

**A HISTORY OF THE CHURCH OF CHRIST IN THE SOUTHERN PROVINCE  
OF ZAMBIA, 1910-2015**

**BY**

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## **DECLARATION**

I, Brian Daka do hereby declare that this dissertation represents my own work and that it has not been previously submitted for a degree at this or any other university

SIGNED \_\_\_\_\_

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## APPROVAL

This dissertation of Daka Brian is approved as fulfilling part of the requirements for the award of the degree of Master of Arts in History by the University of Zambia.

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## **ABSTRACT**

This study is an attempt to reconstruct a history of the Church of Christ in the Southern province of Zambia from 1910 to 2015. In doing so, it examines key aspects of the church's activities including its contribution to the development of education, health and orphan care provision in Southern province. The study argues that like many other missionary societies, the Church of Christ utilised education and medical outreach programmes to win converts. Unlike other missionary societies, the church continued using education as a major tool of winning converts even after independence. However, the church transformed its strategies, from focusing on the classroom to win converts to using outreach programmes after independence. The study further demonstrates that the church was involved in health care provision since colonial times. However, it did not do much in the colonial era, but after independence, it developed into one of the most important health care providers in Southern province. The church provided health care because it felt it was a responsibility given to it by Jesus. The church did not only provide health care through its clinics but it also conducted medical missions in most parts of Southern province. The study argues that medical missions were accompanied by massive evangelism and church planting. The study further concluded that the church was first involved in orphan care during the colonial period. It argues that orphan care in the colonial period was different from that of the post-colonial period. At inception the church kept orphans through institutionalised orphan care while after independence it transformed to home based care. The study further argues that the Church of Christ and the state collaborated well in education, health and orphan care. For instance, the state exempted the mission from paying taxes on imports.

## **DEDICATION**

I dedicate this work to my parents Mr Charles Chigali and Florence Daka for their love and support over the years.

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## LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Treatment
ARV	Antiretroviral Drugs
BSACO	British South Africa Company
CHAZ	Churches Health Association of Zambia
FAWEZA	Forum for African Women Educationalists of Zambia
GBCCE	George Benson Christian College of Education
HIV	Human Immunodeficiency Virus
NAZ	National Archives of Zambia
NCSS	Namwianga Christian Secondary School
NRHC	Namwianga Rural Health Centre
PEMS	Paris Evangelical Missionary Society
PMS	The Primitive Methodist Society
PMTC	Prevention of Mother to Child Transmission
TB	Tuberculosis
UNIP	United National Independence Party

USA

United States of America

ZMM

Zambia Medical Mission

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# CHAPTER 1

## INTRODUCTION

### 1.1.Introduction and Historical Background

The Church of Christ in Southern Africa was first established in South Africa at the Cape of Good Hope by British missionaries around 1880.<sup>1</sup> John Sherriff, a missionary from New Zealand felt compelled to extend the activities of the church beyond the Limpopo River into Matabele land in Southern Rhodesia. Sherriff arrived in Bulawayo in 1898 and immediately began his missionary activities supporting it through his stonemason business.<sup>2</sup> Sherriff established his first mission station in 1919 at Dedaya in the Lundi Reserve area. He taught his workers the Bible and letters of the alphabet after which he sent those who showed promise as teacher-evangelists back to their countries for evangelism.<sup>3</sup> Most of these young men were labour migrants from countries across Southern and Central Africa. During his time in Bulawayo, Sherriff met Peter Masiya and Bulawayo Kukano whom he employed at his farm and later converted to Christianity. Masiya was sent to Northern Rhodesia, to start his missionary work in Livingston by Sherriff. Masiya proved to be an integral part of the mission work as he pioneered mission works in Northern Rhodesia by establishing the first church of the Church of Christ in 1910 at Mukuni Village in Livingstone.<sup>4</sup> Apart from church work, Masiya taught his converts how to read and write.<sup>6</sup> Masiya is believed to have been a labour migrant from

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<sup>1</sup> Peter Snelson, *Education Development in Northern Rhodesia 1883-1945*, 2<sup>nd</sup> edition (Lusaka: Kenneth Kaunda Foundation, 1974), p.174.

<sup>2</sup> Snelson, *Education Development*, p.174.

<sup>3</sup> John D. Merritt, *The Dew Breakers* (Mississippi: J.C Choate Publications, 1980), p.26.

<sup>4</sup> R. Kemp, "The Origins of Christian Mission Societies in Zambia," M.Th. Dissertation: Melbourne College of Divinity, 1979, p.51.

<sup>5</sup> Kapulungwa Mubitana, "Christian Missions and The Toka-Leya of Southern Province," Ph.D. Thesis: University of Edinburgh, 1977, p.104.

<sup>6</sup> Snelson, *Education Development*, p.174.

Nyasaland.<sup>7</sup> His first converts in Northern Rhodesia were Kambole Mpatamatenga and his wife, Mafuta Simbeza and Mujalanyana. Mpatamatenga worked as a cook for a government doctor in Livingstone but he later resigned from his job to become an interpreter for Will N. Short when Masiya died in 1923.<sup>8</sup>

F.B. Shepherd, a close friend of Sherriff encouraged Short, a preacher in the USA to come to Northern Rhodesia for missionary work.<sup>9</sup> Before coming to Northern Rhodesia, Short went to Southern Rhodesia where he stayed with Sherriff for some time. There, he was taught how to conduct missionary work in Africa.<sup>10</sup> After his informal training, Short was sent to formally begin his missionary work in Northern Rhodesia. He arrived in 1923 and found that the foundation of the church's work was already established.<sup>11</sup> Masiya already had a congregation of about 200 people which made his work easy.<sup>12</sup> Short decided to set up a permanent mission station called Sinde at Mujala near Senkobo.<sup>13</sup> He decided to build schools at Siamundele village in 1925 with Kambole Mpatamatenga as the teacher-evangelist and another one at Kabanga Mission in 1927.<sup>14</sup>

George Benson was one of the prominent missionaries for the Church of Christ in Oklahoma, USA. The Church of Christ in Oklahoma sponsored most of his missionary work in China while John Dow Merritt served in the First World War as an aid to a doctor. After the war, Merritt decided to become a missionary.<sup>15</sup> Merritt had initially planned to accompany George Benson to China on his evangelical work but before they could go, the communist government in

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<sup>7</sup> Mubitana, "Christian Missions," p.104.

<sup>8</sup> Stan Shewmaker, *Tonga Christianity* (California: William Carey Library, 1970), p.50.

<sup>9</sup> Merritt, *The Dew Breakers*, p.26.

<sup>10</sup> Merritt, *Dew Breakers*, p.26.

<sup>11</sup> Mubitana, "Christian Missions," p.104.

<sup>12</sup> Kemp, "Origins of Christian Mission," p.51.

<sup>13</sup> Kemp, "Origins of Christian Mission," p.51.

<sup>14</sup> Snelson, *Education Development*, pp.174-175.

<sup>15</sup> Phil Watson(ed), *Missionary Experiences* (Oklahoma: Gospel Light Publishing Co.1987), p.178.

China ordered all Christian missionaries to leave the country.<sup>16</sup> Benson decided to continue with his missionary work in the Philippines while Merritt went to Northern Rhodesia in 1926. He stayed at Sinde Mission in Livingstone for one year before moving to Kabanga which is situated in Chief Simwatachela's area in Kalomo district in the Southern province of Zambia.<sup>17</sup>

The Church of Christ wanted to open new mission stations near Sinde in Chief Mukuni and Chief Sekute's Chiefdom, but they failed due to their rivalry with the Paris Evangelical Missionary Society. The PEMS was an inter-denominational missionary society which obtained support from Switzerland, France, and Italy.<sup>18</sup> The PEMS had established its first mission station in 1830 in Basutoland which became the headquarters of its missionary work in Southern and Central Africa.<sup>19</sup> The PEMS had also established a mission station by 1889 at Kazungula among the Toka-Leya and the Subiya.<sup>20</sup> The PEMS could not allow other missionary societies to operate within their area of influence as they competed for converts. This forced the Church of Christ to establish another mission station in Kalomo district at a place known as Kabanga. Kabanga Mission was opened in 1927 by Merritt and Ray Lawyer.<sup>21</sup> The influence of the Church of Christ in Northern Rhodesia grew when George Scott arrived in 1927 for evangelical work. He stayed in the country until 1941. During this period he baptised 1000 people.<sup>22</sup>

In 1932, W.C. Brown established Namwianga Mission located about 7km from Kalomo town.<sup>23</sup> Namwianga became the centre for the Church of Christ's missionary work in Northern

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<sup>16</sup> Watson(ed), *Missionary Experiences*, p.180.

<sup>17</sup> Watson(ed), *Missionary Experiences*, p.178.

<sup>18</sup> Mubitana, "Christian Missions," p.101.

<sup>19</sup> Mubitana, "Christian Missions," p, 101.

<sup>20</sup> Mubitana, "Christian Missions," p, 102.

<sup>21</sup> Mubitana, "Christian Missions," p.104.

<sup>22</sup> Kemp, "The Origins of Christian Mission," p.51.

<sup>23</sup> Kemp, "The Origins of Christian Mission," p.51.

Rhodesia with schools and missionary homes built at the station.<sup>24</sup> The missionaries established a primary school for African children at modern day Namwianga Christian Basic School in 1932.<sup>25</sup> The church was involved in intensive provision of education from 1930 onwards because the missionaries appreciated the need for Africans to learn how to read the bible for themselves.<sup>26</sup> The provision of education proceeded hand in hand with church growth in that those who went through missionary education became converts and later established churches where they went. Most of the pupils later became teacher-evangelists.

Due to missionary interest in education, the Church of Christ built many schools. The church decided to handover 19 of its schools to the UNIP government as a gesture of goodwill to the new government in 1964.<sup>27</sup> Despite the government nationalising most of the schools at independence, it encouraged Namwianga Mission to build a secondary school.<sup>28</sup> Benson and Merritt returned to the USA to source for funds to build a secondary school. The two missionaries managed to raise enough money for building a secondary school. Subsequently, in 1966, Namwianga Christian Secondary School was established to provide secondary education.<sup>29</sup>

When the school was opened, most of the teachers including the headmaster were from USA until late in the 1980s when the church began to Zambianise its human resource.<sup>30</sup> At present, all teachers at NCSS are Zambians. The school has graduated over 5,000 people who subsequently became experts in various fields.<sup>31</sup>

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<sup>24</sup> Mubitana, "Christian Missions," p.106.

<sup>25</sup> Shewmaker, *Tonga Christianity*, p.52.

<sup>26</sup> Kemp, "The Origin of Christian Mission," p.51.

<sup>27</sup> Kemp, "The Origin of Christian Mission," p.51.

<sup>28</sup> Watson, *Missionary Experiences*, p.181.

<sup>29</sup> <http://zambiamissions.org/about/introduction/history>.accessed:08/04/2019.

<sup>30</sup> Watson, *Missionary Experiences*, p.211.

<sup>31</sup> George Phiri, GBCCE, Kalomo District, 6 May 2019.

Due to the success of the secondary school, the church was encouraged to build a Bible College at Namwianga Mission in 1989. At its inception, the college only provided Bible courses but due to the high demand for teachers in Zambia, it decided to transform the Bible College into a teacher training college known as George Benson Christian College of Education. The college was named in honour of George Benson. The college introduced education courses such as History, English, Mathematics and Religious Education as a minor to all the other subjects. The college trained teachers in various teaching subjects. The college has since expanded its curriculum to include Civic Education, Social Studies and Information Technology.<sup>32</sup>

At present, the Church of Christ oversees five schools in Southern province. At Namwianga Mission, there is Namwianga Christian Basic School which runs from grade 1 to 9 and NCSS which provides education from Grade eight to 12 while Kabanga Christian Secondary School runs from grade one to 12, Sinde Christian Basic School from grade 1 to 9, and Zyangale Basic School from grade 1 to 9.<sup>33</sup>

Merritt's son, Roy was educated in Zambia, but he went to Harding University to pursue his undergraduate and master's degree in the 1960s.<sup>34</sup> While at Harding University, Roy developed a passion to become a missionary like his father. During his time at Harding, Roy became a minister at Midway Church of Christ in North Eastern Arkansas.<sup>35</sup> Upon completing his studies Roy returned to Namwianga Mission in 1969. He worked as a teacher at NCSS and

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<sup>32</sup> Phiri interview cited.

<sup>33</sup> <http://zambiamissions.org/about/introduction/history>.

<sup>34</sup> Watson (ed.), *Missionary Experiences*, p.219.

<sup>35</sup> <http://www.prescottcoc.org/NamwiangaMissionZambiaAfrica.htm>.accessed:08/04/2019.

later became the headmaster of the same school.<sup>36</sup> After some years, he retired from teaching and became involved in full-time missionary activities.

Roy was actively involved in missionary work at Namwianga Mission. He published hymn books and translated English Bibles into local languages.<sup>37</sup> Apart from this, he converted an old school into an orphanage called Eric's house where he lived with his wife Kathy Brown and orphans. He also oversaw the construction of the Haven Orphanage.<sup>38</sup>

## **1.2. Statement of the Problem**

The Church of Christ has contributed immensely to the wellbeing of the people of Southern province by providing education, health facilities and other amenities to the underprivileged groups. Although a lot of scholarly work has been done on the activities of missionary societies in Zambia, there is limited academic literature on the activities of the Church of Christ. This study seeks to investigate the history of the Church of Christ in the Southern province of Zambia in relation to its contribution to the development of social sectors such as education, health and orphan care.

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<sup>36</sup> Watson (ed.), *Missionary Experiences*, p.216.

<sup>37</sup> Interview, Roy Merritt, Namwianga Mission, Kalomo District, 8 June 2019.

<sup>22</sup> <http://www.prescottcoc.org/NamwiangaMission/Zambia/Africa.htm>

### **1.3. Objectives of the Study**

The general aim of this study was to investigate and record the history of the Church of Christ in the Southern Province of Zambia.

The specific objectives were to:

- i) Examine the development of education under the Church of Christ
- ii) Examine the impact of health care provision under the Church of Christ
- iii) Investigate the development of orphan care under the Church of Christ

### **1.3. Rationale**

The study will contribute to the limited literature on the Church of Christ and the already existing studies on missionary activities in Zambia during the colonial and post-colonial periods. It is also envisioned that the study will inspire further research interest on the subject.

### **1.4. Literature Review**

A survey of literature shows that there is a lot that has been written on missionary activities in most parts of the world. However, little academic research has been done on the activities of the Church of Christ. Most of the existing works focus on the activities of early missionary societies such as the London Missionary Society,<sup>39</sup> the Paris Evangelical Mission,<sup>40</sup> the Roman Catholic<sup>41</sup> and the Seventh Day Adventist.<sup>42</sup> For instance, Wilks's work on missionary medicine in India brought to the fore strategies which British protestant missionaries

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<sup>39</sup> Robert I. Rotberg, *Christian Missionaries and the Creation of Northern Rhodesia, 1880-1924* (Princeton: Princeton University Press, 1965), p.55.

<sup>40</sup> Michael Gelfand, *Northern Rhodesia in the Days of the Charter: A Medical and Social Study, 1878-1924* (Oxford: Basil Blackwell, 1961), p.21.

<sup>41</sup> Hugo F. Hinfelaar, *History of the Catholic Church in Zambia* (Lusaka: Bookworld, 2004), p.7.

<sup>42</sup> Absalom .M. Mhoswa, "A Study of the Education Contribution of the Jesuit Mission at Chikuni and the Adventist Mission at Rusangu 1905-1964." M.A. Dissertation: University of Zambia, 1980, p.20.

used to convert indigenous people in India who had leprosy. She observed that lepers were deliberately isolated in leprosy asylums because missionaries could exercise full control over them.<sup>43</sup> She argued that leprosy asylums made patients come under the influence of missionaries on a daily basis as missionaries would preach and treat them at the same.<sup>44</sup> She argued that the isolation of lepers indirectly created a native Christian community.<sup>45</sup> According to her, missionaries in India desired to increase converts by building schools, hospitals and leprosy asylums.<sup>46</sup> Although this work focused on how missionaries in India used leprosy asylums to convert local people, it gave us a comparative analysis on the strategies which missionary societies used to convert indigenous people.

A number of scholars have written on missionary activities at global level. Among them is Kenneth .S. Latourete. However, Latourete took a general approach as he looked at American missionaries overseas. Nonetheless, his work was useful to our study as it laid down the philosophy of protestant American missionaries when planting churches. Our study seeks to fill this gap by focusing on the Church of Christ. He argued that American protestant missionaries aimed at creating churches which were self-governing, self-supporting and self-propagating.<sup>47</sup> He also argued that physicians and nurses were primary sent to take care of their fellow missionaries although health services were extended to local people.<sup>48</sup> This was also observed by Jennings who noted that clinics were established to take care of the health of missionaries despite

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<sup>43</sup> Lauren Wilks, "Missionary Medicine and the 'Separatist Tradition': An Analysis of the Missionary Encounters with Leprosy in Late Nineteenth Century India," *Social Scientist*, Vol 39, No. 5/6(May-June 2011), p.50.

<sup>44</sup> Wilks, "Missionary Medicine,"pp.50-54.

<sup>45</sup> Wilks, "Missionary Medicine," p.59.

<sup>46</sup> Wilks, "Missionary Medicine," p.54.

<sup>47</sup> Kenneth S. Latourete, "Missionaries Abroad" *The Annals of the American Academy of Political and Sciences*, Vol 368,( Nov, 1966), pp.21-30.

<sup>48</sup> Latourete, "Missionaries Abroad," p.23.

missionaries extending this service to local people.<sup>49</sup> In addition, Jennings argued that missionaries encouraged local people to use western medicine because to them it was a sign of rejecting pagan superstitions.<sup>50</sup> These studies are critical to our work as they helped us to understand the philosophy of the Church of Christ since it is also an American missionary society.

Wamagatta's work discussed the impact of government policies towards mission education in colonial Kenya. He observed that changes in the education policy led to the decline of the Gospel Missionary Society in Kenya.<sup>51</sup> He noted that this missionary society decided to withdraw from the mission field due to increased pressure for quality education from the Kenyan colonial government. This study helped us understand how government policies affected missionary societies including their relationship.

James P.M. Ntozi and Jackson Mukiza-Gapere's work is another relevant work to our study. In their article "Care for AIDS Orphans in Uganda" they focused on who took the responsibility of caring for orphans who had lost their parents through HIV/AIDS in Uganda. They argued that most of the AIDS orphans were taken up by their relatives although some relatives refused to take them up due to stigma.<sup>52</sup> Similarly, Kingsley M. Lishomwa paid attention to the involvement of parents and guardians in education for orphans and non-orphaned children in Mongu district. His central focus was how much attention the guardians had given

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<sup>49</sup> Michael Jennings, "Healing of Bodies, Salvation of Souls: Missionary Medicine in Colonial Tanganyika, 1870-1939," *Journal of Religion in Africa*, Vol 38 No.1 (2008), p.42.

<sup>50</sup> Jennings, "Healing of Bodies,"p.43.

<sup>51</sup> Evanson N. Wamagatta, "Changes of Government Policies Towards Mission Education in Colonial Kenya and their Effects on the Missions: The Case of the Gospel Missionary Society," *Journal Of Religion in Africa* Vol 38, No. 1(2008), p.21.

<sup>52</sup> James P.M.Ntozi and Jackson Mukiza-Gapere, "Care for AIDS Orphans in Uganda: Findings from Focus Groups Discussions," *Health Transition Review*, Vol 5 1995, p.248.

towards their children's academic performance.<sup>53</sup> Cally Ardington and Murray Leibbrandt, "Orphan hood and Schooling in South Africa" argued that South African orphans were prone to poor education outcomes.<sup>54</sup> These works gave us an insight on the different facets of the challenges associated with caring for orphans. Our study will also build on these works by focusing on the relationship between the state and the Church of Christ in orphan care.

The work of Ndubu provided us with information on how orphans were assisted within the extended family in Libala and Chilenje. He argued that churches such as the Roman Catholic Church provided support to orphan care-givers in form of food, soya beans, maize and school uniforms.<sup>55</sup> Furthermore, he observed that most of the orphan care-givers lived in abject poverty.<sup>56</sup> He observed that the extended family continued keeping orphans especially aunties and grandparents.<sup>57</sup> This work is important to our study as the analysis in this study provided a useful framework for us to examine the development of orphan care under the Church of Christ. While Ndubu's work focused on how orphans were assisted within the extended family, our study focuses on the contribution of the Church of Christ towards orphan care.

Kapulungwe Mubitana's work entitled "Christian Missions and the Toka-Leya of Southern Province" discusses the activities of missionary societies among the Toka-Leya and how they interacted with each other.<sup>58</sup> He discusses the missionary societies which operated among the Toka-Leya such as the Roman Catholic Church, the Church of Christ, Paris

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<sup>53</sup> Kingsley M. Lishomwa, "A Comparative Study of Guardianship /Parental Involvement into Orphaned and Non-orphaned Children in Mongu District." M.ED. Dissertation: University of Zambia, 2013, p. 65.

<sup>54</sup> Cally Ardington and Murray Leibbrandt, "Orphan hood and Schooling in South Africa: Trends in the Vulnerability of Orphans Between 1993-2005," *Economic Development and Cultural Change* Vol 58, No.3, 2016, p.505.

<sup>55</sup> Ndubu Muliwana, "A Study to Explore the Extent of Survival Assistance to Orphans within the Family/Kinship System: The Case of Libala and Chilenje," MPH. Dissertation: University of Zambia, 1997, p.51.

<sup>56</sup> Muliwana, "A Study to Explore the Extent of Survival Assistance," p.60.

<sup>57</sup> Muliwana, "A Study to Explore the Extent of Survival Assistance," p.63.

<sup>58</sup> Mubitana, "Christian Missions," pp.104-106.

Evangelical Missionary Society, the University Mission to Central Africa, the Seventh Day Adventist and many others.<sup>59</sup> He argued that missionaries were responsible for the transition of the Africans from a traditional set up to Western civilisation.<sup>60</sup> Lillian Samundengu observed that mission stations became centres through which western culture was exposed to Africans through Christianity, elementary education and Western education.<sup>61</sup> Mubitana,<sup>62</sup> Tiberondwa<sup>63</sup> and Rotberg<sup>64</sup> further emphasized that missionaries were responsible for the disintegration of customs, traditions and beliefs of Africans because they felt that they were not compatible with Western values.<sup>65</sup> While these studies alluded to the civilization effect of missionaries, our study focuses on how missionaries used education as a tool of converting local people to Christianity. Mubitana's study on the Church of Christ is important to this study as it provides us with information on the history of the church in its formative years at Sinde and Mujala village. However, his study is limited because it only focused on the operations of the Church of Christ at Sinde. This study aims to fill this existing gap by encompassing Kabanga and Namwianga Mission which were critical to the activities of the Church of Christ.

Phil Watson<sup>66</sup> and Peter Snelson<sup>67</sup> provide a brief historical narrative of the Church of Christ and its educational contribution to Zambia during colonial times. They both observed that when missionaries came to Northern Rhodesia most of the people in the country could neither

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<sup>59</sup> Mubitana, "Christian Missions," p.20.

<sup>60</sup> Mubitana, "Christian Missions," p.101

<sup>61</sup> Lillian Samundengu, "The Role and Impact of Missionary Medicine in the North-western Province of Zambia, 1990-1963," M.A. Dissertation: University of Zambia, 1992, p.31.

<sup>62</sup> Mubitana, "Christian Missions," p.101

<sup>63</sup> Ado K. Tiberondwa, *Missionary Teachers as Agents of Colonialism: A Case Study of their Activities in Uganda, 1877-1925* (Lusaka: Kenneth Kaunda Foundation, 1978), p.58.

<sup>64</sup> Rotberg, *Christian Missionaries*, p.39.

<sup>65</sup> Mubitana, "Christian Missions," p.101

<sup>66</sup> Watson, *Missionary Experiences*, p.211.

<sup>67</sup> Snelson, *The History of Education*, pp.174-175

read nor write.<sup>68</sup> This forced the missionaries to provide education to enable them to read and write as well as to ease the transfer of Christian values and beliefs.<sup>69</sup> Kelly also echoes similar sentiments when he noted that missionaries were motivated to provide formal education so that their converts could read the Bible.<sup>70</sup> For instance, Snelson argues that prior to the coming of the American missionaries; African teacher-evangelists such as Peter Masiya and Bulawayo Kukano had already established churches and primary schools at Sinde and Musokotwane village, respectively.<sup>71</sup> These studies provide valuable information about on the advent of missionary societies in Zambia and the strategies it used to convert local people to Christianity.<sup>72</sup>

John Lawrence's masters dissertation examined the impact of Namwianga Mission Radio Station on the local people especially health programmes.<sup>73</sup> He stated that community based radio stations were able to impact on the health of the community in a positive manner.<sup>74</sup> Lawrence observed that through listening to Namwianga Radio Station a number of people changed their sexual behaviour by limiting the number of sex partners.<sup>75</sup> This study builds on Lawrence's work by taking a holistic approach to the activities of the Church of Christ beyond the radio station.

Edward Berman highlights African response to missionary education in selected African countries. He argues that Africans did not attend mission education for religious purposes only but also to acquire skills needed for participation in a capitalist economy. However, the

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<sup>68</sup> Snelson, *The History of Education*, p. 174.

<sup>69</sup> Watson, *Missionary Experiences*, p.177.

<sup>70</sup> Michael, J Kelly, *The Origin and Development of Education in Zambia: From Pre-colonial Times to 1996* (Lusaka: Image Publishers Ltd, 1996), p.31.

<sup>71</sup> Snelson, *The History of Education*, p. 175.

<sup>72</sup> Snelson, *The History of Education*, p.175.

<sup>73</sup> John Lawrence, "Health Programming and Community Based Radio Stations in Sub-Saharan Africa: An Example from Zambia," MPH. Dissertation: University of Pittsburg, 2012, p.18.

<sup>74</sup> Lawrence, "Health Programming," p.26.

<sup>75</sup> Lawrence "Health Programming," p.26

missionaries emphasised religious instructions at the expense of other important subjects.<sup>76</sup> Banda agrees with this notion when he noted that pupils in the Dutch Reformed Church demanded that they should be taught English.<sup>77</sup> This was because English would help them participate in a capitalist economy. The demand was so intense that when the mission refused to provide English lessons, some pupils dropped out and went to schools which offered the English subject. Isaac Lamba also agrees with Banda when he noted that the Dutch Reformed Church did not teach English in their village schools.<sup>78</sup> He argued that the church aimed at providing elementary education but was forced to change its policy when the colonial government took keen interest in the education which the indigenous people received.<sup>79</sup> Consequently, the Dutch Reformed Church was forced to introduce English in 1929.<sup>80</sup> These studies are important because they provide insights on how indigenous people perceived missionary education and how government policies influenced missionary policy in the provision of education.

Bernard Chisenga's work on the impact of missionary education on the Lala society in Serenje district is important to this study because it examines the benefits of missionary education among Africans.<sup>81</sup> He argued that missionaries aimed at using educated Africans as tools to bring about Western civilisation, but Africans responded to this in ways that confounded the missionaries.<sup>82</sup> He further argued that social differentiation between men and women came as

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<sup>76</sup> Edward. H. Berman, "African Response to Christian Mission Education, *African Studies Review*," Vol 17, No.3 (Dec 1974), p.528.

<sup>77</sup> Richard S.L. Banda, "The Educational Policy and Activities of the Dutch Reformed Church in Zambia Up to 1976," M.A. Ed: University of Zambia, Lusaka, 1981, p. 33.

<sup>78</sup> Isaac, C. Lamba "The Cape Dutch Reformed Mission in Malawi: A Preliminary Historical Examination of its Educational Philosophy and Application, 1889-1931," *History of Education Quarterly* Vol 24, 3 (Autumn 1984, p.378.

<sup>79</sup> Banda, "The Educational Policy," p.26.

<sup>80</sup> Banda, "The Educational Policy and Activities of the Dutch," p.56.

