelea kwa hyari ama kwa bahati?
21. **Participant 7:** - Sitaki kusema ni kwa bahati ama ni kwa mpango! Lakini wakati moja nilikuwa nikiomba pale sauti ilipotea. Sasa wiki iliyofuata sikwenda kanisani. Nilikaa nyumbani sababu nilisikia sina nguvu. Lakini wakiwa kanisani, wakasema mzee wa kanisa leo hakuja kanisani, mfikili na si tabia yake kuchelewa kanisani; twende tumwone, mukiona hakuja sababu hakuenda safarini kusema ni mgonjwa. Hapa ninaona kwamba walinitembelea kwa mpango.
22. **Researcher:** - Una lingine lolote ungeweza kusema kuhusu huduma kwa wagonjwa
23. ndani ya kanisa!
24. **Participant 7:** - Kitu ningependa kusema kwa ajili ya kanisa kuhudumia wagonjwa, inafaa sana kwa sababu mgonjwa ni mgonjwa. Na mgonjwa anaweza kupoteza imani. Kwa sababu asipooni anatembelewa ataona yeye ni peke yake kanisani, wanapata kumpa neno na kukumbusha mambo ya Yesu. Na haya mtu akija akikumbushwa anaanza kukumbuka na kujirudia.
25. Na hivyo ndivyo kitu nimejifunza katika huduma ya kuangalia wagonjwa. Wewe unapokuwa mgonjwa unapata nguvu kujua kwamba mgonjwa anahitaji kuona mtu anakuja kumfariji na kumpa Neno la Mungu. Na hayo nimejifunza zaidi wagonjwa wanhitaji la kutembelewa.
26. **Researcher:** - Ninashukuru sana. Bwana aendelee kukulinda wakati huu wa udhaifu.

## Interview 8

1. **Researcher:** - Umekuwa mgonjwa na lengo langu ni kutaka kujua kama ulipokea huduma yeyote kutoka kanisa - Na huduma hiyo unaiona je ?
2. **Participant 8:** - Jambo la kwanza na ndilo la mhimu sana ni kuona ya kwamba wakati nilipokuwa mgonjwa, niliugua wiki nzima hapa nyumbani. Wamama wali niambia niende hospitali nilijibu nitaenda kesho lakini wakati hao wadada walipokuja katika maombi waliguswa sana mmoja wao alipowaambia “ tumwombee pastor ni mgonjwa” walikuwa hawakujua kama mimi ni mgonjwa. Na hivi sasa katika kutoka kwao kwa ibada yao, ilikuwa kama mwendo wa saa 10:30 ama saa 11:00 walipo ingia hakukubali kuniacha.
3. Jambo la kwanza, walikuwa na jukumu la kuniombea – maana nilichoka ... Sasa ikawa wamenijali, kule walionia mimi ni mgonjwa na mimi sikujua ni mgonjwa hivyo. Na bila kusita nikavalia nguo, wakachukua jukumu kuniweka kwa gari – so katika sehemu ile inakuwa sehemu ambayo nillingia kwanza bila mimi kuitafuta.

