

**A CRITICAL EXAMINATION OF THE UNITED BAPTIST
CHURCH'S RESPONSE TO HIV/AIDS IN MUTARE DISTRICT
FROM 2004 – 2014: A CASE STUDY OF HOPE FOR AIDS
ZIMBABWE MINISTRY IN SAKUBVA AND DANGAMVURA.**

BY

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**A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT FOR
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ABSTRACT

The study of this dissertation among others is centralized on A Critical Examination of the United Baptist Church's Response to the HIV/AIDS Pandemic in Mutare District: A Case Study of HOPE for AIDS Zimbabwe Ministry (HAZM) in Dangamvura and Sakubva from 2004 to 2014. The study was carried out using the following methodologies; the case study, descriptive and evaluation approaches. The research was both quantitative and qualitative though to a greater extent it was qualitative. The quantitative approach was very pertinent when analyzing the research findings while using tables and figures. The qualitative approach was important in that the researcher managed to capture the attitudes and feelings of the respondents which were very essential for the study. Questionnaires, interviews, nonparticipant and participant observations were used in accumulating data. For sampling purposes, the researcher used the purposive, stratified and random sampling techniques for selecting the population to study. The respondents to this dissertation are pastors and their congregants. They bring to light what the United Baptist Church is doing through HAZM in Dangamvura and Sakubva in the fight against the HIV/AIDS pandemic. HAZM has established two programmes which are the Children's Ministry and Enabling Churches in response to the pandemic. The Children's Ministry is aimed at helping orphans and vulnerable children and teaching all children HIV/AIDS awareness from a biblical perspective. The Enabling Churches programme is aimed at making the congregants of Dangamvura and Sakubva aware of the pandemic and empower them on what they should do in the face of such a threat to human life and dignity. It is important to note that, this research is divided into five chapters. The first chapter being the general introduction. The second chapter reviews literature that is in line with the study on churches' responses to HIV/AIDS. At best the notable scholars are those who write for the EHAIA series of the World Council of Churches. These are the likes of Ezra Chitando and Sue Parry. Chapter three looks at the methodology the researcher used to accumulate her data while chapter four analyses and interprets the data accumulated. The dissertation ends with chapter five which gives a summary of the whole study, conclusion and recommendations.

APPROVAL PAGE

This dissertation has been submitted for examination with my authority as university supervisor

Signed: _____ Date: _____

Professor James Ndyabahika

DECLARATION

I hereby declare that this is my original work and has not been submitted for a degree at any other university

Signed: _____ Date: _____

Margret Myambo-Chinyadza

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DEDICATION

To you my dear husband Lot. I have done it my love. I have finished. This work is dedicated to you who stood by me, prayed with me, wiped my tears and told me it was possible.

To our lovely children, Tadiwanashe, Anotidaishe, and Tinodaishe. Thank you for being patient with Mummy even when you did not understand.

For what I am and what I shall be at best, I dedicate this Masters of Religious Studies dissertation to them.

LIST OF ABBREVIATIONS

AIDS	Acquired Immuno Deficiency Syndrome
ART	Anti Retroviral Treatment
EHAIA	Ecumenical HIV/AIDS Initiative in Africa
FBO	Faith Based Organisation
FACT	Family AIDS Caring Trust
HAZM	HOPE for AIDS Zimbabwe Ministry
HIV	Human Immunodeficiency Virus
HOPE	Home-based Orphans and vulnerable children Prevention Enabling
OVC	Orphans and Vulnerable Children
SIM	Serving In Mission
UBC	United Baptist Church
UN	United Nations
WCC	World Council of Churches

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CHAPTER ONE

GENERAL INTRODUCTION TO THE STUDY

1.1 Introduction

HIV/AIDS has been a devastating pandemic globally. It has affected everyone and cost millions of lives who could have been economically productive especially in sub-Saharan Africa which has been the hardest hit¹. It has touched the lives of millions of people around the world. For those infected with the disease, and their families, friends and communities, living with HIV/AIDS is often especially difficult because of ignorance, fear and prejudice that they face. The global spread of HIV/AIDS poses grave challenges for individuals and institutions alike, the Church and Christians included. It is only when the challenge of the pandemic is faced that it can be defeated. This chapter will focus on the background to the study, the statement to the problem, objectives and aims of the study. It will also include the significance of the study and the constraints faced by the researcher.

¹ WHO-HIV department, (July 21, 2014), www.who.int/hiv/data/epi-core-dec-2014

1.2 Background to the study

The researcher conducted an examination of The United Baptist Church's (UBC) response to HIV/AIDS in Mutare District area with particular emphasis on Sakubva² and Dangamvura³. The researcher carried out an in depth study relating to the activities of a faith based organization of the UBC called HOPE for AIDS Zimbabwe Ministry (HAZM)⁴. The researcher chose to conduct her research on two of the programmes done by HAZM. These are The Children's Ministry (Orphans and Vulnerable Children OVC and Nhasi Zvemangwana) and Enabling Churches. She looked at the work that HAZM has done in these communities with intent to combat the disease from 2004 up to 2014.

The researcher has observed that the HIV/ AIDS pandemic is a problem that has affected lives in many churches in Zimbabwe, Africa and the global community at large. Don Messer reports that, HIV/AIDS is the worst health crisis in the last 700 years which the world is facing. Statistics he gives show that at the turn of the last millennium, an estimated 40 million people were living with the disease and 22 million were already dead. At worst, 60 % of these were in Sub-Saharan Africa. In light of this, the United Nations called on the leadership of churches, synagogues, mosques, temples and other religious institutions to help others in tackling this global emergency.⁵ The church thus cannot afford to be silent because this pandemic threatens its existence the UBC included.

² See map on City of Mutare master plan, Appendix 1

³ See map on City of Mutare master plan, Appendix 1

⁴ HOPE for AIDS Zimbabwe Ministry working Document, 2013, 1-7

⁵ Messer, D., (2003, 6), Breaking the Conspiracy of Silence. Christian Churches and the Global AIDS crisis, Minneapolis, Fortress Press

It is significant to note that, although it is home to only 10% of the world's population, Sub-Saharan Africa is populated by 60% of people living with HIV/ AIDS worldwide⁶. In the same vein, statistics given by HAZM show that, the first case of HIV infection in Zimbabwe was established in 1985 and 10 years later in 1995 the national prevalence rate was at 26,4%(33% in other areas in the country). This rate had gone down to 16% by 2007 and 13% by 2009⁷. Thus the researcher observed that Zimbabwe is one of the countries in Sub-Saharan Africa that has been hard hit by the HIV/AIDS pandemic. Hence the impact of HIV/AIDS has been devastating.

When the epidemic was first discovered, most churches were reluctant to associate themselves with it. Gideon Byamugisha asserts that, "... the responses of faith-based organizations in general and of churches in particular, towards the global HIV/AIDS pandemic has generally lacked sufficient urgency and commitment. Many Church leaders in Africa and the world at large regard HIV infection simply as the consequence of individual sin. Unfortunately, these judgmental attitudes have had the effects of reinforcing denial... this in turn undermines efforts to mitigate the impact of HIV/AIDS and to prevent its further spread."⁸ On realizing its crippling mistake, the Church has rightly observed that it needs to respond to this challenge in order to compliment an overwhelmed government and help in healing a hurting society. Byamgisha further states that, now a growing number

⁶Fr Robert Igo (ed),(2004, 10), Window into Hope. An invitation to Faith in the context of HIV/AIDS. Geneva, WCC Publications

⁷ HOPE for AIDS Zimbabwe Ministry, Op cit, 1

⁸G. Byamugisha et al,(2002, 2) Journeys of Faith: Church based response to HIV and AIDS in 3 Southern African countries, UK, TALC publishers,

of religious leaders and institutions have realized the urgency of exploring new ways of responding to the huge challenges of HIV/AIDS.⁹

A lot of research has been done by the secular world and the church at large concerning the responses of various communities to the HIV/AIDS pandemic. To be more specific, the World Council of Churches (WCC) reported that, the global epidemic of HIV/AIDS has evoked responses from many national governments, United Nations (UN) bodies, and Non-Governmental Organizations (NGOs) and so they are of the view that there are many reasons for the church to respond to this challenge and join hands with the worldwide effort.¹⁰ The Catholic Church among other churches has conducted researches and continues to do so. For example, in 2005 the Catholic Bishops Conference in India announced that, HIV/AIDS awareness was now to be part of the curriculum in seminaries.¹¹ Many Churches and organizations have successfully brought to light the machinery they are using to combat this deadly virus and their achievements to this effect are paramount. One cannot help but observe that the war against this disease is raging and the world is slowly but surely almost winning.

In Zimbabwe, it is important to note that, the United Baptist Church (UBC) in particular is an Evangelical Church that was founded in 1897 at Rusitu in Chimanimani Manicaland Province. The basis of the church's teaching is taken from 2 Timothy 2 vs 15b, "... rightly

⁹ Ibid,2

¹⁰ A WCC study document, (2006, 1) Facing AIDS. The challenge, the churches' response, Geneva, WCC publications

¹¹ Fr Robert Igo(ed), (2009, 17) A window into hope. An invitation to faith in the context of HIV/AIDS, WCC publications, Geneva

dividing the word of truth.”¹² The Church strives to rightly divide the word of truth which is the good news of Jesus Christ holistically. Spiritually the UBC divides the word of truth through proclaiming the gospel in preaching. Socially and economically, it divides the word of truth through promoting what they preach, by showing the love of Jesus through working in the communities, serving those who are under privileged, and empowering others to uplift themselves and if possible become a blessing to the society. It is the conviction of Chitando that, a Church should minister to every need of the people in its society¹³. Hence, the UBC strives to do this. Faced with the challenge of the HIV/AIDS epidemic in the Church and community, the UBC in 2004 decided to launch a ministry called HOPE for Aids Zimbabwe Ministry (HAZM) to deal with this problem¹⁴.

It is from this backdrop that the HAZM has emphatically taught its followers to unreservedly fight against this deadly virus and make a difference in people’s lives. The HAZM is a faith based organization (FBO) operating under the auspices of UBC and its missionary partners commonly known as Serving In Mission (SIM). This ministry from 2004 courageously enhanced to provide a Christ-centered approach to combating the HIV/AIDS pandemic in Zimbabwe especially in communities where UBC is found. Chitando notes that, “While most NGOs hold workshops, seminars and conferences on HIV/AIDS in flashy hotels, ‘Churches with sharp minds’ must use existing Church facilities to

¹² Constitution of the Association of the United Baptist Churches of Zimbabwe (as amended by the 2004 National Assembly)

¹³ E. Chitando, (2007, 58), Acting in Hope. African churches and HIV/AIDS 2, WCC publications, Geneva

¹⁴ HOPE for AIDS Zimbabwe Ministry, Op cit, 1

disseminate information relating to the HIV/AIDS epidemic.¹⁵” Operating along these lines suggested by Chitando, HAZM reaches out to all people whether they are UBC members or not, Christians or non-Christians.

1.3 Statement of the problem

In spite of the considerable work that has been done on the response of Churches to the HIV/AIDS pandemic in Zimbabwe, nothing yet has been written on the contributions of the UBC to this worthy cause. Gideon Byamugisha has noted that, in many African countries, Churches and other faith based organizations have been very much to the fore in developing and spreading innovative and effective responses to the HIV/AIDS epidemic.¹⁶ He presents case studies of how the Presbyterian church, Anglican church, Full Gospel Church and Roman Catholics are impacting the communities they operate in, to fight against HIV/AIDS. Many populations have been studied but not that of the UBC and the researcher intends to remedy this by filling in that gap. The researcher intends to bring to light how UBC has responded to the HIV/AIDS pandemic in Mutare District, Zimbabwe, by examining the work of HAZM in Sakubva and Dangamvura.

¹⁵ E. Chitando, Op Cit, 58

¹⁶ Gideon Byamugisha, Op Cit, 1

1.4 Purpose

The purpose of this research is to critically examine how the UBC through HAZM has responded to the challenge of HIV/AIDS in Sakubva and Dangamvura areas of Mutare district. It is the aim of the research to examine and bring to light how the Church (UBC) channels the love of Christ to suffering people and strives to be the light and salt of the world on the subject of the HIV/AIDS pandemic. The research also seeks to reveal what methods the Church has used in trying to combat the pandemic and the contribution it has made to the society in this area.

1.5 Objectives of the study

1. To examine how the UBC channels the love of Christ to suffering people and strives to be the light and salt of the world on the subject of HIV/AIDS.
2. To establish what HAZM of the UBC is doing in Sakubva and Dangamvura in order to help combat the problem of HIV/AIDS.
3. To show how the programme of The Children's Ministry is operated in the bid to combat HIV/AIDS.
4. To define what the programme of Enabling Churches is all about and how it is being used to fight against HIV/AIDS.

1.6 Research questions

The researcher tested the following questions in this dissertation:

1. How is HAZM responding to HIV/AIDS in Sakubva and Dangamvura areas of Mutare district?
2. What is the Children's Ministry?
3. What methods is the Children's Ministry using in the fight against HIV/AIDS in Sakubva and Dangamvura?
4. What does HAZM mean by Enabling Churches?
5. How is Enabling Churches used in trying to combat HIV/AIDS in Sakubva and Dangamvura?

1.7 Significance of the study

The research is aimed at bringing out both theoretical and practical value. The following are the targeted audience in this research investigation:

1. **The Church:**-It is aimed at exposing the work of HAZM to the Body of Christ (the Church). From this, the researcher intends to reveal that, the UBC like many other churches has taken up the fight against the epidemic and to encourage other churches and faith based organizations that had not yet done anything to take up the good fight.
2. **Potential sponsors:** - The HAZM is a nonprofit organization which depends on the donations of well wishers in order to function and as such in presenting this dissertation; the researcher might attract potential sponsors for the organization.
3. **Academics:** - It is aimed at filling in a gap in the form of a population that has never been studied in this area (UBC). In the process of doing this, new insights

may arise that will enrich the fountain of knowledge. It is aimed at opening up a subject to critique and create a platform for further research.

4. **Secular world:** - it is aimed at showing the secular world that they are not alone in the HIV/AIDS battle and maybe make them appreciate the importance of Churches and their contributions in this battle against HIV/AIDS. The United Nations called upon Churches to join in the battle and this research is proof that the Churches are doing so.

1.8 Scope

The writer was part of the pioneer group of volunteers that started the HAZM in 2004 (but has since left the organization) in Mutare District. The ministry has since grown and now covers every part of Zimbabwe where UBC is to be found. It is therefore the writer's desire to examine and bring to light what the Church has been doing through this ministry over the past 10 years. The researcher examined two of HAZM's programmes which are Children's Ministry and Enabling Churches. These two programmes are a good representation of the work of HAZM as they cover all age groups and both sexes. They also cover all the activities done by HAZM. It is important to note that, HOPE on Hope for AIDS Zimbabwe Ministries is an acronym that stands for; Home based -Orphans and vulnerable children -Prevention -Enabling churches. The programme on orphans and vulnerable children is under the Children's Ministry and it encompasses lessons on prevention of HIV/AIDS and home based caring for those already ill. The same goes for

the Enabling churches programme. It encompasses prevention as the churches are taught this and also it encourages congregants to be active in home based care.

The researcher concentrated on two of the Churches that HAZM works with in Mutare District which are Sakubva and Dangamvura. This is because that is the area where most members of the Church are to be found and also the majority of the community activities are done in these areas as they are densely populated. Also when HAZM started in 2004, it began its work in Dangamvura and then it spread to other areas such as Sakubva.

1.9 Definition of operational terms

AIDS: According to the WCC documents and in this research, it stands for Acquired (not genetically determined), Immunodeficiency (severe depletion of immune system cells, that is, the cells which defend the body from other even trivial infections), Syndrome (an illness which presents itself in various forms.)

CHILDREN'S MINISTRY: It encompasses working with orphans and vulnerable children on one hand and other children with parents and not vulnerable on the other hand. Under this ministry, there is a special programme for children called *Nhasi Zvemangwana*. It is a special programme for children between five and fourteen years which teaches children issues of life today for a better tomorrow.

