

# **The AIDS Orphan Crisis in Kenya: Caring for Kikuyu Children in Escarpment**

**Patrick Gitau Kihiu**



**April 2007**

## **Abstract**

### **The AIDS Orphan Crisis in Kenya: Caring for Kikuyu Children in Escarpment**

The HIV/AIDS pandemic has continued to ravage many populations in the world. Sub-Saharan Africa has become the home of millions of HIV/AIDS orphans and the numbers continue to grow. A major repercussion of the pandemic is that the traditional extended family network within this African context has been overwhelmed. Many of the AIDS orphans are now cared for by elderly grandparents. This study shows how the Kikuyu tribal system is supposed to work in providing care for its orphans. The study examines how some of the contemporary factors, particularly the spread of the HIV/AIDS pandemic, have affected this tribal system. The study shows how the local Kikuyu churches, in Escarpment (Mwimutoni village), and other orphan-care models within Kenya are currently responding to the orphan crisis.

The main theories guiding this study are: (1) The Mission Station and People Movement Mission Strategies as discussed by Donald McGavran (1955); (2) The Modality and Sodality Structures of Mission as defined by Ralph Winter (1999); (3) The Diffusion of Innovation theories (Roger 1995); and (4) The Transformation and Integral Model of mission (Samuel 1999). The Mwimutoni Center of Hope is presented as a 21<sup>st</sup> century “network of partnerships” model in responding to the HIV/AIDS pandemic and orphan crisis within the Sub-Saharan African milieu. This paradigm in mission is Christ centered, decentralized, locally based, and globally connected.

This is a qualitative missiological study. The main methods of gathering research data were: participant observation, ethnographic field interviews, and a survey of the relevant literature. The “grounded theory” approach formed the basis for data analysis



and subsequent missiological interpretation—in this research approach, theory emerges from the data gathered (Strauss and Corbin 1998).

The traditional Kikuyu tribal system is presented in Chapter Two, and the effects of British colonialism and rural-urban migration are also briefly discussed. Chapter Three looks at the global scope of the HIV/AIDS pandemic, and then focuses on the Kenyan, Sub-Saharan African context. Various “institutional” and “household-based” orphan-care options are presented in Chapter Three.

Chapter Four includes the biblical, theological, and missiological foundations for responding to the needs of orphans and other vulnerable in community. A more detailed account of the various responses to the AIDS orphan crisis in Kenya is then provided in Chapter Five. The final chapter is a missiological analysis of some of the contemporary orphan-care models presented in this study. Chapter Six concludes by discussing how the church (local, national, and global) can continue to respond to the HIV/AIDS pandemic and orphan crisis within Escarpment, and offers recommendations for further research.

## **DISSERTATION APPROVAL SHEET**

This dissertation, entitled

**The AIDS Orphan Crisis in Kenya:**

**Caring for Kikuyu Children in Escarpment**

written by

Patrick Gitau Kihui

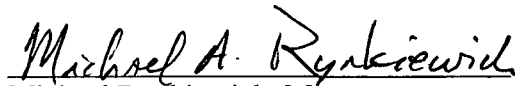
and submitted in partial fulfillment of the

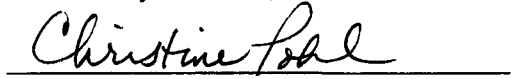
requirements for the degree of

Doctor of Philosophy

has been read and approved by the undersigned members of  
the Faculty of the E. Stanley Jones School of World Mission and Evangelism

Asbury Theological Seminary

  
Michael Rynkiewicz, Mentor

  
Christine Pohl, Reader

  
Christina Accornero, Reader

**April 2007**



**The AIDS Orphan Crisis in Kenya:  
Caring for Kikuyu Children in Escarpment**

**A Dissertation**

**Presented to the Faculty of  
E. Stanley Jones School of World Mission and Evangelism  
Asbury Theological Seminary  
Wilmore, Kentucky**

**In Partial Fulfillment of the  
Requirements for the Degree  
Doctor of Philosophy**

**Dissertation Committee:**

**Dr. Michael Rynkiewicz, Mentor**

**Dr. Christine Pohl, Reader**

**Dr. Christina Accornero, Reader**

**By**

**Patrick Gitau Kihui**

**April 2007**

**Copyright 2007  
Patrick Gitau Kihiu  
ALL RIGHTS RESERVED**



## Table of Contents

List of Figures.....	vii
List of Tables.....	viii
Acknowledgements.....	ix
1. No Family, No Home.....	1
Statement of the Problem.....	2
Delimitations.....	4
The Researcher's Role .....	5
Definitions of Key Terms .....	7
HIV/AIDS Orphans .....	8
The Extended Family .....	8
Integral Mission .....	9
Significance of the Study.....	9
Theoretical Framework.....	11
Research Methods.....	11
Analysis and Interpretation of Data .....	13
Ethical Considerations .....	14
Summary .....	14
2. Kenya and the Kikuyu People: Historical Background .....	18
Kenya: History and Background .....	18
Escarpment Sub-Location.....	19
The Kikuyu of Kenya.....	22
Kikuyu Culture.....	23

The Extended Family .....	27
Kikuyu Children.....	29
Father's Relatives.....	32
Mother's Relatives .....	33
Grandparents .....	33
Polygamy, Widows, and Orphans.....	34
Kikuyu System of Education .....	36
Kikuyu Rite of Circumcision .....	36
Kikuyu System of Land Tenure.....	39
European Contact.....	43
The Colonialists .....	43
Missionary Ventures .....	46
Mau Mau and the Kikuyu .....	51
Effects of Rural-Urban Migration.....	54
Summary .....	57
3. The HIV/AIDS Pandemic and Orphan Crisis.....	61
The HIV/AIDS Pandemic .....	61
Transmission .....	62
AIDS Pandemic: The World Context .....	63
AIDS Pandemic: The Kenyan Context.....	64
AIDS Orphans.....	67
HIV/AIDS Projections (Orphans).....	70
Efforts to Protect Children Orphaned by AIDS .....	71



Caregivers—Strengths and Weaknesses.....	76
Household-Based Care.....	76
Institutional Care.....	78
Six Zimbabwe Models .....	81
AIDS Response: The Sub-Saharan African Context .....	83
AIDS Response: The Kenyan Context .....	86
Summary .....	88
4. Biblical, Theological and Missiological Foundations .....	93
Shalom and the Kingdom of God .....	94
The Care of Orphans and the Vulnerable in the Old Testament.....	98
The Care of Orphans and the Vulnerable in the New Testament .....	103
Christ Responds to the Sick .....	103
Christ Responds to Children .....	106
The First Church Response .....	107
The Church as Family .....	108
The Present Church Response .....	110
Evangelical Gatherings .....	112
Missiological Theories of Mission.....	113
Mission Station (MS) and People Movement (PM) Mission Strategies. ....	114
Structures of God’s Redemptive Mission .....	116
Mission as Transformation .....	118
Diffusion of Innovations .....	121
The Role of Global Partnership .....	125

Summary .....	127
5. Responding to the AIDS Orphan Crisis in Kenya .....	132
Escarpment Background .....	132
Administrative Boundaries .....	135
Physiographic and Natural Conditions .....	136
Settlement Patterns.....	137
Major Development Challenges and Issues .....	138
Field Research Data .....	141
A Deeper Understanding of Kikuyu Tribal Structure.....	143
Changes in the Tribal Structure .....	146
Effects of Colonialism .....	146
The HIV/AIDS Pandemic .....	149
The Orphan Crisis.....	151
The Extended Family.....	152
Responding to the HIV/AIDS Pandemic .....	154
The Local Church's Response .....	155
The Local Community Perspective.....	159
A Broader Community Perspective .....	164
The CACC Response. ....	165
The AIC Kijabe Hospital Response.....	166
New Hope Children's Home (NHCH).....	168
Wakimbo Orphan Home (WOH).....	170
KENERELA. ....	171



Reaching the Unreached People Ministry (RUPM).....	173
Glory Outreach Assembly (GOA). ....	174
World Relief (WR). ....	175
Kids Alive International (KAI). ....	178
The Rafiki Foundation. ....	179
Other HIV/AIDS Agencies. ....	180
Mwimutoni Center of Hope .....	184
Summary .....	189
6. An Emerging Model of Mission .....	194
Missiological Analysis.....	195
Modality and Sodality .....	195
Models of Mission .....	201
The Role of Opinion Leaders.....	205
Transformational and Integral Mission.....	212
The Role of Partnership .....	213
The Local Church .....	214
The Church as Jesus' Hands and Feet.....	215
The Church as Educator.....	216
Church Leadership .....	217
Church Doctrine.....	217
Alternative Rites of Passage. ....	218
Prevention of AIDS Orphans .....	220
The Mwimutoni Center of Hope: An Emerging Model of Mission .....	222

Recommendations for Further Research and Study.....	224
The Girl Orphan.....	225
The Quality of Orphan-Care Programs.....	226
HIV/AIDS Prevention Methods.....	226
The Sub-Saharan African Context.....	226
Various Religious Responses.....	227
Theoretical Contributions .....	227
 <b>Appendices:</b>	
Appendix A: Kikuyu Glossary.....	230
Appendix B: Churches in Mwimutoni (Escarpment sub-Location).....	231
Appendix C: A Selected Chronology of Kenya's History.....	232
Appendix D: Demographical information on Kenya.....	235
Appendix E: Sample Interview Questions.....	237
Appendix F: Effects of HIV/AIDS in Escarpment, Community Responses, Obstacles and Challenges.....	239
Appendix G: The local church response to the HIV/AIDS pandemic in Mwimutoni, Escarpment, Kenya.....	241
Appendix H: The community perspective on the church's response to the HIV/AIDS pandemic in Mwimutoni, Escarpment, Kenya.....	244
Appendix I: Kenya Ministry of Science and Technology Authorization.....	247
Appendix J: Kenya Office of the President Authorization.....	248
 <b>References Cited.....</b>	 249

## **List of Figures**

Figure 1: Map of Kenya showing the location of the Kikuyu in Central Province.....	19
Figure 2: Map of Kiambu District Showing the Location of Escarpment.....	20
Figure 3: Map of Kenya Showing the Various Tribes.....	23
Figure 4: The Kikuyu Patrilineal Descent System.....	26
Figure 5: The Kikuyu Kinship System (Male Ego).....	30
Figure 6: The Kikuyu Kinship System (Female Ego).....	31
Figure 7: Webs of Authority within the Central Province of Kenya.....	133
Figure 8: Map of Escarpment and its Environs.....	134
Figure 9: Categories of Children among the Kikuyu of Kenya.....	145
Figure 10: Mwimutoni Center of Hope: A Network of Partnerships Model.....	187
Figure 11: Mwimutoni Center of Hope: An Integral Mission Model.....	223

## **List of Tables**

Table 1: Methodology of Research.....	12
Table 2: Population by Sex, Number of Households, Area and Density.....	21
Table 3: Kiambu Administrative Units by Division.....	135
Table 4: Projected Population Distribution and Density by Division.....	138
Table 5: Population Projections by Age Cohorts, 1998- 2008 (Kiambu).....	140
Table 6: Categories and male-female ratio of people interviewed.....	142
Table 7: Representation of Various Contemporary Orphan-care Programs in Kenya...	190
Table 8: A Missiological Categorization of Orphan-care Programs in Kenya.....	196

## **Acknowledgements**

This study has been in answer to God's call in my life. Jesus Christ has been a constant friend and guide throughout this process. He deserves all the glory and praise.

Rebecca, the love of my life and mother to our children, has encouraged me to the end. Her strong faith in God and her compassion towards the orphans in her village has inspired this study. Our two children, Patience (11) and Shalom (8), have been the joy of our lives. They have allowed "daddy" to work hard in completing this "book" about "how we can help the poor children in Africa."

This study has given me a greater appreciation for my people and our heritage. I will be forever grateful to all the brave men and women who laid down their lives so that we can have an independent Kenyan state free from colonial rule.

This study could not have been accomplished without the dedication of the Escarpment community. It was due to their unceasing prayers and hope that the Mwimutoni Center of Hope came into being. I thank them for giving me the freedom and time to conduct the field research among them in a most cordial atmosphere. I also want to give special thanks to Pastor Stephen Chege and the Mwimutoni Center of Hope staff (2006) for assisting me in planning and scheduling all the interview appointments.

Special thanks go to all the project directors interviewed in this study. These are the people offering a frontline response to the AIDS pandemic and orphan crisis. They represent the body of Christ in action (local, national, and global).

There are many people within my extended family that have enabled me to come thus far. First are my own parents, Moffat Kihui Gitau and Ruth Wanjiru Kihui, who are so dear to me. They denied themselves many things so that my sisters, brothers, and I



could have a good education and future. I would like to thank my extended family members, led by my beloved deceased *baba munyinyi* (Erastus Njoroge Gitau), who contributed towards a *Harambee* (fundraising gathering) to send me (their son) to America for further studies in 1992. This study is the fruit of their sacrifice, prayers, encouragement and support.

I would also like to thank Dr. Bishop Armstrong and Rev. Rhoda Cheggeh for being my spiritual parents and ministry role models. Rev. Jackson and Liz Kariuki and the Mbagathi Road Church family of the early 1990s have been a great encouragement.

This study could not have been possible without the support of our extended Christian family in the USA. I would like to thank the following people who have invited us into their lives, churches, and homes while we have been far away from home:

Douglas and Barbara Slusser of Greensburg, Pennsylvania; Pastors Paul and Nancy Glass, and members of Rex World Outreach, Georgia; Pastors Julie Broderson and David Thomas, and the Centenary Church family (especially the New Covenant Sunday School Class), Lexington, Kentucky; Pastor and Mrs. David and Sally McCowan, and members of Ekklesia Christian Life Fellowship, Lexington, Kentucky; Larry and Sherry McNabb, and leaders of His Servants Ministries, Somerset, Kentucky; The Kihui International Ministries board of directors (Doug Dean, Gale Reece, and Lynda Collins).

I owe my sincere gratitude to the following members of my dissertation committee: Dr. Michael Rynkiewich (Mentor), Dr. Christine Pohl, and Dr. Christina Accornero. Thank you for all the encouragement and helpful criticism throughout the dissertation process. The entire ESJ faculty has imparted me with valuable tools in the theory and practice of Christian mission.

## Chapter 1

### No Family, No Home

The day was June 14, 2005. My wife (Rebecca), her sister (Muthoni), a village friend (*ithe wa* Thuo), and I, were driving into Mwimutoni village around 5:00 p.m. Suddenly, our eyes caught sight of a boy walking towards us with a wheelbarrow. As we drew closer, Rebecca thought she recognized the boy, “Muthoni, isn’t that Njuguna?” she inquired in the Kikuyu language. “Yes, it is Njuguna,” confirmed Muthoni. “Where is he going with a wheelbarrow full of bedding [mattress and blankets]?” Rebecca asked, rather disturbed. Before Muthoni could answer, I stopped the car next to Njuguna while Rebecca lowered her window and proceeded to converse with the boy:

Rebecca: “Where are you going Njuguna?” [The boy shies off—giving no verbal answers]

Muthoni: “Does that wheelbarrow belong to Mama Kiarie?”

Njuguna (orphan boy): “Yes.”

[After talking to Njuguna for a while, we finally said goodbyes and departed as we began to inquire from Muthoni more about the boy’s situation]

Njuguna is one of the Escarpment orphans. He is among the neediest children in the village. After the death of both his parents, he went to live with his aged grandfather. Njuguna’s grandfather was now too elderly to care for him and had just been moved to a hospital. Njuguna was left without a sole guardian, and would now be living with a non-relative (*nyina wa* Kiarie).

We came to know of Njuguna’s case through our community outreach center in Escarpment. As the founders and overseers of The Center of Hope (COH), our main goal is to ensure that orphans and vulnerable children receive more integral care by

responding to their human needs. The COH is neither a children's home nor a replacement for any community care program, but rather it is a partnership project between the local, national and wider global community.<sup>1</sup>

Njuguna's case is not unique. In January of 2006, the COH cared for 36 double orphans, 33 single orphans, and 25 other vulnerable children.<sup>2</sup> Most of these children live with extended family, i.e., grandparents, uncles, or aunties. However, there are certain cases where the extended family structure is not adequate for this alternative care. Many of these vulnerable children are forced to look beyond their familial structure for shelter.

There are various cases in the village where:

1. Elder children struggle to care for their younger sibling.
2. Non-relatives provide assistance to the orphans.
3. Local churches adopt some of these children.
4. Others find acceptance in children's homes or orphanages.

#### Statement of the Problem

This research proposes to: (1) examine how the Kikuyu tribal structure and other contemporary institutions within Escarpment and surrounding regions provide care for orphans, particularly since the advent of the HIV/AIDS pandemic, (2) discover how the local church is currently involved in caring for orphans, and (3) develop a model for local church involvement in orphan care.

The extended family has been the traditional means of caring for orphaned children among the Kikuyu people. In *Facing Mount Kenya*, Kenyatta shows how the Kikuyu tribal structure functioned in addressing the needs of the community:

---

<sup>1</sup> More details on the COH are provided in Chapter Five of this study.

<sup>2</sup> These children have both parents living but they are unable to provide them with basic care due to lack of financial resources.

The Gikuyu tribal organization is based on three most important factors, without which there can be no harmony in the tribal activities. The first is the family group (*mbari* or *nyomba*), which brings together all those who are related by blood; namely a man, his wife or wives and children and also their grand- and great-grandchildren. The second is clan (*moherega*), which joins in one group several *mbari* units who have the same clan name and are believed to have descended from one family group in the remote past. The third principal factor in unifying the Gikuyu society is the system of age-grading (*riika*). The *mbari* and *moherega* systems help to form several groups of kinsfolk within the tribe, acting independently; but the system of the age-grading unites and strengthens the whole tribe in all its activities.<sup>3</sup> (1938b:1)

It was within the above structure that tribal harmony was ensured. However, various changes have taken place within the Kikuyu tribe since Jomo Kenyatta published his renowned book. There are a number of factors that have significantly impacted Kikuyu tribal organization, namely: (a) Colonialism, (b) Rural-urban migration, and (c) The HIV/AIDS pandemic.

In what follows, there is an inquiry into the ways that the above factors have affected the Kikuyu tribal structure in Escarpment, and the way that people are currently providing care for their orphans. In the beginning of this chapter, there are four cases where orphans are receiving alternative care (page 2). It is evident that, as the tribal structure disintegrates and the AIDS pandemic continues to wreak havoc, the Kikuyu people employ various strategies to provide care for orphans. This research will provide a better understanding of the extent to which various alternative institutions are providing care to the orphans.

Finally, the goal is to develop a model for local church involvement in orphan care. Njuguna's case, with which we began, is an example of inadequate orphan care within the Kikuyu tribal structure. It is certain that some form of care is already taking

---

<sup>3</sup> The name of the people is spelled in several ways. Kenyatta preferred Gikuyu. The most common spelling today is Kikuyu.

place to alleviate the needs among the Escarpment orphans. However, it is also quite obvious that the tribal structure is currently overwhelmed and thus not able to offer the necessary care to all the vulnerable children. First and foremost, the prevailing “gap” in offering care for the orphans needs to be determined. Second, is discerning how the church can respond to this urgent need in the Kikuyu community. The specific research questions which will be considered in this study are:

1. How is the Kikuyu tribal system supposed to work in providing care for orphans (pre-colonial era and prior to the HIV/AIDS pandemic)?
2. What changes have occurred within the Kikuyu tribal system (especially during the colonial and post-colonial periods) and how have they influenced the way that orphans are cared for?
3. To what extent and in what ways has the HIV/AIDS pandemic (and other contemporary factors) affected the traditional extended family structure?
4. How are the Kikuyu people in Escarpment currently coping with the above changes?
5. What are the local Kikuyu churches in Escarpment doing, and what else could they be doing in tackling the HIV/AIDS orphan crisis?
6. What HIV/AIDS programs or approaches are in use (locally, nationally, or globally) and are applicable to the Escarpment context.

### Delimitations

This study focuses on the HIV/AIDS orphan crisis in Kenya. The primary research area is Mwimutoni village (Escarpment sub-location) which is located within Lari division, Kiambu district, Central province, of Kenya.<sup>4</sup>

Chapter Two provides the relevant historical background of Kenya and the Kikuyu cultural context in Chapter Two. Since this study is particularly concerned with the effects of HIV/AIDS on the Kikuyu tribal structure, Chapter Three provides the necessary background on the pandemic (Chapter Three). However, it was beyond the scope of this dissertation to engage in any comprehensive study of the origins and other

---

<sup>4</sup> There is a more detailed background of Escarpment in Chapter Two and Five of this study.

effects of the pandemic except where they concern the orphan crisis within the Escarpment locale.

### The Researcher's Role

There was a day when anthropologists imagined themselves to be objective observers who did not affect the life of the people they studied (see discussion in van Willigen 2002:30-45). With the arrival of the postmodern critique, it has become necessary for every researcher to locate himself or herself with respect to the community of study (Knaft 1996:105-139). Who we are and how we conduct ourselves makes a difference in how our research is conducted (Bernard 2002:322-355).

Mwimutoni is my wife's home village. We have established the Centre of Hope (COH) there to respond to the needs of the orphans and vulnerable children. In establishing this outreach project in the village, we have made certain assumptions and taken a particular stance concerning how to respond to the needs of orphans and vulnerable children. Our direct involvement in the village has certainly influenced how we perceive the local churches' responses to the HIV/AIDS pandemic and the way that the local churches perceive us.

There are certain advantages to my role as a researcher in Escarpment. First, Kikuyu is my mother tongue and the language of the Escarpment community. I am able to speak my native tongue fluently and understand what the people are saying without the help of an interpreter. The ability to speak the local language is essential in conducting

the ethnographic interviews, and also in the transcribing process.<sup>5</sup> Most outsiders never achieve this level of ethnographic competence.<sup>6</sup>

The insiders' view has enabled me to have some unique reflections during the research and analysis. Many people mistake "insider's" views for an "emic" understanding, but the two are not the same. There are unreflective insiders who would not be able to communicate the meaning of symbols and concepts. For the reasons listed below, I have been able to bring linguistic competence as well as a certain outsider perspective to the research.

In fact, there are various levels of insider and outsider positions that an ethnographer can take. First, I take something of an outsider view since this is actually my wife's village, not mine. Second, I am more of an urbanized Kikuyu since most of my Kenyan life has been within the city of Nairobi. Third, all my undergraduate, graduate, and post-graduate studies have been in the USA (for the last 15 years, since 1992).

These three layers suggest that my position within the village, particularly when I was doing my research, was marked by ambiguity (Bernard 2002:350-351). While I spoke as an insider, people would often ask me if I was going to access money from the United States to build an orphanage in Escarpment. This implies that they thought of me as someone with connections in the wider world, connections that most people in Escarpment did not have. This anticipation may have affected the way people shaped the answers to my questions. That is, they may have been asking themselves, "what does he need to hear in order to get that orphanage here?"

---

<sup>5</sup> The elders in Mwimutoni also provided me with a deeper understanding of the Kikuyu language and culture.

<sup>6</sup> The ability to interview and translate the native language.

There is another aspect of my location as a researcher. As founders of the COH, my wife and I have established a close relationship with the local people. We have won the people's trust and goodwill. The fact that we came to the USA for further studies, and did not forget our people speaks volumes to them. This perception probably contributed to the success that I had in my scheduled interview sessions in the village—97 percent of those scheduled for an interview showed up on their specific day and time.

Of course, any social network has positive and negative relationships. Our ongoing involvement in Escarpment presented various challenges for the research. It is likely that certain individuals in the village withheld valuable information from me and that information might have shaped this study in a different way. However, I am confident that some people's trust in me (as one of their Kikuyu sons) also provided some essential information that could not be easily accessed by a foreigner. In my interview sessions, I observed that most of the respondents only made positive comments about the COH. This may have been different if I was seeking information as a complete outsider. In my interview questions, I intentionally tried to focus more on discovering how the local church and community were responding to the AIDS orphan crisis and did not ask their opinion of the COH program.

### Definitions of Key Terms

This section defines some of the major terms used in this research, namely:

1. Two categories of AIDS orphans are discussed—"single" orphans and "double" orphans.
2. The Sub-Saharan understanding of the "extended family" tribal system is explained.
3. Integral Mission as ministry to the total needs of people.



### HIV/AIDS Orphans

“Single” orphans are defined as those children who have lost one of their parents to the pandemic (either mother or father). Those who have lost their mothers are referred to as “maternal” orphans, while those whose fathers have died are known as “paternal” orphans (UNICEF 2003:13).

Where both parents have died from the disease, these children are identified as “double” orphans. Again, on this distinction, UNICEF’s definition is helpful:

As a cause of orphanhood, HIV/AIDS is exceptional in that if one parent is infected with HIV, the probability that the spouse is also infected is quite high. This means that children face a large risk that both their parents could die within a relatively short period. Without HIV/AIDS, the total number of “double” orphans—the term used to describe children who have lost both parents—would have declined from 1990 to 2010, in line with overall orphan rates in Sub-Saharan Africa. (2003:9)

### The Extended Family

Orphans in Sub-Saharan Africa continue to be taken in by the extended family. The extended family has historically formed an intricate and resilient system of social security that usually responds quickly to the needs of orphaned children. The following are two examples showing how many extended families within Sub-Saharan Africa care for their orphans (UNICEF 2003:13):

1. It is traditional in many southern African communities for the deceased father’s nearest relative to inherit the deceased man’s wife and children. Similarly, if a mother dies, the husband would then marry a close female relative of the deceased, who would then be obliged to regard any of his children as her own.
2. It is also common for parents in many Sub-Saharan African countries to send their children to be raised away from home, either by relatives or non-relatives. They may

do this because they are unable to take care of the children themselves, to save money, or to provide their children with better economic opportunities. (UNICEF 2003:13)

### Integral Mission

In this study, “integral mission” refers to Christian ministry to the whole person (physical, social, economic, emotional, and spiritual). Vinay Samuel makes the compelling claim that “wherever social change is attempted it cannot be done without relation to God in Christ” (1999:229). Indeed “evangelism” and social action are both vital components of an integral mission paradigm.

### Significance of the Study

Recent surveys show that the HIV/AIDS pandemic has contributed to the vast number of orphans worldwide. It has been estimated that Kenya alone has 1.6 million AIDS orphans (NASCOP 2005:61). The extended family structures have been greatly overwhelmed by the rising number of orphans.

The extended family, within the Kikuyu tribe, provided a structure through which orphan needs were addressed (Kenyatta 1938a). Chapter Two of this study will examine the claim that British colonialism contributed to the disintegration of the Kikuyu tribal structure. There will be a discussion on whether or not the HIV/AIDS pandemic has further weakened the extended family (Chapter Three). Many Sub-Saharan African families have been unable to cope with the rising number of orphaned children.

The responsibility of caring for orphaned children is a major factor in pushing many extended families beyond their ability to cope. With the number of children that require protection and support soaring, and ever-larger numbers of adults falling sick with HIV/AIDS, many extended

family networks have simply been overwhelmed. Many countries are experiencing large increases in the number of families headed by women and grandparents; these households are often progressively unable to adequately provide for children in their care. The number of children living on the street is rising, most likely driven by HIV/AIDS. (UNICEF 2003:4)

The above UNICEF research conducted within Sub-Saharan Africa confirmed that extended families have been overwhelmed by the rising pandemic. For example, “In Nyanza province, western Kenya, the high number of orphans has overwhelmed the traditional mechanisms for orphan care, based on patrilineal kinship ties” (UNICEF 2003:19). Thus, the issue of the spread of HIV/AIDS and the resultant effect of the epidemic on children is one of the most important social issues of our age.

The purpose of this research is to develop a reliable description and analysis of the effect of HIV/AIDS on local communities in Kiambu District in Kenya, with particular attention paid to AIDS orphans. Once this is in place, then a strategic approach can be developed to respond to the orphan crisis among the Kikuyu of Escarpment, Kenya. This study will seek to provide an important resource to those seeking effective models in responding to the crisis within the Sub-Saharan African context. Indeed, “the worst is still to come” as we try to discern how to tackle the HIV/AIDS pandemic:

As staggering as the numbers are, the orphan crisis in Sub-Saharan Africa is just starting to unfold. As today’s young adults die in growing numbers, they will leave growing numbers of orphaned children. By 2010, HIV will have robbed an estimated 20 million children under the age of 15 of one or both parents, nearly twice the number orphaned in this age group in 2001. (UNICEF 2003:8)

I will be proposing that the local church can embrace “a new vision of family” in responding to the orphan crisis.<sup>7</sup> The church can function as the “alternative extended family” to the AIDS orphans. As the traditional families continue to be overwhelmed, the

---

<sup>7</sup> Specifically: discerning the role of the local church in this missional context.

number of orphans and vulnerable children (OVCs) will also be on the increase. The Church is thus called to minister to the total needs of these vulnerable children.

### Theoretical Framework

The biblical themes of *shalom* and the kingdom of God relate to integral mission amongst the poor, and that discussion can be found in Chapter Three. There, a biblical view of ministry to orphans and other vulnerable people in community is developed. In addition, there is a discussion of the biblical basis for a theology of church as family and caregiver. I will propose that the global church has a divine call to function as alternative family and caregiver to the destitute.

Early European missionaries among the Kikuyu had a developmental framework of missions that represented their Western bias. The work in Chapter Three will show how various missiological lenses can enable us to respond effectively to the HIV/AIDS orphan crisis within the Kikuyu context. The following theories/perspectives will help to guide this study:

1. The Mission Station (MS) and People Movement (PM) Mission Strategies;
2. The Modality and Sodality Structures of Mission;
3. Mission as Transformation;
4. The Diffusion of Innovations; and,
5. The Role of Global Partnership in Christian Mission.

### Research Methods

This study is based on qualitative research. “By the term ‘qualitative research’, we mean any type of research that produces findings not arrived at by statistical procedures

or other means of quantification” (Strauss and Corbin 1998:10). The primary modes of gathering data were: participant observation, ethnographic field interviews, library, and internet research (see Table 1).

Table 1: Methodology of Research

Research Areas	Methods of Data Collection
1. To discover how the tribal system used to work.	Library research and ethnographic interviews with elders in Escarpment.
2. To analyze and explain the current situation: <ul style="list-style-type: none"> <li>▪ How the tribal system functions in the contemporary context.</li> <li>▪ How orphan needs are currently being addressed.</li> <li>▪ What the churches and other HIV/AIDS programs are doing to provide care for the orphans.</li> </ul>	Participant observation and ethnographic interviews with the following groups of people: Kikuyu elders, community/political leaders, school teachers, pastors/church leaders, adult caregivers, leaders of HIV/AIDS programs, “double orphans” and “single orphans.”
3. To discover successful approaches in caring for orphans—local, national, and global—in order to discern how the church can become more involved in caring for HIV/AIDS orphans.	Library research and interviews. I conducted interviews with those who are involved in orphan care within the Kenyan context (pastors, adult caregivers, and HIV/AIDS program managers).

According to James Spradley, the participant observer comes to a social situation with two purposes (1980:54): (1) to engage in activities appropriate to the situation and (2) to observe the activities, people, and physical aspects of the situation. This is exactly how I conducted my field research: by being both actively engaged and always observant among the contemporary Kikuyu, of Escarpment, Kenya.

I used both formal and informal forms of interviewing in my research. According to Spradley: “An informal ethnographic interview occurs whenever you ask someone a question during the course of participant observation” (1980:123). Formal ethnographic interviews, on the other hand, usually occur at appointed times and result from specific requests to hold interviews (Spradley 1980:124). Most of the interviews presented in Chapter Five of this study were “formal” and the questions were “open-ended” in form (Appendix E).

### Analysis and Interpretation of Data

Grounded theory, as described by Strauss and Corbin, guided the analysis and interpretation of the data gathered (Strauss and Corbin 1998). By the term “grounded theory” they mean:

Theory that was derived from data, systematically gathered and analyzed through the research process. In this method, data collection, analysis and eventual theory stand in close relationship to one another. A researcher does not begin a project with a preconceived theory in mind (unless his or her purpose is to elaborate and extend existing theory in mind). Rather, the researcher begins with an area of study and allows the theory to emerge from the data. (Strauss and Corbin 1998:12)

Strauss and Corbin contend that theory derived from data is more likely to resemble “reality” than that which is derived from speculation. “Grounded theories, because they are drawn from data, are likely to offer insight, enhance understanding, and provide meaningful guide to action” (Strauss and Corbin 1998:12). According to John Creswell:

The process of data analysis involves making sense of text and image data. It involves preparing data for analysis, conducting different analyses, moving deeper and deeper into understanding the data, representing the data, and making an interpretation of the larger meaning of the data. (2003:190)

The following procedure guided the data analysis and interpretation (Creswell 2003:191-195):

1. Organize and prepare the data for analysis by transcribing all of the interviews;
2. Read through all the data obtaining a general sense of the information and reflect on its overall meaning;
3. Employ a coding system that enabled me to organize my data. The codes were developed according to the themes that arose from the data gathered. This enabled the organization and analysis of the data accordingly.
4. Develop conclusions based on the analysis of the data, existing literature, and the observation of the researcher.
5. Propose an emerging model for local church involvement in response to the HIV/AIDS orphan crisis within the Kikuyu, Escarpment context, and offered suggestions for further research/study.

### Ethical Considerations

The following rules and procedures were followed, as is appropriate for researchers from the ESJ School of World Mission, Asbury Theological Seminary:

- To respect the dignity of all people within the scope of my research, i.e., persons, communities, and environments within which this research will be conducted.
- To obtain informed consent before engaging in research within any community.
- To discuss with informants/ community concerning the necessary levels of cooperation and inform them of any possible risks of their involvement.
- To guarantee confidentiality in regards to persons, words, representation of groups, and ownership/ transfer of rights in ideas and items.
- To observe care in data collection with respect to personhood as defined within society, and discuss ownership and shared use of ideas/ items from the culture.
- To ensure security in storage and access of data. Data and conclusions will be disseminated to the academy in an appropriate and responsible manner.
- To work peaceably with students, colleagues, other researchers, and interested parties.
- To consider the social, political, and religious implication of data, publications and conclusions.
- To acknowledge with fairness all assistance in research, writing, and publication.

### Summary

The present chapter begins with the real story of one of the Escarpment orphans (Njuguna). Njuguna was without a “family” and “home” after his grandfather’s illness.

The role played by the non-relative and well-wisher (*nyina wa Kiarie*) is untraditional in Kikuyu society. Kenyatta has described to us how the “cohesive” Kikuyu system is supposed to function in ensuring care for its entire people. So, what has transpired within this tribal structure to cause it to malfunction as in Njuguna’s case? What has affected the Kikuyu *mbari* (family group) and the *moherega* (clan)? Could it be that some internal or external forces have drastically affected the core of the Kikuyu tribe? Kenyatta notes that the *riika* (age-grading system) unites and strengthens the whole tribe in all its activities; could the breakdown of the *riika* be one of the major causes of the inability of the traditional system to care for orphans and vulnerable children? Chapter Two will explore these questions and pertinent issues further.

The 2003 UNICEF report has taken note of the urgency in responding to the orphan crisis within the Sub-Saharan African context. It rightly recommends that efforts be devised from all fronts—local, national, and global. There cannot be a successful global or national response without a viable local response. Further, a local response cannot be implemented without the rudimentary understanding of the local cultures affected by the crisis. This is what this study seeks to do. In order to identify the most effective strategies in responding to the orphan crisis among the contemporary Kikuyu of Kenya, one needs to first have a good understanding of their history and culture. A proper understanding of the local culture and its socioeconomic conditions will prevent us from making statements like, “these people are poor because they are lazy,” and then come up with a simple solution like, “they need to quit being lazy, pull up their socks, and work hard like us.” Even though these statements may seem ludicrous to the reader, they illustrate how a misconceived understanding of a people colonized by European



foreigners for almost a century, having their core cultural practices banned and then being displaced from their land can have a negative multi-generational effect on the tribe.

In the following chapter, Kenyatta, Wambugu, and others who have done ethnographic studies among the Kikuyu will help us better understand the nature of the tribal system before it was disrupted. The second chapter will show how colonialism, early church missions, and rural-urban migration have affected the tribal structure. This next chapter describes how the first European explorers and missionaries settled among the Kikuyu people. How did these pioneering Europeans acquire land rights among the local people? What mission strategy did the early European missionaries apply in establishing the church among the Kikuyu? How did they perceive the local people? And, what was the Kikuyu response and reaction to the gradual European dominance? These questions will be explored further in Chapter Two of the study.

The fact that Kenya had over 1.6 million AIDS orphans in 2005 is shocking. This is about six percent of Kenya's total population of 32 million people. Furthermore, this is not only reflects the situation in Kenya, but that of the whole Sub-Saharan African region. A major concern is that before a cure is discovered, the number of those dying from AIDS will continue to be on the increase, and consequently the rise in the number of children orphaned by the pandemic. At this rate, it is not inconceivable that Kenya and other affected nations of Africa could literally become "nations of orphans" unless something is done to curb the rapid spread of the pandemic. Chapter Three of this study will provide more details on this global AIDS epidemic and will discuss how some of the orphan-care models are responding to the orphan crisis.

Chapter Four will explore the biblical, theological, and missiological foundations to ministry with orphans and the vulnerable in community. This will include a discussion of the biblical/ theological foundations for responding to the needs of these vulnerable people in our community. The discussion will begin with some observations about the ways that the early New Testament church responded to the needs of the vulnerable members among them, and then proceed to the question of how the contemporary church can apply some of these principles. This section will also introduce the key missiological theories used in the study. While the first four chapters will present the wider background of this study, Chapter Five will narrow the focus to the Escarpment, Kenyan context. This fifth chapter will provide a summary of the field research findings based on data collected during the summer of 2006. Chapter Six will conclude with an analysis of some of the contemporary mission models of orphan-care within Kenya, culminating in a proposal for an emerging model for local church involvement.

## Chapter 2

### Kenya and the Kikuyu People: Historical Background

This chapter will provide the historical and general background of Kenya, and the Kikuyu people. This will include a historical section on European colonialism and missionary influence in Kenya (particularly among the Kikuyu people). A description of how the Kikuyu tribal system functioned before European influence will be presented. The contemporary effects of colonialism, European missions, and urbanization on the Kikuyu tribal system will be also be explored.

#### Kenya: History and Background<sup>8</sup>

Kenya is located in the eastern part of the African continent. It lies between 5 degrees north and 5 degrees south latitude and between 24 and 31 degrees east longitude. The country is almost bisected by the equator. Kenya is bordered by Tanzania in the South, Uganda to the west, Somalia to the east, Sudan and Ethiopia to the north.

Kenya is divided into seven administrative provinces and Nairobi which is considered an extra provincial district (refer to map on page 19). The provinces are: the Rift Valley, Eastern, North-Eastern, Coast, Nyanza, Central, Western, and Nairobi. There are a total of 72 districts within the 8 provinces. Kenya has an area of 582,646 square kilometers of which 571,466 square kilometers form the land area (Kenya, et al. 2003:1). About 80 percent of the land is arid or semi-arid, and 20 percent is arable.

---

<sup>8</sup> See also Appendix C & D.

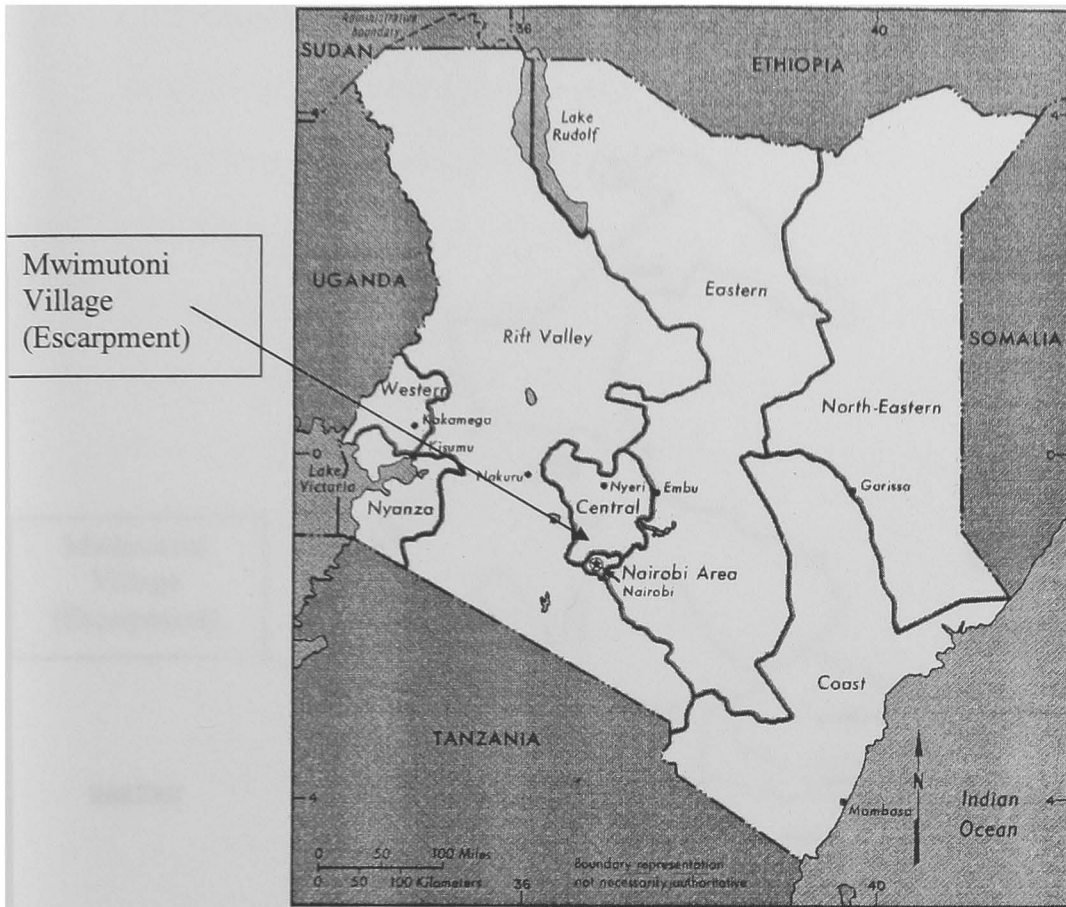


Figure 1: Republic of Kenya, 1983 (Nelson 1983:xx)  
The Kikuyu live primarily in the Central Province.

Kenya has approximately 42 ethnic groups which are distributed throughout the country. The ethnic groups in Kenya include (CIA 2003): Kikuyu (22%), Luo (13%), Kalenjin (12%), Luhya (14%), Kamba (11%), Kisii (6%), Meru (6%), other African tribes (15%), and non-African (1%)—Asian, European, and Arabs.

#### Escarpment Sub-Location

Mwimutoni village or Escarpment sub-location is the primary focus of this study. Escarpment is located in Lari division, Kiambu district, and Central province of Kenya. The population of Escarpment is predominantly Kikuyu.

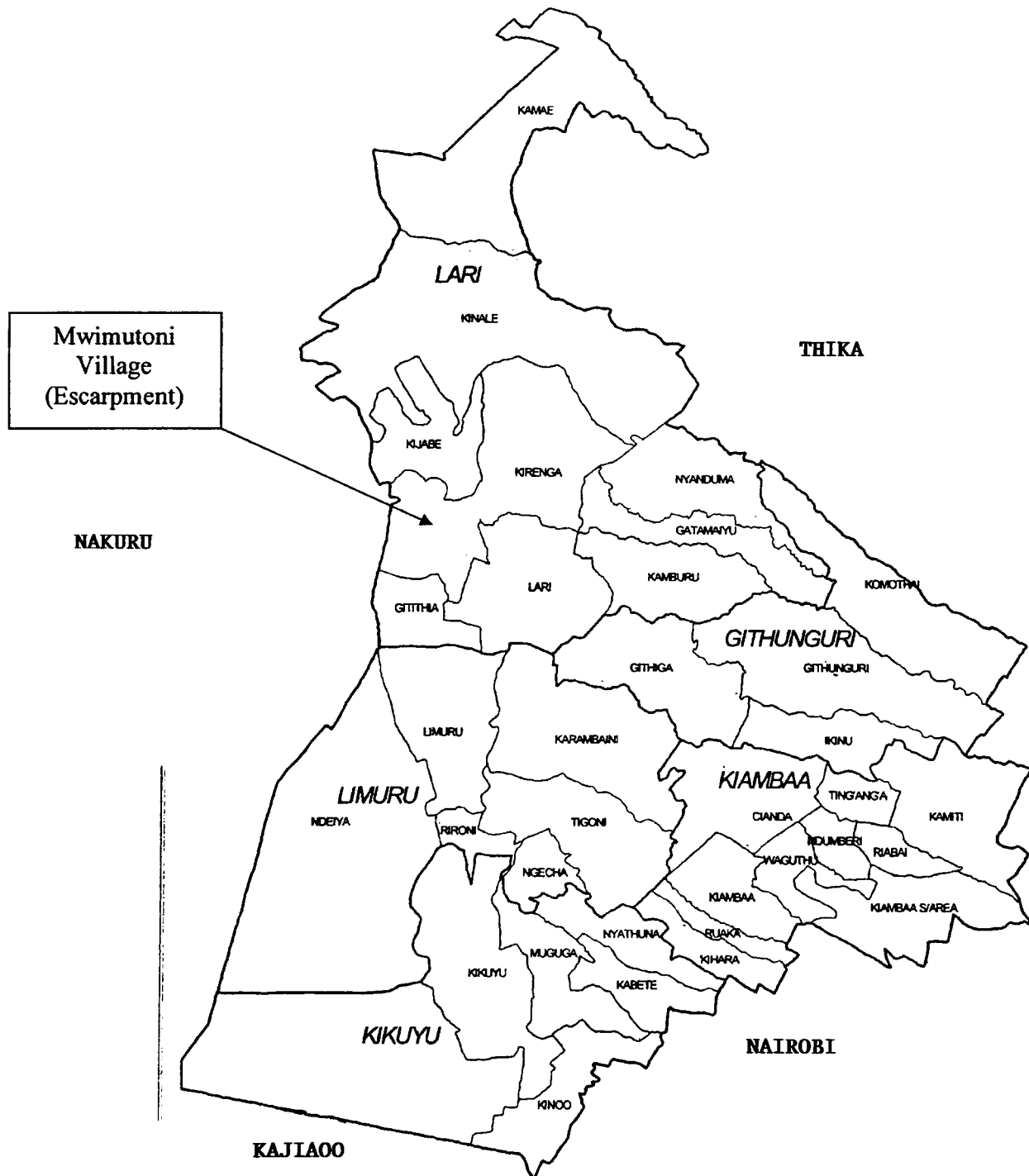


Figure 2: Map of Kiambu District Showing the Location of Mwimutoni Village within Kirenga

According to the 1999 Population and Housing Census, Kenya had a total population of 28,686,607 (Republic of Kenya 1999). Central Province had a total of 3,724,159 people. Kiambu was the highest populated district in the province with 744,010 people. Lari division in Kiambu had 111,302 people. Kirenga location, of which Escarpment is part, had a total population of 15,861 people. Kirenga location consists of 4 separate sub-locations, one of which is Escarpment—the others are: Gituamba, Kirenga, and Kambaa. According to the 1999 Census, Escarpment had a population of 3,407 (refer to Table 2 below).

Table 2: Population by Sex, Number of Households, Area and Density in Kirenga Location (Republic of Kenya 1999:7)

<b>Kirenga Sub-Locations</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>Households</b>	<b>Area in sq. Kms.</b>	<b>Density</b>
Escarpment	1,650	1,757	3,407	752	16.1	212
Gituamba	1,226	1,008	2,234	468	3.4	657
Kirenga	1,900	1,994	3,894	946	4.8	811
Kambaa	3,068	3,258	6,326	1,364	48.6	130

Kiambu district foresees a number of development challenges over the 2002—2008 period. The major challenges and issues include: rapid population growth, high rural and urban population densities, absolute and food poverty, high prevalence of HIV/AIDS, gender inequality, poor disaster management awareness, environmental management and conservation issues, child labor and insecurity (Republic of Kenya 2001:19).

### The Kikuyu of Kenya

The Kikuyu (Gikuyu) people inhabit the Central Province of Kenya and their homeland is now comprised of three administrative districts. “At the center is Muranga district, which is traditionally considered to be their ancestral and spiritual home, while to the north and south are Nyeri and Kiambu districts, respectively” (Muriuki 1976:106).

Various ethnographical studies argue that the Kikuyu tribe emerged from the amalgamation of various African tribes (Hobley 1910; Muriuki 1974; Muriuki 1976).

They [Kikuyu] emerged as a single group in the Kirinyaga region from diverse groups such as the Thagicu, the elements from Igembe and Tigania, the Acheera and the Agachiko clans which were probably of Akamba origin from the 15<sup>th</sup> century. As the proto-Kikuyu expanded westwards and northwards, they assimilated the Gumba, the Athi and the Masai, especially in Mathira and Tetu divisions of Nyeri District in the Central province of Kenya and they have also expanded into Nakuru district in the Rift valley province. They practice mixed agriculture, growing coffee, tea, pyrethrum, maize, potatoes, and keeping cattle, goats and sheep. (Ogot 1981:63)

The Kikuyu are part of what is popularly known as the Bantus (Routledge and Routledge 1910:19). They form the largest group of Central Bantu-speaking peoples in Kenya. The indigenous languages of Kenya can be divided into three main categories: Bantu, Nilotic, and Cushitic. Each of these categories is further sub-divided:

For example, the Bantu group comprises (1) Western Bantu (Luyia, Gusii, Suba, Kuria); (2) Central Bantu (Kikuyu, Embu, Meru, Kamba); and (3) Eastern Bantu (Taita, Taveta, Mijikenda, Pokomo, and Swahili). Similarly, the Nilotic languages of Kenya embrace (1) Western Nilotic represented by the Luo; (2) Eastern Nilotic (Teso-Turkana and the Maa-group: Masai, Njemps, and Samburu); and (3) Southern Nilotic (Omoti and Kalenjin: Pokot, Marakwet, Elgeyo, Turkana, Kipsigis, Nandi and Terik). The Cushitic group has two major sub-divisions: (1) Western Cushitic: Shangala, Burji, Oromo, Somali, El Molo, and Rendile; and (2) Southern Cushitic represented by Dahalo. (Ogot 1981:4)

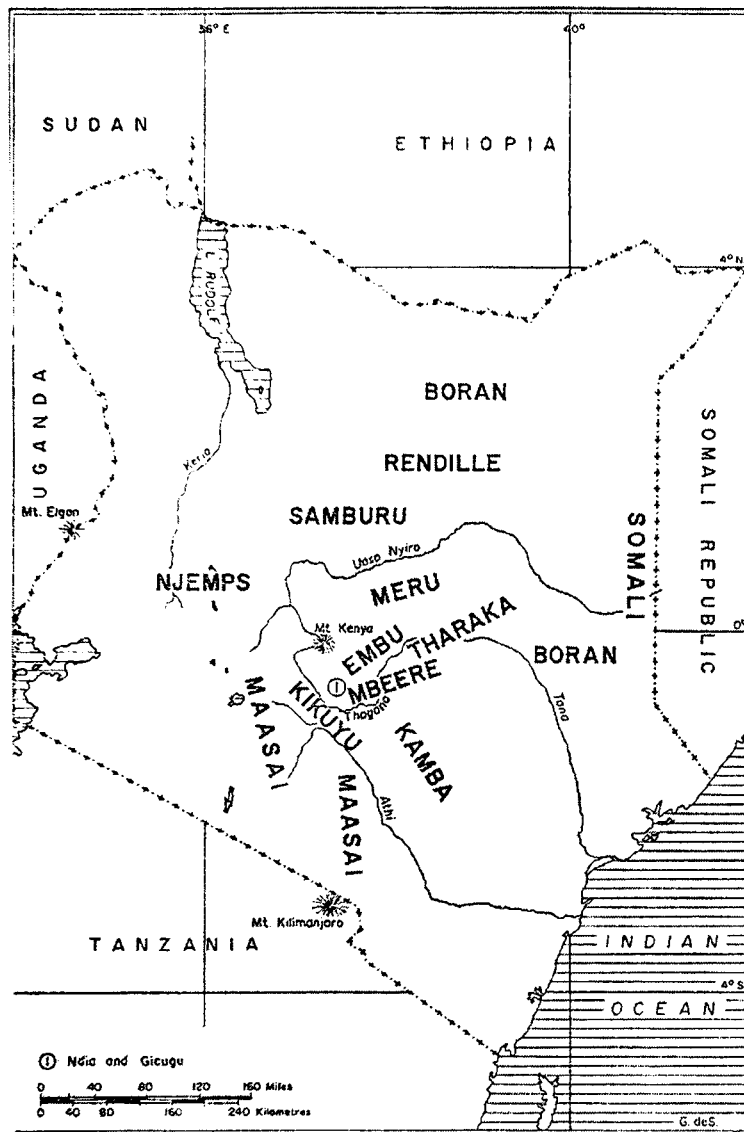


Figure 3: Various Tribes of Kenya (Muriuki 1974).