<sup>81</sup> Bernard, M. Chisenga, "Chitambo Mission: A History of Missionary Education and Its Impact on Lala Society of Serenje District, 1906-1964," M.A. Dissertation: University of Zambia, 1987, p.60.

<sup>82</sup> Chisenga, "Chitambo Mission," p.6.

a result of mission education.<sup>83</sup> Mission educated Africans assumed an elite characteristic which reflected in their modern lifestyle and inter-married amongst themselves. He further postulated that education led to increased participation in entrepreneurial activities among Africans especially for those who were educated or worked at the mission stations.<sup>84</sup> Our study benefitted from Chisenga's work as it helped us understand the impact of missionary societies on the local people where they settled.

Absalom Mhowa's work on the education contribution of the Jesuits Mission at Chikuni and the Adventist Mission at Rusangu offers us an insight into the education policies which the two rival missionaries pursued towards religion, educational and strategies they used to win the hearts of the local people. He further discussed the relationship between the two mission stations, the impact of missionary education on the Tonga society in Monze, how it influenced the development of indigenous agriculture and the rise of African nationalism.<sup>85</sup> This gave us an understanding of the methods which missionaries used to compete for converts and their education policies in relation to their religion.

In his work, "A History of the Pilgrim Wesleyan Missionary Society in Choma," James Naali argued that the missionary society used Western education, health services and material rewards as strategies of conversion.<sup>86</sup> Carmody<sup>87</sup> and Simuchimba<sup>88</sup> agree with Naali when they argue that the school routine created an atmosphere for conversion and that all subjects in mission schools contributed directly or indirectly to the overall aim of evangelisation. Basic

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<sup>83</sup> Chisenga, "Chitambo Mission," p.88.

<sup>84</sup> Chisenga, "Chitambo Mission," p.98.

<sup>85</sup> Mhoswa, "A Study of the Education Contribution of the Jesuit Mission," pp.57-58.

<sup>86</sup> James H. Naali, "A History of the Pilgrim Wesleyan Missionary Society in Choma District 1930-1990," M.A. Dissertation: University of Zambia, 2003, p.47.

<sup>87</sup> Brendan Carmody, "Conversion and School at Chikuni, 1905-1939," *Journal of the International African Institute*, Vol 58 No.2, 1988, p.197.

<sup>88</sup> Melvin Simuchimba, "Religion and Education in Zambia, 1890-2000 and Beyond," Ph. D Thesis: University of South Africa, 2005, p.13.

literacy enabled learners to read and write so that they could easily teach others about Christianity while practical subjects were important in giving locals skills for building churches and schools.<sup>89</sup> Like Naali, Janet Nyeko also notes that education was the principal method of evangelisation.<sup>90</sup> She argued that although missionaries knew the importance of female education they did not embark on it because women were not essential to the expansion of the mission's influence because missionaries depended on the evangelical work of men.<sup>91</sup> In the same vein, Lewis Gann also observed that missionaries regarded education as a means of spreading the gospel to the masses.<sup>92</sup> Material rewards like soap, clothes and blankets were given to converts to encourage more members to join Christianity.<sup>93</sup> Tiberondwa notes that Africans were attracted to missionaries because of social and material benefits they received.<sup>94</sup> The missionaries also gained influence by converting leading figures in the society and cooperating with the government. These studies concerned themselves with strategies used by missionaries to convert Africans but this study will further look at the social contribution of the Church of Christ to their converts and surrounding areas.

Elijah Munga examines the history of the Lumpa Church and its impact on Lundazi district. He argues that the Lumpa church eradicated witchcraft fears, reduced polygamy and drunkenness among other things.<sup>95</sup> He further states that the church reduced the influence of the chief in the district by encouraging its members not to pay tribute but instead, pay offerings and

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<sup>89</sup> Lewis H. Gann, *The Birth of A plural Society: The Development of Northern Rhodesia Under the British South Africa Company 1894-1914* (Manchester: Manchester University Press, 1958), p.35.

<sup>90</sup> Janet Nyeko, "The Development of Female Education in Northern Rhodesia, 1925-1963: The Case of Central Province," M.A. Dissertation: University of Zambia, 1983, p.1.

<sup>91</sup> Nyeko, "The Development of Female Education," p.6.

<sup>92</sup> Lewis Gann, *A History of Northern Rhodesia: Early Days to 1953* (London: Chatto and Windus, 1964), p.310.

<sup>93</sup> Naali, "A History of the Pilgrim," p.45

<sup>94</sup> Ado K. Tiberondwa, *Missionary Teachers as Agents of Colonialism: A Case Study of their Activities in Uganda, 1877-1925* (Lusaka: Kenneth Kaunda Foundation, 1978), p.38.

<sup>95</sup> Elijah Munga, "The Lumpa Church: Its Social Economic Impact in Lundazi District in Eastern Province of Zambia, 1955-1995," M.A. Dissertation: University of Zambia, 2016, p.52.

tithes to the church.<sup>96</sup> Munga's work is significant to our study because it highlights the socio-economic impact of the Lumpa church on the local people. While Munga expounded the socio-economic impact of the Lumpa Church, this study will focus on the social contribution of the Church of Christ in Southern province and its relationship with the state over the years.

An equally important study is W T. Kalusa's study on missionary medicine in colonial North Western Zambia. He argued that missionaries hoped to convert Africans to Christianity using medical evangelism.<sup>97</sup> Wilks agrees with Kalusa when she noted that medical works among missionaries were an important aspect of evangelisation.<sup>98</sup> Kalusa further noted that missionaries trained African auxiliaries to undermine African medical knowledge and culture.<sup>99</sup> Kalusa notes that African auxiliaries became cultural brokers by translating missionary concepts and technologies into African languages which patients could easily relate with.<sup>100</sup> Godfrey Kumwenda agrees with Kalusa as he asserts that African auxiliaries were cultural brokers who translated modern medical terms for easy understanding among Africans and helped to bridge the cultural gap between missionaries and African patients.<sup>101</sup> African auxiliaries made it their responsibility to make Africans understand modern medicine. Auxiliaries adopted words and terms from the local healing vocabulary to translate modern medicine.<sup>102</sup> It was easy for missionaries and Africans to communicate due to their efforts. Despite African auxiliaries playing a critical role at the clinics, their conditions of service were poor such that at times they

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<sup>96</sup> Munga, "The Lumpa Church," p.58.

<sup>97</sup> Walima Kalusa, "Disease and the Remaking of Missionary Medicine in Colonial North Western Zambia: A Case Study of Mwinilunga District, 1902-1964," Ph.D. Thesis: John Hopkins University, 2003, p.16.

<sup>98</sup> Wilks, "Missionary Medicine," p.55.

<sup>99</sup> Kalusa, "Disease and the Remaking of Missionary Medicine," p.18.

<sup>100</sup> Kalusa, "Disease and the Remaking of Missionary Medicine," p.171.

<sup>101</sup> G K. Kumwenda, "The Role and Conditions of Services of African Medical Auxiliaries in Catholic Missions Health Institutions in Zambia: A Case Study of Chilonga Mission Hospital in Mpika District," M.A. Dissertation: University of Zambia, 2015, p.25.

<sup>102</sup> Kumwenda, "The Role and Conditions of Service," p.25.

worked for months without pay.<sup>103</sup> These studies are significant as they provide a critical analysis on the role of missionaries in health care provision and the contribution of auxiliary workers in mission institutions.

Brenda Mbaita Liwoyo's work, "Missionaries, The State and Leprosy" is equally important to this study. Liwoyo argues that missionary societies played a crucial role in treating and caring for lepers in many parts of Zambia because the relatives and societies where they lived neglected them.<sup>104</sup> Due to missionary efforts, the numbers of people infected with leprosy drastically reduced with many centres throughout Zambia tending to the needs of the victims of leprosy. It is important to note that missionaries worked hand in hand with the colonial government as they cured and prevented leprosy.<sup>105</sup> The government used infrastructure which was built by the missionaries to fight leprosy. For instance, the London Missionary Society built a centre to treat leprosy in 1921 but the government took over its operations in 1941 and transformed it into the headquarters for the Leprosy Control Scheme in Zambia.<sup>106</sup> Liwoyo also notes that missionaries involved in leprosy control went a step further to provide moral education and trained the lepers in practical skills such as carpentry and tailoring so that they could be self-sufficient.<sup>107</sup> Our study builds on Liwoyo's work by examining the impact of health care provision under the Church of Christ in Southern province beyond leprosy.

Nelly Mwale investigated the relationship between Catholic missionaries, the colonial government and the local people. She argued that Catholic Missionaries played a critical role in

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<sup>103</sup> Kumwenda, "The Role and Conditions of Service," p.49.

<sup>104</sup> Brenda Mbaita Liwoyo, "Missionaries, the State and Leprosy in Zambia, 1893-1964." M.A. Dissertation: University of Zambia, 2011, p.80.

<sup>105</sup> Mbaita, "Missionaries, the State and Leprosy," p.94.

<sup>106</sup> Mbaita, "Missionaries, the State and Leprosy," p.87.

<sup>107</sup> Mbaita, "Missionaries, the State and Leprosy," p.85.

dislodging colonial rule in Zambia.<sup>108</sup> She further argued that apart from playing a fundamental role in dislodging colonial rule, the Roman Catholic Church protected the interests of Africans on many occasions.<sup>109</sup> For instance, the Catholic Church helped in dislodging colonial rule by providing shelter and food for freedom fighters and speaking against injustices on Africans.<sup>110</sup> The church further formed the Catholic Welfare Organisations and encouraged their follower to unite with courage as they fought for what was right.<sup>111</sup> This work will assist our study in understanding the varying relationship between missionary societies and the state during the colonial and post-colonial periods.

Elizabeth Colson<sup>112</sup> and Rodgers Chulu<sup>113</sup> examined the impact of Christianity on the traditional religion of the plateau Tonga and the Toka-Leya in Southern province. Colson observed that when missionaries came to live among the Tonga, many of them converted to Christianity.<sup>114</sup> Chulu also agrees with Colson when he notes that the coming of the missionaries among the Toka-Leya had a long lasting impact on the traditional religious life of the local people resulting in many of them converting to Christianity.<sup>115</sup> The missionaries changed some of the traditional practices of the Toka-Leya such as polygamy and sexual cleansing.<sup>116</sup> Chulu further observed that the Toka-Leya continued participating in some of the traditional religious practices arguing that they were still members of Mukuni village and could not do away with

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<sup>108</sup> Nelly Mwale, "Missionary Support for Colonial Rule in Zambia Revisited: The Case of the Catholic Church." M.ED. Dissertation: The University of Zambia, 2011, p.53.

<sup>109</sup> Mwale, "Missionary Support for Colonial Rule," p.54.

<sup>110</sup> Mwale, "Missionary Support for Colonial Rule," p.55.

<sup>111</sup> Mwale, "Missionary Support for Colonial Rule," p.55.

<sup>112</sup> Elizabeth Colson, *Tonga Religious Life in the Twentieth Century* (Lusaka: Bookworld Publishers, 2006), p.235.

<sup>113</sup> Rodgers Chulu, "The Impact of Christianity on the Traditional Religion of the Leya of Mukuni Village in Livingstone." M. ED. Dissertation: University of Zambia, 2015, p.24.

<sup>114</sup> Colson, *Tonga Religious Life*, p.235.

<sup>115</sup> Chulu, "The Impact of Christianity," p.36.

<sup>116</sup> Chulu, "The Impact of Christianity," pp.38-39.

their traditional beliefs, customs and practices such as Lwiindi ceremony.<sup>117</sup> While these studies appreciated the impact of Christianity on the Tonga and the Toka-Leya, they took on a general approach whereas our study will pay particular attention to the activities of the Church of Christ in Southern province.

Brendan Carmody's work focused on schooling as a strategy of promoting conversion in Catholic mission schools. Carmody examined the contribution of the school system in converting Africans and the social-political impact of missionary schooling at Chikuni.<sup>118</sup> He notes that Father Moreau was more concerned with using education as a tool of conversion while Father Porough wanted to provide modern education.<sup>119</sup> However, he does not take into account the activities of the Church of Christ. This study helps us understand the motives of missionaries in providing education and the strategies they employed.

In his article, Conversion and School at Chikuni, Carmody expounded the methods which the Jesuit Fathers used to convert the Tonga at Chikuni. He observed that the Jesuits used wage employment, the plough and education to convert the Tonga to Catholicism.<sup>120</sup> He further noted that the main motivation for conversion among Africans at Chikuni was as a result of the benefits which were accrued to people who were associated with Chikuni Mission.<sup>121</sup> The school experienced apathy due to early marriages among girls while none provision of English lessons and cattle herding for boys were the leading factors.<sup>122</sup> The mission station at Chikuni also

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<sup>117</sup> Chulu, "The Impact of Christianity," p.37.

<sup>118</sup> Brendan Carmody, *Education in Zambia: Catholic Perspective* (Lusaka: Book world Publishers, 1999), p.39.

<sup>119</sup> Carmody, *Education in Zambia*, p.39.

<sup>120</sup> Brendan Carmody, "Conversion and School at Chikuni, 1905-1939," *Journal of the International African Institute*, Vol 58 No.2, 1988, p.196.

<sup>121</sup> Carmody, "Conversion and School at Chikuni," p. 205.

<sup>122</sup> Carmody, "Conversion and School at Chikuni," p.197.

opened village schools which acted as centres for missionary outreach.<sup>123</sup> Carmody's work on Chikuni Mission is important to our study. However, he did not provide insight on the benefit of the mission beyond the introduction of the plough, wage employment and missionary education which our study will discuss.

In another study, Carmody concerned himself with the development of education in Zambia from the colonial to the post-colonial period. He traces the development of formal education from being provided by missionaries in the colonial period to the government being the major provider of education after independence. Carmody argued that missionaries provided an education which involved religious literacy because they were more concerned with converting Africans to Christianity and not to develop the lives of the local people.<sup>124</sup> Thus, the education which was offered in mission schools was elementary, as such in 1925 the government created a sub-department of Native Education to supervise and coordinate education provision for African children.<sup>125</sup> This work is relevant to our study because it examines the relationship between the state and mission schools in education provision. It will help us in analysing education provision under the Church of Christ in relation to how government policy affected the schools managed by the church.

Austin Cheyeka's work is another important in relation to our study. It gives us an insight on the relationship between the church and the state. Cheyeka outlined the relationship between the state and the church during UNIP and the Movement for Multiparty Democracy government under the leadership of Frederick Chiluba. He notes that the church has been a partner of the

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<sup>123</sup> Carmody, "Conversion and School at Chikuni," p.197.

<sup>124</sup> Brendan Carmody, *The Evolution of Education in Zambia* (Lusaka: Bookworld Publishers, 2004), p.3.

<sup>125</sup> Carmody, *The Evolution of Education in Zambia*, p.11.

state in development both in colonial and post-colonial Zambia.<sup>126</sup> The church has helped the government in education and health care. He argued that the church was a dependable partner in raising people's standard of living.<sup>127</sup> However, Cheyeka notes that although the relationship between the church and the state has generally been cordial, there have been instances when the church faced frictions with the state. For instance, the state was happy when the Roman Catholic Church supported the one-party state and encouraged its members to practice humanism but when Father Umberto Davoli began criticizing the UNIP government; he was interrogated by the state and accused him of working with the imperial powers.<sup>128</sup> Hinfellar agrees with Cheyeka when he noted that the Catholic Church enjoyed a good relationship with the state but the relationship soured when Father Davoli criticized the government in his *Icengelo* publications and when Father Elias Mutale started supporting multiparty democracy in 1990.<sup>129</sup> These works gave us an understanding of the changing dynamics in the relationship between the church and the state.

Similarly, the study of Mailes Mbewe on the history of orphan care in pre-colonial and colonial Zambia is important to our study. She laid the foundation on the history of orphan care in pre-colonial and colonial Zambia.<sup>130</sup> She argued that in pre-colonial Africa, orphans were usually assimilated into their extended families. However, modernisation led to an increase in orphans forcing missionary societies to create orphanages. Mbewe's study provides insights on how missionary societies managed orphan care. Our study adds to Mbewe's work by investigating the development of orphan care under the Church of Christ.

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<sup>126</sup> Austin Cheyeka, "Church, State and Political Ethics in a Post-Colonial State: The Case of Zambia," Ph.D. Thesis: University of Malawi, 2002, p.23.

<sup>127</sup> Cheyeka, "Church, State and Political Ethics," p.24.

<sup>128</sup> Cheyeka, "Church, State and Political Ethics," pp.34-35.

<sup>129</sup> Hinfelaar, *History of the Catholic Church*, pp.395-396.

<sup>130</sup> Mailes Mbewe, "A History of Orphan Care in Pre-colonial and Colonial Zambia," M.A. Dissertation: University of Zambia, 2012, p.32.

## **1.5. Methodology**

The research methods used for this study were qualitative. The research was conducted between January 2019 and June 2019. The first part was devoted to collecting published and unpublished data at the University of Zambia Library. Some of the materials which were consulted were books, dissertations and journal articles. These sources provided information on the activities of missionary societies and the formative years of the Church of Christ in Zambia.

This study also utilised data collected from primary sources at the National Archives of Zambia. Data was collected from Kalomo district annual reports, reports on mission schools and Ministry of Health annual tour reports. These documents provided us with information on the Church of Christ concerning education provision, health care and orphan care. Research was further conducted at NCSS, NRHC and GBCCE where administrative files are kept such as staff meeting files, the education secretary files, annual and quarterly reports.

Lastly, oral interviews were conducted at Namwianga Mission. Among the people who were interviewed included missionaries, and employees such as health workers, auxiliary workers, security guards, and Namwianga Radio station workers. These interviews were useful as they provided first-hand information on the contribution of the Church of Christ in education, health care and orphan care. The interviews were conducted in Tonga and English. Documents and interviews were used to analyse data.

## **1.6. Organisation of the Study**

This study is divided into five chapters. The first chapter is the Introduction, the second chapter deals with the development of education under the Church of Christ; the third chapter examines the development of health care services while the fourth chapter investigates the development of

orphan care under the Church of Christ. The fifth chapter is the conclusion which sums up the findings of the study.

### **1.7. Limitation of the study**

The major limitation the study encountered was the lack of adequate written documents on health care provision and orphan care. I had to depend on oral interviews to collect data.

## CHAPTER 2

### THE CHURCH OF CHRIST AND THE DEVELOPMENT OF EDUCATION IN SOUTHERN PROVINCE

#### 2.1. Introduction

This chapter examines the role of the Church of Christ in the development of education in the Southern province of Zambia. It also seeks to discuss how the church used education as a tool of conversion both in the colonial and post-colonial period and how it interacted with the state in education provision. The chapter argues that the church continued using education as a tool of conversion even after independence. While many missionary societies stopped using education as a tool of conversion after independence, the Church of Christ simply changed its strategies.

The chapter further contends that the Church of Christ developed a cordial relationship with the state both in the colonial and post-colonial period. The relationship between the church and the state was more like a partnership. The state gave the mission land and exempted it from paying taxes on its imports. Although the state did not offer financial assistance, it provided an enabling environment for the church to thrive because the church assisted the state in providing social services to its people. This chapter is subdivided into three parts. The first part focuses on the development of education, the second part deals with education and evangelism while the last part focuses on the relationship between the church and the state in education provision.

## 2.2. The Development of Education

In 1910, the Church of Christ established the first village school at Mukuni village near Livingstone.<sup>131</sup> During this period, the church simultaneously utilised the church building as a school throughout the week, while on weekends, it was used as a place of worship. In the initial stages, the Church of Christ offered education only to boys mainly because at the time, parents discouraged girls from attending schools as they felt education was for boys alone. It was also difficult for girls to attend because they were usually occupied with house chores. The other contributing factor to lack of female education is that females were not allowed to do evangelical work in most of these missionary societies, as such, missionaries didn't pay attention to female education as it was not profitable to them. Nyeko argued that although missionaries knew the importance of female education, they avoided it because women were not essential to the expansion of the mission's influence since missionaries depended on the evangelical work of men.<sup>132</sup> It is important to note that some of the pupils who were admitted in school especially at the beginning were already married.<sup>133</sup>

As already pointed out, the first mission station which the Church of Christ established was Sinde Mission in Livingstone. It was established in 1923 by Short, an American missionary. Sinde Mission was not supported by the colonial government but solely depended on funds from the USA. Sinde Mission was first managed by Short until 1932 when Namwianga Mission was established by W. L .Brown.<sup>134</sup> Short left Sinde Mission and settled at Namwianga. Here, Short taught pupils industrial skills at Namwianga Primary School and printed hymn books for local churches such as Namwianga Church of Christ using his printing company. Orville Britell and

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<sup>131</sup> "Mubitana, "Christian Missions,"p.226.

<sup>132</sup> Nyeko, "The Development of Female Education," p.6.

<sup>133</sup> Interview, Samuel Siachobe. Namwianga Mission, Kalomo District, 1 May 2019.

<sup>134</sup> Kemp, "The Origins of Christian Mission Societies," p.40.

his wife Augusta arrived in Northern Rhodesia in 1938 to take charge of missionary work at Sinde Mission after the departure of Short.<sup>135</sup> The Britells came with their two married sons George and Edward, and two daughters, Gladys and Ellaine.<sup>136</sup> One of the sons was in-charge of building operations and farming while the other one was a teacher.<sup>137</sup> The daughters helped their mother with taking care of the orphans at the mission.

Sinde Mission began providing education to the local people in 1910 when Masiya established a village school to teach his converts how to read and write. The basic reason for establishing this school was to teach the local people how to read and understand the Bible for themselves and go on to evangelize to others. The pupils were taught how to read and write in vernacular, as well as drawing, singing and memorising Bible stories.<sup>138</sup>

Initially, the syllabus consisted of basic arithmetic and reading, but slowly it advanced to include other subjects which trained pupils to be self-reliant after completing their studies. The duration of these studies was four years. They started in standard one and ended in standard four. The aim was to improve the standard of living for the local people in villages. At the beginning, education was only used as a tool of conversion but after the recommendations of the Phelps-Stoke Commission in 1925, the Church of Christ begun providing an education which was a bit more sophisticated.<sup>139</sup> The Phelps-Stoke Commission provided a turning point in the kind of education which missionaries offered.<sup>140</sup> Industrial skills such as agriculture, carpentry,

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<sup>135</sup> NAZ, SP4/2/101 Loc 5007, "Kalomo Tour Reports," Kalomo Tour Report No.4, 1955.

<sup>136</sup> Merritt interview cited.

<sup>137</sup> NAZ, SP4/2/101, Kalomo Tour Report No.4, 1955.

<sup>138</sup> Robert I. Rotberg, *Christian Missionaries and the Creation of Northern Rhodesia 1880-1924* (Princeton: Princeton University Press, 1965), p.108.

<sup>139</sup> Brendan Carmody, *The Evolution of Education in Zambia: Catholic Perspective* (Lusaka: Bookworld Publishers, 1999), p.6.

<sup>140</sup> The Phelps-Stokes Commission was founded in New York under the will of Miss Caroline Phelps-Stokes to further the education of Africans in USA and Africa. For details of this commission, see Snelson, *Education Development*, pp.137-139.

bricklaying, sewing and knitting were introduced by the missionaries on the recommendation of the Phelps-Stokes Commission.<sup>141</sup> Missionary societies benefitted from industrial skills as pupils who were trained in industrial skills were able to build schools and churches with the skills they obtained from their training in bricklaying and carpentry. It must be noted that boys and girls were taught different industrial skills. Following the introduction of industrial skills, the pupils were able to use these skills to improve their financial capacity. For instance, those who acquired skills in carpentry were subsequently able to make beds, tables and chairs which they sold. In addition, they were able to utilise skills in brick laying to build houses, toilets and many other structures whereas women were involved in sewing clothes, and blankets which they sold. Through these sales, it can be argued that their standard of living improved. Thus, the local people benefitted from training in industrial skills. These skilled men and women were able to find employment in the public and private sector due to the training they received in mission schools. This confirms Fay Gadsden's assertion that missionary education was an important factor in social differentiation in colonial Africa.<sup>142</sup>

Apparently, Sinde Mission controlled a number of village schools which offered standard one to four. One of them was Sianamunyama Primary School which offered Sub A and B, standard 1 and 2.<sup>143</sup> Others included Kanchele, Simango, Siamundele and Nyambe primary schools. Kanchele Primary School was at inception administered by Sinde Mission but it was later managed by Namwianga Mission.<sup>144</sup> Teachers and pupils were encouraged to plant and grow trees in schools such as paw paws, bananas, mangoes and mulberries so that the pupils

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<sup>141</sup> NAZ, SP4/2/101, Kalomo Tour Report No 4, 1955.

<sup>142</sup> Fay Gadsden, "Education and Society in Colonial Zambia," in Samuel Chipungu (ed), *Guardians in their Times: Experiences of Zambians under Colonial Rule 1890-1964* (London: Macmillan, 1992), p.105.

<sup>143</sup> NAZ, SP4/2/51 Loc 5091, "Kalomo District Travelling and Tour Reports," Kalomo Tour Report No.4, 1952.

<sup>144</sup> NAZ, SP4/2/121 Loc 5111, "Kalomo District Travelling Report," Kalomo Tour Report No.1, 1956.

could replicate this in their villages.<sup>145</sup> Many surrounding villages benefitted from the efforts of the Church of Christ in education. With limited resources, the church built a lot of schools in villages. The literacy levels among these communities improved especially for the youths who passed through the school system managed by the Church of Christ. In the same vain, the diet of the communities was improved as pupils planted fruit trees in their communities which had nutritional benefits to them.<sup>146</sup>

Sometimes, frictions ensued among missionary societies due to competition for land and converts in Southern province. For instance, the London Missionary Society, Jesuits, Seventh-Day Adventists, the Paris Evangelical Missionary Society and Church of Christ competed for areas of influence in Southern province. The PEMS had an advantage over the other religious groups because it established itself much earlier than the rest. As already pointed out in the previous chapter, the rivalry between the Church of Christ and the PEMS in Livingstone forced the Church of Christ to establish another mission at Kabanga in Chief Simwatachela area, where it had no competitors. Competition for land and converts among missionary societies was not unique to the Southern province. It was a feature that characterised missionary activities in other parts of the country. In the Northern province, for example, wrangles broke out between the White Fathers and the Free Church of Scotland.<sup>147</sup>

As already pointed out, in Southern province, Kabanga Mission was founded by Merritt and Ray Lawyer in 1927.<sup>148</sup> Upon establishing themselves in Chief Simwatachela's area, the two missionaries created a network of schools in villages. In the same year, Lawyer died in an accident while hunting. Despite Lawyer's death, missionaries regularly visited Kabanga

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<sup>145</sup> NAZ, SP4/2/5 Loc 5081, "District Travelling and Tour Reports," Kalomo Tour Report No.4, 1952.

<sup>146</sup> NAZ, Kalomo Tour Report No.4, 1952.

<sup>147</sup> Gadsden, "*Education and Society in Colonial Zambia*," p.101.

<sup>148</sup> Merritt interview cited.

Mission to monitor teachers and schools. Kabanga Mission subsequently became the headquarters for all the schools in Chief Simwatachela's.<sup>149</sup> The idea was to help improve the standard of education which the church was offering. A number of pupils at Kabanga came as far as Ciidi, Sipatunyana and Siamafumba. All these areas had primary schools under the Church of Christ which fed the main school at the centre. Thus, it can be argued that throughout the colonial period, the Church of Christ controlled many schools in Southern province. In Chief Simwatachela's area alone, all the schools were managed by the Church of Christ. The school at Kabanga had 100 boys and 47 girls.<sup>150</sup> It must be noted that this was a great achievement for the church and female education because during this period very few girls were enrolled in school. Another school known as Mulamfu Lower Primary in Chief Simwatachela's area had about 150 pupils.<sup>151</sup> Although the school was attended by many pupils, its infrastructure was dilapidated.<sup>152</sup> For instance, during the rain season, the roof often leaked. Thus, the school was compelled to engage the school council and the village community to build a new classroom block but the project was abandoned as money was not enough to continue the project.<sup>153</sup> A similar state of affairs existed at Siamafumba Lower Primary School. The infrastructure was not up to standard. The buildings were thatched with large holes which allowed rain and sunlight.<sup>154</sup> During this period, teachers worked and lived in difficult conditions. A. Sugg noted that:

Two of the schools; Seremani and Siamafumba are composed of most inadequate wattle and dump buildings. The teachers are housed in small

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<sup>149</sup> NAZ, SEC 1/550, "Reports on Mission Schools."