CHURCH: The definition of church in this dissertation is influenced by the Methodist traditions and teachings which stresses that the church is the community of all true believers under the Lordship of Christ.¹⁷ According to Kazad Kenj¹⁸ in his dissertation, the church is a community which makes it clear that it is not a building, it is not a certain organizational structure, it is not a denomination, but it is for the people, consciously and purposely joined together for worship. This definition focuses on the church as a means of grace.

CASE STUDY: According to Francis and Maneo Rakotsoane¹⁹, a case study is an in-depth study of a single organization, institution, programme, event decision, policy, or group which serves as the case being studied. In this study the case under examination being HAZM of the UBC.

DISTRICT: It refers to one administrative area of the United Baptist Church. It is not the same as political districts of the country. In this case the district under this research investigation is in the geographical area of Mutare City and encompasses Sakubva and Dangamvura high density suburbs where the work of HAZM is more concentrated.

¹⁷ The Book of Discipline, (2004:21 and 67) Nashville, Tennessee: The United Methodist Publishing House,

¹⁸ Kenj, K., (an unpublished dissertation,2007),The Influence of Pentecostalism on the United Methodist Church in the Southern Congo Annual Conference: A Case Study of Lubumbashi, 1990-2004

¹⁹ Rakotsoane, F. C. L and Rakotsoane,M. A., (2006/2007), The ABC of Research Project, Dissertation and Thesis Proposal writing, Coice Publishing Company, Lesotho.

ENABLING CHURCHES: In this investigation it refers to the act of educating the church on how it can be able to be part of the fight against the pandemic. It involves empowering the church with skills and ideas that can make it independently involved in this fight without necessarily depending on external aid.

FAITH BASED ORGANISATION: It is an institution, association or group formed by people of the same religious affiliation, as well as church based non-governmental organization. Julia Berger in Laurie Occhipinti defines FBOs as formal organisations whose identity and mission are self-consciously derived from the teaching of one or more religious or spiritual traditions and which operate on a non-profit, independent, voluntary basis to promote and realize collectively articulated ideas about public good at the national or international level.²⁰ HAZM is thus an FBO which since 2004 strives to provide a Christ centered approach to combat the HIV/AIDS pandemic.

HIV: It is the Human Immuno-deficiency Syndrome that causes AIDS.

UNITED BAPTIST CHURCH: It is a protestant church with its headquarters in Harare. It is composed of local churches and is known as The Association of United Baptist Churches in Zimbabwe. Among its many objectives are, to proclaim the gospel of our Lord and Saviour Jesus Christ in various ways; to cooperate with other churches, Christian groups and national bodies whose

²⁰ Occhipinti, L., Faith-Based Organisation. An Introduction, www.niu.edu/ngold/docs/ngo-conference-materials/occhipinti-paper-pdf

beliefs and aims are compatible with those of the association; to establish and administer through the national committee the ministries of the association, such as Literature, Medical and Education, Bible school, Christian Film industry, Christian education, Development work and other institutions.²¹

The above mentioned objectives justify the creation of HAZM within the church.

1.10 Constraints

The researcher did not have readily available transport to conduct her research as she moved from one point to another. She had to depend on public transport. For example the researcher took public transport to go to Sakubva and meet the pastor in order to ask permission for the distribution of questionnaires and was delayed thus jeopardizing her meeting with the Dangamvura pastor. When the researcher finally got to Dangamvura the pastor was no longer there so she had to make another appointment.

Another problem arose with the participant observation. The researcher was not able to observe all the activities that were scheduled for the children's camp which she attended from 11-14 December at Biriiri. The challenge here were the rains which made it impossible for all activities to be done and also the electricity outages which crippled the

²¹ Constitution of the Association of the United Baptist Churches of Zimbabwe (as amended by the 2004 National Assembly)

evening programmes. For Enabling Churches the researcher conducted only interviews as their programme is done only once a year and it was not during the period of the research.

For the questionnaires, the researcher distributed sixty and received fifty one back. Of the fifty one that were returned, the researcher discovered that the majority had been filled in by Volunteers for HAZM (those who volunteer to work with HAZM in combating the pandemic). The number of Volunteers who filled in was twenty four plus four pastors who also attend the training workshops that the volunteers go through. This left only twenty three people who are not volunteers who filled in the questionnaires. The fact that the majority of those who filled in the questionnaire are directly linked to HAZM could have an impact on the research findings because their responses could be biased. The researcher however conducted observations of her own in Marondera and Biriiri and so this would help her in identifying any bias if there was.

1.11 Conclusion

The researcher in this chapter has demonstrated critically and in clear terms the structure of the research study. She has clearly shown in the background to the study what prompted the research to be done. It has been clearly outlined in the statement to the problem that other populations have been studied in line with their response to the HIV/AIDS pandemic, but that of the UBC has not yet been studied. The purpose of the study is to bring to light the response of the UBC to the HIV/AIDS pandemic. This will be done through fulfilling the objectives given and testing the research questions available. The

significance of the study has been outlined, the scope clearly marked and definitions of operational terms given including the constraints of the research. The next chapter will look at literature relevant to the study particularly churches and their response to the HIV/AIDS pandemic.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The researcher reviewed some of the prominent existing literature on the subject in question with the aim to show its relevance to this study. The researcher reviewed literature on the Church's response to HIV/ AIDS and on various organizations that the Church is using to fight this epidemic. Tichapondwa states that, a literature review plays a crucial role in the research process and is an account of what has been published on a topic by accredited scholars and researchers.²² It is thus expected to involve accessing a selection of relevant previous work, resources and materials with a strong relation to the research topic in question accompanied by a declaration and a critical evaluation and comparative analysis of each work²³.

In light of the above, a number of leading authorities have been identified in this study and their works shall be reviewed in line with the subject under investigation. Firstly the researcher identified current literature that defines HIV/AIDS and gives statistics on the pandemic from some leading websites. She then identified authorities that have written on

²²Tichapondwa, S. M.,(ed), (2013)Preparing Your Dissertation at a Distance: A Research Guide, Vancouver, Virtual University press

²³ Ibid

the subject with a bias on Southern Africa where Zimbabwe and the United Baptist Church are found. These include, Ezra Chitando²⁴, Musa Dube²⁵, Gideon Biyamugisha²⁶ and Sue Perry²⁷ among others. The literature to be reviewed addresses the theoretical ways Churches can use and are using to deal with the HIV/AIDS pandemic such as educating its members and including HIV/AIDS education in the curriculum of theological institution. The literature also looks at practical ways that the Churches are using and have used to address the pandemic.

2.2 Definition of HIV/AIDS

It would be doing an injustice to this dissertation if HIV and AIDS are not defined precisely, vividly and clearly as they will be discussed at length in the whole dissertation. The definitions will bring out how serious the pandemic is and so justify why it is important for churches to act. The researcher thus got literature that defines the terms from the website AIDS.GOV.

AIDS. GOV Mission and Team <https://www.aids.gov/hiv-aids-basics>

Aids.gov mission and team is an organization concerned with spreading relevant news on HIV/AIDS. One of its objectives is to increase knowledge about HIV/AIDS and access to

²⁴ Chitando, E., (2007, 1-89), Living With Hope. African Churches and HIV/AIDS 1, Geneva, WCC publications

²⁵ Dube M., (ed), (2003, 1-178), HIV/AIDS and the Curriculum. Methods of Integrating HIV/AIDS in Theological Programmes, Geneva, WCC publications

²⁶ Byamgisha, G. et al, (2002, 1-109), Journeys of Faith: Church Based Responses to HIV/AIDS in Three Southern African Countries, UK, TALC publishers

²⁷ Parry, S., (2008 1-103), Beacons of Hope. HIV Competent Churches. A Framework for Action. Geneva, WCC publications

HIV/AIDS services for people most at risk, or living with HIV²⁸. The researcher chose to use the definitions given by this website as they are relevant to the dissertation.

According to the above website, HIV stands for Human Immunodeficiency Virus. To understand what that means, it has to be broken down.

H-human- This particular virus can only infect human beings

I-immunodeficiency- HIV weakens the immune system by destroying important cells that fight disease and infection. A deficient and immune system cannot protect a person.

V-virus- A virus can only reproduce itself by taking over a cell in the body of its host.²⁹

The website reports that HIV is a lot like other viruses, including those that cause the flu or the common cold. The important difference however is that over time a person's immune system can clear most viruses out of their body but not so with HIV. The human immune system cannot seem to get rid of this virus³⁰. This means that once a person gets HIV, they get it for life. This clearly shows how serious it is.

HIV is known to hide for long periods of time in the cells of the body and it attacks a key part of the immune system called the T-cells or CD4 cells³¹. The body has to have these cells to fight infections and diseases, but HIV invades them, uses them to make copies of itself and then destroys them. Overtime, HIV can destroy so many of the CD4 cells that

²⁸ AIDS.GOV Mission and Team, (2015,1) <https://www.aids.gov/hiv-aids-basics>

²⁹ Ibid,1

³⁰ Ibid, 1

³¹ Ibid, 2

the body cannot fight infections and diseases anymore. When that happens HIV infection can lead to AIDS, the final stage of HIV infection³².

The website goes on to clearly and precisely define AIDS. It stands for Acquired Immunodeficiency Syndrome as defined in chapter one. To understand what that means, it also has to be broken down.

A-acquired- AIDS is not something a person inherits. It is acquired after birth.

I- immune- The body's immune system includes all the organs and cells that work to fight off infection or disease.

D-deficiency- One gets AIDS when their immune system is deficient or isn't working the way it should.

S- syndrome- A syndrome is a collection of symptoms and signs of diseases. AIDS is a syndrome, rather than a single disease because it is a complex illness with a wide range of complications and symptoms³³.

AIDS is the final stage of HIV infection, and not everyone who has HIV advances to this stage. The website teaches that people at this stage of HIV disease have badly damaged immune systems which put them at risk for opportunistic infections. One is considered to have progressed to AIDS if one has one or more specific opportunistic infections, certain

³² Ibid, 2

³³ Ibid,2

cancers, or a very low number of CD4 cells³⁴. If a person has AIDS, they will need medical intervention and treatment to prevent death.

The above information clearly shows how life threatening the pandemic is. It is information that should be disseminated to the churches. With such understanding of the disease and its impact on people's lives, it is clear that everyone who is concerned should act. The churches cannot ignore this as it affects whole communities, their congregants included.

The information from AIDS.GOV is relevant to this study because the researcher has discovered that the UBC teaches its members on all aspects of the pandemic i.e. how it affects people and its effects on the body of a person. Through the Enabling Churches programme, HAZM employs qualified personnel to visit the churches to teach congregants on HIV/AIDS matters.

2.3 HIV/AIDS Statistics

It is important in this dissertation to present the latest HIV/AIDS statistics so as to show how serious the pandemic is and if there is any progress being made to combat the disease. The researcher got information on the global HIV/AIDS statistics and then on Zimbabwe in particular as she is going to explain below.

³⁴ Ibid,2

2.3.1 Worldwide HIV/AIDS statistics

AVERT: Averting HIV and AIDS: www.avert.org/worldwide-hiv-aids-statistics.htm

Avert is an international HIV/AIDS charity based in the United Kingdom, working to avert HIV/AIDS worldwide through education, treatment and care³⁵.

According to the above website, an HIV/AIDS epidemic is defined by the HIV prevalence in the general population. HIV prevalence is the percentage of the population living with HIV. The website reports that, there is either a generalised or concentrated epidemic. In a generalised epidemic, HIV prevalence is 1% or more in the general population. In concentrated or low level epidemics, HIV prevalence is below 1% in the general population but exceeds 5% in specific at-risk populations like injecting drug users or sex workers, or HIV prevalence is not recorded at a significant level in any group.³⁶

In order to understand the HIV and AIDS epidemic, it is necessary to look at certain figures. Researchers and epidemiologists usually compile the number of people living with HIV (the HIV prevalence), the number of new infections (the HIV incidence), and the number of people who have died of AIDS among other categories.³⁷

Global HIV/AIDS estimates, 2011³⁸

Avert got these latest statistics of the global HIV and AIDS pandemic from UNAIDS, WHO and UNICEF which were published in December 2012, and refer to the end of 2011.

³⁵ Avert: Averting HIV and AIDS www.avert.org/worldwide-hiv-aids-statistics.htm

³⁶ Ibid, 1

³⁷ Ibid, 1

³⁸ Ibid,2

Table one: Global HIV/AIDS estimates as of 2011

	Estimate	Range
People living with HIV/AIDS in 2011	34 million	31.4-35.9 million
Proportion of adults living with HIV/AIDS in 2011 who were women (%)	50	48-53
Children living with HIV/AIDS in 2011	3.3 million	3.1-3.8 million
People newly infected with HIV in 2011	2.5 million	2.2-2.8 million
Children newly infected with HIV in 2011	330,000	280,000-390,000

AIDS deaths in 2011	1.7million	1.5-1.9 million
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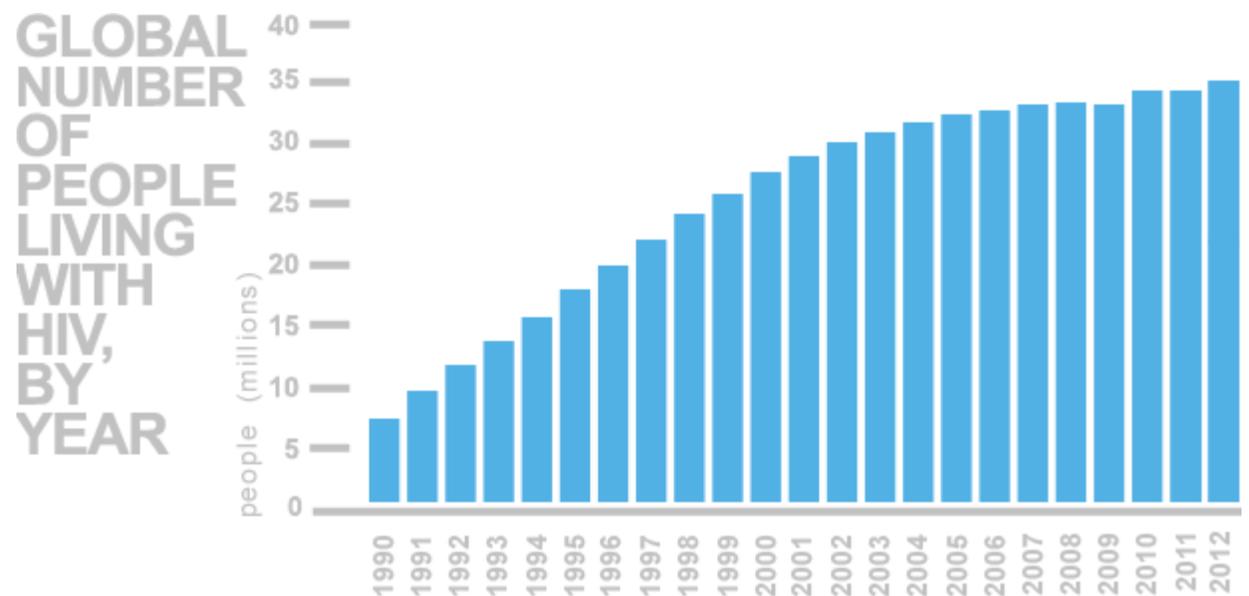


Figure 1: Global number of people living with HIV/AIDS³⁹

Avert explains the statistics on table one and figure one as follows: The number of people living with HIV rose from around 8 million in 1990 to 34 million by the end of 2011. The

³⁹ Ibid, 3

overall growth of the epidemic has stabilised in recent years. The annual number of new HIV infections has steadily declined and due to the significant increase in people receiving antiretroviral therapy, the number of AIDS-related deaths has also declined.⁴⁰

Since the beginning of the epidemic, nearly 30 million people have died from AIDS-related causes. The significant decline shows that globally, governments, organizations and churches are taking up the fight. The global statistics however show that there is still more that needs to be done. Next are the regional statistics which show that sub-Saharan Africa where Zimbabwe is to be found is the most affected region.