### Kikuyu Culture

Prior to the coming of the Europeans (before 1900), the Kikuyu tribe existed as a closely knit community:

The core of Kikuyu society was the elementary family, *nyomba*, which consisted of a man, his wife or wives and their children. These *nyomba*, which traced their origin to a common male ancestor several generations back, formed a *mbari*, while the various *mbari* in turn traced their ancestry



to the original ten Kikuyu *mihiriga*, or clans. Besides being the basis of social interaction, the *nyomba* was also the primary political unit. Each *nyomba* formed a *mucii*, homestead, and various homesteads were grouped together into an *itura*, a collection of dispersed homesteads. The *itura* was the most important social and administrative unit: it was the focus of the social and political interaction of everyday life and, indeed, formed a closely knit community. (Muriuki 1976:108)

With the colonial policy came communal disintegration and thus the loss of the tribal support system. Joe Oshomuvwe elaborates further on the adverse impact of colonialism in Kenya:

The process of colonization in Kenya was characterized by a number of other social, political and economic processes that affected the way the traditional society was organized to provide for the needs of its members, and shaped the modern social security [system] in the colonial and post colonial societies. Among these processes was the transfer of political power from communities to the colonial state, which reduced the level of participation of communities in deciding their modes of accumulation, distribution, and redistribution of wealth, and production of resources. More importantly, and related to the above, the transfer of political power to the state took away from traditional leaders and the wealthy their obligation to assist the poor and needy. Secondly, colonization was accompanied by commoditization of production and production relations (mainly labor) with the effect of destroying the traditional mode of subsistence and the insurance mechanisms in built in the traditional organization of the family and the community. (Oshomuvwe 1998:11)

The above effect of colonialism is also noted by Wambugu, Ngarariga, and Kariuki, in the new edition of “The Agikuyu: Their Customs, Traditions and Folklore”:

It must be noted that the Gikuyu traditional society was self contained and that it did not need the monetary attractions of the white man, but the white man needed the locals to service his labor requirements. It was because of this that the colonial government introduced taxes. The locals had to work in the white man’s enterprise to earn money to pay taxes. This was and still is one of the most dehumanizing subjections of a people to foreign rule that no African can forgive or forget. The colonial influence has turned out to be the microcosm of divisionalism. (Wambugu, et al. 2006:31)

The Kikuyu society is organized and functions under a patrilineal descent system. The father, who is the head of the family, is called *baba* (father, my or our), *ithe* (father, his or her), or *thogwo* (father, your). “The father is the supreme ruler of the homestead. He is the owner of practically everything     he is the custodian of the family property. He is respected and obeyed by all the members of his family group” (Kenyatta 1938c:10)<sup>9</sup>. According to Karanja Maruri of Escarpment, “the man was the ‘lord’ and ‘caregiver’ of the home.”

The mother is called *maitu* (mother, my or our), *nyina* (his, her or their mother), or *nyukwa* (mother, your). When a woman becomes a mother, she is highly respected by all members of the community. She is now to be addressed as *nyina wa* (mother of the new born child).

In the Kikuyu family, especially where there was more than one wife, the relationship between wives was one of partnership based on the collective possession of the husband. The wives addressed one another as *muiru wakwa* (my partner or co-wife). Each wife addressed her husband as *muthuri wakwa* (my husband). The husband addressed his wife as *mutumia wakwa* (my wife). All the wife’s relatives are individually addressed as *muthoni wakwa* (relative-in-law), and collectively as *athoni akwa* (relatives-in-law).

---

<sup>9</sup> Jomo Kenyatta was the founding father of Kenya. In the 1930’s he studied at the London School of Economics and took his degree in anthropology under Bronislaw Malinowski, one result of which is the famous account of his own Kikuyu tribe—“Facing Mount Kenya.”

Figure 4: The Kikuyu Patrilineal Descent System

Note: Shaded symbols represent the Kikuyu Patrilineal Descent System. Sons and daughters belong to their father's descent group as do the father's son's children.

Legend

- Male
- Female
- Marital tie
- Blood tie

**Note: Shaded symbols represent the Kikuyu Patrilineal Descent System. Sons and daughters belong to their father's descent group as do the father's son's children.**

### The Extended Family

The term *murū* (brother) was extended to all of a man's brothers and half-brothers and also to his male first cousins on his father's side (Leakey 1952:31). All of these men were considered as *baba* (father) to the males of the next generation.

Thus, if the actual father of a family died, his senior brother, half-brother or patrilineal first cousin became automatically 'father' to those whose real father had died. It was not until there was no male member of that generation left alive that the responsibilities would devolve on to the respective eldest sons of each of the men in the earlier group. From having been one family, the extended family would then break up into as many new families as there had originally been male members of the earlier generation. (Leakey 1952:31, 32)<sup>10</sup>

The fundamental basis of the Kikuyu classificatory kinship system is to be found in three equations which are: (1) I and my grandfather are one; (2) I and my brother and my sister are one; (3) I and my wife are one (Leakey 1952:32). Leakey gives us a further example which explains how the *baba* (father) of an extended Kikuyu family is plural:

Since 'I and my grandfather [*guuka*] are one', and since 'I and my brother [*murū*] are one', it follows that not only am I one with my brother [*murū*], but also with all of my half-brothers and all my male cousins on the paternal side. For clearly, if I and my brother [*murū*] are one, this also applies to my grandfather and his brothers, therefore I am one with my grandfather's brothers. But my grandfather's brothers are one with their grandsons, and therefore I am one with these grandsons who are my first cousins in the patrilineal line. (1952:32)

In Kikuyu community there was no individual affair—everything had a moral and social reference. "The habit of corporate effort is but the other side of corporate ownership; and corporate responsibility is illustrated in corporate work no less than in

---

<sup>10</sup> L. S. B. Leakey was born and raised among the Kikuyu of Kenya. His parents had come to Kenya as C.M.D. missionaries. Leakey claimed to speak the Kikuyu language, "as well as, if not better than, English." He spent most of his youth within the Kikuyu and became a member of the Kikuyu age-group called *Mukanda*. He later became an initiated Kikuyu first grade elder (*Muthuri wa mburi imwe*). He spent time with fellow Kikuyu elders and members of his age-group to verify that what he documented on the Kikuyu way of life was correct.

corporate sacrifice and prayer” (Kenyatta 1938c:115). Personal ownership was interpreted very broadly and various articles, while the property of an individual, were easily turned into communal use (Wambugu, et al. 2006:29). Kenyatta discusses this aspect of “mutual help” and Kikuyu “tribal solidarity”:

In spite of the foreign elements which work against many of the Gikuyu institutions and the desire to implant the system of wholesale Westernization, this system of mutual help and the tribal solidarity in social services, political and economic activities are still maintained by the large majority of the Gikuyu people. It is less practiced among those Gikuyu who have been Europeanized or detribalized. The rest of the community look[s] upon these people as mischief-makers and breakers of the tribal traditions, and the general disgusted cry is: “*Mothongo ne athongonjire borori*,” i.e., the white man had spoiled and disgraced our country. (1938c:115, 116)

The elders interviewed in Escarpment, Kenya, expressed similar sentiments about the changes that have taken place. Some felt like the days of tribal cohesiveness are long gone. “There is now division and greed [in the community]” (Chege 2006b). Geoffrey Chege then asks a very pertinent question, “What can be done so that these people come together and speak with one voice?” The answer is not simple. Chege, who is an elder, suggests that we pray that *Ngai* (God) would provide us with *oima-andu* (kind-hearted people) who can come together and unite for a common cause.

The selfish man had no reputation in the Kikuyu community. An individualist was looked upon with suspicion and nicknamed *mwebongia*, “one who work[ed] only for himself and [was] likely to end up as a wizard” (Kenyatta 1938c:115). He lacked assistance when he needed it and could not expect everything he did to prosper, for the weight of opinion made him feel his crime against society. “Religious sanction work[ed] against him, too, for Gikuyu religion [was] always on the side of solidarity. The aged and

weak [were] under special protection of the ancestral spirits, and they [were] never far away from home” (Kenyatta 1938c:115).

### Kikuyu Children

Children were highly regarded by the Kikuyu and were included in all aspects of life—whether it was circumcision or a clan meeting. Child care was the responsibility of the entire extended family, not just the mother (Davison 1989:27).

“The bond of kinship between children of the same mother is strengthened by the mother” (Kenyatta 1938c:13). Male children address one another as *murū wa maitu* (son of our mother). Female children address one another as *mware wa maitu* (daughter of our mother). A brother refers to his sister as *mware wa maitu* (daughter of our mother), and the sister addresses the brother as *murū wa maitu* (son of our mother).

In a polygamous household, the relationship between the children of one father and different mothers was strengthened by the father (Kenyatta 1938c:14). The children addressed one another as *murū wa baba* (son of our father), or *mware wa baba* (daughter of our father).

The bond of kinship between the children of the same mother and father was stronger than that of the children of one father and different mothers. “The feeling between the former is that of inseparables, and it is said that, having slept in the same womb (*maraire nda emwe*), and having suckled the same breast (*mongire nyondo emwe*), they are one another’s flesh and blood, and as such they ought to live for one another” (Kenyatta 1938c:14).

Figure 5: Kikuyu Kinship System (Male Ego)

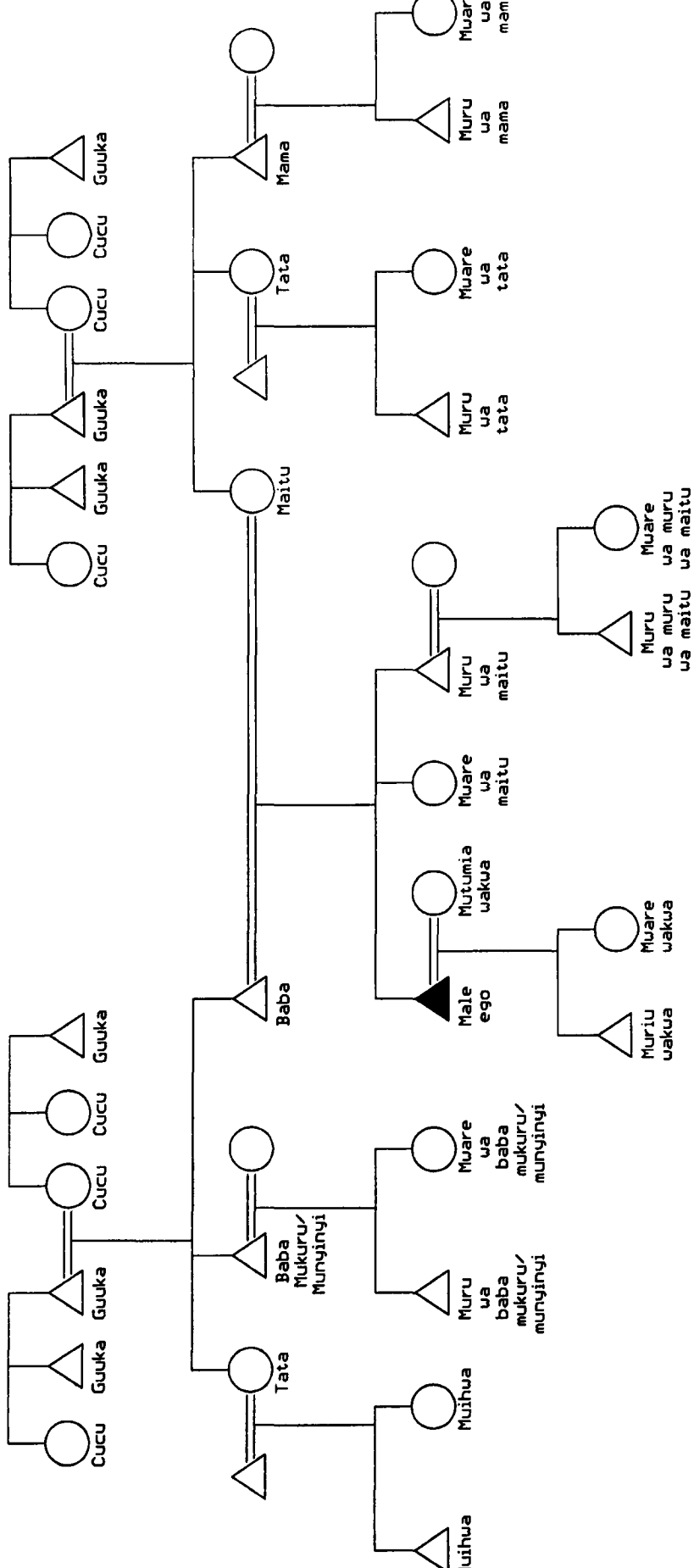
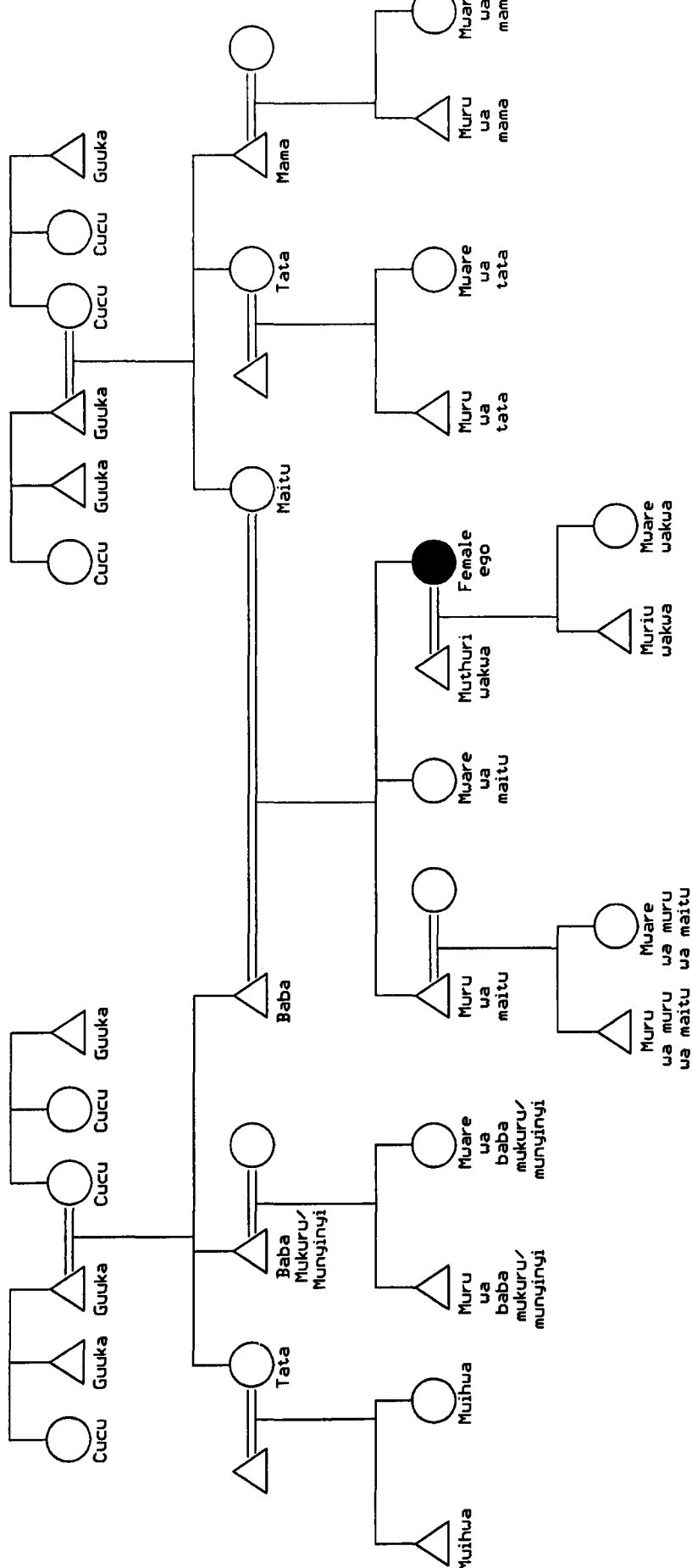


Figure 6: The Kikuyu Kinship System (Female Ego)





The children of the same father and different mothers behaved to one another in a different way (Kenyatta 1938c:14). The feelings between them were that of separate family sets connected and kept together by the father. And as long as the father was alive, the connection link was also very strong. But when the father died, they were free to break up the common homestead and establish separate homesteads together with their respective mothers. "After this the family group which was once kept and functioned together under the father's direction and co-operation, becomes two or three distinct family units acting almost independently" (Kenyatta 1938c:14).

In a small family group of one or two wives, close relationship between the members is maintained for many generations (Kenyatta 1938c:15). The authority of the father is always passed to the next generation through the elder son in each generation. If a man dies without a male child his family group comes to an end. This was one of the things that Kikuyu people feared greatly, and was one of the factors behind the polygamous system of marriage.

### Father's Relatives

In Kikuyu society, children's behavior towards the father's relatives is different from that accorded to the mother's relatives. All the father's brothers are addressed as *baba* (father) according to their age in comparison to that of their actual father (Kenyatta 1938c:15). An elder brother is addressed as *baba mukuru* (elder father) and a younger brother is called *baba munyinyi* (younger father).

The children of brothers address one another as *murū wa baba mukuru* or *munyinyi* (son or daughter of my elder or younger father). A sister of the father is called *tata* (aunt). The children of this *tata* (aunt) and those of her brothers address one another

as *muihwa* (cousin), “there is a strong bond of kinship between them, and whenever they pay a visit to one another, the host provides a special meal for the guest” (Kenyatta 1938c:16). A Kikuyu saying, “*muihwa ndaimagwo runyeni* (a cousin cannot be denied a meal)” illustrates this attachment.

### Mother’s Relatives

Kikuyu children call their *maitu*’s (mother’s) sister *tata*, similar to the father’s sister. However, the relationship between this *tata* and the children of her sister is entirely different. “The affection and indulgence that she gives to the children and the sympathetic attitude towards them is even greater than that the children can expect from their own mother” (Kenyatta 1938c:18). The children of both sisters refer to one another as *murua wa tata* or *mware wa tata* (son or daughter of my aunt).

The mother’s brother is called *mama* (uncle). He is the only one in the Kikuyu family group who enjoys this title—it has already been observed that the father’s brothers are addressed as *baba* (fathers). The *mama*’s relationship with his sister’s children is also one of love and affection.

### Grandparents

Grandparents are called *guuka* (grandfather) and *cucu* (grandmother). “The affection between them and the children is very great. Symbolically the children belong to the same age-group as their grandparents” (Kenyatta 1938c:17). The name given to the first male child is that of the paternal grandfather. Similarly, the second male child is named after his maternal grandfather. This naming procedure is also true for the female children—the first-born girl is named after the paternal grandmother and the second after

the maternal grandmother. As a sign of affection, a boy is called by his grandmother *muthuri wakwa* (my husband), and a girl is called *muhiki wakwa* (my bride) by her grandfather—this address is used figuratively.

### Polygamy, Widows, and Orphans

Polygamy was common among the Kikuyu. It was a symbol of wealth to have many wives. “This practice may not appear conducive to a peaceful life but actually the system worked well with each wife content that there were so many hands to share the toil” (Wambugu, et al. 2006:126). Each wife had her own house and there was a separate *thingira* (house) for the husband. In the event of a husband’s death, widows were free to remarry as long as they went through a purification process known as *guthambio* (Kanyi 2006):

Widows or widowers were free to remarry but it was a very complicated affair on account of the dowry system and the ownership of the children who always belonged to the dead husband’s relatives. Should these difficulties be surmounted the parties desiring to marry had to go through a purification ceremony [known as] the *githambanio* [or *guthambio*]. (Wambugu, et al. 2006:126)

The polygamous structure ensured that orphans received the essential care. Geoffrey Chege of Escarpment emphasized that, “orphans were never abandoned, since there was always a *muma-andu* (kind-hearted) woman among the wives” (2006b). Another elder in Escarpment agrees that orphans among the Kikuyu were given the same treatment as other children in the household—sometimes even better (Muigai 2006). Moreover, “[Kikuyu] Men had many wives. The man was the ‘umbrella’ of the home. He was the ‘lord’ and ‘caregiver’ of the home. If children were orphaned [by the death of their mother], he would ensure that the other wives took care of the children as their

own” (Maruri 2006). It was considered a bad omen to mistreat an orphan and a curse would come upon those committing such a crime.

Elders Chege and Kanyi of Escarpment explained that, “In the past, provision was made so that there was always enough food for the orphans” (2006). In a polygamous family every wife was expected to bring food to the husband’s *thingira* and whatever remained was stored in his *mwatu* (food barrel). The food stored in the *mwatu* was available for the orphans or for entertaining any male visitors (Chege 2006; Kanyi 2006).

To the best of my knowledge, there are very few polygamous households in Kikuyu society today; moreover, those that may be present are no longer following the old culture of caring for orphans. As a result, today’s orphans are faced with many problems—many may go without food and some even end-up as street children. “The food that was in the *mwatu* is now lacking. The passerby and the orphan cannot find anything to eat” (Chege 2006b). Daniel Kiarie, an elder in Escarpment, notes the changes that have taken place in the present times, “Orphans are not cared for well. People have many hardships. Everyone cares for their own children, but don’t care for other families” (2006b). According to Kiarie, Kikuyu people today are more concerned with meeting their immediate family needs, and are not willing to care for orphans within their extended family. Aside from the effects of the decline of polygamous households, and the ravages of HIV/AIDS, Joram Wamweya, a Kikuyu elder and former freedom fighter, observes that the Kikuyu have forsaken their tribal duty in caring for their orphans (2006).

### Kikuyu System of Education

Prior to the European colonization, Kikuyu people believed that education began at the time of birth and ended with a person's death (Kenyatta 1938c:96). Children had to pass through various stages of age-groupings with a system of education defined for every stage. Parents took the responsibility of educating the children until they reached the stage of tribal education. The goal was to instill upon the children what the Kikuyu called "*otaari wa mucie*" or "*kerera kia mucie*," translated "education within the home" (Kenyatta 1938c:96).

According to Kenyatta, the education of very small children was entirely in the hands of the mother and nurse (1938c:96). It was carried on through the medium of tribal lullabies—herein, the whole history and tradition of the family and clan was embodied. By hearing these lullabies daily, it was easy for the children to assimilate this early teaching. This became one of the primary methods through which the history of the Kikuyu people was passed from generation to generation.

When children had grown beyond the "babyhood" stage, the father took charge of the boy's education while the mother did the same for the girls (Kenyatta 1938c:99). The next major step in this education process was the tribal rite of circumcision.

### Kikuyu Rite of Circumcision

The Kikuyu name for this rite of passage from childhood to adulthood is *irua* (circumcision). "Circumcision was not a mere episode in their life, but a definite stage at which the boy became a man and was made one of the adult members of the community, vested with social rights and obligations" (Wambugu, et al. 2006:85). The circumcision

ritual admitted both boys and girls as full members of the community (Kenya 1938c:104).

Boys who had not gone through the rite of passage were ridiculed and called *kihii* (uncircumcised boy). They had no rights of possession. Furthermore, they could not participate in battle, and could only stay home with the women and defend the homestead (Kenya 1938c:104). In contrast, a circumcised youth was considered as a full member of the tribe. The *mwanake* (circumcised young man) was now allowed to inherit property, build his own homestead and marry. He was now considered to be *mundu murume wa kumenya oorua na wega* (a man who could tell right from wrong)—he was not only eligible for special benefits but was also liable to punishment if he erred in any way (Kenya 1938c:104). Kenya believed that the abolition of *irua*, by the European colonialists, would destroy the tribal symbol which identified the Kikuyu age-groups, and perpetuated the spirit of collectivism and tribal solidarity (Kenya 1938c:130).

The dances and songs connected with the initiation ceremony were called *mambura*, i.e. rituals or divine services. The moral code of the tribe was bound up with this custom which symbolized the unification of the whole tribal organization. This is the principal reason why the *irua* played such an important part in the life of the Kikuyu people (Kenya 1938a:75). Kenya goes further to explain how the *irua* ceremony played a major role in ordering the Kikuyu governing system:

The *irua* marked the commencement of participation in various governing groups in the tribal administration, because the real age-groups begin from the day of the physical operation. The history and legends of the people are explained and remembered according to the names given to various age groups at the time of the initiation ceremony. For example, if a devastating famine occurred at the time of initiation, that particular *irua* group would be known as 'famine' (*n'garagu*). (Kenya 1938a:75)

The entire initiation process was divided into three stages: the first was the initiation process before the act of circumcising; secondly, there was the very act of circumcision (the surgical procedure); and finally there were the traditional events that took place after the circumcision ceremony. The initiation process was not only considered as activity involving the living members of the community, but also incorporated communion with *Murungu* (the ancestral god) (Kenyatta 1938a:76).

*Murungu* was believed to provide the Kikuyu community with necessary wisdom from the forefathers (ancestors).

Three to four days prior to the actual physical operation the girl is taken to the homestead where the ceremony is to take place. There she meets the rest of the initiates. The initiates are all introduced to the elder of the homestead and his wife, who adopt them as their children for the purpose of the *irua*. On this special day the boys and girls of the *irua* group, together with their relatives and friends, join in singing and dancing the whole night, and at the same time beating sugar-canes in mortars to prepare a special kind of beer for a ceremony called *Koraria Murungu*, which is supposed to keep the gods awake. This ceremony is considered an act of communion with the ancestral god (*Murungu*), whose protection is invoked to guide and protect the initiates through the *irua* ceremony and at the same time to give them the wisdom of their forefathers. During the dancing and singing no girl is allowed to go to bed, as this is regarded as missing the opportunity of direct contact with *Murungu*, which would result in misfortune at the time of *irua*. (Kenyatta 1938a:76)

Dances and singing were also a very important aspect in the circumcision process- this was a means of inviting the ancestors to get involved in the process (Kenyatta 1938a:76). The community would join the dancing procession as they incorporated the new adults into the community. In Kikuyu culture the community defined the individual. “Kikuyu culture stresses corporate identity. It is a culture that is so community conscious that there is not much interest in things that are strictly individual matters. At a personal

level, the Kikuyu does not view himself as an individual, but as a member of a group” (Murikwa 1985:36).

### Kikuyu System of Land Tenure

In his ethno-historical study of the Kikuyu, Kenyatta makes a notable observation regarding the tribal system of land tenure: “In studying the Gikuyu tribal organization it is necessary to take into consideration land tenure as the most important factor in the social, political, religious, and economic life of the tribe” (1938c:22). The system of land tenure was carefully laid down to ensure that individuals and family groups would be peacefully settled in the land. According to the Kikuyu customary law, every family unit had specific land rights. While the whole tribe defended the land collectively, every portion of the land had its owner (Kenyatta 1938c:22).

Kenyatta provides us with the tribal terminology used to denote the landholders’ position among the Kikuyu during the pre-colonial era (1938c:23):

1. *Mwene githaka*: the individual owner of land after acquiring it by purchase, or through inheritance.
2. *Muramati*: a trustee acting as the guardian to the younger members of his family group.
3. *Muhoi*: One who acquired cultivation rights on someone else’s *githaka* on a friendly basis without payment.
4. *Muciarwa*: a man who was adopted into the family of a *mbari* (clan) other than his own by means of a special religious ceremony.
5. *Githaka kia ngwataniro*: this was land held by two individual families as joint property. Kenyatta notes that this was a rare form of land ownership.



6. *Muthoni*: a relative-in-law who acquired cultivation or building rights.
7. *Muthami*: a man who acquired cultivation and building rights on the *githaka* of another man or clan.
8. *Borori wa Gikuyu*: This symbolized the Kikuyu territory. It denoted the political unit of all land within the tribal boundary.

In order us to help us understand how the Kikuyu land was originally acquired, Kenyatta begins by referring to the tribal legend:

When *Ngai* (God) was dividing the world into territories and giving them to the various races and nations that populate the globe, [he] gave the man Gikuyu a territory full of the good things of nature. [He] commanded Gikuyu to establish a home for himself and his descendants. Gikuyu and his wife, Muumbi, built their first homestead at a place called Mokorwe wa Gathanga, and had many children. As time went on, the people grew rapidly owing to the multiplicity of wives and good nourishment from the soil. Soon the land, which was held as the family land, became densely populated. For this reason some of the people decided to move southward and try to acquire more lands from the forest dwellers. (1938c:24)

As the first Kikuyu moved south into the forest land, they came into contact with a race of people known as the Gumba. Very little is known of this “pygmy” tribe except that they built their homes underground, engaged in hunting, and avoided any contact with strangers. “As far as the story of these people there is no clear indication of any land transactions between them and the Gikuyu people, but it is said that they disappeared underground and no one knows what became of them” (Kenyatta 1938c:24). Kenyatta, and other historical scholars, reject this theory (of the sudden disappearance of the Gumba) and propose that these people intermarried with the early Kikuyu pioneers as they ventured into the forests (Hobley 1910; Muriki 1974; Ogot 1981).

After this “sudden” disappearance of the Gumba, another race emerged from the forests. This “race of hunters” was known as Ndorobo or Aathi. Unlike the Gumba, the

Ndorobo built their houses on the earth surface, and appeared to be very similar to those of the Kikuyu people. “Their language, too, was similar to the Gikuyu the two tribes could understand one another with little difficulty” (Kenya 1938c:25). Kenya’s assumption, from “available evidence”, is that the intermarriage between the Gumba and the pioneering Kikuyu led to the “disappearance” of the former; through this intermarrying process, a new tribe known as the Ndorobo came into being. This “mixed tribe” became the new “owners” of the forests.

The Ndorobo established friendly relations with the Gikuyu, and, as the people continued to move southwards, land transactions started between the two tribes who lived side by side. The Ndorobo were not interested in cultivating the land, their main occupation was hunting and collecting wild honey in the forests. Apart from land transactions they traded with the Gikuyu. By barter they sold their honey and skins of animals to the Gikuyu, who in turn gave the Ndorobo grains, yams, sugar-canes, bananas, and other fruits of the soil. (Kenya 1938c:26)

The land bought from the Ndorobo was held under “private ownership” or as a “family joint property.” Kenya clarifies that though the Kikuyu defended their country collectively, and would describe their land as *borori wiito* (our land) or *borori wa Gikuyu* (Gikuyu land), every portion of the land had its owner.

In former days no man could dare go and cultivate another man’s land without first obtaining the necessary permission from the rightful owner or owners. The sense of private property vested in the family was highly developed among the Gikuyu, but the form of private ownership in the Gikuyu community did not necessarily mean the exclusive use of the land by the owner, or the extorting of rents from those who wanted to have cultivation or building rights. . it was a man’s pride to own a property and his enjoyment to allow collective use of such property. (1938c:27)

Kenya further observes that this “sense of hospitality” (the collective use of the land) would later be mistaken by the early European settlers, who claimed that the land was under “communal or tribal ownership” and could thus belong to the colonial

government. The colonial policy of installing chiefs as trustees and investing in them the power of allotting “tribal or communal land” was a foreign principle. The power to decide land disputes was invested in the *kiama* (council of elders), who conducted all land transactions. Any chief who participated in these tribal councils did so in his capacity as *muthuri wa kiama* (an elder), and not as a tribal chief. Any Kikuyu man who owned land, through purchase or inheritance, had “full rights” to sell or give it to any one after consulting with the *athuri a kiama* (elders). These tribal elders acted as the “ceremonial witnesses” in all land transactions among the Kikuyu people.

After the death of the father the land passed on to his sons, and the eldest of them took his father’s place. “At this juncture the system of land tenure changed a little, there was no one who could regard the land as ‘mine’, all would call it ‘our land’” (Kenya 1938c:32). The eldest son assumed the title of *muramati* (trustee); however, he had no more rights than his brothers and could not sell the land without their agreement. The land had now become *mbari* land under the name of the *mwene githaka* (original owner). “Through this process the land passed from one man to his sons and then it was actually vested in the clan’s name” (Kenya 1938c:33).

It is clear from the above details that the Kikuyu system of land tenure was not “tribal tenure, nor was there any customary law which gave any particular chief . any power over lands other than the lands of their own family groups” (Kenya 1938c:33). A chief could only give cultivation or building rights to a *muhoi* or *mothami* on his own land or that of his *mbari*, and he could only do so if he was acting as a *muramati*.

The above section, has reviewed the tribal culture, and the history of land tenure among the Kikuyu people. It has been observed how the pioneering Kikuyu “purchased”

the *ithaka* (forest land) from the Ndorobo, and how this land was passed on from the fathers to the *mbaris* through the *muramati*. The Kikuyu land could only be sold after receiving approval from the *athuri a kiama* (elders). It is within this context that the first European settlers ventured into Kikuyu territory. The following sections, will offer an account of how the early Europeans affected the Kikuyu way of life. The Kikuyu response to European aggression and how this has affected their contemporary way of life will also be discussed.

### European Contact.

The earliest contacts between Europeans and the Kikuyu tribe were made with the Kikuyu of Kiambu district (Leakey 1952:57). At first, the contacts consisted of meetings outside Kikuyu country and were restricted to trading operations in which the Kikuyu brought in large quantities of grain, beans, and sweet potatoes to the caravans which were halted at the springs of Ngongo Bagas below the Ngong hills. “This place was outside the forest fringe which separated the grassy plains of Masai land from the Kikuyu agricultural area, but which ranked as Kikuyu country and contained many fortified villages” (Leakey 1952:57).

### The Colonialists

Towards the end of the nineteenth century, when the British were just beginning to move through the land in the days of the British East Africa Company, the Kikuyu were a big tribe living in Nyeri, Muranga (Fort Hall) and Kiambu districts, with the whole of the Kiambu district owned by individuals or families on the basis of actual purchase of huge estates or *githaka* (Leakey 1952:8). The occupants of Kiambu district,

however, were not all of them landowners and the population included many who were *ahoi* or tenants.

The Kikuyu people were known for their hospitality. “. . . if one had unexpected visitors during a meal, or even if one was just nibbling a potato one shared it with everyone. One did not ask for food, one's presence was enough, for they have a saying that it is one's eyes that ask” (Wambugu, et al. 2006:217). When the Europeans first came into the Kikuyuland, the Kikuyu looked upon them as *oruri* or *athungu* (wanderers) who had deserted their homes. The Kikuyu in their natural generosity and hospitality welcomed the wanderers. The Europeans were allowed to pitch their tents and to have a temporary right of occupation on the land in the same category as those Kikuyu *muhoi* or *muthami* who were given only cultivation or building rights. “The Europeans were treated in this way in the belief that one day they would get tired of wandering and finally return to their own country” (Kenyatta 1938c:44, 45).

When the Kikuyu gave Europeans building rights in places like Dagoretti, Fort Smith and others, they had no idea of their motives, “. . . for they thought that it was only a matter of trading and nothing else” (Kenyatta 1938c:45). They did not realize that the Europeans were using these bases for the preliminary preparations of permanently occupying their land.

White settlement, White government, and land alienation went hand in hand in Kenya. In 1908 the British Government granted exclusive rights of occupancy to people of European descent in an undefined area of highland country assumed to be unoccupied by African tribes. Kikuyu country was in the heart of White settlement. Vast areas of land were lost to this people which bore the heaviest burden of settler oppression. (Odinga 1967:22, 23)

In Kikuyu culture, land occupied and owned by other people could not be acquired simply by conquest, for if this were done, the Kikuyu believed that the spirits of the owners would make it impossible for the new occupiers to carry out their agricultural activities with hope of the blessing of *Ngai*, the God of the Kikuyu (Leakey 1952:2, 3).

In 1890, the British East Africa Company decided to set up a post within Kikuyu territory, at Dagoretti, a post which was built by Captain Lugard and Mr. George Wilson (Leakey 1952:58). This station was attacked twice and destroyed by the Kikuyu in eighteen months and then a stronger fort was built four miles further into Kikuyu territory at Fort Smith. "In 1892 there was severe fighting with the Kikuyu around Fort Smith and again in 1893, but a little later peace treaties were made and the relations between the Kikuyu and the British improved" (Leakey 1952:58).

The coming of the first Europeans of the British East Africa Company to Kikuyu land was followed by the arrival of Christian missions. The first missionaries to arrive were from the Church of Scotland Mission (CSM) which established a station in Thogoto (1898). They were then followed by The Church Missionary Society (CMS), which started work at Kabete (1900). Then the Catholic White Fathers established their first mission among the Kikuyu at Saint Austin's, not far from where Nairobi now stands (Leakey 1952:58).

Among the reasons for the early hostility to the missionary work was the fact that once a Kikuyu youth became a Christian, he would refuse to participate in some of the cultural practices (Leakey 1952:59). Furthermore, many of the Kikuyu ceremonies of religious worship and sacrifice to the ancestral spirits were invalid unless all the male members of the family were present. "Fathers, therefore, strongly resented the wish of

some of the young men to join the missions and there were many cases where a young man lost all his inheritance and was disowned on becoming a Christian” (Leakey 1952:59)

### Missionary Ventures

Roland Oliver describes the first missionary contact in East Africa in the context of commercial activities (Oliver 1952:2). It is here that the Europeans met the Arab traders and began to become familiar with the interior.

From the view point of European commerce and politics . . . East Africa was in 1856 a backwater, contact with which was best limited to the coast, with its floating aristocracy of Arabs who still kept some touch with their homelands around the Persian Gulf, and its settled ‘Swahili’ population, of mixed race and nominally Muhammedan religion. (Oliver 1952:4)

The highlands of central Kenya, where the Church Missionary Society (CMS) developed in the twentieth century its most successful work, had been occupied by the Kikuyu, Embu, Ndia, Gichugu and Mbere peoples who arrived in the Kiambu region only around 1800 (Strayer 1978:3).

Sad to say, missionaries were not exempt from establishing and promoting a colonial model of mission (Tignor 1976:127). A. J. Temu’s observation, in which he quotes a Kikuyu saying, is noteworthy: *Gutiri muthungu na mubea* (There is no difference between the white colonial settler and the missionary) (1972:2). Indeed, the European colonizers (administrators and settlers) and the missionaries were the same package as far as the Kikuyu people were concerned (Bewes 1953; Githige 1982; Temu 1972).

Certainly the role of the missions in Kenya is of special interest, particularly when the colonial history of that country in which the missionary features so prominently ended with a violent confrontation

between the Africans and their colonizers In Kenya, this violence, the Mau Mau war broke out in 1952 and ended in 1956 But the violence in Kenya was as much directed against the missions as it was against the British colonial administration. (Temu 1972:2)

The result of British colonialism was the establishment of a foreign system of government:

The failure of the British administrators to recognize this fact [Kikuyu tribal organization] led to serious administrative difficulties, the more so when a few individuals were recognized as chiefs where none had hitherto existed. This action only helped to sour further the already strained relations between the British and the Kikuyu, and led to further misunderstandings which, in turn, had far-reaching repercussions on their mutual outlook. (Muriuki 1974:110)

There is no doubt that there were those who would benefit from the colonial establishment, but the majority of the Kikuyu and Kenyan people would continue to suffer until the present day.

The first mission stations on the Eastern shores of Africa were pioneered by Rebmann and Kraft from 1844-74. Their first attempt in evangelizing the local people (Mijikenda) was unsuccessful—their outreach among the locals did not yield many converts (Baur 1994:224; Oliver 1952:6). However, Oliver makes note that these first missionaries had “vision, tenacity, and boundless courage” (Oliver 1952:6). They did not give up but instead envisioned future success.

In the alternative approach envisioned by Kraft, the gospel would be connected from East to West Africa via a “chain of mission stations” (Baur 1994:224). The Mission Station approach (MS) would serve as a popular model for the rest of the missionary period. In his 1974 dissertation, *The Relationship of the African Inland Mission and its National Church in Kenya between 1895 and 1971*, John Gratton included a section titled “The Mission Station” (1974:122). He begins by stating the following:



Any investigation of the clash of cultures—African and Western—must take cognizance of the factor of the mission station. This physical or geographical factor is often taken for granted as a normal and necessary concomitant of missionary activity. Such would have been the case if the missionary alone lived on this station. In reality, however, mission stations became the center of the new Christian community, the base of a “New Elite.”<sup>11</sup> (1974:122)

Further, Gratton shows how the MS “became a Christian ghetto [by providing] deliverance from the evils of pagan life [and by giving] the missionary tremendous leverage in enforcing his way of life and standards of conduct on his converts” (1974:123). In Kikuyuland, the MS became a separate foreign entity. Kikuyu converts were taught to adopt Western ways and discard some of their traditional ways. Eventually, the MS brought division within the tribe and in some ways was considered an enemy of the tribe. It would thus follow that since the MS model of mission was resented by the early Kikuyu, any contemporary response to orphans by the church should avoid replicating it by separating orphans from their cultural setting.

The Mission Station approach would serve as the popular model for the rest of the missionary period. Oliver correctly perceives this as only representing the first phase of mission (Oliver 1952:172). During this first phase, missionaries had to deal with the tensions of over involvement in social activities, such as: establishing schools, medical work, and administration (Oliver 1952:52, 60). They later came to realize that their social involvement was not only holistic in scope, but also proved to be extremely beneficial to their missionary enterprise. Most of the post-colonial emerging African leaders had been educated in their missionary institutes (Oliver 1952:292).

---

<sup>11</sup> This term has been borrowed from J. F. Ade Ajayi (1965)

The MS approach combined with the “Scramble for Africa,” and the opening up of East Africa through the Uganda-Mombasa railway would ensure the rapid spread of Christianity well into the 20<sup>th</sup> century.

There was no proper trade route across the country until the Uganda railway was built. It reached Nairobi in 1899 and Kisumu in 1901. On this new highway at once a “flood of missions” poured into the Kenya highland and the Nyanza area, unheard of in African Church history except for Zimbabwe. Altogether twelve missions entered within eleven years. (Baur 1994:254)

The gospel could finally be proclaimed amongst the peoples of Kenya (e.g. Luos, Luhya, Kambas, and Kikuyus) and by 1898, a mission station had already been established in Thogoto (Kikuyuland). John Baur observes how the early missionaries came to inland Kenya together with the settlers:

[T]hey were given large portions of land [by British administration in Kenya] like the settlers and in the opinion of the people they did not much differ from them. Conversions before World War I were therefore few and mostly restricted to the people on the mission plots. (1994:255)

Baur describes the “flood of protestant missions” as they ventured into the Kenyan interior. He notes that nine out of the twelve original mission groups were of the Protestant Christian heritage (1994:255):

- The leading mission society was the CMS (Anglican). They established their mission centers at Kitui, Kabete, and Maseno areas of Kenya.
- The other established British society was the CSM (Presbyterians). They arrived in Kikuyu, a village near Nairobi, in 1898 and founded the Thogoto Station. This mission center became popular for its hospital and school. John Baur notes that one of the most prominent student in this Mission Station was Johnstone Kamau (later Jomo Kenyatta), who later became the founding father of the Kenya Republic (Baur 1994).

- The third major mission society from England was the UMM (United Methodist Mission), which moved from the coast to the interior (among the Meru people) in 1910.
- The other six mission societies were all from North America. They were all “Faith” based mission groups. First, was the African Inland Mission (AIM), which later became the African Inland Church. In 1895, the founder (Cameron Scott) started evangelizing in Ukambani area. Thereafter, the AIM church spread all over Kenya, “including the Rift Valley, where they were the first evangelizers and built up their famous center at Kijabe”<sup>12</sup> (Baur 1994:256). Baur also notes that the Gospel Mission Society<sup>13</sup> in Kiambu was an offshoot of AIM. The other American missionary societies focused on Western Kenya: The Church of God Mission, Quaker Friends (FAM), Seventh Day Adventists (SDA), and the Canadian Pentecostals.

According to Stephen Neill, “The Edinburgh Conference of 1910 set in motion echoes throughout the whole of the Christian world . One result was seen in the series of conferences held at Kikuyu<sup>14</sup> in Kenya between missionaries of the Anglican, Presbyterian, and Methodist persuasions with a view to closer union” (1964:406, 407). However, this plan (to unite the Kenya protestant mission) encountered a major setback in the 1913 conference, where:

[T]he precipitating cause of which was nothing more terrible than a service of Holy Communion at which non-Anglican missionaries were invited by the bishops present to take part in the reception of the sacrament. The passionate storm of protest from certain quarters, and the

---

<sup>12</sup> This was the first mission station establishment within the Mwimutoni, Escarpment, vicinity (about 10 miles away).

<sup>13</sup> Harry Thuku, one of the first national leaders, joined this mission society. (Baur 1994)

<sup>14</sup> This is the name of an actual place in Kiambu district, Kenya. The village was named after the Kikuyu people who live there; today it has become a large town within Kenya.

equally passionate storm of support from others, made plain both the intensity of the feeling engendered in favor of Christian unity, and the intensity of the opposition that any scheme of Church union must expect to encounter. (Neill 1964:407)

Other developments, on the mission church union, are presented by Kenneth Richardson in his book detailing the history of the AIM in Kenya (1968):

In 1924 the Kenya Missionary Council was formed to represent all Protestant missionary work. At first membership was confined to missionaries, but later Africans were admitted and others interested in or associated with missionary work. This subsequently became the Christian Council of Kenya, on which both churches and missionary societies have representation. (Richardson 1968:71, 72)

### Mau Mau and the Kikuyu

Daniel Njuguna, a former Mau Mau freedom fighter now living in Escarpment, was inspired by Mzee Jomo Kenyatta. He remembers attending a meeting in July, 1952, where Kenyatta was the featured speaker (2006). In addressing the crowd, Kenyatta accused the *athungu* (Whites) of stealing the land. He called upon the true Kikuyus gathered to be willing to die for their land.

According to Leakey, Mau Mau was openly anti-White and anti-Christian. It aimed at driving the Europeans and all other foreigners out of the country and intended to use murder, intimidation, and, finally, a general uprising to bring this about (Leakey 1952:ix). "Casualties inflicted by the so-called 'Mau Mau' were about 2,000, of whom only 30 were White. By contrast government forces killed over 11,000 Africans and detained 90,000 in detention camps" (Odinga 1967:124). In her recently published book, *Britain's Gulag: The Brutal End of Empire in Kenya*, Caroline Elkins details the atrocities committed by the colonial regime upon the Kikuyu people: "By the end of 1955

1,050,899 Kikuyu were removed from their scattered homesteads throughout Central Province and herded into 804 villages consisting of some 230,000 huts” (2005:235).

The aims of the Mau Mau uprising can be briefly summarized under the following seven headings (Leakey 1954:21):

1. Recover the land stolen from the Kikuyu by the white men.
2. Obtain self-government.
3. Destroy Christianity.
4. Restore ancient customs whatever possible.
5. Drive out, or subjugate, all foreigners.
6. Abolish soil conservation.
7. Increase secular education.

“For the Kikuyu the land is indubitably the most sacred thing. To him it is at once ‘his mother and father,’ his most sacred possession and the foundation stone of all prosperity” (Leakey 1954:22). Njuguna describes what the Mau Mau oath entailed, “by taking the soil in our right hand we swore that we were willing to lay down our lives fighting for our land” (2006).

At the time (in 1929 and onwards) when Christian mission agencies were making a strong stand against “female circumcision” and were requiring their adherents to reject it, the Kikuyu Central Association was one of the organizations that was most bitterly opposed to the mission policy (Leakey 1954:26). The immediate outcome of the controversy, however, did not involve any direct attack upon Christianity but only upon the form of Christianity that was taught by the Missions. Consequently, two major independent Christian church movements were set up: The African Orthodox Church of Kenya and the Kikuyu Independent Pentecostal Church (Leakey 1954:26). Richardson observes that the 1920s brought a major crisis in the church in Kenya over the question of female circumcision:

At last the missionaries and church elders felt that a definite stand should be taken against the practice. The decision provoked a violent reaction. The Kikuyu Central Association, a political body, opposed it vehemently, saying that the church by condemning polygamy and female circumcision was destroying African culture. (Richardson 1968:77)

The following is a summary of other incidents that took place during the above cultural crisis among the Kikuyu people (Richardson 1968:77, 78):

- Christians were abused and threatened.
- Mission schools were placed under boycott.
- Blasphemous utterances were flung at the missionaries and vile, indecent, wholly indescribable dances were engaged in.
- At mission schools, teachers and pupils were subjected to indignities and a continual fire of insulting epithets.
- Many of the local people abandoned their Christian faith.
- Other buildings alongside the churches were erected and independent services held in them, or in the open air near by.
- The hostility against the missionaries became evident when one of the women missionaries, Miss Hulda Stumpf, was found brutally murdered in her house.

The above sections of this chapter have been a discussion on how the Kikuyu tribal system functioned prior to the coming of the Europeans. It has been observed how the system ensured the care for widows and orphans. European colonial rule and missionary influence affected this tribal system in some very negative ways— the Kikuyu people no longer had a right to their land and many of their core cultural practices were forbidden. The Mau Mau uprising of the early 1950s was a direct opposition to the European hegemony, and the Kikuyu people led other Kenyan tribes in demanding

complete freedom. Their struggle was not to be in vain, because in 1963 Kenya attained independence from British control; however, the repercussions of the colonial policy on the Kikuyu tribal organization were irreversible.

### Effects of Rural-Urban Migration

Jean Davison focuses her study on the Kikuyu people of Mutira, Kirinyaga district, Central Province, Kenya (Davison 1989). She focuses her research on seven rural Kikuyu women and their views on the socio-cultural change that has taken place in their Kenyan context (colonial, war of liberation, and independence). She observes that:

Since independence in 1963, new opportunities for education, better health care, new farming systems and access to commodities previously unavailable have all made a major impact on the lives of rural Kenyans. But these have affected individual Kenyan women (and men) differently depending upon background and personality. (Davison 1989:2)

Concerning rural-urban migration in Kirinyaga, Davison has noted that an increasing number of men work in towns and in the capital city of Nairobi (1989:26). In addition, women whose husbands are often absent, or who are widowed, must perform the bulk of tasks associated with cash-crop production. In the past, even the “children contributed substantially to agricultural production, but with the introduction of formal schooling that source of labor has been drastically reduced” (Davison 1989:26).