<sup>150</sup> NAZ, SP1/3/43, Kalomo Tour Report No.1, 1963.

<sup>151</sup> NAZ, SP1/3/43, Kalomo Tour Report No.1, 1963.

<sup>152</sup> NAZ, SP1/3/43, Kalomo Tour Report No.1, 1963.

<sup>153</sup> NAZ, SP1/3/43, Kalomo Tour Report No.1, 1963

<sup>154</sup> NAZ, SP1/3/43, Kalomo Tour Report No.1, 1963

huts of similar construction. These buildings have been reluctantly built by the local villagers without payment.<sup>155</sup>

Despite working and living in difficult conditions, the teachers were so dedicated to their work that during his tour, in 1955, the Inspector of Schools applauded the high standard of teaching among schools run by the Church of Christ.<sup>156</sup> The teachers did an excellent job but the community to which they provided the service, did not fully support them. The communities preferred that their children of school going age should take care of cattle and goats instead of going to school.<sup>157</sup> For this reason, school attendance was irregular especially during the planting season. This is in line with Rotberg's argument that missionary education interfered with the predominantly agricultural and pastoral way of life of most African societies.<sup>158</sup>

The Church's desire to promote African education did not limit it to its mission centres. Schools were built in remote places such as Chief Nyawa's area in Zimba district. Here, the church built Siamundele and Nyawa Primary Schools. The former served ten villages while the latter served eight villages.<sup>159</sup> When Zambia gained independence the state simply took over the schools which were already built by the church. This made the work of the state to provide education much easier as infrastructure was already built by the church.

The first African teacher at Siamundele Primary School was Kambole Mpatamatenga. He abandoned his job as a cook in Livingstone to work with Short in expanding the influence of the Church of Christ. Both of these schools were managed by the Church of Christ at Namwianga.

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<sup>155</sup> NAZ, SP4/2/105 Loc 5007, "Kalomo Tour Reports," Kalomo Tour Report No.3, 1955.

<sup>156</sup> Kalomo Tour Report No.3, 1955.

<sup>157</sup> NAZ, SP4/2/105, Kalomo Tour Report No.3, 1955.

<sup>158</sup> Rotberg, *Christian Missionaries*, p.108.

<sup>159</sup> NAZ, SP4/2/51, Kalomo Tour Report No.4, 1949.

Nyawa Primary School offered standard one and two with only one teacher. The school had limited infrastructure, and thus, it conducted senior classes in the morning while classes for juniors were held in the afternoon.<sup>160</sup> The school had a total population of 59 pupils of whom 45 were boys and 14 girls.<sup>161</sup> The school did not have a garden which was critical in teaching pupils life skills such as farming and gardening. On the other hand, Siamundele Primary school had good infrastructure. The school environment was clean with a garden nearby which was used for food production demonstrations. Those pupils that had a desire to continue with their education, after completing their lower primary proceeded to Namwianga Primary School while others were forced to take care of goats and cattle by their parents.<sup>162</sup> Those who wanted to be teachers went to Namwianga Mission where they were trained to be teacher-evangelists. The duration of the teacher training programme was two years after which, the teachers were deployed to teach in village schools belonging to the church.<sup>163</sup>

Most of the schools under the Church of Christ had good attendance. For instance, Siamakonde Primary School enjoyed a good attendance despite pupils walking long distances to the school.<sup>164</sup> One of the village headmen even requested that children should knock off at 4pm so that teachers could have enough time with the pupils.<sup>165</sup> The school had a garden which operated on a three crop rotation aided by manure. The strategy was to teach pupils modern methods of farming so that upon completion of their education, they would become successful agriculturists. Indeed many of these pupils became successful farmers in their villages.<sup>166</sup> New farming methods such as crop rotation and manure increased crop yields. The teachers' houses

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<sup>160</sup> NAZ, SP4/2/51, Kalomo Tour Report No.4, 1949.

<sup>161</sup> NAZ, SP4/2/51, Kalomo Tour Report No.4, 1949.

<sup>162</sup> NAZ, SP4/2/51, Kalomo Tour Report No.4, 1949.

<sup>163</sup> NAZ, SP4/2/51, Kalomo Tour Report No.4, 1949.

<sup>164</sup> NAZ, SP4/2/51 Loc 5091, "Kalomo District Travelling and Tour Reports," Kalomo Tour Report No.9, 1953.

<sup>165</sup> NAZ, Kalomo Tour Report No.9, 1953.

<sup>166</sup> Watson, *Missionary Experiences*, p.187

were however very small and the roofs of school buildings leaked.<sup>167</sup> Despite working in such conditions, teachers did not abandon their duty.<sup>168</sup>

The church usually collaborated with the local people in providing education. For instance, as soon as they opened a school in Chief Sipatunyana's village, they expected the traditional leader to take care of the teachers by feeding and providing them with decent accommodation. To the contrary, Chief Sipatunyana did not adequately take care of the teachers. This forced the mission to close the school. However, later on Chief Sipatunyana was eager to have a boarding school at his village but the mission refused to open another school in his area when he had previously failed to house and feed the teachers.<sup>169</sup> The church did not want the teachers to suffer again, thus, they re-deployed them to areas where communities demonstrated willingness in taking care of them and the school. The church used to send inspectors after which the church and villagers would act according to the inspectors' report and recommendations. This procedure was followed when Siamundele Primary School was built.<sup>170</sup> The rejection of his first attempt made Chief Sipatunyana to prepare adequately for the next encounter. The chief and his headmen built houses for teachers in 1954. In addition, a garden was made and a suitable site for the school was selected.<sup>171</sup> After these preparations, the chief went to Namwianga Mission with his seven headmen equipped with the relevant statistics of possible pupils to persuade the missionaries to open a school in the area but unfortunately, the mission did not have

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<sup>167</sup> Kalomo Tour Report No.9, 1953.

<sup>168</sup> Kalomo Tour Report No.9, 1953.

<sup>169</sup> NAZ, SP4/2/51, Kalomo Tour Report No.4, 1949.

<sup>170</sup> NAZ, SP4/2/51, Kalomo Tour Report No.4, 1949.

<sup>171</sup> NAZ, SP4/2/51, Kalomo Tour Report No.1, 1954.

enough teachers required to start a school since the teachers who were re-called were deployed elsewhere.<sup>172</sup>

Furthermore, with the declaration of Namwianga Mission as the headquarters of the Church of Christ in 1932, it meant that Namwianga Mission had more responsibilities.<sup>173</sup> More schools were put under its management. Among these schools was Kanchele and Mutwanjili Primary Schools.<sup>174</sup> In 1956, Kanchele Primary School had sub A and B as well as Standard I and II. Sub A and B had 27 boys and 38 girls while standard I and II had 43 boys and 25 girls.<sup>175</sup> The total population of the pupils was 133. Mutwanjili also offered sub A and B, and standard I and II. The school had a population of 40 boys in sub A and B. The girls were 29, making the total population to be 69 pupils. Standard I and II had 39 boys and 29 girls, respectively. The total number of pupils was 137 pupils. At the time, this was a big number.<sup>176</sup> The teachers worked with the community in providing education to their children and thus, they established a school council which in modern times, can be likened to a parent teacher association.<sup>177</sup> A good relationship between the church and the community was critical because parents played an important role in the education of their children. This argument is premised on the fact that parents have a lot to do with the life of their children. Parents were the ones to encourage their children to attend school. If parents were negative towards education, it would have been difficult to educate their children because they would give them responsibilities at home such as taking care of cattle at the expense of attending school. The table on the next page shows some of the schools built by Namwianga Mission and their enrollment figures.

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<sup>172</sup> NAZ, SP4/2/91 Loc 5103, Kalomo Tour Report No.1, 1954.

<sup>173</sup> Kemp, "Origins of Christian Mission," p.40.

<sup>174</sup> NAZ, SP4/2/121 Loc 5111, "Kalomo Tour Reports," Kalomo Tour Report No.11, 1956.

<sup>175</sup> NAZ, SP4/2/121, Kalomo Tour Report No.11, 1956.

<sup>176</sup> NAZ, Kalomo Tour Report No.11, 1956.

<sup>177</sup> NAZ, Kalomo Tour Report No.11, 1956.

**Table1: Schools Built Under Namwianga Mission and Enrolment Figure**

<b>School</b>	<b>Sub A and B</b>	<b>Standard 1 and 2</b>	<b>Total</b>
Kanchele Primary School	Boys: 27	43	133
	Girls: 38	25	
Mutwanjili Primary School	Boys: 40	39	137
	Girls: 29	29	
Total No.1 of pupils Enrolled			270

**Source: NAZ,SP4/2/12/, Kalomo Tour Report No.11, 1956.**

The Church of Christ continued to work with local people in the provision of education because their schools were part of the communities in which they were found. In this regard, the church engaged the community to help in making important decisions such as the construction of schools. For example, in the early 1980s, at Kabanga Secondary School, following his deployment as head teacher, Siachobe mobilised the community to raise money for upgrading of the school infrastructure.<sup>178</sup> Similarly, in 2005, the community of Simpweze Basic School moulded bricks for the construction of classrooms, staff houses and a clinic.<sup>179</sup> The community members assisted the school by donating bricks, money, labour, cement, plunges and many other essential materials.<sup>180</sup> The school was successfully built by the church in partnership with the community.

The Church of Christ managed another school in Chief Musokotwane's area known as Siakasipa Primary School.<sup>181</sup> The school only had one teacher by the name of Simataya. The

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<sup>178</sup> Siachobe interview cited.

<sup>179</sup> "Education Secretary-Zambia Board Minutes File," Zambia Board Meeting, 26 March 2005.

<sup>180</sup> Siachobe interview cited.

<sup>181</sup> NAZ, SP4/2/121, Kalomo Tour Report No.4, 1956.

shortage of human resource was apparent in most schools managed by the Church of Christ. Although the teachers and pupils were few, the Church of Christ did not abandon the school. Most of the pupils at Siakasipa Primary School came from far areas, as such they were allowed to be weekly boarders. For this reason, the pupils lived in the nearby villages during week days but went home on weekends.<sup>182</sup> This was largely due to the fact that the school had inadequate infrastructure to house the pupils. The pupils relied on being weekly boarders as it was the only way they could acquire education as they lived in far places which had no schools. This was because the school had inadequate funding from the church due to the many schools it managed.<sup>183</sup> For instance, the Church of Christ managed all schools that were in Chief Simwatachela's.<sup>184</sup> These are some of the numerous challenges the church faced in providing education.

The Church of Christ, through Namwianga Mission bought Zyangale Tobacco Farm in Chief Siachitema area in 1996.<sup>185</sup> The Chief and the community were happy with this move by the church because it was very difficult for children in the community to have access to basic education. The reason for buying this farm was to transform it into an education institution which would serve the community of Zyangale.<sup>186</sup> The church then built a school known as Zyangale Christian Basic School which was the only school in the area. The school run from grade 1 to 9, when pupils passed their grade 9 examination, they went to Kalomo Secondary School which was the nearest secondary school.<sup>187</sup>

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<sup>182</sup> NAZ, SP4/2/121, Kalomo Tour Report No.4, 1956.

<sup>183</sup> Shewmaker, *Tonga Christianity*, p.50.

<sup>184</sup> Kalomo Tour Report No.4, 1949.

<sup>185</sup> "School File of Zyangale Christian Basic School," Correspondence between the Secretary of the Tobacco Board of Zambia and Namwianga Mission Co-ordinator, 14 May 1996.

<sup>186</sup> Correspondence between the Secretary of the Tobacco Board of Zambia and Namwianga Mission Co-ordinator, 14 May 1996.

<sup>187</sup> Simuuba interview cited.

### 2.2.1. Establishment of Namwianga Mission

After successfully establishing Kabanga Mission, the Church of Christ turned to Kalomo where they founded Namwianga Mission in 1932. The reason for establishing Namwianga Mission was to cushion the expenses of the missionaries at Kabanga during the Great Depression. It became apparent that funding from the USA would not be consistent due to the Great Depression. Namwianga Mission consisted of five farms which were previously owned by German settler farmers.<sup>188</sup> When Germany lost the First World War, the farmers were expelled from Northern Rhodesia by the British government.<sup>189</sup> The farms were unoccupied for a number of years until they were given to the Church of Christ in 1932 by the colonial government. Upon acquiring the farms, the church built a primary school for locals at present day Namwianga Christian Basic School in 1932. The school also functioned as a teacher training centre.

The missionaries at Namwianga Mission received reinforcement of more teachers from the USA in 1938. Alvin Hobby, Myrtle Rowse and Orville Brittel arrived at Namwianga Mission to contribute to missionary work which the church was doing in Northern Rhodesia. While Hobby and Rowe settled at Namwianga Mission, Brittel went to Sinde Mission within the same year. Upon arrival, Hobby was made the principal of Namwianga Primary School.<sup>190</sup> He contributed immensely to African education such that by the time he returned to USA in 1961, he had created an efficient primary school and had contributed in the translation of the English Bible into Tonga.<sup>191</sup>

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<sup>188</sup> Merritt Interview cited.

<sup>189</sup> Merritt interview cited.

<sup>190</sup> Stan Shewmaker, *Tonga Christianity* (California: William Library, 1970), p.52.

<sup>191</sup> Shewmaker, *Tonga Christianity*, p.52.

Hobby and Rowse were once recognized by the Provincial Education Officer of Southern province for their achievements towards female education in 1954.<sup>192</sup> The colonial government appreciated the efforts of Hobby and Rowse in improving girls' education. However, these strides were not achieved as a single effort of the foreign missionaries but rather, it was a collaborative effort between the American and local teachers.<sup>193</sup> For instance, Sekekele Mulamfu was praised for being an experienced manager of the school garden.<sup>194</sup> It was even proposed that he should be given an opportunity to speak to teachers at the yearly teachers' refresher course seminar in 1954. He spent two weeks at the mission and six weeks in rural schools teaching boys skills in agriculture. This was done to increase the number of peasant farmers in villages. As mentioned earlier, Rowse worked with African teachers such as Dorcas Kabalata in providing female education, and so too it was with Hobby.<sup>195</sup> The girls were taught sewing, knitting, embroidery, laundry, cookery, housewifery and child welfare.<sup>196</sup> The aim of these subjects was to make the pupils self sustaining after school.

During colonial rule, mission stations often trained their own teachers who taught in their schools. This was necessary because the colonial government was neither keen in providing education for Africans nor interested in training them to become teachers. However, the colonial government encouraged mission stations to build teacher training centres.<sup>197</sup> The colonial government encouraged them by promising grants to qualified teachers. Thus, each missionary society involved in education trained its teachers people. For instance, the Church of Christ, Brethren in Christ and Pilgrim Holiness were among the missionary societies which trained

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<sup>192</sup> NAZ, SP1/3/10 Loc 446, "Report on Mission Schools," Annual Inspection Report, 26 May 1955.

<sup>193</sup> NAZ, SP1/3/10, Annual Inspections, 4-5 March 1955

<sup>194</sup> NAZ, SP1/3/10, Namwianga Mission Report; by Senior Woman Education Officer, October 1954.

<sup>195</sup> NAZ, SP1/3/10, Inspection Report, March 1955.

<sup>196</sup> NAZ, SP1/3/10, Report on Mission Schools of 4-5 March 1955.

<sup>197</sup> Peter Snelson, *Education Development in Northern Rhodesia, 1883-1945. 2<sup>nd</sup> Edition* (Lusaka: Modern Press Limited, 1974), p.15.

teachers for their schools.<sup>198</sup> The teacher training programme at Namwianga Mission provided teachers not only for Kalomo but Livingstone and Zimba districts as well.<sup>199</sup> Each time Sinda and Kabanga stations were in need of teachers, Namwianga Mission provided them. A good number of competent teachers were distributed in most parts of Southern province which had Church of Christ schools. It can also be argued that one of the major reasons for missionary societies' desire to train their own teachers was premised on their differences in doctrine, since teachers were trained to be teacher-evangelists. The missionaries could not risk employing a teacher who belonged to a rival missionary society as they feared that he/she would propagate doctrines of his/her parent church. For example, in 1953, Hobby wrote a letter to the Provincial Education Officer categorically stating that teachers trained at Chikankata and Kafue were not acceptable to teach in schools controlled by the Church of Christ.<sup>200</sup> As such, it was necessary that every missionary society trained its own teachers.

Teachers from the Church of Christ especially Namwianga Primary school also participated in refresher courses which were administered by the government in 1949. The aim of these refresher courses was to sharpen the skills of the teachers. The teachers were taught lesson planning, classroom management and scheming.<sup>201</sup> Teachers from the Church of Christ schools who attended some of these refresher courses were Samson Museta, Berritt Halale, Noah Mujuku, Nasson Mudenda, Joseph Moono and Hunger Sitali.<sup>202</sup> These refresher courses helped the teachers to become more competent in the execution of their duties as they were taught how to deliver lessons and classroom management.

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<sup>198</sup> NAZ, SP4/2/23 Loc 5085, "Inspection Reports 25-26 November 1948," Kalomo Tour Report No.1, 1963.

<sup>199</sup> NAZ, SP4/2/51, Kalomo Tour Report No.4, 1949.

<sup>200</sup> SP1/3/10 Loc 446, Correspondence between Alvin Hobby and the Provincial Education Officer, 11 April 1953.

<sup>201</sup> SP1/3/10 Loc 446, "Report on Mission Schools," Annual Inspection Report, 18-19 April 1951.

<sup>202</sup> NAZ, SP4/2/23 Loc 5085, "Inspection Tours and Reports of Schools," Annual Inspection Report on Namwianga Mission 4-5 March 1952.

Like many missionary societies in Northern Rhodesia, the Church of Christ did not pay attention to higher education. This was largely due to the church's desire to produce evangelists and not well educated Africans. It was only in 1966 that the Church of Christ started offering Form I and II at Namwianga Mission.<sup>203</sup> Thus, NCSS was established in 1966. The school was located about 2km from the primary school. The secondary school management applied for a license to begin offering senior secondary education (Form III classes) at the former teacher training college in January 1968.<sup>204</sup> The Chief Education Officer approved, in principle, that NCCS should start offering Form III in 1969, on condition that the institution employed qualified teachers, ensured constant supply of water and provided good infrastructure by the end of 1968.<sup>205</sup> By 11 December 1968, the council approved that NCSS would begin offering Form III because the conditions were met and works on water supply were progressing well. It can be noted, from the above that education provision under the Church of Christ developed accordingly. It started with the church offering a rudimentary kind of education at Sinda Mission to providing secondary education at Namwianga Mission. Similarly, during the colonial period schools managed by the church of christ had poor infrastructure after independence the church built schools with standard infrastructure.

Following the establishment of NCSS in 1966, the majority of teachers were expatriates from USA. However, the church slowly embarked on a policy of Zambianization as per government policy. Most of the African staff taught at Namwianga Primary School while expatriates taught at NCSS.<sup>206</sup> By 1990, the majority of teachers at NCSS were Africans as most of the expatriates had returned to USA. These teachers contributed immensely to the education sector by helping

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<sup>203</sup> Interview, Charles Chigali, NCSS, Kalomo District, 9 May 2019.

<sup>204</sup> NAZ, SP1/4/23 Loc 3033, "Zambia Provincial Education Authority Minutes," Minutes of the third Meeting of the Southern Region Council of Education, 28 November 1967.

<sup>205</sup> NAZ, SP1/4/23, Minutes of the Fourth Meeting, 11 December 1968, 9:30 am.

<sup>206</sup> Siachobe interview cited.

in improving literacy levels in Zambia. Most of the pupils who attended Namwianga Mission schools were often selected for tertiary education.<sup>207</sup>

The financing of education was one of the major challenges the missionaries in Northern Rhodesia faced for many years. The missionary societies solely depended on their sponsors from Europe and USA to support their missionary. However, in other countries such as Uganda, Malawi and Kenya, the colonial governments provided grants for missionary societies as early as 1907.<sup>208</sup> To the contrary, the missionaries in Northern Rhodesia received little financial support from the colonial government.<sup>209</sup> It was only in 1925 that the government started considering providing grants to mission schools.<sup>210</sup>

Some of the pupils who went through the Church of Christ obtained gainful employment in both the private and government institutions. A good number of them worked as clerks, carpenters, bricklayers, teachers and policemen after receiving missionary education.<sup>211</sup> Thus, the Church of Christ created a foundation for these people to increase their financial capacity and contribute towards the development of their country. Their employers further benefited from the services which they offered while they worked for them. For instance, D.S Mulamfu was among those pupils who attended schools which were controlled by Namwianga Mission. After completing his primary education, he furthered his studies by taking a one year teacher training course. His completion of the course made it possible for him to be employed by the colonial

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<sup>207</sup> Chigali Interview cited.

<sup>208</sup> Gadsden, "Education and Society in Colonial Zambia," p.100.

<sup>209</sup> Snelson, *Education Development in Northern Rhodesia*, pp. 152-153.

<sup>210</sup> Snelson, *Education Development in Northern Rhodesia*, pp. 152

<sup>211</sup> Interview, Thomas Siafwiyo, Namwianga Church of Christ, Kalomo District, 19 April 2019.

government to teach English and Tonga. At independence, he was appointed as an inspector of schools in Southern province.<sup>212</sup>

Bicycle Sianjina, another product of the Church of Christ schools did a tremendous job in agriculture business.<sup>213</sup> He was among the first students of J. D. Merritt at Kabanga. He paid his school fees by working for Merritt. After completing his education, he acquired land and started farming. Sianjina was able to support his family through agriculture which he learnt at school.<sup>214</sup> He further established about 14 churches between the Kalomo and Livingstone area.<sup>215</sup> His son, Sanderson Sianjina was trained as a teacher. Sanderson also pursued a one year Biblical course. He worked as a teacher and later became the headmaster of Kabanga Junior Secondary School. Due to his hardwork, he was appointed as district Governor in the Northern Province in 1986 by then President of Zambia, Kenneth Kaunda.<sup>216</sup> These were achievements for the missionaries as their labour was now bearing fruit.

Due to the strides which the Church of Christ achieved in education by providing basic education in many communities, it attracted support from non-governmental organisations like World Vision and the Forum for African Women Educationalists of Zambia. In 2005, the World Vision built toilets and three staff houses at Namwianga Christian Basic School.<sup>217</sup> The World Vision further built a two by three classroom block at Zyangale Christian Basic School.<sup>218</sup> In addition, FAWEZA sponsored 50 vulnerable pupils at Sinda Basic School. This organisation

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<sup>212</sup> Watson, *Missionary Experiences*, p.187.

<sup>213</sup> Watson, *Missionary Experiences*, p.189.

<sup>214</sup> Watson, *Missionary Experiences*, p. 189.

<sup>215</sup> Watson, *Missionary Experiences*, p.189.

<sup>216</sup> Watson, *Missionary Experiences*, p. 190.

<sup>217</sup> "Zambia Board Minutes File," Zambia Board Meeting, 26 March 2005.

<sup>218</sup> Zambia Board Meeting, 26 March 2005.

paid tuition fees amounting to K14,520,000 (unrebased) per year between 2010 and 2015 for the pupils it sponsored.<sup>219</sup>

### **2.2.2. George Benson Christian College of Education**

Teacher training under the Church of Christ can be traced back to the colonial period. During this period, each missionary society trained its own teachers. Teacher training was at first basic but later on it became more sophisticated when the colonial government became interested. At inception, teachers were merely taught how to read and write. Once they were able to read and write they were deployed to teach and manage schools. The colonial government was not comfortable with this kind of training because it was rudimentary. This kind of training was replaced by a more systematic kind of training for prospective teachers known as the T4 course.<sup>220</sup> This course had a fixed number of four students per year<sup>221</sup> Thus, the government gave more attention to teacher training after 1930 because it realised that improving the levels of education among pupils was directly related to the quality of teachers.

To encourage missionaries improve the standards of teacher training, the government promised grants to qualified teachers. Thus, the church implemented the T4 course in 1941.<sup>222</sup> The training of teachers at Namwianga continued until when Zambia gained independence. The syllabus consisted of bible lessons, classroom management and a course in methods.<sup>223</sup> These students were also allowed to teach standard four pupils under supervision. The church paid them for this service. In methodological courses, students were taught how to prepare lesson

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<sup>219</sup> “Education Secretary File,” Sinde Basic School Annual Report Presented to the Parent Teacher Association Annual General Meeting, 5 November 2012.

<sup>220</sup> Michael. J. Kelly. *The Origin and Development of Education in Zambia: From Pre-colonial Times to 1996* (Lusaka: Image Publishers Ltd, 1996), p.151.

<sup>221</sup> NAZ, SP1/3/10, Annual Inspection Report, 18-19 April 1951.

<sup>222</sup> Annual Inspection Report, 18-19 April 1951.

<sup>223</sup> Annual Inspection Report, 18-19 April 1951.

plans, schemes of work and records of work.<sup>224</sup> Missionary societies which offered this programme were reviewed yearly to determine the effectiveness of the training. It must be noted that at Namwianga Mission, this course was approved for successive years beginning from 1941 onwards.<sup>225</sup> Most of their T4 students performed well in industry. By 1943, 19 students had successfully completed the course and were already in gainful employment. Three of them joined government service in Southern Rhodesia, one went to become medical doctor while 11 went to teach in the Church of Christ schools in Livingstone.<sup>226</sup>

The T4 course was discontinued after independence because the government wanted teacher education to be more advanced than was the case under this programme. The Church of Christ stopped training teachers in 1966 until 1991 when it established George Benson Christian College of Education which was initially a bible college known as Namwianga Bible College.<sup>227</sup> Seven students were enrolled in that year(1989) but soon the college was transformed into a teacher training college offering Mathematics, Religious Education and English.<sup>228</sup> Some of the staff at Namwianga Mission were tasked by the institution to come up with a syllabus for the institution. Those who were selected to come up with the curriculum were Lister Mweemba, Larzon Sindowe, Levy Jope and Kelly Hamby.<sup>229</sup> The curriculum was successfully implemented and the college became an affiliate of the University of Zambia. One important thing to note about GBCCE is that within a few years of its establishment, it became an affiliate of the University of Zambia.<sup>230</sup> This was achieved in 1993.

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<sup>224</sup> NAZ, SP1/3/10, Inspection Report, 18-19 April 1951.

<sup>225</sup> Inspection Report, 18-19 April 1951.

<sup>226</sup> NAZ, SP1/3/10, Inspection Report, 18-19 April 1951.

<sup>227</sup> Interview, John Simuuba, Namwianga Christian Secondary School, Kalomo District, 15 May 2019.

<sup>228</sup> Simuuba interview cited.

<sup>229</sup> Phiri interview cited.

<sup>230</sup> Phiri interview cited.

The college began training teachers in the secondary school teachers diploma in 1991. The period of study was three years. The Church of Christ introduced teacher training at Namwianga Mission because it realised that it would be difficult to sustain bible teachers without formal employment since they would need monthly salaries from the church for their upkeep. Consequently, the church established the college so that those students who were sponsored by church through scholarships, when the government employed them, they would continue working as teacher-evangelists. Thus, they would be sustained by government salaries while doing the work of the church.<sup>231</sup>

The academic performance of the college was impressive. Most of the students who wrote their exams passed due to sufficient training from the lecturers. For example, in 2003, 90 percent of students who sat for diploma exams passed.<sup>232</sup> The indication of this was that the pass percentage increased by 29 percent between 2002 and 2003.<sup>233</sup> In the same vein, the year 2007 recorded an 85 percent pass rate as compared to 82 percent pass rate in 2006.<sup>234</sup> These examples demonstrate that the college performed very well academically. The students and teachers from GBCCE further received positive evaluation by teachers and headteachers in respective schools they worked. The supervisors for student teachers from GBCCE were generally happy with their conduct at work as well.<sup>235</sup>

From its inception, the college produced several graduates who were subsequently employed by the Zambian government and served the nation in different portfolios including

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<sup>231</sup> Simuuba interview cited.