2.3.2 Global statistics for HIV/AIDS, end of 2011⁴¹

Table two: Global statistics for HIV/AIDS, end of 2011

Region	Adults children living HIV/AIDS	& Adults with newly infected	& Adult prevalence*	AIDS-related deaths in adults & children

⁴⁰ Ibid, 3* Proportion of adults aged 15-49 who are living with HIV/AIDS

⁴¹ Ibid, 4

Sub-Saharan Africa	23.5 million	1.8 million	4.9%	1.2 million
North Africa & Middle East	300,000	37,000	0.2%	23,000
South and South-East Asia	4 million	280,000	0.3%	250,000
East Asia	830,000	89,000	0.1%	59,000
Oceania	53,000	2,900	0.3%	1,300
Latin America	1.4 million	83,000	0.4%	54,000
Caribbean	230,000	13,000	1.0%	10,000

Eastern Europe & Central Asia	1.4 million	140,000	0.2%	92,000
North America	1.4 million	51,000	0.6%	21,000
Western & Central Europe	900,000	30,000	0.2%	7,000
Global Total	34 million	2.5 million	0.8%	1.7 million

The website reports that with around 69 percent of all people living with HIV residing in sub-Saharan Africa, the region carries the greatest burden of the pandemic. The statistics show that sub-Saharan Africa is the worst affected and this is of importance to this research as Zimbabwe is to be found in sub-Saharan Africa. Such statistics are evidence that churches cannot remain silent in the face of such a disease which is a threat to human life and dignity. In light of this, UBC has joined the fight in trying to end the pandemic.

2.3.3 National Statistics on HIV/AIDS

The researcher also gathered information on statistics from the website of the National AIDS Council of Zimbabwe (NAC). These statistics help show exactly how serious the pandemic is in Zimbabwe and why the churches should stand up and fight it.

National AIDS Council of Zimbabwe www.nac.org.zw/category/tags/hiv-aids-statistics

Situational Analysis. HIV and AIDS in Zimbabwe as of December 2014

- Estimated number of people living with HIV – 1,390,211

- Prevalence of HIV – 15%

- Estimated HIV incidence in 15 – 49 years – 0.98

- Estimated number of new infections – 69,105

- Estimated annual HIV deaths – 63,853

- Number of people in need of ART – 905,368

- Adults on ART: 618,980 (76.9%)

- Children on ART: 46,319 (40.5%)

- Estimated AIDS Orphans – 889,33

Source of Information

1. *National HIV Estimates Report 2014*⁴²

2. *Zimbabwe Demographic Health Survey Report 2013/14*⁴³

These Zimbabwean statistics show how serious the pandemic is in our country and also the progress that is being made. With such statistics, the researcher will then show what it is that the UBC is doing to help fight against the pandemic in our country and Mutare in particular. Such information should be available to all churches as it gives knowledge which is important on the pandemic. Zimbabwean churches and UBC in particular cannot leave the government to fight this pandemic alone. Everyone has to be involved including civic organizations.

2.4 Incorporating HIV/AIDS Curriculum into Theological Institutions

It is of paramount importance in this dissertation to look at how theological institutions have tackled the challenge of HIV/AIDS. The research is studying the responses of the UBC to the pandemic and this will definitely include the pastors of the church. It is thus relevant to see what the institutions where these pastors have been trained have done, or what it is they have been encouraged to do. The researcher thus looked at literature that addressed this point.

⁴² [Zimbabwe National HIV and AIDS Strategic Plan \(ZNASP\) 2011-2015, \(1-69\)](http://www.nac.org.zw/category/tags/hiv-aids-statistics)
www.nac.org.zw/category/tags/hiv-aids-statistics

⁴³ [Preliminary Report. Zimbabwe National Statistics Agency, Harare, Zimbabwe,](http://countryoffice.unfpa.org/zimbabwe/drive)
<http://countryoffice.unfpa.org/zimbabwe/drive>

The articles edited by Musa Dube in the book *HIV/AIDS and the Curriculum. Methods of Integrating HIV/AIDS in Theological Programmes*⁴⁴ were published in 2003 when theologians were grappling with practical ways in which to deal with the pandemic. It was a period of the peak of the pandemic as her statistics suggest; “In twenty-two years, the HIV/AIDS pandemic has infected 40 million people who are now living with the virus, and orphaned 14 million children. It infects 5 million people a year and has already claimed millions of lives.”⁴⁵

Dube’s argument is that in the face of such glaring threats posed by the pandemic, the Church cannot afford to be silent. It has to act and rethink its theology and she gives suggestions on how this can be done. In these articles, she suggests ways in which theological institutions can integrate HIV/AIDS programmes into their curriculum. Subjects that are discussed which can be adopted into the curriculum include, counseling and HIV/AIDS; culture, gender and HIV/AIDS and Theology in HIV/AIDS.

According to Ezra Chitando, the book has been widely used in theological institutions and university departments of theology and religious studies and faculties of theology. It

⁴⁴ Dube, M. W., (ed), (2003), HIV/AIDS and the Curriculum. Methods of Integrating HIV/AIDS in Theological Programmes. Geneva, WCC Publications

⁴⁵ Dube, M. W., (ed), (2003, vi), HIV/AIDS and the Curriculum. Methods of Integrating HIV/AIDS in Theological Programmes. Geneva, WCC Publications

represents a breakthrough in the quest to ensure that graduates of African theological institutions become effective agents of change in the time of HIV.⁴⁶

Dube published her book at a time when UBC started acting upon the HIV/AIDS pandemic and some of the programmes she highlights have been adopted by HAZM. In her introduction to the sequel, she concludes by writing; “This book, therefore, is aimed at those who have begun grappling with the issue of integrating HIV/AIDS in their theological programmes. It is also for those who are thinking about it, but who are finding it difficult. Lastly, it is also for those in the Churches who need to deal with HIV/AIDS in their preaching, Sunday-school sessions and liturgy.”⁴⁷

To support Musa’s writings is a book edited by Ezra Chitando called *Mainstreaming HIV/AIDS in Theological Education: Experiences and Explorations*. It is part of the EHAIA series. This abbreviation stands for Ecumenical HIV and AIDS Initiative in Africa. EHAIA is a project of the WCC which has played a leading role in the transformation of theological thinking on HIV. With Musa Dube as its first consultant, EHAIA has been facilitating the mainstreaming of HIV in theological programmes.⁴⁸

In this book Chitando states that, EHAIA’s emphasis on the need to ensure that the HIV pandemic features prominently in the curricula of theological institutions in Africa has been complimented by the growing realization of the role of FBOs in the struggle against the

⁴⁶ Chitando, E., (ed), (2008,6), Mainstreaming HIV/AIDS in Theological Education: Experiences and Explorations. Geneva, WCC publications.

⁴⁷ Dube, M.W., Op cit xi

⁴⁸ Chitando, E., Op cit, 6

pandemic⁴⁹. It is thus clear that pastors from these theological institutions have to work with FBOs who are linked to the churches. Chitando argues that, equipping graduates of theological institutions to become more conversant with HIV/AIDS issues facilitates their effective leadership and participation in efforts to address the pandemic. He goes on to say a number of researchers have drawn attention to the active involvement of FBOs in response to HIV and AIDS. It is therefore critical for theological institutions in Africa to empower their students to address HIV/AIDS so that they can contribute to the efforts of FBOs to mitigate the impact of the pandemic.⁵⁰

This book argues that mainstreaming HIV in the theological programmes entails that the pandemic is at the core of the institution's vision, academic programmes and activities. EHAIA promotes the adoption and implementation of policies that respect the rights, promote the dignity, and ensure care and support for people living with or affected by HIV.⁵¹ These policies spell out the centrality of HIV/AIDS to an institution's policy and planning, personnel issues, training as well as impact on the larger community. Thus mainstreaming HIV in theological programmes implies that an institution recognizes the severity of the pandemic and addresses it in teaching and research.

Chitando's book is a clear follow up of Dube's appeal to theological institutions in that he gives case studies of institutions that have adopted an HIV/AIDS curriculum and continues to advocate for more integration in the curriculums of others.

⁴⁹ Ibid,6

⁵⁰ Ibid, 7

⁵¹ Ibid, 9

Chitando's argument in this collection is that theological institutions in Africa should now incorporate HIV/AIDS in their curriculum in order to be more effective. Theological institutions can no longer afford to ignore the issue since it is now part and parcel of the community where the pastors work. He argues that, as theological education in Africa takes place 'in the heat of battle,' it must equip lecturers and students to become valuable resources in the response to HIV/AIDS. Examples are given of case studies such as; *Mainstreaming HIV/AIDS in Theological Education: A Case of Evangelical Institutions in Malawi* by Joseph Muyangata and; *Searching for Contextual Relevance: The Department of Religious Studies and Theology, University of Botswana's Response to HIV/AIDS* by Rosinah Gabaitse.

Some of the content in this book is not in the line of research but since the researcher will also be dealing with pastors who shepherd the Churches, it will be imperative for her to know how qualified they are to deal with the problem of HIV/AIDS. The researcher has also noted that in the articles published there are no case studies of Zimbabwean theological institutions and so this may create a subject for in depth investigation.

2.5 Challenging Churches to Speak out and Act on the HIV/AIDS pandemic

The literature in this section challenges churches not to be silent in the face of such a devastating disease which threatens even the existence of the church and its theology.

Don Messer is an authority on the issue of HIV/AIDS globally. In his book *Breaking the Conspiracy of Silence. Christian Churches and the Global AIDS Crisis*, he looks at the

pandemic from a global perspective and suggests ways in which the Church can be involved in combating it. These writings were published in 2003 and most of the statistics given and attitudes cited range between the years 1998 and 2003. This was a dark time globally when the HIV/AIDS pandemic was threatening to wipe out an entire generation of God's people and the Church was mostly silent and condemning.

Don Messer starts by showing the magnitude of the problem through giving statistics of the prevalence of the disease as mentioned in the background. He states that the UN has called it a global emergency with no end in sight unless people take up the fight. He points out some grave concerns such as the fact that, HIV/AIDS affects everyone, infected or not, rich or poor. It threatens development, social cohesion, political stability, food security, life expectancy and imposes a devastating economic burden especially in Africa and other parts of the third world.⁵² If nothing was done about the crisis, the UN General assembly forecasted a rapid escalation of the disease with a prediction of 40 million orphans by the year 2010. His major concern is in people's attitudes which he claims increase the impact of the disease. Marginalization, stigmatization, discrimination, denial as well as lack of confidentiality undermined prevention, care and treatment efforts.

In light of the above, Messer argues that the way forward is for people to move from denial to constructive engagement. He advocates for the Christian community to adopt a new HIV/AIDS theology of inclusiveness and not exclusiveness. During the first 25 years since the advent of HIV/AIDS, Christian theology has been dominated by an exclusive,

⁵² Messer, D. Op cit, 3

judgemental perspective, contradicting to the very character or essence of the Church of Jesus Christ. He cries out that the very essence of the Church is at stake when people are excluded from God's mission and ministry. Messer goes on to argue that, the apostolic nature of the Church depends on the liberating inclusive paradigm of Jesus' ministry that reached out to all people especially those most marginalized and stigmatized by their cultures and religions.

The limitations in this article are that it looks at the problem on a wider spectrum that being globally. The views cited and the arguments are more Eurocentric and that limits its usefulness in an African context. However the fact that that he mentions the Christian community which embraces all races makes the article worth analyzing as it highlights some issue that cross cultural lines.

Advocacy by the World Council of Churches

Facing AIDS, The Challenge, The Churches Response is a WCC document that challenges churches to take up the fight against the HIV/AIDS pandemic. This is a very valuable book to this research in that the contributors to the study are people from all walks of lives. It has theologians contributing their experiences towards the epidemic, ethicists, virologists, physicians, specialists in human rights, pastoral counselors and local pastors, as well as persons living with HIV/AIDS and working with HIV/AIDS related movements.

The document looks at the following questions and answers them; How can we address the theological and ethical issues raised by AIDS? How can churches respond to their members

who are directly affected by AIDS? How can the churches help to prevent its spread? How are issues of human rights directly related to the spread of AIDS?

The document argues that, Jesus Christ demonstrated God's love to all human beings, coming to be present in the midst of human struggle. If the churches are to fulfill their mission, they must recognize that HIV/AIDS brings the lives of many people into crisis which churches must face.⁵³ This study document challenges the churches to be more honest, more faithful and better informed and to become communities which are safe places for people living with HIV/AIDS.

The report approaches the challenge of HIV/AIDS from different perspectives : science, the socio-economic context, theology, ethics, human rights, the churches as healing communities, pastoral care and education. It seeks to enable churches, their members and leaders to act courageously and to make well informed decisions in the information currently available. It encourages that, initiatives adapted to local situations must be taken in response to the real needs of individuals and communities affected by HIV/AIDS. It argues that, it is the churches themselves which are affected by HIV/AIDS, and their credibility depends on the way in which they respond. They are confronted with people, members of the body of Christ, who not only seek support and solidarity, but ask: Do you want to be my brother and sister?⁵⁴

⁵³ WCC Study Document, (2004, 5th edition, 2), Facing AIDS. The Challenges. The Churches Response, Geneva, WCC Publications.

⁵⁴ Ibid, 5

Accordingly, through their witness to the gospel of reconciliation, the value of each person and the importance of responsible life in community, the churches have distinctive and crucial roles to play in facing the challenges raised by HIV/AIDS. The study document gives a list of the following that the church should do in response to the pandemic;

1. To provide a climate of love, acceptance and support for those who are vulnerable to, or affected by HIV/AIDS. This could be expressed by providing space for these concerns to be raised within regular worship, by special worship events (e.g. in observance of the World AIDS Day), through support groups and by visits to those affected by HIV/AIDS.
2. Churches to reflect together on theological basis for their response to the challenges posed by HIV/AIDS.
3. Churches to reflect together on the ethical issues raised by the pandemic, interpret them in their local context and offer guidance to those confronted by difficult choices.
4. Churches to participate in the discussion in society at large of ethical issues posed by HIV/AIDS, and to support their own members who, as health care professionals, face difficult ethical choices in the areas of prevention and care.⁵⁵

Lastly it encourages the witness of the churches in relation to immediate effects and causes of HIV/AIDS and the witness of the churches in relation to long-term causes and factors encouraging the spread of HIV/AIDS.

⁵⁵ Ibid,94

This study guide is relevant to this research in that it discusses steps that the church should take in tackling the issue of HIV/AIDS.

To support the WCC document on advocacy, Professor Ezra Chitando who is a theology consultant for the Ecumenical HIV and AIDS Initiative in Africa (EHAIA) and is an authority on the subject of HIV/AIDS has written a number of books on the subject.

His argument in the book *Living With Hope, African Churches and HIV/AIDS1* is that, the Church in Africa must accompany people and communities living with HIV/AIDS on their journeys of faith. It should be involved in all aspects of their lives and not look from afar thus correcting an anomaly of its negative reaction towards the disease. He states that, “The Church with friendly feet ministers to every need. It repents of its negative attitudes, as well as the stigma and discrimination surrounding the disease... it awakens to the realization that it is must become an all embracing community.”⁵⁶

This research aims at bringing out how the UBC through HAZM is living with a community affected by this disease and so Chitando’s writings are quite relevant. One of the programmes the research will be addressing in this dissertation is the one on Enabling churches whereby HAZM strives to teach the Church to be involved in the lives of people affected or infected with HIV/AIDS and desist from stigmatization. Chitando states that, “overcoming theological rigidity will enable the Church to unlock its vast potential and equip it to stem the tide of HIV/AIDS in Africa.”⁵⁷ Chitando also applauds the large pool of volunteers in Africa who are willing to give their time and effort without expecting any

⁵⁶ E. Chitando, (2007,22) Living with hope. African churches and HIV/AIDS1, WCC publications, Geneva

⁵⁷ Ibid, 26

forms of payment.⁵⁸In the same manner, HAZM depends largely on volunteers for the success of its programmes both children's and the Enabling Churches one.