In her follow-up book, *Voices from Mutira: Change in the Lives of Rural Gikuyu Women, 1910-1995*, Davison makes a key observation:

Today’s young Gikuyu women lack the ritually marked social transition from girlhood to womanhood that their mothers and grandmothers experienced. At the same time, there seems to be a felt need on their parts to validate . . . their transition to adult female status. In place of a socially recognized event they seek a biologically recognized event to mark the transition. Motherhood, with or without marriage, has taken the place of *irua* [circumcision] as the validating event. Such a change in attitude, has

in part, led an increasing number of young women to have children outside marriage. (1996:233)

The above concern is very real in Escarpment today. The Kikuyu social transition from girlhood to womanhood is no longer there. In the past the transition took place during the *irua* (circumcision), but today the Kikuyu community still lacks an alternative rite-of-passage. “[In the past], no girl would have agreed to have sex with the young men. If she did, and was found to be pregnant, she would not find someone to marry her. She would then end up being married off to old men in the village” (Chege 2006b). Joram Wamweya, a former Mau Mau freedom fighter and village elder, laments the current situation, “Today’s generation does not have [Kikuyu] culture. The elderly are caring for their grandchildren. Today’s girls do not even know who caused their pregnancy. In the past those who impregnated the girls would be held responsible” (2006).

From the beginning, Nairobi had a special relationship to people in the countryside who were trying to regain their losses. Unlike other capitals in settler societies, Nairobi had no industrial base. The wealth of Kenya was kept in the agricultural sector and there was no need for a permanent labor force. “While the British colonialists sought to make the capital a capital of male immigrants, the permanent African population clustered in the service sector: servants, prostitutes, and householders. Indeed, prostitutes often became landlords and many landlords were prostitutes” (White 1990:1).

Nici Nelson’s article on “Surviving in the City: Coping Strategies of Female Migrants in Nairobi, Kenya” (2002), gives vital information on how Kenyan women coped with the early rise of rural-urban migration (during the early independence period) within the city of Nairobi. She recounts the experiences of three women: Mama Wambui,



Mama Mumbi, and Njoki. It was interesting to note that all these women are Kikuyu. Nelson observed some of their coping strategies during this transitory period (2002:235-252):

1. Brewing and selling local beer
2. Profiting from the sex trade (mainly from outside the Mathare, Nairobi, area)
3. Adopting the “Swahili” style of living (living in a Muslim respectable way while practicing their sex trade)
4. Building rental units within and without Mathare (provided extra ongoing income)
5. Joining community groups and through them influenced politicians on their behalf.
6. Investing in local credit associations which help obtain loans for establishing their businesses.

Nelson also observes that, “Until the 1980s [sex work] was a lucrative form of self-employment. In the 1980s it became increasingly a buyer’s and not a seller’s market. In addition, HIV/AIDS may have diminished the market for casual sex” (Nelson 2002:249).

The colonial era in Kenya had its origins in the late 1890s in the building of the railway from Mombasa to Uganda (completed in 1902). During the first six decades of the twentieth century, Kenyan societies were profoundly altered by the imposition of colonial policies which firmly incorporated them into a world economy: the introduction of a cash economy (wage labor and cash crops), intensification of production, the creation of an export economy, settler alienation of land, and the extraction of labor and capital from local societies. “These policies resulted in new forms of movements of

population: the moves of families without lands to become squatters on European farms and the circular migration of males . away from their rural homes” (Nelson 1992:116).

Nelson describes the stress caused by rural-urban migration in Kenya. Many husbands were unemployed and often depended on the rural family to subsidize them. All too often, those who were in employment sent too little to their rural families. “True, town life is expensive, but women suspect, and with some good reason, that town entertainments take up a disproportionate amount of the monthly wage which should be sent home to fund fees and clothes for the children, or improvements for the farm”(1992:131).

### Summary

This chapter has provided the historical and general background of Kenya, and the Kikuyu people. Included is a historical section on European colonialism and missionary influence in Kenya (particularly among the Kikuyu people). There is also a description of how the Kikuyu tribal system used to function before European colonialism and various church missions. The effect of rural-urban migration on the Kikuyu tribal system is also observed.

It is quite clear that all the above factors (colonialism, early church missions, and rural-urban migration) have affected the Kikuyu tribal system in some very negative ways. It is important to note that these influences have contributed to the disintegration of the Kikuyu tribal system to the present time. These have affected how the vulnerable people (children, orphans and widows) in Kikuyu society are cared for in the 21<sup>st</sup> century.

Kenyatta was right in noting that the early missionaries were misinformed in their criticism and agitation against the *irua* (circumcision) for girls, “ without investigating

the psychological importance attached to this custom by the Gikuyu, these missionaries draw their conclusion that the *irua* for girls is nothing but a barbarous practice and, as such, should be abolished by law” (1938c:130). He rightly predicted that the abolition of the *irua* would eventually destroy the Kikuyu spirit of collectivism and national solidarity. Many of the problems faced today have their roots in this colonial missionary disregard of local Kikuyu culture.

This is not to say that the surgical ritual of female circumcision should not have been abolished, but rather to emphasize that the “baby was thrown out with the bath water.” In her study of rural Kikuyu women, Davison (1996) observed that Kikuyu girls now lacked the “ritually marked social transition” into womanhood. Many Kikuyu girls were now having children outside marriage as a way of validating their social status. This, in my observation, is one of the main issues that need to be addressed in Escarpment. There has been a rise in the number of young women having children outside wedlock. It would appear that the teachings and the social solidarity that accompanied *irua* are now lacking altogether.

Joram Wamweya, of Escarpment, could not believe what was transpiring today among the Kikuyu youth. He laments the current trend, “If my father’s generation would come alive today, and know that girls today are sleeping around without marriage, or boys sleeping around with girls, they would not believe it” (2006). In his time, young men and women knew how to conduct themselves in a manner consistent with their tribal culture. Wamweya insists that the Kikuyu people have already lost their culture and therefore their identity.

I hesitate to put the full blame of the current Kikuyu problems on the European colonizers, but it would suffice to say that the “domino effect” began with the ban on core Kikuyu traditions. Again, on the responsibility of the Kikuyu people towards the colonial impact, Wamweya is forthright in his observations:

We have forsaken our culture completely in the name of Christ. Today, we hide behind the gospel, and reject all cultural ways. I would say that the European did not destroy all our ways. We can decide that even if we cannot circumcise our girls, we can still keep our culture. The tribe should not blame the *muthungu* [White people] for all cultural failures. (2006)

Wamweya is right. The Kikuyu church could have sought other ways of retaining their core cultural practices surrounding the *irua* ritual. It may be that if they had critiqued it themselves, by considering both the theology behind *irua* and its effect on women, they might have created a functional substitute that would have carried forward the positive functions of the ceremony while discarding the negative ones.

The contemporary Kikuyu communities are faced with unique challenges. First, as we have observed, most have been displaced from their ancestral land. Second, the core cultural practices that knit them together were banned. These two major changes significantly affect mission strategies among the present-day Kikuyu. In the past, orphans were integrated within the *mbari* (clan) in such a way that it would have been hard to distinguish them from the rest of the children. Today, many orphans among the Kikuyu either live with elderly grandparents, non-relatives (like Njuguna’s case in Chapter One), or in a child-headed household.

From our observations in this chapter, it is evident that the dispossession of the Kikuyu from their land and the ban on the key elements of their culture had permanent (negative) effects on their ability to care for their vulnerable. The European colonialists

and the early missionaries (unknowingly?) succeeded in paralyzing the entire tribe. It is a sad day, as many Kikuyu elders will tell you, when local Kikuyu cannot take responsibility for their suffering orphans. However, they also realize that the gradual breakdown of cultural values and the absence of their *ithaka* (land) have contributed to the current state of affairs.

So, what kind of strategy does the local church need in responding to the ongoing AIDS orphan crisis among the Kikuyu? This chapter has identified the main missionary method used by the early European missionaries, namely, the Mission Station (MS). This approach was successful in initially introducing Christianity to the African interior (including Kenya), but is it still relevant in the contemporary mission context?

The first MS near Escarpment (AIM station in Kijabe) continues to make a great contribution in the Kenya society today, as well as other missionary denominations. However, there is need to reconsider mission strategies today in view of the some of the mistakes made in the past. First, mission personnel today should not alienate themselves from the local community. Second, mission strategists should try, as much as is possible, to retain or substitute key aspects of culture to prevent the total breakdown of these tribal societies. Today, local Kikuyu communities grapple with how to introduce appropriate rites of passages for their young people. Third, whatever solutions that are attempted to caring for orphans should keep them connected to their community in as many ways as is possible. Other concerns relate to the rampant poverty, and therefore the lack of basic resources in caring for their vulnerable. Chapter Three of this study will observe how the HIV/AIDS pandemic has further strained the Kikuyu tribal system especially in regards to the overwhelming number of orphans.

## Chapter 3

### The HIV/AIDS Pandemic and Orphan Crisis

This chapter will focus on the HIV/AIDS pandemic and the subsequent orphan crisis. Particular attention will be given to the historical background of the pandemic within the Sub-Saharan African context. The chapter will also explain how various communities, countries, non-governmental organizations, and other agencies are responding to the orphan crisis, particularly within the Sub-Saharan African context.

#### The HIV/AIDS Pandemic

Between 1979 and 1980, doctors in the United States observed clusters of diseases which previously had been extremely rare. These included a type of pneumonia spread by birds (*pneumocystis carinii*) and a cancer called *Karposi's sarcoma* (Whiteside and Sunter 2000:1). And On June 4, 1981, MMWR (*Morbidity and Mortality Weekly Report*)<sup>15</sup> published the report about *pneumocystis carinii* pneumonia in homosexual men in Los Angeles (Gottlieb, et al. 1996:1020). The MMWR recorded five cases of *pneumocystis carinii*. Later, on 3 July, 1981, the MMWR reported a clustering of cases of *Karposi's sarcoma* in New York. The number of cases, centered around New York and San Francisco, rose rapidly, and scientists realized that they were dealing with a new phenomenon (Whiteside and Sunter 2000:1).

In the early stages of the disease in the USA, most cases were seen in homosexual men. Then there was evidence of cases among *haemophiliacs* and recipients of blood transfusions (Whiteside and Sunter 2000:1). Once the new syndrome had been identified,

---

<sup>15</sup> This is a widely circulated report on infectious diseases and deaths produced by The Centers for Disease Control in the USA.

a flurry of scientific and epidemiological activity followed. By 1983 the virus that caused AIDS had been identified by a French scientist, Luc Montagnier. Shortly thereafter, Robert Gallo, an American, also discovered the virus. It was named the Human Immunodeficiency Virus or HIV (Whiteside and Sunter 2000:2). The disease later became known as the Acquired Immunodeficiency Syndrome (AIDS). The acronym AIDS represents the following (Whiteside and Sunter 2000:1):

- The 'A' stands for 'Acquired.' This means that the virus is not spread through casual or inadvertent contact like flu or chickenpox. A person has to do something (or have something done to them) to be infected by the virus.
- 'I' and 'D' stand for 'Immunodeficiency.' The virus attacks a person's immune system and makes it less capable of fighting infections. Thus the immune system becomes deficient.
- 'S' is for 'Syndrome.' AIDS is not just one disease but it represents itself as a number of diseases that come about as the immune system fails. Hence, it is regarded as a syndrome.

### Transmission

The main modes of HIV/AIDS transmission, within Southern Africa, in order of significance are (Whiteside and Sunter 2000:10):

- Unsafe sex;
- Transmission from infected mother to child;
- Intravenous drug use with contaminated needles;
- Use of infected blood or blood products; and

- Other modes of transmission involving blood including bodily contact involving open bleeding wounds.

### AIDS Pandemic: The World Context

According to the 2005 UNAIDS/WHO report, there were a total of 40.3 million people living with HIV in the world (2005:1). Thirty-eight million of these people were adults and 2.3 million were children. Seventeen and a half million of the adults living with HIV were women.

There were 4.9 million people who were newly infected in 2005—700,000 of these cases were children under 15 years (UNAIDS and WHO 2005). A total of 3.1 million people died of AIDS in 2005—570,000 were children under 15 years. “Acquired Immunodeficiency Syndrome has killed more than 25 million people since it was first recognized in 1981, making it one of the most destructive epidemics in recorded history” (UNAIDS and WHO 2005:2).

Sub-Saharan Africa is the hardest-hit region and is the home of 25.8 million people living with HIV (UNAIDS and WHO 2005). “Two thirds of all people living with HIV [in the world] are in Sub-Saharan Africa, as are 77% of all women” (UNAIDS and WHO 2005:2). From this data, it can be deduced that 13% of the world (Africa)<sup>16</sup> has at least 66% of all HIV infections.

Growing epidemics are also occurring in Eastern Europe and Central Asia, and in East Asia. In Eastern Europe, the number of people living with HIV has increased by one quarter (to 1.6 million) since 2003, and the number of AIDS deaths almost doubled in the same period (UNAIDS and WHO 2005). “In East Asia, the number of people living with

---

<sup>16</sup> [www.overpopulation.org/Africa](http://www.overpopulation.org/Africa)



HIV in 2005 increased by one fifth (to 870,000), compared with two years earlier” (UNAIDS and WHO 2005:2).

### AIDS Pandemic: The Kenyan Context

HIV/AIDS was first recognized in Kenya in 1984 (MOH 1997). According to a Kenya Ministry of Health report, “The number of new AIDS cases reported in one year [has] been on average 12,000 since 1990” (1997:2). The report also notes that the reported “cases only represent[ed] the tip of the iceberg” (1997:2)—valid estimates may have been three times higher. Men and women were infected in equal proportions. Eighty percent of the cases were in the 15 to 49 years age-group; while 10% were children under the age of five years (MOH 1997:2). The epidemic was more advanced in Nyanza, Western and parts of the Rift Valley provinces where the HIV prevalence<sup>17</sup> rates among pregnant women were 15% to 30% (MOH 1997:2). Further, the 1997 Ministry of Health report observed that:

Sexual contact accounted for up to 90% of AIDS cases in Kenya. Heterosexual contact [was] the main mode of transmission. However, bisexual contact [had] been reported in some parts of the country particularly Coast Province, and among confined groups like prisoners. Homosexual contact [had] not been reported in Kenya. Mother to child transmission [was] growing in importance because of the HIV infection rates among young women. This mode of transmission together with exposure to infected blood [accounted] for about 10% to 20% of AIDS cases in Kenya. (MOH 1997:2)

Results from the 2003 Kenya Demographic Health Survey (KDHS) indicated that 7 percent of Kenyan adults were infected with HIV (CBS, et al. 2003:221). HIV prevalence in women age 15 to 49 was nearly 9%, while that of men between the ages of

---

<sup>17</sup> HIV prevalence is the percentage of a population that is infected with HIV. Two primary methods have been used to estimate the prevalence of infection of HIV in Kenya. Sentinel surveillance of HIV prevalence provides information about the trend in the rate of infection over time. The second method is through a general population survey in which a carefully selected sample of the population is tested for HIV.

15 to 54 was under 5 percent (CBS, et al. 2003:221). “This female to male ratio of 1.9 to 1 is higher than that found in most population-based studies in Africa and implies that young women are particularly vulnerable to HIV infection compared with young men” (CBS, et al. 2003:221). The 2005 edition of *AIDS in Kenya: Trends and Interventions* provided more details of the spread of the pandemic:

The number of people living with HIV in Kenya includes about 1.1 million adults between 15 and 49 years, another 60,000 age 50 and over, and approximately 100,000 children. Urban populations have higher adult prevalence (10%) than do rural populations (6%). A regional variation is significant. Prevalence in Nyanza province is 15% in adults and 10% in Nairobi. Adult prevalence in other provinces ranges around 5%, with exception of North Eastern province, where prevalence is less than 1%; it is the only region in the country where the epidemic is low level. (NASCOP 2005:2)

Kenya has experienced a rise in the number of orphans due to the high numbers of deaths from HIV/AIDS infections (NASCOP 2005:60). It is estimated that 1.5 million Kenyans have died of AIDS, leaving approximately 1.6 million orphans (NASCOP 2005:61). The National Aids Control Program (NASCOP) also reported that “From 55% to 60% of [the] orphaned children aged to 14 years have lost their parents due to HIV/AIDS” (2005:61). Nyanza province had the highest level of orphanhood, with almost one in five (19%) children under the age of 15 having lost one or both parents (NASCOP 2005:61).

Broader OVC [orphans and vulnerable children] issues are that these children do not have the basic material needs that their family would supply—food, security, shelter, clothing, schooling, access to health and medical services (including psychological support services), and parental love and the feeling of belonging. They may not have a positive connection with the primary caregiver; they may be dispossessed of property and disinherited. HIV/AIDS has placed an enormous strain on families and has reduced the capacity of most families to provide for and take care of their children. Most double orphans and many single orphans live in households headed by their elderly grandparents. Women bear most

of the brunt of caring for these children—who may be widows or grandparents with meager resources and who themselves may not have support from any of their adult children. Most of such households were already living below the poverty line, before they took on the burden of caring for the orphans. Also increasing is the number of households headed by children, struggling to survive. (NASCOP 2005:62)

The Kiambu District Development Plan (2002—2008)<sup>18</sup>, listed HIV/AIDS among the “major development challenges and cross-cutting issues” (Republic of Kenya 2001). The first HIV/AIDS cases in the district were reported in 1987 when 18 patients were hospitalized in various district hospitals (Republic of Kenya 2001:24). “This gradually increased to 1,093 in 1993. [In 2001], the HIV/AIDS prevalence rate [was] 34 per cent implying that about 250,000 people [were] infected” (Republic of Kenya 2001:24). A 1999 district survey established that most of the infected were between the age of 19 and 34 years (Republic of Kenya 2001:24). HIV/AIDS has had a severe socio-economic impact in Kiambu district:

In the agriculture sector, which is the mainstay of the district economy, there has been a reduction in the work force. It has had a negative impact on the number of both skilled and unskilled labor as a large proportion of those infected and affected comprise the prime productive age group. A lot of time is taken to take care of the sick and attend burials. (Republic of Kenya 2001:25)

Many children in Kiambu district whose parents have died of AIDS lack the basic necessities like food, shelter and clothing (Republic of Kenya 2001:25). “The traditional family set up (i.e., extended family) has not always been able to cope with the increasing number of orphaned children” (Republic of Kenya 2001:25). Orphans who are unable to afford education have been forced to drop out of school and this trend has led to increases in child labor, prostitution, early marriages and street children (Republic of Kenya 2001:25).

---

<sup>18</sup> Escarpment is located within Kiambu District, Central Province, of Kenya.

### AIDS Orphans

UNAIDS defines orphans as children below the age of 15 who have lost either of their parents (single orphans) or both their mother and father (double orphans). Whiteside and Sunter view this as a very narrow definition because of the following reasons (2000:80):

- A child begins to have needs that the family cannot meet when the parents fall ill and household income drops. 'Orphaning,' thus begins prior to the death of the parent.
- Children may be 'orphaned' more than once—the first time is when their parents die and then again if their grandparents (caregivers) also die.
- When children lose their fathers, they also lose the financial resources which would have assisted them in meeting their basic needs.
- Attaining the age of 15 does not mean that orphans no longer have needs; indeed, they may be slower to mature.

Because those dying from AIDS are mainly people in the prime of their lives and may often be parents, a less well-known and devastating effect of AIDS is the huge numbers of children orphaned by the disease (UNICEF 1999:2). "These children endure overwhelming and largely unmitigated losses, living as they do in societies already weakened by under-development, poverty, and the AIDS epidemic itself" (UNICEF 1999:2). An advocacy report based on a research in the Zimbabwean context begins by underscoring the current Sub-Saharan orphan crisis:

Although the premature deaths of millions of young adults in the most productive years of their lives will be seen as the most tragic aspect of the HIV/AIDS epidemic sweeping the countries of East and Central Africa, the plight of their surviving children and elderly dependents holds the potential for an even greater tragedy. (Powell, et al. 1994:3)

Traditionally, orphans in Africa have been cared for through the extended family system which provided for the welfare of its members. “However, traditional family-based social welfare has been eroded by socio-economic change and urbanization. This has weakened the capacity of the rural and urban poor to provide for the welfare of family members” (Powell, et al. 1994:3). Studies in other African countries show that although the extended family has been taking care of orphaned children, it has been under enormous strain and will not be able to cope indefinitely without assistance (Powell, et al. 1994:3).

In Africa, significant numbers of orphans have always existed in the past from death of parents due to wars, natural disasters such as famine, and other epidemics. However, past epidemics have tended to claim the very young or the elderly, rarely claiming both parents and young children as does AIDS. Furthermore, unlike other life-threatening and fatal illnesses, such as diarrhea and malaria among children and adults in developing countries or cancer and heart disease among the elderly in developed countries, HIV/AIDS selectively affects adults in their most economically productive period. (Nampanya-Serpell 1999:6)

AIDS has become a global emergency with human and social ramifications. “It is a growing threat to stability, exacerbating inequalities within and between countries, undermining previous gains in development and harming children” (UNICEF 1999:2). There is urgent need for stronger commitments and sustainable efforts by the families, communities and children on the front line of this epic struggle. Neither words nor statistics can sufficiently portray the human tragedy of children grieving for dying or dead parents. Many of these children are stigmatized by society through association with HIV/AIDS. Orphans are also plunged into economic crisis and insecurity by their parents’ death and continue to struggle without basic services in their impoverished communities (UNICEF 1999:3).

The most common outcomes [relating to AIDS orphaned children] include the trauma of losing their parents, loss of social and emotional nurturance, loss of family income, financial deprivation and transition into poverty, loss of educational opportunities and skills transfer, lack of full legal protection, the necessity of taking care of dying parents, family displacement, sibling dispersion, increasing reliance on old grandparents as care givers, sexual exploitation, exposure to HIV/AIDS, and compromised health care. These orphans in turn place a heavy burden on already impoverished extended families, friends and communities, such that these families and communities have difficulties coping with the larger than usual numbers of orphaned children and their needs (Nampanya-Serpell 1999:13).

The traditional extended family in Africa is now unraveling rapidly under the strain of AIDS and a soaring number of orphans in most of the affected countries.

“Whereas before AIDS, approximately 2 per cent of children in developing countries were orphaned, in 1997 rates in some countries were 7, 9 and even 11 per cent” (UNICEF 1999:3). Communal and family resources have been stretched to a breaking point, and those providing the necessary care in many of these cases are already impoverished.

Subbarao and Coury explain further:

In general, communities make every effort to preserve the traditional safety net of the extended family, especially in rural areas. However, the magnitude of the orphan crisis, the spread of nuclear families in urban areas, and the additional hardships imposed by periodic droughts or floods are probably weakening the traditional safety net in some countries and regions. (2004:45)

HIV/AIDS has caused many Sub-Saharan African families to fall apart. “A survey carried out in the two districts in Zimbabwe in 2000 discovered that 65% of households that had lost an adult woman had disintegrated and dispersed” (UNAIDS 2005:31). After the death of their parents, orphans may be fostered by grandparents, older female relatives, or sent away to live in another part of the extended family. Many of these children are less likely to continue with their education than those with both parents, and

usually end up as full-time child laborers or street children in urban centers (UNAIDS 2005:31).

#### HIV/AIDS Projections (Orphans)

- The number of orphans due to AIDS in Sub-Saharan Africa is expected to rise to 35 million by 2010 (Subbarao and Coury 2004). Furthermore, a 2005 UNAIDS report emphasizes that the number of AIDS orphaned children will rise, “no matter what course of action governments choose, and that the consequences of ignoring the psychological, cultural, emotional, and social needs of those children will be very grave” (183).
- The HIV/AIDS epidemic has not yet reached its peak in many countries and the number of children rendered vulnerable by the disease is expected to increase. “Moreover, because of the long incubation period of the disease (8—10 years), the adverse impacts of HIV/AIDS on children, households, and communities will linger for decades after the epidemic begins to wane” (Subbarao and Coury 2004:6, 7).
- And, during the next 8—10 years (2007—2015), many of the grandparents, uncles, and aunties will die. Many of the adults alive now may not live to become grandparents because of AIDS. Thus, there will be fewer adult caregivers to provide care for the orphans. Elder children will be forced to care for their younger siblings. The number of street children will also be on the rise unless the national governments formulate strategies in responding to the orphan crisis.

### Efforts to Protect Children Orphaned by AIDS

UNICEF, UNAIDS, and USAID have developed a core framework of action that highlights the need for strong action on five fronts (UNAIDS, et al. 2004; UNICEF 2003:5):

1. Strengthening the capacity of families to protect and care for the orphans. In Sub-Saharan Africa, extended family relationships are the first and most vital source of support for households affected by HIV/AIDS.
2. Mobilizing and strengthening community-based responses. After families, communities provide the next level of support.
3. Ensuring access to essential services for orphans and vulnerable children. Orphans and other vulnerable children need a number of services to ensure their rights and well-being, including their education, birth registration, health care, and nutrition, psychological support, safe water and sanitation, and strong and independent justice systems.
4. Ensuring that governments protect the children. While the family has the primary responsibility for the care and protection of the children, national governments have the ultimate responsibility for guaranteeing the rights of the children.
5. Raising awareness to create a supportive environment for children affected by HIV/AIDS. Action against HIV/AIDS has to be a shared national responsibility.

The extended family remains the predominant caring unit for orphans and vulnerable children in much of Africa (Subbarao and Coury 2004:46) Spontaneous responses have multiplied within communities as they seek to respond to the orphan



crisis. Some community initiatives have taken a more formal form and have become community-based organizations (CBOs).

Today, faith based organizations, local NGOs, CBOs, and community groups, such as women's groups, youth clubs, and people living with HIV and AIDS (PLWHA) groups are at the front line of support for OVC [orphans and vulnerable children]. Most of these vulnerable children are supported by national and international NGOs, governments, and donors. (Subbarao and Coury 2004:46, 47)

The crucial role of Faith Based Organizations (FBOs) in responding to the HIV/AIDS pandemic was also recognized in a 2004 UNICEF report titled the *Study of the Response by Faith-Based Organizations to Orphans and Vulnerable Children*. In this study, conducted within six Sub-Saharan African countries<sup>19</sup>, it was observed that FBOs “are amongst the most viable institutions at both local and national levels and have developed experience in addressing the multi-dimensional impact of AIDS and its particular impact on children” (UNICEF 2004:2). The types of community based activities carried out by FBOs are described and summarized as<sup>20</sup> (UNICEF 2004:11):

- **Material Support:** This was the most common OVC support activity. The support included the provision of clothing and food.
- **School Assistance:** Many of the FBOs provided OVCs with funding for fees in primary, secondary, and vocational schooling. Some of the programs also provided school uniforms, equipment, books, and paid for boarding fees.
- **HIV prevention:** Over half of the FBOs surveyed were involved in increasing awareness of HIV amongst vulnerable children.

---

<sup>19</sup> Kenya, Malawi, Mozambique, Namibia, Swaziland, and Uganda.

<sup>20</sup> The study took place during 2002—2003. Interviews were conducted with 690 FBOs consisting of 410 congregations, 167 Religious Coordinating Bodies (RCBs), 60 faith based CBOs and 53 faith based NGOs. These were situated in Uganda (194 FBOs), Kenya (171), Mozambique (106), Namibia (91), Malawi (68) and Swaziland (60). Overall, 81% of FBOs were Christian, 14% Muslim, 0.8% Bahai, 0.6% Hindu, 0.6% Traditional and 0.2% Jewish.

- **Visiting and Home-Based Care:** Volunteers identified needy families in their communities and regularly visited the affected households. Some OVC programs had developed from home-care programs for the terminally ill. Some of the most vulnerable households, such as child-headed households, were visited on a regular basis (daily or weekly). Volunteers provided advice and household supervision, prepared meals, ate together with the children, and assisted in household agriculture or income generating activities.
- **Counseling and Psychological Support:** Many FBO initiatives provided counseling and psychological support activities to address the psychological needs of the children. Examples of such events included sports and cultural activities which involved both the children and other members of the community.
- **Medical Care:** Some of the FBO initiatives enabled children to access essential medical care through the provision of medical fees or medication.
- **Income Generation and Vocational Training:** Some of the FBOs established income generating projects to enable them to raise school fees money for the support of the vulnerable children.
- **Day Care Centers:** These programs provided stimulation, care, and food for pre-school children while their caregivers were working during the day.
- **Religious Education:** Some of the Muslim initiatives provided education for OVCs through their religious schools (Madrassas).
- **Community Schools and Child Development Centers:** Some of the FBOs had established educational facilities to provide basic primary education to the vulnerable children.

- Promotion of Foster Care: Some of the FBOs specifically encouraged fostering and adoption by non-relatives. They identified and screened potential foster parents.

Four categories of religious organizations were distinguished in the above study, namely (UNICEF 2004:16):

1. Congregation: a local group of believers such as a church, mosque, temple, or synagogue that met on a weekly basis.
2. Religious Coordinating Body (RCB): intermediary organizations responsible for coordinating and supporting congregations.
3. Non-Governmental Organization (NGO): Faiths based NGOs employ staff, receive external donor support, and were answerable to a broader group.
4. Community Based Organization (CBO): These local groups were differentiated from NGOs because they did not employ full-time staff.

From the above categories of religious organizations, it was noted that RCBs differed in structure, function and size. Many RCBs, however, were involved in the provision of support to orphans and vulnerable children (OVCs). This support took various forms:

- Through scholarship programs or institutions to cater for OVC needs such as schools, orphanages, and baby homes. There was limited involvement of affected families, communities, and congregations. Many RCB projects did not tap existing community resources in strengthening their initiatives. The approach of targeting individual children had put these projects at the risk of remaining detached from their specific communities.

- Some of the RCBs facilitated the implementation of OVC programs through their local congregations.

The above study concluded by making the following recommendations relating to the role of RCBs in response to OVC care and support:

1. Since RCBs were often unaware of the existence of effective programs run by RCBs in other religious traditions, inter-religious collaboration and networking needed to be encouraged.
2. RCBs needed to be better informed of the OVC responses of congregations within their religious network through involvement in mapping exercises.
3. RCBs were well placed to provide technical support and in building the capacity of congregational OVC responses through training, resource mobilization and documentation.
4. Leaders of religious organizations were considered to be well placed to influence the practices of their FBOs as well as governmental institutions. They are encouraged to advocate publicly for child rights, stigma reduction, behavior change, policy development, and increased resource allocation to religious bodies.
5. FBOs needed to recognize and utilize community resources for OVC care and support.
6. FBOs were encouraged to increase the participation of children, youth, and people living with HIV/AIDS in program design and implementation.
7. FBOs were encouraged to establish committees to guide the development of OVC and HIV/AIDS initiatives.

### Caregivers—Strengths and Weaknesses

In their book *Reaching Out to Africa's Orphans: A Framework for Public Action*, Subbarao and Coury classified orphan caregivers into two broad categories: household-based care and institutional care (Subbarao and Coury 2004:25). They define household-based care as, “[care] provided by a living parent, the extended family, a household headed by a child or adolescent, or non-relatives ” (2004:25). Institutional care is, “[orphan care] provided by a foster home or surrogate family groups integrated in a community; a children’s village; or an orphanage” (Subbarao and Coury 2004:25). Subbarao and Coury have provided a detailed analysis of both of these models of orphan care, taking a closer look at some of their strengths and weaknesses.

#### Household-Based Care

This is the most dominant form of caring arrangement for orphaned children throughout Africa, and for most stakeholders it remains the most desired model of care for these children (Subbarao and Coury 2004). In this form of care, the integration of orphans within their close relatives is given priority, but when such integration is not possible, “adoption and formal fostering are given consideration, too, although they do not yet appeal to the public because of cultural bias” (Subbarao and Coury 2004:25).

By living with their extended families, orphans may grow up in a more stable and secure environment favoring their psychological, intellectual, and social development (Subbarao and Coury 2004:27). However, when resources are not allocated to meet basic needs these children may suffer from discrimination. “Care provided by aunts, uncles, and other relatives may be adequate if the caregiver has the economic means needed to

support the additional members of the household and is motivated to provide adequate care” (Subbarao and Coury 2004:27).

Living with the surviving parent ensures that siblings remain together in a familiar environment. However, the death of one parent may lead to a major drop in the family income. “With the death of the main bread winner (often the father), economic needs are very likely not to be met, and basic needs (e.g., adequate food, health care, nutrition, schooling, shelter) may become difficult to provide as the revenue of the family drops” (Subbarao and Coury 2004:28).

Although grandparents may provide a favorable environment that helps orphans to socialize, they may not be able to respond to children’s psychological, legal, economic, and basic needs. “Grandparents may be old, and they may be themselves sick and tired. They usually face strong material constraints and receive little external support” (Subbarao and Coury 2004:29). Philomena Wariara, a 58 year old caregiver in Escarpment (Kenya), agrees that the children need more care than she (a grandmother) can offer. When asked by the author where she would prefer her grandchildren to be (home-based care or orphanage), she replied:

These two [home-based care and orphanage] will offer similar assistance to the children. However, the children will receive more discipline in an orphanage setting than they will from me, as a grandmother, because a grandmother does not discipline her grandchildren [but pampers them]. But in an orphanage, they will receive good discipline. (2006)

The emergence of the child-headed households is a sign that the extended family system has reached a saturation point (Subbarao and Coury 2004:30). The rapid spread of the AIDS pandemic has rendered the extended family unable to absorb more orphans and provide them with adequate care in the near future. “Alternative types of care are needed

for some children. Foster care and adoption are two forms of care, among others, that provide a family-like setting for orphans who do not have any relatives to foster them” (Subbarao and Coury 2004:30). UNAIDS, UNICEF, and USAID also prefer foster care, and local adoption as a more sustainable model in community:

For children who slip through the extended family safety net, arrangements preferable to traditional institutional care include foster placements, local adoption, surrogate family groups integrated into communities, and smaller-scale group residential care in homelike settings. In some cases, a group of siblings may decide to remain in their home after the death of both parents. With adequate support from members of the extended family or community residents, this can be an acceptable solution because it enables the children to maintain their closest remaining relationships. (UNAIDS, et al. 2004:20)

Subbarao and Coury also believe that increased foster care and adoption by non-relatives, if properly practiced, would be a better alternative for those orphans without care from extended family (2004:32). “Yet they [foster care and adoption] will require important changes, such as shift in people’s attitudes and a better adjustment of legal practices to the African context” (Subbarao and Coury 2004:32).

### Institutional Care

“With the sharp increase in orphans in Africa and the process of deinstitutionalization, new and innovative forms of institutional or semi-institutional care have emerged, such as children’s homes and children’s villages. But these forms vary widely in size, management, and effectiveness” (Subbarao and Coury 2004:33).

Orphanages are the most formal type of institutions that care for orphans. Most orphanages are run by nongovernmental organizations (NGOs), or governments. In orphanage settings, children are cared for by social workers, and their basic needs such as shelter, food, clothing, and education are met (Subbarao and Coury 2004:34). However,

interaction between the community and the orphanage is not very common, especially when children are sent to the orphanage's school rather than to the public school (Subbarao and Coury 2004:34).

A Children's Home is an arrangement in which a paid and usually trained foster mother lives with a group of orphans (generally from 4 to 10 children) in an ordinary home (rather than an institutional building) within the community. They are usually supported by NGOs or private sponsors. "By providing children with family-like setting and a trained mother, these homes should adequately meet orphans' basic material, safety, and psychological needs. However, lack of a father figure may be a problem, especially for the socialization of male orphans" (Subbarao and Coury 2004:35). The sustainability of Children's Homes depends to a large extent on the monitoring supervision and support of social workers and the level of external financing (Subbarao and Coury 2004). According to Subbarao and Coury, Children's Homes will thrive only as long as:

(a) Resources are available; (b) children are raised in an environment not too different from their original one; (c) children are part of the life of the neighborhood community; (d) trained social workers are available for monitoring and supervision; and (e) the neighborhood community shares a part of the cost of running the village. (2004:36)

The model developed by SOS Children's village typically consists of a group of about 10 to 20 houses, forming a community and providing a family-like setting for vulnerable children (Subbarao and Coury 2004:35). Each house in the village is headed by an SOS-trained mother, who takes care of 8—10 children. Children grow up in conditions comparable to those in "normal families" in the sense that biological siblings are not split up, children of different ages and gender become brothers and sisters, all



children may also be enrolled in public schools, and they are strongly encouraged to maintain contacts with the community (Subbarao and Coury 2004:35). However, SOS Children's Villages are sponsored by NGOs, and as such they are not self-sustaining. Children's villages tend to function like "mission stations" where the children are alienated from the rest of community. They have often been criticized for separating children from the community and for providing a standard of living that is so much higher than that of the surrounding community that it causes the children significant difficulties with social reintegration once they leave the village (Subbarao and Coury 2004:35).

Orphanages, children villages, or other group residential facilities may seem a logical response to growing orphan populations. In fact, this approach can impede the development of national solutions for orphans and other vulnerable children. Such institutions may be appealing because they can provide food, clothing, and education, but they generally fail to meet young people's emotional and psychological needs. (UNAIDS, et al. 2004:19)

Marie Ens is the founder of Rescue, an NGO reaching out to orphans within Cambodia. According to one of her co-workers, Susan McKercher, Rescue caters for approximately 110 orphaned children (2006). "Ninety-five percent of these children come from families with AIDS" (Mckercher 2006:1). Rescue's model of orphan-care is similar to that of SOS children villages:

Our orphanage is comprised of 10 houses each of which will house 10 children and 1 house mother. The mother meets all the needs of the children under her care. She cooks, nurtures physically, spiritually and mentally encouraging them in all these areas. She is here to comfort, counsel and every night she leads them in a devotional time and prayer. Rescue supplies all their food, clothing, education, and special times. (Mckercher 2006:1)

UNAIDS, UNICEF, and USAID offer further critique of institutional care (2004:20):

- Institutional care segregates children and adolescents from other young people and adults in their communities. This type of care tends to promote dependency and discourage autonomy. For many adolescents, the transition from life in an institution to positive integration and self-support as a young adult in the community is difficult. Children in these institutions lack essential social and cultural skills and a network of connections in the community.
- In many parts of the world, poor families have used orphanages as economic-coping mechanisms to secure access to children's services. Thus, institutional care has become an expensive way to cope with poverty and the growing orphan population. Experience also indicates that these children's vital links to local families and clan structures will crumble if institutional care is prolonged.
- The cost per child in institutional care is significantly higher than that of supporting care by a family. "The ongoing costs of supporting one child in institutional care could support many times that number of children in family-based care" (UNAIDS, et al. 2004:20).
- Placement in residential institutions should be reserved as a last resort and as a temporary measure pending placement in a family.

### Six Zimbabwe Models

A study conducted in Zimbabwe identified six models of statutory care operational in the country (Powell, et al. 1994:12):

1. “Family-Based Homes for Children.” These homes replicate a nuclear family setting. Children have a continuous relationship with one parental figure and a number of “siblings” in each house.
2. “Dormitory-Based Homes for Children.” Children are accommodated in dormitories. They share dining and living facilities similar to those in a boarding school.
3. “Culturally Adapted Models.” Some of the above homes have adapted the above models to the local culture. They attempt to give children a strong sense of belonging to a family through a traditional communal living arrangement.
4. “Government Remand, Probation and Training Centers.” These institutions are mainly for young people with delinquent tendencies or convicted juvenile offenders.
5. “Foster Care.” The child is legally placed with a family in the community and becomes part of the family’s daily life.
6. Homes for Infants and Toddlers. These are usually dormitory based and restrict their intake to infants. Transfer arrangements, to older children’s home, are made when they reach the age of 5 or 6.

According to the above study, “Reintegrating the child into the community at the age of 18, or when discharged, [was] problematic in all models except foster care” (Powell, et al. 1994:14). This culturally adapted model had a distinct advantage over the other residential models in that children were not alienated from their culture and found it easier to adapt to life outside the home (Powell, et al. 1994:14).

Janine Roberts, a missionary in Zimbabwe from the USA, supports a “culturally adaptive model” in her work among AIDS orphans and their caregivers (2006). She

explains how they have been able to care for these vulnerable people through their emergency outreach program:

We work with one healthcare worker in each area whose job is to identify those families which have HIV positive members. We work first with the adult caregivers who are HIV positive to educate them on proper diet and medical care so that they stay healthy longer. In this way, children have adequate care from their relatives for a longer period of time. (Roberts 2006:1)

### AIDS Response: The Sub-Saharan African Context

It is important to emphasize that what distinguishes all successful and sustainable efforts to combat the HIV/AIDS crisis, including providing care for orphans, has been political will (UNICEF 1999:7). One country in Sub-Saharan Africa that has shown great leadership in this area is Uganda, where some of the first AIDS cases in Africa were identified in 1982 and where the number of orphans exploded less than a decade ago (UNICEF 1999:7):

- As early as 1986, the Ugandan government acknowledged the HIV/AIDS crisis and began mobilizing domestic and international support.
- In the early 1990s, the Uganda's AIDS Commission was established. Several AIDS Control Programs were also launched within governmental ministries.
- Non-governmental organizations (NGOs), community-based organizations (CBOs) and religious groups have played a significant role in developing effective responses.
- By mid-1990s emphasis on government decentralization transferred responsibilities for child protection in local areas over to local governments. Moreover, education was extended to all children, and health facilities were rebuilt, leading to improved services for children.

- The use of radio has played a major role in educating people about HIV/AIDS.
- Public declaration of popular HIV positive people promoted public discussion about AIDS.
- Young people have always been a key focus of many of the country's AIDS programs.

In *Breaking the Conspiracy of Silence*, Donald Messer provides a “hopeful model” in responding to the global AIDS crisis (2004:161). This model has been developed by the Global AIDS Interfaith Alliance. The goal is to mobilize Christian congregations in a partnership to save lives. “By connecting African and American local communities of faith, it builds a bridge of hope in the struggle against HIV/AIDS” (Messer 2004:161). In his book, Messer explains how the above program is progressing in Malawi.

A team traveled to Malawi to gather accurate necessary information. During their visit they met with the Anglican bishop, Catholic Development Commission, missionaries of various faiths, and youth leaders. They also visited various HIV/AIDS prevention and care projects, including clinics, orphan care programs, home-based care, women's empowerment, and youth education programs. They then identified more than 20 different projects which churches could support. (2004:161)

Messer was hopeful that similar denominational and ecumenical models would emerge to confront the global crisis.

A 2003 UNICEF report provides further examples of how the orphan crisis is being addressed within Sub-Saharan African countries (36-38):

- In Malawi, the community-based option for Protection and Empowerment Program of Save the Children (United States) has demonstrated an approach to mobilize community-based responses. Through the program, non-governmental organizations,

religious bodies, the private sector and government establish district AIDS committees that in turn help to mobilize and support village AIDS committees. The village committees undertake a range of activities, including regular visits to households with the most vulnerable children, development of community gardens, and distribution of improved crop varieties. They also work to ensure that the children continue to go to school by convincing foster-parents of the importance of continued schooling, and encouraging schools to waive fees for orphans and other vulnerable children.

- Similarly, in Tanzania, villagers have set up the Most Vulnerable Children Committees to mobilize and distribute villagers' donations of food and funds and also organize income-generation activities and other forms of support.
- In Swaziland, local people have established Orphans and Vulnerable Children Committees to pool resources and organize community support. One committee has used the money raised from community donations to establish a shop at the local primary school, the income from which pays the school fees of several children. Another has established Neighborhood Care Points, managed by local volunteers to provide day care.
- In 1996, the Ugandan Government introduced a Universal Primary Education policy, offering free primary education to up to four children in every family. In 1995, orphaned children in Uganda were less likely to go to school than other children; by 2000, as a result of this policy, this disadvantage had largely disappeared.

### AIDS Response: The Kenyan Context

In 2003, The Government of Kenya abolished school fees for primary school children and as a result school enrollment increased substantially. When primary schools across Kenya reopened in January 2003, “5.9 million children re-enrolled and additional 1.3 million children sought admission for the first time. Under Kenya’s newly passed Free Primary Education policy, none of these children pay tuition fees” (UNICEF 2003:39). This was a great day for Kenya and for the orphaned children. However, there were so many children returning to school that there was hardly any standing room in the already over-crowded classrooms.

For the entire country, the free education policy experience . [was] euphoric—and chaotic. Classrooms that held 40 students the previous year now cram[ed] in 70. Administrators were forced to defer admission at some schools for lack of standing space. Materials [were] scarce [and] trained teachers even more so. And education is still not entirely free. Families must cover costs for uniforms, transportation, and in some cases, a range of school maintenance fees. (UNICEF 2003:39)

The Kenya Ministry of Health (MOH) published a *Sessional Paper No.4 of 1997 on AIDS in Kenya*. In this publication, the government established that, “The number of children infected and affected by HIV/AIDS [was continuing] to rise yet the institutional and the extended family capacity to cope [was] frustrated by the socioeconomic situations” (MOH 1997:26). Therefore, the MOH committed to the following strategy (1997:26):

- To provide guidelines on HIV and breastfeeding for mothers;
- To offer free medical treatment and education to orphans;
- To provide adequate diagnostic facilities in order to detect HIV/AIDS in children early enough;

- To advocate for the care for HIV positive children and social support for orphans in institutions and in the community;
- To integrate HIV/AIDS into reproductive health programs.

By 2005, the MOH through NASCOP (National AIDS Control Program) was still grappling with how to manage the OVC crisis. In the seventh edition of *AIDS in Kenya: Trends, Interventions and Impact*, it is stated that:

Kenya needed a formal structure to oversee the general welfare of orphans and vulnerable children. Although the National Council for Children Services (NCCS) within the MOHA [Ministry of Home Affairs] had the overall responsibility of coordinating children's issues in the country, it [did] not have the capacity to respond effectively to OVC issues. It [was] limited by the lack of clear policies and resources. (2005:62)

The MOH also assured that efforts were being made to draw up a policy on orphans and vulnerable children. This policy was expected to have a broad-based acceptance and ownership that would “integrate, protect, and promote all children orphaned by HIV/AIDS” (NASCOP 2005:62). During “The Day of the African Child” (June 15, 2006), the Permanent Secretary in the office of the Vice-President and Ministry of Home Affairs made an important announcement in regards to this urgent matter:

The office of the Vice-President and Ministry of Home Affairs has allocated Kshs. 48,000,000 [\$720,000] for the financial year 2005/2006 for OVC, this is to strengthen capacities of families by directly giving Kshs. 1000 [\$15] per family. This strategy is being piloted with partners in the following districts: Kwale, Garissa, Nairobi, Homabay, Migori, Nakuru, Kisii, and Siaya. (Wario 2006:20)

Whether the above government program is a success or not, is yet to be seen. However, the Vice-President of Kenya has reiterated the government's commitment in responding to the orphan crisis:



The government believes in establishing and strengthening partnerships with actors [development partners, NGOs, Community Based Organizations, and individuals] who have unique contributions to advance the well being of children and the promotion and protection of their rights. (Awori 2006:20)

### Summary

This chapter focused on the HIV/AIDS pandemic and the subsequent orphan crisis. A brief account of the historical background of the pandemic within the Sub-Saharan African context is given. Details of how various communities, countries, non-governmental organizations, and other agencies are responding to the orphan crisis are included. There is a section on the options of orphan-care, namely: variations on household-based and institutional care.

From this study, it is evident that HIV/AIDS is a global calamity. Though not all people may be infected by the plague, all of us are certainly affected in one way or another. Sub-Saharan Africa has been the most affected region. It has been observed that both the local and global communities are grappling with how to respond to the pandemic—especially in caring for the infected and affected families. The African traditional extended family is presently unable to accommodate the massive number of orphans. In the previous chapter, it was noted that the Kikuyu tribe had already begun to disintegrate after the effects of colonialism, early church missions, and rural-urban migration. The present chapter has determined that the HIV/AIDS epidemic has further weakened the traditional tribal structure. The system is now overwhelmed by AIDS orphans. This calls for an urgent church response to the ongoing pandemic and subsequent orphan crisis. The question should not be, “Should the church respond?” but rather, “How should the church respond?”

The National AIDS Control Program (NASCOP) in Kenya has outlined the basic needs of the orphans and vulnerable children (OVCs). These needs are: food, security, shelter, clothing, schooling, access to healthcare, love, and the feeling of belonging. So, how do affected communities ensure that their OVCs are not deprived of the above needs? How do they ensure that these vulnerable children stay in school and prevent them from being forced into child labor, prostitution or street life? One way to begin doing this is to follow the recommendations set forth by UNICEF, UNAIDS, and USAID (2003):

1. By strengthening the capacity of families to protect and care for orphans.
2. By mobilizing and strengthening community-based responses.
3. By providing the essential services for OVCs.
4. By ensuring that the government is providing protection for the OVCs.
5. By raising awareness and creating a supportive environment for OVCs.

It has been observed how Faith Based Organizations (FBOs), Non-Governmental Organizations (NGOs), Community Based Organizations (CBOs), and Religious Coordinating Bodies (RCBs), are responding or advocating for OVCs in meeting these basic needs. This looks like a great global effort in adequately responding to the orphan crisis. However, it has been noted in this chapter that RCBs were not tapping into existing community resources and some were only targeting individual children. This is a dangerous trend. Ignoring the contributions of the local community is a sure recipe for failure. The more the RCBs are rooted in the local context, the more likely they are to succeed. The aim in devising strategies to care for local orphans should not be to introduce “quick fixes” to the problem, but to look for a long-term sustainable local

model of orphan-care. Sustainable responses to the orphan crisis need to be community-based and supported.

There were two broad categories of orphan-care models compared in this chapter. The first is the household based model. According to Subbarao and Coury, this model provides the “most stable and secure environment” for the OVCs (2004:27). The integration of orphans within close relatives is given priority and is the most desirable option. The second option in the household care model is adoption or formal fostering. While this model is presented as the most dominant traditional means of caring for orphans within Africa, it is now faced with a great economic obstacle. This is no different from the challenges experienced by the extended family care system in Kikuyu society. However, the assumption in proposing the household based care is that the tribal structure is in place, and all that is needed are economic resources in empowering the community.

The second category of orphan-care models compared in this chapter was “institutional care.” All the major global funding agencies cited in this study (UNICEF, UNAIDS, and USAID) are opposed to this model of orphan-care. They perceive this to be not only unsustainable but that it also alienates the OVCs from their communities. However, as observed in this chapter, there are other “innovative forms” of institutional orphan-care. There are, supposedly, some semi-institutional children homes which endeavor to integrate OVCs within their local community. Subbarao and Coury conclude that Children’s Homes can only thrive if (2004:36):

1. Resources are available.
2. Children are raised in an environment similar to their original one.
3. Children are part of a neighborhood community.

4. Trained social workers are available for monitoring and supervision.
5. The neighborhood community shares a part of the cost of running the village.

In short, if the Children's Home model is to survive, the necessary material resources need to be available, and the community would need to first own the vision. It is encouraging to see how some of the Sub-Saharan countries are responding to the basic needs of OVCs. Both the Ugandan and Kenyan governments have set up policies that allow orphans to continue with their education. Even though these efforts are commendable, there still remains a great need in assisting orphans in their high school and college education. The role of the various AIDS committees in Malawi and Tanzania to mobilize the community in responding to the needs of OVCs is also exemplary. However, there is still need to understand how these committees operate in their local contexts. Valid questions include: How are they able to mobilize volunteers in making regular visits to orphan households? How do the committees raise funds to ensure that orphans stay in school? How are they able to begin income-generating activities in the midst of their poverty?