<sup>232</sup> "GBCCE File," GBCCE First Quarterly Report, 21 March 2005.

<sup>233</sup> GBCCE First Quarterly Report, 21 March 2005.

<sup>234</sup> Staff Meeting, End of Term Staff Meeting, 13 August 2007.

<sup>235</sup> GBCCE First Quarterly Report.

teachers, headmasters, police officers, nurses, engineers and lecturers.<sup>236</sup> Thus, the college contributed immensely to Zambia's development.

The college further introduced distance education for in-service teachers on 12 April 2010.<sup>237</sup> The college targeted primary school teachers and school leavers who could not find regular places in colleges or were working but wanted to upgrade their qualifications. The college decided to introduce distance learning due to the increased demand among primary school teachers in Southern province to upgrade their qualifications. The college widened its catchment area to include students as far as the Western and Eastern provinces.<sup>238</sup> The flexibility of distance learning programme attracted many students.<sup>239</sup> This initiative contributed to primary school teachers acquiring diploma qualifications. However, one of the major challenges the college faced was that of the in-service teachers who desired to acquire a degree which GBCCE was not offering at the time.<sup>240</sup> The resultant effect of this was that the enrollment of students on distance learning dwindled as their prospective students went to institutions such as Nkrumah University and David Livingstone College of Education which offered degree programmes.<sup>241</sup> The college planned to offer degree programmes but for many years it was difficult due lack of human resource.

Apart from training teachers, GBCCE was involved in evangelism and church planting activities. From its inception, students from GBCCE were trained in evangelism and church planting with a view of them establishing churches upon graduating from the college. The college formed spiritual clubs which consisted of choirs, quartets, and preachers. These spiritual

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<sup>236</sup> Phiri interview cited.

<sup>237</sup> "GBCCE File," GBCCE First Quarterly Report; prepared by Mr Itone Kaliyangile, 5 April 2010.

<sup>238</sup> Phiri interview cited.

<sup>239</sup> Phiri interview cited.

<sup>240</sup> Phiri Interview cited.

<sup>241</sup> Phiri interview cited.

clubs visited churches in the Southern, Northern, Western and Luapula provinces with the purpose of reviving old churches and planting new ones.<sup>242</sup> The students preached and baptised new converts. The outreach programme was critical to the expansion of the church country wide.

### **2.3. Education and Evangelism**

During colonial times, the Church of Christ used biblical instructions to convert people but after independence, the church re-strategized because there was a change in the school curriculum. During the colonial period Biblical teachings received more attention because the aim was to convert pupils and train them to be able to evangelize and plant churches wherever they were deployed as teachers. From providing a curriculum which was centred on the Bible, the church adopted the government curriculum which was holistic in nature. To continue using education as a tool of conversion, the church introduced spiritual clubs which were tasked with the responsibility of evangelism on weekends. These were introduced at basic, secondary and college level. The church further introduced a chapel programme where pupils were trained in singing, praying and preaching. The Church of Christ schools operated in a Christian atmosphere. It was mandatory for pupils and teachers to attend church services in the chapel every day in the morning except on Saturdays. Bible study was also conducted on Wednesdays. The school, however, still expected all its teachers to attend church services every morning in the chapel and go to church every Sunday including those who were not members of the church.<sup>243</sup> The idea behind this was to convert pupils and teachers who were not yet converts of the Church of Christ. This is in line with Carmody's argument that mission education created an atmosphere which contributed to the overall aim of conversion or evangelism.<sup>244</sup> Apart from teaching,

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<sup>242</sup> "GBCCE File," GBCCE First Quarter Report, 21 March 2019.

<sup>243</sup> Simuuba interview cited.

<sup>244</sup> Carmody, "*Conversion and School at Chikuni*," p.197.

teachers were expected to be preachers and active participants in outreach activities.<sup>245</sup> George Benson observed that these programmes were important as pupils were given practical experience in preaching and personal evangelism.<sup>246</sup> He further stated that pupils who came out of Namwianga Mission schools had a lot of bible study and enough hands on training to be effective in spreading the Gospel where ever they went.<sup>247</sup>

The chapel was used as a training ground for pupils to become effective preachers and singers.<sup>248</sup> To start with, the pupils were given opportunity to preach, song lead and pray during chapel. When the church was satisfied with a pupil's evangelical skills during chapel, he/she was allowed to participate in outreaches at various levels. They were allowed to preach during the Lords Supper church service and the main sermon. For example, in May 2010 when the Spiritual Singers from Namwianga Christian Basic School visited Siandwazi Church of Christ. Nelson Simafuta a teacher, preached the main sermon while a pupil led the congregation in singing and preached on the Lords supper.<sup>249</sup> Similarly, the Spiritual Singers visited Kasaka Church of Christ on 14 March 2010. A teacher preached the main sermon while a pupil song led and another one preached on the Lords supper.<sup>250</sup> According to Simafuta, Namwianga Christian Basic School produced a minimum of five preachers per year between 2005 to 2015.<sup>251</sup> In addition, the pupils often visited funeral houses for Church of Christ members. At funerals, the school choir sang solemn songs to comfort the bereaved family. The pupils further helped the

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<sup>245</sup> Chigali interview cited.

<sup>246</sup> Watson, *Missionary Experiences*, p.186.

<sup>247</sup> Watson, *Missionary Experience*, p.186.

<sup>248</sup> Interview, Nelson Simafuta, Namwianga Christian Basic School, Kalomo District, 18 May 2019.

<sup>249</sup> "Namwianga Basic School File," Namwianga Christian Basic School Term Two Outreach Report; by Mr Nelson Simafuta, 6 June 2010.

<sup>250</sup> Term Two Outreach Report.

<sup>251</sup> Term Two Outreach Report.

bereaved family by providing firewood and water.<sup>252</sup> Sometimes, pupils helped in taking chairs to funeral houses especially if the funeral was within the vicinity of the school. This applied to both basic and secondary schools.

In addition, the schools established Christian clubs through which pupils were trained how to sing and preach. For example, NCSS, Kabanga Secondary and Namwianga Christian Basic School had singing groups which were used as instruments of evangelism. Among the singing groups which existed was Helping Hands, Christian Movement, Timothy Brothers, Golden Voices and Spiritual Singers.<sup>253</sup> It must be mentioned that Spiritual Singers were also active at Namwianga Christian Basic School. Christian drama was also introduced in 2007 as a strategy for evangelism. At Sinda, the pupils also had outreach programmes. For example, in 2012, they visited Manyemunyemu Church of Christ in Zimba and Libuyu Church of Christ in Livingstone.<sup>254</sup> Sinda Mission also allowed pupils to conduct outreach in the nearby villages and schools. John Simuuba noted that:

During weekends, we went out for outreaches with Elder Roy Merritt. I shared on the Lords supper and sang in the school choir, the Christian Movement and a male chorus which was a branch of the Christian movement.<sup>255</sup>

In Kalomo district, the churches visited by Spiritual Singers from Namwianga Christian Basic School were Belo, Simakakata, Siabalumbi, Tumango, and Kasibi Church of Christ. Sometimes, pupils at Namwianga Christian Basic School went as far as Zimba and Kazungula

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<sup>252</sup> Simafuta interview cited.

<sup>253</sup> Simafuta interview cited.

<sup>254</sup> "Education Secretary File," Sinda Basic school Annual Report Presented to the Parent Teacher Association Annual General Meeting at Sinda Basic School, 5 November 2012.

<sup>255</sup> Simuuba interview cited.

districts for outreach work.<sup>256</sup> Through outreach activities, the church was able to plant new churches such as the Mambova Church of Christ in Zimba district.<sup>257</sup>

Most of the time, pupils involved in outreach activities travelled long distances on foot although sometimes Namwianga Mission provided transport. The outreaches were usually conducted on Saturday and Sunday, although at times, they went on Friday afternoons especially for those areas which were difficult to reach.<sup>258</sup> Sometimes the teachers and pupils had to walk distances as long as 20 kilometers to reach their outreach destinations and then cover the same distance coming back.<sup>259</sup> For instance, in 2010, Namwianga Christian Basic School pupils covered 14 kilometers when they went to Siabalumbi Church of Christ.<sup>260</sup> This demonstrated commitment on the part of both teachers and pupils. It is also an indication that outreach programmes were taken seriously.

The Church of Christ, through Namwianga Mission established a programme known as Westreach and Northreach. The Northreach programme was started in 2000 at GBCCE.<sup>261</sup> The students were first sent to Serenje and Mkushi districts.<sup>262</sup> By the year 2007, 30 churches had been planted in areas where there was no Church of Christ.<sup>263</sup> This programme was initiated as a result of the Church's desire to establish a strong presence in all the provinces of Zambia because the Church of Christ was mainly popular in Southern province. Through this programme, the church initiated sponsorship programmes known as USA sponsorship and Hobby Sponsorship.<sup>264</sup>

These sponsorship programmes offered scholarships to vulnerable children whose parents were

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<sup>256</sup> Simafuta interview cited.

<sup>257</sup> Simuuba interview cited.

<sup>258</sup> Simafuta interview cited.

<sup>259</sup> Simafuta interview cited.

<sup>260</sup> Term Two Outreach Report.

<sup>261</sup> End of term Staff, 13 August 2007.

<sup>262</sup> End of term Staff, 13 August 2007.

<sup>263</sup> End of term Staff, 13 August 2007.

<sup>264</sup> Zambian Board Meeting, 17 December 2005.

not able to pay their school fees.<sup>265</sup> The beneficiaries were mostly pupils at NCSS and students at GBCCE. This was because basic education was cheap whereas secondary and college education was costly. The condition of these scholarships was that upon completion of college education, the former sponsored students would be deployed by the church to work as teachers-evangelist in any part of Zambia. The other responsibility given to students was planting and reviving dying churches. The church paid them for their services until the government deployed them.<sup>266</sup>

#### **2.4. The Church of Christ and the Colonial State**

The relationship between the Church of Christ and the Colonial government was generally cordial. The British South Africa Company took control of Northern Rhodesia in 1890 but the company was not interested in educating Africans. The company administration was only interested in providing unskilled labour for the mines, and white farms in Southern and Northern Rhodesia.<sup>267</sup> It did not recognize the importance of educating Africans since they were mostly needed for unskilled labour which did not require any academic training. The company administration did not even consider helping the missionaries financially. The BSACO handed over Northern Rhodesia to the British Colonial Office in London in 1924 as it felt it was too expensive to manage the colony.<sup>268</sup> The missionaries, in the territory encouraged the company to be involved in African education but it was reluctant. The missionaries further pressured the British government to be involved in African education when it took over the administration of Northern Rhodesia. It must be noted that the British government took more interest in African education as compared to the BSACO.

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<sup>265</sup> Phiri interview cited.

<sup>266</sup> Merritt interview cited.

<sup>267</sup> Gadsden, "*Education and Society in Colonial Zambia*," p.98.

<sup>268</sup> Snelson, *Education Development in Northern Rhodesia*, p.148.

The cordial relationship between the colonial government and the Church of Christ can be traced back to 1923 when the Secretary of State appointed an advisory committee on African education in British Tropical Africa. This committee invited the Phelps-Stokes commission in 1925 to give recommendations on the kind of education to give Africans.<sup>269</sup> This commission laid the foundation of the relationship between the government and the missionaries in education provision. The commission recommended that the government must provide grants for mission-run schools and teacher training institutions. Due to these recommendations, the government took keen interest in African education. The colonial government established a sub-department of Native Education to co-ordinate and supervise the education of Africans.<sup>270</sup>

The government gave grants to mission stations which were under the Church of Christ to support their operations in education. For example, in 1958, the colonial government gave Namwianga Mission a grant of £100 for girls' dormitories which were being built.<sup>271</sup> Kabanga and Sinda Mission also received £665 for their building projects while the church at Mukuni received £50, the Church of Christ at Semane in Chief Sipatunyana's area, Jokwe and Siambele each received £15 while Kalomo Church of Christ received £25.<sup>272</sup>

Following the involvement of the colonial government in education, most of the qualified teachers in mission schools were put on government payroll. This had a negative effect on the mission schools as the church lost control of the teachers who were paid by the colonial government since it no longer paid them. The teachers drank beer and smoked because they were

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<sup>269</sup> John Mwanakatwe, *The Growth of Education in Zambia since Independence* (Lusaka: Oxford University Press, 1968), p.17.

<sup>270</sup> Carmody, *The Evolution of Education in Zambia*, p.11.

<sup>271</sup> NAZ, SP4/3/16, Loc 5126, "Local Education Authority," A Correspondence between C.T. Woodbridge Southern Province Provincial Educational Officer and Members of Southern Province Educational Authority, 6 February 1958.

<sup>272</sup> NAZ, SP1/8/1, Loc 3070, "Reports on Mission Schools," Correspondence between African Education Officer in Livingstone and the Director of African Education, 31 August 1945.

paid by the government. The teachers no longer felt compelled to follow the standards set by the mission stations. Mubitana notes that:

These teachers considered themselves above the religious jurisdiction of the missionaries and were resented by them as a bad moral influence upon the pupils as well as the communities in which these schools were located.<sup>273</sup>

The mission learnt, through experience that accepting government support meant technically relinquishing a degree of autonomy.<sup>274</sup> As much as the church wanted to maintain its autonomy in managing the schools, it could not do so without government support due to high expenses which came with managing schools. The church regretted its decision to accept government support as it became difficult for the Church of Christ to discipline erring teachers who were paid by the government.<sup>275</sup> The relationship between missionaries and government teachers deteriorated because the church failed to exercise authority over them. This was mainly because most of the teachers who were deployed by the government were generally not members of the Church of Christ.

The church worked with chiefs in establishing mission stations but it depended more on the colonial government. The cordial relationship of the church with the colonial government caused frictions with the local people because sometimes land was alienated from the locals and given to the Church of Christ.<sup>276</sup> Large portions of land were confiscated from the locals by the colonial government and given to the church. This state of affairs angered some Africans who felt

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<sup>273</sup> Mubitana, "Christian Missions," p.194.

<sup>274</sup> Shewmaker, *Tonga Christianity*, p.56.

<sup>275</sup> Shewmaker, *Tonga Christianity*, p.56.

<sup>276</sup> Mubitana, "Christian Missions," p.148.

betrayed by the people who they trusted.<sup>277</sup> Due to this, the Church of Christ failed to convert most of the people in Chief Musokotwane area.

The Church of Christ was allowed to import goods outside Northern Rhodesia without being taxed by the colonial government. This helped the church to bring desks, vehicles, books, pens and pencils to their institutions. This was made possible through an agreement which the church had with the government. This agreement exempted the church from paying customs duty and income tax. This tax waiver came into effect in the early 1930s.<sup>278</sup>

While foreign missionaries were given grants, African teachers were not given despite being qualified teachers until the 1940s. For instance, Hobby and Rowse each received a grant worth £200.<sup>279</sup> These grants were part of the Phelps-Stokes Commission recommendations to encourage missionaries to continue participating in educating Africans. Hobby was the principle of Namwianga Primary School while Rowse taught Home Economics and supervised female African staff she worked with. The girls were taught how to make the best of available materials for their own benefit. As mentioned earlier, they were taught knitting and cooking.

The colonial government wanted orphans at Sinde to pursue further studies in schools which were controlled by other missionary societies but the missionaries had previously rejected this government proposal. The church felt that if the orphans were taught in schools which had a different faith from theirs, the orphans would convert to the faith of the school they attended. After much deliberation with government officials, the managers of the orphanage at Sinde reluctantly agreed to allow orphans attend schools not managed by the Church of Christ. The

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<sup>277</sup> Mubitana, "Christian Missions," p.148.

<sup>278</sup> "Zambian Board Meeting File," Namwianga Christian Mission Board Meeting held at the Mission Superintendent's Office, 2 July 2002.

<sup>279</sup> NAZ, SP1/3/10, Annual Report, 26 May 1955.

orphans were allowed to pursue post standard 4 education in schools which were controlled by rival missionary societies.<sup>280</sup> This made the relationship of the church and the state even better as the church complied with the suggestion of the government. The colonial government was pleased with this gesture from the Church of Christ.

At independence, the church was discouraged from continuing to provide education in Chief Simwatachela's area because following Zambia's independence, most of the schools which were initially managed by the missionary societies became either grant-aided or fully under government control. As a result, the Church of Christ became more interested in evangelical work since the government took over control of some schools. The new government took control of most mission schools because it wanted to create a uniform education system which was responsive to the needs of Zambians. Although the government took control of the schools, it did not transfer or dismiss any staff previously employed by the mission.<sup>281</sup> Most of the schools maintained the same head teachers.

## **2.5. The Relationship of the Church of Christ and the State in the Post-colonial Period**

When Zambia gained independence in 1964, the church faced the challenge of losing a number of its schools to the new government. In June 1965, all village schools which were controlled and supervised by the Church of Christ were handed over to the government as a gesture of good will.<sup>282</sup> The Church of Christ handed over 19 schools to the government at independence.<sup>283</sup> It only remained with four schools under its control but in the 1980s, some of the schools were returned to the church as grant-aided institutions. The church controlled several

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<sup>280</sup> NAZ, SP4/2/139, Loc 5117, General Annual Report, Kalomo Annual Report on African Affairs of 1961.

<sup>281</sup> NAZ, SP1/3/43, Kalomo Tour Report No.1, 1963.

<sup>282</sup> Shewmaker, *Tonga Christianity*, p, 56.

<sup>283</sup> Mubitana, "Christian Missions," p.195.

grant-aided schools in Southern province. The Church of Christ continued to manage schools in partnership with the government of the Republic of Zambia. The partnership between the mission and the government made it easier for the mission to run these schools. This is because the church could not worry about paying teachers every month which would have been costly especially that the mission was a non-profit making organization. Some of the grant-aided schools in Kalomo included Simpweze Basic, Namwianga Christian Basic and Zyangale Basic School while in North Western province there was Mumena “B” Middle Basic School.<sup>284</sup>

The terms of partnership between the Church of Christ and the government in grant-aided schools were that the government would provide and pay salaries for teachers while the church would maintain schools and build infrastructure. In addition to this, the Education Act of 1993 withdrew the authority of the church to appoint a head teacher or deputy. The church could only recommend to the government who could be appointed in those positions.<sup>285</sup> It was also agreed that the deputy and the head teacher must be members of the church which owned the institution. Furthermore, grant-aided institutions were given full access to government stores.<sup>286</sup> The schools were given access to stationery from the government. This kind of arrangement made the relationship of the Church of Christ and the state to be cordial since they became cooperating partners.

The church placed priority on employing members of the church. However, it allowed teachers from other denominations to work in its schools as long as they would conduct

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<sup>284</sup> [www.zambiamissionfund.zm](http://www.zambiamissionfund.zm).

<sup>285</sup> The Government of Zambia. Statutory Instrument No.43 of 1993. The Education Act (Laws, Volume five, Cap 234). Aided Institutions Regulations, p.139.

<sup>286</sup> The Government of Zambia. Statutory Instrument, p.141.

<sup>286</sup> The Government of Zambia. Statutory Instrument, p.141.

themselves in a proper manner and uphold Christian values.<sup>287</sup> Teachers who failed to live according to the standard laid down by the church were handed over to the Ministry of Education to be deployed elsewhere. As such, most of the teachers who worked in grant-aided schools did not cause any problems because they knew that they could easily be transferred.

Apart from working together in paying teachers' emoluments and appointing them, the government at times gave grants to mission-run schools. For instance, Sinda Basic School received a grant from the Kazungula District Education Board worth K16,902,378 (non-rebased) in 2012.<sup>288</sup> This grant was used to buy stationery and other important materials for the school. It must be noted that the grant-aided schools did not only depend on help from the Church of Christ and the government. Most of the schools came up with initiatives to raise money, for example, in 2012, Sinda Basic School sold 16 bags of maize to the Food Reserve Agency and raised about K1,040, from the sales in 2012.<sup>289</sup> This money was used to buy some of the needs of the school.

The relationship between the government and the church was good. One of the reasons for this was that it was guided by the laws of Zambia. The Education Act of the laws of Zambia volume five cap 23 guided how the church and the government were to interact in education.<sup>290</sup> For instance, it was outlined that the government, through the Provincial Educational Officers with respect to administrative matters, it would deal directly with the Education Secretary of the grant-aided institutions in all matters pertaining to policy, postings, transfers, discipline, recruitment and change of status of institution.<sup>291</sup> This meant that the church and government had

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<sup>287</sup> The Government of Zambia. Statutory Instrument, p. 139.

<sup>288</sup> Sinda Basic School Annual Report, 5 November 2012.

<sup>289</sup> Sinda Basic School Annual Report, 5 November 2012.

<sup>290</sup> The Government of Zambia. Statutory Instrument, p.139.

<sup>291</sup> The Government of Zambia. Statutory Instrument, p.239.

an understanding on how to relate with each other. Their relationship was defined to avoid any misunderstandings.

At college level, George Benson Christian College of Education engaged other government departments during student interviews. The college invited the Magistrate's Office, the Kalomo District Education Boards Secretary's Office and Zambia Police to assist in monitoring interviews for students to be enrolled at the college.<sup>292</sup> This strengthened the relationship between the church and government departments due to transparency from the college.

## **2.6. Conclusion**

This chapter has demonstrated that the Church of Christ played a significant role in the development of education in Zambia and particularly in the Southern province. It has been shown that the Church was involved in education from the onset of colonial rule. It established the first school as early as 1910. However, the church was actively involved in the provision of education because it believed in the effectiveness of education to convert Africans to christianity. The church simply implemented new strategies when Zambia gained independence in 1964. The church introduced spiritual clubs such as Helping Hands which trained pupils and college students on how to conduct evangelism. Sponsorship programmes were also introduced with the requirement that beneficiaries conduct church outreach on weekends. Therefore, changing times motivated the church to re-think its strategies of conversion and expansion through education. Although the church used education as a tool of conversion it maintained a cordial relationship with the state even after independence. For instance, the state exempted the church from paying customs duty on imports. Furthermore, the church partnered with the state to provide education

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<sup>292</sup> George Benson Christian College of Education File, Correspondence between the Principal GBCCE Mr. Itone Kaliyangile and the Kalomo Magistrates Office, 17 September 2010.

in grant-aided schools. For this reason, successive governments made it easy for the church to expand in education provision.

## CHAPTER 3

### THE CHURCH OF CHRIST AND HEALTH CARE PROVISION

#### 3.1. Introduction

The history of health care provision by the Church of Christ dates back to Sinde Mission when Augusta M.P. Brittell began offering health services to the local community especially the orphans at her orphanage. This lady was the wife of Orville Brittell the resident missionary at Sinde Mission. Brittell took keen interest in treating people despite lacking a medical background. She consulted medical books to diagnose and treat patients.<sup>293</sup> However, the ailments she treated were minor. Following the establishment of Namwianga Mission by the Church of Christ, a dispensary was built at Namwianga to provide drugs for the community as early as 1950.<sup>294</sup> The residents of Namwianga Mission and surrounding areas depended on the dispensary until a clinic was built in 1996. This chapter examines the impact of health care provision under the Church of Christ in the Southern province of Zambia. It is subdivided into six sections. The first section investigates the development of health care under the Church of Christ, the second section deals with the contribution of the Churches Health Association of Zambia to Namwianga Rural Health Centre, the third section examines the contribution and impact of medical missions, the fourth section discusses Namwianga Radio Station and public sensitization, the fifth section deals with the contribution of auxiliary workers to NRHC while the last section examines the relationship between the church and the state in health care provision.

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<sup>293</sup> NAZ, SP4/2/101, Kalomo Tour Report 4, 1955.

<sup>294</sup> NAZ, MH1/2/50 Loc: 3158, "Mission Hospitals General Report 1945-52," Correspondence between the Medical Officer in Choma and the Provincial Medical Officer Southern, 28 September 1950.

### 3.2. The Development of Health Care under the Church of Christ

Prior to the introduction of western medicine in Zambia, Africans used traditional African therapeutics to treat patients. They depended on home remedies, diviners, and specialist healers who diagnosed sources of illnesses and diseases.<sup>295</sup> The introduction of western medicine in Zambia dates back to the pre-colonial period when European travellers, traders, and pioneer missionaries traversed the country carrying with them first aid kits.<sup>296</sup> These first aid kits were the ones they used to treat themselves and Africans with whenever they fell sick or became injured.

Missionaries provided the majority of medical care to Africans while the colonial government did not do much towards the health of Africans.<sup>297</sup> This was the same for the Church of Christ missionaries. The colonial government did little to assist the Church of Christ in conducting their medical work. The Church of Christ first introduced education at Sinde Mission but years later, missionaries such as Brittell began providing health care to local people. Patients with serious health issues were referred to Livingstone General Hospital while the missionaries often provided transport for the patients. One of the major reasons the missionaries introduced western medicine was to undermine indigenous African beliefs.<sup>298</sup> The missionaries believed that African healing cosmology was a barrier to evangelism. The Africans had to be converted wholly but if African traditional medicine was encouraged, missionaries felt that their converts would be half baked. Dr. Walter Fisher a medical surgeon of the Christian Missions to

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<sup>2</sup>James Habukoko Naali, "A History of the Pilgrim Wesleyan Missionary Society in Choma District, 1930-1990," M.A. Dissertation: University of Zambia, 2003, p.54.

<sup>3</sup>Naali, "A History of the Pilgrim," p.54.

<sup>4</sup>Naali, "A History of the Pilgrim," p.55.

<sup>3</sup>Walima T. Kalusa, "From an Agency of Cultural Destruction to an Agency of Public Health: Transformations in Catholic Missionary Medicine in Post-Colonial Eastern Zambia, 1964-1982," *Social Sciences and Missions*, Vol 27(2014), p.226.

Many Lands established a medical mission among the Lunda in North Western Province with the same view.<sup>299</sup> Kalusa argued that:

An African who was successfully treated with missionary medicine could come to appreciate its efficacy and rationality as well as its superiority over local therapeutic systems. Patients cured at the mission hospitals could not only convert to the religious ideology associated with Christian medicine but also commend others to their new found faith.<sup>300</sup>

The missionaries did not want their converts to continue using traditional medicine or consult traditional healers as it seemed as if they did not abandon African tradition completely.

Before the coming of Merritt as the health personnel for the mission in 1926, Sinde Mission requested permission from the government to build a clinic. The government declined because Sinde had a small population. It was recommended that the church build a clinic at Kabanga Mission where there was a bigger population. Kabanga had a population of 15,000 people compared to Sinde Mission which had a population of 1,000 people.<sup>301</sup> It was agreed that a dispensary be built at Sinde Mission. However, only a small clinic was built at Kabanga Mission. Coming from this background, medical practitioners from the Church of Christ visited Sinde frequently to treat Africans. Among them was Stan Shewmaker and J.D. Merritt.<sup>302</sup>

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<sup>299</sup> Kalusa, "From an Agency of Cultural Destruction," p.226.

<sup>300</sup> Kalusa, "From an Agency of Cultural Destruction," p.226.

<sup>301</sup> NAZ, MH1/3/51 Loc: 3193, "Tours of Southern Province by Medical Officer," Correspondence between the Provincial Medical Officer Southern Province and the Director Medical Services, 13 March 1955.

<sup>302</sup> NAZ, MH1/02/015 Loc 3153, "Sinde Mission," Correspondence between the Health Department in Livingstone and the Senior Medical Officer, 21 August 1940.

The missionaries at Sinda took health care seriously despite lacking qualified health personnel; they strived to offer health care to the Africans. In 1955, Sinda Mission decided to establish a clinic at the mission station because the number of people coming for treatment increased.<sup>303</sup> The mission observed that Augusta Brittell alone could not manage to take care of the orphans and attend to patients at the same time. In 1956, a nurse was employed at Sinda Mission to help Brittell. The appointment of a qualified nurse meant that diagnosis of the patients was more accurate and treatment was effective due to the nurse giving the right medication for diseases.