It is the conviction of Chitando that, the church is an abiding institution with a long record of compassion. In the Bible, it possesses a valuable resource that has nourished communities of faith across generations. It is regarded as a credible institution with a unique capacity to mobilize volunteers. Its workers are consistently well motivated, while its members have diverse professional backgrounds.⁵⁹ All these things mean that the church can provide effective and sustainable responses to one of the worst disasters the world has ever seen. Chitando laments that, weaknesses remain, including stigma and discrimination, theological rigidity, gender insensitivity, negative attitudes toward sexuality, external dependency and limited experience in fundraising, monitoring and evaluation⁶⁰. Thus the church in Africa needs to tackle these limitations to ensure that it provides an effective response to HIV

The limitation of this valuable literature is that it generalizes on what the Church as a whole should do and is not specific with case studies and relevant examples. However this limitation does not reduce the value of the work since it can be used as guiding manual by many Churches.

⁵⁸ Ibid, 11

⁵⁹ Ibid, 86

⁶⁰ Ibid, 86

Chitando follows up his writings with another valuable piece of literature to the study. In the book *Acting in Hope. African Churches and HIV/AIDS 2*, Chitando courageously demands that, the contemporary generation has the mandate to actively critique what the previous generation bequeathed to it by deciding whether or not to uphold, transform or reject previously held beliefs and practices. “The era of HIV/AIDS demands that the contemporary generation takes a critical look at some African cultural beliefs and practices... African Christians need to engage in an open reevaluation of African cultures in the context of HIV/AIDS.”⁶¹. This argument is in line with how the researcher’s Church has responded to the pandemic. Has it upheld traditional views on the issue or it has adopted a culture of caring, borrowing from the past what is beneficial and discarding what is not? This is a question that will be addressed in this research.

Chitando looks at ways the Church can actively contribute to the ongoing battle of HIV/AIDS. He looks at how the Church can act in solidarity with women, support children and families, include disability, nurture faithful men and sharpen the mind of the people. He addresses ways HIV positive parents can be kept alive to reduce the number of orphaned children. He also looks at how resources can and should be mobilized both internal and external, and use of core and support activities such as home visits, food distribution, HIV/AIDS education, school fees support, defending the legal rights of children and adoption. This is relevant to this research investigation because HAZM carries out training workshops and one would want to find out what they train their officers and volunteers who in turn teach the Church to enable it to be accommodative to the vulnerable

⁶¹ E. Chitando, Op Cit, 5

members of the community. Chitando is especially passionate about the plight of children when he argues that, Churches must speak out against systems that choke children⁶² and this addresses the programme of Children's ministry which looks at orphaned and vulnerable children among other things. He has observed that, HIV/AIDS competent Churches in Africa seek to transform the lives of orphans and vulnerable children by welcoming them.⁶³ This is what HAZM strives to do in the communities where it is active.

Pastoral Care in light of the HIV/AIDS pandemic

Father Robert Igo is a clinical counselor and systemic therapist who has written a number of books on HIV/AIDS for the WCC. He is prior of the Benedictine Monastery of Christ the Word in Zimbabwe. He serves on the health desk of the conference of religious superiors in Zimbabwe. He also challenges churches to take up HIV/AIDS initiatives.

In his manual *Listening With Love: Pastoral Counselling. A Christian Response to People Living with HIV/AIDS* Igo presents a Christian understanding of care and counseling in the context of HIV/AIDS. It will help the researcher to evaluate what the volunteers for HAZM have been trained to do. At the same time chapters in this book clearly outline step by step principles towards understanding this disease and how to act as Christians. Igo starts his chapters by defining the terms HIV /AIDS and then looks at the Church's response and calls people to care for the HIV/AIDS victims in different ways. This manual will be a great guideline for the researcher in the preparation of questionnaires. It will also give the researcher the relevant ideas of what to look out for in participant observation.

⁶² Ibid, 88

⁶³ Ibid, 25

It is a manual designed for all those Christians who are called to help people cope with HIV/AIDS. Step by step, it introduces the basic medical facts, and guides through practical, loving approaches that enable people to empathize and communicate with those whose lives have been transformed by the disease. Using everyday language and case studies that reveal the kinds of issues and problems that counselors typically face, this bible based manual helps one discover within themselves and those to whom they talk the confidence, respect and hope that can help people living with HIV/AIDS overcome their fears.

Igo states that, “At the heart of the Christian faith is a ministry of listening, which allows people to come out of hiding and to tell their own story in their own way, so as to find meaning, hope and direction.”⁶⁴ It is this ministry of compassionate listening and care that is one of the greatest contributions that we as Christians can offer in the face of the HIV/AIDS pandemic. The manual presents a Christian with the understanding of care and counseling in the context of HIV/AIDS. It helps the reader to help others help themselves.

Father Igo has suggested ways in which the manual can be helpful to Christians. These ways are as follows:

1. It will inform people about the physical and spiritual concerns surrounding HIV/AIDS. Having the right information helps dispel confusion and ignorance.
2. Christian groups who wish to take seriously the call to fight stigma and discrimination can use the manual as a starting point for discussion. They can

⁶⁴ Igo, R, (2005,3), Listening With Love: Pastoral Counselling. A Christian Response to People Living With HIV/AIDS, Geneva, WCC Publications.

devise their own appropriate and focused compassionate response, based on the actual needs and resources of their locality

3. Individuals may use this manual to equip themselves with the skills that will best contribute to providing a safe place for others to share.⁶⁵

In his book, Igo deals with questions such as; How have Christians responded to the HIV/AIDS pandemic? He answers this by arguing that from the very beginning of the HIV/AIDS pandemic, Christians-along with many others- have tried to bring relief and help to those affected including orphans, widows, the dying and the dead. Christian communities have brought medical assistance to millions of people, many of whom would not otherwise have received it. Through schools and youth organizations they spread the message of prevention. Christian ministers and lay people give spiritual support to those who are dying and have conducted many funerals. Finally the question is not “Have Christians done anything?” rather it is “What more can be done?”

Igo follows up his argument in the book *Window Into Hope. An Invitation to Faith in the Context of HIV/AIDS*. He acknowledges the potential horror of the epidemic but salvages some positives from this horror. “HIV is a disease, but unlike any other disease it invades and destroys much more than the biological fabric of life. It eats away at dignity and self respect... It invites us to question where our hope truly lies.”⁶⁶He looks at the different ways people have used to fight the pandemic such as prevention, looking for cures, VCTs,

⁶⁵ Ibid, 7

⁶⁶Igo, R, (2009,15), Window into Hope. An Invitation to Faith in the Context of HIV/AIDS, Geneva, WCC publications

ARVs, condoms and many other methods. He then challenges the Church to look further and assess its attitudes and see how it can be influential in the fight. Like the other authors, Igo also encourages Churches to take advantage of the willing volunteers that are available. He believes that, the willingness of many volunteers to be peer educators, counselors and home-based care givers makes of the Christian lay faithful an asset not to be minimized.⁶⁷

He explores the effects of HIV/AIDS in Africa from the vantage point of a ministry within the experience. However in the search for universal solutions, his stance is a little different. As well as looking at ways we can help one another in the face of this devastating epidemic, he also examines the opportunities it provides the faithful. He addresses personal responses to the disease, both religious and sexual; the medical effects of class divisions and the way care is given and the consequences on a community, emanating from the individual sufferers and impacting up, “Looking that on every life that person touches. Igo argues that, “Looking therefore at HIV as a problem that exists outside ourselves misses an essential point. The very presence of this disease is a valuable opportunity to rediscover our roots as Christians and to refocus on the primary commission given by Jesus to ‘go out to the whole world; proclaim the gospel to all creation.’”⁶⁸

HIV is devastating and that can never be denied, but it is also a window of hope as it challenges us to question our very understanding of what it means to be human and motivates us to search for ways to fulfill our deepest desires and dreams. His argument is that, the challenge of HIV/AIDS can be reversed by Christians for positive ministry. It is an

⁶⁷ Ibid, 240

⁶⁸ Ibid, 10

opportunity to show the love of Christ and to minister to people. In reflecting on HIV/AIDS from a theological point of view he has attempted to acknowledge that, while the pandemic is of course medical in its outward manifestation, it points to a much deeper confusion within the human psyche concerning the deepest significance of our existence as human beings. The challenge is to recognize that HIV/AIDS goes to the very core of what we understand as the meaning and purpose of life.

In light of all of the above, Christian communities, UBC included should therefore utilize the invaluable resources of volunteers who come forward to help in the response against HIV/AIDS. This literature is relevant in that it looks at some aspects under discussion especially the theoretical aspect of the research. It is more of a passionate appeal that challenges the faithful Christian's faith, the heart and their feelings. It complements the other literature and the research in that when one thinks deeply of the issues raised, he is compelled to act.

2.6 Case studies of Churches and Organizations combating the pandemic

In this section the researcher presents literature by authors who write about what it means to be an HIV/AIDS competent church. Gideon Byamgisha and Lucy Steinz give examples of churches and organizations that are fighting the pandemic in this section. Sue Parry in

her book however challenges the churches that are fighting that despite everything being done, the statistics are still alarming⁶⁹. She calls for churches to change their strategies.

The book *Journeys of Faith: Church Based Responses to HIV/ AIDS in Three Southern African Countries* was written by authorities on issues of religion and counseling who have published other works on the subject in an African context. Byamgisha for example is an exceptional authority in the area being HIV positive himself and a great activist. He sits on a number of international boards that address the pandemic.

Journeys of faith, describes how several Churches and Christian organizations in three Southern African countries have responded to the challenges of HIV/AIDS with imagination, courage and commitment. The book records case-studies of faith based organizations and Churches that are using strategies such as home-based care, counseling, peer education and community based support for families affected by HIV/AIDS.⁷⁰ At the same time, HAZM uses some of these strategies as well. The book also defines a faith based organizations as institutions formed by people of the same religious affiliation and this encompasses HAZM. It publishes case studies of work being done by organizations in the Presbyterian, Catholic, Anglican, Full Gospel Churches among others.

Of special mention is Tumelong Orphan Haven a project of the Anglican Church in Pretoria. It has an orphanage, health centre, a hospice, home based care project, a rape crisis centre just to mention a few. It depends largely on volunteers and has only six women

⁶⁹ Parry, S., (2008, 9), Beacons of Hope. HIV Competent Churches: A Framework for Action, Geneva, WCC Publications

⁷⁰ G. Byamugisha, Op Cit, 1

staff members. These case studies put the research project into the right perspective. Kubatsirana Project in Chimoio is another relevant case study which depends on the strong commitment by volunteers. Its patron stresses; “We are a capacity building organization whose sustainability requires that each Church learns to take responsibility for its own programmes.”⁷¹ This is in line with HAZM’s programme on Enabling Churches.

Another case study discussed in the book is that of the Catholic AIDS Action (CAA), in Namibia. This organization advocates that AIDS is a disease and not a sin. It is committed to serving both Catholics and non Catholics on equal terms. This is in line with HAZM which serves the community and not necessarily UBC members only. According to Lucy Steinitz the group coordinator, everyday from Monday to Thursday, the centre gives out an average of 100 servings of soup and almost twice the amount on Fridays. All the food used in the food parcels is donated by local businesses and other supporters of CAA in Windhoek.⁷²

CAA is also involved in a children’s ministry. At various times throughout the day, some 15-30 pre-school children come to the centre to use the playground equipment, and also to have some lunch. About 50 orphans and vulnerable children come to the centre after school for lunch and some stay to do their homework. These and about 300 other orphans in other parts of Windhoek also receive assistance (school fees, uniforms, writing materials) to enable them to complete their primary and secondary education.

⁷¹ Ibid, 61

⁷² Ibid, 19

CAA also has volunteers who are trained and sent into the field just like HAZM. After successfully completing the course each volunteer is issued with a certificate, a CAA t-shirt, and a home based care kit consisting of basic nursing materials (e.g. latex gloves, soap, vitamins, kidney bowl, disinfectant, aspirin and various over the counter medicines), a notebook, record keeping forms and a pen. Most of the volunteers are women. The CAA stresses that; everyone should be involved in this fight- more churches, more organizations, more government ministries and more individuals.

The Full Gospel Church of God in Cape Town also promotes AIDS competence. It has an organization called House of Care which grew out of a conviction on the part of the Reverend Gideon Nqiwa, pastor of the church in Gugulethu. He encouraged discussing HIV/AIDS which meant talking about sex, and this was not easy in the Pentecostal church, which is traditionally conservative on social issues. His wife started a support group for HIV positive people. Most people attending the House of Care support group were referred to it initially by nurses at a government clinic in Gugulethu or a neighbouring township. This is just like HAZM which has people referred to it by the social welfare.

Like in many support groups, House of Care reports that, very few men attend its meetings. This is partly because some men are at work outside the neighbourhood, and partly because men are more reluctant to disclose their HIV positive status to other members of the community. Many men are also uncomfortable about discussing topics such as sexual behavior in the company of women. Reverend Nqiwa argued however that men are willing

to talk frankly about sex and HIV/AIDS among themselves.⁷³ To solve this, his church created a men's fellowship group specifically for that called Amadodana. This enabled the church to minister fully to men on the subject and to encourage them to be active in prevention programmes.

The Full Gospel Church is also active in the children's ministry when it comes to the subject of HIV/AIDS. It is not only adults in the church who are now talking more openly about HIV/AIDS and sexual behavior. They conduct Sunday school and teach the children life skills. They dialogue with the children on matters of teenage pregnancies, STIs, breast cancer, boyfriends, girlfriends and relationships in general. They also teach the children not to indulge in sex before marriage. The church now boasts of being AIDS competent.

Although the work shows activities that are done in some Southern African countries, it does not mention Zimbabwe. The case studies are appreciated as they will go a long way in assisting in the researcher's case study, but a Zimbabwean case study would have been the best.

Sue Parry supports the argument in *Journeys of Faith* but goes on to challenge churches to be more competent. She is a doctor and has been active in HIV/AIDS advocacy, research and education since 1983. In 1999 she began mapping Church activities regarding HIV/AIDS in Southern Africa for the World Council of Churches.

In her book *Beacons of Hope. HIV Competent Churches: A Framework for Action*, she challenges Churches to be HIV/AIDS competent churches. She states that, the handbook is

⁷³ Ibid, 45

a framework for action designed for those who have leadership roles in Churches, particularly for those who are already involved in responding to HIV/AIDS.⁷⁴ This book is relevant to the researcher's investigation because UBC is a Church that is already involved in responding to the pandemic. Her work seeks to explain what HIV competence is, why there is a need for competence and to challenge the reader to seek to develop such competence. In discussing inner and outer competence, Parry's argument is that in order to deal with the pandemic, people need first to look into themselves, search themselves and make sure that they have the right attitudes and feelings towards those infected by the disease (inner competence). She argues that, if people deal with their inner selves first they can then act towards eradicating the disease positively (outer competence). She has observed HIV/AIDS statistics have continued to soar even in the face of so many efforts, programmes and initiatives by various organizations. In light of this observation, she then suggests a new approach of inner and outer competence.

She states that, churches and FBOs are keen to address the needs of people and communities dealing with HIV/AIDS. Dr Parry presents a framework for action. She asks churches and FBOs to challenge themselves: to understand that HIV is within their ranks and to respond appropriately by reconsidering their core value system and faith mandate. The challenge is to become an HIV competent church. Parry is of the conviction that, in many countries, FBOs have been in the forefront of care and support initiatives since the onset of the impact of HIV. However, with the progression and unfolding of the epidemic,

⁷⁴Parry, S., (2008, 9), Beacons of Hope. HIV Competent Churches: A Framework for Action, Geneva, WCC Publications

social fault lines have been exposed through which HIV has moved relentlessly and silently.⁷⁵

Doctor Parry argues that, as HIV statistics have continued to soar unacceptably, even in the face of so many efforts, programmes and initiatives, we have learned that half measures do not work. “Considerable numbers of programmes have focused on the epidemiology of HIV and on behavior change and in the process have neglected cultural, traditional, socio-economic and political challenges which have effectively undermined so much effort,” she observed.⁷⁶ Thus knowledge alone does not bring about behavior change and in this dissertation the researcher looked at how HAZM approached this challenge.