4. Hiyo ndiyo sababu ambayo ni ya kuona kwamba kweli Kanisa wajibu wake ulikuwa pale ni kutafuta haja yangu kwa maana wao wenyewe ndio waliona nami nilikuwa nimewaambia –aah- nitapona tu hakuna haja yakwenda hospitali saa hii – lakini walipoona hali vile niko hawakukubaliana na mimi – walichukua jukumu la kunipeleka hospitali –
5. Na baada ya kunipeleka kwa hospitali, hawakuishia pale, walichukua jukumu la kunishugulikia sehemu hizo kuhakikisha nimehudumiwa ao kulikuwa si kusema sababu nilikuwa Pastor ndio walishugulika hivyo kwa undani, lakini niliona upendo wao ni mwingi maana wanajali mtu ambao ni kiungo chao ni mgonjwa. Sasa katika sehemu ile itastahili sana uzito ule walio naye ambao sikufikilia.
6. Hawakujali wanapeleka hospitali wapi. Wao walishughulikia maisha yangu kuliko kule wanapeleka katika gharama ile. Sababu nilipofikiria na nilipofika pale niliona kule walinipeleka ni hospitali ambayo mimi ninaiogopa. Maana kila mara tunapeleka mtu ni hospitali yenye gharama zaidi.
7. Na wao, nikawatazama moyo wao haukusita pale kuangalia gharama, ni moyo ambao ulikuwa mzito wa kunipenda nipone kuliko gharama ile watalipa. Hivyo nikaona hata kama walinipeleka niliona na kusikiza kuna watu ambao waliona hawakujali ile gharama...
8. Katika sehemu hiyo, ni vile walikuwa sikutaka mimi mwenyewe kuwapa mzigo hata isipokuwa walikuja katika Kanisa sikutaka wanichukue katika mpangilio ule ssssskama mtumishi, kama pastor wao. Sababu niliona kanisa si mtu mmoja, Kanisa ni watu wengi.
9. Lakini nilipofikilia na kuangalia niliona baadhi hata wakati nilipopkuwa hospitali, maana nilikaa majuma mawili, kuna wale walichukua jukumu kubwa sana ya kuona ya kwamba... na hasa ni ushuhuda kwa sababu ilinifundisha vile ninafundisha hawa kutoka na kwenda kuona wagonjwa. Na vile katika hali ile ya kuona vile walivyokuwa wakija na kunifariji nami nikawa mara nyingi hata sijui kufariji kama vile walivyonifariji.
10. **Researcher:** - Ni jambo gani, ama sehemu gani ya huduma ambayo ilileta faraja kabisa, hasa hasa kwa wiki hizo mbili ambazo ulilazwa hospitalini?
11. **Participant 8:** - Jambo la kwanza la kuleta faraja kabisa lilikuwa hawakunijali mimi mwenyewe; ila walijali jamaa yangu. Waliona wanarifamu, wananielewa, lakini wakawa sasa wanatafuta muke wangu ili aje tuwe naye.
12. Jambo lile lingine ni kwamba katika njia zao na masiku yote hawakuchelewa kuniombea na kunitembelea -Haya majuma mawili na walipokuja, sehemu ilinifundisha sana, hawakujali kuniachia pesa - Hiyo ilinifundisha sana na ilinisaidia sababu naliona uzito wao si wanipe pesa bali wao ni waone nimeamka, kuzungumza nami, kunipea faraja zaidi.
13. **Researcher:** - Kwa hivyo tunaweza kusema kwamba kabla waje kukupata nyumbani ulikuwa na matarajio fulani yaani “expectations”.
14. **Participant 8:** - “Expectations” zangu ama matarajio yangu yalikuwa ninapona. Kwa sababu tayari nilikuwa ninajua ni masiku machache tu nitaendele kujinunulia dawa na kuzitumia, na kupona. Sikuwa na tarajio lingine. Ilikuwa tarajio tu, nitaomba na tutaomba na wale tulikuwa nao karibu, na mwisho nitapona. Maana sikuwa nikijihisi niko na sehemu ya kuenda hospitali.

15. **Researcher:** - Hukuwa na matarajio yote kwamba kanisa lingefanya lolote?
16. **Participant 8:** - Sikuwa nayo
17. **Researcher:** - Na ulipolazwa hospitalini, walipokuja kukuona hapo pia hukutarajia jambo lolote?
18. **Participant 8:** - Pale nilikuwa na matarajio. Hapo nilitarajia sababu sasa ninaona kule niko juu ya gharama, nalitarajia kwenda kule wawe na mzigo.
19. Lakini sikusema lolote - Niliona uzito, haikuwezekana kwenda kuwaambia: “ njooni munitendee hivi”. Nilikuwa na kwepa hiyo sana.
20. **Researcher:** - Unasema ulikuwa unakwepa kuwaambia lile ulilotarajia... Kama wewe mchungaji ukikwepa kueleza lile ulitarajia - unaweza kusema nini kuhusu wagonjwa wenye kanisa linawahudumia na mara nyingi wanfunga roho zao na matarajio yao?