The establishment of the Church of Christ at Sinda was beneficial to local people. The missionaries became engaged in health care at a time when many diseases were prevalent. The local people who sought treatment benefited from the medical works done by the church. The most prevalent diseases at the time were bilharzia, dysentery, yaws, scurvy, leprosy, itchy and sore eyes, tick fever, dental problems, sand flea as well as worms.<sup>304</sup> These diseases gave problems to the local people. Merritt noted that bilharzia and dysentery were very common.<sup>305</sup> He stated that about 50 per cent of people around Sinda and Kabanga Mission had bilharzia.<sup>306</sup> These were serious diseases in the colonial period but due to efforts of the missionaries from the Church of Christ, most of them were cured. Another disease which was rampant was malaria. Malaria was one of the greatest hazards to the health of missionaries and Africans. Actually, many missionaries died as a result of malaria. All patients who came for treatment at the clinic were treated for malaria whether they had it or not. However, hookworm was more prevalent

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<sup>303</sup> NAZ, SP 4/2/101 Loc 5101, "Kalomo Travelling Reports," Kalomo Tour Report No. 4, 1955.

<sup>304</sup> Merritt, *Dew Breakers*, pp.98-101. see also a correspondence between the Medical Officer F.W. Gilbert and the Senior Medical Officer, 21 August 1940.

<sup>305</sup> Merritt, *Dew Breakers*, p.99.

<sup>306</sup> Merritt, *Dew Breakers*, p.99.

among children.<sup>307</sup> The colonial government left the responsibility of providing health care to Africans to the missionaries. The government only offered small grants from time to time which were inadequate.<sup>308</sup>

One of the most deadly diseases which the church had difficulties in curbing was leprosy. The colonial government realised the seriousness of the disease when the colonial office established the British Empire Leprosy Relief Association to combat leprosy in its colonies. It was established in 1923 in Britain.<sup>309</sup> In Northern Rhodesia, the association only became active in 1946. The British government sent a representative of BELRA to Northern Rhodesia to convince missionary societies which were not part of treating people with leprosy to undertake this task as well.<sup>310</sup> Other missionary societies such as the London Missionary Society had already been treating lepers but others took time to get involved.<sup>311</sup> The London Missionary Society had established a leprosarium in Kawimbe in 1893.<sup>312</sup> More settlements were established at Chikuni in Monze by the Jesuits in 1909, Luampa in 1910 by the South African General Mission and Mukinge in 1950.<sup>313</sup> The Church of Christ accepted the responsibility of treating lepers due to humanitarian reasons. The British government further motivated the church by supplying missionaries with medicine to treat the lepers. The medicine which was given was injectable. It was known as Chaulmoogra oil.<sup>314</sup> Leprosy patients who sought treatment early were healed from this dangerous ailment. Some of the patients walked about two days to reach

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<sup>307</sup> Merritt, *Dew Breakers*, p. 100.

<sup>308</sup> NAZ, MH1/02/015, Correspondence between the Director of Medical Services and the Missionary in-charge at Kabanga Mission, 12 January 1938.

<sup>309</sup> Mbaita B. Liwoyo, "Missionaries, The State and Leprosy in Zambia, 1893-1964," M.A. Dissertation: University of Zambia, 2011, p.20.

<sup>310</sup> Merritt, *Dew Breakers*, p.91.

<sup>311</sup> Liwoyo, "Missionaries, "The State and Leprosy," p.20.

<sup>312</sup> Liwoyo, "Missionaries, "The State and Leprosy," p.78.

<sup>313</sup> Liwoyo, "Missionaries, "The State and Leprosy," p.22.

<sup>314</sup> Merritt, *Dew Breakers*, p.91.

the missionaries. One of the patients, Mooka came from Musokotwane area in Livingstone to seek treatment at Kabanga Mission.<sup>315</sup> He was successfully treated after which he settled there. It must be noted that the treatment of lepers in Kalomo by the Church of Christ significantly reduced the number of victims.

The Church of Christ treated lepers for a good number of years until the outbreak of the Second World War. The colonial government failed to maintain continuous supply of chaulmoogra oil due to the world war. Instead, it introduced a drug known as Leprol.<sup>316</sup> This drug was in powder form. In addition, it needed to be dissolved in sterile water before injecting patients. Soon, however, the missionaries discontinued injecting patients with Leprol as it was a very painful drug.

When Sinde Mission did not have qualified medical personnel, it treated minor ailments. J. D. Merritt settled at Sinde for two years before leaving for Kabanga in 1927. While at Sinde Mission, he treated more complicated diseases such as sexually transmitted diseases.<sup>317</sup> The colonial government recognized Merritt as a nurse despite him not being one. He had simply learnt about medicine when he served as an aide to a doctor during the First World War.<sup>318</sup> The colonial government appreciated his medical contribution by giving him a medical certificate to conduct medical works among Africans.<sup>319</sup> The treatment of venereal diseases at Sinde helped in the prevention of their spread to other parts of the country.

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<sup>315</sup> Merritt, *Dew Breakers*, p. 92.

<sup>316</sup> Merritt, *Dew Breakers*, p.94

<sup>317</sup> NAZ, MH 1/2/15 Loc 3153, "Sinde Mission," Correspondence between Mr A.B Reese and the Director of Medical Services in Lusaka, 3 March 1937.

<sup>318</sup> Watson, *Missionary Experiences*, p.178.

<sup>319</sup> NAZ, MH1/2/50 Loc 3158, "Mission Hospitals," Correspondence between the Medical Officer of Southern Province and the Provincial Medical Officer, 28 September 1950.

The provision of health care under the Church of Christ was not restricted to Sinde and Kabanga Mission. The church built a small dispensary for treating pupils and teachers at Namwianga Mission.<sup>320</sup> The mission further introduced a health neighbourhood watch which went in the villages sensitizing people concerning diseases and treating the sick.<sup>321</sup> There was no serious medical work being done at Namwianga Mission until 1996 when a clinic was established at GBCCE.<sup>322</sup> The expansion of the clinic at GBCCE attracted more patients to come for treatment at the clinic. The mission desired to increase its capacity; as such it sought permission from the district health committee to build a bigger clinic. The mission was granted permission to pursue this endeavour and in 1998, the building of a bigger clinic began.<sup>323</sup> The clinic operated there until 2002 when NRHC was established and officially recognized as a diagnostic centre.<sup>324</sup>

It was also envisioned that health posts were to be built for areas which were very far from Namwianga Mission. Apart from NRHC, other health posts under the Church of Christ were Swati, Bbelo, Siabalumbi, Miyanda, Mulwazi, and Kalomo.<sup>325</sup> Some of these health posts were situated 40 kilometres from Namwianga Mission.<sup>326</sup> This meant that people had to cover long distances to reach the nearest clinic before their establishment. This proved difficult for the sick. It must be mentioned that pregnant women still had to cover the same distance when they went for antenatal. This is the more reason that the above health posts were built. The staff at NRHC would from time to time pass through these health posts to treat patients.

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<sup>320</sup> NAZ, MH1/2/50, Correspondence between the Medical Officer of Southern Province and the Provincial Medical Officer, 28 September 1950.

<sup>321</sup> Siafwiyo interview cited.

<sup>322</sup> Hambulo interview cited.

<sup>323</sup> Siafwiyo interview cited.

<sup>324</sup> Hambulo interview cited.

<sup>325</sup> Siafwiyo interview cited.

<sup>326</sup> Siafwiyo interview cited.

Due to its wide catchment area, NRHC faced the challenge of inadequate supply of drugs at its main health post and those under its management. This situation was facilitated by numerous patients coming for treatment more than the clinic could sustain. The abolishment of user fees by the government negatively affected NRHC as it limited the availability of drugs at the clinic.<sup>327</sup> More so, Kalomo District Hospital was seven kilometres away from Namwianga clinic but patients preferred to come to NRHC including those who lived in town.<sup>328</sup> The partnering of the Church of Christ through NRHC with CHAZ in 2006 helped minimise the challenges the church was facing in health care provision. This alleviated most of the challenges the clinic was faced with such as the shortage of drugs. The CHAZ furnished the clinic with malaria drugs, computers, printers, antiretroviral Drugs (ARV), and family planning drugs.<sup>329</sup>

The health centre played a crucial role in improving the overall health of the people of Kalomo district. It had a catchment of 6,599 and 10,000 head count.<sup>330</sup> Patients would go for treatment of various ailments to the health facility. Although the clinic was small, it was able to successfully treat most of the patients despite having limited human resource at the facility. The medical staff were able to treat diseases such as flu, malaria, headaches, dental problems, eye problems, high blood pressure, diabetes and sexually transmitted infections.<sup>331</sup> Some of these diseases were prevalent according to the seasons of the year.

The dental department played a crucial role in improving the dental health of the people in Kalomo district. Through the dental department, the clinic was able to: extract, seal, and put braces on teeth. The clinic also did intentional plantation (removing teeth, cleaning it and

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<sup>327</sup> “Zambia Board Minutes File,” Minutes of the Zambia Board Meeting, 23 July 2006.

<sup>328</sup> Hambulo interview cited.

<sup>329</sup> Interview, Francis Mumba, NRHC, Kalomo District, 19 June 2019.

<sup>330</sup> “CHAZ Quarterly Reports,” Prevention of Mother to Child Transmission (PMTCT), PMTCT 2<sup>nd</sup> Quarter Report Narrative Report from 1 April to 30 June 2008.

<sup>331</sup> Hambulo interview cited.

returning it), temporal and permanent filling, and root canal treatment of teeth.<sup>332</sup> In addition to the above, the department treated people who were involved in accidents by putting wires on the jaws to accelerate healing for those who had injured their neck and jaw. The dentists further conducted medical outreaches in surrounding communities to sensitize people on dental hygiene. These efforts of the clinic improved the dental health of the communities it served because people became aware of the importance of dental hygiene.

As one of the few clinics which offered physiotherapy services in the province, NRHC assisted many people who had problems which needed the attention of a physiotherapist. The physiotherapy department treated patients with neurological problems. Mumba noted that:

Patients were treated on various health problems ranging from strokes, cerebral palsy, paraplegia (paralysis from the waist to the legs), patients with orthopaedic problems were also treated, backaches and general joint pains.<sup>333</sup>

The majority of the patients who went for physiotherapy treatment were successfully treated. For instance, babies who failed to walk were brought to the clinic. The physiotherapist was able to treat them, the babies successfully walked after a few weeks of treatment.<sup>334</sup> The clinic set aside Tuesday and Thursday to treat babies with cerebral palsy.<sup>335</sup> Some of these babies could not sit and walk due to brain damage but after undergoing treatment they were able. The clinic further engaged the community members by teaching them strategies they could implement to reduce

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<sup>332</sup> Munsaka interview cited.

<sup>333</sup> Mumba interview cited.

<sup>334</sup> Mumba interview cited.

<sup>335</sup> Mumba interview cited.

strokes and diabetes. The communities were encouraged to have a good diet and conduct routine exercises.

Apart from the above, Namwianga Zonal Health Centre offered primary health care. The clinic offered primary health care in form of immunisation of babies, antenatal care and family planning.<sup>336</sup> Due to contact with pregnant women during antenatal, the mothers were counselled on important issues such as HIV/AIDS and infant feeding. The women were further screened for sexually transmitted diseases so as not to endanger the unborn baby. The clinic further had a good record of conducting successful baby deliveries. For example in the third quarter of 2008, the clinic successfully conducted 25 deliveries. During this period, there were no maternal or still births recorded.<sup>337</sup> Similarly, in the first quarter of 2014, the institution successfully conducted 65 deliveries.<sup>338</sup> From the delivered babies, only five were exposed to HIV. In addition, the clinic provided various types of family planning for its catchment area such as deplovera, implant jaddel, condoms and oral contraceptives.<sup>339</sup> These measures reduced the number of children among couples by preventing unwanted pregnancies.<sup>340</sup> The use of family planning also assisted married couples when it came to child spacing.

The clinic established a cervical cancer department which screened women for cervical cancer. Those who were HIV positive and negative were both screened for cervical cancer. The clinic was able to treat patients who had cervical cancer in its early stages but referred serious cases to the University Teaching Hospital in Lusaka.<sup>341</sup> The clinic used biopsy, cryotherapy or

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<sup>336</sup> Interview, Elizabeth Halale, GBCCE, Kalomo District, 13 May 2019.

<sup>337</sup> "CHAZ Quarterly Reports," NRHC 3<sup>rd</sup> Quarterly Report for 2008 between 1<sup>st</sup> July and 30<sup>th</sup> September, 4 October 2008.

<sup>338</sup> "CHAZ Quarterly Reports," NRHC PMTC Quarterly Reports from January to March, 03 April 2014.

<sup>339</sup> Interview, Ruth Chola, NRHC, Kalomo District, 15 June 2019.

<sup>340</sup> Chola interview cited.

<sup>341</sup> Hambulo interview cited.

Leep to treat patients.<sup>342</sup> Unfortunately, some patients sought treatment when the cancer was in an advanced stage as such the clinic couldn't do much except give them pain killers.<sup>343</sup> Apart from treating patients, the staff at NRHC in the cervical cancer department sensitized communities in Kalomo district through medical outreaches. Community members were sensitized on the importance of cervical cancer screening, its symptoms and methods of treatment.<sup>344</sup> Adult community members were encouraged to come for screening at the health facility even if they thought they were fine because it was easier to treat cervical cancer in its early stages.

The Prevention of HIV from mother-to-child had a huge impact on maternal and child health. It reduced the transmission of HIV from mother-to-child because all women who came for antenatal care were counselled and tested for HIV including their male partners.<sup>345</sup> For instance, in the third quarter of 2010, 118 couples were counselled on HIV/AIDS after which they were tested. From this number only 25 couples were HIV positive.<sup>346</sup> The HIV positive couples were immediately referred to the ARTS Corner. Those who were positive were counselled on infant feeding and safe delivery techniques.<sup>347</sup> Upon delivery, the children were put on cotrimoxazole at two months of age. This led to a reduction in mother-to-child transmission.<sup>348</sup> For instance, in the fourth quarter of 2011, out of the nine babies who were born from HIV positive mothers, only one was positive.<sup>349</sup>

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<sup>342</sup> Hambulo interview cited.

<sup>343</sup> Hambulo interview cited

<sup>344</sup> Hambulo interview cited.

<sup>345</sup> "CHAZ Quarterly Reports," NRHC PMTC Narrative Report from July to September, 01 October 2010.

<sup>346</sup> NRHC PMTC Narrative Report from July to September 2010, 01 October 2010.

<sup>347</sup> "CHAZ Quarterly Reports," NRHC PMTC Second Quarter Report Narrative Report from 1 April to 30 June 2008, 7 July 2008.

<sup>348</sup> 4<sup>th</sup> Quarterly Narrative Report from October to December 2011, 03 January 2012.

<sup>349</sup> 4<sup>th</sup> Quarterly Narrative Report October to December 2011, 3 January 2012.

### **3.3. The Contribution of the Churches Health Association of Zambia to Namwianga Rural Health Centre**

The Church of Christ through its clinic at Namwianga Mission partnered with the Churches Health Association of Zambia in helping improve health care provision in Kalomo district. Their partnership can be traced back to the year 2006. This non-governmental organisation supported the rural health centre in various ways. To start with, CHAZ trained community adherent supporters and then employed them to work at the clinic and in their communities.<sup>350</sup> These adherent supporters were tasked with the responsibility of sensitizing community members concerning HIV/AIDS so as to fight stigma, encourage community members to test for HIV and seek treatment if found positive. The adherent supporters further had the responsibility of following up on HIV patients who stopped taking ARVs so that they could be put back on ARV treatment. The adherent supporters benefitted from CHAZ through the salaries they received while the communities became more aware about the dangers of stigma and defaulting in taking ARVs. Those who were HIV positive were encouraged to adhere to ARV treatment by adherent supporters.

Furthermore, CHAZ provided funds for the opening up of the ART Corner at NRHC. It gave NRHC \$95,867 towards ART and PMTC.<sup>351</sup> The ART Corner specifically dealt with HIV positive people. They were counselled and treated through this corner.<sup>352</sup> Due to stigma, the ART Corner gave them privacy because they did not interact with patients who did not have HIV.<sup>353</sup> The ART Corner therefore encouraged more people to receive treatment without fear of being seen by other patients. Thus, the ART Corner was very helpful to the community.

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<sup>350</sup> Hambulo interview cited.

<sup>351</sup> "Disbursement of Funds 2009," Correspondence between the CHAZ executive director and NRHC Administrator, 30 June 2009.

<sup>352</sup> Charity Lyempe, NRHC, Kalomo District, 17 June 2019. .

<sup>353</sup> Hambulo interview cited.

Apart from establishing the ART Corner, the organisation further procured drugs for treatment of HIV positive people. The provision of these drugs really helped because they were expensive. Many people who would not have been able to access these drugs were able to access them with the assistance of CHAZ at NRHC.<sup>354</sup> The availability of ARVs improved the health of many HIV positive people who would have died. The clinic further provided nutritional supplements to people with HIV with the assistance of CHAZ. There were 449 HIV patients who received nutritional supplements at NRHC in 2009.<sup>355</sup> The availability of drugs further made it easy for patients to adhere to ARV treatment because they were readily available.<sup>356</sup>

When the clinic was first established, it was faced with the challenge of transport. It was difficult to transport the staff and patients who had been referred to other hospitals such as Kalomo District Hospital, Livingstone General Hospital, Zimba Hospital or Choma General Hospital because the clinic did not have any vehicle. The clinic usually borrowed an ambulance from Kalomo District Hospital or used private vehicles.<sup>357</sup> Thus, CHAZ decided to assist the clinic by procuring a vehicle which the clinic used for various transport needs.<sup>358</sup> This facilitated the transportation of patients and many other daily operations such as transporting workers who went for workshops. The organisation did not only procure the vehicle but also sent money for fuel on a monthly basis.<sup>359</sup>

It must be noted that the internet is an indispensable resource in the twenty first century. For this reason, the CHAZ provided internet to the health centre so that the staff could be

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<sup>354</sup> Lyempe interview cited.

<sup>355</sup> "CHAZ ART Report,"<sup>4</sup> Quarterly Report from October to December 2009, 5 January 2010.

<sup>356</sup> Lyempe interview cited.

<sup>357</sup> Hambulo interview cited.

<sup>358</sup> Hambulo interview cited

<sup>359</sup> Hambulo interview cited.

updated with the current trends in the health profession and ease communication.<sup>360</sup> The organisation further procured desktop computers, laptops and printers for the smooth running of the facility.<sup>361</sup> This went a long way in that the staff could easily send emails and print documents when there was need. It further became easier for NRHC to communicate with the Ministry of Health since emails could easily be sent instead of writing a letter or physically going to their offices. Record keeping was also made easy with the provision of desktop and laptop computers since most records could be stored on the computer.

The Global Fund, through CHAZ further provided more resources to combat tuberculosis in Kalomo district. In 2013, it donated K13,150 to NRHC to mitigate TB in the district especially among HIV/AIDS patients.<sup>362</sup> This enabled the institution to intensify the fight against TB especially among people living with HIV/AIDS. The staff were trained on the handling of HIV/AIDS patients who suffered from TB. Therapeutic meetings with patients were conducted to counsel and hear them out.<sup>363</sup> The availability of finances made it possible for the clinic to have TB awareness campaigns through dance, drama and talks in communities.<sup>364</sup> The awareness campaigns focused on symptoms, treatment and dangers of TB. These efforts went a long way in TB sensitization among community members.

Apart from its involvement in health care, CHAZ supported vulnerable children and students. The organisation sponsored students and pupils at GBCCE, Namwianga Christian Basic School and NCSS.<sup>365</sup> Many vulnerable children were able to complete their education due to these scholarships. A good number of vulnerable children in Kalomo district benefitted from

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<sup>360</sup> Lyempe interview cited.

<sup>361</sup> Mumba interview cited.

<sup>362</sup> "TB RDF," NRHC TB Report from January to June 2013.

<sup>363</sup> NRHC TB Report from January to June 2013.

<sup>364</sup> NRHC TB Report from January to June 2013.

<sup>365</sup> "NRHC," SSF File, HIV/AIDS Financial Report of October 2014; Report prepared by Michelo Sitimela.

the assistance which CHAZ rendered. A lot of them would not have furthered their education without CHAZ.

In addition, CHAZ supported outreach programmes on HIV/AIDS awareness. The staff at NRHC sensitized community members in Kalomo district on the prevention of HIV/AIDS, the dangers of not adhering to treatment, stigma and the danger of not knowing one's HIV status. The prevention of mother-to-child transmission of HIV/AIDS was one of the important talks the communities were enlightened on.<sup>366</sup> These outreach programmes played a crucial role in changing the perception of people towards HIV/AIDS. The level of stigma towards HIV positive people reduced as a result of these sensitization campaigns while those who were HIV positive were able to seek treatment. A good number of babies were also born HIV negative as couples were taught how to prevent HIV from infecting their unborn children.

Another contribution of CHAZ was the provision of training programmes to health workers at NRHC. For example, training programme for health workers were conducted in diagnostic counselling and testing of patients from 23 to 27 February 2009.<sup>367</sup> The staff were trained on how to counsel HIV positive people and test them. In the same vain, accountants who worked for the hospital had a workshop between 26-28 August 2009 in Lusaka.<sup>368</sup> This training was important for accountants as it made them competent in handling huge donations which CHAZ was making to NRHC. The CHAZ donated \$95,867. Apart from that 70 adherence

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<sup>366</sup> HIV/AIDS Financial Report; by Michelo Sitimela, October 2014.

<sup>367</sup> "Disbursement of Funds 2009," Correspondence between CHAZ Manager for Health Programmes Dr. Dhally Menda to the in-charge at NRHC, 30 January 2009.

<sup>368</sup> Disbursement, Correspondence between Grants Manager, Michael Kachuni and the In-charge at NRHC, 5 August 2009. See also "CHAZ Quarterly Reports," ART Programme Narrative Report for the 4<sup>th</sup> Quarter, 2009; prepared by Fred Mushabati, 05 January 2010. Training was further conducted in ART and PMTC for 867 people (25 non health workers were trained).

supporters were trained, 1,050 people were reached, 30 patients were enrolled on the ART programme while 449 people received nutritional supplements.<sup>369</sup> Mushabati noted that:

Due to support from CHAZ, the clinic was able to conduct follow ups to many places such as Muchenje, Mubanga, Kabelele and Kaleya. Some patients who had defaulted were located and put back on track. CHAZ gave three motorbikes used for follow ups of ART patients.<sup>370</sup>

The partnership between CHAZ and NRHC did not end at fighting HIV/AIDS. The organisation was also keen to help in the prevention of malaria in Kalomo district. The malaria programme was allocated K66,515 for community awareness campaigns, social mobilization, advocacy, drama and health talks.<sup>371</sup> Meetings were held at NRHC on two occasions by the health centre advisory committee and community leaders. Among them were headmen from nine zones. The community leaders received training in malaria and other related issues. They were counselled on the prevention of malaria by removing stagnant water, sleeping under a mosquito net, repairing tap leakages, and potholes.<sup>372</sup> They were further implored to encourage community members not to use mosquito nets as door curtains, blankets, or fishing nets.<sup>373</sup> Training in malaria was also conducted in other health posts managed by NRHC such as Kalowa, Bbelo, Siabalumbi, Good Hope, Mutala, Seven Fountain, and Katungu.<sup>374</sup> Each health post had ten malaria agents who were tasked with the responsibility of sensitizing their community members on malaria prevention. The groups which met included neighbourhood health committees,

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<sup>369</sup> CHAZ ART Report for October to December 2009, 5 January 2010.

<sup>370</sup> Namwianga Mission Clinic ART Programme Narrative Report of the 4th Quarter, 2009; prepared by Fred Mushabati, 05 January 2010.

<sup>371</sup> "CHAZ Quarterly Reports," Correspondence between CHAZ Executive Director Mrs. Karen Sichinga and NRHC Administrator, 13 July 2015.

<sup>372</sup> "MAL NFM 2015 File," CHAZ Malaria Programme Report 2015, 15 October 2015; by Prisca Mubanga.

<sup>373</sup> Malaria Programme Report.

<sup>374</sup> "NFM 2015," CHAZ Malaria Programme Report for 2015; by Prisca Mubanga. 12 November 2015.

malaria agents, influential community leaders, headmen, church leaders, traditional healers, school teachers and ordinary community members.<sup>375</sup> These were sensitized on malaria prevention. Due to these efforts from the clinic, malaria was no longer prevalent in Kalomo district, for example, in January 2018, out of 159 patients who were tested for malaria from the Out-Patient Department, only two were positive.<sup>376</sup>

### **3.4. The Contribution and Impact of Medical Missions**

Medical missions were crucial in offering health care to the people of Southern province. Many people who could not access health care due to living in far flung areas were reached out by the medical missions organised by the Church of Christ. The medical missions were pioneered by Kelly Hamby to help the needy after realising that a lot of people in rural areas were not receiving medical attention.<sup>377</sup> The other reason why the medical missions were conducted was because it gave the church an opportunity to win converts by evangelising to people who sought treatment. The first medical team was made up of six members; Kelly Hamby and his wife Ellie, Elizabeth Halale, Dr. Estes and his wife, and Dr. Richard Prather. It was first launched in 1995.<sup>378</sup> The first medical mission was conducted at Simalundu. The medical mission started out with six people who had a desire to help the underprivileged but their work inspired many people to join their cause. By 2015 the number of people who participated in medical missions exceeded 200.<sup>379</sup> The Church of Christ conducted two medical missions. The major one was called Zambia Medical Mission while the other one was known as Westreach Medical Mission. The primary focus of the ZMM was within Southern province while Westreach

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<sup>375</sup> “2015 MAL NFM,” Malaria Programme Report for 2015; by Prisca Mubanga, 12 November 2015.

<sup>376</sup> Malaria Rapid Diagnostic Test Register (2018-2019).

<sup>377</sup> Halale interview cited.

<sup>378</sup> Siachobe interview cited.

<sup>379</sup> Siachobe interview cited.

was conducted in Western Province. The Church of Christ further conducted medical missions in Luapula, Central, Eastern and Muchinga Province.<sup>380</sup>

The medical missions were a joint effort between the health personnel from America and those from Zambia. The team converged at Namwianga Mission and went for medical missions from there. The Medical Mission lasted for a period of six days. There were several activities which the ZMM conducted. These included cervical cancer screening, cataract surgeries, dental care, physical therapy, HIV/AIDS counselling and testing, treating patients with all kinds of diseases and optical care.<sup>381</sup> A lot of people attended these medical missions for various reasons. However, the majority of them sought treatment for their medical conditions. There were 10,639 patients treated in 2018 alone. This demonstrates that many local people benefitted from these medical missions. For example, the table on the next page shows the ailments and number of people who were treated on a Zambia Medical Mission which was conducted in 2018.

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<sup>380</sup> Interview, Joe Mushika, NCSS, Kalomo District, 25 April 2019.

<sup>381</sup> Mumba interview cited.

**Table 1. Ailments which were Treated and the Number of Patients Treated on a Zambian Medical Mission in 2018.**

<b>Ailments</b>	<b>Number of Patients</b>
Physical Therapy Treatment	245
Optical patients	870
Dental patients	1780
Cervical Cancer Screening	182
Cataract surgery	74
Other Ailments	7488
Total number of patients	10,639

**Source: Kalomo Reporter Newsletter, December 2018.**

Prior to these medical missions, the church sent out people to survey potential areas where the medical mission would be conducted each year. Most of these places were located in remote areas with no access to health care services. Some of the areas which were visited by the medical missions were Simalundu, Chawila, Nazibula, Mabuyu, Nantale, Kasukwe, Singwamba, Siamafumba, Chundwe, Kanyanga, Nampiana, Chalimongela, Mulamfu, Kapaulu, Kazungula, Nyawa, Siachitema, Kalomo and Zimba.<sup>382</sup> People from these areas benefitted from medical missions as they were able to receive attention from medical personnel. Without medical missions, most of these people would not have received any medical attention as they lived in far

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<sup>382</sup> Interview, Shepherd Mbumwae, NRHC, Kalomo District, 1 April 2019. See also interview with Siafwiyo.

areas which had no health care facilities. The medical missions were conducted in many areas especially within Kalomo district.