The book is divided into four important parts which are:

1. It focuses on the background information to HIV competence: Why churches need to be competent, a working definition of competence for churches and what is involved in becoming HIV competent.
2. Describes what inner competence means. It discusses internalization of the risks of HIV and the need to face stigma and discrimination within ourselves as well as in our churches.
3. Focuses on three essential steps in a bridge between inner and outer competence. It looks at the process involved in moving from inner transformation to outer action. It is a process which must be rooted in the reality of the virus and the realities faced by people and communities thus affected.

⁷⁵ Ibid, 8

⁷⁶ Ibid, 8

4. Describes seven processes involved in developing outer competence. It moves through theological and technical competence to looking at the relevance of our response to the scale of the problem and to sustainability and scale-up. The prophetic voice of the church must be heard and the uniqueness of the Christian response and mandate brings an added dimension to the response to HIV. We are called to bring more than programmes and medicines to the affected, we are called to restore dignity and to bring hope compassionately.

Thus churches have a unique role to play in responding to HIV and AIDS. No other organization or government has the reach into society, the continued presence nor the higher mandate to respond like the church. Jesus' life was characterized by seeing the individual, He heard what was not spoken and He responded not only to the expressed needs but to the deeper needs. He reached into the heart of the matter... He calls us to the same.⁷⁷ Churches are beacons of hope, lighthouses.

2.7 Zimbabwean Churches on HIV/AIDS

The researcher in her statement to the problem mentioned that there was a gap in that nothing of the UBC has been studied or reported. It is thus important to see what other churches in Zimbabwe are doing and who they are working with. It is imperative for this research to find out how other Zimbabwean churches have reacted to the HIV/AIDS

⁷⁷ Ibid,82

pandemic. It is in light of this that the researcher has tabled literature that included a discussion forum of churches and UNAIDS on the subject.

Unpacking HIV/AIDS through lenses of religion is an article reported by Byron Mutingwende. Mutingwende reports that the world has been battling the spread of HIV and AIDS which continues to claim millions of lives every single day. It is for this reason that the majority of these people are pinning their hopes on science and medicine while others in Zimbabwe have resorted to faith healing. “Humanity has been shaken to the core by the HIV and Aids pandemic,” says Michael Bartos, the Joint United Nations Programme on HIV and AIDS (UNAIDS) country director for Zimbabwe⁷⁸. He was speaking at St Mary’s Lutheran Church in Chitungwiza where a faith-healing and HIV discussion forum was held. The forum also included participants from the Southern Africa HIV and Aids Information Dissemination Service (SAFAIDS). These specialist groups shared findings on the relation between faith healing from women living with HIV and how this impacted on accessing treatment.⁷⁹

Barton hailed Zimbabwe for its great strides towards reducing the prevalence of HIV which had fallen from 100 000 per year to current levels of 60 000 per year owing to the use of anti-retroviral therapy. The discussions were focused on a booklet entitled: *Stories of shattered hope: Experiences of women living with HIV and Faith Healing in Zimbabwe* which was jointly funded by both SAFAIDS and UNAIDS⁸⁰. The booklet shows that faith-

⁷⁸ News Day, www.newsday.co.zw/2014/06/25/unpacking-hiv-aids-lenses-religion

⁷⁹ Ibid, 1

⁸⁰ Ibid,1

healing practices in Zimbabwe have rapidly increased, creating a sense of despair and insecurity.

Mutingwende reports that, “For many women living with HIV (WLHIV) persuasive faith-healers ‘promising’ a cure are hard to resist as societal stigma persists. Efforts have been made to engage the religious sector in a bid to counter the often damaging services and practices offered by some faith healers⁸¹. “As long as demand for the services is available, faith-healers can – by law – continue to supply these services,” noted the booklet.

Fountain of Life Ministries church pastor Caroline Maposhere, who also doubles as an HIV activist reckoned that faith was a critical part of happiness and health which must be incorporated in faith-healing discussions. “When we talk of medication and HIV, it is not new – faith helps your state of mind, so the effect of your state of mind on disease and illness is not new to HIV. This is where faith can really help. With medical conditions, you are told not to stress, and we know faith and fellowship relaxes you and makes the medicines work better so you have better health and life outcomes,” Maposhere said.⁸² She urged church leaders to equip themselves with knowledge on HIV and appreciate God for availing HIV treatment since congregants look up to them for information regarding the pandemic. “As fellow church leaders, we must know what to say when someone comes to you with ‘undetectables’ – it is cause to celebrate but do not make the mistake of saying

⁸¹ Ibid,2

⁸² Ibid,2

you are now free from the condition. You have to continue taking medication,”⁸³Maposhere said.

International Network of Religious Leaders living with or affected by HIV and AIDS (INERELA +) Zimbabwe chapter Reverend national coordinator Zvidzai Chiponda said the church must be seen as a place where love and care for people living with HIV was not discriminatory and non-stigmatising. “We also need to understand faith-healing inclusively of biomedicine – God has made it possible to provide ARVs and is still working his miracles through ARVs – this is God’s hand throughout – his healing hand through the power of ARVs. God who determines when and how He wants to heal you,” Chiponda said⁸⁴. She added that there was need to understand healing in the context of cure and reiterated that there is no cure for HIV at the moment.“Religious leaders should not manipulate or abuse people in their congregations. We should neither attack nor tamper with people living with HIV just because they have not been healed. Taking ARVs does not mean that you do not have faith. God and ARVs are meant for everyone whether or not they belong to some church or belief system because the very same God is the one who made it possible for scientists to come up with this treatment,” Chiponda said⁸⁵. Chiponda, who is living with HIV, lost her daughter after succumbing to HIV complications. She has since 2006, been taking anti-retroviral therapy.

⁸³ Ibid,2

⁸⁴ Ibid, 2

⁸⁵ Ibid,3

Another woman living with HIV Margret Cement (38) said she nearly died after a prophet had told her to stop taking treatment (ARVs). “I developed sores in and around my private parts, even though my husband and I were using condoms. I knew something was wrong. I went to the clinic and they took my CD4 count and it had dropped dramatically from +/- 350 to only 115. So this was the result of not taking my ARVs,” Cement said.⁸⁶ Cement bemoaned how church leaders denigrated her for lacking faith when she resumed taking ARVs and was subjected to ridicule and discrimination until she left and joined a new church that permits people living with HIV to take medication.

“I worship and help many other people living with HIV from my new church and I am now so free and open about my condition. We actually have a support group of people living with HIV (PLHIV) at church where we encourage and share ideas on how to stay healthy. The only way to stay healthy is to continuously take your medicines so that the viral load is curtailed. I now have a second baby who is nine months old and I give thanks to my church that has encouraged me to remain focused on God. My faith is intact,” Cement added⁸⁷.

Church leaders disclosed that members were aware of where to get HIV/AIDS information but they however noted that it was easy to discuss HIV preventive measures only at workshops. “It is difficult to discuss this in a church environment where some are closely related, like for example in-laws. Church leaders may devise a strategy to enable PLWHIV give testimonies on how they are living positively with HIV,” said Bible Believing Church

⁸⁶ Ibid,3

⁸⁷ Ibid,4

leader Mike Muwani⁸⁸. Churches also compromised congregants' to adherence to ARVs during fasting and that the lack of confidentiality on the part of pastors who disclosed the HIV status of PLWHIV.

Lack of resources for home-based care initiatives, discordant couples and denial were among the challenges that churches were battling with in the fight against HIV. As part of solutions, church leaders were urged to link the church doctrine with biomedicine, create HIV and AIDS information desks, discourage stigma and discrimination and promote awareness on the prevention and treatment of HIV and Aids⁸⁹.

This article among other things discusses an interesting topic on faith healing and HIV, a subject the researcher was not looking into. It however shows that churches are working with other organizations to fight the pandemic. Three churches namely the Lutheran Church, Bible Believing Church and Fountain of Life Ministry are mentioned and this is quite encouraging as it shows that UBC is not alone in the fight against the pandemic.

2.8 Conclusion

This chapter has reviewed literature on HIV/AIDS that is in line with the topic under investigation. The definition of HIV/AIDS brought to light clearly how serious and deadly the pandemic is. This was buttressed by the astounding statistics globally and nationally. In the face of such glaring statistics, the Church has been encouraged to act. Authors have published works, pleading with the Christian community not to be silent in the face of such

⁸⁸ Ibid,4

⁸⁹ Ibid,5

a deadly disease. The Church according to the authors cited has been challenged to re-look at its theology and do what Jesus would do. Jesus set the best example of loving and caring for the marginalized and the Church should do the same. Case studies of churches already active were given and this complements well the work of UBC through HAZM.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

This chapter looks at methods which the researcher used to collect her data for the topic under investigation. The direction and quality of every research usually comes from the method used to carry out the research and compile the research findings. This chapter describes and justifies the research design used, sampling, data collection, data analysis and addresses the ethical considerations used to answer the research topic.

3.2 Research Methods

The researcher used a mixed method approach although her aim was to have the research being only qualitative in nature. The fact that she used questionnaires which had closed ended questions shows that the research had some quantitative tendencies. According to Tichapondwa,

- i. Both quantitative approach that collects numeric data (numbers), and qualitative approach that collects text data (words) in a single study and;

- ii. Different data collection methods, which enable the researcher to see the same phenomenon from different perspectives in order to understand the problem more completely.⁹⁰

Maree in Tichapondwa further explains that, although quantitative and qualitative approaches differ in how they access knowledge and the research questions they address, they are complementary and help provide a more complete analysis of the research problem, and offer the best chance of answering the specified research questions⁹¹.

Although a mixed method approach was used, to a greater extent the research was qualitative in nature because it was examining how the HAZM of the UBC is responding to HIV/AIDS in the community. Creswell quoted in Tichapondwa defines qualitative research as, an inquiry, process of understanding a social or human problem, based on building a complex, holistic picture formed with words, reporting detailed views of informants, and conducting the study in a natural setting⁹². In this research the researcher gathered data which allowed her to understand the point of view of the participants in connection with the work of HAZM on HIV/AIDS and the particular social and institutional context they operate under. This is a case study which is descriptive and evaluative as shall be explained.

⁹⁰ Tichapondwa, S.M, Op cit, 110

⁹¹ Ibid,110

⁹² Ibid, 108

3.2.1 The Case Study Approach

According to Tichapondwa, “If as a researcher, you choose the case study design, you have to visit the respondents at their natural settings and document real events, record what they say, observe their behavior as they are immersed in their natural setting of everyday life in which the problem under study is framed.”⁹³ This is what the researcher did in this case study of HAZM. The researcher was able to conduct the observations at the operations of HAZM such as OVC and Nhasi Zvemangwana Children’s Ministry. She also interviewed the officers of HAZM and was able to observe them at work in their natural settings. Maree quoted in Tichapondwa goes on to state that, in choosing the case study, the researcher’s reporting system will either be narrative or descriptive of real events through note taking and audio taping devices of what people said and observing and documenting the behavior of participants.⁹⁴ In light of this, the researcher’s design was also descriptive as she described the activities of HAZM through the interviews done, observation and the questionnaires distributed.

3.2.2 The Descriptive Approach

As has been discussed above, the researcher also used the descriptive survey design as her population was too large to observe directly. According to Tichapondwa, the descriptive survey design is ideal for gathering original data for purposes of describing certain

⁹³ Ibid, 118

⁹⁴ Ibid, 118

perceptions, opinions, attitudes, relationships and orientations that are held by a population too large to observe directly.⁹⁵ This design complements the case study design. It was impossible for the researcher to observe the whole of the UBC's activities on HIV/AIDS even those done by HAZM in the whole of Mutare district. Thus the researcher limited her sample to two churches and within those churches chose a target population through random sampling, purposive and stratified sampling. The descriptive survey design method enabled the researcher to obtain in depth information, which was used to facilitate the generalization of the researcher's findings to the larger population. This was done through the random selection or sample of a small group of respondents within the population who have characteristics that are identical to the larger population. These characteristics are that they are members of the UBC.

3.2.3 The Evaluative Approach

This research is also evaluative in nature. According to Francis and Maneo Rakotsoane, evaluative research is research undertaken to assess the worth or success of something. That something may be a programme, a policy or a project. Researchers do it to find out how well a programme, policy or a project concerning any intervention is implemented, effective and useful.⁹⁶ The researcher thus examined the worth of HAZM as an organization. Through the questionnaires, interviews and participant observation, the

⁹⁵ Ibid, 116

⁹⁶ Rakotsoane, F. and Rakotsoane, M., Op cit, 17

researcher was able to find out how well HAZM as a project of UBC has been implemented and how useful and effective it is.

3.3 Target Population and Sampling Size

The target group to be studied and given questionnaires was the congregation of the UBC in Sakubva and Dangamvura which has approximately 300 members all in all. To get a fair representation, the researcher distributed questionnaires to 30 members from each of the two churches, making them 60 questionnaires distributed all in all. The selection of the participants was done with the help of the respective pastors. On a Sunday, the researcher gave the questionnaires to the pastor who took over charge of distribution to the sample while the researcher looked on. This helped the researcher in that the pastor is an authoritative figure at the church and the people listen to him and so the return rate of the questionnaires was high. Out of 60 questionnaires given out, 51 were returned giving a return rate of 85%.

The sampling procedure used was mixed; purposive, stratified and random. First and foremost, sampling according to F and M Rakotsoane is the act, process or technique of selecting a suitable sample (a finite part of a statistical population whose properties are studied to know about the whole), or a representative part of a population for the purpose of determining parameters or characteristics of the whole population.⁹⁷ In this research 30 respondents were sampled for the questionnaires from each church. They were a mixed group of women men and youths in order to give a fair representation.

⁹⁷ Ibid,26

Of the thirty questionnaires given to each church, two were purposely given to the pastors. This means that of the sixty questionnaires distributed to both churches, four were given to the respective pastors by the researcher. According to Patton in Tichapondwa, in purposive sampling you handpick certain groups or individuals to include in the sample on the basis of their relevance to the problem under study.⁹⁸ The researcher picked the pastors because they are the ones in charge of their congregants and are familiar with all the activities done at their churches in this case the activities of HAZM. To add to that the HAZM trains pastors as well when it trains volunteers for its programmes.

The Rakotsoanes go on to define stratified sampling as the process whereby the population is divided into overlapping groups, or strata. Samples are then drawn from each section separately and results pooled.⁹⁹ With the help of the pastors, the congregants were grouped into three sections, men, women and youths. The youths were identified as those between the ages of eighteen and twenty five years of age. The pastor then asked for volunteers who would like to fill in the questionnaire after the researcher had introduced herself and explained what it was about. From those who volunteered to fill in, the pastor randomly selected eight men, ten women and ten youths. The men were eight because the pastors who were filling the other questionnaires are men.

It is of paramount importance to mention that the researcher discovered that of the fifty one questionnaires returned, twenty four were filled by Volunteers who work directly with

⁹⁸ Tichapondwa, S. M, Op cit, 124

⁹⁹ , Rakotsoane, F. and Rakotsoane, M., Op cit,26

HAZM.¹⁰⁰ The group of volunteers is part of the women and men sampled. There is a high probability that the nine who did not return the questionnaires felt that the subject under inquiry did not concern them.

For the Enabling Churches Programme, the researcher was supposed to conduct an observation. This was however made impossible because the UBC has one HIV/AIDS Sunday in August¹⁰¹. This will mean that Sakubva and Dangamvura churches will conduct their HIV/AIDS services in August this year. On this Sunday that is when the awareness programmes will be taught, but the researcher will have since presented her research. The researcher thus conducted an interview with the woman responsible for this programme who is an employee of HAZM.