**Participant 8:** - (laughter)

21. Hapo ndipo uzito uko kwa sababu: jambo la kwanza nikija kwa upande wangu naliona sio wote wanaweza kutembea pamoja nami hata katika matarajio yangu.
22. Jambo la pili - Kuwa wale walio karibu sana nami, na katika wale walio karibu nami wana uzito zaidi kuliko wale wengine. Sababu tayari wakati ambao ugonjwa unaingia mtu anaangaliwa tu siku ya kwanza, ya tatu watu ni wengi sana kwenda kumwangualia, baada ya wiki nzima wanabaki wachache tu, wanakaa wakiuliza anaendelea je. So katika wale ambao nao ni wagonjwa kuna jambo moja nilijifundisha nilipokuwa katika ward.
23. Kuna wengi sana ambao hawana tumaini lolote, hawana njia ya kujisaidia lakini wanaogopa kutoa kilio chao inje maana wakristo siyo sawa - wanaweza pengine kumcheka, waangalie kumwita mvivu, waseme anapenda kuomba, hivi nikaona ni sehemu ambayo watu wengi walio wagonjwa wanakuwa na matatizo zaidi. Na mtu anaendelea kufinyika, sababu hata mwengine hana pesa ya dawa lakini anona badala niseme na kutajwa vibaya bora nika -
24. Ndipo niliona katika sehemu hiyo, kunahitajika kuwa mtu mmoja ama wawili ambao wanaweza kuwa wakiingia katika sehemu ya kuvuta wagonjwa kwa njia ya haja zake. Ksababu tayari, mimi nilipokuwa pale nilijua kuna haja zinazohitajika. Ndivyo ninasema kuangalia wenye haja ao problems.
25. Kuna haja zile ambazo mtu hasemi, lakini ako nazo. Kwa mfano mtu aliyerudi nyuma kanisani, hajiamini yeye mwenyewe na hawezi akaja kwa kanisa tena kwa urahisi; inabidi kuwe na team ya ushauri (counselling) Ndivyo nasema!
26. **Researcher:** - Je! unafikili watu namna wale wanweza patikana kanisani?
27. **Participant 8:** - Katika kanisa, jambo la kupata watu wale ni kuona watu ambao wana moyo kanisani yaani walio na moyo wa huruma. Unajua tunatazama ao tunaweza kunaangalia hali ya karama zao za roho mtakatifu. Na katika vipawa vile vyao, utakuta mmoja hana chochote lakini ana moyo wa kujali.
28. Na baada ya kupata wale, wakikaa pamoja na kuomba kwa ajili ya mtu, Roho Mtakatifu atawaongoza kutangza na kuelezea wengine. Na jambo hili