While ZMM focused on Southern province, the Westreach programme focused on Western province. The Westreach programme was conducted a month after the ZMM because some of the members of the ZMM were also part of the Westreach programme. While the ZMM was conducted in July, the Westreach medical mission was conducted in August.<sup>383</sup> Just like ZMM, the Westreach programme co-ordinators first sent people to survey the areas where there was need. The team first discussed with government officials, chiefs, and headmen requesting permission to conduct medical works in the area of their influence. When the stakeholders agreed, the medical mission preparations began. The camp sites were usually situated in schools for people to have shelter. The Westreach programme consisted of about 70 people.<sup>384</sup> It was also a joint effort between Americans and Zambians.<sup>385</sup> The team was usually composed of doctors, pharmacists, surgeons, nurses, dentists and preachers.<sup>386</sup> The church engaged the local people to work as translators because most of the medical personnel were Tonga and English speaking while the people in Western province spoke Lozi.<sup>387</sup> The translators played a crucial role during medical missions because they were the vessels through which communication was done between the patients and the medical personnel. Translators communicated instructions, questions and answers to relevant people. It can be argued that missionaries used biomedical healing to demonstrate Jesus's compassion towards the sick and win souls to Christ. The reason behind these medical missions was the missionaries' desire to heal the sick like Jesus. Missionaries believed that since Jesus healed the sick, they had a responsibility to heal the sick

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<sup>383</sup> Brown interview cited.

<sup>384</sup> Merritt interview cited.

<sup>385</sup> Brown interview cited.

<sup>386</sup> Interview, Ian Munsaka, NRHC, Kalomo District, 18 June 2019

<sup>387</sup> Brown interview cited.

as his true followers.<sup>388</sup> In the same context, Kalusa argued that through biomedical healing, missionaries could propagate new medical values and rid Africans of superstitions.<sup>389</sup> Jennings also noted that missionaries introduced western medicine to uproot pagan superstitions and practices.<sup>390</sup> Therefore, it can be argued that one of the major reasons for these medical missions was to convert local people and discourage them from using traditional medicine for treatment.

One of the major reasons for conducting these medical missions by the church was due to the church's desire to expand its influence. Thus, part of the medical team was a spiritual team which was tasked with the responsibility of preaching and counselling people who came for treatment. Some of the locals worked as translators for the preachers. Evangelising during medical missions yielded positive results for the church as many churches were planted.<sup>391</sup> In almost all the areas where medical missions were conducted, churches were established.<sup>392</sup> The number of churches which were established with efforts of medical missions from inception numbered not less than 325.<sup>393</sup> This is in line with Wilk's argument that religion and medicine were for a long time combined as a strategy of evangelisation.<sup>394</sup> The evangelists did not only focus on the elderly, they also conducted sermons, games and educative lessons for children.<sup>395</sup> Games were good for children because they kept them entertained while receiving Biblical lessons. Among the places which were visited in Western Province are Sichili, Njoko, Mumbulumina, Luampa, Mbona, Kazuzi, Bwina, Mwanalulenga, Machile and Momba.<sup>396</sup> It can

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<sup>388</sup> Jennings, "Healing of Bodies, Salvation of Souls,"p.42.

<sup>389</sup> Kalusa, "Language, Medical Auxiliaries, and the Re-interpretation of Missionary Medicine in Colonial Mwinilunga, Zambia, 1922-51,"*Journal of Eastern African Studies*. Vol 1:1, p.63.

<sup>390</sup> Jennings, "Healing of Bodies, Salvation of Souls,"p.43.

<sup>391</sup> Munsaka interview cited.

<sup>392</sup> Interview, Joe Mushika, NCSS, Kalomo District, 4 June 2019, see also Kalomo Newsletter 2018.

<sup>393</sup> Kalomo Newsletter, 2018.

<sup>394</sup> Wilks, "Missionary Medicine,"p.55.

<sup>395</sup> Brown interview cited.

<sup>396</sup> Munsaka interview cited.

be argued that medical evangelism was a success under the Church of Christ. This was seen through an increased number of converts and churches planted during medical missions.

The medical missions were important because most of the people who were reached were not able to come to the clinics for various reasons. Some of these people lived in very far places such that it took about two or three days to reach the nearest clinic. The roads were bad and many of them lacked money for transport. They had to cover long distances walking but when someone was sick it was very difficult to walk. Thus, medical missions came to their door steps for treatment. In Western province, about 1,000 people were treated every year between 2001 and 2015.<sup>397</sup>

The works conducted by the medical missions were voluntary for all participants. Although it was involving to say the least, none of the team members were paid for the work they did.<sup>398</sup> Many of them spent nights sleeping in tents as cold as it was in July but they still did the work without any benefit on their part. The church only funded the medical missions by providing food, vehicles, fuel, and other operation which needed money.<sup>399</sup> Many of them sacrificed because they felt that they were doing the Lord's work of healing the sick and winning the lost.

One of the problems which the church identified concerning health care among children in Western province was the issue of cleft-palates.<sup>400</sup> This was a condition whereby children were born with a mouth whose upper lip was not fully formed. This was an unpleasant condition because when the children grew he/she would have difficulties in eating. The doctors operated

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<sup>397</sup> Brown interview cited.

<sup>398</sup> Munsaka interview cited.

<sup>399</sup> Halale interview cited.

<sup>400</sup> Merritt interview cited.

the mouth of the child and then stitched it together. Children who had this problem were treated and did not experience difficulties when eating. Many residents of the Western province appreciated these medical works because they had few clinics and hospitals.<sup>401</sup>

The medical missions did not only focus on evangelism and health care. During medical missions, the church distributed many other necessities to the people in rural areas. They distributed clothes, shoes, bicycles, wheel chairs, crutches, blankets, spectacles and food.<sup>402</sup> This demonstrates that the people who were visited did not only benefit by being treated, they received other life necessities. This was one of the major reasons why multitudes of people attended medical missions because it was not only the sick who came but even those who needed material things which were distributed. It can be argued that material rewards which people were given on medical missions motivated a good number of them converted to be converted to Christianity. A number of them might have joined the church so as to continue receiving help from the church. Naali authenticated this when he noted that the Pilgrim Wesleyan Methodist Church used material rewards such as clothes, soap and blankets to convert people to Christianity in Choma district.<sup>403</sup>

The medical team further carried out voluntary counselling and testing of HIV and minor surgeries. When a case was too serious, they referred the patient to a hospital or provided transport to take the patient to the clinic.<sup>404</sup> Some people who were found HIV positive were immediately put on ARV treatment and encouraged to continue taking the medicine.

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<sup>401</sup> Brown interview cited.

<sup>402</sup> Halale interview cited.

<sup>403</sup> Naali, "A History of the Pilgrim," p.58.

<sup>404</sup> Merritt interview Cited.

### 3.5. Namwianga Radio Station and Public Sensitization

Namwianga Community Radio Station was established with the financial support of the American Churches of Christ. The test transmissions for the radio station began in 2009 but it became fully operational in 2010.<sup>405</sup> The major aim of the radio station was to win souls to Jesus.<sup>406</sup> Thus, the radio station had a number of spiritual programmes where they invited church elders to discuss social issues; they featured sermons, and gospel songs by choirs from various Churches of Christ. However, apart from focusing on preaching the gospel of Jesus, the station offered health programmes to assist their listeners on health issues.

The radio station had a number of programmes to do with health. One of the most important programmes was known as, “Health Perspective.” This was a very informative programme. This programme sensitized communities on various health matters and demystified myths associated with certain health conditions. For example, some people believed that anal rectum dysfunction was caused by witchcraft.<sup>407</sup> The radio station invited health personnel from NRHC to explain health issues and help the communities to understand that most of the health problems were not caused by witchcraft. When the communities understood this, they were able to seek medical care at the clinic, thereby being treated but if these myths continued, it meant that people would seek help from witch doctors who were not able to treat them.<sup>408</sup> Those who would have died due to lack of treatment were saved because of such programmes.

The radio station had another important programme on health known as “Health Tips.” This programme also helped community members on health matters. It discussed general diseases and how they could be prevented. Some of the diseases which were usually discussed on

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<sup>405</sup> Interview, Stanford Moono, Namwianga Radio Station, Kalomo District, 29 April 2009.

<sup>406</sup> Moono interview cited.

<sup>407</sup> Moono interview cited.

<sup>408</sup> Moono interview cited.

this programme included diarrhoea, dysentery, and cholera.<sup>409</sup> Through this programme, listeners were taught to wash their hands before eating, boil drinking water and such other health tips. This programme was beneficial to the community. Many people often phoned the radio station to register their appreciation concerning such health programmes.<sup>410</sup> Some of the listeners lived very far and could not be reached by health personnel from the Ministry of Health but through the radio station, many people were taught the benefits of good hygiene.

One of the most important health programmes at Namwianga Radio Station was “Health Matters.” Due to its importance, the programme was aired three times a week. This programme focused on important illnesses which affected the communities. Among the illnesses which were discussed on the programme were cancer, coronary thrombosis, pancreas problems and HIV/AIDs.<sup>411</sup> The listeners were sensitized on the signs of these illnesses for people to seek medical treatment upon noticing the symptoms.

The other programme which the radio station aired was known as “Health Corner”. This programme focused on sex related issues. It discussed reproductive health, sexually transmitted diseases and family planning.<sup>412</sup> The listeners were taught the importance of protecting themselves against sexually transmitted diseases especially the youths who were sexually active. Listeners were further encouraged to seek medical treatment immediately they suspected they had sexually transmitted diseases instead of seeking traditional treatment which was usually not effective in combating these diseases. Listeners were further taught the importance of using family planning to space children.

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<sup>409</sup> Moono interview cited.

<sup>410</sup> Moono interview cited.

<sup>411</sup> Moono interview cited.

<sup>412</sup> Moono interview cited.

Namwianga Radio Station introduced programmes in Tonga for people who did not understand English. One of the programmes which was aired by the radio station was known as *Amuzibe Nsebazyenu* (Know Your Health).<sup>413</sup> The programme was aired in Tonga because the majority of people in Southern province spoke Tonga.<sup>414</sup> Thus, many people appreciated what was aired on the programme. This was a special programme because it was a phone-in programme. Listeners were allowed to call and ask questions as the programme progressed. The programme was interesting because it addressed concerns which were raised by listeners as the programme progressed.<sup>415</sup>

Apart from airing health programmes, the radio station informed its listeners on specific dates ZMM would be conducted for the affected communities to attend. The various communities were further informed, through the radio station which places would be visited by the medical mission personnel, when and what time they would be treating people so that people who needed medical attention would come early while those who lived far could also attend.<sup>416</sup> One of the workers at Namwianga Radio Station noted that at one point, Chief Sipatunyana phoned the radio station to express his gratitude for the work the radio station was doing in his chiefdom.<sup>417</sup> It must be noted that Namwianga Radio Station was the first radio station in Kalomo district.<sup>418</sup> As such, it played a crucial role among its listeners. In the same vein, it was not restricted to Kalomo district alone. The coverage of the radio station reached areas as far as Zimba, Livingstone and parts of Choma districts.<sup>419</sup> Community members also used it to

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<sup>413</sup> Moono interview cited.

<sup>414</sup> Moono interview cited.

<sup>415</sup> Moono interview cited.

<sup>416</sup> Moono interview cited.

<sup>417</sup> Interview, Max Munkombwe, Namwianga Radio Station, Kalomo District, 30 April 2019.

<sup>418</sup> Moono interview cited.

<sup>419</sup> Munkombwe interview cited.

advertise their businesses, and making special announcements on behalf of chiefs and government departments.<sup>420</sup>

### **3.6. The Role of African Auxiliary Workers at Namwianga Rural Health Centre**

Auxiliary workers played an important role in making sure that NRHC operated smoothly. Auxiliary workers cleaned the environment making sure that the health staff worked in a clean and conducive environment. Auxiliaries were involved in mopping the floor, applying floor polish, slashing and offering security to the facility.<sup>421</sup> Furthermore, some of these auxiliaries cooked food for the patients.<sup>422</sup> In other instances, the auxiliary workers collected drugs for the clinic from Kalomo Hospital.<sup>423</sup> This was the same as at Chilonga Mission Hospital. Kumwenda noted that auxiliary workers maintained order by providing security, guarding mission property and controlling the crowds at the dispensary.<sup>424</sup>

In addition to the above, the auxiliary workers carried out many other tasks. These included the responsibility of maintaining order on the queue for patients, washing beddings, and directing patients where to go.<sup>425</sup> Among other things; auxiliary workers measured blood pressure of patients, temperature and weight.<sup>426</sup> The disposal of garbage such as injections, expired drugs and syringes by burying or throwing them in the pit latrine was part of their job description.<sup>427</sup> This demonstrates that the auxiliary workers were indispensable to the smooth

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<sup>420</sup> Moono interview cited.

<sup>421</sup> Mbumwae interview cited.

<sup>422</sup> Interview, Agrippa Kadonga, NRHC, Kalomo District, 20 June 2019.

<sup>423</sup> Kadonga interview cited.

<sup>424</sup> Godfrey K. Kumwenda, "The Role and Conditions of African Medical Auxiliary in Catholic Mission Health Institutions in Zambia: A Case Study of Chilonga Mission Hospital in Mpika District 1905-1973" M.A. Dissertation: University of Zambia, 2015, p.22.

<sup>425</sup> Kadonga interview cited.

<sup>426</sup> Kadonga interview cited.

<sup>427</sup> Kadonga Interview cited.

running of the clinic. Their contribution to the welfare of NRHC cannot be ignored or under estimated.

In the same context, some auxiliary workers worked with the Department of Antiretroviral Drugs. The CHAZ trained them as counsellors for HIV positive patients. Their responsibility was to counsel and record those who were successfully put on ART and track their adherence levels.<sup>428</sup> For instance, Florence Dwili created files for patients who were put on ART treatment, and followed up on defaulters.<sup>429</sup> Furthermore, she sensitized community members on HIV prevention, treatment and helped fight stigma. Dwili successfully counselled about 300 HIV patients who she then enrolled on the ART programme.<sup>430</sup> Some of these auxiliary staff were used to give ARVs to HIV patients who were shy to come to the clinic.<sup>431</sup> The clinic formed groups of HIV patients in communities and then gave the auxiliary staff the responsibility of giving them drugs away from the clinic.<sup>432</sup> This made it easier for HIV patients who were shy to come to the clinic to receive medication.

### **3.7. The Church of Christ, the State and Health Care Provision**

The Church of Christ has, over the years, to a large extent, worked well with the state. This is more so because the colonial government was not interested in offering health services to Africans.<sup>433</sup> The colonial government left the responsibilities of offering health care and education to the missionaries. If there were any government hospitals or clinics for Africans at the time, they were few in number. The missionaries took up the challenge of offering health care to the communities they operated in especially because most of them became their converts.

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<sup>428</sup> Interview, Florence Dwili, NRHC, 20 June 2019.

<sup>429</sup> Dwili interview cited.

<sup>430</sup> Dwili interview cited.

<sup>431</sup> Dwili interview cited.

<sup>432</sup> Dwili interview cited.

<sup>433</sup> Naali, "A History of the Pilgrim," p.55.

It was only responsible that the missionaries offered health care to their adherents. The church established dispensaries everywhere it had churches. Although the church offered health services to local people, one of its biggest challenges was funding. The church relied on donations from individual congregations overseas.<sup>434</sup>

The colonial government did not provide adequate funding or medicine to the clinics owned by the Church of Christ because it had little interest in African affairs. However, the government exempted the Church of Christ from paying import duties on health requisites.<sup>435</sup> The colonial state exempted the church from paying import duties because it would have been costly on the part of the church to pay import duty on its health requisites as most of them were imported from USA.

The government further provided grants for clinics which the Church of Christ managed. For instance, in 1937 the colonial government gave out a grant of £7.10.<sup>436</sup> In the following, year Kabanga Mission was given a grant of £15 per annum.<sup>437</sup> This was received with gratitude from the missionaries because it demonstrated the colonial government's commitment to the cause which the missionaries were offering. A missionary by the name of A.B. Reese personally thanked the Director of Medical Services for the support which was rendered towards the efforts of the church in health care.<sup>438</sup> The condition of the grants was that the missionaries were to give a report of how it was disbursed. The missionaries co-operated fully with the government by

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<sup>434</sup> Latourette, "Missionaries Abroad,"p.26.

<sup>435</sup> NAZ, MH1/02/015, Correspondence between Provincial Medical Officer and Director Medical Services in Lusaka, 15 May 1956.

<sup>436</sup> NAZ, MH1/02/015 Loc 3153, "Sinde Mission Dispensary," Correspondence between A.B. Reese and the Director of Medical Services, 7 April 1937.

<sup>437</sup> Correspondence between the Director of Medical Services and the Missionary in-charge at Kabanga Mission, 12 January 1938.

<sup>438</sup> NAZ, MH1/02/015, Correspondence between A.B. Reese and the Director of Medical Services, 7 April 1937.

providing reports on how they spent the grant. Government inspectors who visited their dispensary at Sinde were not given any challenges.<sup>439</sup>

However, when Sinde Mission's work on health care stalled for two years, the colonial government decided to reduce the grant which the mission station was receiving. When Shewmaker wrote to the colonial government requesting for the continuation of the grant, the colonial government directed that the grant will be sent to Kabanga due to lack of medical works at Sinde. Thus, in 1937 a grant of £3.15 was paid to Kabanga Mission on behalf of Sinde Mission.<sup>440</sup>

### **3.7. Health Care Provision in the Post-colonial Era**

The good relationship between the Church of Christ and the state did not end when Zambia gained independence in 1964. In actual fact, the relationship became much better because the post-colonial government was actively involved in health care provision. The other reason why the relationship between the Church of Christ and the state in health care improved was because the church worked in accordance with the policies of the Ministry of Health. When the government gave a directive that user fees should be removed, the church complied although it made its operations difficult.<sup>441</sup>

The post-colonial government continued some of the policies which the colonial government implemented in relation to missionary health care. For example, the church continued enjoying tax exemptions on imports.<sup>442</sup> This included drugs, equipment and vehicles.

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<sup>439</sup> NAZ, MH1/02/015, Correspondence between the Provincial Medical to the Director of Medical Services in Lusaka and the Missionary in-charge at Sinde Mission, 15 May 1956.

<sup>440</sup> NAZ, MH1/02/015, Correspondence between the Director Medical Services and Mr George .M. Scott of Namwianga Mission, 9 September 1937.

<sup>441</sup> "Zambian Board Minutes File," Minutes of the Zambian Board Meeting held at GBCCE, 23 July 2006.

<sup>442</sup> Mbumwae interview cited.

These tax exemptions made the work of the church easier as it imported drugs, hospital equipments and vehicles without any tax charge from government authorities. Therefore, the church provided adequate health care because it had enough medicine. Apart from importing medicine, the church received equipment from the USA which would not have been accessed if the church was taxed since it was expensive to pay taxes on these equipments. For example, the clinic imported x-ray machines, dental utensils, physiotherapy equipments and microscopes.<sup>443</sup>

The state, through the Ministry of Health partnered with the Church of Christ in health-care provision. The state did not only create an enabling environment for the clinics managed by the Church of Christ to work, the government further provided grants to the clinics. The Ministry of Health provided grants of between K300,000 and K500,000 (unrebased) in 2006.<sup>444</sup> The Ministry of Health later increased the grant to K2,500.<sup>445</sup> These grants were important for the clinic because they were used to buy stationery such as books, cards, plane papers, files and pens.<sup>446</sup> Apart from grants in monetary form, the Ministry of Health provided drugs for patients.

In addition to providing grants, the government provided the much needed human resource for the clinics to run. About 70 percent of the staff at NRHC, Sinde, Siabalumbi and Simwatachela clinics were on the government payroll system.<sup>447</sup> This included nurses, clinical officers, pharmacists, and dentists. This alleviated the critical shortage of health personnel in the clinics and lifted the burden of paying health workers from the church. The church only paid auxiliary workers and hospital administrators which was not as expensive as employing all the staff.

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<sup>443</sup> Mumba interview cited.

<sup>444</sup> Interview, Stella Hambulo, NRHC, Kalomo District, 15 June 2019.

<sup>445</sup> Hambulo interview cited.

<sup>446</sup> Hambulo interview cited.

<sup>447</sup> Interview Lyempe interview cited

The Ministry of Health further provided career development for the hospital staff. This was either indirectly or directly. The government usually partnered with non-governmental organisations for them to offer career development to health workers through workshops. The government through Non-Governmental Organisations such as Mary Land, World Vision, CHAZ and many others conducted workshops to make health personnel at NRHC better equipped in handling diseases such as malaria, cervical cancer, TB, and HIV/AIDS.<sup>448</sup> The government was able to engage these organisations to help in skills' development for health personnel in grant- aided and government hospitals.

### **3.8. Conclusion**

In conclusion, we have endeavoured to discuss the contribution of the Church of Christ towards health care provision in Southern province, both in the colonial and post-colonial period. The chapter has noted that the church provided health care services to local people because it believed it was its Christian duty to heal the sick as Jesus did. The chapter has further demonstrated how the CHAZ of Zambia partnered with NRHC in health care provision. It has been observed that the CHAZ contributed to health care provision under the Church of Christ by funding projects such the malaria programme. The chapter has also noted that the Church of Christ used Namwianga Radio Station to sensitize listeners on health issues and used medical missions as a tool to win converts to Christianity in addition to treating patients. We have noted that the church's spiritual department was tasked with the responsibility of evangelism during medical missions. The chapter has demonstrated that a good number of churches were planted during medical missions.

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<sup>448</sup> Hambulo interview cited.

In addition, the chapter has further argued that auxiliary workers played a crucial role at NRHC. Some of the auxiliary workers washed beddings for patients, cleaned the surrounding through slashing and landscaping including dispensing of drugs and injections. Other auxiliary workers who were trained by CHAZ went a step further to counsel HIV/AIDS patients and made sure that they adhered to ARV treatment. This demonstrates that the auxiliary workers were important in the smooth running of the health centre.

It has further been demonstrated that as the state co-operated with the church in education, it continued working with the church even in health care. The state exempted the clinic from import duties while in the post-colonial period the state took on the responsibility of paying health workers in the Church of Christ clinics which were grant-aided. The state assisted the church by providing grants in monetary form to its clinics. The government also made sure that nurses and clinical officers' skills at NRHC were up to speed by organising workshops for workers at the clinics.

## CHAPTER 4

### THE CHURCH OF CHRIST AND ORPHAN CARE

#### 4.1. Introduction

The problem of orphans is not a new phenomenon in Zambia. It existed even in pre-colonial Africa. However, this problem was tackled differently in pre-colonial Africa as compared to colonial and post-colonial Africa. In pre-colonial Africa, when children lost their parents they were assimilated by the extended family. Children who lost their parents did not feel the tag of being orphans because they were part and parcel of the family especially because they were taken up by their relatives.<sup>449</sup>

Modernisation and the coming of missionaries changed Africans' approach towards children who lost one or both parents. Over the years, as the African society evolved, the problem of orphans became rampant. The families who used to keep children who lost their parents could no longer contain the pressure of keeping them. This forced missionary societies to begin keeping orphans. Almost everywhere the missionaries settled, they kept orphans within a few years of their establishment. Among the earliest orphanages to be established in Zambia was the Kalene Hills Orphanage run by the Christian Missions in Many Lands in Mwinilunga district of North Western Province.<sup>450</sup> It was established by Dr. W. Fischer and his wife in 1914.<sup>451</sup> In 1921, another orphanage was established by Father Torrend, a Jesuit missionary in Kasisi.<sup>452</sup> In view of the foregoing, this chapter investigates the development of orphan care under the Church of Christ, the challenges and its relationship with the state concerning orphan care. This chapter

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<sup>449</sup> Brown interview cited.

<sup>450</sup> Mbewe M, "A History of Orphan Care," p.6.

<sup>451</sup> Mbewe M, "A History of Orphan Care," p.6.

<sup>452</sup> Mbewe, "A History of Orphan Care," p.6.

is subdivided into four parts. The first part examines the development of orphan care; the second part examines the challenges while the fourth part focuses on the relationship between the Church of Christ and the state. This chapter argues that orphan care under the Church of Christ began as a small-scale orphanage but it went on to become one of the renowned orphanages in Southern province by 2015.

The Church of Christ also joined in orphan care because it was located where there was a huge problem of motherless children. It is worth noting that when the church came to Zambia, it did not immediately get involved in keeping orphans. When W.N. Short established Sinde Mission, he focused on education. Short later left Sinde Mission for Namwianga Mission in 1938; he was replaced by Orville Brittell, and his wife, Augusta. Upon their arrival in Northern Rhodesia, the Brittells pre-occupied themselves with helping local people by providing health services and orphan care.

#### **4.2. The Development of Orphan Care**

The Church of Christ first started keeping orphans at Sinde Mission in 1938.<sup>453</sup> This was when the Brittells replaced Short at Sinde. Augusta Brittell took a keen interest in taking care of orphans. Most of these orphans had their fathers but had lost their mothers. The children were mostly between the ages of ten days and ten years old.<sup>454</sup> One of the daughters of the Brittells known as Elaine Brittell continued keeping orphans in Livingstone until she was killed by unknown people in 1988.<sup>455</sup>

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<sup>453</sup> Mubitana, "Christian Missions,"p.189

<sup>454</sup> SP4/2/101 Loc 5106, "Kalomo Tour Reports," Kalomo Tour Report No.4, 1955.

<sup>455</sup> Merritt interview cited.

At Sinde Mission, the Church of Christ continued keeping orphans until 1966 when the Zambian government closed all the orphanages in Zambia.<sup>456</sup> The government closed the orphanage because it felt that orphan care was foreign to the Zambian society since the extended family usually assimilated those children who lost their parents. This move by the UNIP government was not received well by the missionaries as it meant that all orphans had to be sent back to their relatives including infants whose families could not manage to care of them. The missionaries feared that some of the infants could die upon leaving the orphanage since their relatives could not afford infant formula. Although the government issued an order to close down orphanages, the mission station did not comply. The keeping of orphans at Namwianga Mission was pioneered by Kathy Brown in 1985.<sup>457</sup> She kept three orphans but as time went on, the number of orphans increased. At Sinde, the Mission built dormitories where orphans lived. On the other hand, at Namwianga Mission, the church took care of orphans through individual families until later on when the Haven Orphanage was built.

The desire of the mission was to take care of children who had lost parents and those who came from vulnerable families to provide them with an opportunity to live a normal life. When Sinde Mission started keeping orphans, they were only two but by 1956 they reached 60.<sup>458</sup> This put a strain on the Brittell family because they spent most of the time taking care of orphans. The Brittells started their daily routine of attending to orphans at 5 am and rested after 10 pm.<sup>459</sup> Mrs Brittell and her children were always busy attending to orphans. It is thus, safe to say that they spent their daily routine taking care of the orphans.<sup>460</sup> Their work of keeping orphans was a tedious task but they were committed to it, their responsibilities ranged from feeding and bathing

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<sup>456</sup> Mubitana, "Christian Missions," p.189.

<sup>457</sup> Kalomo Reporter Newsletter, December 2018.

<sup>458</sup> Kalomo Tour Report No.4, 1956.

<sup>459</sup> SP4/2/101 Loc 5106, "Kalomo Tour Reports," Kalomo Tour Report No.4, 1955.