Donald Messer (2004) has given us an excellent example on how some of the challenges faced in responding to the needs of OVCs can be effectively resolved. The key, according to Messer is "mobilizing Christian congregations<sup>21</sup> in partnership to save lives" (2004:161). But how does this partnership look like in the 21<sup>st</sup> century? To be more specific, how does a local church in Escarpment (Kenya) partner in orphan-care with a local congregation in Lexington, Kentucky? These are some of the questions that the following chapters hope to explore further.

---

<sup>21</sup> In this case he is referring to partnerships between local American and African congregations.

Before turning our attention to the specific field-research data of this study (Chapter Five), the next chapter will observe the biblical/ theological basis for the church's response to the pandemic and orphan crisis.

## **Chapter 4**

### **Biblical, Theological and Missiological Foundations**

The previous chapters observed how the Kikuyu tribal system functioned and thus provided care for orphans (Chapter Two). This cohesive structure became destabilized by different factors, namely: colonialism, early Christian missions, rural-urban migration and the HIV/AIDS pandemic.

In Chapter Three, the focus was on the HIV/AIDS pandemic and the global repercussions. Details of how this scourge had caused an orphan crisis, particularly in Kenya and the Sub-Saharan Africa context are provided. The previous chapter identified how various communities, countries, non-governmental organizations, and other agencies were responding to the needs. While these responses were commendable, it was clear that more options were needed and an effective global strategy in responding to the Sub-Saharan orphan crisis was still lacking.

The present chapter will consider the biblical, theological and missiological bases for ministry with those infected and affected by HIV/AIDS. The major focus will be the issue of orphans and vulnerable children (OVCs). The chapter will answer questions such as: what does the Bible have to say about ministering to the vulnerable in community? And, what should the role of the local and global church be in responding to the HIV/AIDS orphan crisis?

The contemporary Church needs an effective strategy in reaching out to HIV/AIDS orphans. This chapter will explore how the local, national, and global church can provide a frontline response to the HIV/AIDS pandemic.

### Shalom and the Kingdom of God

The biblical themes of *shalom* and the “Kingdom of God” are both relevant in the Church’s response to the HIV/AIDS pandemic. The definition of *shalom*, in Scripture, goes beyond a “mental state” or spiritual condition (Kittel 1964:402). It refers to the integral understanding of welfare, health, completeness, prosperity, and safety. However, while Snyder agrees that the concept of *shalom* goes beyond “personal peace,” he cautions against an “either/ or thinking”: “Peace on earth or peace with God; inner peace or outward peace. God’s peace is one, and his kingdom plan is one. In no sense does the New Testament pull in the boundaries of peace, reducing it to personal experience only” (2001:23).

Unger and White argue that, “The relationship [of *shalom*] is one of harmony and wholeness, which is the opposite of the state of strife and war” (1980:283). Again, while it is true that *shalom* can be described as a state of “harmony and wholeness”, it cannot just be defined as the “opposite of strife and war.” It is the abundant life characterized by God’s presence and total provision. It is the “good life” depicted in the “garden of Eden” (Genesis 1, 2).

*Shalom* is a vision of what ought to be and a call to transform society (Yoder 1987:5). What ought to be is already detailed for us in Scripture. Before the fall (Genesis 1, 2), humanity enjoyed the full blessings of the Creator. There was no lack because God’s rule was fully acknowledged. After the fall (Genesis 3 ff), we see everything “falling apart” in all spheres of creation. The broken relationship between God and humanity had a rippling effect within the entirety of the created order. God’s desire is that we may all be restored into this harmonious fellowship with him. This can only happen

when people everywhere willfully acknowledge the reign of God in their life. The biblical theme of *shalom* calls us into this kind of transforming relationship.

“*Shalom* is so woven into the fabric of the Old Testament that to touch virtually any strand of Bible history or theology is to meet it” (Snyder 2001:18). The root meaning of *shalom* is “well-being” (Genesis 29:6; 43:27; Judges 19:20; 1 Samuel 16:5; 2 Samuel 18:28, 29; 20:9ff) (Kittel 1964:402ff). In all the above references, one senses that *shalom* is more than “just peace of mind.” In the example of Genesis 43:27, for instance, Joseph inquires about the “well-being” of his father Israel. Joseph is not just interested in how his beloved father is doing “mentally,” but in how he is fairing in all spheres of life. Joseph would also be asking about his father’s physical and emotional state, and how their separation had affected his entire life.

The above Old Testament (OT) concept is very true in Kikuyu tribal culture. When someone greets you with *ohoro waku?* (How are you fairing?), he or she is not just interested in knowing about your spiritual or mental state but about how you are doing in general. Therefore, the greeting naturally becomes a conversation about your immediate family, relatives, livestock, and other aspects of daily life. Life happens within the context of community, and the tendency towards “individualism” is shunned.

God’s original intent was one of a “good” creation; one in which *shalom* would exist in the context of God’s reign (Genesis 1:1-31). This is what the kingdom of God is all about—God’s love in creation characterized by *shalom*. The kingdom of God has been described as (Vine 1979:634):

- The sphere of God’s rule (Psalms 22:28; 145:13; Daniel 4:25; Luke 1:52; Romans 13:1, 2).



- The sphere in which, at any given time, his rule is acknowledged (Daniel 2:44; 7:14; 1 Corinthians 15:24, 25).

The biblical theme of the kingdom of God is not only explicit in the references to “kings” and “kingdoms,” but it is also found to be pervasive throughout Scripture. “The Bible is full of God’s kingdom. This is most clear . . . in passages which speak directly of God’s kingly rule. But kingdom surprises appear if we look at Scripture through a broader lens” (Snyder 2001:17).

In the Old Testament, we see God giving his law to the chosen nation of Israel and appointing kings to administer his kingdom (1 Chronicles 28:5). God’s intention for choosing Israel was so that she could exemplify and proclaim his sovereignty to the nations. God desires people everywhere, without distinction of race or nationality, to submit voluntarily to his rule. The nations of the world would be blessed through Israel’s obedience—this is clearly stated in the call of Abram:

Now the Lord said to Abram, “Go from your country and your kindred and your father’s house to the land that I will show you. And I will make of you a great nation, and I will bless you, and make your name great, so that you will be a blessing. I will bless those who bless you, and him who curses you I will curse; and in you all the families of the earth will be blessed. (Genesis 12:1- 3)<sup>22</sup>

In the New Testament, we see Jesus giving his disciples specific instructions on how they were to conduct kingdom business—“As you go, preach this message: The kingdom of heaven is at hand. Heal the sick, raise the dead, cleanse lepers, [and] cast out demons” (Matthew 10:7). He also gave his disciples authority over spirits, diseases, and sicknesses. The ministry of Jesus and his early disciples emphasized the kingdom’s present relevance, while maintaining an aspect of future final fulfillment.

---

<sup>22</sup> This quote, and all others, unless otherwise noted, is from the Revised Standard Version.

The vision of *shalom* begins to be manifest when Christians become “salt” and “light” in the world. In the Sermon on the Mount, Christ exhorts his disciples regarding their exemplary conduct: “Let your light so shine before men, that they may see your good works and give glory to your father who is in heaven” (Matthew 5:16). E. Stanley Jones illustrated how Christian character can draw unbelievers into the kingdom. He uses the symbolism of “salt” and “light” to show how Christians can influence their society for good.

The Christian is to be salt not merely to save life from moral putrefaction. He is to save life from losing its taste and becoming insipid. The gospel is the greatest adventure in faith in life and its worth-whileness that the world has ever seen. For at the heart of the gospel is an undiscouraged and undiscourageable dynamic. It is irrepressibly hopeful and full of faith in God, in people, and in life itself. (1931:88, 89)

In *Models of the Kingdom*, Howard Snyder highlights the theme of the kingdom and draws our attention to the prevailing confusion and misunderstanding in Christianity (Snyder 1991). In discussing the “kingdom as future hope,” Snyder shows how this model’s main emphasis has to do with the final reconciliation (the second coming of Christ). Pentecostals are noted to be “the most extensive embodiment of this model in the twentieth century” (Snyder 1991:34). This has also been my Kenyan experience. The Pentecostal and Charismatic model has influenced Kenya extensively. The warnings about the impending judgment have been taken very seriously, and multitudes have come to faith in order to “escape the coming wrath of God.” This model has certainly provided hope for millions of poor people in Kenya. However, the negative consequence has been the extremity of focusing on the “pie in the sky” theology while having little earthly relevance. This has thus resulted in a dichotomous view of life—the spiritual versus the physical aspects.

The Church of Jesus Christ, in the 21<sup>st</sup> century, has been commissioned to preach the gospel to all people. The good news is one of *shalom* and the inception of Christ's reign on earth. This is good news for the Kikuyu people in the midst of their current orphan crisis. There remains hope for the millions who are infected and affected by the HIV/AIDS pandemic. God is concerned with the issues that have destabilized the Kikuyu tribal structure. He desires to bring harmony within Kikuyu communities as they embrace his reign. The transforming message of God's kingdom is still relevant today as it was during Christ's earthly ministry.

### The Care of Orphans and the Vulnerable in the Old Testament

The word orphan or fatherless occurs 42 times in the Old Testament (*yathowm*). Seventy percent of these verses also include a reference to widows or sojourners. Orphans, widows, and sojourners (strangers) were considered to be the vulnerable segment among the Israelites. The people of God were instructed and expected to give the necessary care to these groups of people.

In the Pentateuch, Israel is instructed by Yahweh to care for orphans, widows, and sojourners (Exodus 22:22-24; Deuteronomy 10:18ff; 14:29; 16:11-14; 24:17-21; 26:12, 13; 27:19). It is clear that the blessings or curses upon God's people are dependent on how they treat these vulnerable people in their midst (Cox 1969:258). In Deuteronomy 27:19a, it is written, "Cursed is the man who withholds justice from the alien, fatherless or the widow." The context of this scripture is the time when Moses and the elders give commands to the people of God as they enter into the Promised Land. Israel will be blessed if she obeys the Lord's command, but will receive the outlined curses if she decides to walk in disobedience (Deuteronomy 28).

The people of God are warned of the grave consequences of mistreating orphans, widows, and strangers. “If you do afflict them, and they cry out to me, I will surely hear their cry; and my wrath will burn, and I will kill you with the sword, and your wives shall become widows and your children fatherless” (Exodus 22:23, 24). Furthermore, In Deuteronomy 10:12-19, Yahweh is portrayed as the defender and provider of the vulnerable (orphans, widows, and sojourners). He provides them with food and clothing. Israel is therefore exhorted to imitate Yahweh in defending and meeting the needs of these vulnerable people.

The “tithe” and the “freewill offering” were reserved for the Levite, orphan, widow, and sojourner (Deuteronomy 14:29; 16:11). At the end of every three years Israel was instructed to bring a tithe of their produce for these vulnerable people. Obeying these instructions assured that they would receive Yahweh’s blessings (Kalland 1992:102). Israel was also to provide for the vulnerable during their harvest season. “When you reap your harvest in your field, and have forgotten a sheaf in the field, you shall not go back to get it; it shall be for the sojourner, the fatherless, and the widow” (Deuteronomy 24:19).

In Deut 24:17, Israel is admonished not to “pervert the justice due to the sojourner, or to the orphan, or take a widow’s garment in pledge.” Instead, the people are reminded that they were once slaves in Egypt and that Yahweh had redeemed them from this bondage. This theme of “treating the vulnerable with justice and mercy,” since the Israelites “were once slaves in Egypt,” is repeated numerous times in the giving of the Law (Exodus 22:22; Deuteronomy 10:18, 16:11, 24:17).

The rest of the OT authors demonstrate the application of this Law concerning orphans, widows, and sojourners. The blessed nations or individuals are the ones that

treat the vulnerable with justice and mercy; while the wicked nations or individuals are the once who mistreat them. Job wonders why the wicked are not judged by Yahweh in view of how they have mistreated orphans and widows (24:3). In the other references in Job (29:12; 31:17, 21), he wants to be vindicated in view of how he has provided and defended the fatherless.

As we turn our attention to the Psalms, Yahweh is again referred to as, “the helper of the fatherless,” (10:14b), and “[the] father of the fatherless and [the] protector of widows” (68:5). The Psalmist is convinced that Yahweh will incline his ear, and act justly towards the fatherless and oppressed (10:18). He invokes Yahweh to “give justice to the weak and the fatherless; [and] maintain the right of the afflicted and the destitute” (82:3). Furthermore, the Psalmist beseeches Yahweh to “rescue the weak and the needy; [and] deliver them from the hand of the wicked” (82:4). The wicked are accused of slaying the widow and the sojourner and murdering the fatherless (Psalm 94:6).

Isaiah, the prophet, exhorts God’s people to “learn to do good; [to] seek justice, correct oppression; defend the fatherless, [and] plead for the widow” (1:17). The verse that follows immediately is one that is commonly used by evangelicals in converting sinners: “Come now, let us reason together, says the LORD: though your sins are like scarlet, they shall be as white as snow; though they are red like crimson, they shall become like wool.” Could it be that our relationship with God is somewhat linked to how we respond to the needs of orphans, widows, and other vulnerable in our communities? How could evangelicals miss this key connection in Isaiah?

In order to answer the above questions, we need to consider what it is that Yahweh wants to “reason” about, and what the “sins . . . like scarlet” refers to in Isaiah

1:17. Finally, we need to discover how the people of God can have their sins become “white as snow.” It is quite clear from the preceding verses that the people have rebelled against Yahweh by “dealing corruptly” and “forsaking” his way (Isaiah 1:1-6). Because of this rebellious lifestyle, Judah and Jerusalem have suffered devastation from alien nations (1:7-9). Now, Yahweh is pleading with the people to turn away from their rebellious lifestyle, and instead “learn to do good; seek justice, correct oppression, defend the fatherless, and plead for the widows” (1:17). Yahweh emphasizes that he is not interested in burnt offerings, and the mere keeping of feast days; he seems to be sickened by these fake religious displays, and instead wants a true change of character (1:11-16). This change will require agreeing with Yahweh and doing what he requires—only then will their “sins as scarlet” become “as white as snow” (Price 1966:35). Indeed, it is only when they turn from their wicked ways and seek the ways of Yahweh that they will experience the “good life”—this is the *shalom* that God desires for his people: “If you are willing and obedient, you shall eat the good of the land; But if you refuse and rebel, you shall be devoured by the sword; for the mouth of the LORD has spoken” (1:19-20).

In another passage, the Prophet Isaiah calls the people of God to deeds that exhibit righteousness. According to Isaiah, the people’s prayers go unanswered because of their hypocritical religious observations:

“Why do we fast, but you do not see? Why humble ourselves, but you do not notice?” Look, you serve your own interest on your fast day, and oppress all your workers. Look, you fast only to quarrel and to fight and to strike with a wicked fist. Such fasting as you do today will not make your voice heard on high. Is not this the fast that I choose: to loose the bonds of injustice, to undo the thongs of the yoke, to let the oppressed go free, and to break every yoke? Is it not to share your bread with the hungry, and bring the homeless poor into your house; when you see the naked to cover them, and not to hide yourself from your own kin? Then your light shall break forth like the dawn, and your healing shall spring up quickly; your

vindicator shall go before you, the glory of the LORD shall be your rear guard. (58:3-8)

From the above text, it is clear enough that the care of the vulnerable people in society was part of what it meant to be the people of God (Grogan 1986:103). The “true fast” involved: loosing the bonds of injustice, setting the oppressed free, sharing bread with the hungry, showing hospitality to the homeless, and clothing the naked. It was the duty of the people of God to respond in love and hospitality to those who suffered in community. In OT times, showing hospitality to the vulnerable was considered to be a noble deed. It was considered a sacred duty and privilege (Dockery 1992:47). The traveler was provided with food, shelter and protection (Genesis 19:1-11; Judges 19:16-30). The Old Testament law commanded that hospitality be shown to strangers (Leviticus 19:33-34) and not showing it was considered a great crime in certain cases (Deuteronomy 23:3-4; Judges 19:12-15; 1 Samuel 25:2-42).

In the above brief survey of the OT references to orphans (*yathowm*), it has observed that: 1. Yahweh’s Law in the Pentateuch included the provision of showing justice and mercy to the vulnerable members of Israel (orphans, widows, and sojourners); 2. Yahweh’s character is portrayed as one who defends and provides for these vulnerable people; and, 3. Yahweh’s blessings or curses on Israel were directly linked to how Israel treated these vulnerable people.

It would also follow, from the above OT references and observations, that: 1. God expects his people today to demonstrate justice and mercy to orphans, widows, and strangers in their midst; 2. God’s blessing for his people today is linked to how they respond to the needs of the vulnerable; and, 3. The Church of Jesus Christ will be

exhibiting God's character by establishing outreach ministries to millions of HIV/AIDS orphans within the Sub-Saharan African and other global contexts.

### The Care of Orphans and the Vulnerable in the New Testament

We now turn our attention to the New Testament. The central figure in the NT is our Lord and Savior Jesus Christ. His incarnation into human life and his earthly ministry set the example for the church to follow. We will begin by observing how Christ responded to people's needs in general and to children in particular. Then, we will note how the early church responded to the needs of the poor. We will discuss how, based on NT practices and commitments, the 21<sup>st</sup> century church should be responding to the HIV/AIDS orphan crisis.

### Christ Responds to the Sick

Jesus healed all kinds of people during his earthly ministry, including the leprous. In the Old Testament (OT) lepers were separated from the people of God (Numbers 5:1-4). We observe a shift in the New Testament (NT) in regards to how lepers and the sick were to be treated. In the OT times, lepers were considered to be outcasts (untouchables) in the community, but when Jesus commissioned his first twelve disciples, he sent them forth to: "Heal the sick, raise the dead, cleanse lepers, [and] cast out demons" (Matthew 10: 7-8). Jesus gave his disciples authority over spirits, diseases, and sicknesses. In Luke 17: 12-14, we see Jesus coming into contact with lepers:

As he entered a village, he was met by ten lepers, who stood at a distance and lifted up their voices and said, 'Jesus, Master, have mercy on us.' When he saw them he said to them, 'Go and show yourselves to the priests.' And as they went they were cleansed.



Jesus showed mercy to the ten lepers by healing them. Tony Campolo challenges Christians to respond in love instead of rejecting those affected by the HIV/AIDS: “[Jesus] always reached out to the lepers to make them whole, in spite of the fact that touching them would render him ceremoniously unclean to the custodians of the temple religion” (2002:xix). Christians, today, have a great opportunity to demonstrate the “true gospel” in providing care to those infected or affected by the pandemic (Mwaura 2000:96).

Jesus Christ is our best example of Christian ministry. During the beginning of his public ministry, he went into the synagogue and declared his purpose: “The Spirit of the Lord is on me, because he has anointed me to preach good news to the poor. He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to release the oppressed, to proclaim the year of the Lord’s favor” (Luke 4: 18-19). His words confirmed Old Testament prophecy:

The Spirit of the Lord God is upon me, because the Lord has anointed me to bring good tidings to the afflicted; he has sent me to bind up the brokenhearted, to proclaim liberty to the captives, and the opening of prisons to those who are bound; to proclaim the year of the Lord’s favor, and the day of vengeance of our God; to comfort all who mourn; to grant to those who mourn in Zion—to give them a garland instead of ashes, the oil of gladness instead of mourning, the mantle of praise instead of a faint spirit; that they may be called oaks of righteousness, the planting of the LORD, that he may be glorified. (Isaiah 61:1-3)

Jesus’ presence on earth brought hope to those who had been spiritually oppressed by Satan, and those who needed deliverance from physical bondage. Throughout the NT, we find Jesus proclaiming the gospel to the poor and healing those with physical needs: “How God anointed Jesus of Nazareth with the Holy Ghost and power; how he went

around doing good and healing all that were oppressed by the devil, for God was with him” (Acts 10:38).

There are further examples of Jesus ministering to peoples’ physical needs; for example, he cared enough for the hungry multitude, that he multiplied loaves and fishes so that he could feed them (Matthew 15:29-39). In other instances, in Scripture, Jesus calls people into spiritual transformation. One of these examples is when Jesus tells Nicodemus that he needs to be born again before being admitted into the kingdom of God (John 3:1-16). Jesus was interested in meeting the “total” needs of humanity; therefore, in following his example, we cannot overlook one in favor of the other (physical or spiritual). We are called to respond to the “total” needs of people all over the world. Moreover, in the parable of the sheep and goats, Jesus prophesied about the final judgment:

When the Son of man comes in his glory, and all the angels with him, then he will sit on his glorious throne. Before him will be gathered all the nations, and he will separate them one from another as a shepherd separates the sheep from the goats, and he will place the sheep at his right hand, but the goats at the left. Then the King will say to those at his right hand, ‘Come, O blessed of my father, inherit the kingdom prepared for you from the foundation of the world; for I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me, I was naked and you clothed me, I was sick and you visited me, I was in prison and you came to me. (Matthew 25: 31-36)

In the above Scriptural context, the nations (the goats and sheep) are judged in accordance to how they responded to the needs of the hungry, thirsty, strangers, naked, sick and prisoners. The blessed nations are those which responded to the needy in merciful ways (Matthew 25: 34-40). However, those which disregarded the poor are eternally banished from the Lord’s presence (Matthew 25: 41-46). God calls his people today to feed the hungry, give drink to the thirsty, cloth the naked, welcome the stranger,

minister to the sick, and visit those who may be in prisons. Some of the most desperate people in the world today are millions of HIV/AIDS orphans in Sub-Saharan Africa, and the church will be judged according to how she responds to their needs.

### Christ Responds to Children

The church is called to receive all of God's children just as Jesus did. In Matthew we are told that, "Children were brought to him that he might lay his hands on them and pray" (19:13a). The disciples tried to dissuade the people from bringing their children to Jesus, but he insisted that they be brought to him, "for to such belongs the kingdom of heaven" (Matthew 19:14). The entire church of Jesus Christ, in the 21<sup>st</sup> century, ought to be involved in caring for orphans and vulnerable children in one way or another. Ministry to children should be considered as a top priority in the church. If Jesus, our Lord, considered it to be so important, who are we to neglect such a high calling?

Children are highly regarded in God's kingdom. In fact, Jesus portrayed child-like faith as a necessary attribute in being a partaker of the kingdom. "Truly, I say to you, unless you turn and become like children, you will never enter the kingdom of heaven" (Matthew 18: 3). Furthermore, in the same chapter of Matthew, Jesus pronounces blessings in view of how children are treated. When we receive orphans and vulnerable children in our midst, we are actually ministering to the Lord and vice versa: "Whoever receives one such child in my name receives me; but whoever causes one of these little ones who believe in me to sin, it would be better for him to have a great millstone fastened around his neck and to be drowned in the depth of the sea" (18:5, 6).

### The First Church Response

The contemporary church can be challenged to emulate the example set forth by the early church:

All the believers were one in heart and mind. No one claimed that any of his possessions was his own, but they shared everything they had. With great power, the apostles continued to testify to the resurrection of the Lord Jesus, and much grace was upon them all. There were no needy persons among them. For from time to time those who owned land or houses sold them, brought the money from the sales and put it at the Apostles feet, and it was distributed to anyone who had need. (Acts 4:32-35)

According to the above passage, the early believers displayed two key Christian attributes: they were “one in heart and mind,” and “they shared everything they had.” This unity and selflessness assured that there were “no needy persons among them.” In a previous chapter in Acts, these essential qualities of a true Christian community preceded a major increase in church membership: “And the Lord added to their number day by day those who were being saved” (Acts 2:47b). In reference to the above biblical text (Acts 4:32-35), Joel Green observes that, “the message of resurrection is explicitly realized in the life of God’s people in their extending hospitality, their economic sharing, and . . . their ensuring that ‘there was not a needy person among them’” (2003b:143). If the church today would demonstrate these “key qualities,” of living in unity and sharing with the poor amongst them, then God would be pleased to multiply their numbers. The church can begin by uniting and sharing with those who have been infected and affected by the HIV/AIDS pandemic.

There are two direct references to orphans (*orphanos*) in the New Testament (James 1:27 and John 14:18). In James 1:27, we are reminded that, “Religion that is pure and undefiled before God and the Father is this: to visit orphans and widows in their

affliction, and to keep oneself unstained from the world.” This biblical text was written by Apostle James. Scholars say that this James was the brother of Jesus (Lockyer 1966). The letter was written to Jewish Christians living in the diaspora. It has often been called “the book of works,” because of its focus on practical Christian living.

Taking care of orphans and widows is one of the practical ways through which Christians can display their love. Aristides, an early church father (Ante-Nicene), observed the lives of Christians during his time: “They despise not the widow, nor oppress the orphan; and he that has, gives ungrudgingly for the maintenance of him who has not” (1994:277). The church today can also reach out to millions of HIV/AIDS orphans and widows through this Christ-like generosity. We are called to adhere to this basic Christian teaching. If we say we are Christians then our deeds should exemplify it. We are called to love not only in “word” but in “deed” (1 John 3:18; Colossians 3:17).

### The Church as Family

One of the Ante-Nicene Fathers, Aristides the Philosopher, has provided us with a good description of the early Christian believers: “If they see a stranger, they take him under their roof, and rejoice over him as over a brother; for they call themselves brethren not after the flesh but after the spirit” (1994:277). Indeed, as believers in Christ, we can refer to each other as brothers and sisters belonging to one body (1 Corinthians 12). This “brotherhood” and “sisterhood” crosses all physical, social, or racial boundaries. The believers in Escarpment, Kenya, are related to fellow Christians living in different parts of the world.

As Christians, we can claim to have an “extended family” stretching beyond our local community. Using the analogy of the body, Paul reminded the early Corinthian believers about their new life in Christ:

For just as the body is one and has many members, and all the members of the body, though many, are one body, so it is with Christ. For by one Spirit we were all baptized into one body—Jews or Greeks, slaves or free—all were made to drink of one Spirit. (1 Corinthians 12:26)

The above reference can be applied to both the local and global Christian community. Certainly, the bond we have in Christ begins by strengthening our relationship to those closest to us (Christians within our tribal and national boundaries); however, this bond surpasses these basic perimeters and extends to the global church. In *Broken Lights and Mended Lives*, Rowan Greer elaborates on the meaning of this “new family” within the body of Christ:

To think of the Church as a new family might imply the abolition of the family in any ordinary sense. But it is quite possible to understand the conviction not as a rejection of the family but as an enriching of it. Existing households would not necessarily be broken up; on the contrary, by being united with the greater household of the Church they would find themselves transformed. Far from breaking these families up, the Gospel aims at confirming them. (1986:99)

The above understanding of the Christian family is contrary to that of the early European missionaries among the Kikuyu. It has already been observed in Chapter Two of this study how the Mission Station (MS) approach separated believers from their local culture. What Greer is referring to above is similar to what McGavran identifies as the People Movement approach in missions (1955; 1972; 1990; 1999). In the NT times this mode of missions led entire households to Christian faith (Acts 10:2; 11:14; 16:15; 31; 18:8). “The unity of believers in Christ establishes the new family of the Church” (Greer 1986:98).

Furthermore, this new relationship in Christ requires believers to share in each others “joys” as well as in times of “suffering” (1 Corinthians 12:26). The extended Christian families within the national and global Christian community have an obligation to aid those affected by HIV/AIDS within Sub-Saharan Africa. The words of Jesus Christ in Scripture attest to this truth, “By this all men will know that you are my disciples, if you have love for one another” (John 13:35). These mutual relationships will help the Church discern how best to share in their diverse spiritual gifts and material resources.

### The Present Church Response

As we seek appropriate strategies for missions, we can find ways of integrating the “Great Commandment” with the “Great Commission”—only then can we be fully faithful to God’s calling to minister to the world:

Christian ministry to whole persons—body, mind, and soul—as they live in whole communities, is called ‘holistic mission.’ The truth of the kingdom presents a comprehensive vision of God’s purpose to redeem and to rule. No person and no portion of the communities of earth are beyond God’s concern. This comprehensive vision enables Christians to seek God’s ways and timing to touch the entire range of human need. The vision of the Kingdom of God motivates and integrates mission efforts. (Hawthorne 1999:114)

Our “vertical” relationship with God is only possible through our Lord Jesus Christ. The “horizontal” relationship, “loving our neighbors as ourselves,” is only made possible through the love that God imprints in our hearts. We have been called to express the love of God to the poor and to those who have genuine need. The rich young ruler did not qualify as a true disciple because he was not willing to part with his riches in ministry to the poor (Matthew 19:16-22). Today, we have been called to follow after Christ’s example in reaching out to those in need—both spiritually and physically:

Meeting basic human needs is inextricably linked with the gospel, just as it was in Jesus ministry. Sometimes social concern is a consequence of evangelism; sometimes it is a bridge to evangelism; and sometimes social action accompanies evangelism and church planting as an integrated activity. (Hawthorne 1999:115)

To be a relevant church in the 21<sup>st</sup> century, we are called to respond to the total needs of the poor. Rev. Samuel Kobia of the National Council of Churches of Kenya, reminds us that we have a gospel of hope for:

- Our neighbor in the slums of Nairobi who cannot afford to send his child to school.
- Our neighbor in the poverty-stricken rural areas who cannot afford good health care for a sick child.
- Our neighbor whose life is so meaningless that he is a drunkard and cannot take good care of his family.
- Our neighbor who has a broken home.
- Our neighbor who belongs to a different tribe and whose life is meaningless because to retain his job he must bribe and corrupt.
- Our neighbor who is in prison and his family which is affected by that reality.
- Our neighbor for whom hope is an unrealistic dream because he cannot find a job after completing his education.
- Our youthful neighbor who is about to commit suicide because life is no longer worth living.
- Our neighbor who feels so powerless and has lost his or her human worth because he or she feels unwanted by society (Kobia 1989:2).



I am inclined to add the needs of those who are infected and affected by HIV/AIDS to the top of Rev. Kobia's list. Many orphans and widows in Kenya are in need of food, shelter, medical care and clothing. The local, national, and global church can seek effective ways of responding to these needs. In *Making Room: Recovering Hospitality as a Christian Tradition*, Christine Pohl exhorts the church to deeds of hospitality:

More than anywhere else, when we gather as church our practice of hospitality should reflect God's gracious welcome. God is host, and we are all guests of God's grace. However, in individual churches, we also have opportunities to act as hosts who welcome others, making a place for strangers and sojourners. (1999:157)

The church can be the place where hospitality is shown to the lonely orphans, widows, and strangers in community. There is an urgent need for "open hearts" and "open doors" towards orphans and the vulnerable in community. This is the "pure religion" that James emphasizes (1:27).

### Evangelical Gatherings

Issues of justice have been addressed during many of the historical Christian evangelical gatherings. Some of the ones that have emphasized issues of justice are: The Oxford Statements, The Chicago Declaration, and The Lausanne Covenant.

The Oxford Statements, in particular, deal with a vast range of issues relating to poverty and justice in the global context. In defining the key concepts it is stated:

In Biblical passages which deal with the distribution of the benefits of social life in the context of social conflict and social wrong, justice is related particularly to what is due to groups such as the poor, widows, orphans, resident aliens, wage earners and slaves. The common link among these groups is powerlessness by virtue of economic and social needs. The justice called forth is to restore these groups to the provision God intends for them. (1990:336)

Many HIV/AIDS orphans and vulnerable children find themselves in circumstances where the extended family can no longer cater for their basic needs. “Even within families [in Kenya] where orphaned children are received, many are overwhelmed by the burden of caring for the orphans and their own children” (Mageo 2006:97). The church is thus called to view itself as the family where the neglected can find refuge. “The Christian community is called to be the larger family in which people suffering the pains and hurts of human families can be supported and in which their healing can begin” (Oxford Center for Mission Studies 1996:366).

In the Kenyan context, the church can function as an alternative extended family to the vulnerable (Bitrus 2000:122; Guy 2004:105). The needs of HIV/AIDS orphans and widows can be met within the context of the local church. They can be integrated into the church as Christian brothers and sisters. However, we need also recognize that rural Kikuyu communities, like most other communities in the poor countries, cannot resolve their current problems alone. There is an urgent need for more mutual partnerships within the global church in responding to all the pressing issues relating to HIV/AIDS.

### Missiological Theories of Mission

This section will be present various missiological perspectives on Christian missions. The following models/ theories will be discussed: 1. The Mission Station (MS) and People Movement (PM) mission strategies; 2. The Modality and Sodality structures of mission; 3. Mission as Transformation; 4. The Diffusion of Innovations; and, 5. The Role of Global Partnership in Christian Mission. Various ways in which these mission

perspectives can be applicable in responding to the HIV/AIDS orphan crisis will be proposed.

### Mission Station (MS) and People Movement (PM) Mission Strategies

In *The Bridges of God: A Study in the Strategy of Missions* (1955), Donald McGavran compares the two main approaches in Christian mission since the time of Christ. He argues that the predominant model has been the People Movement approach (PM), which is more than 1900 years old; while the Mission Station approach (MS) was adopted during the modern missionary era.

The PM approach is founded on the Matthew 28:18 text: “Go therefore and make disciples of all nations [peoples], baptizing them in the name of the Father and of the Son and of the Holy Spirit.” This approach is contrasted to the MS individualistic approach<sup>23</sup> (McGavran 1955:8, 9, 44, 45; McGavran 1999:323- 338). While McGavran strongly prefers the PM approach during our current era, he is not unaware of the contribution of the MS approach. He believes that this approach was both relevant for its time and was also inevitable (1955:47). He does not seem to be against the approach but critiques it as out of date in our time. In fact, he is of the opinion that these two missionary methods could work effectively side-by-side if the practitioners could learn to cooperate, i.e., by complementing each other instead of despising or competing against each other (McGavran 1955:128, 130, 136).

The PM approach encourages converts to remain within their cultural settings and effect change from within (McGavran 1955:11; McGavran 1999:336). McGavran is of the opinion that the church is more likely to grow faster where a PM model is initiated

---

<sup>23</sup> Refer to Chapter Two for further information on the role of the Mission Station in Kenya.

within a community instead of “plucking out” a few converts and alienating them from their cultural roots (1955:7, 56, 68; 1990:221; 1972:106; 1999:330). McGavran notes that there are at least five advantages to the PM approach (1955:87-91; 1999:336- 338):

1. They have provided the Christian movement with permanent Christian churches rooted in the soil of thousands of villages.
2. They have the advantage of being naturally indigenous.
3. With them “the spontaneous expansion of the church” is natural.
4. These movements have enormous possibilities of growth.
5. They provide a sound pattern of becoming Christian.

The above advantages of PM are again contrasted to the MS approach. The PM approach is more likely to yield a “self-governing, self-supporting, and self-propagating” mission church—PMs discourage dependency and encourage the indigenous growth of the church (McGavran 1955:78). McGavran is not hesitant to claim this is as the God-given approach for all time:

It is a God-designed pattern by which not one but thousands will acknowledge Christ as Lord, and grow into full discipleship as people after people, clan after clan, tribe after tribe and community after community are claimed for and matured in the Christian faith. (1955:67)

Though the above mission theories focus mainly on the role of the church in its “evangelism” and “church growth” mandate, the MS and PM distinctions are important to this study for two major reasons. First, an MS approach (in the form of an orphanage), similar to the one described by McGavran, towards the HIV/AIDS orphan crisis can easily be perceived as an outsider innovation and thus fail to sustain itself in the future. Second, a PM approach, on the other hand, emphasizes local initiative towards responding to the orphan crisis (community based approach). This approach is more

likely to achieve an enduring strategy towards the HIV/AIDS orphans crisis since it pays considerable attention to “opinion leaders” and seeks to establish only “community based” initiatives towards local problems.

This study will be advocating for a “mission strategy” in caring for orphans that does not separate or remove children from the local community. In most African contexts (including Kenya), the communal aspect of society is paramount and does not naturally accommodate “individualistic” perspectives. “In traditional life, the individual does not and cannot exist alone except corporately” (Mbiti 1969:108). It is for this reason that Christianity has sometimes been accused of destroying communal societies, i.e., when it has established programs that encourage “individuality” rather than “communality.”

### Structures of God’s Redemptive Mission

In *The Two Structures of God’s Redemptive Mission*, Ralph Winter argues convincingly that there have been two major “structures” evident in Christian mission since the birth of the “New Testament Church” (1999:220-30). He shows that since the advent of the church, these two structures have existed side by side:

[A] Modality is a structured fellowship in which there is no distinction of sex or age, while a sodality is a structured fellowship in which membership involves an adult second decision beyond modality membership, and is limited by either age or sex or marital status. In this use of these terms, both the *denomination* and the *local congregation* are modalities, while a mission agency or a local men’s club are sodalities. (Winter 1999:224)

Ralph Winter gives numerous examples of how these two structures have emerged in the history of Christian mission (1999:220-30):

1. The early church as a Christian synagogue (modality) compared to Paul’s missionary bands (sodality).

2. By the fourth century there were two kinds of structures—the diocese (modality) and the monastery (sodality).
3. During the Medieval period there was the “organized system of parishes” (modality) and the continuation of the monastic pattern (sodality).
4. During the Reformation era, the Protestant movement consisted of the parish churches (modality) and the Pietist tradition (sodality).
5. Towards the end of the 19th century there were two separate structural traditions: (a) men like Henry Venn and Rufus Anderson championed semi-autonomous mission societies (sodality); (b) conversely, there was the centralized perspective of denominational leaders who dominated and administered some of their once-independent structures (modality).

In his concluding section, Winter emphasizes that it is not his intention to “decry” or “criticize” the organized church. Rather, he explores some of the historical patterns through which God (by his Spirit) has, “clearly and consistently used . . . other than the modality structure” (1999:229).

In responding to the HIV/AIDS pandemic, it is crucial that the church recognize the role of the modality and sodality structures in devising mission strategy. The local church or the denomination (modality) has a key role in effectively engaging the specific contexts of the pandemic. Equally important is the role of the mission agency, parachurch organization, or NGO (sodality). Again, Winter believes that, “our efforts today in any part of the world will be most effective only if both of these two structures are fully and properly involved and supportive of each other” (1999:220).

In responding to the HIV/AIDS pandemic in Escarpment, Kenya, the vital role of the modality and sodality paradigm as proposed by Winter is affirmed in this study. The success of our mission strategy in this Sub-Saharan African context is dependent on the cooperation of these two missional structures within the local situation. However, some alternative structure, other than the “modality” and “sodality,” is necessary in effectively responding to the HIV/AIDS pandemic and orphan crisis. This study will propose an alternative strategy in church missional involvement.

### Mission as Transformation

Key to our observation (in our second chapter) is the “missionary factor,” i.e., how the missionary approach perpetuated the colonial agenda. It was noted how the Kikuyu tribal structure was organized. One of the major factors that contributed to the failure of some of the early missionaries was their Western dichotomous approach in cross-cultural mission. Hiebert, Shaw, and Tienou identify the gap caused by the Western approach as the “excluded middle”:

Protestant missionaries were deeply influenced by this enlightenment worldview. They retained their faith in God and the domain of the supernatural, but they also placed great value on Science and reason. They built churches to focus on religious matters, and schools and hospitals in which they explained nature and disease in naturalistic terms the result was that in many parts of the world [including Kenya] Western Christian missions became a major secularizing force. (1999:90)

A missionary approach that respected the tribal culture would have been more appropriate in engaging the Kikuyu context. The incarnate Son of God is the Christian model for missionary work. Those who are called to come alongside the *missio Dei*, “the mission of God,” must start with where the people are and then begin responding to the specific contexts. It has been observed how some of the early European missionaries

despised the Kikuyu culture; this was largely due to their “civilizing agenda” (Temu 1972). The development approach during the colonial period perceived the African as sub-human and in need of “development” according to the “civilized” Western European culture.

Almost all the European travelers to East Africa in the nineteenth century wrote and complained of the barbarism of the Africans. For such travelers and writers the missionaries were a civilizing agent and, indeed, they may have been so in many ways. Both the writers and the missionaries themselves condemned the frustration they suffered at the hands of the Africans whom they had come to civilize and redeem from savagery and heathenism, and hastily labeled any opposition from the Africans as unprovoked savagery, or worse. (Temu 1972:36)

This approach was “predestined” to fail. It was not only unbiblical but also erroneous. Any authentic approach to missions needs to not only recognize the integral scope of the gospel, but must also acknowledge that all people are created in the *imago Dei*, “the image of God.” We need to recognize that God has already gone before the missionary in preparing the way—John Wesley’s prevenient grace (Marquardt 2000:93). The missionary needs to be sensitive to the leading of the Holy Spirit, i.e., coming alongside what God is already doing.

We are to do transformation in the Spirit since the mission is God’s. The Holy Spirit empowers us for mission, leads us into mission, and is responsible for the results of mission. If there is to be any human transformation that is sustainable, it will be because of the action of the Holy Spirit, not the effectiveness of our development technology or the cleverness of our participatory processes. (Myers 1999:45)

Probably one of the most significant responses to the challenges of Christian mission in our time is the “transformative model” of conducting missions. “The transformation model . . . is rooted in the theology of the mission of the kingdom of God and seeks to express the Lordship of Jesus over every aspect of life” (Samuel and Sugden



1999:xvi). This mission model was presented and elaborated in the 1983 Wheaton Statement. Vinay Samuel delineates this model of mission as it had developed up until 1998 (1999:229- 231):

1. The integral relationship between evangelism and social work and not to allow either of these two dimensions to stand on their own.
2. Mission is not a judgment, but should be perceived as a journey with people and their communities towards God's intention.
3. Mission is contextual. The bible must be understood in the people's context.
4. Our relationship with the world is not neutral. Christians need to be effectively involved in the world.
5. Systematic Theologies must be "localized to a local situation."
6. The gospel is both liberating and empowering. This liberation includes personal and social dimensions.
7. Reconciliation is both vertical (person to God) and horizontal (person to other people).
8. The gospel is about "building communities of change," i.e., bringing hope and change through Christ in community.

An integral approach in Christian mission is essential in responding to the HIV/AIDS pandemic. The "transformative model" is not only integral in perspective, but one which calls the church to respond to human need in ways that result in total transformation of communities. The global church can come alongside communities, like the Kikuyu of Kenya, in devising effective strategies in responding to the HIV/AIDS orphan crisis.

### Diffusion of Innovations

It has already been observed how the Kikuyu tribal structure functioned during the pre-colonial era. This context ensured care for the vulnerable. Unlike in the post-colonial period, the tribe functioned as a close knit community within a rural context. European colonization had a great impact on the Kikuyu tribal culture. There were both positive and negative consequences as a result of this cross-cultural interaction. I agree with the likes of Father Hilary Wambugu of the Catholic Church of Kenya, who acknowledge the critical role of the early European missionaries:

The first missionaries in Agikuyuland, way back in 1902, persevered [through] many problems and it is even miraculous that their work of spreading the gospel has excelled so well. They found a country that had no roads, they had no common language with the locals, there was no established form of protection from disease or physical injury, yet they managed to hold onto their mission and today the fruits of their labour are evident. The high levels of literacy in Gikuyuland, their rapid spiritual growth, the development of health and academic institutions and their general economic growth, have their roots in those few but great and brave men of God. (2006: ix)

The “modern enterprise,” however, with its emphasis on Western development introduced foreign structures into the Kenyan hinterland. The colonizers believed that they had a “manifest destiny” of introducing their “superior” culture to the Africans (Bosch 1991:227, 298; Hiebert 1994:54, 77, 78; Hiebert 1999:24, 25). In their venture they embarked on eradicating the “heathenistic” way of life by introducing their Western culture (Hobley 1922:281-282). The African worldview was considered to be “primitive” and “unintelligible” (Baur 1994:421; Comaroff and Comaroff 1999:63, 64).

Missionaries were not exempt in adopting this modernistic approach. “Missionaries in the nineteenth century had to some extent yielded to the colonial complex. Only Western man was wise and good, and members of other races, in so far as

they became westernized, might share in this wisdom and goodness” (Neill 1964:220). The sympathetic approach in mission towards the African milieu was the exception rather than the rule. In his book *Schism and Renewal in Africa: An analysis of Six Thousand Contemporary Religious Movements*, David Barrett has identified the missionary assault on culture as one of the main causes of the rise of independency in Africa (1968:85, 154). However, he also notes the missionaries’ positive effect in introducing vernacular scriptures among the local people. As Kikuyu people began to read the bible in their own language, they began to differentiate between “missions” and Scripture. Kikuyu independent churches and institutions then began to form a direct opposition to the colonial regime (Barrett 1968:124). Missionary translation was certainly instrumental in the emergence of indigenous resistance to colonialism (Sanneh 1989:123).

It is no surprise, however, that missionaries became equated with the other colonial settlers (Bewes 1953; Githige 1982; Neill 1964; Temu 1972). Though their methodology was different (religious), their intent was perceived to have been the same—to subjugate the Africans under the imperial regime. Through the mission stations, native minds were effectively colonized by the imposition of Western language and ideologies (Huston 1996; Thiong’o 1986). Furthermore, the local tribes became more disintegrated as individuals became separated from their families to be trained within mission compounds.

The Kikuyu<sup>24</sup> post-colonial context presents various challenges as we seek to respond to such issues as the HIV/AIDS pandemic. First, we are confronted with the reality that the Kikuyu tribal structure has disintegrated and is no longer functional as it

---

<sup>24</sup> Here, I am referring to mainly the rural Kikuyu context. In the post-colonial context many Kikuyu people, like people from other African tribes, have relocated to urban and foreign locales.

once was. Secondly, most of the contemporary extended families, among the Kikuyu, are already overwhelmed with the large numbers of orphans and economic difficulties prevent them from offering any material assistance. It has also been observed that the Mission Station approach (orphanage type model) is an inappropriate response in the Kikuyu tribal context—especially if it separates orphans from their extended family. The Modality and Sodality structures of Christian mission have continued to offer a significant response to the pandemic; however, these have been inadequate and there is an urgent need for alternative or additional models in fully responding to this global concern.

An appropriate missiological response to the HIV/AIDS orphan crisis would need to take the contextual issues seriously. In his renowned book, *Diffusion of Innovations*, Everett Rogers has provided some important insights concerning the role of “change agents.” A change agent is defined as, “an individual who influences clients’ innovation-decisions in a direction deemed desirable by a change agency” (Rogers 2003:366). One of the main roles of a change agent is to ensure the smooth flow of innovations from a change agent to clients. The change agent is viewed as a “bridge between two differing systems, the change agent is a marginal figure with one foot in each of two worlds” (Rogers 2003:368).

In order for a change agent to be most effective he/she needs to rely on “opinion leaders” and “aides” found in the community. Opinion leaders are already recognized in the community and can therefore enhance the process of change. Similarly, aides are very influential in the process of change since they are much more intimately connected with

the local people—they, therefore, can much more easily influence clients in their decisions.

It is evident that the early European missionaries among the Kikuyu appropriated the role of “change agents” in some negative ways. The mission stations disregarded the primary role of local leadership in introducing change among the Kikuyu people. In the post-colonial context, the missionary’s desire should be to develop mutual relationships with the local people. Recognizing the appropriate change agents within the Kikuyu communities is the first step in this process. For instance, responding to the issue of HIV/AIDS orphans requires consultation with the specific local leadership (opinion leaders). The mission agency should be careful not to impose ethnocentric views within the tribal culture. Traditional forms of responding to the issues need to be adopted, i.e., as long as they do not contradict key biblical principles.

Effective models for responding to the HIV/AIDS orphan crisis will also need to pay particular attention to “communication channels” within the local contexts. A “communication channel” is the means by which messages get from one individual to another (Rogers 2003:18). Effective communication occurs when two or more individuals are *homophilous*, which means they “share common meanings, a mutual sub-cultural language, and are alike in personal and social characteristics” (Rogers 2003:19). Rogers distinguishes *homophilous* relationships from *heterophilous* ones. In the latter category, the “change agent” may be more competent than his/ her clients, and this leads to ineffective communication. However, “the very nature of diffusion demands that at least some degree of heterophily be present between the two participants” (Rogers 2003:19).

Both *homophilous* and *heterophilous* types of relationships are necessary in responding to the HIV/AIDS orphan crisis. The local, national, and global churches are already connected by their allegiance to the Lordship of Jesus Christ. Their desire is to see Jesus Christ glorified on every place “on earth as it is in heaven” (Matthew 6:10). Furthermore, Christ’s mandate to the church is to share the gospel with the whole world in both word and deed. Also, all believers in Christ have some unique gift to share with the rest of the world. There are diverse gifts, resources, and talents dispersed to all believers (through the presence of the Holy Spirit); indeed, we are all called into a global gospel partnership in responding to such issues as the HIV/AIDS pandemic.

#### The Role of Global Partnership

In his book, *The New Global Mission: The Gospel from Everywhere to Everyone*, Samuel Escobar emphasizes the importance of global partnership in the 21st century (2003). “In the twenty-first century, Christian mission has become truly international, and in order to understand this phenomenon we need a paradigm change in our way of studying it that corresponds to the way mission is now taking place” (Escobar 2003:20). He argues that future mission models need to be both non-paternalistic and holistic. While Escobar admits that gross inequalities can make global partnerships impossible, he is convinced that these relationships have mutual blessings. “Those who go to work as missionaries among the poor confess that many times they receive back the gift of joy from Christians who have an overflow of it in the midst of their dire poverty and persecution” (2003:69).

There is urgent need for effective global responses to the HIV/AIDS orphan crisis. Local communities cannot be expected to bear the burden alone. However,

emerging models of mission need also be both locally based and integral in scope. The international community needs to consider various ways through which it can come alongside what God is already doing in the Sub-Saharan African cultures instead of imposing unsustainable foreign models.

It was also observed how UNICEF and other secular agencies have adopted a “framework of action.” The Christian international community ought to be in the frontline in responding to this critical issue. Edward Green notes how Faith Based Organizations (FBOs) are presently involved in Sub-Saharan Africa:

There are more than 1,000 faith-based hospitals in Sub-Saharan Africa alone. The number of religious schools may be uncountable. In all parts of the world, FBOs have the power to mobilize large number of volunteers to contribute to worthy causes. In addition, those who work with or volunteer their efforts through an FBO tend to be motivated by faith, idealism, and compassion rather than merely by salary or career prospects. These can be powerful and sustaining motivators when working under extremely difficult conditions with the sick and dying. (2003a:67)

The church, at its best, is a reflection of true compassionate ministry. The Catholic Bishops of Kenya have rightly appealed to all Christians to extend love to those suffering from HIV/AIDS:

We call upon all Christians to overcome any prejudice they feel towards AIDS victims. Even when contracted through immoral behavior—and we know it can be contracted through other ways—AIDS as a disease is not different from cancer or malaria. Like other diseases, AIDS causes suffering and death. (1996:61)

The HIV/AIDS epidemic is both a local and global challenge. The local people have the primary role of resolving how to deal with their cultural issues. Mission models in caring for orphans may vary contextually but these need always emerge from the local context. “For effective responses to HIV and AIDS, local action is critical for sustaining safe behaviors; providing care and increasingly, treatment to people living with HIV and

AIDS; and in mitigating the impact of the epidemic, for example in providing care children orphaned by AIDS” (UNAIDS 2005:184). The local people are the ones who are conversant with their culture and they are the best determinants of the practical approaches to the existing issues. The Christian approach to the orphan crisis should be to adopt a strategy that fully identifies with the local culture, while remaining faithful to the gospel mandate.