- nimelitazama katika hali ya “expiience” mara nyingi ninapotazama kutafuta ni nani atakayeenda kwa ajili ya fulani; sababu wote hawawezi wakafanya ...
29. Mungu alitaka kwanza niingie nije niangalie yale nalisoma kule ili nikienda kuangalia wengine niwe na nuru.
30. **Researcher:** - Ninaona kwamba kuhudumia wagonjwa, ao kuhurumia ao upendo kwa
31. wagonjwa ni bora ichukuliwe kama tabia badala ya kipawa - Yaani ionyeshwe kwa kanisa kama tabia inayohitajika ili wamoja wasiseme “mimi sina kipawa hicho” Kwa hivi ihusike na mgonjwa wowote! Tungefanya juu chini washirika wote wawe na tabia ile.
32. **Participant 8:** - Hapo ni sawa! Lakini kanisa kitu ambacho linahitaji kujua ni kwamba ni wajibu wake kujali kila mshirika wake. Awe ako namna gani ni kiungu chake. Lakini kuweza kutambua haya yote siyo wote walio na moyo huu. So kuna wale ambao wanahitaji kuwa karibu sana.
33. Watu kanisani wajua ni sheria ya Mungu kila moja kujali mwenzake, hiyo ndiyo sheria ya neno la Mungu. Lakini katika mapito yote haitawezekana. Ni lazima tuwe na wengine walio na mzigo. pale pale kwa kueleza wale wengine ili wakipata mambo yale mazito wanaichunguza wanaileta kwenye congregation, na congregation inamalizia kazi yake. Hayo si mambo ambayo nilikuwa nikiyatazama kwa undani lakini nilipofika sehemu hiyo katika magonjwa yangu naligundua hivyo.
34. Unakumbuka - year 2000 - mama yake Nathan alipokuta mimi ni mgonjwa, uzito ule ulimwingia na yeye kwa sababu alielewa na ana huruma na kipawa kile alishugulika, baada ya kushughulika alirudi akahusisha wengine. Hapo ndipo ninasema ni lazima tuwe na mtu tunaweza kumwita mwonaji. Na awe ni mtu ambaye amekomaa, ambaye anajua kuweka siri za wale watu. Congregation sasa hiyo, ni fupisho tuu, wajibu wetu ni kusaidia yule...
35. **Researcher:** - Labda kwa kumaliza ningeweza kuuliza, kuna jambo lingine lolote lenye unaweza kusema kuhusu huduma ya kanisa kwa wagonjwa mbali na yale tumeongea!
36. **Participant 8:** - Definitely yes! Kanisa linastahili kuwa na watenda kazi wanaojali juu ya walio wagonjwa. Sababu tunaona mara mgonjwa yuko kule ni mgonjwa, na watu wote washiriki hawajui. Maana wengine walionana Sunday na watarudi kuonana tena Sunday - So katikati ya wiki hapa kuna mambo mengi sana yametendeka.
37. Kwa hivi ikiwa ni mtu ambaye ni majirani wake wanapoleta wajibu wa kuombea fulani, tunahitajika kuwa na mzigo. Hivi ni kusema kanisa lisiwe linajali washiriki wake juma pili, liwe linatembea na katika zile safari ya kila siku.
38. **Researcher:** - Ninashukuru sana ninajua mambo haya kweli yatusaidia sana kwa kwa wewe kupata nafasi na ule upendo wa kunishudia ile experience ambayo ulipitia. Kwa hivyo maombi yangu ni kwamba Bwana azidi kukubariki na kubariki kanisa, Baptist Church Kericho. Aksante sana.

## Interview 9

1. **Researcher:** - Swali langu ni kutaka kujua kama kuna huduma yoyote ambayo ulipata kutoka kwa kanisa kwa ule wakati ulikuwa huwazi na kama hospitalini ama nyumbani - msaada wowote ama huduma yoyote -
2. **Participant 9:** - Huduma kanisa ya langu ama kanisa lolote lingine?
3. **Researcher:** - Hasa hasa kanisa lako, lakini lolote. Ningeweza kusema huduma ama kanisa lilikutendea lolote.
4. **Participant 9:** - siku tulipopata adjali wengine tukaomba tu pamoja, nikalala; asubui mchungaji wangu akaja, ndiye aliyenipeleka hospitalini. Tukaenda, nikahudumiwa kiisha nikarudi nikakaa kama wiki moja, ndivyo washiriki wengine wenzangu wakaja kunitazama, wakanihudumia kiroho nitasema.
5. **Researcher:** - Swali lingine ningependa kuuliza ... wakati ule ulipolazwa hospitalini, je! Ulikuwa na matumaini yoyote ama matumaini ya huduma yoyote kutoka kanisa? Yani "expectations".
6. **Participant 9:** - Eeh, nayo, nililazwa kwa hospitali mda mfupi... tokea Monday
7. nikingojea operation. Sababu nilifikili nitakaa siku moja, siku- "expect" kwamba labda nitastahili kukaa siku mbili, ikawa kila ninapotaka kufanyiwa "operation" High blood pressure ilipanda mpaka Daktari alishindwa kunioperate, na hapo nilianza kuwa na wasiwasi na nikaona kwamba ninahitaji labda watu wangukuwa karibu nami zaidi hata kuomba pamoja, lakini sikuwaona. Mchungaji toka Nakuru alikuwa pamoja nami.
8. **Researcher:** - Hii ni Kabla ya operation, sasa na je! Wakati wa operation?
9. **Participant 9:** - Ndio wakati huu nilikuwa naenda kwa operation ndipo hapo kila wakini-"prepare" asubui niende kwa operation wanapima "blood pressure" yangu, ikawa inaenda juu sana, siwezi kufanyiwa operation.
10. **Researcher:** - Jambo moja ambalo ninalijua, wewe ni mmoja wa waongozi wa kanisa, na kulingana na yale uliyoyapitia unaweza kusema nini kuhusu huduma ya kanisa kwa wagonjwa "Whether it is in Baptist Church or else where?"
11. **Participant 9:** - Huduma kwa wagonjwa, naweza kusema, ni moja ya huduma muhimu sana ile ambayo nilipata ushawishi wa watu wengi kuniletea sababu nyingi zakujiuliza maswali.
12. Nakumbuka hata kuna wakati watu wanaonishauri kwamba nitende, wanakuja kwamba ni mambo ya giza, "so" nakosa nakuambia, sababu ya wiki moja mtu huyu alikuwa ananitia wasiwasi na kuniambia "sasa tazama mtu huyu adjali..."
13. na si mtu mmoja ambaye alikuwa akiniambia, hivi kwamba ambao ninawaamini sana washiriki nao wanitie moyo,
14. kwa hivi ni huduma moja ambayo ninaona ni muhimu sana kwa kanisa.
15. Nina marafiki wengi na labda kuna wengine ambao hawana, yule ambaye nyumbani, na ile community ya kanisa lake ambaye iko naye na mahitaji kutilia maanani kutembelea watu kama hawa.