<sup>460</sup> NAZ, SP4/2/101, Kalomo Tour Report No.4, 1955.

the orphans to washing their clothes, spreading their beds, and cleaning the environment where they lived.<sup>461</sup>

The children kept by the Brittels were not only orphans, some of them were mentally ill. The mission took the responsibility of taking care of the retarded and mentally ill orphans because their families found it difficult to take care of them while others abandoned them because of their condition. Apart from being the mother in-charge, Mrs Brittell acted as the medical personnel of the orphanage but the government requested the mission to source for an African nurse to help with the management of the children.<sup>462</sup> The initiative was for the trained nurse to attend to the sick children and advise the caretakers concerning infant nutrition.<sup>463</sup>

The orphanage at Sinde offered a good diet to the children.<sup>464</sup> The children's diet consisted of porridge made from mealie meal, meat was served twice a week, vegetables, fresh maize and milk were also on the menu.<sup>465</sup> The orphans were well fed and clothed by the mission. Most of the foods which the children ate was produced at Sinde Mission. The orphanage relied completely on help from donors based in USA as such it had to cut on expenses by feeding orphans food which was locally produced. The orphanage did not have any support from the government but it was able to take good care of the orphans with less difficulties.

The orphanage intended to keep the children until the age of ten because it was easier for them to be integrated back in the village and live with their families at that age. However, this was not always the case. The children were sometimes released at the age of 16 because their

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<sup>461</sup> Kalomo Tour Report No.4, 1955.

<sup>462</sup> NAZ, MH 1/02/015, Correspondence between Geoffrey Patton, the Medical Officer and the District Commissioner, 2 August 1952.

<sup>463</sup> NAZ, MH 1/02/015, Correspondence between Geoffrey Patton, the Medical Officer and the District Commissioner, 2 August 1952.

<sup>464</sup> NAZ, SP4/2/101, Kalomo Tour Report No.4, 1955.

<sup>465</sup> NAZ SP4/2/101, Kalomo Tour Report No.4, 1955.

relatives did not get them at the agreed age. This led to congestion in the orphanage since more children were brought whilst the old ones were still at the orphanage.<sup>466</sup>

The mission did not only face the problem of accommodation concerning orphan care. The problem of inadequate water supply at the orphanage persisted for a number of years. The mission obtained water from two wells which were dug about 250 yards from the nearest building at the mission.<sup>467</sup> This made it very difficult for the mission to continuously have water. The houses at the orphanage did not have taps in the houses but depended on drawing water from the well which was a cumbersome process.

Although the orphanage took good care of the orphans in terms of diet and health; the buildings and general sanitation was not up to standard.<sup>468</sup> This was worked upon when government inspectors visited the orphanage. The government recommended that the mission embark on expanding the infrastructure of the orphanage.<sup>469</sup> The mission heeded to the advice of the inspectors and initiated a building project to expand the dormitories and build new ones, rehabilitate the kitchen facility and toilets to improve sanitation.<sup>470</sup> At the time, the kitchen was too small for cooking as such it was expanded to create more space. The new dormitories were necessary to construct because the orphanage had begun to face the problem of congestion. More and more orphans were admitted but few were released to their families resulting in limited space.<sup>471</sup> It was difficult for the orphanage to offload some of these children because their

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<sup>466</sup> NAZ, MH 1/02/015, Correspondence between the Medical Officer, Southern Province and the Director of Medical Services in Lusaka, 21 November 1957.

<sup>467</sup> NAZ, MH 1/02/015, Correspondence between the Livingstone Health Inspector and the Medical Officer of Southern Province, 8 December 1956.

<sup>468</sup> NAZ, MH 1/02/015, Kalomo Tour Report No.4, 1956.

<sup>469</sup> NAZ, SP4/2/212 Loc 5111, "Kalomo Tour Reports," Kalomo Tour Report No.4, 1956.

<sup>470</sup> NAZ, SP4/2/212, Kalomo Tour Report No.4, 1956.

<sup>471</sup> NAZ, MH 1/02/015, Kalomo Tour Report No.4, 1956.

families had abandoned them. Thus, the orphanage had no choice but to keep the orphans until they became adults.

When health inspectors visited Sinda Mission on 19 November 1957, they were impressed with the progress which the mission had made in the area of orphan care.<sup>472</sup> The dormitories had been expanded while new ones had been built.<sup>473</sup> The dormitories where orphans lived were well ventilated with natural lighting beaming inside. The ventilations played a key role of allowing fresh air in the dormitories.<sup>474</sup> The surroundings where the orphans lived was also good for them. There was enough space for them to play with their peers. It was observed that the orphans were well fed, clothed, and happy with the surrounding.<sup>475</sup> The colonial government was pleased with the orphanage at Sinda Mission because the missionaries fully implemented what the inspectors had advised. In 1957, the Health Inspector for European hospitals noted that Sinda Mission was fit to operate an orphanage.<sup>476</sup>

Since Sinda was a mission station, the orphans were brought up in a strict Christian atmosphere. Most of the orphans grew up to be responsible adults. The Brittells made sure that the orphans were taught the Bible and raised in a Christian manner so that they could be valuable to society when they grew up.<sup>477</sup> Christianity was the backbone of Sinda Mission. The Brittells further sponsored the education of a number of these orphans. Many of them received their

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<sup>472</sup> NAZ, 1/2/15 Correspondence between the Government Health Inspector, Mr W.C.G. Tweedie and the Provincial Medical Officer of Southern Province, 21 November 1957.

<sup>473</sup> NAZ, SP4/2/212, Kalomo Tour Report No.4 of 1956.

<sup>474</sup> NAZ, MH 1/02/015, Correspondence between the Government Health Inspector and the Provincial Medical Officer Southern Province, 21 November 1957.

<sup>475</sup> NAZ, MH 1/02/015, Correspondence between the Government Health Inspector and the Provincial Medical Officer of Southern Province, 21 November 1957.

<sup>476</sup> NAZ, MH 1/02/015, Correspondence between the Government Health Inspector and the Provincial Medical Officer of Southern Province, 21 November 1957.

<sup>477</sup> NAZ, MH 1/02/015, Kalomo Tour Report No.4, 1956.

education in the Church of Christ schools but, at times the Brittells sent these children to schools not managed by the Church of Christ.

Orphan care at Namwianga Mission was started by individual families but later on it became centralized. Some of the families who kept orphans were Mr and Mrs Thomas Siafwiyo, Mr and Mrs Roby Banda, Mr and Mrs Itone Kaliyangile, Ms Sherry Sears, Ms Elizabeth Halale and many others.<sup>478</sup> Most of these families did not receive financial support from the mission although they were registered with the social welfare service.<sup>479</sup> The church only provided them with infant formula while the rest of the expenses were catered for by themselves.

At Namwianga Mission, orphan care can be traced to 1985. Kathy Brown was the pioneer of orphan care at Namwianga Mission. She came to Namwianga Mission in 1977 from USA after getting married to a Zambian by the name of Radisson Khumalo.<sup>480</sup> She started orphan care when a two weeks old girl who had lost her mother was brought to her by her then husband R. Khumalo as the surviving relatives were unable care for the new born baby.<sup>481</sup> Brown decided to keep the baby as she was moved with compassion. She raised the orphan using her own resources.<sup>482</sup> Within the same, year she received two more orphans from vulnerable families.<sup>483</sup> From 1985 onwards, Kathy Brown continued keeping more orphans. Some of the orphans were released at a certain age but others continued living at the orphanage until they were old enough to stand on their own. Brown noted that some of the orphans worked as nurses and accountants

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<sup>478</sup> Siafwiyo interview cited.

<sup>479</sup> Halale interview cited.

<sup>480</sup> Brown interview cited.

<sup>481</sup> Brown interview cited.

<sup>482</sup> Brown interview cited.

<sup>483</sup> Brown Interview cited.

when they grew up.<sup>484</sup> This is in line with Mbewe's argument who observed that mission run orphanages produced individuals who made a positive contribution to society.<sup>485</sup>

The HIV/AIDS pandemic caused a lot of harm to Zambia as many people died from it. Brown noted that it was a sad situation in the 1990s as many people died from HIV/AIDS. This was attributed to people's ignorance towards HIV/AIDS.<sup>486</sup> This resulted in an increase in the number of orphans in the country. This was reiterated by Boerma who observed that the AIDS pandemic led to an increase in the number of orphans in Tanzania.<sup>487</sup> Most of the children who were orphaned did not only lose their parents but also relatives who could have cared for them when their parents died.<sup>488</sup> Sometimes one parent died while the other one was chronically ill. Thus, many orphans were brought to Namwianga Mission for the mission to lend a helping hand.<sup>489</sup> At times, grandparents tried to raise their grandchildren but they were too old. Thus, the orphanage was the only option. In addition, many of them could not afford infant formula as it was expensive.<sup>490</sup>

In 1999, Namwianga Mission started a project known as the Haven Orphanage. The Haven project was necessitated due to an increase in the numbers of orphans. In 1999, Zambia had about 750,556 orphans from HIV/AIDS alone.<sup>491</sup> Such numbers of orphaned children motivated the church to take care of those it could. As such, three big houses were constructed at the mission station to create room for more orphans. The orphanage became operational in 2001

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<sup>484</sup> Brown interview cited.

<sup>485</sup> Mbewe, "A History of the Care of Orphans," p.79.

<sup>486</sup> Brown interview cited.

<sup>487</sup> Boerma, J, Isingo et.al, "Orphan hood, Child Fostering and the AIDS Epidemic in Rural Tanzania," *Health Transition Review*, Vol 7, 1997, p.151.

<sup>488</sup> Brown interview cited.

<sup>489</sup> Brown Interview cited.

<sup>490</sup> Brown Interview cited.

<sup>491</sup> International Labour Organisation, *HIV/AIDS and Child Labour in Zambia: A Rapid Assessment on the Case of the Lusaka, Copperbelt, and Eastern Provinces* (Lusaka: International Labour Organisation, 2002).p.3.

under the guardianship of Mr Rod Cowlder and his wife.<sup>492</sup> The Cowlders run the orphanage until 2004, when Mr Thomas Siafwiyo and his wife Cecilia Kalulu took over the administration of the Haven Orphanage.<sup>493</sup> Cecilia Kalulu started keeping orphans way before 2004. When she was requested to help in keeping orphans on a large scale, she gladly accepted. She started with 12 babies at the haven but over time, the number increased drastically.<sup>494</sup> Kalulu observed that some of the orphans who were brought to the orphanage lost their mothers as a result of the placenta not coming out during childbirth.<sup>495</sup> Most of the babies were one month old. Her job was mostly to supervise the nannies that took care of the babies. Kalulu made sure that the children had bathed, eaten and their clothes washed.<sup>496</sup> She further took the children to the hospital and was by their bedside until the child was discharged. At the time of the interview, the Siafwiyo's had managed the Haven Orphanage for about 15 years.<sup>497</sup>

When the Haven Orphanage was completed, the next project was Eric's House which was administered by Kathy Brown. This house was also expanded to take in more orphans. Initially, when the orphanage was opened, it only had about 15 children but the number increased to 20 in the same year. Due to many mothers dying from HIV/AIDS, the numbers doubled over the years. From 2001 to 2015, over three hundred orphans passed through the Haven Orphanage.<sup>498</sup> The orphanage really helped the people of Southern province because many children would have suffered or died if it were not for the help which the orphanage rendered. When the Haven Orphanage was established, there was just one house to keep the orphans but due to the increase in the number of orphans who were being brought, two more

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<sup>492</sup> Siafwiyo Interview cited.

<sup>493</sup> Siafwiyo Interview cited.

<sup>494</sup> Halale interview cited.

<sup>495</sup> Kalulu interview cited.

<sup>496</sup> Kalulu interview cited.

<sup>497</sup> Siafwiyo Interview cited.

<sup>498</sup> Interview, Cecilia Kalulu, Namwianga Mission, Kalomo District, 15 July 2019.

orphanages were built as a way of coping with the increased number of orphans who were brought. The orphans were returned to their families due to limited space at the orphanage until when two more orphanages were built.<sup>499</sup>

The Haven Orphanage had four houses; each house housed a particular category of orphans. The first orphanage was known as Haven 1 (Eleanor's House) this house kept infants; the second one was Haven 2 (Kelly's House) for toddlers, the third house was known as Haven 3 (Marjorie's House) which housed children with medical conditions such as HIV while the fourth house was known as Eric's House which had teenage boys, girls and street children. The Haven strictly kept children up to two years; thereafter, they were discharged to Eric's house where their relatives took them from. Other orphans stayed at Eric's house until they were old enough to stand on their own.

Just like at Sinda Mission where orphans were kept at the orphanage until they were mature enough to re-integrate into their families or village, the Haven Orphanage adopted the same strategy. The orphans were kept until they reached two years.<sup>500</sup> Families who brought their relatives to the orphanage were informed immediately to get them when they reached two years to create room for others. A good number of families collected their children when they turned two years of age. When the orphans were released, their families were given a female and a male goat.<sup>501</sup> These goats were given to the families so that when they multiplied, their families could sale them and use the money to buy food, clothes and pay school fees for the orphans. The orphanage did not just release these children to their families; they first assessed the ability of the

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<sup>499</sup> Siafwiyo interview cited.

<sup>500</sup> Kalulu interview cited.

<sup>501</sup> Kalulu interview cited.

family to care for the children.<sup>502</sup> The director of the orphanage visited these families first. The families were counselled on how to take care of children especially those who were infected with HIV. The families were further advised on the diet, medicine, and the importance of taking children to the hospital for routine check-ups.<sup>503</sup>

Sinde Mission institutionalized the orphans but at Namwianga Mission the strategy was changed. Namwianga Mission adopted a system known as home-based orphan care to raise the children.<sup>504</sup> In the former, orphans lived together in a dormitory but in the latter they were raised in a family setup. Brown argued that institutionalized orphan care was not good for children because they did not receive adequate attention from those who took care of them.<sup>505</sup> Mbewe also observed that:

Missionaries tried to create a home environment as best they could.

They employed African Christian couples in the mission orphanages who acted as surrogate fathers and mothers to the orphans without alienating them from their African culture.<sup>506</sup>

Furthermore, Brown argued that orphans did not receive much attention and family love in an institution but in a household setup they were raised in a family which cared and took keen interest in their welfare.<sup>507</sup> The tag of being an orphan which the orphans were given in institutions was also not felt by orphans in a home setup. In fact, some of them only knew that they were orphans after many years.

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<sup>502</sup> Kalulu interview cited.

<sup>503</sup> Kalulu interview cited.

<sup>504</sup> Brown interview cited.

<sup>505</sup> Brown interview cited.

<sup>506</sup> Mbewe, "A History of the Care of Orphans," p.49

<sup>507</sup> Brown interview cited.

The orphanage at Namwianga Mission took care of children from various backgrounds. Some of the orphans came from mentally ill mothers. Mentally ill mothers were usually forced to give away their children by their families because they feared that the mother would kill or lose the baby.<sup>508</sup> Other orphans admitted at the Haven Orphanage were those who lost their mothers during delivery or a few weeks after child delivery.<sup>509</sup> In such cases, the family members usually decided to bring the child to the orphanage because it was very difficult to take care of an infant. In addition, some orphans were born from mothers who had various kinds of disabilities such as blindness while others were abandoned by their mothers especially those who were raped or were still schooling.<sup>510</sup> There were also instances where a child was thrown in a pit latrine or just left along the road. Such children were usually brought to the orphanage by members of the public, the police or the Social Welfare Department.

The orphanage did not only keep orphans but it also acted as a sanctuary for children who were abused by their guardians or if a child's life was threatened.<sup>511</sup> The victim usually stayed at the orphanage until such a time when a home was found for him/her to live. These children were usually brought by the police officers or the Social Welfare Department. This demonstrated the trust and good relationship which the government institutions had with the orphanages at Namwianga Mission.

The Haven Orphanage employed 39 caregivers who were also known as aunties.<sup>512</sup> These care givers were responsible for attending to the daily needs of the children and reported anything alarming. They washed clothes for the children and changed their clothes as well as

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<sup>508</sup> Kalulu interview cited.

<sup>509</sup> Kalulu interview cited.

<sup>510</sup> Kalulu interview cited.

<sup>511</sup> Brown interview cited.

<sup>512</sup> The Haven Update Report, 29 December 2016.

cooked and fed them.<sup>513</sup> Furthermore, they cleaned their rooms and performed any other orphan related chores. Each of these ladies took care of three children so that the children could receive adequate care.

One of the people who was actively involved in orphan care at Namwianga Mission was Elizabeth Halale. While working in the Copperbelt province of Zambia, she went for a church meeting to Namwianga Mission in 1989.<sup>514</sup> As she was there, a motherless child was brought to her for care. Her plan was to keep the child until she was mature enough to be with her family but she ended up raising the child including many other orphans. Another child was brought to her attention within the same year. She accepted to raise the second child as well with the view that the first child could have a sibling to play with. The second orphan was from a mentally ill mother. She expected families of these two children to get them when they were old enough but their relatives abandoned them.<sup>515</sup> Halale did not restrict herself to keeping orphans but rather kept children born from vulnerable families as well.<sup>516</sup> At the time of my interview with her, she had helped over 20 orphans and vulnerable children since 1989.<sup>517</sup> Most of them had since finished Grade 12 while others were working. Ms Halale had planned to keep orphans until the child was old enough to be with his/her family but most of them ended up living with her. According to her, some families were not willing to take back the orphans while at times the orphans came back to because they failed to integrate in the village.<sup>518</sup>

At the beginning, Ms Halale supported the orphans through agriculture and her salary as a nurse at a clinic. She had a viable garden which had vegetables, carrots, egg plants and many

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<sup>513</sup> Kalulu interview cited.

<sup>514</sup> Halale interview cited.

<sup>515</sup> Halale interview cited, see also Brown interview cited.

<sup>516</sup> Halale interview cited.

<sup>517</sup> Halale interview cited.

<sup>518</sup> Halale interview cited. See also Mbewe, "A History of the Care of Orphans," p.81

other crops. In addition, she bought a farm where she cultivated maize to avoid buying mealie meal.<sup>519</sup> This helped to keep the expenditure of her house low. Although she supported herself to a large extent, later on, some Americans requested to help her by financing some of her expenses. The Americans assisted her work by sending \$90 per month.<sup>520</sup> However, this amount was little as compared to the expenses which were incurred in taking care of orphans and vulnerable children.

### **4.3. The Challenges of Orphan Care**

The care for orphans under the Church of Christ faced a number of challenges both in the colonial and post-colonial era. One of the major challenges the orphanage at Sinda Mission faced was overcrowding as earlier mentioned.<sup>521</sup> The orphanage had to expand its infrastructure for the orphans to live in a comfortable home.<sup>522</sup> The orphanage had limited infrastructure to house all the orphans because a good number of orphans were not released to their families. Most of the relatives abandoned the children to the care of the orphanage.

The other challenge which the orphanage at Sinda Mission faced was the lack of trained medical personnel to attend to sick orphans and provide guidance on their nutrition.<sup>523</sup> The orphanage did not have qualified medical personnel. Mrs Brittell who assisted in medical works was not a professional health personnel. Thus, the mission depended on Merritt who lived at Kabanga Mission. Merritt visited Sinda Mission as often as he could to treat the sick.<sup>524</sup> This

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<sup>519</sup> Halale interview cited.

<sup>520</sup> Halale interview cited.

<sup>521</sup> SP4/2/121 Loc 5111, "Report on Sinda Mission," Kalomo Tour Report No.4, 1956.

<sup>522</sup> Kalomo Tour Report No.4, 1956.

<sup>523</sup> NAZ, MH1/02/015, Correspondence between the Medical Officer Mr Geoffrey Patton and the District Commissioner in Livingstone, 2 August 1952.

<sup>524</sup> MH1/02/015, Correspondence between A.B Reese and the Director of Medical Services, 3 March 1937.

made it very difficult for the orphanage to care for sick orphans. As such, they took them to the nearest clinic in Livingstone which was costly and time consuming.

In the same context, the orphanage at Sinde Mission lacked constant water supply. The orphanage did not have adequate water at its facility. The nearest source of water was over 250 yards from the orphanage.<sup>525</sup> This situation was difficult to deal with as it was not easy to draw water since it was far from the orphanage. This meant that people had to be sent to draw water each time there was a need for it. Sinde Mission did not receive any form of funding to help in the operations of the orphanage from the colonial government despite the government being aware of the challenges the mission station faced.<sup>526</sup>

In addition, some children who left the orphanage especially teenagers found it difficult to reintegrate in their families. A good number of orphans who were given to relatives when they were of age failed to live with their family members such that they came back to the orphanage. Halale noted that when she released some orphans when they became teenagers, a good number of them came back to the orphanage within a few months.<sup>527</sup> The orphanage had no choice but to accept them back and keep them until they were old enough to stand on their own.

One of the greatest difficulties the Haven Orphanage faced was raising children who were HIV positive. At inception, most of the children who were brought with HIV at the Haven Orphanage died because the orphanage rarely conducted HIV tests.<sup>528</sup> For this reason, the orphanage later implemented a policy of testing for HIV in all children who were brought to the

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<sup>525</sup> NAZ, MH1/02/015, Correspondence between the Health Inspectors of European Hospitals and the Provincial Medical Officer of Southern Province, 22 August 1957.

<sup>526</sup> NAZ, MH1/02/015, Correspondence between the District Commissioner and the Provincial Commissioner, 9 August 1952.

<sup>527</sup> Halale interview cited, See also Mbewe, "A History of the Care of Orphans," p.81.

<sup>528</sup> Kalulu interview cited.

orphanage so that the orphanage could know how to take care of those who were found with HIV.<sup>529</sup> Once a baby was discovered to be positive they were immediately put on Neviprovin to strengthen their immune system.<sup>530</sup> This greatly helped in reducing HIV related deaths at the orphanage.

Due to the many health challenges which the orphanage had in dealing with health issues the orphanage hired a nurse who helped in taking care of orphans who were HIV positive and those with ordinary diseases.<sup>531</sup> The nurse lived in one of the Haven Orphanage houses. Apart from assisting the orphanage in taking care of the orphans' health wise, he kept orphans as well. This yielded good result in that orphans were given good medical care while the rest of the orphanages benefited by receiving sound advice on child nutrition and general health.<sup>532</sup> The nurse gave guidance on the diet and health of children at the Haven Orphanage. He worked for the orphanage on a full-time.<sup>533</sup> It must be noted that the presence of a qualified nurse at the facility really helped the orphanage. The health of the children generally improved because he was able to detect diseases at an early stage and advised whether there was need for the child to be taken to the hospital or not.

Funding was another challenge which the orphanage faced. It was difficult to maintain a steady flow of income at the Haven Orphanage as it depended on donors from the USA. However; the contributions were usually not stable. Sometimes they fluctuated while at times they increased. On certain instances money was sent to the orphanage while at times it was not. This led the orphanage to embark on projects so as not to depend solely on outside funding for

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<sup>529</sup> Brown interview cited.

<sup>530</sup> Kalulu interview cited.

<sup>531</sup> Brown interview cited.

<sup>532</sup> The Haven Update Report, 28 November 2015.

<sup>533</sup> Brown interview cited.

everything. The orphanage built a garden which supplied vegetables, broccoli, green beans, okra, cucumbers, eggplants, *impwa*, beets, carrots, tomatoes, onions and other important foods which were critical in the diet of orphans and other residents of the orphanages.<sup>534</sup> Unfortunately, sometimes the crops in the garden were eaten by cattle from Namwianga Farm. At one point, the animals came in the night and ate everything in the garden.<sup>535</sup> This was a drawback because it meant that the orphanage had to start buying vegetables leading to more expenditure.

The orphanage also kept poultry in form of chicken broilers and layers. It also had retail shops. These projects did not only help the Haven Orphanage but the community as well. For example, in 2015, the orphanage had 132 layer chickens which produced 28 trays of eggs per week which was equivalent to 840 eggs per week.<sup>536</sup> Through such initiative, the Haven Orphanage saved about K15,000 every year.<sup>537</sup> The eggs were not only produced for the orphanages but for the local community as well. The local community could buy eggs within the area instead of travelling to Kalomo town to buy eggs. The shop was able to raise K21,000 from the sale of eggs in 2015.<sup>538</sup> The broiler chickens also helped in reducing expenses on buying chicken. The money raised from these sales was spent on buying groceries for the orphanages such as cooking oil, tissues, lotions, infant formula and fuel. The only challenge from this project was that, chickens in the poultry were sometimes eaten by dogs from within the community.<sup>539</sup>

Another important aspect of the project at the Haven Orphanage was that of retail shops. The Haven Orphanage had retail shops at Eureka, NCSS, NRHC and Kalomo town.<sup>540</sup> These

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<sup>534</sup> Namwianga Orphanage File, The Haven Update Report, 15 May 2015.

<sup>535</sup> Namwianga Orphanage File, The Haven Update Report, 15 May 2015.

<sup>536</sup> The Haven Update Report, 28 November 2015.

<sup>537</sup> The Haven Update Report, 28 November 2015.

<sup>538</sup> The Haven Update Report, 28 November 2015.

<sup>539</sup> The Haven Update Report, 28 November 2015.

<sup>540</sup> "Namwianga Orphanage File," The Haven Update Report, 29 December 2016.

shops did not only provide a service to the community but provided a source of income for the orphanages. Instead of people travelling all the way from Namwianga Mission to Kalomo town to buy every little thing for their household needs, the shops brought these goods to their door steps. Furthermore, these projects indirectly provided employment opportunities for the local people. Some of them were employed to tend the garden while others worked as shop keepers. By 2015, the shops had raised about K14,500.<sup>541</sup> This money was spent to pay tuition fees for orphans who were in universities.<sup>542</sup> This demonstrates that projects at the orphanage played a significant role in keeping the orphanage financially stable.

Among the biggest challenge of the orphanages at Namwianga was that of maintaining a constant supply of infant formula. This was because infant formula was expensive. The orphanage further provided infant formula for families which decided to keep orphans. This put a strain on the resources of the orphanage since it did not only have to care for the immediate orphans at the orphanage but provided infant formula for those raised by their relatives as well.<sup>543</sup> The supply of infant formula was sometimes not enough because it was very expensive. For instance, in 2015 the orphanage had 70 children who were put on the milk programme in Kalomo district alone.<sup>544</sup> The orphans lived with their families but their guardians collected three tins of infant formula per month for them.<sup>545</sup> The Haven Orphanage provided infant formula to those children until they were old enough to eat solid food.

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<sup>541</sup> The Haven End of Year Report for the Zambian Board, 5 January 2015.

<sup>542</sup> The Haven End of Year Report, 5 January 2015

<sup>543</sup> The Haven Update Report, 29 December 2016, see also The Haven Update Report, 15 May 2015.

<sup>544</sup> The Haven Update Report, 25 January 2015.

<sup>545</sup> The Haven End of Year Report, 5 January 2015.

The orphanage at Namwianga did not only keep orphans, it also had children who were handicapped. Some of them could not walk while others were mentally ill.<sup>546</sup> The orphanage was able to take care of these people despite being a difficult task. The orphanage provided special care for these people because it was usually difficult for their families to care for them. In addition, the orphanages kept vulnerable children and paid for their tuition fees. Although some orphans left the orphanage it still paid for their tuition fees.<sup>547</sup>

#### **4.4. The Church of Christ and the Problem of Street kids**

For many years, the Zambian government has been grappling with the problem of street kids. By 1995 there were about 75,000 street kids in Zambia.<sup>548</sup> The majority of the street kids were in Lusaka, copperbelt and Livingstone. These street kids lived on the street for various reasons. Some of them left their families as a result of sexual abuse, loss of parents, neglect, divorce, death of guardians, and domestic violence.<sup>549</sup> Others became street kids as a result of failing to live with relatives because of them being involved in substance abuse. Due to the vulnerability of children in the streets, Namwianga Mission, through the Haven Orphanage began keeping street kids between 1999 and 2008.<sup>550</sup> The street kids numbered 15.<sup>551</sup> The majority of street kids which the Haven Orphanage kept were from Lusaka and Livingstone. Most of them were enrolled back in school at Namwianga Christian Basic School and NCSS. The majority of the street kids found it difficult to adapt in a home setup. As much as the orphanage cared for them, it became very difficult to keep them such that most of them were later expelled from the orphanage.

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<sup>546</sup> Kalulu interview cited.