The observations carried out were at two places. The researcher attended an OVC camp organized by HAZM in Marondera from 11-17 August 2014¹⁰². One would ask why the researcher went to Marondera yet her research is based in Mutare district. The reason for the attendance of this workshop is that, the employees of HAZM and the volunteers from Mutare district are the ones who carry out this camp and so observing them in action was of paramount importance. The employees of HAZM and the volunteers are part of the targeted population under study in this research.

¹⁰⁰ See chapter one, page twelve on constraints for explanation

¹⁰¹ See chapter one page twelve on constraints for full explanation

¹⁰² See appendix 5, 6, and 7 pages 121-123

The researcher was also able to observe the Nhasi Zvemangwana Children's Ministry camp that was conducted at Biriiri in December from the 11th to the 14th.¹⁰³ This was organized for all the UBC children in Zimbabwe. The researcher did not observe all four days but chose one which was the thirteenth. The children of Mutare district were well represented and the researcher was able to get statistics of those who attended from Dangamvura and Sakubva including their volunteers.

The researcher used the in interviewed the employees of HAZM who were her key informants. The aim of the researcher was to get first hand information on what the organization does. The organization has nine employees and of those nine the researcher selected four. These were the director of the organization, the person responsible for OVC, the one responsible for Nhasi Zvemangwana and lastly the one responsible for Enabling Churches. The director of HAZM was chosen because he leads the organization and has first hand information on its operations in Mutare district. In other words being the director, he was the researcher's best choice to interview. The heads of departments mentioned above i.e. head of the OVC programme, Enabling Churches, and Nhasi Zvemangwana were also selected because they work directly with the churches in implementing their programmes. Whatever the volunteers in the churches do concerning HIV/AIDS awareness comes directly from them. They are the ones who conduct seminars, workshops and trainings on HIV/AIDS.

¹⁰³ See appendix 8, 9, 10, and 11 pages 124-127

Below is table three showing statistics of the respondents selected for the purpose of this research investigation.

Table 3: Statistics of Respondents

Gender participants %	51% female	49% male
Age range of participants on the interviews and questionnaires	18 – 66 years	
Distribution of questionnaires to all churches including pastors.	20 to youths 18-25 years 20 to women 26 years and above 20 to men 26 years and above	
Interviewees	4 employees of HAZM.	1 man and 3 women
Observations	11 – 17 August 2014 Marondera OVC camp	11 – 14 December c Children’s camp Biriiri

3.4 Primary Sources

The researcher used the investigative methodology by using the primary sources which comprised of interviews, questionnaires and observations.

During the interviews, guided questions were applied because they were flexible both on the part of the interviewer and the interviewee¹⁰⁴. This is because it gave instant feedback to the interviewer. The researcher used the interview method on the key informants who are those directly employed by HAZM. The reason for this was so that she could get first hand information.

In the questionnaire approach, closed and open ended questions were both applied. Close ended questions which brought quantitative data minimized the researcher's time and effort in analyzing research data as well as providing the guidelines to what the researcher was looking for. Furthermore, the researcher used open ended questions which brought qualitative data in order to give the respondents an opportunity to express their views freely which provided more research data to be used by the researcher. In giving open ended questions, the researcher was hoping to get the opinions and attitudes of the respondents. The questionnaire was both qualitative and quantitative since it had open and close ended questions. The questionnaire was self administered, and fifty one out of sixty questionnaires were returned.

In the observation, the researcher observed two programmes in action, that of the OVC and that of Nhasi Zvemangwana. The researcher was able to get a general idea of what HAZM is doing in connection with the HIV/AIDS pandemic through these observations. In Marondera the researcher was an observer without participating. Her aim was to see the volunteers in action, how they related to the children and what it is they taught them

¹⁰⁴ See appendix 4 page 120

especially in relation to the HIV/AIDS pandemic.¹⁰⁵ At Biriiri the researcher was a participant observer. This allowed her to get firsthand the children's responses to the lessons they were taught and to interact with the volunteers in the process getting information in line with her research.¹⁰⁶

3.5 Secondary Sources

The researcher also used secondary sources which covered written materials such as Nhasi Zvemangwana Children's book, library books, internet sources and the Bible.

3.6 Research Instruments

The researcher's research instruments were interviews, questionnaires and observations. She also used a tape recorder for the interviews.

3.7 Data Collection Procedure

The researcher studied two programmes of HAZM in order to get the response of the UBC to HIV/AIDS in Mutare district. The research data was organized into two categories: that of the Children's Ministry and that of Enabling Churches. To get information on these programmes the researcher transcribed notes from the recordings she did while interviewing the employees of HAZM. The researcher also sorted out data she acquired

¹⁰⁵ See appendix 5 page 121

¹⁰⁶ See appendix 8 page 124

from the questionnaires given. All the data received was then compiled together to get the response of the UBC to the HIV/AIDS pandemic through the organization HAZM.

3.8 Ethical Considerations

The researcher's proposal went through the Africa University Research Ethics Committee for analysis before she could undertake the research. The researcher was then given a letter to move around with in order to get permission to conduct her research. At Sakubva, Dangamvura and HAZM the researcher produced this letter while seeking for permission to carry out her investigation. Those interviewed were informed of the recordings in order to give them the choice to accept or refuse and they were informed of the safety of their information. Respondents to the questionnaires were clearly informed that it was voluntary. In the participant observation, the researcher identified herself as a researcher before participating. All primary and secondary sources used have been acknowledged.

3.9 Conclusion

This chapter has shown the methods used by the researcher in her investigation. It has clearly shown that as a case study, the research had some descriptive and evaluative components to it. The researcher clearly outlined how she went about the investigation using the interview method, questionnaires and the participant observation. The targeted population was outlined and the sampling procedures given in detail. The researcher also

brought to light how she analyzed her data and lastly the ethical considerations were looked at which gave respondents informed consent.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND PRESENTATION OF THE RESEARCH FINDINGS

4.1 Introduction

The researcher in this chapter presents the results obtained from the research findings and critically analyses them. The research marks a detailed presentation of the researcher's findings from the targeted group. The researcher used the questionnaire, interview and observation methods and so she interprets the data differently but then compiles it together to come up with an answer to the problem. In presenting her findings on the questionnaire method, the researcher uses statistical tables which present the data in numbers and percentages. The numbers are then clearly interpreted according to the questions on the questionnaires. In the interview and observation method, the researcher reported the findings she got from the transcribed notes. After the presentation of the data, the researcher went on to test the research questions.

4.2 Research Data Presentation

4.2.1 Questionnaire respondents' statistics

Table four: Questionnaire distribution to both churches

Dangamvura			
	Issued	Returned	Percentage
Males and two pastors	10	10	100
Females	10	10	100
Youths	10	6	60
Sakubva			
Males and two pastors	10	5	50
Females	10	10	100
Youths	10	10	100
Dangamvura and Sakubva			
Males and four pastors	20	15	75
Females	20	20	100
Youths	20	16	80
Total	60	51	85

Table four shows that the questionnaires distributed by the researcher were sixty in all to both churches. There was a 100% return rate for the females who were ranked between twenty six and sixty years. The youths' response was 80% and the males' response was 75%. In an interview, the director of HAZM stated that women are more compassionate that is why he thought they were more interested in the programme. This could be another reason for the 100% return rate. However the return rate was 85% all in all and so the researcher felt she could safely continue with her investigation.

Status of the questionnaire respondents in relation to HAZM

Table five: Status of questionnaire respondents

Status	Number	Percentage of respondents
Pastors	4	7.84
Volunteers	24	47.058
Ordinary church members	23	45.098
Total	51	100

Table five shows that 47.058% of the respondents were volunteers, 45.098 were ordinary church members and 7.84 were pastors. The researcher's aim was to get a fair representation of the respondents who answered the questionnaires so as to get balanced views. The questionnaires given were the same for all these groups. This table shows that of those randomly selected to answer the questionnaire, some were ordinary church members and others were volunteers. The pastors were not randomly selected but just given since they are only four, two from each church.

Profile of Questionnaire Respondents

Table six: Profile of respondents

Age	18-25	26-30	31-40	41-50	50+	Total	%
Males	10	4	7	2	2	25	49.019
Females	8	3	6	3	6	26	50.98
Total	18	7	13	5	8	51	100

Table six shows the age groups of the participants. The eighteen to twenty five year olds were identified as the youths by the researcher that is why their number is more at eighteen. The females had a higher percentage of participation with 50.98% and the men were 49.019%. The researcher targeted people of different age groups in order to enrich her

investigation. The representation can be considered as fair with that of women slightly above. The majority of the targeted respondents are those between the ages of 18 and 49 as shown on the table above, the reason being that this is the age group that is most vulnerable to the HIV/AIDS infection as shown in the statistics in chapter two.¹⁰⁷ The researcher thus wanted the responses of this age group more.

4.2.2 Interview Respondents who are the key informants.

Table seven: Interview respondents

Designation	Respondent	Percentage
Director of HAZM	1	100
Head of department(HOD) OVC	1	100
HOD Nhasi Zvemangwana	1	100
HOD Enabling Churches	1	100

The researcher got a 100% response from the targeted population in the interview method.

¹⁰⁷ See statistics on chapter two page 21-23

4.2.3 Observations

Table eight: Observations

Date	Programme
11-17 August	OVC camp Marondera
11-14 December	Nhasi Zvemangwana Children's Camp

Nachmias and Nachmias (1989) in Tichapondwa state that, observational strategies collect qualitative data and are suitable for investigating phenomenon that can be observed directly.¹⁰⁸ At the Marondera OVC camp, the researcher was a complete observer for one day. This provided the researcher with freedom to concentrate entirely on observation and become very sensitive to the importance of what was happening.

¹⁰⁸ *ibid*, 130

4.2.4 Interviews

1. Interviewee – Director of HAZM

The researcher interviewed the director of HAZM, who is a trained teacher and studying for a degree in developmental studies. The HIV/AIDS pandemic made him want to work with the vulnerable and sick people. He started off as a volunteer for HAZM before he was employed by the organization.

He said that HAZM is part of the solution to the HIV/AIDS pandemic because it has made inroads in the community and the church. He claimed that it was once a taboo to talk about HIV/AIDS in the UBC but because of the work of his organization, it is no longer so. HAZM has launched HIV/AIDS awareness campaigns even at the Annual Revival Meetings of the church. People are encouraged to get tested and many are coming out in the open about their status.

On the Children's Ministry, he said it was started as a way of trying to give awareness to the children, to catch them young, ensure that these children would not be affected or infected by HIV/AIDS in the future. The aim was to care for those infected and affected and create an HIV/AIDS free generation.

He defined Enabling Churches as empowering churches. Their aim as an organisation was to empower the churches on the pandemic and make them able to help those infected and affected without having to depend on donor funding. Also they were passionate about eradicating stigmatization among church members.

He felt that as a church, UBC was doing a lot for the community and the country because it provided volunteers for the community and infrastructure to conduct programmes. Some churches are approaching HAZM and copying their model and implementing it. He gave examples of the United Methodist Church, Apostolic Faith Mission and even some Zionist churches.

In their organization women make up 80% of the volunteers while men make up 20% of the volunteers. They also have challenges of funding since the donor world is shrinking yet their programme is on demand countrywide. They also need more volunteers.

2. Interviewee – OVC head of department

The OVC head of department is a professional nurse. She said that the OVC programme is very important because the communities are burdened with orphans and those vulnerable children due to the HIV/AIDS pandemic. She said that her programme works with the National AIDS Council of Zimbabwe and the District AIDS Council of Mutare.

According to her, OVC is one of the oldest ministries started by HAZM in 2003. It started in Mutare, Dangamvura and Sakubva suburbs and has since spread to other areas in the country. She stated that the programme focuses on activities such as continued volunteer education. These volunteers visit the children weekly, counseling them and being there for them as much as possible. There are some children who live alone and so they need more frequent visits. They also pray with foster families and offer practical help.

She also said that OVC is engaged in food assistance. They supply milk formula to orphaned infants or mothers who should not breast feed due to HIV infection. They also encourage rural families to use goat milk to feed children. When the children are weaned they supply food packs (peanut butter, cooking oil, mealie meal, dried fish and beans) to keep children from malnutrition. They also supply fertilizer and seed to assist orphan families to produce their own food.

The programme is also involved in garden projects. It supports five garden projects in five communities. Children work with care givers in the gardens and get weekly supplies of vegetables and 180 children are benefitting from this initiative.

OVC is engaged in school fees assistance stated the head of department. They pay school fees to an average of 800 children every school term countrywide. The selection guidelines for those who are to benefit are put in place and implemented by the volunteers. Some children assisted are now in colleges and universities

The challenge they have now is that they are overwhelmed with the numbers of those in need yet funding is low. The social welfare is also referring people to them and that is also a challenge.

3. Interviewee – Nhasi Zvemangwana head of department

The NhasiZvemangwana head of department is a children's pastor. She said Nhasi Zvemangwana means planting seeds for the future. It is a children's HIV/AIDS prevention and discipleship programme targeting children between six to twelve years of age. The

program aims to contribute significantly to an AIDS free generation through HIV and AIDS awareness by instilling Godly values.

According to the Pastor, Nhasi Zvemangwana focuses on HIV prevention through reaching out to the whole child and helping them develop in every aspect of life: socially, spiritually, physically, mentally and emotionally. It instills Godly values and principles of biblical living through developing and building character. It also provides a supportive framework for the children they work with. The researcher gathered that their key verse for planting seeds for the future is Isaiah 55: 10-11

As the rain and the snow come down from heaven, and do not return to it without watering the earth and making it bud and flourish, so that it yields seed for the sower and bread for the eater , so is My word that goes out from my mouth. It will not return to me empty, but will accomplish what I desire and achieve the purpose for which I sent it

She said that the desired impact in their programme is that these children will grow up to be men and women with high moral values and develop in every sphere of their lives. Also that the programme will contribute significantly to an HIV/AIDS free generation in time to come.

‘The country needs future leaders who are planted in Christ because the bible says train up a child in the way he should go,’ the pastor said. She explained that if the children are caught young they will be a blessing. She said that this programme has a link with HIV/AIDS because children are taught prevention lessons and general health issues. They

go for camps where they are taught in their own environment and at their respective levels according to age. Every Sunday they are also taught life skills that advocate for an AIDS free generation.

4. Interviewee – Enabling Churches head of department.

The head of department of Enabling Churches was one of the first people to come out in the open about her HIV positive status in the church and has been living positively for more than twenty years. She said her duties included visiting local churches such as Sakubva and Dangamvura and creating HIV/AIDS committees. These committees are put on the local church calendar and given some Sundays to preach. On the Sundays they preach, they talk about opportunistic diseases that affect people as a result of the pandemic. Last year their theme was on cancer. She also said the churches are being encouraged to fundraise and help those affected and infected without depending on donors. She also encouraged the creation of support groups at the churches. She said people on medication were encouraged to adhere to drugs.

She stated that Enabling Churches aims to challenge churches to take up HIV/AIDS issues seriously and play a significant role. It also fights stigma by providing correct information to pastors, church leaders and the laity. It runs an HIV/AIDS awareness module in Bible colleges to reach pastors in training. It mobilizes churches to set up committees to fight HIV through educating congregations and encourages churches to fundraise for HIV/AIDS ministries.

4.2.5 Questionnaire responses

1. Are you familiar with HAZM?

Table nine

Response	Frequency	Percentage
Yes	44	86.27
No	1	1.96
No response	6	11.76
Total	51	100

In table nine, 86.27% of the respondents know what HAZM is all about. 11.76% said no and 1.96 % did not respond. However, the majority of the respondents are familiar with the organization. The percentage that did not give a response came from the those church members who are not volunteers. The volunteers and the pastors were all familiar with the programme.

The majority's response on yes clearly shows that they know what this organization is doing in the community and its connection to the church.