### Summary

The present chapter discussed the biblical, theological, and missiological bases for ministry with those infected and affected by HIV/AIDS. The concepts of *shalom* and the kingdom of God can help shape the church model in this mission context. *Shalom*, as has been emphasized, is more than a “spiritual” or “mental” state. It encompasses every dimension of human life, including: the integral understanding of “welfare, health, completeness, and prosperity.” It is indeed a vision of what ought to be—of God’s desire to bring all of creation into a harmonious relationship. We need to have a similar vision of *shalom* in responding to the multiple needs within the Escarpment, Kikuyu context. There are the immediate needs of children orphaned by the AIDS pandemic as observed in Chapter Three. Other issues that need to be addressed are: the disintegration of the family system, alternative rites of passages for Kikuyu youth, rampant poverty and the lack of local economic resources. Chapter Five and Six will discuss further how the church can continue to respond to these and others issues relating to the AIDS pandemic.

Israel is instructed by Yahweh in the Old Testament to care for orphans, widows, and strangers. The “tithe” and “freewill” offering is reserved for these groups of people and the Levites (Deuteronomy 14:29; 16:11). It was observed, in this chapter, that there



were grave consequences in mistreating these vulnerable people. Yahweh declares in his word that, “If you do afflict them, and they cry to me, I will surely hear their cry; and my wrath will burn, and I will kill you with the sword, and your wives shall become widows and your children fatherless” (Exodus 22:23, 24). If the LORD himself takes the responsibility of caring for these vulnerable people so seriously, then there should be no doubt that he would expect us to do likewise in responding to the needs of millions of AIDS orphans within the Sub-Saharan African context. What we do today with the “tithe” and the “freewill” offerings in the church is as important to God as it was in the OT times. As individual Christians and local church communities, we need to always evaluate how we are utilizing our economic resources today in providing for the orphan, the widow, and the alien in our land. This is the crux of Chapter Five and Six in this study. How can the church (local, national, and global), with all the resources at its disposal, respond faithfully to the urgent needs of AIDS orphans in the Escarpment context?

The biblical concept of the kingdom is explained in the previous chapter. Jesus announced that the “kingdom of heaven is at hand” (Matthew 10:7). He commissioned the disciples to demonstrate the kingdom’s inception by “healing the sick, raising the dead, cleansing lepers, and casting out demons.” But his kingdom also involved feeding the hungry multitude (Matthew 15), and laying hands on the little children (Matthew 19). In fact, he states clearly in the parable of the sheep and goats that the nations will be judged on how they responded to the needs of the hungry, thirsty, strangers, naked, sick, and prisoners (Matthew 25). The kingdom is a logical projection of the concerns of the

Old Testament, and the measure of justice throughout is the treatment of the weak, the vulnerable, the poor, the alien, the widow, and the orphan.

The study of the NT church observed two key characteristics among the early disciples (Acts 4). First, “they were of one heart and mind.” And, secondly, they shared everything they had. No wonder it is written that “there was not a needy person among them” (4:34). The contemporary church can undoubtedly learn from these early Christians. Like the early church we can be of “one heart and mind” regarding how to respond to the needs of our affected brothers and sisters half-way across the world. Also, we can be encouraged to share whatever resources God has bestowed on us with the needy. Are we going to be able to provide care for all those who have been (or will be) infected and affected by AIDS? Probably not, but we could probably take care of a whole lot of them; the sooner we get started (if we have not) the more likely we are to succeed in this endeavor.

The previous chapter asserted that there is an urgent need for the local and global church to function as an “alternative” extended family to the rising number of orphans within the Sub-Saharan African milieu. This “new family” will be locally based but globally connected. We can apply Donald Messer’s idea of connecting local African and American congregations in empowering communities ravaged by HIV/AIDS (2004:161).

The early NT church was exemplary in reaching out to meet the needs of their “extended Christian family.” In Acts 11:27—30, we see the disciples sending relief to their brethren in Judea who were experiencing a great famine. Further, in II Corinthians 8, Paul commends the churches in Macedonia for their generosity in “the relief of the saints” (4). He emphasizes that these believers had given liberally despite their “extreme

poverty” (2). This is an example not just about giving towards the needs of the “new family,” but also of the mutuality of giving that can exist within the global church. Though the Macedonian church was “poor,” this did not stop them from contributing towards the needs of the saints. I have also heard numerous testimonies of Christian missionaries who were doubly blessed while ministering in poverty stricken countries.

This chapter identified various strategies of Christian missions. The Mission Station (MS) and People Movement (PM) mission strategies are discussed, and the conclusion is that appropriate responses within Sub-Saharan Africa needed to be more “community based” rather than “individualistic.” Two historical structures of global church mission were introduced, namely: The Modality and Sodality structures as explained by Ralph Winter. These two missional structures, though foundational to the church’s calling, are insufficient in responding to the HIV/AIDS pandemic in Sub-Saharan Africa. There is an urgent need for additional church paradigms in effectively responding to the pandemic.

Two theories of missions were also introduced in this chapter: The “Transformative Model” and “Diffusion of Innovations Theory.” The chapter contends that an effective model of mission is one that responds to the integral needs of the people, as well as comes alongside the *missio Dei*. Further, Everett Rogers’ summary of the theory of “Diffusion of Innovations” emphasizes the crucial need of “opinion leaders” in introducing change within any context—appropriate strategies in responding to the HIV/AIDS pandemic will be those which work through this influential group of people.

Early European missionaries had an “enlightenment worldview” which influenced how they related with the Kikuyu. In many ways, the Mission Station approach became

the prototype on how missionary work was conducted during the nineteenth and twentieth centuries. However, in the current age, we need to advocate for strategies that are locally based and sustainable. Whether they are “children homes” or “household based” should not be the main issue. The main concern should be: “how well do they integrate orphans into the local community, and how successful are they in tapping local resources and support?”

In the next chapter of this study (Chapter Five) the focus will be on a particular village within Sub-Saharan Africa, which is experiencing the impact of HIV/AIDS. This village, Mwimutoni (or Escarpment) was the center of my summer 2006 field research. We will discover how the local church in this Kikuyu, Kenyan, community is responding to the ongoing AIDS pandemic and orphan crisis.

## **Chapter 5**

### **Responding to the AIDS Orphan Crisis in Kenya**

Chapter Two of this study examined the way that the Kikuyu tribal system functioned in the past to provide care for orphans and how various factors had destabilized this cohesive structure. The third chapter explored the origin and diffusion of the HIV/AIDS pandemic and considered the global repercussions. It is evident that the pandemic has caused an orphan crisis in Kenya and the Sub-Saharan Africa context. Various communities, countries, non-governmental organizations, and other agencies were responding to the epidemic. However, there still remained a need for a more comprehensive strategy in responding to the rising number of orphans that draw on local resources. The biblical, theological and missiological basis for ministry with those infected with and affected by HIV/AIDS is presented and explained in Chapter Four.

We now turn our attention to a specific context, Escarpment (Mwimutoni village), Kenya. This area is inhabited by the Kikuyu people and was the focus of my summer 2006 field research. Escarpment is located within Kirenga Location, Lari division of Kiambu district in Kenya (see Figure 7).

#### **Escarpment Background**

According to the 1999 population census, Escarpment had a total population of 3,407 people (Refer to Table 2 in Chapter Two). Of this total population, 1,650 were male and 1,757 were female. In all, there were 752 households, and the population density was 212 persons per square kilometer. Escarpment has a total area of 16.1 square kilometers (Republic of Kenya 1999:7). It is located about 30 miles North-West of

Nairobi. Some of the other nearby towns and trading Centers are Rukuma, Kimende, Matathia, Gitithia, Kambaa, Kijabe, Uplands, and Limuru (See Figure 8).

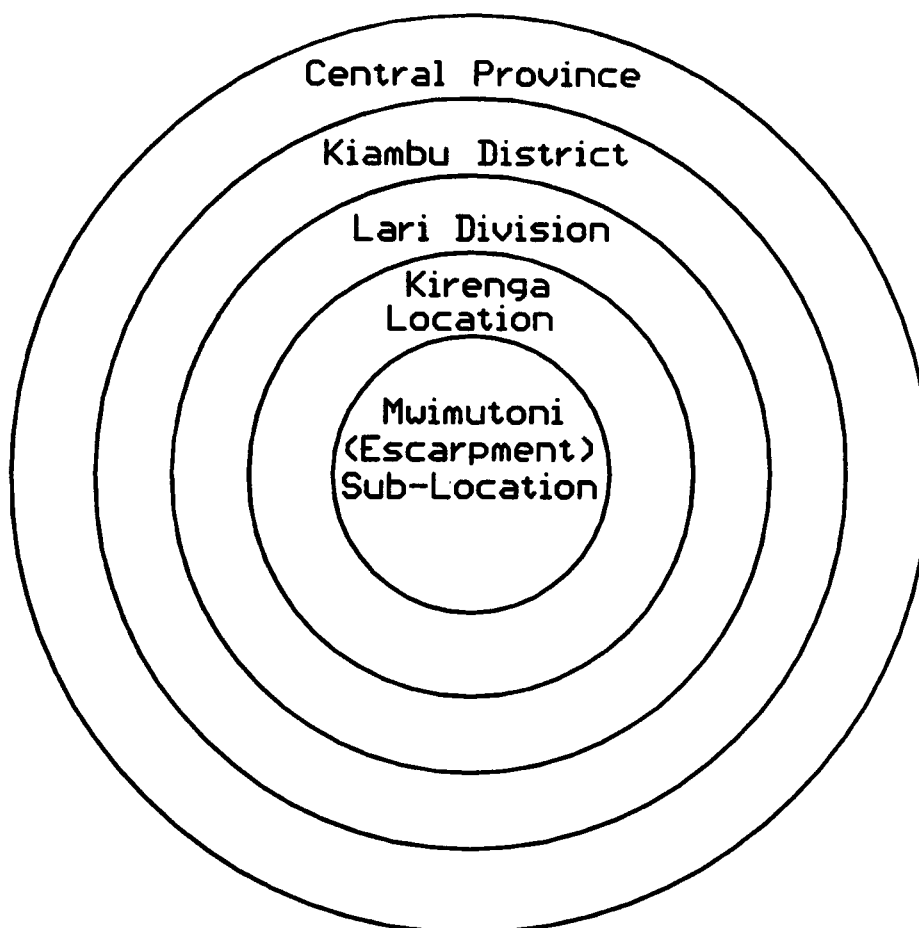


Figure 7: Webs of Authority within the Central Province of Kenya

# MAP OF ESCARPMENT SUBLOCATION AND ITS ENVIRONS

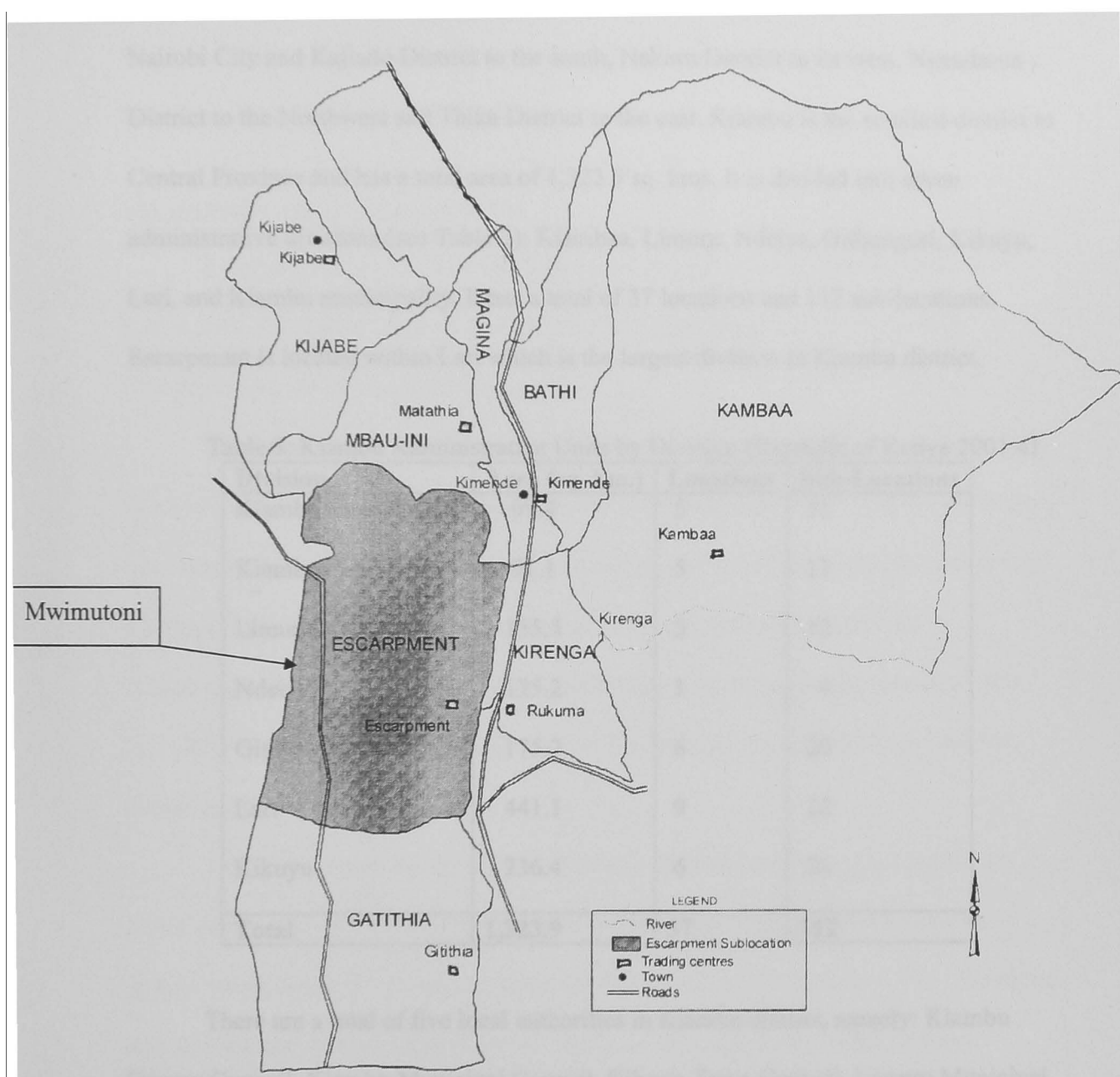


Figure 8: Map of Mwimutoni and its Environs

2 0 2 4 Kilometers

### Administrative Boundaries

Kiambu district is one of the seven districts in Central Province. It borders Nairobi City and Kajiado District to the south, Nakuru District to its west, Nyandarua District to the Northwest and Thika District to the east. Kiambu is the smallest district in Central Province and has a total area of 1,323.9 sq. kms. It is divided into seven administrative divisions (see Table 3): Kiambaa, Limuru, Ndeiya, Githunguri, Kikuyu, Lari, and Kiambu municipality. It has a total of 37 locations and 112 sub-locations. Escarpment is located within Lari which is the largest division in Kiambu district.

Table 3: Kiambu Administrative Units by Division (Republic of Kenya 2001:4)

<b>Division</b>	<b>Area (sq. km.)</b>	<b>Locations</b>	<b>Sub-Locations</b>
Kiambu Municipality	99.4	5	11
Kiambaa	91.1	5	17
Limuru	155.5	5	12
Ndeiya	125.2	1	4
Githunguri	175.2	6	20
Lari	441.1	9	22
Kikuyu	236.4	6	26
<b>Total</b>	<b>1,323.9</b>	<b>37</b>	<b>112</b>

There are a total of five local authorities in Kiambu district, namely: Kiambu County Council, Kiambu Municipal Council, Kikuyu Town Council, Limuru Municipal Council, and Karuri Town Council (Republic of Kenya 2001:4). These local authorities have a total of forty eight wards. The districts have five constituencies: Kiambaa, Limuru, Githunguri, Lari and Kabete. The boundaries of these political units do not totally match



up to those of the administrative divisions. Kiambaa constituency includes Kiambu Municipality and Kiambaa Divisions, whereas Limuru Constituency covers Limuru and Ndeiya Divisions. Kabete Constituency comprises Kikuyu Division while Githunguri and Lari Constituencies cover Githunguri and Lari Divisions respectively.

### Physiographic and Natural Conditions

Kiambu district is divided into four broad topographic regions (Republic of Kenya 2001:6): (1) The Upper Highland; (2) The Upper Midland; (3) The Lower Highland, and; (4) The Lower Midland.

The Upper Highland, which is an extension of Aberdare Ranges, is found mainly in Lari Division. It lies at an altitude of 1,800 meters above sea level. The Upper Midland lies below 1,500 meters above sea level and covers much of Kiambu district except Lari. The Lower Highland is mainly in Limuru, Kikuyu, and Githunguri divisions—characterized by plateaus and high level structural plains with altitudes between 1,500 and 1,800 meters above sea level. The Lower Midlands are found in Ndeiya Division, Karai Location of Kikuyu Division.

The primary resource in Kiambu district is land and soils (Republic of Kenya 2001). About 90% of the district comprises of arable land. Other natural resources include water, forestry, and mining (quarries for rocks used for building). The district has both surface and ground water potential. Surface water resources consist of many permanent rivers and springs such as Kamiti, Riara, Kiu, Ruiru, Gatamaiyu, Komothai, Bathi, Ruaka, Nyamweru, and Kiruiru. Many water supply schemes in the district have their sources in these rivers. “The quality of the surface water resources, however, deteriorates as the rivers traverse areas with industrial and agricultural activities”

(Republic of Kenya 2001:6). The only river that cuts through Escarpment is the Kiruiru River. However, this water is contaminated by the time it reaches the village.

Kiambu district has three broad categories of soils, that is: soils on high level uplands, volcanic footbridges, and plateaus (Republic of Kenya 2001:7). Soils on high level uplands are developed from volcanic rocks and are well drained, reddish brown, or grey silty clay loams. They are found in Lari division and are of high fertility. Most areas with this type of soil are either under forest or horticultural farming. However, the type of soil found in Escarpment is similar to that in the plateaus (Ndeiya and Karai), i.e. these areas are semi-arid and the soil is either sandy or clay loams which are poorly drained. The crop yield in Escarpment is usually very low and the government is constantly distributing relief food to the people.

#### Settlement Patterns

The entire Kiambu District is densely populated except for the semi-arid regions of Ndeiya Division and Karai Locations (Republic of Kenya 2001:7). These locations have the highest poverty level in the district. Kiambaa, the smallest division, has the highest population density of 1,375 persons per square kilometer, whereas Ndeiya Division has only 204 persons per kilometer square. Other divisions with high population densities include: Kikuyu, Githunguri and Kiambu Municipality.

Table 4: Projected Population Distribution and Density by Division (Republic of Kenya 2001:8)

Division	Area (sq. km.)	Population 1999	Density 1999	Population 2002	Density 2002
Kiambu Municipality	99.4	71,928	724.0	77,595	781
Kiambaa	91.1	116,127	1,275.0	125,276	1,375
Limuru	155.5	89,870	577.9	99,950	623
Ndeiya	125.2	23,708	189.4	25,576	204
Githunguri	175.2	136,554	779.4	147,312	841
Lari	441.1	111,302	252.3	120,071	272
Kikuyu	236.4	194,521	822.8	209,845	888
<b>Total</b>	<b>1,323.9</b>	<b>744,010</b>	<b>562.0</b>	<b>802,625</b>	<b>606</b>

The settlement patterns within the densely populated regions in Kiambu have been influenced by various factors such as, rural-urban migration, well-developed infrastructure and the close proximity to Nairobi city (Republic of Kenya 2001:7). There are also five major urban areas in the district, namely: Kiambu Town, Kikuyu, Karuri, Limuru and Githunguri. Limuru is the closest urban center to Escarpment (approximately 10 miles). These urban centers have several economic activities which attract migrant workers and job seekers from other parts of the country.

#### Major Development Challenges and Issues

The following challenges and “cross cutting” issues were included in the *Kiambu District Development Plan for 2002—2008* (Republic of Kenya 2001:19):

- Rapid population growth
- High rural and urban population densities

- Absolute and food poverty
- High prevalence rate of HIV/AIDS
- Gender inequality
- Poor disaster management awareness
- Environmental management and conservation issues
- Child labor
- Insecurity

The district demographic profile indicated that there were 575,968 persons in Kiambu in 1989. The total population had increased to 744,010 in 1999 (this was a 2.56% growth rate). The district population was projected to reach 802,625 by 2002, and then increase to 936,785 persons by 2008 (See Table 5 below). However, we can also observe that though the population seems to be growing, the number of people in the 40-59 cohorts has not grown nearly as fast as the ones in the younger cohorts. Note, for example, that in the cohorts from 0-24 from 1999 to 2008 each gained over 20,000 new persons. It drops below 20,000 additional persons from 25-39, then to fewer than 10,000 new persons from 40-54, then it seems to stabilize after 55. There are probably two main causes for this population trend: migration of laborers from rural to urban centers, and the rising numbers of HIV/AIDS related deaths.

Table 5: Kiambu District- Population Projections by Age Cohorts, 1999- 2008 (Republic of Kenya 2001:19)

Age Groups	1999	2002	2004	2006	2008
0- 4	103,475	111,626	11,416	123,783	130,286
5- 9	85,885	92,651	97,456	102,741	108,138
10- 14	90,206	97,313	102,359	107,910	113,579
15- 19	84,880	91,567	96,315	101,539	106,873
20- 24	82,878	89,407	94,043	99,144	104,352
25- 29	72,682	78,408	82,472	86,947	91,514
30- 34	56,388	60,830	63,985	67,455	70,998
35- 39	42,851	46,227	48,624	51,261	53,954
40- 44	27,480	29,645	31,182	32,873	34,600
45- 49	23,144	24,967	26,262	27,686	29,141
50- 54	20,181	21,771	22,900	24,142	25,410
55- 59	13,172	14,210	14,945	15,757	16,585
60- 64	10,744	11,590	12,192	12,853	13,528
65- 69	7,747	8,357	8,791	9,267	9,754
70- 74	6,410	6,915	7,274	7,668	8,071
75- 79	4,955	5,345	5,623	5,928	6,239
80+	8,024	8,656	9,105	9,599	10,103
NS*	2,908	3,137	3,300	3,479	3,662
<b>Total</b>	<b>744,010</b>	<b>802,625</b>	<b>844,246</b>	<b>890,032</b>	<b>936,785</b>

\*NS= Age Not Stated

It is noted that a major cause of the population growth has been the migration of people, from other districts, to the urban areas within Kiambu district<sup>25</sup> (Republic of Kenya 2001:20). This high population has put a strain on the district resources and infrastructural facilities. It has led to the sub-division of rural land into smaller units that have hampered agricultural productivity. The high rise in population has also caused more trees to be cut down as people demand more land for their use. There has thus been a rapid decrease in forestland which has led to environmental degradation in the district.

<sup>25</sup> Note: Most of the in-migration takes place within the Kiambu urban centers and not within the rural areas like Escarpment. In my observation, there seems to be more people migrating out of Escarpment than those coming in. However, the proximity of Escarpment to Nairobi (30 miles) and other nearby towns (see figure 8) means that there is rural-urban migration occurring as people search for employment opportunities. Muchiri, a teacher in Escarpment, observes that the people traveling to and from the towns may be accelerating the spread of the AIDS pandemic. There have also been some cases in the village where infected individuals have come back (from the town-life to the village) to recover or die under the care of their extended family (usually the elderly grandparents).

The HIV/AIDS pandemic has had a severe socio-economic impact on the district. “In the agricultural sector, which is the mainstay of the district economy, there has been a reduction in the work force” (Republic of Kenya 2001:25). The pandemic has had a negative impact on both the skilled and unskilled labor in the entire district. A large proportion of the infected and affected comprise the productive age-group. In a district survey carried out in 1999, it was established that most of the infected were between 19 and 34 years of age (Republic of Kenya 2001:24).

Many children in the district have lost one or both parents due to the HIV/AIDS pandemic. Data, however, was not available to show the exact number of orphaned children within the district. The 2001 district report notes that “the traditional extended family has not been able to cope with the increasing number of orphaned children.” HIV/AIDS orphaned children have been forced out of school due to lack of funds, and there has been an increase in child labor, prostitution, early marriages, and street children in the district.

#### Field Research Data

In total, I interviewed 66 people during my field research (June—July 2006). Among those interviewed were: 8 elders, 8 pastors, 6 teachers, 13 community leaders, 7 caregivers, 7 single orphans (living with one parent), and 7 double orphans (see also Table 6). I also interviewed 10 program directors (HIV/AIDS and orphan care) working within other areas in Kiambu and Nairobi districts.

Table 6: Categories and male-female ratio of people interviewed

Category	Total Interviewed	Male	Female
Elders	8	8	0
Pastors	8	7	1
Teachers	6	4	2
Community Leaders	13	9	4
Caregivers	7	1	6
Single Orphans	7	4	3
Double Orphans	7	5	2
Program Directors	10	6	4

The majority of those interviewed were from Escarpment (83%), i.e., all the elders, pastors,<sup>26</sup> teachers, community leaders, and orphans (single and double). Four out of the ten directors interviewed were from within Lari division (where Escarpment is located), one other was from within Kiambu district, three were from Nairobi area, and two were from outside Kenya.<sup>27</sup> Most of the interviews took place at the COH (Center of Hope)<sup>28</sup> office in Escarpment.<sup>29</sup> Even though I had anticipated a good response to the interview requests, I was pleasantly surprised that most of the people were not only

---

<sup>26</sup> One pastor was from Nairobi area.

<sup>27</sup> Al Lackey, President of Kids Alive, is from U.S.A., and Yeen-Lan Lam, the director of Rafiki Foundation of Kenya, is from Singapore.

<sup>28</sup> The author and his wife (Rebecca) are the founders of this community outreach ministry in the village of Mwimutoni. They started the outreach in 1999. Refer to Chapter One of this study, and the concluding sections of this chapter for more details.

<sup>29</sup> Some of the program directors were interviewed in their Nairobi offices, i.e., Yeen-Lan Lam, Al Lackey, Bishop Thagana, Tito Wambua, Bishop Esther Chege, and Bishop Raphael Kamau. Others were Pastor Peter Kamau (Lari), Mr. and Mrs. Chege (Uplands), and Beatrice Kiama (Limuru).

punctual, but more than willing to avail themselves during their scheduled sessions.<sup>30</sup> I had formulated various open-ended questions prior to the interviews. Each category of respondents had specific questions (appendix E).

The goal of the interviews was to collect data on: 1. How the Kikuyu tribal structure ensured that orphans and other vulnerable people were cared for during pre-colonial times; 2. How the colonial experience had affected the tribal system; 2. How HIV/AIDS and contemporary factors had affected the tribal system; 3. How the people were coping and responding to the pandemic; 4. How the local church was responding to the pandemic; and 5. How else the church could respond to the pandemic and orphan crisis.

#### A Deeper Understanding of Kikuyu Tribal Structure

All the elders' interviewed in this study agreed that orphans and widows among the Kikuyu people were cared for through the extended family during pre-colonial times. The extended family consisted of the *mbari* or *nyomba* (family group), and the *muhiriga* (clan). The *mbari* unit brought together all those who were related by blood, namely: a husband and wife (or wives), their children, grand-children and their great-grandchildren (Kenyatta 1938b). Several *mbari* made up the *muhiriga*. It was within this context of the *mbari* and *muhiriga* that orphans and widows received care. Joseph Kanyi, one of the village elders, explains further:

Men usually had several wives. These wives would take the responsibility of caring for any orphans in the family. If a husband died, a younger brother would take the widow to be his wife. This was known as *guthambio*. If both parents were deceased, the orphans would be taken in by other members of the extended family. (2006)

---

<sup>30</sup> Most of the interviews sessions lasted for about an hour's duration, but some (especially with community elders) lasted several hours.



Polygamy was common in Kikuyu society and having many wives was a sign of wealth (Kenyatta 1938; Wambugu, et al. 2006). If the children's mother died, the husband would ensure that his other wives took care of the children as their own (Maruri 2006). The one chosen by the husband, the *muma-andu* (kind-hearted) woman would then ensure that orphans received special care. According to Geoffrey Chege, an elder in the village, "Orphans were given to a *muma-andu* woman because she would take care of the orphan child as her own child" (2006b).

The Kikuyu people believed that if an orphaned child was mistreated, he or she would *thetha* (cry) and this would bring misfortune to the entire family. This is strikingly similar to the belief among the early Israelites. The OT people of God were warned of Yahweh's judgment if they mistreated orphans, widows or strangers, and they were told explicitly that if a person in need cried out, God would hear their cry (Exodus 22:23, 24).

Fred Kahia, a local politician within Lari division, asserts:

During those earlier times, if the mother died, orphans did not suffer since there was plenty of food. When the mother died, the child would be known as *wa ndigwa* and he would be given special care. This child was not to be seen crying or sleeping outside, so that he or she does not *thetha*. Because if he or she slept outside, the [Kikuyu] believed that he would *thetha* it would be a bad omen to those children with living parents [they could also be in danger of losing their own parents]. Thus, parents would make every effort to ensure the orphan child didn't *thetha*. (2006)

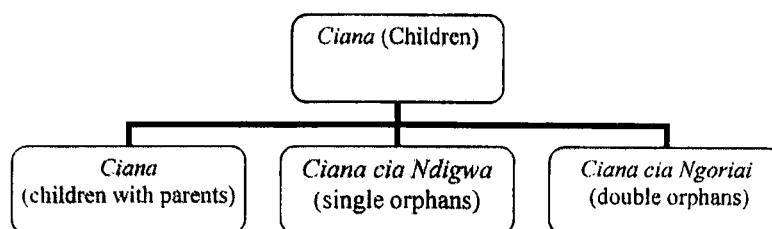


Figure 9: Categories of Children among the Kikuyu of Kenya

There was also a provision made in the *mucii* (home) for *ciana cia ndigwa* (orphans), *ciana cia ngoriai* (double orphans) and the *ahoi* (landless). The Kikuyu people believed that showing generosity and hospitality to these people would bring about the blessings of *Ngai* (God). The *mwatu* (food storage barrel) contained food that was reserved for the orphan and the sojourner. Again, in the OT, the people of God were also instructed to set aside food for their vulnerable during the harvest seasons (Deuteronomy 24:19). Chege explains this Kikuyu tradition further:

In the past because of the needs of orphans, there was something called *mwatu*. It was similar to a huge bee-hive, and was placed in the father's *thingira* [house]. Food was placed in the *mwatu* and orphans were allowed to eat from it if they were hungry. If another man visited the *thingira* and there was no woman around, the men would also eat from the *mwatu*. The food in the *mwatu* was for orphans and the passersby [or visitors]. In Kikuyu tradition all visitors would be offered something to eat. (2006b)

From the above, we can deduce that kindness and hospitality to orphans and strangers were highly regarded virtues among the Kikuyu. According to Tabitha Kuria, a pastor and primary school teacher, “the selfish person was known as *mundu mukari* and was scorned in the society” (2006a). Every Kikuyu strived to provide for the orphan and the stranger. So, we may ask, what happened to this attitude of hospitality towards the

vulnerable in Kikuyu society? Why are there so many suffering orphans among the Kikuyu in the present era? We shall explore these questions in the following sections.

### Changes in the Tribal Structure

Chapter Two of this study noted how European colonialism had affected the Kikuyu way of life. In Chapter Three, the focus was on the HIV/AIDS pandemic and on how this calamity had brought changes within the tribal structure. This section will endeavor to show how these factors have affected the Kikuyu people living in Escarpment, Kenya.

### Effects of Colonialism

Joseph Kanyi, a village elder, observes that, “the colonialists brought about the dispersal of the tribes. The Kikuyu people lost much of their cultural ways” (2006). It was observed in Chapter Two of this study how the European settlers subjugated the Kikuyu people and eventually stole their land. In the same chapter, it was also observed how the colonial and missionary movements affected the tribal structure. This foreign influence brought about a major division among the Kikuyu people between the traditionalists and those who had converted to Christianity. There was also the colonization of the local minds through the colonial education system, and the introduction of a new economic system (Ngugi 1986). The tension culminated in the Mau Mau uprising (Kanyi 2006).

The *irua* (circumcision) ceremony for Kikuyu girls was one of the contentious issues during the colonial era. “Children of those who did not denounce the custom were debarred from attending the missionary schools” (Kenyatta 1938b:130). This was a vital

rite of passage among the Kikuyu and many were not willing to negotiate the issue. Eventually, some of the Kikuyu leaders formed independent schools and churches so that they could continue with their cultural way of life (Muigai 2006). Tabitha Kuria, a pastor and teacher in Escarpment, observed that some churches had started rite of passage programs to help the youth during this transitory period (2006a). At the end of every school year (December), the youth<sup>31</sup> are secluded in established venues to undergo the rite. Only the boys go through the surgical operation. However, both the boys and the girls' ceremony include guidance, counseling, and a celebration service. The nearest center to Escarpment is Kimende Prestige Academy<sup>32</sup> which began in 2004. According to Kuria, the program is much needed in the community but the limiting factor is the high cost involved: "The fee for this program was Kshs. 3,000 in 2004, and Kshs. 5,000<sup>33</sup> during 2005" (2006a). I commend this effort by some of the local churches and NGOs attempting to fill the wide vacuum among our Kenyan youth; however, I would hope that more of these types of church programs would become subsidized enough so that youth from poor families can also benefit.

In the 1920s there was a big division in the tribe. "One group followed the mission church and the other the traditional ways of the tribe" (Muigai 2006). Those who were loyal to the mission church refused to participate in the Mau Mau insurgency of the 1950s (Njuguna 2006). Elder Njuguna also tells of the infamous Lari Massacre during which a local chief named Luka, Kikuyu colonial guards, and their families were brutally slaughtered (2006).

---

<sup>31</sup> The majority of them would be graduating from eighth grade.

<sup>32</sup> This is approximately 4 kilometers away.

<sup>33</sup> This is approximately 70 USA dollars.

Escarpment was one of the *ichagis* (emergency villages) set up by the colonial regime to monitor the Kikuyu people during the Mau Mau insurgency (1950s).

According to Evanson Thiongo, an elder and community leader in the village, “[The] Kikuyu people were taken from their land and put in *ichagis* so that they could be effectively monitored and controlled by the colonialists” (2006). Life was extremely difficult in these villages as the Kikuyu experienced untold torture and suffering. “[Kikuyu] Mothers and daughters were sometimes raped together in the same hut by white and black members of the security forces” (Elkins 2005:247). Some women were assaulted on their way to or from forced communal labour.

It is quite clear from the historical background (Chapter Two) and the interview sessions with members of the Kikuyu community in Escarpment that colonialism had a major negative effect on the tribal structure. The people had been forced to leave their *ithakas* (forest land) and the colonial policy aimed at dividing the people by establishing British hegemony. Today, due to these divisive colonial tactics, the Kikuyu people are not as united as they once were, and many have abandoned their traditional ways.

Many of those interviewed in this study had a desire to help the vulnerable members in their community (particularly orphans and widows), but the lack of *ithakas* has greatly hindered their capability. Those with land stated that they could only provide for the immediate members of their families. Lack of *ithakas* meant that there was also inadequacy of resources amongst the people, and this has resulted in a significant increase of *ahoi* (landless) in the community.

### The HIV/AIDS Pandemic

When HIV/AIDS infected the first people in Escarpment (1988) it was known as “nylon” (Kariuki 2006). Those who died from this “strange” disease were wrapped-up and buried in “nylon” (polythene) bags (Ogot 2004:11). It was considered a taboo to touch those who had died from the scourge.

Later, through numerous HIV/AIDS campaigns in the country, more people became aware of the actual facts of the epidemic. Many of those interviewed during this study told of the various prevention programs within the community. HIV/AIDS education has also been included in the current government school curriculum (Kagwi 2006).

In a Kenyan government publication of 1997, it was noted that major strides had been taken in creating HIV/AIDS awareness in the country (MOH). However, the report also observed that, “despite this high level of awareness [since 1984], risky behavior [was] still rampant” (MOH 1997:19). It continued to emphasize the importance of behavior change as well as other effective barrier methods, including (1997:19- 20):

- Prevention and treatment of sexually transmitted infections.
- Targeting information, education and communication with particular emphasis on women, men, youth, and high risk groups.
- Advocacy/lobbying for changes or modifications of social-cultural practices which facilitate the transmission and spread of HIV/AIDS.
- Training of change agents.
- Promotion and use of condom/barrier methods.
- Support to communities to prevent the spread of AIDS and STDs.

- Establishment of youth and women friendly services.
- Research including clinical trials of drugs and vaccines.

A recent government publication reviewed what had been accomplished through the HIV prevention services in Kenya (NASCOP 2005). According to the report, Volunteer Counseling and Testing (VCT) had become a household word and nearly 400,000 Kenyans came voluntarily to over 400 centers (2005:3). This compared with fewer than 1,000 who had availed themselves in the year 2000. Condom distribution had also risen, “50 million [condoms] were distributed in 2002, 80 million in 2003 and 110 million in 2004” (2005:42). Among the barriers cited for condom distribution were (2005:43):

- Lack of transport and inadequate storage in public facilities.
- Some health workers had negative attitudes towards distributing condoms, considering them a non-essential medical commodity.
- There were concerns about proper disposal of used condoms.
- Negative attitudes persisted in the general public with some groups perpetuating fears that condoms were ineffective in preventing HIV infection.
- Myths were still circulating about alleged contamination of condom lubrication with HIV

The major barrier of condom use in Escarpment, as will be discussed later in this chapter, is the perception that this method promotes immoral sexual behavior and thus encourages the spread of HIV/AIDS. Antiretroviral drugs (ARVs) have reduced the number of HIV deaths in Escarpment. The infected are now living longer and healthier than before. Paul Ndinguri, a staff member at Mwimutoni Center of Hope (COH), notes

that, “in 2003, there were about eight funerals in one week in Escarpment due to AIDS we now have one or two deaths every month” (2006).

Despite the notable successes in creating HIV/AIDS awareness in the community, and the benefits of the ARV drugs, there was still a significant rise in the number of orphaned children in the community. Muchiri, one of the longest serving teachers in Escarpment, notes that the number of orphans in the local primary school had risen from about 20 in 1992, to more than 100 in the current year (2006). The head teachers at Escarpment Primary attributed this increase of orphans to the HIV/AIDS pandemic (Kagwi 2006; Wambua 2006).

### The Orphan Crisis

The number of orphans (single and double) in the community has been on the increase. “More than 50% of the 40,000 households under my jurisdiction have orphans,” said Councilor Alfred Thiarara,<sup>34</sup> (2006). Most of these orphans have been left with their elderly grandparents, who lack the means to cater for them. The needs of orphan are so overwhelming that, “the government cannot provide for all of them, and has therefore turned to NGOs or other well-wishers for assistance” (Thiarara 2006).

Orphaned children in Escarpment have been forced into child-labor as they try to provide for their daily needs. Three of the double orphans interviewed (John Gatika, Lazarus Ndungu, and Paul Nganga) stated that they regularly sought casual jobs in order to survive. Paul explained how he often worked in the nearby *shambas* (small-scale farms) and was paid Kenya Schillings (Kshs) 100 per day.<sup>35</sup> With this meager income he

---

<sup>34</sup> He oversees four sub-locations, within Lari division, which have a total population of about 40,000 families (in Escarpment, Gituamba, Kirenga, and Kambaa).

<sup>35</sup> This is about \$1.50 per day.



could only afford to buy some *unga* (flour), sugar, salt, cooking fat, and milk. This was enough to supply food for one day (Paul was responsible for taking care of his younger brother).<sup>36</sup> Paul and his brother are part of our Center of Hope (COH) orphan program.

I was reminded of the COH's impact on Paul, and other orphans, during my 2006 field research. On one of the days, I decided to take Paul a bag of groceries. I did not realize until I handed him the food that this was to be their evening meal.<sup>37</sup> Paul explained how the recent drought in the area had increased the unemployment levels in the village. The *shamba* jobs in the area were unreliable and they were now forced to go without daily food. Paul hoped that the COH would soon start providing an additional meal each day.

Regina Njambi, a community leader in Escarpment, observes that, "little children are forced to seek jobs [like transporting charcoal] in order to fend for themselves. They fetch the charcoal from the forest, and then roam round the nearby town [Rukuma or Kimende] selling it from home to home" (2006). These children, especially girls, often risk being sexually abused.

### The Extended Family

The extended family has been unable to cope with the rising number of orphans in Escarpment. Relatives find it impossible to cater for orphans due to lack of adequate resources within their own households. In fact, Mr. Wambua (headmaster of Escarpment

---

<sup>36</sup> Paul is a recent high school graduate. His mother, who was a single parent, died in 2001 when Paul was in eighth grade. He has an elder sister who is employed in another city away from the village (as a house help). He has two other siblings—a brother (seventh grade) and a sister in second grade. The younger sister lives with her grandmother in another village away from Mwimutoni. Paul and his brother have been part of the Center of Hope program since its inception. Paul is now enrolled in college and is sponsored through our USA network partners.

<sup>37</sup> The COH is currently feeding the orphans one meal per day (lunch).

primary school) recalls a time when children with living parents wished they were orphans so that they could receive food at the COH (2006a).

Many of the respondents stated that people in the village were “willing” but “unable” to assist all the orphans (Muiruri 2006; Thiarara 2006; Kariuki 2006; Wahinya 2006). They emphasized that Escarpment was a semi-arid area and long seasons of drought had affected the agricultural productivity of the land. Further, they claimed that most of those who are dying from the pandemic were mainly in the productive age-group and the elderly grandparents were left to care for the orphans (Muiruri 2006b).

Several respondents noted that the Kikuyu people were now living at a different time in history. During the pre-colonial era, for instance, there was no monetary system. Pastor Jacob Gachamba from the Akorino church in Escarpment explains:

In those days there was no trade in money. Clothing was made from animals; but today, everything costs money. The Kikuyu used to trade and purchase farms with their animals. Today, there is a big difference they need education, clothing, special food, and everything is very costly. Life is even more challenging during times of drought. There is a big difference between life yesterday and today. (2006)

Similar sentiments were expressed by other villagers. Some stressed that they were willing to do all it takes to provide food for the orphans, but could not afford to pay school fees, buy school uniforms, or provide the necessary medical care for the children (see also Appendix F). They expressed gratitude for the free primary education provided through the current government, and were now hoping that full bursaries would become available for high school education.

### Responding to the HIV/AIDS Pandemic

From Appendix F, we can observe some of the main effects of the pandemic in Escarpment. It is obvious that the community is already, to a certain extent, responding to the various needs. The government, individuals, and other groups within the community, have provided school bursaries, food, clothing, and firewood to the orphans. Moreover, elderly grandparents have taken the responsibility of caring for many of these desperate children.

Also, Appendix F outlines some of the obstacles and challenges faced by the community in responding to the pandemic. The majority of the leaders interviewed expressed that they were doing all they could in assisting the affected families; however, they acknowledged that they were ill-equipped to fully respond to the vast needs. Councilor Thiarara could not have been more candid in his confession: “I am a leader, but I have become a beggar, going around begging for school fees for these orphaned children” (2006). He hopes that others will be touched by the need and offer the necessary help.

The government, itself, cannot provide for the needs of the orphans. So, there is urgent need for assistance, and for this assistance we look to the NGOs, and well-wishers (mainly Christians and missionaries). We need assistance in education, medical, clothing, and food, especially during times of drought. (Thiarara 2006)

The next section of this chapter will discuss the role of the church in responding to the HIV/AIDS pandemic in Escarpment. It will answer questions relating to: what the local church is already doing in responding to the pandemic; and, how else the local, national, and global church can respond to the pandemic.

### The Local Church's Response

In order to ascertain how the local churches were responding to the pandemic, I interviewed seven pastors from Escarpment (Appendix G). Those interviewed represented the following denominations: Assemblies of God, Redemption World Ministries, Gospel Assembly of Kenya, and God's Word and Holy Ghost Church (Akorino). Information on how the other churches in the community were responding to the pandemic was provided by the other categories interviewed, namely: elders, teachers, community leaders, caregivers, and orphans.

Bishop Thagana of Gospel Outreach Assembly (Nairobi) was right in observing that, “one of the things that churches know how to do well is ‘talking’” (2006). This is certainly true in Escarpment. Churches have continued to preach and educate people about the facts of HIV/AIDS by (Appendix G):

- Warning their members about the dangers of being infected.
- Preaching against sexual immorality.
- Encouraging members to know their HIV/AIDS status by visiting VCTs (Volunteer Counseling and Testing Centers).
- Referring those who are infected to the nearest hospital for ARV treatment.
- Organizing seminars and discussions, for both youths and adults, on issues relating to the pandemic.

Apart from the above direct responses to the epidemic, the pastors have also played a major advocacy role on behalf of the affected families. They have encouraged their members to comfort orphans and widows in their distress. Individuals and groups

from the churches have also been mobilized to give towards these vulnerable people. Donations of food and clothing are distributed during various times of the year.

In some ways, the challenges of the pandemic have been too much for the churches. Pastor Gitau, of the local Assemblies of God, commented that, “Pastors cannot be expected to take offerings every Sunday as many in the church family are unable to give” (2006). Gitau continued to explain that, most of his church members had been affected by the pandemic. Low levels of income and prolonged droughts in this semi-arid area had rendered most of the families with little or nothing to give towards orphans. The area Chief<sup>38</sup> observed that conditions were so bad that he often appealed for food aid from other more productive neighboring villages (Nduati 2006). Other obstacles in responding to the pandemic included (Appendix G):

- False beliefs in the community. Some believed that having sexual intercourse with a virgin cured the infected man.
- Doctrinal teachings in the churches. There were some who believed that those who had been infected through immorality deserved to die (as a punishment for their sins).
- The lack of alternative rites of passages for girls and boys in the community. The colonial ban on female clitoridectomy and other traditions associated with circumcision (male or female) had resulted in a major gap in transitioning these young people into responsible adults.
- Attitudes toward condom use. Leaders in Escarpment (Alice Kiarie, Paul Mbote Muchai, and Evanson Macharia) perceive the use of condoms as encouraging the spread of the pandemic rather than curbing it.

---

<sup>38</sup> Appointed government leader in Kirenga location (Gituamba, Escarpment, Kirenga, and Kambaa)

The first and second barriers above could be effectively countered through more HIV/AIDS education, awareness campaigns, and theological training. However, in responding to the third challenge, the local church would need to introduce alternative rites of passages in order to bring positive change among youth. “Young people should be given proper teaching and guidance during this transitory stage” (Kuria 2006a). In Kikuyu community, the rite of circumcision functioned as a way of ushering children into adulthood—they became fully functioning members of the community.

All societies must determine when children become adults. Most have initiation rites to mark this transition. These rites are often associated with puberty and sexual maturity, but not necessarily so. What is important is that the young are incorporated as full members in the society. (Hiebert, et al. 1999:100)

There is an urgent need for local Kikuyu churches to develop alternative rites of passage for their youth. A rite of passage includes three main phases (Zahniser 1997:92):

1. Separation: This involves the orchestration of symbols in activities removing initiates from their state in society.
2. Liminality: This is from the Latin word meaning “threshold” because of the transitional aspect. This phase provides a “chaotic limbo” condition of transition between the clearly defined statuses and roles of childhood and adulthood in their society.
3. Reintegration: This last phase ritually reincorporates the initiates into the society as full fledged adults.

During the pre-colonial era, the Kikuyu ritual of circumcision included all the above components of a rite of passage. However, in our contemporary context, only Kikuyu males are legally permitted to be circumcised— and apart from the surgical

routine, all other cultural aspects (briefly described in Chapter Two) are lost or missing. The local church can develop appropriate “functional substitutes” to fill this huge vacuum in Kikuyu society. The alternative rite for girls known as *Ntanira na Mugambo* (Circumcision Through Words), practiced in parts of the Central province of Kenya, could serve as an example:

The ceremony brings the young candidates together for a week of seclusion during which they learn traditional teachings about their coming roles as women, parents, and adults in the community, as well as more modern messages about personal health, reproductive issues, hygiene, communication skills, self esteem, and dealing with peer pressure—the week is capped by a community celebration of song, dancing, and feasting which affirms the girls and their new place in the community. (Reaves 1997)

All the pastors interviewed agreed that more needed to be done in responding to the pandemic. However, they also expressed that they were constrained by the rampant poverty and lack of economic resources. The pastors interviewed also agreed that there was a need for all the churches to unite in combating the urgent issues. However, Pastor Jacob Gachamba of the Akorino church noted that not all churches in the community were willing to unite:

We should unite in heart and spirit. In Escarpment, there are many churches which don’t want to unite; however, we need to all unite in Christ—the body of Christ is in our hearts, and not the stone structure. The most important house is our hearts. (2006)

Pastor Gachamba’s attitude is encouraging. Anyone in Kenya will tell you that it almost unheard of for the Akorino to unite with other churches. This Christian sect has been known for its emphasis on Old Testament holy living as outlined in the levitical law. During our interview session, he reminded me that the Akorino people feared *thahu*

(desecration).<sup>39</sup> Pastor Gachamba is willing to set some of the church's differences aside and unite in assisting the community orphans. The Escarpment pastors recommended the following additional actions in responding to the orphan crisis (Appendix G):

- Establishing an orphan home where full care would be provided to the children.
- Providing income generating skills to the orphans after high school so that they could begin fending for themselves.
- Creating awareness on the rights of orphans and widows within their community.

### The Local Community Perspective

When questioned on how the local church was responding to the HIV/AIDS pandemic in Escarpment, the respondents acknowledged that churches were assisting orphans to a certain degree (Appendix H). Churches were contributing towards the orphans' food and clothing, as well as meeting other essential needs, such as, offering education and spiritual support. The churches were also continuing to host HIV/AIDS awareness seminars<sup>40</sup> and emphasizing the importance of marital faithfulness. The youth were encouraged to abstain from sexual intercourse until they were married.

As to how else the church could respond to the pandemic, those interviewed had a lot to say (Appendix H). They stressed the importance of the role of the church in continuing to bring more HIV/AIDS awareness. There were some who felt that many in the community still lacked adequate knowledge on the pandemic. Zakaria Kuria, a local politician, advised that the church adopt a policy of announcing the true cause of a

---

<sup>39</sup> Pastor Gachamba explained that, in the Akorino church, those who commit a sexual sin are excommunicated. The same judgment is pronounced to those who are found guilty of stealing, verbally abusing others, or other "unacceptable" sins. The Akorino believe that condoning such behavior can cause the church to be unholy (*thahu*) and therefore unacceptable to God.

<sup>40</sup> The church awareness campaigns mainly focused on teaching sexual abstinence to the singles, and marital faithfulness to the couples. None of the pastors interviewed in this study promoted condom use as a prevention method.



person's death during the funeral service (2006b). He argued that this would help curb the rapid spread of the pandemic.