<sup>547</sup> Brown interview cited.

<sup>548</sup> *Orphans and Vulnerable Children 2004 Situation Analysis*, The Ministry of Sports, Youth and Child Development, 2004, p.15

<sup>549</sup> *Orphans and Vulnerable Children 2004, Situation Analysis*, p.15

<sup>550</sup> Merritt interview cited.

<sup>551</sup> Brown interview cited.

Despite the street kids being given all the care and attention, they brought a lot of problems at the Haven Orphanage. Many of them were drunkards and drug addicts.<sup>552</sup> This could not be tolerated by the orphanage since the administrators who were missionaries emphasized strict Christian values. Some of them abused marijuana, methylated spirit and alcohol.<sup>553</sup> At times, they went home drunk without due care. The major challenge which was raised as a result of the presence of the street kids at the Haven Orphanage house was that those children who they found at the orphanage started learning bad vices from them. Some of them started drinking beer and smoking marijuana as well.<sup>554</sup> It became apparent that the street kids who were causing these problems had to leave before the situation became worse.<sup>555</sup> Some of the street kids who suffered from drug addiction and alcohol abuse were taken to rehabilitation centres in Lusaka but the situation did not improve as such they had to leave the orphanage.<sup>556</sup> In other instances, the street kids failed to adapt to a family setup because they were used to living without being controlled. They would drink beer and abuse marijuana in the streets without anyone correcting them.<sup>557</sup> Thus, they wanted to continue living like this way even at the orphanage. Some of the street kids only stayed for a few weeks at the orphanage and left on their own accord. The majority of them did not want to be given restrictions on drinking beer, smoking marijuana or curfews. Although street life was difficult, they chose it despite being given an opportunity to live in a home with care and support.

The other problem which the street kids brought was that of being engaged in fights with fellow pupils and children in the nearby communities. When they were at school, they bullied

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<sup>552</sup> Brown interview cited.

<sup>553</sup> The Haven Update Report, 28 November 2015.

<sup>554</sup> Brown interview cited.

<sup>555</sup> The Haven Update Report, 28 November 2015.

<sup>556</sup> The Haven Update Report, 28 November 2015.

<sup>557</sup> Brown interview cited.

fellow pupils, beat them and fought with some.<sup>558</sup> The Haven Orphanage received numerous complaints from community members and teachers who faced challenges in handling the street kids. However, it must be noted that the project of keeping street kids was not a total failure. Some of the street kids became successful in their own right. When they were old enough to leave the orphanage, they left and started living on their own. Brown noted that one of them became a small scale farmer in North Western province with a wife and a child while another one was a football player in Livingstone.<sup>559</sup>

The challenges which were faced as a result of keeping street kids at the orphanage led to the orphanage changing strategies on how to acquire these orphans. Instead of getting orphans from the streets, the orphanage focused on taking custody of those children who had lost parents but were not yet on the street.<sup>560</sup> This proved to be effective as most of the children brought in this way did not cause as much problems as the street kids. This is because the orphans were quickly brought to the orphanage before being polluted by the streets.

#### **4.5. The Collaborative Effort between the Church of Christ and the State in Orphan Care**

The relationship between the Church of Christ and the state was generally pleasant. The government used to send inspectors from the Social Welfare Department and Ministry of Health to check on its operations. The inspectors were usually happy with the works at Sinda orphanage. The inspectors usually made recommendations on where improvements at the orphanage could be made.

The orphanage at Sinda was visited by inspectors frequently. The caretakers of the orphanage did not make the work of these government inspectors difficult. They fully cooperated

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<sup>558</sup> Brown interview cited.

<sup>559</sup> Brown interview cited.

<sup>560</sup> Brown interview cited.

with them.<sup>561</sup> They politely answered queries from inspectors and implemented their recommendations. The inspectors acknowledged that Sinda Mission was fit to have an orphanage because they were happy with what was happening at the orphanage. The orphans were well fed and lived in a spacious and clean environment.<sup>562</sup> However, the orphanage was advised by an inspector not to exceed 80 orphans.<sup>563</sup>

While the relationship of the Church of Christ and the state was for a long period good, frictions ensued when the state decided to close down the Sinda Orphanage in 1966. The missionaries did not receive this government policy well. They raised the concern of abandoning children who were young to relatives who could not take care of them. This could have been the reason the Church of Christ at Namwianga Mission took time to officially begin raising orphans. The orphans who were brought in the 1980s and 1990s were admitted by various families without any licence from the state.<sup>564</sup>

The Social Welfare Department further conducted training sessions for the staff at the Haven Orphanage in order for them to give adequate care to the orphans.<sup>565</sup> This was important because most of the workers at the orphanage were not trained to handle children. The training sessions helped them to do a thorough job. Apart from training the staff, the Social Welfare Department provided grants as well as cleaning and learning materials for the orphanage.<sup>566</sup> This demonstrated that the state appreciated the contribution of the Church of Christ towards orphan care. The church was motivated to do more due to the motivation it received from the state.

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<sup>561</sup> NAZ, MH 1/02/015, Correspondence between the Provincial Medical Officer and the Welfare and Probation Officer, 8 December 1956.

<sup>562</sup> NAZ, MH 1/02/015, Correspondence between the Health Inspector European Hospitals in Livingstone and the Provincial Medical officer Southern Province, 22 August 1957.

<sup>563</sup> NAZ, MH 1/02/015, Correspondence between the Director of Medical Services Mr P.R. Stephens and the Director of Welfare and Probation Services, 4 December 1957.

<sup>564</sup> Brown interview cited.

<sup>565</sup> Siafwiyo interview cited.

<sup>566</sup> Kalulu interview cited.

The government really helped concerning orphan care at Namwianga Mission by not closing the orphanage despite knowing that the mission was keeping orphans without government approval. It is important to note that the mission took time to get a licence for its orphanage to be officially recognized by the state.<sup>567</sup> Despite the government knowing that some families kept orphans without authority, it did not stop them. This is because the government recognized the fact that many children without parents were being helped.<sup>568</sup>

The orphanage at Namwianga Mission received inspectors from the Ministry of Health, Social Welfare and Ministry of Gender on a monthly basis to assess the conditions under which the orphans lived.<sup>569</sup> The inspectors were usually focused on the staff, diet, beddings, sanitation, the living environment, clothing and many other important aspects concerning the welfare of orphans.<sup>570</sup> The government inspectors had no negative sentiments towards the orphanages at Namwianga Mission. In fact, the Social Welfare Department was in charge of recommending whether the Haven Orphanage must receive the orphans or not.<sup>571</sup> During this period, at no point did the Social Welfare Department stop the Haven Orphanage from receiving orphans. On several occasions, the orphans were taken in by the orphanage without any objection from the Social Welfare Department. Government ministries were always happy with the way the orphanage at Namwianga Mission functioned.

The Haven Orphanage and Eric's House were rated among the top seven in the country.<sup>572</sup> The orphanage did not only receive government inspectors but the area Member of Parliament and government ministers. This was in an effort to appreciate the work which was

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<sup>567</sup> Brown interview cited.

<sup>568</sup> Brown interview cited.

<sup>569</sup> Brown interview cited.

<sup>570</sup> Brown interview cited.

<sup>571</sup> Brown interview cited.

<sup>572</sup> Brown interview cited.

being done at the mission.<sup>573</sup> Most of the time when the orphanage received such visitors, the people at the orphanage were praised for the humanitarian work they did. The government was so impressed with orphan care at Namwianga Mission that it planned to adopt the same strategy of home-based care country wide.<sup>574</sup> The orphanages were set up as family units with a mother and father figure, as such the orphans did not feel the stigma of being labelled an orphan but rather felt part and parcel of the family.<sup>575</sup> The home set up proved effective in running an orphanage because the orphans received 24 hour attention from their guardians unlike a situation where they lived in a hostel set up.

As mentioned earlier, the orphanage did not only keep children who were healthy. It further kept children infected with HIV. Most of the babies who had HIV were infected through mother-to-child transmission.<sup>576</sup> The government, through the Ministry of Health provided antiretroviral drugs to the orphanages at Namwianga Mission for free.<sup>577</sup> This helped in reducing the number of deaths at the orphanage through HIV/AIDS related illnesses. When the Haven Orphanage was just opened, many children died from AIDS because their parents rarely tested for HIV at the clinic. Later on, the orphanage adopted a strategy of testing all the children who were brought to the orphanage for HIV and TB so that the necessary precautions could be taken to prevent the children from contracting these diseases. The Haven Orphanage had a good number of HIV positive children but with government support through providing ARVs, many of the infected children survived and grew up into responsible adults.

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<sup>573</sup> Brown interview cited.

<sup>574</sup> Brown interview cited.

<sup>575</sup> Kalulu interview cited.

<sup>576</sup> Kalulu interview cited.

<sup>577</sup> Kalulu interview cited.

The orphanage at Namwianga Mission also enjoyed tax exemptions on all imports outside Zambia. Through these exemptions, the orphanage was able to bring in vehicles cheaply which assisted in the day-to-day activities of the orphanage. The orphanage further received clothes, shoes, belts, books, toys, pens and pencils for orphans from the USA which were essential for the welfare of orphans.<sup>578</sup> This was critical because if the orphanage or church had not been exempted from tax, it could not have been able to bring these vehicles in the country. The orphanage had canters, buses and ordinary vehicles which were very critical for the running of the orphanage. For instance, when a child was critically ill it was these same vehicles which were used to transport him/her to the clinic.

#### **4.6. Conclusion**

In conclusion, this chapter has demonstrated that orphan care under the Church of Christ started on a small scale but went on to become one of the most reputable orphanages in Southern province. The church was first involved in orphan care at Sinda Mission but later on, the orphanage was closed. In 1985, Kathy Brown began keeping orphans at Namwianga while by 1989 other families at Namwianga Mission were involved in keeping orphans. The orphanage at Sinda Mission was institutional whereas at Namwianga Mission, orphan care was home-based.

It has also been outlined that the work concerning orphan care was a combined effort between the local people and foreign missionaries. Missionaries employed a number of local people for various works at the orphanage such as nannies, drivers, watchmen, gardeners and cooks. Employment from the orphanages benefitted the local people as they were provided with a stable source of income needful for many family needs. While the missionaries provided the

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<sup>578</sup> Merritt interview cited.

local people with a source of income at the orphanages; the local people contributed to the success of the orphanages as well.

Furthermore, the chapter has discussed the challenges the orphanages faced and the strategies which were employed to keep the orphanage running. Among the challenges which the orphanage faced was funding. The orphanages solely depended on well-wishers which made it difficult to run the orphanage. As such, the orphanages embarked on projects to meet their needs. Apart from funding, street kids a paused a huge challenge to the orphanage. Many of them were involved in substance abuse. Thus, the orphanage sent some to rehabilitation centres in Lusaka while those who proved difficult were expelled from the orphanage.

In addition, the chapter has concluded that the church and the state had a good relationship. The state from time to time sent inspectors to the orphanages run by the Church of Christ or its members. The church did not give the state any problems. The state further gave the church tax waivers on imports and provided training to the caretakers of children.

## CHAPTER 5

### CONCLUSION

This study has attempted to investigate the history of the Church of Christ in the Southern province of Zambia, and several conclusions have emerged. The study has established that the Church of Christ was one of the missionary societies that came to Northern Rhodesia in the early 1900s. It has been demonstrated that the church was involved in education since the colonial period. Its first school was established as early as 1910 at Mukuni Village.

The study has argued that the church was actively involved in the provision of education because it believed that formal education was one of the most effective ways of converting Africans to christianity. In the post-colonial era, the Church of Christ continued using education as a strategy of conversion in spite of other missionary societies such as the Pilgrim Wesleyan Missionary Society abandoning this strategy after independence. Nonetheless, with the passage of time, the church was motivated to re-think its strategies of conversion and expansion because after independence, mission schools were required to offer education which was more academic. Thus, the church introduced strategies of using education as a tool of conversion but away from the classroom. The church introduced new strategies of conversion such as forming spiritual clubs, group choirs and offering scholarships. Some clubs which were introduced included Helping Hands, Christian Movement, Timothy Brothers and Spiritual Singers to train pupils in evangelism and church planting. Members of these clubs were trained in singing as a group, song-leading, praying and preaching. The pupils and students were also given practical experience by being sent on outreaches during weekends to preach and sing in various churches. Through these strategies, many churches were planted throughout Southern province. The

church also introduced scholarships for pupils and students at the local college . Beneficiaries of these scholarships were to be deployed as teacher-evangelists in most parts of Southern province upon completing their studies.

The study has also shown how the Church of Christ contributed to the provision of health care in Southern province, both during the colonial and post-colonial periods. It has been demonstrated that the church provided health care services to people because it believed that it was its Christian duty to heal the sick as Jesus did. It has been illuminated that the church did little concerning health care in the colonial period. This was due to the Great Depression of 1939 and the Second World War. During this period, the economy of USA was limping as such the donors could not fund medical works in Northern Rhodesia. However, after independence the church became more proactive by building clinics and conducting medical missions on a large scale due to the availability of funds. Due to its involvement in health care, the church attracted the attention of the Churches Association of Zambia which partnered with NRHC in health care provision. The Churches Association of Zambia provided grants, internet, drugs and sponsored sensitization campaigns in communities on various diseases. It has also been demonstrated that medical missions were used as tools to convert people. While medical missions were conducted, there was a spiritual team which evangelised to patients and people who came to receive items such as clothes, wheelchairs, food, and crutches. Through these medical missions, many Africans were converted to Christianity. Furthermore, a good number of churches were planted through medical missions such as at Kalowa, Kapaulu, Simalundu and Zyangale. Other than the above discussed strategies, the Church of Christ used Namwianga Radio station and Medical Missions to sensitize people about medical conditions and debunk myths associated with diseases. This

encouraged people to seek medical care as opposed to visiting witch doctors and using traditional medicine.

Furthermore, another conclusion that has emerged from the study is that the Church of Christ provided orphan care since the colonial period in Southern province. It has been noted that the Church of Christ took care of orphans both in the colonial and post-colonial era. It has been demonstrated that the Church took care of the orphans in the colonial period through institutionalised orphan care while it transformed to home-based care after independence. It further concluded that the church faced a number of challenges in taking care of orphans. The challenges which orphan care faced in the colonial and post-colonial periods were similar. Both in the colonial and post-colonial era, the orphanage faced the challenges such as funding and relatives abandoning their orphaned children despite agreeing that they would get them when they were old enough. The only unique challenge which the post-colonial orphanage faced was raising street kids and orphans who were infected with HIV/AIDS.

Furthermore, the study has established that the Church of Christ and the state developed a cordial relationship. This was observed in education, health care and orphan care. The government provided grants and tax exemptions. Other than that, it has been observed that the state provided grants, stationery and books for the schools managed by the Church of Christ. In addition to this, the state paid salaries for teachers who worked in grant-aided schools, thereby lifting the burden of paying teacher's salaries by the church. The state further sent inspectors who were satisfied with the works of the Church of Christ. George Benson Christian College of Education invited members of government departments such as the police and courts to monitor interviews. The clinic and orphanage also were inspected by state agencies such as the Ministry of Health and the Department of Social Welfare, respectively. These government institutions

further provided career development for health workers and training programmes for workers at the orphanages. This strengthened the relationship between the state and the church.

Lastly, it can be argued that most of the studies on missionary societies are silent about the role of Africans in these societies. However, this study has shown that the success of the Church of Christ was due to a strong partnership between Americans and Zambians. Zambians played a crucial role in the development of education, health and orphan care. The Africans especially auxiliary workers played a crucial role at the Haven Orphanage and Namwianga Rural Health Center. They washed clothes and blankets, land scaped, slashed grass, offered security and did many other tasks which were critical for the day-to-day operations of the insitutions managed by the Church of Christ.

## **BIBLIOGRAPHY**

### **A. PRIMARY SOURCES**

#### **1. National Archives of Zambia (N.A.Z)**

##### **I. Ministry of Health Provincial and District Reports**

MH1/02/015, Loc 3153, Report on Sinde Mission, 1934-1958.

MH1/02/050, Loc 3158, Mission Hospital General Report, 1945-51.

MH1/03/051, Loc 3193, Tours of Southern Province by Medical Officer, 1950-1963.

##### **II. Southern Province, Provincial and District Reports**

SP4/101, Loc 5106, Kalomo Tour Reports, 1955.

SP2/105, Loc 5007, Kalomo Administrative, District Travelling and Tour Reports, 1955.

SP1/3/10, Loc 446, Reports on Mission Schools, 1954.

SP1/3/43, Loc 735, Educational Annual Reports, 1962-1970.

SP1/4/23, Loc 3033, Zambian Provincial Education Authority Minutes, 1961.

SP4/2/121, Loc 5106, Kalomo Tour Reports, 1956.

SP4/2/139, Loc 5117, Kalomo Annual Report on African Affairs, 1957-59.

SP4/2/23, Loc 5085, Inspection Tours and Reports on School, 1943-1950.

SP4/2/51, Loc 5091, District Travelling and Tour Reports, 1949-1951.

SP4/3/16, Loc 5126, Local Education Authority, 1957-59.

### **III. Secretariat Files-SEC Series**

SEC1/550, Reports on Mission Societies, 1953.

#### **2. Namwianga Mission Archives**

CHAZ Disbursement of Funds 2009 File.

CHAZ Quarterly Reports File.

Education Secretary File.

George Benson Christian College of Education Staff Meetings File.

Malaria NFM 2015 File.

Malaria Rapid Diagnostic Test Register (2018-2019).

Mumena “B” Basic School File.

Namwianga Christian Basic School File.

Namwianga Orphanage File.

Namwianga Orphanage Reports.

SSF HIV/AIDS File of September-November 2014.

TB RDF Reports File Jan-June 2013.

Zambia Board Minutes File.

Zyangale Christian Basic School File.

#### **3. Official Government Publications**

The Government of Zambia. Statutory Instrument No.43 of 1993.

The Ministry of Sports, Youth and Child Development, *Orphans and Vulnerable Children 2004 Situation Analysis*, 2004.

## B. SECONDARY SOURCES

### 1. Books and Chapters in books

Carmody, B. *Education in Zambia: Catholic Perspective*. Lusaka: Bookworld Publishers, 1999.

\_\_\_\_\_. *The Evolution of Education in Zambia*. Lusaka: Bookworld Publishers, 2004.

Gadsden, F. "Education and Society in Colonial Zambia," in Samuel Chipungu (ed), *Guardians in their Times: Experiences of Zambians under Colonial Rule, 1890-1964*. London: Macmillan, 1992.

Colson, E. *Tonga Religious Life in the Twentieth Century*. Lusaka: Bookworld Publishers, 2006.

Gann, H.L. *The Birth of a Plural Society: The Development of Northern Rhodesia under the British South Africa Company 1894-1914*. Manchester: Manchester University Press, 1958.

\_\_\_\_\_. *A History of Northern Rhodesia: Early Days to 1953*. London: Chatto and Windus, 1964.

Gelfand, M. *Northern Rhodesia in the Days of the Charter: A Medical and Social Study, 1878-1924*. Oxford: Basil Blackwell, 1961.

Hinfelaar, F.H. *History of the Catholic Church in Zambia*. Lusaka: Bookworld, 2004.

Kelly, J.M. *The Origin and Development of Education in Zambia: From Pre-colonial Times to 1996*. Lusaka: Image Publishers Ltd, 1996.

Merritt, J.D. *The Dew Breakers*. Mississippi: J.C Choate Publications, 1980.

Mwanakatwe, J. *The Growth of Education in Zambia Since Independence*. Lusaka: Oxford University Press, 1968.

Shewmaker, S. *Tonga Christianity*. California: William Carey Library, 1970.

Snelson, P. *Education Development in Northern Rhodesia 1883-1945*, 2<sup>nd</sup> edition. Lusaka: Kenneth Kaunda Foundation, 1974.

Tiberondwa, A.K. *Missionary Teachers as Agents of Colonialism: A Case Study of their Activities in Uganda, 1877-1925*. Lusaka: Kenneth Kaunda Foundation, 1978.

Watson, P (ed). *Missionary Experiences*. Oklahoma: Gospel Light Publishing Co.1987.

### **3. Articles in Journals**

Ardington, C and Murray, L. "Orphan hood and Schooling in South Africa: Trends in the Vulnerability of Orphans, 1993-2005," *Economic Development and Cultural Change* Vol 58, No.3, (2016), pp.507-536.

Berman, E.H. "African Response to Christian Mission Education," *African Studies review*, Vol 17, No 3 (Dec 1974), pp. 527-540.

Boerma. J, Isingo. R, Kumugola. Y, Schapink. D and Urassa, M. "Orphan hood, Child Fostering and the AIDS Epidemic in Rural Tanzania," *Health Transition Review*, Vol 7, (1997), pp.141-153.

Carmody, B. "Conversion and School at Chikuni, 1905-1939," *Journal of the International African Institute*, Vol 58 No.2, (1988), pp.193-209.

Lamba, C.I. "The Cape Dutch Reformed Mission in Malawi: A Preliminary Historical Examination of its Educational Philosophy and Application, 1889-1931," *History of Education Quarterly* Vol 24, 3 (Autumn 1984), pp. 373-392.

Latourette S.K, “Missionaries Abroad,” *The Annals of the American Academy of Political and Social Sciences*, Vol 368,(Nov, 1966),pp.21-30.

Ntozi, J.P.M. and Mukiza-Gapere, J. “Care for AIDS Orphans in Uganda: Findings from Focus Groups Discussions,” *Health Transition Review*, Vol 5 (1995), pp.245-252.

Wamagatta N.E. “Changes of Government Policies towards Mission Education in Colonial Kenya and their Effects on the Missions: the Case of The Gospel Missionary Society,” *Journal of Religion in Africa* Vol, 38.No.1 (2008), pp.2-26.

Wilks, L. “Missionary Medicine and the ‘Separatist Tradition’: An Analysis of the Missionary Encounters with Leprosy in Late Nineteenth Century India,” *Social Scientist*, Vol 39, No. 5/6(May-June 2011), pp.48-66.

#### **4. Dissertations and Thesis**

Banda, S.L.R. “The Educational Policy and Activities of the Dutch Reformed Church in Zambia up to 1976,” M.ED. Dissertation: University of Zambia, Lusaka, 1981.

Cheyeka, A “Church, State and Political Ethics in a Post-Colonial State: The Case of Zambia,” Ph.D. Thesis: University of Malawi, 2002.

Chisenga, M. B. “Chitambo Mission: A History of Missionary Education and Its Impact on Lala Society of Serenje District, 1906-1964,” M.A. Dissertation: University of Zambia, 1987.

Chulu, R. “The Impact of Christianity on the Traditional Religion of the Leya of Mukuni Village in Livingstone.” M.ED. Dissertation: University of Zambia, 2015.

Kalusa, T.W. “Disease and the Remaking of Missionary Medicine in Colonial North Western Zambia: A Case Study of Mwinilunga District, 1902-1964,” Ph.D. Thesis: John Hopkins University, 2003.

Mubitana, K. "Christian Missions and the Toka-Leya of Southern Province," Ph.D. Thesis: University of Edinburgh, 1977.

Kemp, R. "The Origins of Christian Mission Societies in Zambia." M.Th: Melbourne College of Divinity, 1979.

Kumwenda, G. "The Role and Conditions of Services of African Medical Auxiliaries in Catholic Missions Health Institutions in Zambia: A Case Study of Chilonga Mission Hospital in Mpika District," M.A. Dissertation: University of Zambia, 2015.

Lawrence, J. "Health Programming and Community Based Radio Stations in Sub-Saharan Africa: An Example from Zambia," MPH: University of Pittsburgh, 2012,

Lishomwa, K. M. "A Comparative Study of Guardianship /Parental Involvement into Orphaned and Non-orphaned children in Mongu District." M.ED. Dissertation: University of Zambia, 2013.

Mbaita, L. B. "Missionaries, The State and Leprosy in Zambia, 1893-1964." M.A. Dissertation: University of Zambia, 2011.

Mbewe, M, "A History of Orphan Care in Pre-colonial and Colonial Zambia," M.A. Dissertation: University of Zambia, 2012,

Mhoswa, A. "A Study of the Education Contribution of the Jesuit Mission at Chikuni and the Adventist Mission at Rusangu1905-1964." M. ED: University of Zambia, 1980.

Muliwana, N. "A Study of Explore the Extent of survival assistance to orphans Within the Family/Kinship System: The Case of Libala and Chilenje," MPH. Dissertation: University of Zambia, 1997.

Munga, E. "The Lumpa Church: It's Social Economic Impact in Lundazi District in Eastern Province of Zambia, 1955-1995," M.A. Dissertation: University of Zambia, University of Zambia, 2015.

Mwale, N. "Missionary Support for Colonial Rule in Zambia Revisited: The Case of the Catholic Church," M.ED. Dissertation: University of Zambia, 2011.

Naali, H.J. "A History of the Pilgrim Wesleyan Missionary Society in Choma District 1930-1990," M.A. Dissertation: University of Zambia, 2003.

Nyeko, J. "The Development of Female Education in Northern Rhodesia, 1925-1963: The Case of Central Province," M.A. Dissertation: University of Zambia, 1983.

Samundengu, L. "The Role and Impact of Missionary Medicine in the North-Western Province of Zambia, 1990-1963," M.A. Dissertation: University of Zambia, 1992.

Simuchimba M, "Religion and Education in Zambia, 1890-2000 and Beyond," Ph. D. Thesis: University of South Africa, 2005.

## **ONLINE SOURCES**

<http://www.prescottcoc.org/NamwiangaMission/Zambia/Africa.htm>.accessed:02/02/2019.

<http://zambiamissions.org/about/introduction/history>.accessed:08/04/2019.

## **ORAL INTERVIEWS**

Brown, Kathy. Director (Haven Orphanages), Namwianga Mission, Kalomo District, 29 April 2019.

Chigali, Charles. Deputy Head (Namwianga Christian Secondary School), Namwianga Christian Secondary School, Kalomo District, 9 April 2019.

Chola, Ruth. Nurse, Namwianga Rural Health Centre, Kalomo District, 15 June 2019.

Dwili, Florence. HIV/AIDS. Counsellor, Namwianga Rural Health Centre, 20 June 2019.

Halale, Elizabeth. Retired Nurse, Namwianga Mission, Kalomo District, 13 May 2019.

Hambulo, Stella. Nurse, Namwianga Rural Health Centre, Kalomo District, 15 June 2019.

Kadonga, Agrippa. Security Guard, Namwianga Rural Health Centre, Kalomo District, 20 June 2019.

Kalulu, Cecilia. Director (Haven Orphanage), Kalomo District, 15 July 2019.

Lyempe, Charity. Clinical Officer, Namwianga Rural Health Centre, Kalomo District, 17 June 2019.

Mbumwae, Shepherd. Hospital Administrator, Namwianga Rural Health Centre, Kalomo District, 1 April 2019.

Munsaka, Ian. Dentist, Namwianga Rural Health Centre, Kalomo District, 18 June 2019.

Merritt, Roy. Resident Missionary, Namwianga Mission, Kalomo District, 8 June 2019.

Moono, Stanford. Station Manager (Namwianga Radio), Namwianga Radio Station, Kalomo District, 29 April 2019.

Mumba, Francis. Physiotherapist, Namwianga Rural Health Centre, Kalomo District, 19 June 2019.

Munkombwe, Max. Employee (Namwianga Radio Station), Namwianga Radio Station, Kalomo District, 30 April 2019.

Mushika, Joe. Cook, Namwianga Christian Secondary School, Kalomo District, 25 April 2019.

Phiri, George. Former Namwianga Mission, Superintendent, George Benson Christian College of Education, Kalomo District, 6 May 2019.

Siachobe, Samuel. Former Education Secretary, Namwianga Christian Secondary School, Kalomo District, 1 May 2019.

Siafwiyo, Thomas. Church Elder, Namwianga Church of Christ, Kalomo District, 19 April 2019.

Simuuba, John. Education Secretary, Namwianga Christian Secondary School, Kalomo District, 15 May 2019.