2. Name any activities done in the Children’s Ministry of OVC and Nhasi Zvemangwana.

Table ten

Activity	Frequency	Percentage
Lessons on HIV/AIDS awareness, child abuse and life skills	50	98.03
Bible study, songs, prayers, memory verses	37	72.54
Camps, crime prevention and career guidance	29	56.86
Taking care of OVCs	27	52.94

The fact that both ordinary church members and volunteers were able to respond to this question shows that the activities of HAZM are well known at church level. The church members are more familiar with those activities done at church level such as lessons on HIV/AIDS awareness, child abuse and life skills. This is shown by the 98.03 % of the respondents who answered to this.

3. How often are the activities done?

Table eleven

Period	Frequency	Percentage
Weekly	45	88.235
Monthly	2	3.921
Quarterly	2	3.921
Yearly	2	3.921
Total	51	100

In table eleven, 88.235% said these activities are done weekly at the church. From the some of the respondents it is thus clear that the activities are done weekly on Sundays at the churches. Camps are however done once a year for the Nhasi Zvemangwana and so this could be another reason why other respondents said yearly. According to the HAZM annual report¹⁰⁹ and the research findings the camps for the OVC are done almost every holiday depending on funding and so this could be another reason why other respondents said quarterly.

The responses above show that in the bid to fight against the pandemic, HAZM carries out weekly lessons with children at the two churches Dangamvura and Sakubva. It is however

¹⁰⁹ HAZM annual report 2013, 1-7

clear from the responses to question two that not all the activities done by the children are necessarily linked to HIV/AIDS.

4. In your opinion why are these activities done for the children?

Answers came in different forms. Some said so that the children know about HIV/AIDS when they are still young. Some said so that the children grow well physically, spiritually, mentally and socially. Thus the general consensus among the respondents was that children grow well knowing the threat of HIV/AIDS for an AIDS free generation.

The pastor of Danganvura in particular stated that the activities are done because, “They want to see the Lord at work in the lives of children and young people as they accept Christ as their Lord and Saviour, and as He empowers them to live lives that will prevent them from contracting HIV, where it is in their power to do so.”¹¹⁰

¹¹⁰ Interviewed January 2015

5. What activities are done in the Enabling Churches Programme?

Table twelve

Activity	Frequency	Percentage
Lessons on HIV/AIDS awareness, and discussions on the pandemic	50	98.03
Conselling and teaching on home based care	37	72.54
Income generating projects so that they can care for OVCs	29	56.86
Creation of support groups	27	52.94

The researcher gathered that the church is seriously doing something about the pandemic from the respondents' answers. The answers from the ordinary church members show that they are receiving teachings on HIV/AIDS as they are the recipients of the Enabling Churches programme. All of the respondents were familiar with this because it is an activity done within the church for the congregants and they participate in it. This is different from the children's programme where only those who teach the children attend.

6. How often are the activities done?

Table thirteen

Period	Frequency	Percentage
Quarterly and yearly	37	72.549
No response	14	27.45
Total	51	100

In table thirteen, those who responded quarterly and yearly were 72.549%. 27.45% did not respond to this question. The majority answered both quarterly and yearly because according to the UBC national calendar every local church is to have a health Sunday in August where HIV/AIDS matters are taught¹¹¹. This year the health Sunday is on the second of August. However as Mutare district, the UBC has quarterly revival meetings after every three months and the District AIDS committee is given a platform to address the congregation. So that accounts for the quarterly and yearly period. The 27.45% who did not reply could imply that they do not have enough knowledge about the programme.

There is a clear indication however that at both Dangamvura and Sakubva, the congregations are receiving awareness lessons on the pandemic.

¹¹¹ Constitution of the Association of the United Baptist Churches of Zimbabwe, (as amended by the 2004 National Assembly)

7. Are there any people coming out in the open about their HIV status in the church?

Table fourteen

Answer	Frequency	Percentage
Yes	47	92.156
No	2	3.921
No response	2	3.921
Total	51	100

This question is important in that it shows that the work being done by the Enabling Churches programme is making some people free to share their status for the benefit of others. The majority in table fourteen which is 92.156 % answered that people in the church are coming out in the open about their HIV positive status. Those who said no and those who did not respond are probably not aware of what is happening in the church concerning the pandemic. These were the youths and at the UBC, the youths are not very active in these HIV/AIDS programmes.

This shows clearly that there is behavior change among the people in the church. Once it was a taboo to talk about HIV/AIDS in the church, but now people are coming out in the open as proven by the majority who responded yes. If people are coming out in the open it shows that the issue of stigma is no longer a threat within the churches. Enabling churches

is thus being used to eradicate any prejudices that might arise as a result of the pandemic in the church. From the above response, it seems to be working.

At Dangamvura the researcher was reliably told by the pastor that three people had come out in the open about their status. One is a couple that got married after being widowed fully knowing their statuses¹¹².

8. Do you think they are coming out in the open because of the programme or other reasons?

Table fifteen

Reason	Frequency	Percentage
Because of the programme	42	82.352
Because of other reasons such as the media	5	9.80
No response	4	7.843
Total	51	100

In table fifteen, 82.352% responded that people came out in the open because of the programme while 9.8% said it was because of other reasons. 7.843% did not respond. Of

¹¹² Interviewed in January 2015

the 42 who answered in favour of the programme, three acknowledged that the media also contributed to the efforts of the programme in making people come out in the open.

9. Please name the community schools that HAZM is working with?

The schools mentioned in Sakubva and Dangamvura that HAZM is working with were the following primary schools:

- Sheni
- Dangamvura
- Chirovakamwe
- Chisamba

The above mentioned schools show that HAZM is not only biased towards the UBC in its activities. It is also concerned with the community that surrounds it like these schools.

10. What age groups do the volunteers work with?

The age groups mentioned were six to fourteen years. This is evidence that the Children's ministry extends to schools as well.

11. Why do they work with these age groups?

Respondents gave a general consensus that these are the future generation of tomorrow and need to be taught about HIV/AIDS and life skills at a tender age so as to have an AIDS free generation.

12. What activities are carried out at the schools?

The activities are as follows:

- Life skills lessons and games
- Lessons on HIV/AIDS prevention
- Identification of OVC
- Bible study
- Crime prevention
- Personal hygiene
- Lessons on child abuse

The activities done are the same as those carried out for the children at church level.

13. How often do volunteers visit these schools?

Table sixteen

	Frequency	Percentage
Weekly	42	82.352
Monthly	1	1.96
Quarterly	2	3.921
No response	6	11.764
Total	51	100

In table sixteen, 82.352 responded that the schools are visited weekly. 11.76% did not respond. There is a clear indication that the majority of the respondents know of the activities being done by the volunteers at the schools and how often they go there. The volunteers of HAZM visit these schools every week and interact with the children all in a bid to create an AIDS free generation.

14. Can you identify any other places or homes that volunteers visit in the communities other than schools?

Table seventeen

	Frequency	Percentage
Those who knew	34	66.66
Those who did not know	17	33.33
Total	51	100

In table seventeen, 66.66% were able to identify other places in Sakubva and Dangamvura that the volunteers visited, 33.33% were ignorant of this. Most of those who responded as knowing were the volunteers and the pastors. Some of the ordinary church members especially the youths were not familiar with the other work that the volunteers do outside the church.

The places identified by the volunteers and the pastors were the community halls of both suburbs and the shopping malls. They also visit homes of the sick in the community and those of the OVCs. In Sakubva, areas such as Chisamba, Devonshire, and Zororo were mentioned. They also visit other churches in the area educating them and encouraging them to take up the fight against the pandemic. Hospitals and clinics were also mentioned as

places where the volunteers visited in Sakubva and Dangamvura. The volunteers and the pastors are the ones who are directly involved and so they gave the responses.

15. How do volunteers assist in these other areas?

Table eighteen

	Frequency	Percentage
Those who knew	34	66.66
Those who did not know	17	33.33
Total	51	100

In table eighteen, 66.66% knew how the volunteers assisted while 33.33% did not know. The majority of those who knew were the volunteers and the pastors. Those who did not know are not volunteers but the ordinary church members and so they have no idea of what the volunteers do in the communities.

The pastors and volunteers who answered said, the volunteers assisted by providing food stuffs, clothes and lessons on HIV awareness to those affected and infected in those areas. They provide home based care, spiritual support and nutritional guidance. They identified homes of the needy and brought them to the attention of the HAZM officials. School fees

assistance is also given. Provision of medicines where possible is also done and escorting the sick to the hospitals and clinics.

16. What has been the communities’ response to the activities done by the volunteers?

Table nineteen

	Frequency	Percentage
Positive	45	88.235
Negative	2	3.921
No response	4	7.843
Total	51	100%

In table nineteen, 88.235% say the community has appreciated the work done by UBC through HAZM. 7.84% did not respond most probably out of ignorance while 3.92 said it has been negative. It is thus clear from the majority that the communities’ response has been positive. The majority of the respondents stated that HAZM is doing a commendable service in the community. Some of the responses given were that the community is happy with the children’s programme and is very thankful because the children are kept occupied, are being helped and at the same time they will be learning. One respondent stated that, society is really appreciating and some are even joining our church. He went on to add that

non church members also visit the church during church services thanking the church, volunteers and HAZM.

17. How many men and how many women make up the group of volunteers at your local church?

According to the responses given, at Sakubva there are two men and eight women while Dangamvura has four men and fifteen women. The answers show that the number of female volunteers are more.

18. In your opinion how has HAZM impacted your church and the community?

The general response to this question was that people in the church are now more aware of the pandemic and are willing to assist even in the community. All this has been made possible by the work done by HAZM. People in the church are now identifying those in need in the community and helping out where they can. HAZM has also helped people in the church to do away with stigmatization. One respondent was quoted as saying, “The church now has a good name in the community as it provides hope to the hopeless and helps the needy, sick and orphans.” Still another mentioned that, “This programme has acted as a form of evangelism as many people are now coming to church because of the programme.”

19. Are there any other organizations or churches in your community that are also helping people affected or infected with the pandemic?

Table Twenty

	Frequency	Percentage
Yes	33	64.705
No	18	35.294
Total	51	100

In table twenty 64.705% of the respondents said yes there are other organizations working in the Danganvura and Sakubva community with people affected and infected with the pandemic. 35.294% said no, they only know of HAZM of the UBC. Those who said yes, cited examples of Family AIDS Care Trust (FACT) a non-governmental organization and also Youth Alive of the Roman Catholic Church.

20. If there are do you work together at times?

Table twenty one

	Frequency	Percentage
Yes	33	100
No	0	0
Total	33	100

In table twenty one, 100% of the respondents said they work well with FACT and at times Youth Alive. From this response it is clear that HAZM knows that the battle is not theirs alone. Working together with other organizations shows unity of purpose and produces better results. The respondents stated that at times they hold joint workshops together on mapping a way forward on the pandemic. Some times HZAM invites other organizations to their programmes, for example when dealing with the youths, they invite experts from Youth Alive. Also FACT has many experts on HIV/AIDS such as nurses and social workers that they also invite.

21. If you are not a volunteer would you consider helping out in the ministry?

Table twenty two

	Frequency	Percentage
Yes	24	88.888
No	3	11.111
Total	27	100

In table twenty two 88.888% said they would consider helping out in the ministry. 11.111% said no. Twenty seven people responded to this question. These were the ordinary church members and the pastors. The volunteers did not respond. The three who said no said that it would not be possible for them as they are employed somewhere else.

22. Can you give reasons for your answer?

Those who responded yes gave the reason that what the volunteers are doing is for a good cause and so they would be interested.

4.2.6 Observations

Marondera OVC Camp

For the OVC, the researcher observed that the children were camped at a school for a period of seven days for free. During that period, many activities were done for the children. The researcher observed the lesson on HIV and Boundaries.¹¹³ Here the children were taught by a specialist who is a nurse. They were taught all the fundamentals about the pandemic and what they should do as prevention. The children were taught that HIV/AIDS is real and that they can prevent infection. They were however also taught lessons about the dangers of stigmatization. They were made aware that a person can live a positive and full life even if they are positive. This then means that people should not discriminate people who are positive. The children were given time to ask questions and responses were given appropriately.

At this camp, volunteers were involved with the children in many other activities which seemed to buttress the lesson on HIV/AIDS. They had bible study lessons in which they were taught and also discussed on who God is. They were given lessons on team building and career guidance and team building. The children were made to feel special and engaged in various games by the volunteers.

Nhasi Zvemangwana Children's Camp

For the Nhasi Zvemangwana, the researcher was there for the full four days. Dangamvura had sixteen children and two volunteers who attended. Sakubva had four children and one volunteer. The children were taught lessons on how special they were and that God cares

¹¹³ See appendix 5

for them. They were also taught about child abuse in their different age groups. Other lessons were about their bodies and the changes that occur in them. The nine to fourteen year age group was taught directly about HIV/AIDS.

The researcher observed that the volunteers started every lesson by playing sports and games with the children. This was done while the volunteers waited for all the children to come. Once all the children had arrived, there was time of welcoming each other and singing the songs they love to sing. After this the children would go into a time of learning, whereby the volunteers would teach them in a dynamic and child friendly way after having divided the children according to their age groups.

The lessons included life skills, HIV prevention and awareness and the basic principles of Christianity. The format that the volunteers used included drama, illustrations, discussion groups, question and answer sessions, storytelling, games and other practical involvement by the children. The baseline of all the lessons was founded on the word of God.

4.3 Testing the Research Questions

The following section is responding to the five questions which have been presented by the researcher in chapter one with intent to critically examine the UBC's response to HIV/AIDS in Mutare district from 2004 to 2014: a case study of HOPE for AIDS Zimbabwe Ministry in Sakubva and Dangamvura.

4.3.1 Research Question One

How is HAZM responding to HIV/AIDS in Sakubva and Dangamvura areas of Mutare District?

As a faith based organization, HAZM has responded to the challenge of the pandemic in a commendable manner. Sue Parry states that, in many countries, faith based organisations have been in the forefront of care and support initiatives since the onset of HIV.¹¹⁴ HAZM has been able to make itself known as an organization as proved by the 86.27% of respondents who claimed that they knew about it in table nine of question one. The organization in Sakubva and Dangamvura has a pool of volunteers as shown in question seventeen. Sakubva has ten volunteers while Dangamvura has nineteen. All these volunteers work under HAZM in activities that have to do with the fight against the HIV/AIDS pandemic.

To add to that, HAZM has responded to the pandemic through the establishment of a children's ministry which teaches children at a tender age about the threat of the pandemic. According to the interview done with the director of HAZM, the aim of the Children's ministry is to create an HIV/AIDS free generation. The OVC head of department also said that as an organization, HAZM identifies orphans and vulnerable children affected by the pandemic and assists them with food hampers and school fees.

Table eleven of question three shows that on weekly basis HAZM has a programme for children led by volunteers. According to responses on question two, the activities done by

¹¹⁴ Parry, S., Op cit, 8

the children vary from bible study to lessons on HIV/AIDS prevention to life skills lessons and games. HAZM also conducts holiday camps for the children where they are taught in their own environment life skills lessons.

HAZM at the two churches has also established a programme called Enabling Churches. The head of department interviewed indicated that this programme is meant to empower the churches to be HIV competent churches. It is meant to do away with stigmatization within the church by making the congregants aware of the fact that anyone can be affected or infected. Question five outlines the activities done at Enabling Churches which include HIV/AIDS awareness lessons, counseling, training of pastors and volunteers and discussions on the pandemic. This programme is also there to empower the churches so that they can fundraise for HIV/AIDS activities without depending on donor aid.

HAZM through its volunteers is also working with community schools in Dangamvura and Sakubva. Schools mentioned in question nine include Dangamvura primary, Chisamba primary, Chirovakamwe and Sheni primary schools. At these schools they work with the 6-14 year age group and among many activities teach HIV/AIDS awareness lessons. Table fifteen of question thirteen indicates that the schools are visited weekly by the volunteers.