16. **Researcher:** - Unafikiri kuna washiriki makanisani ambao hawana marafiki? wewe ulikuwa na marafiki wangapi?
17. **Participant 9:** - Sikusema hivi kwa sababu ya wale walionitembelea. Lakini nitasema wengi ni baadhi ya marafiki zangu. Kwa mfano wale ninaomba nao hao ni marafiki. Nitawaita marafiki kweli.
18. Lakini siwezi kusema ya kwamba hakuna wakati nimesha wahi kuona, mtu anatangazwa amekuwa mgonjwa kwa wiki moja, ilisha wahi kutendeka kanisani kwetu, hata wiki moja na watu karibu sote hatujui. So ninajiulza kama ikiwa hivi ni kusema huyu mtu hana hata mtu mmoja ambaye angeweza kujua na kuambia watu?
19. **Researcher:** - Kwa hivi, tuko pamoja kama kanisa, wako peke yao! (mtu kama yule). Tuko pamoja lakini yule mtu ako peke yake.
20. **Participant 9:** - Nafikiri ingekuwa vyema mashirika yatiwe nguvu na yaelekezwe vema kwamba moja ya huduma zake ni kufikia watu kama hao, ya kwamba tunapooona kwa mfano mtu haja kuja kanisani na ni wa mtaa, wajue na waweze kumfikia mtu kama yule na kujua tatizo ni nini na kama ni mgonjwa ili aweze kuhudumiwa na jamii yote ya kanisa.
21. Baadhi yetu viongozi tuliona umuhimu wa huduma huu ya kwamba inaweza kufaa ao kweli kusaidia. Nafikili tuko njiani katika kutoa, ila hatujafika ile stage ya kufaa. Na wewe pamoja na viongozi wengine kuhakikisha watu wanahudumiwa. "Not necessarily materially but the material of course may come later, because" kama mtu labda ni dawa amekosa inastahili, lakini zaidi hata kuomba na mtu na kumtia moyo linakuwa jambo la maana.
22. Wengine labda shida yao si pesa. Tatizo langu wakati ule haikuwa pesa lakini tazama kichwa changu nilikuwa na mawazo mengi. Choc saa yote inanishika sasa mimi nilihitaji mtu wa kuniambia: "It's possible, let's continue," Bwana anaweza, na ninaendelea.
23. **Researcher:** - Swali langu ni kwamba, Je! Hiyo haja uliona ilitimizwa ipaswavyo?
24. **Participant 9:** - Haja hiyo ninaona ilitimizwa lakini nasema O.K. ilitimizwa, lakini haikutimizwa na kanisa langu! Hapa nyumbani ndio ilitimizwa na kanisa langu. Nitasema mchungaji wangu, alikuwa karibu nami mara zote nilipoenda hospitali nilienda naye.
25. Lakini nilipokuwa Tenwek ni yule wa mbali ndiye nilibaki naye. Na washiriki pia hakuna aliyekuja hospitali. Kwa hivyo ilitimizwa lakini ilitimizwa inje ya jamii yangu ya kanisa.
26. **Researcher:** - Labda hapa tunaweza kusema huduma ya yule pastor mwingine inaonyesha umuhimu wa "unity of the Universal Church."
27. **Participant 9:** - Accident yetu ilitokea kwa km 80
28. **Researcher:** - Na kule kwa hospital -