Many of those interviewed emphasized the need for the local churches to unite in order to effectively respond to the multiple challenges in the Escarpment community. There were those who commented that the local churches were too splintered to provide any serious response to the pandemic. They hoped that all leaders would set their differences aside and unite for a common cause (Thiongo 2006). As noted before, there are presently 16 churches in Escarpment region. There is one Catholic church, and the rest are of Protestant background. Apart from the Catholic Church, the other major denominations represented in the village are: African Inland Church (AIC), Anglican Church of Kenya (ACK), Presbyterian Church of East Africa (PCEA), and Kenya Assemblies of God (KAG). Chapter Two of this study observed the founding of two African independent churches among the Kikuyu, namely, The African Orthodox Church, and the African Independent Pentecostal Church of East Africa (AIPCEA)—these two denominations are also represented in the village.<sup>41</sup> God's Word and Holy Ghost Church (Akorino) is also considered to be an African initiated church movement. The majority of the village churches, apart from the AIC, ACK, PCEA, Baptist and Seventh Day are of Pentecostal and Charismatic background.<sup>42</sup>

There were differing views on two particular issues: the provision of antiretroviral drugs (ARVs) and the use of condoms in combating the pandemic. It was evident, to the community, that the ARVs were enabling the infected to live longer and healthier. Some

---

<sup>41</sup> The independent church movement began in the 1920s over the controversial issue of female circumcision. The mission established churches condemned the practice (refer to Chapter Two for more details).

<sup>42</sup> Refer to Appendix B for a complete list of Mwimutoni churches.

of those interviewed could identify individuals within their community who were on the verge of death, and then suddenly recovered to live normal lives. Hannah Ngendo, a grandparent and caregiver to her grandchildren, was opposed to the use of ARVs on AIDS patients (2006). She believed that those who recovered from the treatment continued to spread the epidemic. She had witnessed two or three cases where the infected were very sick, and then later seen them to be very healthy (beautiful ladies). She concluded by asking, “What will prevent these beautiful ladies from marrying again, or continuing to have more sexual partners?”

Similar sentiments, regarding the role of ARVs in the fight against AIDS, were expressed by Francis Muiruri (2006a). He viewed the provision of ARVs both as a help and a hindrance in AIDS prevention. Like Ngendo above, he notes that the ARVs were a hindrance when the infected continued to spread the disease. “The medicine is good because it makes them healthy, but they need to be taught not to continue spreading” (Muiruri 2006a). Paul Muchai, a former Chief in Escarpment, once overheard young people in the village claiming that the cure for AIDS had been discovered:

This is what the young people are saying, “The cure has now been found.” They need to be told the reality that the disease is spreading rapidly. And that the medicine (ARV) is not a cure, but only a relief from the pain. Leaders need to wake up to the task. Any problem that is addressed by the entire community will be defeated, but those who struggle by themselves will surely fail. We need to all come together and educate these people. They are not wise. They need this education. They are not disobedient people, they only lack guidance. If they are taught, they will definitely cease. (2006)

When asked how else the local church could respond to the pandemic, Wambua (head teacher at Escarpment Primary) did not hesitate to answer, “Medication first access to ARVs will prolong lives and enhance the awareness so that people can know

what to do when the disease attacks” (2006a). He emphasized the need for more training within the school and local community in order to foster HIV/AIDS awareness. Others who supported this view were Zakaria Kuria, and Pastor Joseph Thanga. Kuria insisted that unless those suffering from AIDS received regular visits and were instructed on how to use ARVs, they would continue to suffer (2006b). Pastor Thanga stated that he had not encountered an infected member yet; however, he shared of a personal case where he had counseled an infected individual on how to use ARVs and then referred him/ her to the nearest treatment center (2006).

Some in the community rejected the use of condoms as a viable means in curbing the pandemic. Alice Kiarie, chairwoman of Kirenga location,<sup>43</sup> argued that, “when the government introduced condoms, it was another way of spreading the pandemic, because when these lacked, those who were practicing the immoral lifestyle would continue in the behavior” (2006a). Evanson Macharia,<sup>44</sup> agreed with Kiarie and believed that the church’s teaching on abstinence was a more effectual way of preventing the spread of the pandemic. Zakaria Kuria,<sup>45</sup> a local politician who also runs a small restaurant in the village, denounced this perspective and explained that he had been successful in educating young people on HIV/AIDS prevention through the use of condoms (2006b). Kuria, who is not a member of any church in the community, explained that he had been distributing free condoms to the young people and was also continuing to educate them on proper behavior change.

There was consensus regarding how to respond to the orphan crisis in the community. There were suggestions of holding more community *harambees* (fundraisers)

---

<sup>43</sup> Escarpment is located within Kirenga location.

<sup>44</sup> He is the Chairman of the Village Development Committee (VDC).

<sup>45</sup> Same individual as in previous paragraph.

in order to assist the affected families. The pastors also felt that providing an orphan home for the children would be a more effective way of evaluating and monitoring the needs of the orphans compared to the household based care model. The local Assistant Chief in Escarpment, John Muiruri, also supported the idea of building a children's home (2006b). Muiruri hoped that this home would be constructed through government funding, and then supported through local, national, and global partnerships. He believed that this was a more effective and sustainable way of providing care for the community orphans. Other suggestions given by various members of the community were (see also Appendix H):

- The church should take God's word seriously and be concerned with the needs of the poor.
- The church should first show love to the infected and then preach the "truth" to them.
- The church needed to provide more counseling, guidance, and discipline for the community orphans.
- The church could assist in creating more jobs in the community to curb the unemployment problem.
- There should be more HIV/AIDS awareness campaigns and seminars in the region to warn people about the pandemic and encourage behavior change as a way of reducing the infections.
- Orphans should be provided with free medical care in the community.
- There was need for more community discussions on how to assist the rising number of orphans.

- Orphans needed to be assisted with higher education funding, and be provided with tutoring assistance to ensure that they performed well in school.

It was apparent that the local church lacked the adequate means to fully respond to the orphan needs. The community members hoped that the local church and Kenya government would partner in tackling the pressing issues. The pastors also emphasized the need for outside partners in enabling the local church deal with the orphan crisis.

In the above section, it has been observed how the local church is responding to the HIV/AIDS pandemic in Escarpment. Other ways, suggested by the pastors and local community, are discussed pertaining to how the church can continue to respond fully to the pandemic. From the above data, it is evident that the local church has already taken some significant steps in creating HIV/AIDS awareness in the community. The church is also partially providing for the needs of orphans within the community. However, it is evident that the current response lacks in providing for all the orphans in the community. It is for this reason that pastors and church leaders alike, in Escarpment, are appealing for outside help in responding to the orphan crisis.

#### A Broader Community Perspective

We will now turn our attention to some of the other individuals and organizations who have currently or previously responded to the HIV/AIDS pandemic within Escarpment, Lari division, Kiambu district, and Nairobi province of Kenya. We will begin by discovering how Meshack Muranja of Constituency AIDS Control Committee (CACC) in Lari, and Beatrice Kiama, a former AIDS program coordinator at AIC Kijabe hospital, have responded to the pandemic. Next, we will observe how two orphan homes within in the region are presently responding to the orphan crisis. Finally, we will learn

how some of the national and global agencies are responding to the pandemic within Kenya.

The CACC Response. According to the Kiambu District Development Plan of 2002—2008, The District AIDS Coordination Committee (DACC) and Constituency AIDS Control Committee (CACC) were formed to “deal with all issues and activities relating to HIV/AIDS” (Republic of Kenya 2001:26). Through these government programs, public awareness of HIV/AIDS would “be promoted through learning institutions, *barazas*,<sup>46</sup> print media, electronic media, women groups, religious gatherings, among others” (Republic of Kenya 2001:26).

Meshack Muranja, currently a student in a Presbyterian bible college, became aware of the epidemic in 1990 when some of his close colleagues in Lari were infected with HIV/AIDS (2006). It soon became apparent that the affected families could not even meet their basic needs. Meshack and some of his other friends, members of Lari Thairira Dairy Farmers Self-help Group, then decided to channel some of their meager funds towards the affected households. Thereafter, in 2004, Meshack became part of CACC’s local group in Escarpment and was involved in creating HIV/AIDS awareness through drama, presentation of poems, and various educational opportunities in the community. He soon discovered that Escarpment had the highest number of orphans in Kirenga location. It is important to note here that the use of existing community groups, like Lari Thairira Dairy Farmers Self-help Group, is a more effective approach than the creation of new groups to address the problem. It is often the case that the use of an existing group, where relationships have already been developed, and giving that group a new or

---

<sup>46</sup> Swahili word for public meetings called by the local Chief (government representative in the community).

additional function is more effective than trying to form a new group and develop new relations for the purposes of combating AIDS. It thus follows that strategies in responding to the pandemic and orphan crisis should aim at strengthening the local churches and community groups because these are much better positioned to care for their infected and affected members.

Meshack observed that some of the orphans and widows in the community were rejected by their extended family. These affected families depended on “good Samaritans” for assistance. He also noted that most of the orphans lived with their grandparents. Sadly, “most of the churches in the community had not been supportive of CACC’s awareness campaigns” (Muranja 2006). These churches, “especially the Pentecostals,” had rejected CACC’s programs claiming that it was promoting immoral teachings in the community.<sup>47</sup> However, four of the sixteen churches<sup>48</sup> in Escarpment had invited Meshack to speak to their congregations, namely: Catholics, Anglicans (ACK), Presbyterians (PCEA), and African Inland Church (AIC).

When asked how else the local church could respond to the pandemic, Meshack laid particular emphasis on the needs of orphaned children. “Because the children are innocent and have not committed any sin, they do not deserve to suffer” (Muranja 2006). Meshack was convinced that the local church, not the Kenya government, was strategically situated to respond most effectively to the needs of the orphans.

The AIC Kijabe Hospital Response. Beatrice Kiama is currently working for The Institute of Human Virology in Kenya (2006). She helps to conduct antiretroviral therapy

---

<sup>47</sup> The main charge was CACC’s teaching on the use of condoms as a preventative method for contracting HIV/AIDS. Many of the local churches believe this methodology encourages rather than deters the spread of the pandemic.

<sup>48</sup> See Appendix B for a full list of Mwimutoni churches

(ART) training in various hospitals in Kenya. Prior to her present job, she worked at Kijabe hospital<sup>49</sup> as a staff development coordinator, and also dealt with issues regarding HIV/AIDS counseling and testing. She had previously enrolled in a course on HIV/AIDS and began training other staff members in Kijabe hospital. Later, the AIDS relief program was introduced in the hospital to help mobilize the community on ART.

[The Kijabe Hospital's AIDS Relief Project] started in August [2004] with an emphasis on community identification, referral and follow-up. Kijabe nurses and other staff visit patients in their homes and conduct awareness seminars in the community. The number of patients on antiretroviral therapy (ART) mostly from local communities grew to 240. Over 10,000 people heard accurate information about HIV/AIDS prevention and care, and approximately 300 community health workers and pastors received training. (AIC 2004)

During her field survey in Kimende, Magina, Maingi, and Escarpment areas, Kiama realized that most of the infected people were unable to care for their children. She also observed that many of the older children were responsible for their sickly parents, and younger siblings. She remembers times when they (Kiama and Kijabe staff) “were forced to plead with children’s homes to accommodate some of these orphans” (2006). She notes that few in the community wanted to take responsibility for the “mushrooming” number of orphans. Kiama believes that a sudden shift was taking place, among the Kikuyu, from the extended family orphan care to these children being institutionalized.<sup>50</sup>

Kiama noted that the churches within Lari division had been reaching out to the HIV/AIDS affected families. Orphans who were directly linked to the churches received more help. Lack of funds remained a major restraint to the churches and many were

---

<sup>49</sup> Kijabe hospital is about ten miles from Escarpment.

<sup>50</sup> According to Kiama, this change was caused by the lack of adequate ways and means (resources) of taking care of orphans within the extended family.



unable to sustain their orphan feeding programs. Kiama further observed that, “The local church had been very instrumental in reducing the social stigma associated with AIDS, and more people had agreed to go for testing” (2006). A major setback in working with some of the local churches related to the issue of “divine healing” and the “role of prayer” in responding to the pandemic. Some of the church members had been advised by their pastors to stop the antiretroviral therapy (ART) since they had been “healed” through prayer and this had negatively affected their health.

During the interview with the author, Kiama recommended that more HIV/AIDS training needed to be done in the churches. She was of the opinion that most church members in the Lari region were ignorant of the pandemic. “When you call a *baraza* [Chief’s public meeting] to educate people about AIDS, the people fail to attend . they think the pandemic is a curse and a punishment from God” (Kiama 2006). Kiama hopes that local churches would be more open to HIV/AIDS awareness training and community mobilization. She also recommends that pastors encourage church members to visit the VCTs (Volunteer Counseling and Testing Centers).

New Hope Children’s Home (NHCH). This children’s home was established in Uplands, Kenya, in the year 2000. It is situated about 5 miles from Escarpment. Tiras and Anne Chege are the founders of this orphan outreach in Lari division of Kiambu district. They had always felt compassion for orphan children, and would often care for needy children in their home. When they retired from their banking careers in 1999, the Cheges decided to enter into full-time orphan care. Their first intake, at *kwa Mathore*, was of 25 double orphans. They provided these children with food, clothing, shelter, education, and

a loving atmosphere. Since then, they have relocated to a four acre piece of property which they acquired through donor funds from the USA and UK.

There are 102 children currently residing at the NHCH. Seventeen of these children are boys while the rest are girls. Thirty of these children are in high school, four are in college, and the rest except two are in primary school. The initial vision of NHCH was to provide a home for orphaned girls, but over the years they have also been able to accommodate some boys. Children at NHCH come from all over Kenya, but the majority is from Lari division in Kiambu district. The Center also provides food for some of the elderly people in the community on a weekly basis.

Anne believes that poverty is the major reason which hinders the extended family from taking care of the orphans. “Relatives may be willing but unable to take care of the orphans” (Chege and Chege 2006). About 80% of the children at NHCH are AIDS orphans. The Cheges also recognize that the social stigma associated with HIV/AIDS is still a major problem in the Kikuyu community. They have observed that the infected are often rejected by the community and live a very lonely life.

Through their orphanage center, the Cheges have been able to rescue many orphan girls who had been sexually abused while trying to survive. “When the children are without food while living with their grandparents, they often go from place to place begging and then they will be sexually abused before receiving bread or *mandazi*” (Chege and Chege 2006). They suspect that many of these children may be HIV positive, but government regulations forbid them from performing these tests.

One of the greatest challenges faced by the Cheges as they try to respond to the orphan crisis is “offering a personal touch and love for all the 102 children” (2006). They

find that they have too many roles to fulfill at NHCH and lack the extra personal time with the orphans. They are also unable to hire more staff due to limited donor funding. Moreover, the local people are usually unable to assist due to extreme poverty.

Area churches have participated in the various NHCH gatherings and donated food stuff. However, the Cheges observe that the church is not doing enough in tackling the pandemic. They argue that the church is mainly concerned with conducting AIDS awareness programs while doing little or nothing in meeting the orphans' basic needs. They also recommend that the local churches, through their financial offerings, launch programs to care for the infected and affected families. "If every church builds an orphan home, we would have fewer problems, and Jesus would be happy that the church is doing what it supposed to do" (Chege and Chege 2006).

Wakimbo Orphan Home (WOH). According to Pastor Peter Kamau, the director of WOH, the orphanage was started in November of 2004 (2006b). It is located about 20 miles from Escarpment. The objective of WOH is to meet the orphans' basic needs, namely: food, shelter, education, and offering spiritual guidance. The orphanage presently accommodates 34 children, nine of whom are girls. These children have been brought to the Center through relatives, police officers, and the area chief. There have also been instances where infants have been abandoned at the orphanage's doorsteps. The mission of WOH is to care for the orphans until they are able to fend for themselves.

Most of WOH's support comes from the local community in form of food supplies from family gardens. The local government leader has also occasionally donated food to the orphanage. However, Kamau has observed that many people in the community were not concerned with the needs of orphans. "People perceive those who

have died from HIV/AIDS to be cursed, and they therefore disassociate themselves from the affected families” (Kamau 2006b).

Orphans at WOH have been involved in creating HIV/AIDS awareness through drama. They try to communicate to the people that AIDS orphans are just like other ordinary children. Through the awareness programs, WOH hopes that others will learn and refrain from the immoral behavior that leads to the spread of the pandemic.

The major challenge for WOH, according to Pastor Kamau, is the lack of adequate rainfall in the region. This has affected the agricultural productivity of the land such that the food supply was scarce. Other needs include: beds and beddings for orphans, and the lack of funds to pay employee salaries. Kamau mentioned that there were presently five orphans in the community living with elderly grandparents while awaiting the provision of extra beds at the orphanage.

When asked how else the church could respond to the needs of orphans, Kamau did not hesitate to say that, “pastors needed to be encouraged to leave their pulpits sometimes and become more familiar and connected with the problems and issues of HIV/AIDS in the community” (2006b). He hoped that the local pastors would become more aware of the overwhelming issues of the pandemic, especially relating to orphan care.

KENERELA. Bishop Raphael Kamau is the Central province’s general coordinator of Kenya Religious Leaders Living and Affected by HIV/AIDS (KENERELA). The main mission of this non-governmental organization (NGO) is to bring pastors together from different districts in Kenya and educate them in matters pertaining to HIV/AIDS (Kamau 2006a). According to Bishop Kamau:

There has been a major misconception of HIV/AIDS in the pulpit. A pastor may use a text like, 'the wages of sin is death' and does not enter into the shoes of the suffering, and this has driven many people out of the church, and they go out there and die. (2006a)

The above lack of understanding is the general concern of KENERELA. They realize that religious leaders and the government have tended to ignore the needs of orphans and vulnerable children. In their research, they have discovered that many of these children are HIV positive but may not receiving appropriate medical care. Bishop Kamau believes that pastors, who live among the people, have a strategic role in breaking the social stigma associated with the pandemic.

Bishop Kamau is also a civil servant, with the Kenyan government, and has worked for the Central Bureau of Statistics<sup>51</sup> (CBS) for many years. He recommends that the government does a thorough survey, from the grassroots, to ascertain how many people are infected and affected by HIV/AIDS. Kamau has observed that government funding of HIV/AIDS projects rarely reaches the suffering families.

When I go to the grassroots and announce that the government has given money for HIV/AIDS and there are NGOs working in the area, a person may ask, 'Pastor, what are you talking about? When did we have a single cent on our way?' But in the national media, we write, 'So many millions are given . So many billions are given.' But when you go to the ground, there is practically nothing. (2006a)

During the interview session with the author, Bishop Kamau mentioned that plans were underway to hold a Pastor's conference in Kiambu district. The major goal of the conference was to train the pastors on how to prepare sermons relating to HIV/AIDS. Issues relating to HIV/AIDS advocacy, reduction of stigma, and prevention were also to be addressed during the planned conference.

---

<sup>51</sup> This governmental department is under the Ministry of Planning and National Development.

Reaching the Unreached People Ministry (RUPM). Bishop Esther Chege is the director of RUPM, a Christian NGO that mainly reaches to the needs of the HIV/AIDS infected and affected families in the Nairobi (Dagoretti) area. This agency is involved in various outreach projects, namely:

- Providing the infected with appropriate guidance and counseling. They provide support and care for people living with HIV/AIDS (PLWA).
- Contributing towards a women's micro-enterprise with the aim of assisting the affected families.
- Seeking donors to assist orphans in continuing with high school education and in acquiring school uniforms.
- Participating and organizing seminars on HIV/AIDS education. They network with other Community Based Organizations (CBOs) and conduct various HIV/AIDS awareness campaigns.

The urban setting provides unique challenges to those responding to the pandemic. Chege notes that those who live within the city limits have no *shambas* (farm land) and are required to pay rent to their landlords. The infected mothers, who are usually unable to provide for their children, often resort to prostitution. Eventually, while trying to assist their mothers, the girl orphans are also infected through the same trade.

Chege's major challenge is locating a home where the orphaned children can reside after their parents' death. She has, personally, donated a plot of land on which she intends to build a rescue center for these orphans. Chege believes that orphanages are necessary in responding effectively to the urban orphan crisis. She also plans to host

some of the infected parents who may no longer be able to afford to pay regular house rent.

Another challenge that confronts Chege, which has been restated by Kiama, and Bishop Kamau, is the role of prayer in HIV/AIDS outreach. She explains that, “Some churches teach that people can be healed from AIDS by the power of the Holy Spirit and therefore should discontinue taking the ARV drugs” (2006a). This has caused confusion among the people. For this reason, Bishop Chege continues to work tirelessly in teaching pastors the proper role of faith in HIV/AIDS healing.

Glory Outreach Assembly (GOA). Bishop David Thagana is the founder of GOA in Nairobi, Kenya. He describes GOA, as “an indigenous ministry” established in May, 1991. The vision of GOA is “making disciples of all peoples” (Matthew 28:19). This Christian ministry outreach focuses on reaching the unreached “people groups” within the nation of Kenya. According to Bishop Thagana, GOA has six main pillars (2006):

1. Church Planting.
2. Reaching Unreached People Groups.
3. Peace and Reconciliation.
4. Leadership Training and Development.
5. Caring for Hurting Orphans and Street Children.
6. Preventing the Spread of HIV/AIDS.

GOA mainly reaches out to orphans and vulnerable children (OVCs) through their orphanages, and feeding programs. They currently have three orphan homes: Tumaini in North Kinangop district, Mutumba Merciful Redeemer (Nairobi) and Njiru Christ

Compassion (Nairobi). GOA also conducts HIV/AIDS awareness programs in Kenyan high schools through drama and video presentations.

GOA links those who are infected by HIV/AIDS with partnering hospitals. These individuals are also provided with transportation or bus fare money so that they can continue their antiretroviral therapy (ART) in the various treatment centers. Bishop Thagana notes that the pandemic has had a widespread effect on the Kenyan extended families:

In our church or while conducting HIV/AIDS seminars, we normally ask people, ‘if you have lost no one to AIDS, would you stand?’ Maybe one or two people stand. Then we ask a further question, ‘among those who are standing, if you do not have a neighbor or someone who has come to request help from you because they have lost someone through AIDS, keep standing.’ At that point, all of them sit down. (2006)

Thagana further observes that, “if you are not infected by the pandemic in Kenya, you are certainly affected.” Some of the major concerns facing church leaders are (Thagana 2006):

- The social stigma associated with the pandemic. It is a shame to be associated with those families that have been directly affected. The extended family, in many instances, is not willing to care for the orphans.<sup>52</sup>
- The issue of poverty. Most people have meager resources to care for those who have been left behind. They ask questions like, “If I cannot care for my own children, how will I be able to care for my brother’s children?”

World Relief (WR). Tito Wambua is the OVC<sup>53</sup> Program Officer in Kenya for WR (Wambua 2006b). This global agency works in partnership with churches and other

---

<sup>52</sup> Bishop Thagana is referring to his general experience (in his rural-urban context). In issues of social-stigma associated with the pandemic were a big concern during the early stages (1980s). Most of the elders, pastors, teachers, and caregivers interviewed by the author in Mwimutoni cited the lack of economic resources as the major cause of their inability to care for the orphans.



organizations in the community to bring awareness and sensitize the people on their responsibility in caring for OVCs. Since 2004, WR has conducted training seminars based on a book titled *Our Children* which tells about what an orphan experiences after losing both or either of the parents (2003).

WR conducts a three day training program in the churches during which they go through the eight chapters of the book. The following is a brief outline of the chapters:

- Chapter One: Our Churches and Our Children.
- Chapter Two: Listening to Our Children.
- Chapter Three: Protecting Families.
- Chapter Four: Preparing for the Future.
- Chapter Five: Meeting Basic Needs.
- Chapter Six: Children Helping Children.
- Chapter Seven: The Girl Orphan.
- Chapter Eight: The Church Goes to Work.

The above church program goes through three chapters daily for the first two days, and then completes the last two on the third day. A major requirement of WR is that churches sign a “memorandum of understanding” before beginning the program. By signing the memorandum, both parties (WR and the specific churches) agree to work in partnership. A key part of the agreement states that the churches provide four volunteers for further training. These four are represented by: the pastor, men’s group leader, women’s group leader and youth leader. The participation of these four persons ensures that all members of the church are represented in the training.

---

<sup>53</sup> Orphans and Vulnerable Children.

At the end of the training program, participants receive an “inventory form” which requests specific information pertaining to a needy orphan. Information requested includes: name of orphan, their age, orphan status (whether single or double), whether there is any assistance given by the local church, and any other kind of support the orphan may be presently receiving. All this information is then forwarded to the WR office where specific funding is approved. Wambua emphasizes that only a portion of the need is sponsored by WR, and this is intended to encourage the sustainability of the program. By the time of this interview with the author, WR had partnered with more than 110 churches in various parts of Kenya.

WR works in close partnership with other organizations in the country, namely: World Concern, Medical Assistance Program (MAP), Food for the Hungry International (FHI), Nazarene Compassionate Ministries (NCM), and Christian Reformed World Relief Committee (CRWRC). This consortium meets every month to: evaluate progress on programs, discuss challenges, and update each other on new developments in the field. It is part of a United States Agency for International Development (USAID) funded program in Kenya, Haiti and Zambia.

Wambua has observed that many orphans in Kenya are under the care of elderly grandparents. He notes that the extended family care system for these orphans has been greatly weakened. Furthermore, he perceives that there is still stigma associated with HIV/AIDS in many of the families, and people are unwilling to accept those who have been affected by the pandemic.

A major challenge relating to WR’s church partnership model has to do with the nature of their sponsorship program. They have observed that the “one time support”

given to the orphans does not assure them of completing their high school training. WR also has to deal constantly with the people's expectations: "When they hear of a big NGO, they imagine lots of money and they may request assistance to buy new cars, or contributions towards community *harambees* (fund raisers)" (Wambua 2006b).

There is also the constant challenge of "volunteer burn out." According to Wambua, "[they] may start the year with a 100% volunteers, and normally end the year with half of that number" (2006b). The volunteers help in paying home visits to the orphans and updating WR on their progress. Wambua notes that similar challenges are being experienced in some of their other national programs (Haiti and Zambia).

Kids Alive International (KAI). This mission agency was founded in 1916 by Rev. Leslie and Ava Anglin (Kidsalive 2006). The Anglins were evangelical missionaries from the United States to China. Their hearts were deeply moved by the needs of the many homeless children. They then established their first children's home in Tai An, China. Today, KAI has established children homes in many countries: Lebanon, Hong Kong, Taiwan, Dominican Republic, Guatemala, Peru, Papua New Guinea, Myanmar, Romania, Honduras, Zambia, Haiti, Sudan, Ethiopia, and Kenya. KAI's vision is to "reflect the love of Christ by rescuing children-in-crisis" (2006).

The Kenya outreach began in the year 2000. In an interview, Alfred Lackey (current president of KAI) explained that their mission agency focused on establishing small residential homes for the children (2006). These homes would be occupied by eight to ten children with two house parents. The house parents could be either a married couple, or two women. The other form of care for children is provided in their "care

centers.” In the “care centers,” children live with their extended families, and receive similar care as those living in the residential homes.

Lackey has observed, in relation to their work in Kenya, that there are certain challenges with the “care center” model. Some of the relatives are not pleased when orphans receive better care than their own children. Moreover, KAI has discovered cases where orphans may be: sickly and not receiving care from relatives, treated as servants, and living in an unhealthy atmosphere.

According to Lackey, the residential care model has been more productive in Kenya, Zambia, and in almost every other country. He gives the example of Romania, where the government decided to pay every family \$100 per month if they would take in a foster child. Many Romanian families wanted to take in foster children but all for the wrong motives; thus, many children became slaves or servants and lived in unhealthy environments.

The Rafiki Foundation. This Christian mission agency was established by Rosemary Jensen in 1987 as a non-profit organization. The vision of Rafiki is to “turn helpless children in Africa into godly contributors in their countries” (2006). Rafiki’s goal is to establish a Christian training village in each of the following countries: Ethiopia, Ghana, Liberia, Malawi, Nigeria, Rwanda, Tanzania, Zambia, Uganda, and Kenya. These villages are fully funded by donors outside Africa and staffed by Rafiki professional missionary staff and hired nationals.

Rafiki began establishing villages in the year 2000.<sup>54</sup> Yeen-Lan Lam is the current director of The Rafiki Foundation of Kenya. In an interview with the author, she

---

<sup>54</sup> This is an orphanage model of orphan-care. Rafiki villages are established within a particular community and form a large fenced compound. Sixteen orphan-homes are built within the compound and each of them houses ten orphans. The Rafiki village, Kenya, is sponsored 100% from USA partners.

explained that “Many of the children at Rafiki have lost their parents to AIDS and the goal is to give them an opportunity to have a safe living environment and educate them to be effective Kenyans” (2006). Rafiki is dedicated to providing these needy children with the best educational opportunities in their home countries. They are then integrated as leaders and productive members of society. Lam emphasizes that Rafiki teaches purely from a Christian classical-based curriculum.

A Rafiki village consists of 16 homes each accommodating 10 orphans. The Kenyan village has 75 children (Lam 2006). Thirty eight of these children are boys, and the rest (37) are girls. Lam explained that many of these children had been left with extended families that were already overburdened. The child care mothers at Rafiki, Kenya, are each responsible for 10 children. Lam hopes to create an “aunties and uncles” program where Christian men and women from the community will help to integrate the orphans back into the Kenyan society.

The Rafiki village in Kenya has experienced various challenges. Little children have been abandoned at the gate and Rafiki staff has been forced to take them to the police station. Also, thugs in the community have tried to break into the village seeking valuables. Rafiki village is an “oasis” within a major slum area in Nairobi, and is therefore constantly confronted with many urban poverty problems.

Other HIV/AIDS Agencies. In *The Church and AIDS in Africa*, Shorter and Onyancha have described an exemplary collaborative effort in HIV/AIDS prevention in Kenya (1998). This notable network is known as Kenya Christian AIDS Network (K-CAN). It was started in 1995 and had over 30 branches established throughout the country during its first year. “K-CAN proposes a single strategy with which to confront

AIDS. This is an emphasis on behavior change through a return to biblical values” (Shorter and Onyancha 1998:53). Further examples of NGOs, religious groups, and other agencies involved in HIV/AIDS activities in Kenya include<sup>55</sup> (Shorter and Onyancha 1998:30- 37):

- The Kenya NGO AIDS Consortium: It was formed in 1990 and brings together more than 150 organizations and individuals. Quarterly meetings are held for the purpose of sharing, dissemination of information and educational material, planning, and coordination of NGO AIDS work. It encourages and supports the development of similar coordination mechanisms at district and local levels.
- Mission for Essential Drugs and Supplies (MEDS): This is a supply body operating on behalf of the Overseas Development Agency (ODA). MEDS supports its members through training programs and the development of manuals for the rational use of drugs for HIV/AIDS patients.
- Christian Health Association of Kenya (CHAK): This was started in 1989 as an AIDS prevention and care project. It is now an umbrella organization for all Protestant health centers in Kenya. The overall aim of the program is to contribute to the Kenya government’s goal of preventing the spread of HIV/AIDS, and to reduce the socio-economic impact and stigma associated with the pandemic.
- The African Medical and Research Foundation (AMREF): This is a professional body which runs HIV/AIDS operations throughout Eastern and Southern Africa. It focuses on specific groups, such as commercial sex workers, long distance truck drivers, and

---

<sup>55</sup> To my knowledge, none of these agencies are currently working in . The exception may be the Presbyterian Church, in the village, which has certain programs available to its membership.

out of school youth. It also emphasizes condom promotion and has a strong medical orientation rather than a social one.

- **Christian Organization Research and Training in Africa (CORAT):** This is a Christian NGO devoted to the promotion of capacity building, research and management training in Christian organizations. Its priorities are in the field of organization and management, especially in finance, accountability, administration and program implementation and assessment. It helps to promote AIDS awareness by training health care providers, church leaders and others in role of the church in AIDS prevention and care.
- **The Association of People Living with AIDS in Kenya (TAPWAK):** This charitable organization was founded in 1990 as a forum for addressing the health problems of people living with HIV/AIDS. It creates awareness through educational outreaches in schools, churches, and in other public sectors. It also participates in advocacy activities for its members to ensure they are neither victimized by employers nor ostracized by the rest of community.
- **Kenya Catholic Sectarial:** This is the coordinating body for all Catholic organizations in Kenya. Though it does not implement any AIDS project directly, it works closely with various implementing agencies within the Catholic Church of Kenya.
- **Medical Assistance Program (MAP):** This is an interdenominational Christian NGO. It is involved in enabling African churches to respond to the social and physical needs of the community. It is also involved in community health development. MAP's programs are funded by the United States Agency for International Development (USAID).

- National Council of Churches in Kenya (NCCCK): The NCCCK AIDS program was launched in 1989 to enhance “health and wholeness” of life for all. This AIDS program targets youth, pastors, teachers and opinion leaders in the community.
- The All-Africa Conference of Churches (AACC): This is a pan-African umbrella of churches, most of which are in the Protestant and Orthodox traditions. It coordinates various AIDS projects carried out by implementing agencies within member churches. It also offers technical and advisory services in the designing of projects and the production of training manuals.
- The Presbyterian Church of East Africa (PCEA): It offers educational programs to combat AIDS epidemic in Kenya through the use of materials such as films, videos, pamphlets, and posters. It also holds workshops where professional persons, church ministers, and people living with HIV/AIDS come to share information and personal experiences.
- Evangelical Lutheran Church in Kenya: This evangelical Christian denomination is involved in AIDS awareness within its congregations. It launched its AIDS campaign by holding workshops among church leaders, in the community, and in the churches. The programs include drama and poem competition for youth between 7 to 14 years old—this is meant to create AIDS awareness among the youth. It also conducts home visitation and counseling for the afflicted families.
- Norwegian Church Aid: This agency is devoted to working with the poorest of the poor. It funds community-based programs and focuses on training counselors and community workers. It also offers advisory and technical services as well as evaluation on AIDS projects.



- Scripture Union of Kenya: This is part of an interdenominational movement, working with churches in about a hundred countries. Among other activities in Kenya, it runs other programs directed at combating the HIV/AIDS pandemic. It mainly targets youth, children and married couples.

### Mwimutoni Center of Hope

Mwimutoni Center of Hope (COH) was born out of the desire to minister effectively to the needs of our Kenyan people. My wife, Rebecca, and I had a vision of establishing a ministry that would faithfully respond to the spiritual and physical needs of the Kenyan people. Our main concern was two-fold: 1. To respond to the discipleship needs of Kenyan Christians; and, 2. To respond to the total needs of the orphans, other vulnerable children, and the community in general.

In 1999, while pursuing my Master of Divinity degree at Asbury Seminary and working as a student-pastor in a rural Kentucky church, we established a non-profit mission agency<sup>56</sup> to foster partnership between our Kenyan ministry and our USA friends. During the 1999 drought in Kenya, we helped to distribute food to Escarpment residents as part of the relief efforts. Since then, we have acquired a strategic piece of property in Escarpment and established the COH.

Through the COH we hope to significantly respond to the total needs of the people. The COH will respond to the following needs in the Escarpment community: evangelism and discipleship, medical, feeding, pure water, and income generation projects. The following conditions presently characterize the village:

1. Spiritual: Although there are at least 16 churches in the village (Appendix B),

---

<sup>56</sup> Kihiiu International Ministries, Inc. (a non-profit mission agency registered in Kentucky, USA).

Christian discipleship has been greatly hampered due to lack of well trained leaders and ministry resources.

2. Economic: The daily wage is less than \$1/day. Most people live below the poverty level. Long seasons of drought have worsened the economic situation.
3. Health: The HIV/AIDS pandemic continues to ravage the village. Therefore, the numbers of orphans continues to increase and the extended family system has been overwhelmed.

After consulting with village elders and leaders,<sup>57</sup> it was determined that water, medical care and the orphan crisis were among the most urgent needs in the community. We then proceeded to develop a ministry strategy that began by responding to the felt needs among the people. Some of the previous and ongoing projects through the COH are:

- A community driven water project that seeks to provide pure water in the entire village.
- A daily feeding program for the village orphans and vulnerable children (OVCs).
- A school sponsorship program that enables the OVCs to pursue high school and college education.
- A chicken coop that functions as an income generating project for the COH.
- A cow that provides milk for the OVCs and also helps to provide extra income (through the sale of surplus milk).
- A vegetable garden that provides the OVCs with some of the food and also

---

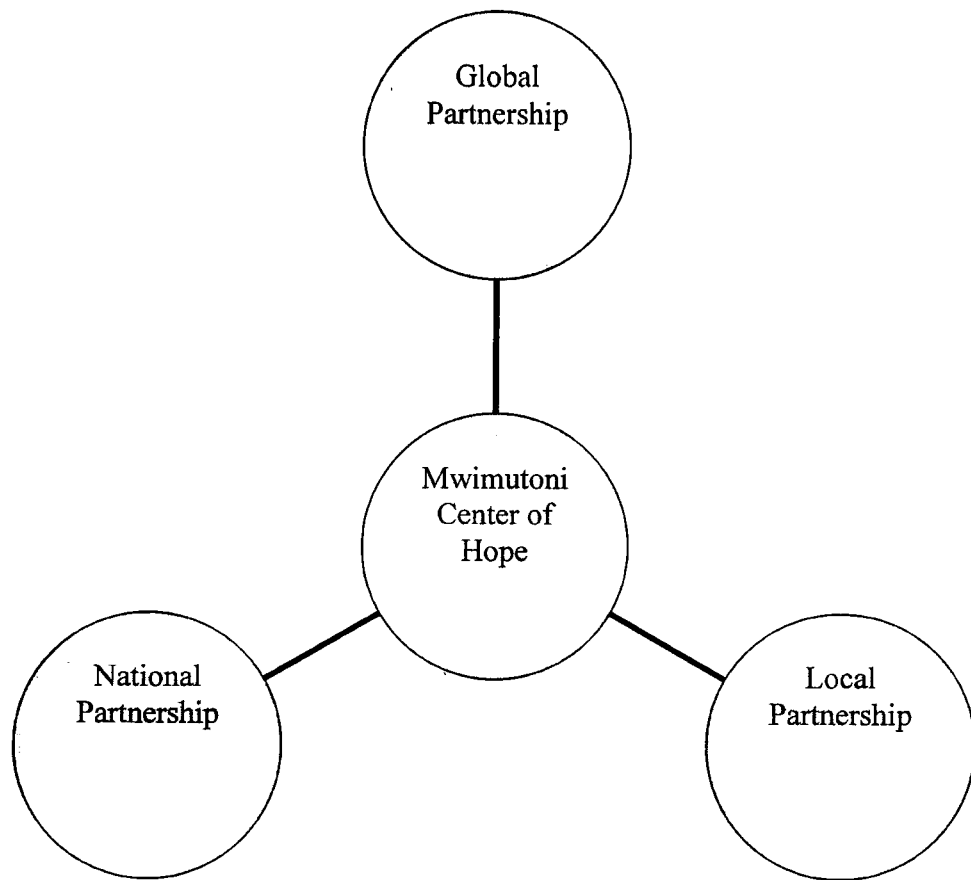
<sup>57</sup> This discussion took place in Mwimutoni with the following groups: village representatives (elders, village chief, pastors, teachers, youth leaders, and other local leaders), some of our USA partners, and ourselves (Patrick and Rebecca Kihiu).

generates extra income.

- A recently renovated building to function as the village medical clinic.
- A recent installation of electricity in the local primary school and community medical building.

The above order of events at the COH was not something that was envisioned or expected. Even though the goal of the outreach included responding to the total needs of the people, the plan was to begin by establishing an evangelism and discipleship center. Some Kenyan colleagues had even concluded that the COH strategy was a “social gospel” approach in Christian ministry. The correct approach, they argued, was to establish a church and then proceed to meeting the physical needs of the community within this context. However, we emphasized the fact that there were already sixteen churches in the village and our intention was not to establish the seventeenth competing church (Appendix B). In our perception, the viable ministry approach was to begin by responding to the “felt needs” of the people. The COH can now be better understood as a “network of partnerships” model of mission (Figure 10). This is a collaboration effort linking various partners, locally, nationally, and globally, to the Escarpment community.

Figure 10: Mwimutoni Center of Hope: A Network of Partnerships Model



The COH has been able to respond to the integral needs of orphans and vulnerable children (OVCs) since 1999. These children have multiple physical and economic needs, namely: food, clothing, education, and medical. Other needs may be categorized as spiritual, emotional or psychological. The national and global networks have played a key role in boosting the local community's resources in responding to the HIV/AIDS orphan crisis and other poverty related obstacles.

As observed, in this chapter, the majority of community leaders interviewed during the field research urged us to consider building an orphanage at the COH. They cited many reasons,

- The orphanage model would help to gather all orphans in Escarpment, and the community would be more organized in responding to their needs. (Kariuki 2006; Wahinya 2006; Wanjiru 2006)
- The orphanage would ensure that orphans are not neglected or physically abused within the context of their extended family. (Gachie 2006; Nduati 2006)
- The majority of caregivers were elderly and no longer able to offer sufficient care to the OVCs. (Nduati 2006; Wanjiru 2006)
- The orphanage would provide more excellent and disciplined care for the OVCs. One of the grandmothers commented that she, and others like her, were very tender to the orphans and were not able to provide the necessary discipline. (Thiongo 2006; Wariara 2006)
- Some of the caregivers were concerned that after their death, the orphans would be neglected and this would result in unfathomable suffering. (Wambui 2006)
- Others believed that orphanages and children homes would be more accountable to donor support (governmental or non-governmental). They perceived these institutions to be easier to monitor than those which were home-based. (Kariuki 2006; Muiruri 2006; Thiongo 2006)

Through our outreach in Escarpment, we continue to emphasize the crucial role of the local community in devising appropriate strategies for responding to the contemporary challenges. In no way do we want it to be “The Kihiu’s Center,” but we

desire that it be a community owned center. We have intentionally involved the community leaders in every stage of our outreach. We have continued regular dialogue with community leaders in order to constantly re-evaluate our mission strategy.<sup>58</sup>

### Summary

This chapter has been a detailed description Mwimutoni village, Escarpment sub-location, of Kenya, Africa, with particular emphasis on HIV/AIDS orphan care. The interviews with various members of the community show how various factors had destabilized the local Kikuyu tribal structure. It was quite clear from the interviews that, colonialism, rural-urban migration, and the HIV/AIDS pandemic had greatly weakened this tribal structure. The extended family has been unable to cope with the rising number of orphans.

The interviews and observations with local pastors and community members have depicted the way that the local church and other agencies are responding to the HIV/AIDS pandemic within Escarpment. The chapter also took note of some of the other ways that the church could continue to respond to the pandemic. It is evident that the local church has already taken significant steps in creating HIV/AIDS awareness in the community and is partially providing for the needs of orphans. However, it is also apparent that the current responses are inadequate in providing for all the orphans in the community.

This chapter has summarized the research findings on the present national and global responses to the pandemic. Through interviews with certain directors of HIV/AIDS programs in Kenya, various approaches in responding to the orphan crisis

---

<sup>58</sup> These discussions involve all the collaborating parties, that is: elected community leaders, community representatives (churches, women, and youth groups), national and global partners.

emerged (See Table 7). The most prevalent form of orphan care was the orphanage or the children's home (New Hope Children's Home, Wakimbo, Rafiki, and Gospel Outreach Assembly). Other orphan care programs included: 1. The "residential homes" established by Kids Alive, and 2. World Relief's (WR) "church partnership" model which focused on partnering with local churches in providing care to the orphaned.

Table 7: Representation of Various Contemporary Orphan-care Programs in Kenya

Orphan Care Programs	Orphanage/ Children's Home/ Daycare Program	Home Based Care/ Residential Homes	Support Traditional Caregivers/ Extended Family <sup>59</sup>	Local Church Partnership Model <sup>60</sup>	Global Partnership Model
New Hope Children's Home	Yes	No	No	No	Yes
Wakimbo Orphan Home	Yes	No	No	Yes	No <sup>61</sup>
Rafiki	Yes	No	No	No	Yes
Gospel Outreach Assembly	Yes	No	No	Yes	Yes
Kids Alive	Yes	Yes	No	No	Yes
World Relief	No	No	No	Yes	Yes
Mwimutoni Center of Hope	Yes	No	No	Yes	Yes

Chapter Three of this study observed that UNICEF, UNAIDS, and USAID were very skeptical of the role of orphanages or any institutional orphan care in responding to

<sup>59</sup> This is the direct financial or resource support given to the extended families.

<sup>60</sup> This is the direct financial or resource support given by the local churches.

<sup>61</sup> The director expressed the urgent need for global partners in responding to the orphan crisis. Local support was inadequate in providing for the vulnerable children.

the AIDS orphans crisis. The chapter compares the viability of the household-based and the institutionalized care of orphans. First, it was quite clear that institutional care cost much more than any household based model. Moreover, the alienation of orphans from their local community made this “Mission Station” approach undesirable. However, field research interview findings in Escarpment suggested that the people preferred a children’s home model rather than a household based one. The ongoing orphans program in the village (COH) may have influenced this perception. As stated previously, in the first chapter of this study, the fact that people know that the COH has an outside resource connection could have influenced this view. Also, the proximity of New Hope Children’s Home<sup>62</sup> (NHCH) to Escarpment may have led them to assume that the COH would follow a similar strategy. The concluding chapter will discuss how to resolve this prevailing tension between the two models of orphan-care.

In the final section of this chapter, an emerging model of the church’s response to the HIV/AIDS orphan crisis in Kenya is proposed. The COH functions as a “network of partnerships” in responding to the prevailing community issues. This model of church mission recognizes the indispensable role of the local community in establishing a sustainable orphan-care program. In the concluding chapter of this study, various models presented in Chapter Five will be compared to best determine how the church could continue to respond to the Sub-Saharan orphan crisis.

Other issues to be discussed in Chapter Six of this study will include:

- The Kikuyu Rite of Passage. Throughout this study, it has been observed that the European colonial impact on the Kikuyu had major consequences on how youth were transitioned into adulthood. The next chapter will reflect on some of the practical

---

<sup>62</sup> Five miles from the village.



ways through which the contemporary Kikuyu can incorporate “functional substitutes” in resolving this rite of passage issue.

- **The Issue of Church Unity.** As already stated, in the previous chapter, there is a need for the local Escarpment pastors to unite in resolving some of the major problems in the community. Pastor Gachamba and the wider Escarpment community have emphasized the importance of church unity in responding to the AIDS pandemic. In the concluding chapter, further thoughts and suggestions on how this “church unity” can be realized in tackling AIDS and other poverty related problems in the community will be presented.
- **The Church as Family.** A brief biblical foundation of the “church as family” is provided in Chapter Four of this study. The facts that the Kikuyu extended family is no longer functional as it once was, and the challenges of the AIDS pandemic within the local Escarpment context, beg for a global response. Suggestions on how the local and global church communities can function as a “new extended family” within a mutual global church partnership model will be discussed in the final chapter.
- **The Need for an Integral Mission Model.** In Chapter One of this study, integral mission is defined as “Christian ministry to the whole person (physical, social, economic, emotional, and spiritual).” Though the HIV/AIDS pandemic has presented unique challenges to Escarpment, there are other wider needs that need to be addressed in the community. A majority of these needs in the village relate to poverty in general, lack of resources, need for clean water, need for medical clinic, and so forth. Some of the ways that the COH is responding to these needs are outlined in the previous chapter. The concluding chapter will offer further reflection on how the

COH is currently responding to the total needs of the people and how the integral mission approach can offer a long-term response to the HIV/AIDS pandemic and orphan crisis.

## **Chapter 6**

### **An Emerging Model of Mission**

The preceding chapters of this study have given us the necessary background for understanding the Sub-Saharan HIV/AIDS orphans crisis among the Kikuyu of Escarpment, Kenya. The first chapter summarized the purpose of this research and explained the methodology. Chapter Two provided the historical and cultural context of the Kikuyu of Kenya, focusing mainly on how the tribal structure functioned during pre-colonial times, and how this came to be disrupted during the colonial era. In Chapter Three, a brief survey of the HIV/AIDS pandemic and the subsequent orphan crisis within Sub-Saharan Africa is presented. Chapter Four discusses the biblical perspective on ministry to the vulnerable people in our community, and suggests how the contemporary church can apply these key principles. Further, Chapter Four introduces some missiological lenses that can aid us in analyzing the various models of missions responding to the orphan crisis within Kenya. Chapter Five contains field research details from the Escarpment context. It is observed that the local community and other programs within Kenya were, to a significant extent, currently responding to the HIV/AIDS pandemic and orphan crisis. The previous chapter concluded by proposing The Mwimutoni Center of Hope (COH) as an emerging model of mission in the 21<sup>st</sup> century. This final chapter of the study will:

1. Compare and contrast the various mission programs responding to the orphan crisis within Kenya;
2. Develop a process whereby some of the Kikuyu cultural values can be incorporated in the church's response to the needs of orphans and vulnerable in community;

3. Recommend ways that the local church can be involved in preventing the spread of the HIV/AIDS pandemic, and the increasing number of orphans;
4. Offer suggestions for further research and study.

### Missiological Analysis

This section will offer a comparison of the various mission models presented in this study. The analysis will be based on the various missiological theories discussed in Chapter Four, namely:

1. The modality and sodality structures of missions;
2. The mission station (MS) and people movement (PM) approaches;
3. Change agency and the role of opinion leaders in missions;
4. Transformational and integral missions;
5. The role of local and global partnerships in this mission context.

### Modality and Sodality

If we were to categorize the orphan programs presented in Chapter Five of this study, we would discover that only one of the six studied (Gospel Outreach Assembly) is a “modality structure” (refer to Table 8). Ralph Winter perceives the “denomination” or “local church congregation” to be examples of modalities, while “mission agencies, parachurch organizations, and non-governmental organizations (NGOs)” are the “sodalities” in the missional role of the church (refer to Chapter Four). Five of these orphan-care programs would fall under the category of “sodalities,” namely: New Hope Children’s Home (NHCH), Wakimbo Orphan Home (WOH), Rafiki, Kids Alive, and World Relief.

Table 8: A Missiological Categorization of Orphan-care Programs in Kenya

<b>Orphan Care Programs</b>	<b>Modality</b>	<b>Sodality</b>
New Hope Children's Home	No	Yes
Wakimbo Orphan Home	No	Yes
Rafiki	No	Yes
Kids Alive	No	Yes
World Relief	No	Yes
Gospel Outreach Assembly	Yes	No

As noted in Chapter Four of this study, Modality and Sodality structures have existed side by side since the advent of the church (Winter 1999). They have been the strength of the church since its inception. It was noted in Chapter Two that the mission agencies (Sodalities) of the nineteenth and twentieth centuries brought the Christian gospel among the Kikuyu of Kenya and other Kenyan tribes.<sup>63</sup> The success of these Sodality structures could not have been possible without the support of their denominational bodies (Modalities). The downside of some of these early European mission agencies, observed in Chapter Two of this study, was their domineering attitude towards the local African cultures. The disregard for the local cultures in devising appropriate mission strategies contributed to the breakdown of the tribal systems.<sup>64</sup>

The contemporary mission challenge requires more collaboration between these two primary models of the church. Three of the above orphan-care programs in Kenya

<sup>63</sup> Examples of these mission agencies are: Christian Missionary Society (CMS), Church of Scotland Mission (CSM), and the African Inland Mission (AIM).