29. **Participant 9:** - Saa zote huyu mchungaji ambaye nilikuwa naye rafiki yangu kila mara Tulikuwa tukishindwa, nikiambiwa siwezi kufanyiwa operation, alinichukuwa twende kwa chapel - tuombe -
30. **Researcher:** - Kwa hivi mulikuwa mnaenda kwa chapel - Siyo kwa wachaplain? - Siyo kwa chaplain lakini kwa chapel.
31. **Participant 9:** - Tuliona kwa chapel pale paliandikwa "chaplain" lakini sikuona chaplain, labda walikuwa, hapo sikuona chaplain, nilihudumiwa tu na mchungaji yule - Labda chaplain walikuwa busy. Nakumbuka... Huyu mchungaji ambaye nilikuwa naye alikuwa kama chaplain hata kwa wengine sababu baada ya kunihudumia mimi alihudumia vile wengine kwenye ward tulimokuwa. Hata yeye akajihisi kwamba amekuwa moja wa wahudumu wa hospital.
32. **Researcher:** - Nashukuru kwa "insight" hii kutoka kwako; labda una jambo moja lingine? La mwisho ungependa kuchangia kwa wagonjwa.
33. **Participant 9:** - La mwisho labda ningesema hakika wakati wa kutia moyo, wakuvunja moyo ndio wengi. So tukipata watu wakutia moyo tutaenda long way na kufanya makubwa na kuweza, watu ku...
34. kuna watu wanaoumiya kwa sababu hawana watu wa kuwatia moyo, si fedha hana, si uwezo hana, lakini hana mtu kumwambia yawezekana, sababu ninakumbuka kwa mfano siku ya kwanza tulipokuwa kwa daktari, alisema mkono wako huu hautaandika tena. Mchungaji wangu alikuwa hapo na ninakumbuka alisema "huu ni unabii wa uwongo" Yale maneno yake kwamba huu ni unabii wa uwongo yalinitia moyo.
35. **Researcher:** - Unasema kwamba, lile neno la mchungaji ulilisikiaje?
36. **Participant 9:** - Unajua nina "earn" maisha yangu kwa kuandika kulisha jamaa yangu. Sasa kama mkono hauandiki ni kama mlimaji angeambiwa tutaukata mkono wako, basi yeye hawezi kushika jembe tena.
37. **Researcher:** - Nashukuru sana, na Bwana akubariki.
38. **Participant 9:** - Nawe pia
39. **Researcher:** - Unasema kwamba kweli wakati wa ugonjwa watu wanakuja, na ndio maana ningependa kujua moja ya yale mambo ambayo wale watu walisema wakikushawishi kuendea watabibu wengine. Kwa hivi unahakikisha kwamba hawakumaanisha tabibu wa kienyeji bali waganga!
40. **Participant 9:** - Mganga yah! They trying to baptize it kama ni tabibu wa kienyeji lakini to my understanding waliponipa picha "how to stand," hiyo niliona ni strategy. Kwa sababu walianza kuniambia ni mambo ya usiku, sijui ndiyo utaombewa, ukimwangiwa mafuta huu ni uganga wa kienyeji.
41. Hata kwetu, tukiwa wadogo nilikuwa nikiona baba akitengeneza watu ambao wamevunjika mifupa na wanasaidiwa. Wanapakaliwa mafuta, wanawekwa na ku "supportiwa" na hata mbao na mtu anapona, lakini kitu unatengenezwa na unarudi kwako, lakini kama nitajengewa kibanda mahali pale ...

42. **Researcher:** - Walisema ni maombi gani haya, kwa Yesu ama kwa nani?
43. **Participant 9:** - Sasa hapo hawakuwa wananipa details, lakini sasa ikanilazimu mimi mweyewe nitranslate na kuona “in my own interpretation” ya kwamba pale si maombi...
44. **Researcher:** - Na yule semegi unamtaja Mombasa, lakini mambo aliyokuwa akiyahesbu yalikuwa ni kweli.
45. **Participant 9:** - Kweli nalikuwa involved in an accident bado nikiwa kijana! Lakini wakati ule ni wakati hata nilikuwa sijaokoka. Akawa ana “quote” hata miezi na siku kwamba nilipata accident wakati huo kwa October na tena wakati huu pia kwa October. (researcher: kwa hivi yeye ana good memory). Sasa mawazo yake ni kwamba niende kwa ramli, kuenda kuangilia ati ni nini ninapata ajali na zote kwa mwezi wa October.
46. **Researcher:** - Naam! Ni kweli kwamba ni October?
47. **Participant 9:** -Yah! It is true, the facts are correct!
48. **Researcher:** - Na ramli ni kitu gani inafanywa na wanani?
49. **Participant 9:** - Sini waganga wa kienyeji, Ramli ni sawa na “horoscope” ao nyota ya mtu.
50. **Researcher:** - Ninashkuru sana!

## CURRICULUM VITAE

### Personal data:

Birth: September 26, 1959  
Father: Muhindo Muhembe  
Mother: Kahindo Mbolu Nzingene  
Sisters: Kahindo, Kavuo, Mbambu  
Brothers: Katsuva and Kakule  
Married: to Masika Kachike, June 26, 1981  
Children: 2 daughters: Nzundi Musafiri, (adoptive) Katungu Mwenge Justine  
3 sons: Muhindo MaliyaMungu, Mbale Muyisa, Mathe Tsongo  
Nathanael-Corneli

### Academic Qualification:

1966-1973 Ecole Primaire Ivatama – Musienene, Congo  
1973-1975 Cycle d’Orientation Sebe, Musienene, Congo  
1975-1976 Institut Lwanzururu, Beni  
1977-1978 Institut Technique de Nduye, Mambasa, Congo  
1979-1981: Ecole Biblique Oicha, Beni, Congo  
1981: Ecole de Musique Oicha, Beni, Congo (certificate)  
1981-1985 Institut Biblique d’Aungba, Mahagi, Congo  
1992-1993 Diplome d’Etat (Autodidacte, Centre de Bunia)  
1993 Nelson Bell Chaplaincy Training School, Bomet - Kenya  
1996 B.Th. Kenya Highlands Bible College, Kericho, Kenya  
2001-2004 Mdiv. CE. Nairobi Evangelical Graduate School of Theology, Nairobi, Kenya.

### Experience and Seminars Training:

1985 – 1987 Assistant Pastor, Section CECA-20 Beni and CRE teacher in Mabakanga Secondary School  
1987 – 2004 Nyankunde Hospital Chaplain, (Centre Médical Evangélique)  
1987 – 2004 Member of Hospital Christian Fellowship (GBH), Nyankunde Group)  
1987 – 1996 Member of Scripture Union, Bunia (Ligue pour la Lecture de la Bible)  
August 1992 Participated in the Hospital Christian Fellowship conference, Kinshasa  
April 1994 Participated in the “All Africa Churches AIDS Consultation, Kampala  
Sept. 1995 Participated in the “All Africa Churches AIDS Consultation, Kampala  
July 1997 Participated in Evangelism Explosion III International Trainer’s seminar (EE III, Kenya Highland Bible College.)  
April 1998 Participated in EE III International Trainers’ Trainer (NEGST)  
2000 Conducted the training of EE III trainees of Kericho Baptist Church  
June 2000 Christian Disciple Award of Kenya Highlands Bible College  
March 2003 Sunday School Teacher Trainer’s Seminar  
June 2003 Award for benevolent work in the Wilmot Memorial Library NEGST.  
July 2004 Award of Evangelical Teacher Training Association (ETTA) certificate