<sup>64</sup> In this study, for example, we have observed how the ban on the Kikuyu circumcision rite of passage and other accompanying ceremonies has affected the tribe to the present day.

are global mission agencies<sup>65</sup> while the others are locally based. The globally connected mission agencies have an advantage over the local ones in that they have more economic resources at their disposal. The orphan-care provided within Rafiki, for example, is of higher quality (economically/ materially) than that of Wakimbo orphan home. Locally based models of orphan-care, like Wakimbo, however do a better job connecting the orphans within the community. The two main challenges faced by these models of orphan-care are the lack of economic/ material resources,<sup>66</sup> and the tendency to isolate orphans from their local community (orphanage or children's home model).<sup>67</sup>

The Mwimutoni Center of Hope model (COH) offers an alternative or additional way of doing mission in the twenty-first century. It is neither a Modality nor a Sodality mission structure in the strict sense. Winter has correctly defined the Sodality as “a structured fellowship in which membership involves an adult second decision beyond modality membership” (1999:224). The COH mission structure will require a “third level” decision beyond the normative Sodality structure. This emerging model of mission, as stated prior, is a “network of partnerships.” It represents a new post-colonial and post-modern<sup>68</sup> reality in church history. Unlike previous Sodality structures, future mission models in responding to the AIDS orphans crisis (like the COH) will not only be based on structured fellowships, but will also be characterized by decentralized networks of global partners. The 2004 UNICEF report acknowledges the need for wider networks

---

<sup>65</sup> Rafiki, Kids Alive, and World Relief.

<sup>66</sup> This especially true for locally based orphan-care programs.

<sup>67</sup> We also observed in Chapter Three that some of the global agencies and Regional Coordinating Bodies (RCBs) did not do a good job in tapping local resources.

<sup>68</sup> Post-modernism is a Western historical ideology. The prefix “post” represents the historical period after the modern era. This linear historical concept was formulated in relationship to the modern concepts of progress and the ideals of science (Anderson 1995; Biesecker-Mast-Mast 2000; Hiebert 1994).

of partners beyond the existing Religious Coordinating Bodies (RCBs)<sup>69</sup> The report recommends that, “since RCBs were often unaware of the existence of effective programs run by RCBs in other religious traditions, inter-religious collaboration and networking needed to be encouraged” (2004:18). Mwimutoni Center of Hope (COH) is such an attempt in encouraging international and intercultural religious collaboration in responding to the AIDS orphan crisis. In *Transforming Mission: Paradigm Shifts in Theology of Mission*, David Bosch observed that:

The Christian church in general and the Christian mission in particular are today confronted with issues they have never even dreamt of and which are crying out for responses that are both relevant to the times and in harmony with the essence of Christian faith. (1991:188)

According to Bosch, the contemporary church-in-mission is challenged by several factors including the following (1991:188):

1. The Western Church, which for more than a millennium was the home of Christianity has lost its dominant position in the world (see also Jenkins 2002).
2. Unjust structures of oppression and exploitation are challenged as never before in human history (See also Bradshaw 1993; Comaroff and Comaroff 1991; Comaroff and Comaroff 1999; Kirk 1997; Vinay Samuel & Chris Sugden 1987; Yamamori, et al. 1996).

The post-modern and post-colonial reality of mission is now represented by organizations that are: decentralized, networked, partnership oriented, characterized by local initiative and control, immediately adaptive, and constantly transforming. This is also what characterized the church in its first centuries. The early church consisted of a “network of believers” that had everything in common (Acts 2:44). The church met from

---

<sup>69</sup> Intermediary organizations responsible for coordinating and supporting congregations (UNICEF 2004:4).

“house to house” and Jesus Christ was recognized as the supreme Lord. The believers were not to “lord” over one another, but were to serve and submit to one another in the name of our risen Lord and Savior (John 13:1-17).

It has already been observed, in Chapter Four of this study, how the rise of the Western sense of “manifest destiny” created a dominating worldview that affected the rest of the world. Western nations believed that they were divinely called to conquer the world. Colonialism and Christian missions had become the means of extending this “progressive” Western thinking (Bosch 1991:298; Hiebert 1999:25). Now, in this post-colonial and post-modern era, we are challenged to learn to listen and respect all the diverse human stories represented by cultures other than our own (Knauff 1996). We live in a time in human and church history where Christ can be glorified in the mutual cooperation of his people.

In Luke 24:15ff, we see a perfect example of how to engage in a global mission partnership. In this “road to Emmaus” incident, we see Jesus taking an unassuming approach in communicating with the early disciples. While two of the disciples were “talking and discussing” about the disturbing events of Christ’s crucifixion and burial, “Jesus himself drew near and went with them” (24:15). He asked questions, even though he knew the answers, and he listened before he spoke. Likewise, in the post-modern milieu, we can move from the “domineering” attitudes of modernity to a posture of “epistemic humility”—where we respect the diverse expressions of Christian faith around the world. In this Christ-like attitude, we need to be quick to “listen and learn” from others before we open our mouths to “speak and teach.”



Mwimutoni Center of Hope (COH) is a “decentralized” model of mission as a network of partnerships. Christian partners come from all kinds of denominational and cultural backgrounds. The land on which the COH stands was sponsored through a Southern Baptist fellowship in the USA. The community borehole was made possible through the support of United Methodist churches (also in USA). Some of the regular financial supporters are in countries as diverse as Belize (Central America) and Germany. Also, most recently, a non-denominational mission agency in the USA helped to renovate an old railway building which has now become a community medical center through the linking services of COH. The local and national scenarios reflect the same diversity of participants—Catholics, African Independent Churches, and other Protestant church groups (Baptists, Pentecostals and Charismatics). In fact, we have had other partners that do not identify themselves as Christians and are not affiliated with any religious organizations.<sup>70</sup>

Like the other models discussed in this study (excluding Wakimbo), COH depends on global partners in responding to the HIV/AIDS orphan crisis.<sup>71</sup> Local and national partnerships have also been crucial in the COH’s orphan outreach program.<sup>72</sup> A constant dialogue between local leadership and our global partners ensures that all COH programs continue to maintain local initiative and control.

One might ask, why do we need an alternative model of mission in orphan-care, and how would such a model respond to the ongoing orphan crisis in Sub-Saharan

---

<sup>70</sup> These people (both local and global partners) view the AIDS orphan crisis as a humanitarian challenge. They are willing to do what it takes to help alleviate the problem. This interaction between our Christ-centered agency and non-Christians has presented us with unique evangelistic opportunities. Through these relationships, many Christians and non-Christians alike have come to better appreciate the practical and integral scope of the gospel.

<sup>71</sup> Refer to previous chapter (Table 7).

<sup>72</sup> This is also the case for: Wakimbo, Gospel Outreach, and World Relief.

Africa? First, in Chapter Three, it was observed that the HIV/AIDS pandemic has caused an overwhelming orphan burden on these impoverished countries. Effective strategies to confront these challenges are needed in every country and village. The “sodalities” and “modalities” paradigms cannot prevail alone. Additional new and emerging models, like the Mwimutoni Center of Hope (COH), are necessary in effectively responding to this humanitarian crisis. It must be reiterated, however, that these “new models” can only succeed depending on the strength of the local, national, and global partnerships.

The second reason why these emerging models are needed in the care of orphans is that they have great potential in unifying the local churches and community in providing for the numerous needs of the children. Many communities within the Sub-Saharan African context are hampered by the lack of essential resources in the struggle against HIV/AIDS. It is vital for these people to pool their meager resources together as in the biblical example: “There was not a needy person among them, for as many as were possessors of lands or houses sold them . . . and distribution was made to each as any had need” (Acts 4:34a, 35b). These emerging models of mission can provide the basis for national and global collaboration in responding to the HIV/AIDS pandemic.

### Models of Mission

Chapter Five of this study summarized the various orphan-care programs in Escarpment, and the surrounding regions of Kenya. In Table 7 of the same chapter, a distinction is made between those orphan programs that were “institutional based” from those which were “home based.” The majority of the orphan care programs studied fell under the category of institutional care. Only one program, Kids Alive, was attempting the “residential care or home-based care model.” World Relief’s model focused on local

church partnerships in the care of orphans. Mwimutoni Center of Hope functioned more as a “daycare orphan program” while partnering with the local and global communities.

In this study, the Mission Station approach (MS) represents the “institutional based” model of orphan care (orphanages and children homes). People Movement approaches (PM), on the hand, would tend to be more “community based” and would not “pluck” orphans out of their communal settings. As noted by Donald McGavran, PM approaches are more likely to be “self-governing, self supporting, and self-propagating.”

Emerging models of orphan care within the Sub-Saharan African milieu show more promise the more connected they are to the local community. The more they are perceived to be “foreign entities,” the more likely they are to fail in providing sustainable community orphan-care (UNICEF 2004:16). From the information gathered in Chapter Five of this study, it is true that the Escarpment people need national and global partners in response to their multiple needs; this, however, does not mean that the locals should be disregarded in the founding of any HIV/AIDS community projects. Local knowledge (cultural, historical, and contemporary) can provide essential orphan-care insights. A local sense of ownership is also more likely to develop thus contributing to the long term sustainability of orphan-care programs. Furthermore, partnerships founded on the local level are likely to lift up the whole community and not just the orphans. Programs that do not involve the local community are a recipe for failure and wasted resources. Whether they be orphanages or home-based care should not be the main concern; rather, how well they collaborate local, national, and global resources should be the main factor of consideration.

Our emerging mission model in Escarpment has encountered a major challenge: orphans have been found living by themselves within the local Kikuyu tribal community. All the elders interviewed in this study admitted that this was unheard of during pre-colonial times. As mission practitioners within our own cultural context, we find ourselves in a dilemma: how do we respond to the needs of these orphans without “separating” them from their local Kikuyu community? Are these orphans already separated from their local Kikuyu community? In order to answer these perturbing questions, we need to reckon with the fact that there is no such thing as a “cohesive Kikuyu community” in the contemporary context as existed during the pre-colonial period. In one sense, these orphans living by themselves are already “separated” from the kind of Kikuyu community described in Chapter Two of the study. This, however, does not mean that we disregard the local Kikuyu culture, leadership and churches in devising effective orphan-care programs. The very least we should do is to consult with these local leaders before embarking on any orphan projects.

Which is the better model for orphan-care? Household based or the institutional care of orphans? The tension between these two models of orphan-care has been evident throughout this study. The institutional forms of orphan care are criticized for alienating orphans from their local community and disregarding local involvement. UNICEF and other international aid agencies working with orphans within the Sub-Saharan African contexts have been supportive of this argument. However, field research findings (Chapter Five) discovered that the people’s preference is for a children’s home model. How can these opposing views be reconciled?

We need to all realize that there are no “quick fixes” or easy formulas to responding to the HIV/AIDS orphan crisis. Anyone who thinks that simply building many orphanages (in Escarpment, other parts of Kenya, or the Sub-Saharan African milieu) will completely resolve the issue is mistaken. However, in view of the HIV/AIDS orphan crisis, drastic measures like building orphanages will be necessary on a temporary basis. Likewise, those who assume that the household-care model is the only way to go have erred. My research in Escarpment has convinced me that there is no simple answer. This will require us to tread carefully before deciding on any one model in a particular context. We tread carefully by taking time to familiarize ourselves with the local culture, studying their history, and consulting with the local leaders about what they think is the best approach. The eventual response should be one that is collaborative<sup>73</sup> in strategy and as locally sustainable as possible.

Most recently, in one of local Kenyan newspaper, it was reported that the government was in the process of disbursing more funds to orphan households which had been affected by the HIV/AIDS pandemic (Ali 2007). “For the year 2007/2008, it is estimated that between 30,000 to 50,000 orphans will be catered for in 17 districts while 100,000 will be taken care of next year in 34 districts” (Ali 2007). The affected households would be receiving Kshs. 500 per child each month.<sup>74</sup> Although this is a laudable government effort, there are reservations about the strategy. Many questions still need to be answered. For instance, how will the government or its agencies assure that this financial help directly assists the orphans? How will they ensure that these monies

---

<sup>73</sup> Local, national and global partners.

<sup>74</sup> This is equivalent to seven US dollars. I do not think that which is located within Kiambu district is included in this new government pledge. The orphan-care strategy is currently focusing on what the government considers to be the most impoverished and affected regions of Kenya.

are used for providing food for the orphans instead of resolving other poverty concerns in the households? What kind of system, if any, exists to monitor the effectiveness of this strategy on the local level? How long will Kshs. 500 per month per child provide for the family? There are many more questions than there are answers.

The orphan-care issue is definitely one of the most urgent concerns that churches, governments, and global aid agencies have to address. There is no easy way of resolving the tensions between the two main models of care. This is not an either /or kind of situation. It may be that there are times when these two models will have to function side by side. Children's home may be the practical solution in communities where the tribal system is dysfunctional beyond repair. The household-based care of orphans will make sense where the tribal structure is still considerably intact. There is no one solution or model to the problem that can easily be multiplied throughout the country.

### The Role of Opinion Leaders

Everett Rogers has correctly emphasized the key role of opinion leaders in diffusing an innovation into any community (2003:388). Effective models in responding to the HIV/AIDS orphan crisis are those which consult regularly with the influential people in the community. Early European missionaries among the Kikuyu failed when they disregarded the local culture and local leaders. The mission station strategy emphasized "Western European Christianity" and invited people to leave their villages and traditional authority structures.

This principle of change agency is no different today. Those who seek to establish orphan-care models in the Sub-Saharan African context can begin by respecting the opinion of the local leadership. These people are the most knowledgeable on the

“workable” and “unworkable” solutions to their issues. They know what methods will be sustainable within their context and can advise mission strategies on the best courses of action. They are in a position to judge the observability,<sup>75</sup> complexity,<sup>76</sup> trialability,<sup>77</sup> compatibility,<sup>78</sup> and relative advantage<sup>79</sup> of the innovation (Rogers 2003:229-266).

In the Escarpment context, opinion leaders can be found within the local leadership. There are government leaders (Councilor, Chief, and Sub-Chief), politicians and other community leaders, Village Development Committee, Water Committee, Medical Committee, Youth Committee, Women Committee, local pastors and church leadership. In addition, sometimes village elders without any formal position are also opinion leaders. Any effective strategy of mission would attempt to consult with the relevant local leadership before embarking on community projects. Several examples encountered through the Mwimutoni Center of Hope (COH) will attest to this fact.

- During a leaders’ meeting held at the COH, it was determined that “water” was the most urgent need in the village.<sup>80</sup> Up to that time (2002), the only sources of water were hand dug wells, and “run-off” water from the local Kiruiru River. The locals hoped that they would have at least one borehole water source to ensure that they had a clean and dependable water source. Lack of funding was the main obstacle in fulfilling this dream. However, through the COH’s partners (USA) in collaboration

---

<sup>75</sup> The degree to which the results of an innovation are visible to others (Rogers 2003:258).

<sup>76</sup> The degree to which an innovation is perceived as relatively difficult to understand and use (Rogers 2003:257).

<sup>77</sup> The degree to which an innovation may be experimented with on a limited basis (Rogers 2003:258).

<sup>78</sup> The degree to which an innovation is perceived as consistent with the existing values, past experiences, and needs of potential adopters (Rogers 2003:240).

<sup>79</sup> The degree to which an innovation is perceived as being better than the idea it supersedes (Rogers 2003:229).

<sup>80</sup> Those in attendance included: the author and his wife, representatives from our USA partnership, the local headman, local pastors, and the Village Development Committee leadership. Separate meetings were also held with the village women.

with another Christian non-profit agency,<sup>81</sup> the first borehole began to supply clean drinking water to the villagers in 2004. It was not COH leadership that decided that water was a priority, it was the village leadership.

- It also became apparent during the leaders' meeting that another urgent need in the village was the lack of a medical clinic. The nearest hospital (Kijabe) was about 10 miles away and about an hour's walk. A government run clinic is also located about 2 miles away (up a steep hill) in Rukuma.<sup>82</sup> Though the villagers had already pinpointed an old railway building<sup>83</sup> as their future clinic, lack of financial resources, and medical supplies hindered them from moving on with their plans. Again, through the Mwimutoni Center of Hope USA partnership the COH was able to assist the Escarpment community in renovating the old "railway building" and begin holding free medical clinics.<sup>84</sup>

The most recent community outreach has been the "quarry micro-enterprise project." This project began in 2006 after a visit to the local quarry with some of our USA partners. In our initial tour of the site, the COH began discussing with the "village youth committee"<sup>85</sup> about ways by which we could assist to increase their quarry output and income. It was agreed that the 30 member youth group would meet to discuss their

---

<sup>81</sup> This agency, Living Waters International, is based in Houston (Texas). Their primary mission is providing clean drinking water to people all over the world mainly through drilling boreholes and installing water purification systems (they use these opportunities to publicly share the Christian gospel message). Our USA partners funded the COH water project through the Houston office that was in direct contact with their Kenyan affiliate (Living Waters, Kenya).

<sup>82</sup> Though this is less costly than a visit to Kijabe Hospital, villagers complained about the poor services and the lack of essential medical supplies. This has especially been a challenge to village women during child birth.

<sup>83</sup> The old railway building had been constructed by the British in 1936.

<sup>84</sup> This project was established in 2005. The local government has leased the old railway building to the COH for the purpose of providing medical services to the community. At the moment, we have been able to offer about 3 week long clinics per year through our USA partners. The government clinic in Rukuma also uses the renovated building to offer regular child immunization services to the community.

<sup>85</sup> This group is officially registered as the Escarpment Kugeria Quarry Youth Self Help Group with the Department of Social Services.



ideas and eventually present the COH with a written proposal during the course of the week. On the next day, sooner than anyone expected, the group leaders presented their three page proposal to the COH staff. The proposal contained, among other items:

1. The registration certificate for the 30 member youth group. Also attached was a list of all the current members.
2. A brief description of the main activities of the group.
3. A statement of the main problem faced in their quarry business, namely, “most youth cannot afford to buy the necessary tools required due to the high cost hence the rate of production [in the quarry] is lowered” (Escarpment Kugeria Quarry Youth Self Help Group 2006).
4. A statement of the group’s proposed solution to the problem. The request was for a micro-enterprise loan to help fund the buying of essential tools. The group also assured that the non-interest loan would be repaid in full within the stipulated time frame.

After reading the above proposal, the COH staff, and USA partners approved the first Escarpment micro-enterprise loan. A promissory note was drawn, and on June 9, 2006, an official ceremony attended by the COH staff, USA partners, local leadership (headman and chairman of Village Development Committee), and leaders of the quarry crew witnessed the disbursement of a Kshs. 15,000 loan (about USA \$214). The endorsed promissory note included an agreement, by the quarry team, to pay the COH at least Kshs. 1000 per month (USA \$14). To date, the COH staff reports that all repayments have been made as scheduled. Also, the quarry group has been able to provide more youth with employment and their income level has increased due to a higher output.

The research reported in this dissertation is a part of a process to discern the most effective ways to respond to the HIV/AIDS orphan crisis within the village. As in the three illustrations above, interviews with the various local groups<sup>86</sup> will help to inform the COH on the best course of action. The village elders have provided valuable

---

<sup>86</sup> Among those interviewed by the author during his summer 2006 field research were: village elders, local community leaders, government leaders, politicians, orphan caregivers, teachers, and local church pastors.

historical information on the Kikuyu tribal system (refer to Chapter Five). Appendices F, G, and H, summarize the local perspectives in responding to the HIV/AIDS pandemic and orphan crisis within the Escarpment context. Any sustainable model of orphan-care within this contemporary Kikuyu context will need to take all the relevant factors into consideration. For example, though the major portion of the COH feeding program (for orphans and neediest children) is funded through our USA sponsors, additional food supply is provided by locals (from their vegetable gardens) and through the government food relief program (for semi-arid regions).

The full support of the local leadership is necessary for the successful establishment of orphan-care programs within Sub-Saharan African communities. Orphanages and children homes which are totally dependent on outsider support cannot be sustained in the long run. The local community would need to take complete ownership of any effective orphan-care strategy. In their study on *The Church and AIDS in Africa*, Shorter and Onyancha cite the example of an emerging model of orphan care:

Zambia is currently planning to use extended families and communities to care for orphans. It plans to adopt a system similar to that of the *Kibutz* in Israel, a home where orphaned children will live in houses staffed by “house parents.” Members of extended family who are willing to help, but who cannot take full responsibility, would act as the “house parents.” The children would attend school and recreational facilities in the community with other children and gradually be moved into group houses under the supervision of community leaders and extended family. (1998:90)

In the above model of orphan-care, small community-based groups are charged with the responsibility of providing food, clothing, shelter and education to orphans in their respective community. In addition, it is vital to expand awareness campaigns in the community in order to sensitize people concerning the needs of orphans. “Furthermore, fundraising can be started to help the community groups meet the expenses of caring for

the orphans” (Shorter and Onyancha 1998:90). While this is a brilliant idea of community-based orphan care, it is not clear how it would work in a place like Escarpment where resources are already depleted. However, this model has the potential to thrive when local and external partners determine the appropriate means to offer any needed support—too much “outside help,” too soon, could be a drawback to community participation.

Only four out of the seven orphan-care programs presented in this study seem to be partnering with local churches (Table 7 in Chapter Five). These are: Wakimbo, Gospel Outreach Assembly, World Relief, and Mwimutoni Center of Hope. The other three (New Hope Children’s Home, Rafiki, and Kids Alive) are almost entirely dependent on outsider support. While the latter category of orphan-care programs is doing a good job in providing for the many orphaned children in Kenya, this does not negate the wisdom of establishing locally sustainable models of mission. The 2003 report on *Africa’s Orphaned Generation* confirms this:

In Sub-Saharan Africa, extended family relationships are the first and most vital source of support for households affected by HIV/AIDS, including those with orphaned children. Hence, strengthening the capacity of extended families to care for and protect their children must be at the core of any strategy to respond to the orphan crisis. (2003:36)

The above UNICEF report is very opposed to orphanages and institutional care as a viable strategy for responding to the orphan crisis.<sup>87</sup> It argues that institutionalized children have a difficult time re-integrating into society. Furthermore, this model of orphan care “would also be beyond the means of the vast majority of developing countries” (UNICEF 2003:36). The report cites examples of research conducted by the World Bank in the United Republic of Tanzania which found that institutional care was

---

<sup>87</sup> I have discussed this more in Chapter Three of this study.

about six times more expensive than foster care. Other studies, in the same report, indicated higher ratios of 20 to 100 times of more expensive institutional care.

In *Reaching out to Africa's Orphans*, Subbarao and Coury give us a more detailed analysis of the cost of associated with the institutional care of orphans.<sup>88</sup>

Regardless of conditions, keeping a child in an institutionalized environment is financially unsustainable because of the long-term heavy burden it places on the organizations running them. The costs per child per year range from US\$540 (with donated food) in Rwanda to \$698 in Burundi and \$1,350 in Eritrea. Placing 1 percent of the 508,000 Burundian orphans in such institutions would cost \$3.5 million each year. But this is a lower-bound estimate, because the number of orphans will increase over the years. For most countries of Sub-Saharan Africa, this level of costs per child rules out institutional care as the preferred option for scaling up. (2004:77)

Community home-based care seemed to be the most cost-effective option. The cost per year of a community volunteer visit<sup>89</sup> to a needy household in Malawi is stated as \$1.50—\$5, and \$5—10 in Zimbabwe (Subbarao and Coury 2004:79- 81). This model of orphan-care relies heavily on volunteer involvement and NGO members. Though the above home-based care estimates seem “unreal” to me,<sup>90</sup> the fact is that this is a more sustainable strategy within Sub-Saharan Africa. Subbarao and Coury conclude by observing that most Sub-Saharan African countries were adopting the most cost-effective models of care. They cite the example of Malawi where the National Orphans Task Force has developed a guideline on orphan care in which community based programs were in

---

<sup>88</sup> This study was sponsored by The World Bank.

<sup>89</sup> Subbarao and Coury do not explain the exact purpose of these home visits. However, I would assume that they are comparing the institutional and household based costs of orphan-care. In another section of their discussion, they compare the cost-effectiveness and quality of care provided by the various orphan-care programs. They conclude that the most cost-effective care is that which is provided by the extended or kin-family, while the least cost effective are the orphanages/ children villages.

<sup>90</sup> This is supposedly the cost per orphan per year. I can't imagine how \$1.50 or \$5 can provide for an orphan throughout the year even though this is primarily through volunteers. Subbarao and Coury note that, though this community home-based is more cost-effective, it failed to meet the minimum standards of orphan-care (food, clothing, home environment, education, hygiene, and health care).

the frontline of interventions, followed by foster care, while institutional care is listed as the last-resort option (Subbarao and Coury 2004:81).

### Transformational and Integral Mission

Chapter Four of this study discussed the biblical basis for ministry to the vulnerable people in community. Jesus Christ ministered to the whole human person, and he expects the contemporary church to do likewise. The gospel message not only brings spiritual hope, but also seeks to respond to the other aspects of human life (physical, social, and economic)—this is integral mission. Among the mission components summarized and presented by Vinay Samuel are (1999:229- 231): 1. the integral relationship between evangelism and social work; 2. the liberating power of the gospel in both personal and social dimensions.

If assisted with the necessary resources, local Escarpment churches can respond better to the needs of orphans and vulnerable children in their communities. The good news is that all the pastors interviewed in this study understood the vital role of the local church in providing for the vulnerable in community. James 1:27, which emphasizes ministry to orphans and widows, was one of their central scriptural references. However, all of them expressed that their greatest obstacle in responding to the orphan crisis was the lack of resources. Frequent droughts, low income levels, and multiple-economic needs were some of the major setbacks. This is where partnerships with the national and global community become crucial in responding to the HIV/AIDS pandemic. Communities like Escarpment, in Kenya, cannot be fully transformed by the power of the gospel without this global partnership component.

Long term and effective responses to the AIDS orphan crisis in the Sub-Saharan African milieu will need to focus on empowering the affected communities in general. Uplifting these communities economically and otherwise will ensure the sustainability of orphan-care programs. The integral scope of the COH model is an attempt of empowering the whole of the Escarpment community, and not just providing care for the orphans. Such an attempt, though, requires a sustained global collaborative effort until the affected community becomes self-sustaining.

### The Role of Partnership

It is not the intention here to repeat what is already stated concerning the role of partnership in this study. However, emphasize will be on what is considered to be the vital components of any effective global partnership model. First, global partnerships in response to the HIV/AIDS pandemic need to be founded on mutual respect. Samuel Escobar is correct in observing that these relationships have mutual blessings (2003). Sub-Saharan African countries will certainly be blessed when global partners continue to share their resources in combating the pandemic; likewise, African communities have other non-monetary treasures to share with their global colleagues. Christians believe that all blessings we receive (individually or corporately) are to be shared with others. The blessings of “Abraham, Isaac, and Jacob,” are for all nations (Genesis 12). Furthermore, in I Corinthians 12, Paul exhorts every Christian, to share his/her gifts with the entire Body of Christ. There is no “African Church,” or “Western Church,” there is only the “Church of Jesus Christ,” and different regions and countries consist of this one body.

Another aspect of global partnership that needs to be considered is the issue of “mutual accountability.” Global, national, and local partners in response to the

HIV/AIDS pandemic need to be accountable to each other. Global aid agencies, churches, and other philanthropic organizations need to be accountable to their donor communities on their use of resources in response to the pandemic. Similarly, leaders of Sub-Saharan African nations and local communities need to be faithful stewards of national and international aid. It was clear, from my field research interviews, that though there has been a substantial monetary response from the global community to combat HIV/AIDS, very little of this aid had trickled down to the grassroots level. Orphans and vulnerable children were still suffering without life's basics. Bishop Raphael Kamau, General Coordinator of KENERELA,<sup>91</sup> expressed his concern (2006a): "When I go to the grassroots and announce that the government has given money for HIV/AIDS and that there are NGOs working in the area, people ask, 'Pastor, what are you talking about? When did we have a single cent come our way?'"

### The Local Church

The previous chapters observed how the Kikuyu *mbari* (family group) and *muhiriga* (clan) provided the tribal structure within which the vulnerable were cared for. Various factors that had weakened this tribal base and therefore rendered it inadequate in responding to the HIV/AIDS orphan crisis were also identified.<sup>92</sup>

The extended family structure in most Sub-Saharan African communities has been overwhelmed by the rising number of orphans. This study has suggested that the church could function as the alternative extended family for these destitute children. The local, national, and global church can successfully fulfill this role by:

---

<sup>91</sup> Kenya Religious Leaders Living and Affected by HIV/AIDS

<sup>92</sup> The major factors studied were: colonialism, early church missions, rural-urban migration and HIV/AIDS.

1. Exemplifying the biblical model of Christ and the New Testament church in the care of the vulnerable;
2. Rediscovering some of the Kikuyu cultural values that emphasize the tribal responsibility in caring for orphans, widows, and strangers.

### The Church as Jesus' Hands and Feet

Part of Chapter Four of this study was a reflection on the earthly ministry of Jesus which focused on his care for the vulnerable in community. It was apparent that, if this ministry was so important to our Lord, the contemporary church ought to follow in the same footsteps in caring for HIV/AIDS victims and their families.

The local church cannot ignore the plight of the rising number of orphans in the community. Like Jesus, local Christians should be known as the *muma-andu* (kind-hearted and compassionate) people in society. The church should truly show concern for the vulnerable people by visiting and caring for orphans and widows in their distress. These orphaned children should not be allowed to *thetha* (cry) as this would bring displeasure to *Ngai* (God), and his blessings would discontinue in the land. The local church needs to continue teaching that the scriptural mandate to care for orphans, widows, and strangers is as applicable today as it was in the Old Testament times.<sup>93</sup>

The local church can rediscover the cultural value of the *mwatu* (food barrel) in every Kikuyu household.<sup>94</sup> Christians should be encouraged to set aside a portion of their resources for the vulnerable in community. The *mundu mukari* (selfish) spirit should be condemned in the local Kikuyu church as it is in the biblical narrative. The true Christian should be portrayed as the one exhibiting the *muma-andu* (kind-hearted and

---

<sup>93</sup> See Chapter Four for a more detailed discussion of the role of the church in ministering to these vulnerable people.

<sup>94</sup> In Chapter Five of this study I have discussed the function of the *mwatu* and other relevant traditional Kikuyu values which can be rediscovered by the local Kikuyu churches in ministry to the vulnerable.



compassionate) spirit of Christ. Local churches can lead the way in establishing ministries that provide care for HIV/AIDS affected families. Samuel Njihia Kariuki, an elder and community leader in Escarpment, has suggested that the local churches each adopt a certain number of orphans in the community (2006). For example, if each of the 16 churches in Escarpment adopts six of these children, this would ensure care for all the orphans and vulnerable children at the Center of Hope.

One of the main goals of the COH has been to foster the unity of the local churches. Prior to the establishment of the COH (1999), the community churches were splintered and each followed their individual vision. The COH provided the neutral ground through which these churches and community leaders could begin coming together to deliberate on their common issues.<sup>95</sup> They have recognized that though they may not all agree in church doctrine, they can unite in issues that empower the entire community. The COH has ongoing programs that cater for all community orphans and not just for a particular denomination or church affiliation. Moreover, the COH provides clean drinking water to the whole community irregardless of church membership. Through these examples and others discussed in this chapter, the Escarpment community and local churches have come to realize the power of collaborative effort.

### The Church as Educator

Even though positive strides have been made in creating HIV/AIDS awareness in the Escarpment community, there still remains a lot to be accomplished. All the pastors and church workers interviewed in this study admitted that many people, in Kenya, were

---

<sup>95</sup> The COH has continued to host annual discipleship gatherings for the Mwimutoni community since its establishment. Recent gatherings include: local pastors meetings, women's bible studies, youth rallies, and men's bible studies.

still being infected and dying because of the lack of essential HIV/AIDS knowledge.

Local churches have a major role to play in this regard.

Bishop Thagana of Glory Outreach Assembly is right in noting that one of the ways the church can continue combating the pandemic is through the “talking” media. However, mere “talk” will not suffice in eradicating this deadly menace in Kenyan society. There is need for some additional “action” in the following areas: church leadership, church doctrine, and alternative rites of passages.

Church Leadership. The church can set a good example for the rest of the world to follow. Church leaders and the laity should refrain from all manner of immoral behavior that encourages the spread of the pandemic. It is a sad day in our world when professing believers practice the same lifestyle (or worse) than those who are “in the world.” Jesus’ admonition for the church today has not changed: “Not every one who says to me, ‘Lord, Lord,’ shall enter the kingdom of heaven, but he who does the will of my Father who is in heaven” (Matthew 7:21). Prior to this, Jesus had exhorted his disciples to “let [their] light so shine before men, that they may see [their] good works and give glory to [their] Father who is in heaven” (Matthew 5:16). Indeed, we should not just “talk the talk” but “walk the walk” in combating the HIV/AIDS pandemic.

Church Doctrine. Issues of church doctrine and teaching that condemn the infected need to be addressed. I am reminded of a story told by Beatrice Kiama during my field research. As stated before, Beatrice previously worked for the HIV/AIDS program at Kijabe AIC<sup>96</sup> Hospital. On one occasion, she remembers attending a funeral of someone who had died from HIV/AIDS. She recounts how the preacher of the funeral condemned all those were infected by HIV/AIDS and concluded that they deserved to

---

<sup>96</sup> African Inland Church

die. It would suffice it to say that the majority of those who had attended this solemn ceremony were very infuriated. They could not believe that a “preacher of the Word” could engage in such wholesale condemnation of all those who were infected by HIV/AIDS. Immediately after the final burial rites, Beatrice and other people who were in attendance confronted the pastor regarding his harsh statements. With tears in their eyes, the people shared stories of many in their community who had been infected innocently and were therefore not to be condemned. Furthermore, they reminded him of God’s mercies and forgiveness which were available to all who would repent. In the end, as Beatrice tells it, the pastor repented with deep sobbing and asked to be forgiven—he had not realized how his insensitive comments had caused deep pain among the people and promised to make a public apology regarding this misunderstood issue.

Alternative Rites of Passage. Alternative rites of passage, for the youth, need to be incorporated in the life of the local church—these should be accessible to every youth in the community (not just the church goers and wealthy). This is one of the major issues that emerging models of orphan care, within Sub-Saharan Africa, will need to address. Local churches can partner with the local community by hosting rite of passage events. National and global partners can then be encouraged to sponsor these community events. It is good to know that there are already such kinds of youth initiation events taking place among some Kikuyu communities—the example given by Pastor Tabitha Kuria of Escarpment is already cited in Chapter Five. I also have a younger brother who went through a similar initiation ritual in Kikuyu PCEA hospital.<sup>97</sup> However, the question still remains, “how significant are these church run programs if they are inaccessible to the

---

<sup>97</sup> This is hospital is sponsored by the Presbyterian Church of East Africa and is located in Kikuyu, Kenya.

majority of orphans and poor children in Kenya?”<sup>98</sup> Future programs should endeavor to be both meet the present need (providing rite of passage programs for the local youth), and also be affordable to every youth in the community.

The Kikuyu social transition from girlhood to womanhood is lacking in the contemporary context. Chapter Two of this study observed how motherhood without marriage had taken the place of the *irua* (circumcision) ceremony (Davison 1996). Many Kikuyu girls were now having children outside marriage to validate their womanhood. This is a disturbing trend since the local communities are already overburdened with the rising number of orphans. The *Ntanira na Mugambo* example discussed in Chapter Five can serve as a good model for other alternative rites of passage among Kikuyu women. The key for local church involvement is to effectively incorporate the three most important stages of a rite of passage ritual, namely, Separation, Liminality, and Reintegration, as discussed in Chapter Five. In Escarpment, such an event can be held at the COH.<sup>99</sup> Local pastors, Kikuyu elders, women leaders, and other local leadership can help to lead the event. The first phase of the ritual can focus on reflecting on the previous status of girlhood.<sup>100</sup> In the second phase, the emphasis should be on the new status that the girls would now be entering. Women leaders in the community will play a key role in teaching and instructing girls on this new role in community.<sup>101</sup> This can also be a time when the young girls can have an open discussion on many of the relevant issues. In the last and final phase, the entire community of Escarpment can be invited to the COH to

---

<sup>98</sup> Tabitha Kuria stated that it cost about Kshs. 5,000 (\$70) to participate in the Kimende program. The cost for my brother in Kikuyu hospital was twice that amount (Kshs. 10,000).

<sup>99</sup> The length of the event can vary from three days to however long the community deems necessary (this will also depend on how much funding the local community can secure for the event).

<sup>100</sup> The goal here is to seclude the girls from the rest of community and give them time to reflect on their past life before they can begin the transition into their new status in society.

<sup>101</sup> Relevant cultural/ biblical training can also be provided by local pastors, elders, and community leaders. Health professionals can also be invited to talk about HIV/AIDS prevention and other youth related issues.

attend a community celebration recognizing the new women in their midst. The celebration event can also be a time to exhort everyone to support these new women into becoming fully functioning members in the community.

### Prevention of AIDS Orphans

An old adage goes, “prevention is better than cure.” This is certainly true of the HIV/AIDS orphan crisis. While there is plenty of work involved in caring for the affected families, after losing loved ones, all our efforts will be futile if we fail to respond to the spread of the pandemic. There are various ways to combat the spread of HIV/AIDS and reduce the number of orphans (some of which have already been mentioned):

1. Through awareness teaching and training;
2. Through encouraging people to refrain from immoral sexual practices, or at least practice safe sex;
3. Through the provision of antiretroviral therapy (ART) to the infected.

In *Reaching Out to Africa's Orphans: A Framework for Public Action*, Subbarao and Coury have provided us with further examples of how to curb the rising number of orphans within the Sub-Saharan African context:

Preventing children from becoming orphans should be the first critically important strategy adopted by governments, NGOs, and donors. Different ways have proven effective in preventing the number of orphans from rising. They include: preventing unwanted pregnancies, reducing maternal mortality, preventing HIV transmission, and enabling PLWHA [people living with HIV/AIDS] to live longer . Family planning services, voluntary counseling and testing (VCT) facilities, antiretroviral (ARV) therapy, and health care services for women are major interventions that could greatly help to reduce the incidence of orphan-hood .(2004:47)

Barnett and Blaikie, in *AIDS in Africa: Its Present and Future Impact*, have also included many of the above prevention recommendations in their study (Barnett and

Blaikie 1992). In the section entitled, “Ways to ‘Prevent’ Orphans,” they discuss the role of condoms and other barriers to infection. They note that this approach has been unsuccessful because of the many cultural and economic barriers. This has also been the case in the Kenyan scenario. The majority of pastors interviewed by the author indicated that churches were uncomfortable in discussing this “preventative” method with their members. They argued that the use of condoms and other similar tactics was more of a fuel to the spread of HIV/AIDS than a deterrent. The church should encourage people to change their behavior and not to continue in their sexual promiscuity.

Pastors and church leaders should lead the way in behavioral change and HIV/AIDS testing. Bishop Raphael Kamau of KENERELA<sup>102</sup> emphasized the churches’ role in openly discussing the HIV/AIDS topic (2006a). Furthermore, Bishop Thagana of Glory Outreach Assembly gave a personal example and illustration of how church leaders should face this disaster in our Kenyan nation:

We recently had a leaders meeting . and I invited leaders to come forward for HIV/AIDS testing. I was surprised that out of the 30 leaders present, only 12 accepted to be tested. And the 12 accepted to be tested because I was going to be the first one. And, I said, “Mine will not be hidden. You can even take pictures if you want. It is not secret.” And so, that fear needs to be dealt with. And the fear is associated with the belief that you only contract AIDS by sin. (2006)

Zakaria Kuria, a local politician, expressed his dissatisfaction with the way pastors and church leaders were responding to the pandemic.

The first thing is to show love to those who are infected. Next, the pastors should preach the truth about HIV/AIDS. The church should also in its preaching and funeral services announce the true cause of a person’s death. They should clarify that even though an individual had become a Christian weeks before death, that he or she had been infected by HIV/AIDS. They should take this opportunity to warn those who are still alive about the reality of the pandemic. (2006b)

---

<sup>102</sup> Kenya Religious Leaders Living and Affected by HIV/AIDS

Thagana and Kuria are emphasizing a crucial fact in responding to the pandemic: if we are to prevent the rapid spread of HIV/AIDS in Escarpment and the entire country, we need to face the issue squarely. Church leaders need to come to the forefront and be tested. If possible, volunteer counseling and testing centers (VCTs) should be set up in every local church. Furthermore, the community needs to openly admit the true impact of the pandemic and provide forums to discuss how best to prevent its spread.

### The Mwimutoni Center of Hope: An Emerging Model of Mission

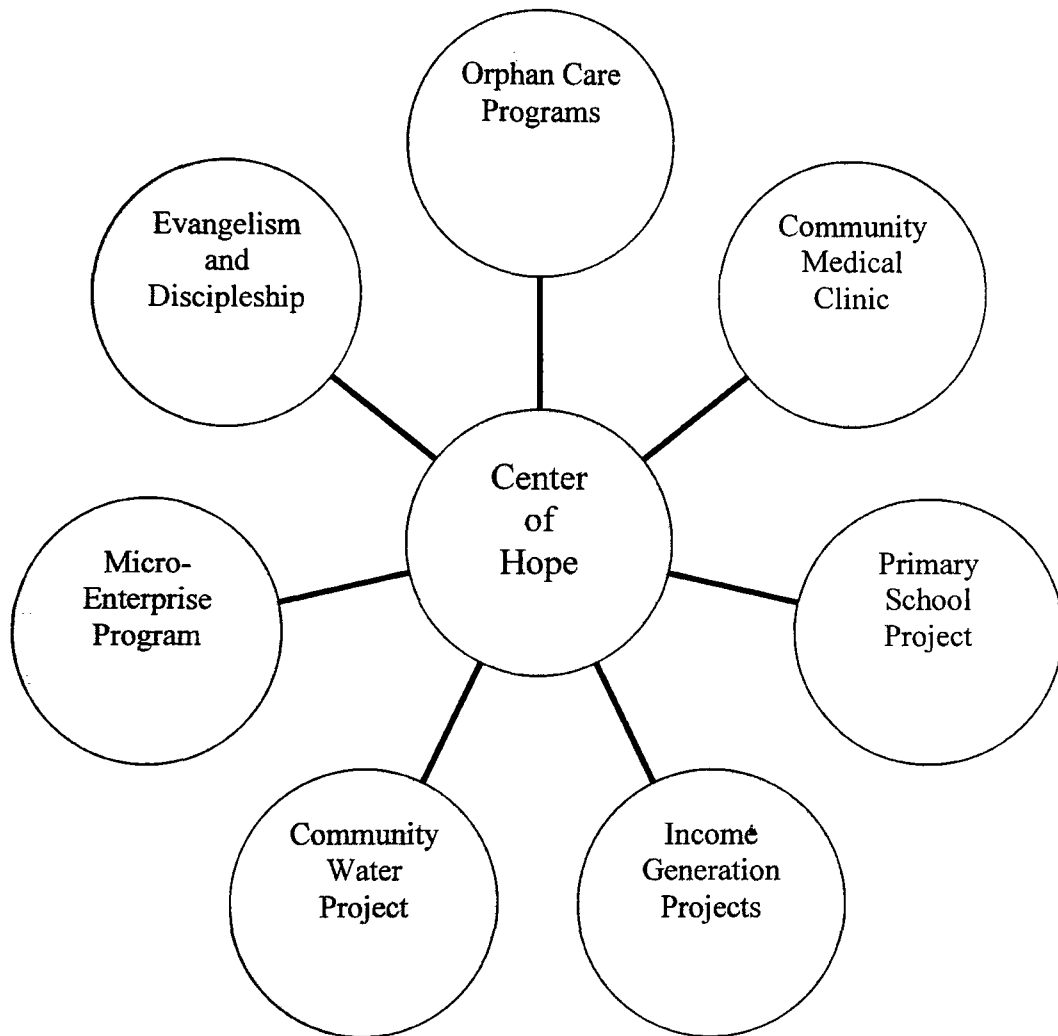
The focus of this final chapter has been the comparison of the various models of orphan-care within Escarpment and the Kenyan milieu. Certain missiological theories helped to inform this study—in particular the “modality” and “sodality” paradigms as presented by Ralph Winter. While it is clear that the role of these two paradigms in responding to the HIV/AIDS orphan crisis is indispensable, the evidence demonstrates that something more is needed, such as the Mwimutoni Center of Hope (COH).

The COH is an emerging integral mission model that is attempting to respond to the multi-faceted needs in Escarpment and its environs (See Figure 11). The key to the success of this type of model is the “connectional” aspect—this is where a particular person or mission agency is able to link interested partners (local, national, and global), to a specific location in responding to the HIV/AIDS pandemic. In the COH model, the author and his wife have been this “connectional” link to the Escarpment context.

The primary role of “opinion leaders” is also acknowledged in this research. Any effective solutions to the ongoing Sub-Saharan orphan crisis cannot ignore these “gate-keepers” in the tribal communities. The sustainability of any orphan-care programs,

whether they be orphanages or home-based, will be dependent on their acceptability to the local leaders and their constituency.

Figure 11: The Mwimutoni Center of Hope: An Integral Mission Model



The most effective mission responses to the HIV/AIDS pandemic and orphan crisis in the twenty-first century will be those which focus on uplifting entire communities within the Sub-Saharan African contexts. The integral scope of these



mission outreaches, such as the one depicted in figure 11, will empower and enable affected communities to provide care for their orphans and vulnerable children. The success of these mission models will depend on how well they are locally rooted and globally networked.

The case of the double-orphan, Njuguna, described in the first chapter of this study can serve as an example of how the local and global community can continue respond to the needs of millions of vulnerable children within sub-Saharan Africa. After our initial encounter with Njuguna in the village, my wife (Rebecca) could not avoid shedding tears as she tucked our own children to bed that night. She cried as she realized that Njuguna and other orphaned children in Africa had no parents to comfort them at the end of the day. We then knew that God, in his provision, had led us to establish the Mwimutoni Center of Hope (COH) for such a time as this. We have since assisted Njuguna, through his caregiver, with a good bed and bedding. We have also come alongside the caregiver in providing Njuguna with at least one meal each day through our daily feeding program. However, we also realize that there are countless Njugunas within Kenya and the rest of sub-Saharan Africa. These children need the essential love and care too. Integral models of mission in communities such as Escarpment are necessary in order to provide long-term sustainable care of AIDS orphans and vulnerable children.

#### Recommendations for Further Research and Study

In this study, I discussed and analyzed many issues pertaining to the HIV/AIDS pandemic and orphan crisis within the context of some of the Kikuyu people in Kenya. However, in the course of my research and reflection, I discovered numerous issues that still needed to be explored within the academic discipline of Missiology. We need to

remember that “the worst is still to come” as we face the future repercussions of this global epidemic. My hope is that both present and future research in this issue will have practical application on the field—that is, among those who have been infected and affected by the pandemic. I will now offer some suggestions for further study.

### The Girl Orphan

The “girl orphan” issue within the Sub-Saharan African context would present specific questions and concerns that are not addressed in this study. The role of females and males vary within different tribal traditions in Kenya and other African countries. Furthermore, in my research, I discovered that girl-orphans are more likely to suffer sexual abuse than boy-orphans and this may present different challenges to orphan-care programs. In a 2001 report funded by the Organization for Social Science Research in Eastern and Southern Africa (OSSREA), Mary Mwangi made similar recommendations:

Girls who have lost their parents through HIV/AIDS are likely to encounter more problems than boys. Specifically, girls are vulnerable to sexual abuse and exploitation within the extended family network and the community. Further, girls are more likely to have increased responsibilities in the home, a situation that denies them opportunities to participate in education. Programs that target orphans need to address these gender challenges to ensure that girls participate in education and are protected from abuse and exploitation. (Mwangi 2001)

Similar missiological studies like the one undertaken by Segura-April on *The Girl-Child in Latin America* should be conducted within the Sub-Saharan African context (Segura-April 2005). In her study within the Latin-American context she concluded that there was a need for a mission strategy to focus on children and specifically on the girl-child because they were more vulnerable than the boys<sup>103</sup> (2005:557). The local churches

---

<sup>103</sup> Segura-April’s study highlighted all of the areas that needed to be considered when designing a strategy for sharing the gospel with the girl-child in Latin America.

in Kenya could implement programs that effectively respond to the needs of these vulnerable children. Again, in order for these programs to succeed, they will require both national and international partnership networks.

### The Quality of Orphan-Care Programs

This study was focused in analyzing the different models of orphan-care responding to the HIV/AIDS orphan crisis. However, identifying and analyzing the various models is not sufficient; there needs to be a more in-depth study on how the various models are providing care for the orphans. Home-based care may seem like a more plausible option in the Sub-Saharan tribal context, but it may be described as “unhealthy” if the orphans are suffering abuse and neglect from their care-givers.

### HIV/AIDS Prevention Methods

Prevention of the spread of HIV/AIDS should be a priority of the church. The fewer parents who die from the pandemic, the fewer orphans there will be in Africa. The use of condoms has been one method that has been propagated by global aid agencies. During my field research, I observed that many of those interviewed were uncomfortable with this mode of prevention. Future studies can examine how much difference the “condom strategy” is making in tribal communities within the Sub-Saharan African milieu.

### The Sub-Saharan African Context

This was a study of one village within one of the forty-two tribes in Kenya. While many of the traditions relating to orphan-care may be similar, within the extended families in Sub-Saharan Africa, there may be other characteristics that are specific to the

tribes. It would be beneficial to have a study analyze the various tribal differences, and show how this would shape emerging models of orphan-care.

### Various Religious Responses

My research was based on a missiological Christian response to the HIV/AIDS orphan crisis. I would recommend that future studies examine how other religions within Sub-Saharan Africa are responding to the pandemic. In Kenya, for example, there are 10% Muslims and 10% other indigenous beliefs (Appendix D). This study would compare the success of the various orphan-care models and offer the necessary recommendations.

### Theoretical Contributions

This study has confirmed and extended McGavran's theories regarding the Mission Station (MS) and People Movement (PM) approaches in mission (1955; 1972; 1990; 1999). Even though McGavran's theories address issues that are directly concerned with "evangelism" and "church growth", it has been demonstrated that their basic principles can also be applied to understanding and formulating mission models in responding to the AIDS orphan crisis. While the PM approach is the more locally sustainable model, it is also the case that important contributions have been made through the MS approach. In fact, the Mwimutoni Center of Hope network of partners can also function as a referral agency for abandoned orphans (especially those living in child-headed households) in locating the various children homes or orphanages.

This study also applied and confirmed some of Rogers' Diffusion of Innovation theories (2003). The essential role of change agents and local opinion leaders is confirmed. Orphan-care models that encourage local initiatives and control while at the

same time maintaining the essential global connections are more likely to be adopted. In reproducing relevant mission models which respond effectively to the AIDS orphan crisis within the Sub-Saharan context, future projects such as the COH will need to pay particular attention to the rest of Rogers' theories relating to the "diffusion of innovations." Mission innovators will be wise to consider the following questions: who are the opinion leaders in the specific community where the innovation is to be introduced? What kind of knowledge do the people already have relating to the innovation? What are the "communication channels" and how is knowledge disseminated through the existing networks? Other relevant questions can relate to how the innovation can be observed, shown to be compatible, not too complex, successfully experimented, and have a relative advantage (Rogers 2003:229-266).

Vinay Samuel's perspectives of Transformational and Integral missions are also applied and confirmed in this study (1999). This approach in mission is presented as the most appropriate means of uplifting entire communities and ensuring their long-term ability in caring for orphans and vulnerable children.

This study confirmed and added to Winter's theory of the Modality and Sodality paradigms in mission (1999). The primary role of these two models of mission throughout the church's history is acknowledged. A "third level" of partnership as exemplified in the Mwimutoni Center of Hope, is proposed as an additional and emerging model in responding to the ongoing HIV/AIDS pandemic and orphan crisis within the Sub-Saharan African context.

Finally, a representative range of the local churches responses to the AIDS orphan crisis within Escarpment, Kiambu district, Central province of Kenya has been identified

and described. This level of descriptive detail is offered in the hope that mission practitioners and other agencies working to alleviate the needs of AIDS orphans within the Sub-Saharan African contexts will gain valuable insights. If this study will encourage more global networks in responding to one of the worst human epidemics, then it will have served its purpose.

## Appendix A

### Kikuyu Glossary

*Ahoi*: Sojourner, and landless person.

*Ciana*: Children

*Ciana cia Ndigwa*: Single Orphans

*Ciana cia Ngoriai*: Double orphans

*Ithe*: Father, e.g. *ithe wa* Thuo means father of Thuo, or Thuo's father.

*Mbari* or *Nyomba*: Family group

*Muhiriga/Moherega*: Clan

*Muma-andu*: Kind-hearted and compassionate person

*Mundu Mukari*: A selfish individual who doesn't like to share with the needy

*Mwatu*: Food Barrel

*Nyina*: Mother, e.g. *Nyina wa* Kiarie means mother of Kiarie, or Kiarie's mother.

*Oima-andu*: Kind-hearted people

*Riika*: Age-group

*Thetha*: To wail or to cry out of distress

## **Appendix B**

### Churches in Mwimutoni (Escarpment sub-Location)

1. African Christian Church of East Africa (ACCA)
2. African Independent Pentecostal Church of East Africa (AIPCEA)
3. African Inland Church (AIC)
4. Anglican Church of Kenya (ACK)
5. Baptist Church
6. Catholic Church
7. Full Gospel Churches of Kenya (FGCK)
8. Gospel Assembly of Kenya (GAK)
9. God's Word and Holy Ghost Church (Akorino)
10. Kenya Assemblies of God (KAG)
11. Orthodox Church
12. Patmos Fellowship Church
13. Presbyterian Church of East Africa (PCEA)
14. Rapture Church
15. Redemption World Ministries
16. Seventh Day Adventist Church



## Appendix C

### A Selected Chronology of Kenya's History (Ogot 1981)

- |        |   |
|--------|---|
| 1498   | Vasco da Gama reached Mombasa and Malindi on his way to India.  |
| 1592   | Mombasa captured by the Portuguese; beginning of Portuguese rule.   |
| 1698   | The Omani [Arabs] captured Mombasa and effectively ended Portuguese rule in East Africa   |
| 1844   | Dr. Johann Kraft founded the Rabai CMS station.   |
| 1884-5 | Berlin Conference laid down rules for the partition of Africa.  |
| 1886   | The Anglo-German agreement partitioned East Africa between the two powers and placed Kenya in the British sphere.   |
| 1895   | 1 <sup>st</sup> July: British Protectorate declared over future Kenya. Start of the building of Uganda Railway at Mombasa.  |
| 1901   | Uganda Railway reached Kisumu.  |
| 1905   | East Africa Protectorate transferred from the Foreign Office to the Colonial Office. The Colonialist Association formed.  |
| 1907   | The Legislative Council was established.  |
| 1914   | The East African Indian National Congress formed.   |
| 1917   | A system of electing Europeans to the Legislative Council recommended. Asians continued to be nominated and Arabs and Africans were represented by Government officials.                      |
| 1919   | The Kikuyu Association was formed.  |
| 1920   | East African Association and Young Kavirondo Association were formed. East Africa "Protectorate" becomes the "colony" of Kenya. The Protectorate is restricted to the ten mile coastal strip. |
| 1924   | Dr. J.W. Arthur was appointed to the Legislative Council to represent African interests—without their mandate.  |
| 1925   | Kikuyu Central Association formed.  |
| 1938   | Ukamba Members Association was formed.  |

- 1940 Kikuyu Central Association, the Ukamba Members Association, and the Taita Hills Association were proscribed and their leaders arrested and detained.
- 1943 The Rev. L. J. Beecher was appointed to the Legislative Council to represent African interests.
- 1944 Mr. Eliud W. Mathu became the first African to be nominated to the Legislative council.  
Kenya African Study Union was formed.
- 1946 Kenya African Study Union became Kenya African Union.
- 1947 Jomo Kenyatta became President of the Kenya African Union.
- 1948 East African High Commission formed.
- 1950 Nairobi became a city.  
Mau Mau was declared an illegal society.
- 1952 October 19<sup>th</sup>, 1952: A State of Emergency declared.  
Kenyatta, Paul Ngei, Achieng' Oneko, Bildad Kagia, Fred Kubai, and Kungu Karumba were arrested.
- 1956 Dedan Kimathi [a Mau Mau leader] was captured and executed.
- 1957 First election of African Members of the Legislative Council.
- 1960 March: Kenya African National Union formed.  
August: Kenya African Democratic Union formed.  
State of Emergency ended.  
Kenya Freedom Party formed by some Asians.  
First Lancaster House Constitutional Conference held in London.
- 1961 February: General elections won by KANU.  
August: Kenyatta released from detention.  
October 28<sup>th</sup>: Kenyatta becomes President of KANU.  
East African common services organization was formed.
- 1963 May: General Elections won by KANU.  
June: Internal Self-Government (Madaraka) introduced, with Kenyatta as Prime Minister.  
September: Third Lancaster House Conference.  
December 12<sup>th</sup>: Kenya became independent.

1964	December 12 <sup>th</sup> : Kenya became a Republic.
1967	January 5: Mr. Daniel arap Moi appointed Vice-President.
1970	December 10: University of Nairobi inaugurated.
1973	October 2: United Nations Environmental Program (UNEP). Secretariat opened in Nairobi.
1978	August 22: President Jomo Kenyatta died at State House, Mombasa. Vice-President Daniel Arap Moi became new President of Kenya. October 6: President Moi was elected President of Kenya's ruling Party, KANU. October 11: Mr. Mwai Kibaki was appointed Vice President.
1979	President Moi sworn in as President for five-year term of office.
1989- 93	Transition from Single Party to Multiparty Political System. (Ogot 1995)
2002	Kibaki becomes the third President of Kenya.

## Appendix D

### Demographical information on Kenya (CIA 2003)

<b>Area:</b>	Total: 582,650 sq. km.
<b>Area-Comparative:</b>	slightly more than twice the size of Nevada
<b>Population:</b>	31,639,091 Note: estimates for this country explicitly take account the effects of excess mortality due to AIDS; this can result in lower life expectancy, higher infant mortality and death rates, lower population and growth rates, changes in the distribution of population by age and sex than would otherwise be expected (July 2003 est.)
<b>Age Structure:</b>	0-14 years: 41.3% (male 6,609,904; female 6,461,945) 15-64 years: 55.8% (male 8,900,615; female 8,766,698) 65 years and over: 2.9% (male 389,918; female 510,011)
<b>Population Growth rate:</b>	1.27% (2003 est.)
<b>Life Expectancy:</b>	Total population: 45.22 years Male: 45.02 years Female: 45.43 years (2003 est.)
<b>HIV/AIDS- Adult Prevalence Rate:</b>	15% (2001 est.)
<b>HIV/AIDS- people Living with AIDS:</b>	2.5 million (2001 est.)
<b>HIV/AIDS deaths:</b>	190,000 (2001 est.)
<b>Ethnic Groups:</b>	Kikuyu 22%, Luhya 14%, Luo 13%, Kalenjin 12%, Kamba 11 %, Kisii 6%, Meru 6%, other African 15%, non-African (Asian, European, and Arab) 1%
<b>Religions:</b>	Protestant 45%, Roman Catholic 33%, indigenous beliefs 10%, Muslim 10%, other 2% Note: a large majority of Kenyans are Christians, but estimates for the percentage of the population that adheres to Islam or indigenous beliefs vary widely.

**Languages:** English (official), Kiswahili (official), numerous indigenous languages.

**Literacy:** definition: age 15 and over can read and write  
 Total population: 85.1%  
 Male: 90.6%  
 Female: 79.7% (2003 est.)

**Economy (Overview):** Kenya, the regional hub for trade and finance in East Africa, is hampered by corruption and reliance upon several primary goods whose prices remain low. Following strong economic growth in 1995 and 1996, Kenya's economy has stagnated, with GDP growth failing to keep up with the rate of population growth. In 1997, the IMF suspended Kenya's Enhanced Structural Adjustment Program due to the government's failure to maintain reforms and curb corruption. A severe drought from 1999 to 2000 compounded Kenya's problems, causing water and energy rationing and reducing agricultural output. As a result, GDP contracted by 0.3% in 2000. The IMF which had resumed loans in 2000 to help Kenya through the drought, again halted lending in 2001 when the government failed to institute certain anticorruption measures. Despite the return of strong rains in 2001, weak commodity prices, endemic corruption, and low investment limited Kenya's economic growth to 1%. Growth fell below 1% in 2002 because of erratic rains, low investor confidence, meager donor support, and political infighting up to the elections. In the key December 27, 2002 elections, Daniel Arap Moi's 24-year-old reign ended, and a new opposition government took on the formidable economic problems facing the nation. Substantial donor support and rooting out corruption are essential to making Kenya realize its substantial economic potential (CIA 2003).

## Appendix E

### Sample Interview Questions

#### Questions for Kikuyu Elders

1. Describe the Kikuyu tribal structure during pre-colonial era.
2. Describe the Kikuyu tribal structure during post-colonial era.
3. How were the needs of orphans and widows addressed during the pre-colonial era?
4. How are the needs of orphans and widows being addressed in the present time?
5. What changes have occurred within the Kikuyu tribal system and how have they influenced how orphans are cared for?
6. To what extent has the HIV/AIDS pandemic affected the traditional extended family structure?
7. How are people currently coping with the above changes?
8. What else could be done in responding to the HIV/AIDS orphan crisis?
9. What is the church doing in responding to the HIV/AIDS pandemic?
10. How else can the church respond to the HIV/AIDS pandemic?

#### Questions for Local Community/Political Leaders

1. How is the Kikuyu tribal system supposed to work in providing care for orphans?
2. To what extent has the HIV/AIDS pandemic affected the traditional extended family structure?
3. How are people currently coping with the above changes?
4. What is the leaders/community/government doing to address the orphan crisis?
5. What challenges/obstacles are you facing in responding to the HIV/AIDS orphan crisis?
6. What else could be done in responding to the HIV/AIDS orphan crisis?
7. What is the church doing in responding to the HIV/AIDS pandemic?
8. How else can the church respond to the HIV/AIDS pandemic?

#### Questions for School Teachers

1. Whom do you consider to be orphans in your school?
2. Has there been a major increase in the number of orphans in your school? If so, what do you attribute this change to?
3. Do you make a distinction between those orphaned by HIV/AIDS and other causes? Explain.
4. To what extent has the HIV/AIDS pandemic affected the traditional extended family structure?
5. How are people currently coping with the above changes?
6. What challenges/obstacles are you facing in responding to the HIV/AIDS orphan crisis?
7. What else could be done in responding to the HIV/AIDS orphan crisis?
8. What is the church doing in responding to the HIV/AIDS pandemic?
9. How else can the church respond to the HIV/AIDS pandemic?

### Questions for Pastors/Church Leaders

1. To what extent has the HIV/AIDS pandemic affected the traditional extended family structure?
2. How are people currently coping with the above changes?
3. What is your response? What is the church doing in responding to the pandemic?
4. What is your biblical/theological basis for responding to the HIV/AIDS pandemic and orphan crisis?
5. What else could the church be doing in tackling the HIV/AIDS pandemic and orphan crisis?

### Questions for Adult Caregivers

1. How is the Kikuyu tribal system supposed to work in providing care for orphans?
2. To what extent has the HIV/AIDS pandemic affected the traditional extended family structure?
3. How are you currently coping with the above changes?
4. What is the community doing in responding to the orphan crisis?
5. What challenges are you facing in providing care to the orphans?
6. In what ways could the community/others assist in responding to the needs of orphans in your village?
7. What is the church doing in responding to the HIV/AIDS pandemic?
8. How else can the church respond to the HIV/AIDS pandemic?

### Questions for Orphans

1. How are your needs being addressed by your extended family?
2. How are your needs being addressed by the community/churches/governmental agencies/NGOs?
3. Are there unaddressed needs? How can the above agencies help to meet these needs?
4. What more could the churches do? How can they help to meet the above needs?
5. What is the church doing in responding to the HIV/AIDS pandemic?
6. How else can the church respond to the HIV/AIDS pandemic?

### Questions for Leaders of HIV/AIDS Orphan Programs

1. To what extent has the HIV/AIDS pandemic affected the traditional extended family structure?
2. How are people currently coping with the above changes?
3. What are you doing in response to the orphan crisis?
4. What challenges/obstacles are you facing in responding to the HIV/AIDS orphan crisis?
5. What else could be done in responding to the HIV/AIDS orphan crisis?
6. What is the church doing in responding to the HIV/AIDS pandemic?
7. How else can the church respond to the HIV/AIDS pandemic?

## Appendix F

### Effects of HIV/AIDS in Escarpment, Community Responses, Obstacles and Challenges

Effects of HIV/AIDS	Community Responses	Obstacles and Challenges
<p>There are many orphans and widows in the community.</p> <p>The infected are often abandoned by their families (social stigma).</p> <p>Some of the orphans have become street children in the nearby towns.</p> <p>- Some of the girl orphans have been forced into prostitution as they try to fend for themselves.</p> <p>- Child labor has been on the increase as orphans and other needy children try to survive.</p>	<p>Donations of food, firewood, and clothing.</p> <p>Harambees (fundraisers) to assist orphans.</p> <p>Elderly grandparents have been caring for orphans.</p> <p>- Government has offered free primary education, and sometimes provides relief food to the people during times of severe drought.</p> <p>- Government has provided double orphans with partial bursaries for High School education.</p>	<p>Lack of HIV/AIDS awareness.</p> <p>Escarpment is a semi-arid area (rainfall is unreliable and food is scarce).</p> <p>Each family cares for their own children, and is not able to provide for the needs of orphans.</p> <p>- Orphans cannot afford to continue with high school education.</p> <p>The community lacks material resources to assist orphans with food, clothing, and education.</p> <p>There is high unemployment and little or no income in the village.</p> <p>There are unaddressed orphan needs, e.g. disciplining, advising, and counseling.</p> <p>Some of the abandoned orphans have turned to drugs, alcohol, promiscuity, and crime.</p> <p>There is lack of essential healthcare is combating the pandemic and caring for the infected.</p> <p>Those who are recovering</p>



		<p>from ARV treatment have continued spreading the pandemic.</p> <p>The introduction of condoms encourages, rather than deters the spread of the pandemic.</p>
--	--	--

### Appendix G

The local church response to the HIV/AIDS pandemic in Mwimutoni, Escarpment, Kenya

Church/Pastor	How is the local church responding?	How else can the church respond?
Francis Gitau, Assemblies of God, Escarpment.	Talking to the young people and other groups in the church about HIV/AIDS prevention.	Providing orphans with food and education.  Introducing income generation projects for the affected families.
Paul Kamau, Redemption World Ministries.	- Preaching against sexual immorality in church.  Those planning to be married are required to go for HIV/AIDS testing. The church organizes marriage seminars to educate them.  He also organizes pastors' seminars for HIV/AIDS awareness.	The church needs to assist orphans and abandoned children in the community.
Tabitha Kuria, Redemption World Ministries.	- Provides HIV/AIDS seminars and workshops for pastors.  - Provides seminars for the infected and affected.  - The church sometimes helps to provide food to the orphans and widows.	- There is need for creating more HIV/AIDS awareness.  - False teachings in the community need to be countered, e.g. the myth of being healed from AIDS through having sex with a virgin.  Widows and orphans need to be made aware of their rights within their tribe and community.  Young men undergoing the tribal rite of passage (circumcision) should be given proper teaching and guidance

		<p>during this transitory stage.</p> <p>- An alternative rite of passage should be adopted by the church other than clitoridectomy for young girls.</p>
<p>Alex Nganga, Assemblies of God, Gituamba.</p>	<p>People bring food to the church for orphans. There is also individual assistance offered to the affected families.</p> <p>The affected are comforted and the pastor exhorts the people to treat the infected with affection.</p> <p>HIV/AIDS seminars are organized by the churches and qualified speakers are invited to teach.</p>	<p>- People in the church should be encouraged to attend HIV/AIDS seminars.</p> <p>Pastors can encourage women to pray for their husbands' salvation so that they can live morally.</p> <p>Church members can be encouraged to share what they have with the affected families.</p> <p>Pastors should teach by example, i.e., both in "word" and in "deed."</p>
<p>Joseph Muchina, Gospel Assembly of Kenya.</p>	<p>- The church is educating members about HIV/AIDS prevention.</p> <p>- Members are encouraged to visit VCTs (volunteer counseling and testing centers) to know of their HIV/AIDS status and begin early treatment if they are found to be infected.</p> <p>The church holds youth and adult seminars about three times each year.</p>	<p>There is need for the local churches to unite in responding to the pandemic and other issues in the community.</p> <p>Doctrinal issues in some of the churches need to be addressed, e.g. there are some who believe in hospitals, while others believe that those who are infected through immorality deserve to die.</p> <p>The message of HIV/AIDS prevention should be propagated by all people (not only pastors and community leaders).</p>
<p>Joseph Thanga, Assemblies of God, Kirenga.</p>	<p>The church takes financial offerings for those who are affected.</p>	<p>- The church could assist more if members were not hampered by financial and material resources.</p>

	<p>The headquarter church has launched a HIV/AIDS awareness campaign at the national level.</p> <p>The pastor refers the infected for ARV treatment at the nearest AIC (African Inland Church) hospital in Kijabe.</p>	<p>They would like to build a home for the orphans through which they can provide for their needs.</p> <p>There is a need to visit orphans in their homes and to follow-up on the children's' progress.</p> <p>People can assist the orphans with clothing and other material needs.</p> <p>Orphans can be provided with income generating skills after High School so that they can begin fending for themselves.</p>
<p>Jacob Gachamba, God's Word and Holy Ghost Church (Akorino, Aroti, or Arathi)</p>	<p>The church has its own policy on meeting the needs of the vulnerable in community.</p> <p>They have established a system of assisting every affected home in their congregation on a regular basis.</p> <ul style="list-style-type: none"> <li>- They don't stockpile money in the church but use all they have towards meeting the specific needs of the people.</li> <li>- The pastor refers the infected members to HIV/AIDS program in AIC hospital (Kijabe).</li> </ul>	<p>There is need to tell everyone about salvation in Jesus Christ.</p> <ul style="list-style-type: none"> <li>- There is need to preach and warn against immorality in the community.</li> <li>- There is need for the churches to be united. All Christians should unite in spirit and in heart.</li> </ul>

## Appendix H

The community<sup>104</sup> perspective on the church's response to the HIV/AIDS pandemic in Mwimutoni, Escarpment, Kenya

How is the church responding?	How else can the church respond?
<ul style="list-style-type: none"> <li>- Churches have been assisting orphans and widows with food and clothing.</li> <li>- Churches help by giving moral support and contributing towards the needs of the orphans.</li> <li>- The women's guild (Presbyterians) has in the past assisted orphans in meeting their educational needs.</li> </ul> <p>The church conducts various HIV/AIDS awareness seminars in the community, i.e., for youth and adult.</p> <ul style="list-style-type: none"> <li>- The church encourages sexual abstinence to the unmarried and faithfulness among the married.</li> </ul> <p>The church requires those planning to be married to go for HIV/AIDS testing and counseling (VCTs).</p> <ul style="list-style-type: none"> <li>- Certain songs that are now sung in churches talk about AIDS in a language that everyone can hear and understand.</li> <li>- Some churches visit the infected and provide them with ARV drugs and follow-up. The African Inland Church (AIC) helps to provide ARV drugs to the infected through their Kijabe hospital. The hospital delivers drugs to the homes by means of cars and mountain bikes.</li> <li>- The Presbyterian church currently offers a alternative initiation program for the youth. This program helps in providing</li> </ul>	<p>The church should take God's word seriously and be concerned with the needs of the poor.</p> <p>The first thing is to show love to the infected. Then they should preach the truth about HIV/AIDS.</p> <p>The churches should announce the true cause of a person's death. They should clarify that even though the individual became a Christian convert before death that he/she had been infected by HIV/AIDS. They should take the funeral opportunity to warn others about the reality of the pandemic.</p> <ul style="list-style-type: none"> <li>- There should be a community discussion on how to assist orphans and the vulnerable.</li> </ul> <p>There should be a harambee (community fundraiser) to assist the orphaned.</p> <p>Orphans can be assisted to continue higher education. They should also be tutored so that they can perform better in national examinations.</p> <ul style="list-style-type: none"> <li>- The church needs <i>oima- andu</i> (kind hearted) people today who can assist orphans and widows.</li> </ul> <p>The church needs to be united and focused on meeting the needs of the poor. There are presently many divisions in the churches.</p>

<sup>104</sup> Elders, teachers, community leaders, caregivers, and orphans.

# HIV/AIDS guidance and counseling.

- The church can provide jobs for the young people to curb unemployment, e.g. by introducing income generating projects.

There should be more awareness campaigns and people should be warned against behavior that leads to HIV/AIDS infection, e.g. through holding more seminars.

- There is a great need for outside assistance in enabling the church meet the present needs of the orphans.

The church and government should partner to combat the challenges.

The church should try to provide children homes for the orphans. Bringing the orphans together in homes will help in monitoring and providing the necessary care (monitoring and evaluation), i.e., rather than trying to provide aid when they are scattered all over the community.

- The church can provide the necessary counseling, guidance and discipline to the orphans.

Orphans should be receiving free medical care. Medical support is most crucial since medicine can be very expensive.

- Some in the community felt that ARV treatment should be made more available to the infected and this would prolong the lives of the infected. However, there were some who argued that ARV treatment had only exacerbated the pandemic and therefore should be discontinued.

There were differing views on the use of condoms in responding to HIV/AIDS. One leader in the community was directly involved in the distribution of condoms and

	<p>believed that this would help to stop the spread of the pandemic. Others argued that this method only encouraged promiscuous behavior (among youth and adult), and should therefore be eradicated.</p> <p>The churches should unite and provide common activities for the people, e.g. introduce a soccer competition for the youth to avoid idleness and immorality.</p> <p>- Church leaders should teach by exemplary behavior, i.e., they should “live what they preach.”</p>
--	---

## MINISTRY OF SCIENCE & TECHNOLOGY

Telegrams: "SCIENCE TEC", Nairobi

Fax No.

Telephone No: 318581

When replying please quote

**MOS&T 13/001/36C/334/2**



REPUBLIC OF KENYA

JOGOO HOUSE "B"  
HARAMBEE AVENUE  
P.O. Box 60209-00200  
NAIROBI  
KENYA

*24<sup>th</sup> May 2006*

Patrick Gitau Kihui  
P. O. Box 1464  
KIKUYU

Dear Sir

### RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on  
*'Responding to the HIV/AIDS Orphan Crisis in Kenya particularly among  
the Kikuyu of Mwimutoni Village (Escarpment Sub location)*

I am pleased to inform you that you have been authorized to carry out  
research in Kiambu District for a period ending 30<sup>th</sup> June 2008.

You are advised to report to the District Commissioner and the District  
Education Officer Kiambu District before commencing your research  
project.

On completion of your research, you are expected to submit two copies of  
your research report to this office.

Yours faithfully

A handwritten signature in black ink, appearing to be 'M.O. Ondieki', written over a large, stylized flourish.

**M.O. ONDIEKI**

**FOR: PERMANENT SECRETARY**

**Copy to:** The District Commissioner – Kiambu District

The District Education Officer – Kiambu District



APPENDIX J

OFFICE OF THE PRESIDENT

PROVINCIAL ADMINISTRATION AND NATIONAL SECURITY



Telegrams: "DISTRICTER", Kiambu  
Telephone: Kiambu (office) 22321 - 4  
When replying please quote  
CORR 3/9/VOL. V/49

THE DISTRICT COMMISSIONER  
P. O. Box 32  
KIAMBU  
30<sup>th</sup> June, 2006

All District Officers  
**KIAMBU DISTRICT.**

**RE: RESEARCH AUTHORIZATION- PATRICK GITAU KIHU**

The above named has been authorized to carry out research on " Responding to the HIV/AIDS orphan crisis in Kenya particularly among the Kikuyu of Mwimutoni Village ( Escarpment Sublocation).

He will also be seeking information from other parts of the district.

Kindly accord him the necessary co-operation.

A handwritten signature in black ink, appearing to read 'K. Mwanza', enclosed within a circular scribble.

K. MWANZA  
FOR: DISTRICT COMMISSIONER  
**KIAMBU**

c.c.

District Medical of Health  
**KIAMBU**

District Education Officer  
**KIAMBU**

Patrick G. Kihui  
P.O. Box 1464  
**KIKUYU**

## References Cited

- AIC, African Inland Church  
 2004 "Kijabe Hospital Annual Report." Delivered at Kijabe, Kenya.,
- Ali, Abdulsamad  
 2007 "State to Cater for 5,500 More Poor Children." Retrieved 2/27/2007, from the World Wide Web: [www.nationmedia.com](http://www.nationmedia.com).
- Anderson, Walter Truett, ed.  
 1995 *The Truth About The Truth: De-confusing and Re-constructing the Postmodern World*. New York: Penguin Group.
- Aristides  
 1994 "The Apology of Aristides the Philosopher". In *Ante-Nicene Fathers*. D. D. Allan Menzies, ed. Pp. 277. Ante-Nicene Fathers, Vol. 9. Peabody, Massachusetts: Hendrickson Publishers.
- Awori, H. E. Hon. Moody  
 2006 "The Day of the African Child Celebrations". In *Daily Nation*. Pp. 20, Thursday, June 15, 2006. Nairobi, Kenya.
- Barnett, Tony, and Piers Blaikie  
 1992 *AIDS in Africa: Its Present and Future Impact*. New York, NY: The Guilford Press.
- Barrett, David B.  
 1968 *Schism and Renewal in Africa: An Analysis of Six Thousand Contemporary Religious Movements*. Nairobi: Oxford University Press.
- Baur, John  
 1994 *2000 Years of Christianity in Africa*. Nairobi: Pauline Publications Africa.
- Bernard, H. Russell  
 2002 *Research Methods in Anthropolgy: Qualitative and Quantitative Approaches, Third Edition*. Walnut Creek, CA: Alatomira Press.
- Bewes, T.F.C.  
 1953 *Kikuyu Conflict: Mau Mau and the Christian Witness*. London: The Highway Press.
- Biesecker-Mast, Susan Biesecker-Mast and Gerald, ed.  
 2000 *Anabaptists & Postmodernity*. Volume 1. Telford, Pennsylvania: Pandora Press.

Bitrus, Daniel

- 2000 *The Extended Family: An African Christian Perspective*. Nairobi, Kenya: Christian Learning Materials Centre.

Bosch, David J.

- 1991 *Transforming Mission: Paradigm Shifts in Theology of Mission*. Maryknoll, NY: Orbis.

Bradshaw, Bruce

- 1993 *Bridging the Gap: Evangelism, Development, and Shalom*. Monrovia, California: World Vision International.

Campolo, Tony

- 2002 "Introduction: Indifferent Christians and the African Crisis." In *The aWAKE Project*. J. E. a. K. Etue, ed. Nashville, Tennessee: Thomas Nelson.

Catholic Bishops of Kenya

- 1996 *Our Social Responsibility*. Nairobi, Kenya: Pauline Publications Africa.

CBS, Central Bureau of Statistics, Ministry of Health (MOH), and ORC Macro

- 2003 *Kenya Demographic and Health Survey*. Calverton, Maryland: CBS, MOH, and ORC Macro.

Chege, Anne, and Tiras Chege

- 2006 *Private interview with author. July 18, 2006.*

Chege, Bishop Esther

- 2006a *Private interview with author. July 5, 2006.*

Chege, Geoffrey

- 2006b *Private Interview with author. July 3, 2006.*

CIA, Central Intelligence Agency

- 2003 "The World Fact Book- Kenya, vol. 2003" Retrieved December, 2003 from the World Wide Web:  
<http://www.cia.gov/cia/publications/factbook/print/ke.html>.

Comaroff, Jean, and John Comaroff

- 1991 *Of Revelation and Revolution: Christianity, Colonialism, and Consciousness in South Africa*. 2 vols. Volume 1. Chicago and London: The University of Chicago Press.

Comaroff, Jean L., and John L. Comaroff

- 1999 *Of Revelation and Revolution: The Dialectics of Modernity on a South African Frontier*. Volume 2: University of Chicago Press.

Cox, Leo G.

- 1969 "Exodus." In *Beacon Bible Commentary*. A. F. Harper, R. Earle, W. M. Greathouse, and W. T. Purkiser, eds. Pp. 171-315, Vol. 1. Kansas City, Missouri: Beacon Hill Press of Kansas City.

Creswell, John

- 2003 *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. Thousand Oaks, California: Sage Publications.

Davison, Jean

- 1989 *Voices from Mutira: Lives of Rural Gikuyu Women*. Boulder, Colorado: Lynne Rienner Publishers.

Davison, Jean

- 1996 *Voices from Mutira: Change in the lives of Rural Gikuyu Women, 1910-1995*. Boulder, Colorado: Lynne Rienner Publishers.

Dockery, David S., ed.

- 1992 *Holman Bible Handbook*. Nashville, Tennessee: Holman Bible Publishers.

Elkins, Caroline

- 2005 *Britain's Gulag: The Brutal End of Empire in Kenya*. London, UK: Jonathan Cape.

Escarpment Kugeria Quarry Youth Self Help Group

- 2006 *Funding proposal submitted to the Mwimutoni Center of Hope. June 7, 2006.*

Escobar, Samuel

- 2003 *The New Global Mission: The Gospel from Everywhere to Everyone*. Downers Grove, Illinois: InterVarsity Press.

Gachamba, Jacob

- 2006 *Private interview with author. July 7, 2006.*

Gachie, Agnes

- 2006 *Private interview with author. July 11, 2006.*

Gitau, Francis

- 2006 *Private interview with author. July 6, 2006.*

Githige, Renison Muchiri

- 1982 "The Mission State Relationship in Colonial Kenya: A Summary." *Journal of Religion in Africa* XIII XIII(2):111-25.

- Gottlieb, M.S., H. M. Schanker, P. T. Fan, A. Saxon, J. D. Weisman, and I. Pozalski  
 1996 "Pneumocystis Pneumonia- Los Angeles" In *The Journal of the American Medical Association (JAMA)*. Pp. 1020, Vol. 276.
- Gration, John Alex  
 1974 "The Relationship of the African Inland Mission and its National Church in Kenya Between 1895 and 1971." Doctor of Philosophy Dissertation, School of Education, New York University. New York, NY
- Green, Edward C.  
 2003a "How Faith-Based Organisations Have Contributed To AIDS Prevention" In *The Hope Factor: Engaging The Church In The HIV/AIDS Crisis*. D. D. Tetsunao Yamamori, and Tina Bruner, ed. Waynesboro, GA: Authentic Media & World Vision.
- Green, Joel B.  
 2003b *Salvation*. St. Louis, Missouri: Chalice Press.
- Greer, Rowan A.  
 1986 *Broken Lights and Mended Lives*. University Park and London: The Pennsylvania State University.
- Grogan, Geoffrey W.  
 1986 "Isaiah." In *The Expositor's Bible Commentary*. F. E. Gaebelein and R. P. Polcyn, eds. Pp. 3-357, Vol. 6. Grand Rapids, Michigan: Zondervan Publishing House.
- Guy, Michael R.  
 2004 "A Cultural Approach to a Christian Theology of Marriage." In *Marriage and Family in African Christianity*. Nairobi, Kenya: Acton Publishers.
- Hawthorne, Steven C.  
 1999 *Perspectives on the World Christian Movement: Study Guide*. Pasadena, CA: William Carey.
- Hiebert, Paul G.  
 1994 *Anthropological Reflections on Missiological Issues*. Grand Rapids, MI: BakerBooks.
- Hiebert, Paul G.  
 1999 *Missiological Implications of Epistemological Shifts: Affirming Truth in a Modern/Postmodern World*. Harrisburg, Pennsylvania: Trinity Press International.

- Hiebert, Paul G., R. Daniel Shaw, and Tite Tienou  
 1999 *Understanding Folk Religion: A Christian Response to Popular Beliefs and Practices*. Grand Rapids, MI: Baker Books.
- Hobley, C. W.  
 1910 *Ethnology of Akamba And Other East African Tribes*. London: Frank Cass & Co. Ltd.
- Hobley, C.W.  
 1922 *Bantu Beliefs And Magic*. London: Frank Cass & Co. Ltd.
- Huston, Dewey O.  
 1996 ""Brer Rabbit is Dying: The demise of traditional morality among the Kikuyu people of Kenya and an effort to reclaim it" " Doctor of Missiology, Doctor of Missiology, Asbury Theological Seminary. Wilmore, KY
- Jenkins, Philip  
 2002 *The Next Christendom: The Coming of Global Christianity*. New York, NY: Oxford University Press.
- Jones, E. Stanley  
 1931 *The Christ of the Mount: A Working Philosophy of Life*. Eugene, Oregon: Wipf and Stock Publishers.
- Kagwi  
 2006 *Private interview with author. July 13, 2006.*
- Kahia, Fred  
 2006 *Private interview with author. July 17, 2006.*
- Kalland, Earl S.  
 1992 "Deuteronomy." In *The Expositors Bible Commentary*. F. Gaebelein and R. Polcyn, eds. Pp. 3-239, Vol. 3. Grand Rapids, Michigan: Zondervan Publishing House.
- Kamau, Bishop Raphael  
 2006a *Private interview with author. July 5, 2006.*
- Kamau, Peter  
 2006b *Private interview with author. July 8, 2006.*
- Kanyi, Joseph  
 2006 *Private interview with author. July 3, 2006.*
- Kariuki, Samuel  
 2006 *Private interview with author. July 18, 2006.*

- Kenya, Central Bureau of Statistics (CBS), Ministry of Health (MOH) Kenya, and ORC Macro  
 2003 *Kenya Demographic and Health Survey*. Calverton, Maryland: CBS, MOH, ORC Macro.
- Kenyatta, Jomo  
 1938a *Facing Mount Kenya*. Nairobi: Heinemann Kenya Ltd.
- Kenyatta, Jomo  
 1938b *Facing Mount Kenya*. Nairobi, Kenya: East African Educational Publishers Ltd.
- Kenyatta, Jomo  
 1938c *Facing Mount Kenya: The Tribal Life of the Gikuyu*. New York: Vintage Books.
- Kiama, Beatrice  
 2006 *Private interview with author. July 14, 2006.*
- Kiarie, Alice  
 2006a *Private interview with authour. July 11, 2006.*
- Kiarie, Daniel  
 2006b *Private Interview by author. July 3, 2006.*
- Kidsalive  
 2006 "History and Mission." Retrieved 11/17/2006, from the World Wide Web: <http://www.kidsalive.org/history.htm>.
- Kirk, Andrew  
 1997 *The Good News of the Kingdom Coming: The Marriage of Evangelism and Social Responsibility*. Downers Grove, Illinois: Intervarsity Press.
- Kittel, Gerhard, ed.  
 1964 *Theological Dictionary of the New Testament*. Volume II. Grand Rapids, Michigan: Wm. B. Eerdmans Publishing Company.
- Knauf, Bruce M.  
 1996 *Genealogies for the Present in Cultural Anthropology*. New York, NY: Routledge.
- Kobia, Samuel  
 1989 "A living hope that Christ Jesus brings to humankind." In *Christian Mission and Social Transformation: A Kenyan Perspective*. J. N. K. Mugambi, ed. Nairobi, Kenya: National Council of Churches in Kenya.

- Kuria, Tabitha  
2006a *Private interview with author. July 6, 2006.*
- Kuria, Zakaria  
2006b *Private interview with author. July 17, 2006.*
- Lackey, Alfred  
2006 *Private interview with author. June 2, 2006.*
- Lam, Yeen-Lan  
2006 *Private interview with author. July 8, 2006.*
- Leakey, L. S. B.  
1952 *Mau Mau and the Kikuyu*. London: Methuen & Co. Ltd.
- Leakey, L. S. B.  
1954 *Defeating Mau Mau*. London: Methuen & Co. Ltd.
- Lockyer, Herbert  
1966 *All the Books and Chapters of the Bible*. Grand Rapids, Michigan: Zondervan Publishing House.
- Mageto, Peter  
2006 *Victim Theology: A Critical Look at the Church's Response to AIDS*. Bloomington, IN: AuthorHouse.
- Marquardt, Manfred  
2000 *John Wesley's Social Ethics: Praxis and Principle*. J. E. Steely and W. S. Gunter, transl. Eugene, Oregon: Wipf and Stock.
- Maruri, Karanja  
2006 *Private interview with author. July 3, 2006.*
- Mbiti, John S.  
1969 *African Religions and Philosophy*. Nairobi, Kenya: East African Educational Publishers Ltd.
- McGavran, Donald  
1955 *The Bridges of God: A Study in the Strategy of Missions*. United Kingdom: World Dominion Press.
- McGavran, Donald  
1972 "Wrong Strategy: The Real Crisis in Mission." In *Eye of the Storm: The Great Debate in Mission*. D. McGavran, ed. Pp. 97-107. Waco, Texas: Word Books.



McGavran, Donald

- 1990 *Understanding Church Growth, Third Edition*. Grand Rapids, Michigan: William B. Eerdmans Publishing Company.

McGavran, Donald

- 1999 "The Bridges of God." In *Perspectives on the World Christian Movement, Third Edition*. R. D. Winter and S. C. Hawthorne, eds. Pp. 323-338. Pasadena, California: William Carey Library.

Mckercher, Susan

- 2006 *E-mail communication with author. April 12, 2006.*

Messer, Donald E.

- 2004 *Breaking the Conspiracy of Silence: Christian Churches and the Global AIDS Crisis*. Minneapolis: Fortress Press.

MOH, Ministry of Health

- 1997 *Sessional Paper No. 4 on AIDS in Kenya*. Nairobi, Kenya.

MOH, Ministry of Health

- 2005 *AIDS in Kenya: Trends, Interventions and Impact*.

Muchai, Paul

- 2006 *Private interview with author. July 17, 2006.*

Muchiri

- 2006 *Private interview with author. July 13, 2006.*

Muigai, Elijah

- 2006 *Private interview with author. July 3, 2006.*

Muiruri, Francis

- 2006a *Private interview with author. July 18, 2006.*

Muiruri, John

- 2006b *Private interview with author. July 17, 2006.*

Muranja, Meshack

- 2006 *Private interview with author. July 18, 2006.*

Murikwa, Julius Kabura

- 1985 "American and Kikuyu Worldview Contrast and the Communication of the Gospel." Doctor of Missiology, School of World Mission, Fuller Theological Seminary. Pasadena, CA

- Muriuki, Godfrey  
1974 *A History of the Kikuyu: 1500- 1900*. London: Oxford University Press.
- Muriuki, Godfrey  
1976 "Kenya Before 1900." In *Kenya Before 1900*. B. A. Ogot, ed. Nairobi: East African Publishing House.
- Mwangi, Mary W.  
2001 "The Psycho-Social Needs and Support Systems of Children Affected by HIV/AIDS." Delivered at Department of Educational Psychology, Kenyatta University, Nairobi, Kenya, February, 2001
- Mwaura, Philomena Njeri  
2000 "Healing as a Pastoral Concern." In *Pastoral Care in African Christianity*. Nairobi, Kenya: Acton Publishers.
- Myers, Bryant L.  
1999 *Walking With The Poor: Principles and Practices of Transformational Development*. Maryknoll, New York: Orbis Books.
- Nampanya-Serpell, Namposya  
1999 "Children Orphaned by HIV/AIDS in Zambia: Risk Factors from Premature Parental Death and Policy Implications." PhD. Dissertation, Policy Sciences Graduate Program, University of Maryland. Baltimore, MD
- NASCOP, National Aids and STI Control Programme  
2005 *AIDS in Kenya: Trends, Interventions and Impact*. Nairobi, Kenya: Ministry of Health.
- Ndinguri, Paul  
2006 *Private interview with author. July 19, 2006.*
- Nduati, Francis  
2006 *Private interview with author. July 17, 2006.*
- Neill, Stephen  
1964 *A History of Christian Mission*. Volume 6 (The Penguin History of the Church). New York, NY: Penguin Group.
- Nelson, Harold D., ed.  
1983 *Kenya: A Country Study*. Washington, D.C.: U.S. Government Printing Office.
- Nelson, Nici  
1992 "The women who left and those who stayed behind: rural-urban migration in central and western Kenya". In *Gender and Migration in Developing Countries*. S. Chant, ed. New York, NY: Belhaven Press.

Nelson, Nici

- 2002 "Surviving in the city: Coping Strategies of Female Migrants in Nairobi, Kenya" In *Urban Life: Readings in the Anthropology of the City*. G. Gmelch and W. Zenner, eds. Long Grove, Illinois: Waveland Press.

Ngendo, Hannah

- 2006 *Private interview with author. July 14, 2006.*

Ngugi, Wa Thiong'o

- 1986 *Decolonizing the Mind: The Politics of Language in African Literature*. Oxford, England: James Currey.

Njambi, Regina

- 2006 *Private interview with author. July 11, 2006.*

Njuguna, Daniel

- 2006 *Private interview with Author. July 19, 2006.*

Odinga, Oginga

- 1967 *Not Yet Uhuru: The Autobiography of Oginga Odinga*. New York, NY: Hill and Wang.

Ogot, Bethwell

- 2004 *Politics and the AIDS Epidemic in Kenya 1983- 2003*. Kisumu, Kenya: Anyange Press, Ltd.

Ogot, Bethwell A.

- 1981 *Historical Dictionary of Kenya*. Metuchen, N.J., & London: The Scarecrow Press, Inc.

Ogot, Bethwell A.

- 1995 "Transition from Single Party to Multiparty Political System: 1989- 93." In *Decolonization & Independence in Kenya: 1940- 93*. B. A. Ogot and W. R. Ochieng', eds. Nairobi: East African Educational Publishers.

Oliver, Ronald

- 1952 *The Missionary Factor in East Africa*. London: Longmans.

Oshomuvwe, Joe, ed.

- 1998 *Evolving Strategies for Alleviating Poverty in Kenya*. Nairobi, Kenya: Catholic University of Eastern Africa.

Oxford Center for Mission Studies, The

- 1990 "The Oxford Declaration on Christian Faith and Economics, January 1990" In *Mission as Transformation*. V. Samuel and C. Sugden, eds. Irvine, California: Regnum.

Oxford Center for Mission Studies, The

- 1996 "A Christian Response to Population Issues: An Oxford Statement (January 1996)." In *Mission as Transformation*. V Samuel and C. Sugden, eds. Irvine, California: Regnum.

Pohl, Christine D.

- 1999 *Making Room: Recovering Hospitality as a Christian Tradition*. Grand Rapids, Michigan: William B. Eerdmans Publishing Company.

Powell, G. M., S. Morreira, C. Rudd, and R. P. Ngonyama

- 1994 "An advocacy report based on a study of Child Welfare Policy and Practice in Zimbabwe." Delivered at Department of Paediatrics and Child Health, University of Zimbabwe in collaboration with the Department of Social Welfare, Ministry of Public Service, Labour and Social Welfare, December, 1994

Price, Ross E.

- 1966 "Isaiah." In *Beacon Bible Commentary*. A. F. Harper, R. Earle, W. M. Greathouse, and W. T. Purkiser, eds. Pp. 19-298, Vol. 4. Kansas City, Missouri: Beacon Hill Press.

Rafiki, Foundation

- 2006 "History of Rafiki." Retrieved 11/17/2006, from the World Wide Web: <http://www.rafiki-foundation.org>.

Reaves, Malik Stan

- 1997 "Alternative Rite to Female Circumcision Spreading in Kenya" Retrieved February 13, 2007 from the World Wide Web: <http://www.hartford-hwp.com/archives/36/041.html>.

Republic of Kenya

- 1999 *1999 Population and Housing Census: Population Distribution by Administrative Areas and Urban Centers*. 3 vols. Volume 1. Nairobi, Kenya: Central Bureau of Statistics, Ministry of Finance and Planning.

Republic of Kenya

- 2001 *Kiambu District Development Plan (2002- 2008): Effective Management for Sustainable Economic and Poverty Reduction*. Nairobi, Kenya: Government Printer.

Richardson, Kenneth

- 1968 *Garden of Miracles: A History of the Africa Inland Mission*. London and Eastbourne: Victory Press in association with Africa Inland Mission.

Roberts, Janine

- 2006 *E-mail communication with author. March 3, 2006.*

- Rogers, Everett M.  
2003 *Diffusion of Innovations, Fifth Edition*. New York, NY: Free Press.
- Routledge, W. S., and K. Routledge  
1910 *With A Prehistoric People: The Akikuyu of British East Africa*. London: Frank Cass & Co. Ltd.
- Samuel, Vinay  
1999 "Mission as Transformation" In *Mission as Transformation: A Theology of the Whole Gospel*. V. Samuel and C. Sugden, eds. Irvine, California: Regnum.
- Samuel, Vinay, and Chris Sugden, eds.  
1999 *Mission as Transformation: A Theology of the Whole Gospel*. Irvine, California: Regnum.
- Sanneh, Lamin  
1989 *Translating the Message: The Missionary Impact on Culture*. Maryknoll, New York: Orbis Books.
- Segura-April, Desiree L.  
2005 "The Girl-Child in Latin America: A Case Study Analysis of Gender-Sensitive Theories and Practices Operating Within Five Children's Mission Projects." Doctor of Philosophy Dissertation, E. Stanley Jones School of World Mission and Evangelism, Asbury Theological Seminary. Wilmore, Kentucky
- Shorter, Alyward, and Edwin Onyancha  
1998 *The Church and AIDS in Africa, A Case Study: Nairobi City*. Nairobi, Kenya: Paulines Publications Africa.
- Snyder, Howard A.  
1991 *Models of the Kingdom*. Nashville: Abingdon Press.
- Snyder, Howard A.  
2001 *Kingdom, Church, and World: Biblical Themes For Today*. Eugene, Oregon: Wipf and Stock Publishers.
- Spradley, James  
1980 *Participant Observation*. Toronto, Canada: Wadsworth.
- Strauss, Anselm, and Juliet Corbin  
1998 *Basics of Qualitative Research: Techniques and procedures for developing Grounded Theory*. Thousand Oaks, California: SAGE Publications.

Strayer, Robert W

- 1978 *The Making of Mission Communities in East Africa: Anglicans and Africans in Colonial Kenya, 1875- 1935*. London: Heinemann.

Subbarao, Kalanidhi. and Diane Coury

- 2004 *Reaching Out to Africa's Orphans: A Framework for Public Action*. Washington, DC: The World Bank.

Temu, A. J.

- 1972 *British Protestant Missions*. London: Longman Group Limited.

Thagana, Bishop David

- 2006 *Private interview with author. July 12, 2006*.

Thanga, Joseph

- 2006 *Private interview with authour. July 7, 2006*.

Thiarara, Alfred

- 2006 *Private interview with author. July 10, 2006*.

Thiongo, Evanson

- 2006 *Private interview with author. July 11, 2006*.

Tignor, Robert

- 1976 *The Colonial Transformation of Kenya: The Kamba, Kikuyu, and Maasai from 1900 to 1939*. Princeton, New Jersey: Princeton University Press.

UNAIDS

- 2005 *AIDS in Africa: Three Scenarios to 2025*. <http://www.unaids.org>.

UNAIDS, UNICEF, and USAID

- 2004 "Children on the Brink 2004: A Joint Report of New Orphan Estimates and a Framework for Action." Delivered at UNAIDS/UNICEF/USAID collaboration, [www.unaids.org](http://www.unaids.org), [www.unicef.org](http://www.unicef.org), and [www.usaid.gov](http://www.usaid.gov),

UNAIDS, and WHO

- 2005 *AIDS Epidemic Update: Special Report on HIV Prevention*. <http://www.unaids.org>.

Unger, Merrill F., and William White, eds.

- 1980 *Nelson's Expository Dictionary of the Old Testament*. Nashville: Thomas Nelson Publishers.

UNICEF

- 1999 *Children Orphaned by AIDS: Front-Line Responses from Eastern and Southern Africa*. New York, NY: United Nations Children's Fund.

## UNICEF

- 2004 "Study of the Response by Faith-Based Organizations to Orphans and Vulnerable Children." Delivered at World Conference of Religions for Peace, New York, NY, January 2004

## UNICEF, United Nations Children's Fund

- 2003 "Africa's Orphaned Generations" Retrieved November, 2003 from the World Wide Web: [www.unicef.org](http://www.unicef.org).

## van Willigen, John

- 2002 *Applied Anthropology: An Introduction*. Westport, Connecticut: Bergin & Garvey.

## Vinay Samuel &amp; Chris Sugden, eds.

- 1987 *The Church in Response to Human Need*. Eugene, Oregon: Wipf and Stock Publishers.

## Vine, W. E.

- 1979 *Vine's Expository Dictionary of New Testament Words*. Mclean, Virginia: Mac Donald Publishing Company.

## Wahinya, Betty

- 2006 *Private interview with author. July 11, 2006.*

## Wambua

- 2006a *Private interview with author. July 13, 2006.*

## Wambua, Tito Mark

- 2006b *Private interview with author. July 5, 2006.*

## Wambugu, Fr. Hilary, James Mwangi Ngarariga, and Peter Muriithi Kariuki, eds.

- 2006 *The Agikuyu: Their Customs, Traditions & Folklore (Fr. C. Cagnolo, I.M.C.)*. Nairobi: Wisdom Graphics Place.

## Wambui, Beth

- 2006 *Private interview with author. July 14, 2006.*

## Wamweya, Joram

- 2006 *Private Interview by author. July 3, 2006.*

## Wanjiru, Peris

- 2006 *Private interview with author. July 14, 2006.*

## Wariara, Philomena

- 2006 *Private interview by author. July 14, 2006.*

Wario, Hukko

- 2006 "The Day of the African Child Celebrations 2006" In *Daily Nation*, June 15. Nairobi, Kenya.

White, Louise

- 1990 *The Comforts of Home: Prostitution in Colonial Nairobi*. Chicago, Illinois: The University of Chicago Press.

Whiteside, Alan, and Clem Sunter

- 2000 *AIDS: The Challenge for South Africa*. Cape Town, South Africa: Human & Rousseau and Tafelberg.

Winter, Ralph D.

- 1999 "The Two Structures of God's Redemptive Mission." In *Perspectives on the World Christian Movement*. R. D. Winter and S. C. Hawthorne, eds. Pasadena, California: William Carey Library.

WR, World Relief

- 2003 *Our Children: The Church Cares for Children Affected by AIDS*. Baltimore, MD: World Relief Corporation.

Yamamori, Tetsunao, Bryant L. Myers, Kwame Bediako, and Larry Reeds, eds.

- 1996 *Serving With the Poor in Africa*. Monrovia, California: MARC, a division of World Vision International.

Yoder, Perry

- 1987 *Shalom: The Bible's Word for Salvation, Justice, and Peace*. Napanee, Indiana: Evangel Publishing House.

Zahniser, A. H. Mathias

- 1997 *Symbol and Ceremony: Making Disciples Across Cultures*. Monrovia, CA: MARC Books, World Vision International.