Table sixteen on question fourteen shows the majority of the respondents stating that besides the schools and the church, HAZM also works with the community in Dangamvura and Sakubva. The volunteers have campaigns at the community halls and shopping malls. They also do home based care and give out food hampers as mentioned in the answer to

question fifteen. The researcher was however not able to get the statistics of those who received home based care and food hampers

HAZM has also responded to the pandemic through working with other groups such as Youth Alive of the Roman Catholic Church as seen in the response to question twenty. The interview with the director also showed that HAZM is empowering other churches such as United Methodist Church, Apostolic Faith Mission and ZAOGA to take up the fight against the pandemic. The researcher was able to attend a workshop given by Youth Alive in which UBC was invited. She was however not able to interview any members from United Methodist, Apostolic Faith Mission or ZAOGA.

As a faith based organization, HAZM has shown sufficient urgency and commitment towards the global HIV/AIDS pandemic. Byamgisha et al state that, in recent years growing numbers of secular leaders at global and national levels, and among international agencies, have come to appreciate the unique potential which churches and other faith based organizations have for preventing the spread of HIV and help communities cope with the impact of the HIV epidemic.¹¹⁵ From the research findings, HAZM is one of those faith based organizations that has been appreciated.

4.3.2 Research Question Two

What is the Children's Ministry?

¹¹⁵ Byamugisha, G. et al, Op cit, 2

According to the interview done with the director of HAZM, the children's ministry is a ministry which tries to give HIV/AIDS awareness to children. They aim at catching the children young so that we may have an HIV free generation. It teaches children abstinence and how to protect themselves. This is done through different activities and methods of teaching. It is also a ministry that identifies the orphans and vulnerable children devastated by the pandemic and tries to help them. Chitando states that, in the midst of the orphan crisis in Southern Africa, churches and faith based organizations have stepped in to make a difference.¹¹⁶ HAZM is one of those organizations that has stepped up to make a difference.

According to responses in question four, the children's ministry is also there to enable the child to grow well physically, spiritually, mentally and socially.

The ministry has two departments which are OVC and Nhasi Zvemangwana. The head of department of OVC said in her department they identify needy children and help them accordingly. These are identified by the volunteers when they visit schools and also when they move around the community doing their awareness programmes. The head of department of Nhasi Zvemangwana said in her department all children are catered for. They are taught the word of God so that they can be good future leaders. In their biblical lessons they teach with a bias towards the HIV/AIDS pandemic.

Musa Dube has provided an informative reading of Mark 9:33-37, where Jesus takes a little child in His arms and declares, 'Whoever welcomes one of these little children in my name

¹¹⁶ Chitando, E., Acting in Hope, Op cit, 24

welcomes Me.¹¹⁷ In light of this, Chitando declares that, Churches that welcome children recognize their vulnerability and the need to support them in the contexts of HIV.¹¹⁸

4.3.3 Research Question Three

What methods is the Children's Ministry using in the fight against HIV/AIDS in Sakubva and Dangamvura

The researcher gathered that there are volunteers who teach children weekly on Sundays as shown in table eleven of question three. The volunteers are mentioned in the response to question seventeen, ten in Sakubva and nineteen in Dangamvura. These volunteers engage the children in various activities mentioned in the response to question two. These include lessons on HIV/AIDS prevention, child abuse and life skills. They also have Bible study, songs, prayers and are given memory verses.

As per researcher's observation, the children also have camps organized for them. At these camps the children are taught according to their different age groups. Some of the lessons they are taught are about their changing bodies and how special they are. They are also taught to interact with each other through various games.

In OVC the Children's ministry is providing food hampers and school fees assistance as shown in the interview with the head of department of the programme. This is done through the identification of these OVCs by volunteers who then bring them to the attention of the

¹¹⁷ *ibid*, 25

¹¹⁸ *ibid*, 25

HAZM organization or the church as shown in the interview with the head of department of the OVC. In Dangamvura Fees assistance is being given to four primary school children and three secondary children, also one who is now at college. No statistics for Sakubva were given. HAZM depends on donor funding for them to help these children as mentioned by the HOD of the OVC programme. According to Byamugisha, the immensity of the task of responding to the problems and needs of children affected by the HIV epidemic cannot be overstated. It is surely one of the greatest challenges faced by governments, communities, international agencies and faith based organisations.¹¹⁹

In the Children's ministry, they do not just focus on the church but go further and visit primary schools where volunteers are given time to talk and interact with the children concerning HIV/AIDS matters. They do this weekly as shown in table fifteen of question thirteen. The activities done are mentioned in the response to question twelve such as games, bible study, HIV/AIDS lessons and identification of OVCs.

The researcher observed that the Children's ministry is a big part of the activities of HAZM. Children from all walks of life are made to feel important in this ministry. They are taught that life is a journey and they have to make choices. These choices determine whether their life will be good or bad. They are also taught that Jesus loves them and they are very special and deserve care. This is a good recipe for an HIV free generation.

¹¹⁹ Byamugisha, G., Op cit,104

4.3.4 Research Question Four

What does HAZM mean by Enabling Churches?

From the interview done with the director of HAZM, the researcher gathered that Enabling Churches means empowering churches to take up HIV/AIDS initiatives. It is the conviction of Chitando that, churches that are open, warm and welcoming are a key resource in the response to the epidemic. Welcoming churches enable people living with HIV to openly share their stories.¹²⁰ In this programme, the churches are made aware of the HIV/AIDS pandemic and enlightened that they can act in the fight against this disease. The churches are made to be part of the battle and even create support groups as gathered in the interview with the head of department of the programme.

The head of department also said that in this programme the Church is made to identify and help those in the community surrounding it who are infected and affected. It is known that people usually depend on donor aid when it comes to issues of HIV/AIDS. In the Enabling Churches programme the church is taught to be self reliant and help people with its own resources. Chitando states that

Welcoming churches are by definition inclusive communities. They interpret their mission in the manner of Jesus who embraced the marginalized. They live up to the definition of what it means to be Christian-imitators of Christ. Such churches are oozing with love and acceptance. They do not dwell on what they do not have, such as massive financial resources and quality medication. In the manner of Peter at the gate of the temple (Acts 3:6), they give what they have: abundant love.¹²¹

¹²⁰ Chitando, E., *Living with Hope*, Op cit, 38

¹²¹ Ibid, 41

In light of the above quotation, in the Enabling Churches ministry, the church is encouraged to be accepting, loving and active just like Jesus was with the marginalized people.

4.3.5 Research Question Five

How is Enabling Churches used in trying to combat HIV/AIDS in Sakubva and Dangamvura?

The head of department of Enabling Churches said that as a department they enable churches to be HIV/AIDS competent. This is done through the creation of HIV/AIDS committees at local level in Sakubva and Dangamvura. These HIV/AIDS committees are put on the local church calendar and given a Sunday in which they preach and share on issues pertaining to the disease. From the interview the researcher also gathered that the committees also talk about other diseases that are not HIV/AIDS but can be opportunistic infections such as cancer, sugar diabetes and high blood pressure. These committees also raise money and help OVCs and conduct home based care in the Dangamvura and Sakubva communities. They also refer some cases to HAZM if they and the church cannot raise enough money. Chitando is of the conviction that, African churches that have been moved by compassion do not remain indifferent.¹²²

¹²² *ibid*, 52

In Enabling Churches according to the responses in question five, when the committees are given a platform, they engage in various activities such as HIV/AIDS awareness in the church and discussions on the pandemic. They talk about the dangers of stigmatization and encourage church members to care for the affected and infected. They also invite specialists to address the congregants and train volunteers and pastors.

In Sakubva and Dangamvura churches one Sunday is given by the Church head office once a year to address issues pertaining to the pandemic. This year it will be on the second of August and it is called Health Sunday. However as Mutare District, the subject is discussed and addressed by the committees to the congregants quarterly as shown in table twelve of question six. This is done after every three months when the district holds a quarterly revival meeting and the committees from Sakubva and Dangamvura are part of the team that addresses the congregants on the pandemic.¹²³

Because of the Enabling Churches programme, some people in the church have come out in the open about their HIV/AIDS status as shown in table thirteen of question seven and the responses in question eight.

¹²³ Interview with the Head of Department of the Enabling Churches programme, January 2015

4.4 Conclusion

In this chapter, the researcher has presented data that she gathered through questionnaires, interviews and the observation method on the response of the UBC to the HIV/AIDS pandemic in Mutare District. She has analysed the data through the use of tables and reports. The researcher has also tested the five research questions and come up with the response of the UBC to the pandemic. It is clear from the research presentation that UBC has used HAZM as a tool to fight the pandemic in Sakubva and Dangamvura. It has done this through targeting children (Children's Ministry) and the church as a whole (Enabling Churches). The issues that arise from this chapter are that in the Children's Ministry, OVC are identified by the pool of volunteers and assisted accordingly. The researcher has also gathered that all children through Nhasi Zvemangwana Children's Ministry are given awareness lessons using various tools such as games and Bible study. Enabling Churches programme is also being used as a tool in combating HIV/AIDS through the creation of support groups and HIV/AIDS committees.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

The researcher has critically examined the UBC's response to HIV/AIDS in Mutare district from 2004-2014. The researcher's case study has been HAZM in Sakubva and Dangamvura. The research has brought to light that the church through HAZM has joined the fight against the pandemic in Zimbabwe. However there is still much that needs to be done, but progress is apparent.

Chitando contends that,

Following the example of Jesus who expressed solidarity with individuals and communities that were ostracized, the church in Africa has been associated with compassion. The church has looked after orphans and other vulnerable groups in other parts of Africa. It has been associated with charitable activities and humanitarian efforts. The era of HIV and AIDS presents new challenges for the church to reinforce its identity as a compassionate institution in Africa¹²⁴.

UBC through HAZM has taken up this challenge through its Children's programme and Enabling Churches programme in Sakubva and Dangamvura.

The objectives of the study have been to examine how the UBC channels the love of Christ to suffering people and strives to be the light and salt of the world on the subject of

¹²⁴ *Ibid*, 10

HIV/AIDS. From the researcher's findings, the church has channeled the love of Christ to the suffering people through both the Children's Ministry programme and Enabling Churches. The help given to orphans and vulnerable children is evidence of channeling the love of Christ to suffering people. The encouragement given to the churches in Dangamvura and Sakubva to take up home based care initiatives and also care for the affected and infected through social work is also evidence of channeling the love of Christ. Through HAZM, UBC has been the salt and the light of the world in that other churches are being trained to take up this ministry as shown in the research findings. The volunteers' work in the Dangamvura and Sakubva communities such as schools and community halls is also evidence of the church being the salt and the light of the world.

To establish what HAZM of the UBC is doing in Sakubva and Dangamvura in order to help combat the problem of HIV/AIDS has been another of the objectives of this dissertation. The researcher has established that HAZM has trained volunteers in these two areas who volunteer in the Children's Ministry and Enabling Churches in the fight against that pandemic. It is the conviction of Chitando that;

The large pool of volunteers that the church in Africa can mobilize is a vital resource in the era of HIV/AIDS. As the Bible puts it, 'the harvest is plentiful, but the labourers are few' (Luke 10:2). At a time when the epidemic shows no signs of slowing down in most parts of Sub-Saharan Africa, the need for volunteers in the provision of care has never been greater... Church volunteers in Africa can help stem the tide of HIV and AIDS¹²⁵.

These volunteers are doing a great work in the fight against the pandemic. They offer their voluntary services as they regard it as an integral part of their faith.

¹²⁵ *ibid*, 11

Another of the objectives of this research was to show how the programme of the Children's Ministry is operated in the bid to combat the disease. This programme as has been seen has two departments, OVC and Nhasi Zvemangwana. In the programme of OVC volunteers visit orphans weekly, counseling them and praying with them. They supply milk formula to orphaned infants and mothers who should not breast feed due to HIV infection. They also supply food packs (peanut butter, cooking oil, mealie meal, dried fish and beans) to keep children from malnutrition. They also assist educationally in the payment of school fees for some of them. They also attend camps which provide a special opportunity for the children to be away from home and reflect on how they can improve their lives. The Nhasi Zvemangwana department runs in schools and churches. It ensures recreation for the children where they learn new games, go for counseling, HIV education and opportunities to listen and respond positively to the gospel.

The last but not least objective of this dissertation was to define what the programme of Enabling Churches is all about and how it is being used to fight against HIV/AIDS. From this study, it has come out that this is a programme that aims to challenge churches to take up HIV/AIDS issues seriously and play a significant role. It is also there to ensure the sustainability of projects started by HAZM. The researcher has established that this programme is aimed at fighting stigma by providing correct information to pastors, church leaders and the congregants. It runs an HIV/AIDS awareness module in Bible Colleges to reach pastors in training and mobilizes churches to set up committees to fight HIV through educating congregations. Lastly it encourages churches to fund raise for AIDS ministries.

5.2 Conclusion

This dissertation has revealed that the UBC through HAZM is helping out in the fight against the HIV/AIDS pandemic from the research findings. The researcher's findings observed that in Zimbabwe the problem has been spelt out, which is that the impact of HIV infection remains strong. According to the HAZM annual report of 2013, many adults infected during the peak of the pandemic are dying, leaving children orphaned. The school dropout rate for orphaned children remains high, necessitating interventions. Many people that should be on antiretroviral drugs cannot access them because they are unaffordable¹²⁶. From the research findings, a ministry like HAZM is thus necessary to keep fighting HIV/AIDS until its effects are eradicated in Zimbabwe.

The research has shown that in Sakubva and Dangamvura, HAZM endeavors to meet the real needs of the communities through the Children's Ministry and Enabling Churches. These two programmes run home based care trainings for church members who volunteer to help those dying of AIDS. They assist the sick with prescribed medicines and food. They encourage people to go for HIV testing, create support groups and run trainings in positive living for people living with HIV. HAZM through the programmes reduces parent to child transmission of HIV/AIDS primarily through the education of youths and adults. This is done through its programme of Enabling Churches. It also trains church volunteers in orphan care and provides sustained care and practical skills for orphan families. To add to that it offers holiday camps for orphaned children in order to offer them the gospel and

¹²⁶ HAZM Annual Report, 2013

train them in life skills. The study has revealed that the orphan programme also includes provision of educational assistance to orphans in order to prevent school drop outs. It has been clearly outlined in this study that HAZM also delivers educational and prevention programmes for church leaders, pastors and congregations to eradicate HIV/AIDS stigma and runs workshops for them to enable the Churches to care for people infected and affected by HIV/AIDS. It runs HIV/AIDS prevention programmes for all children in the Dangamvura and Sakubva communities. It also equips the church and community members with income generating skills for self sustenance.

From the research investigation the researcher has gathered that this ministry is essential because of the following reasons:

- It is a church driven HIV/AIDS prevention and care programme that channels the love of Jesus Christ to suffering people and is a clear demonstration of how the church can be the salt and the light of the world.
- The government of Zimbabwe cannot cope with the current extent of the pandemic and resources have been stretched to the maximum. A church programme like this will help the government in delivering essential health and social welfare services to people.
- Families that have been hit by the pandemic have lost earnings through the loss of the bread winner, loss of income and property as they sell assets to treat the sick person who eventually dies. The ministry helps such families to at least

be able to send children to school so that such children will be able to support the families and develop the communities in the future.

- Very few prevention initiatives target children, yet it is very important that a character of self value and assertion is developed in children so that as they grow up they would have acquired the moral values that will prevent them from contracting HIV. The Children's Ministry addresses the physical, social, emotional, spiritual and intellectual needs of children so that they will be free from social vices leading to HIV and other infections.

5.3 Recommendations

1. HAZM should train more volunteers in Sakubva and Dangamvura as these suburbs are large and the work that needs to be done is a lot. The fact that the organization does not run at church level only makes one suggest that more volunteers are needed. In Dangamvura it only has nineteen and in Sakubva only ten. It is impossible for them to do all the work that needs to be done in the suburbs concerning the epidemic.
2. HAZM should also consider targeting the youths of high school age at church level and even consider sending volunteers to the high schools in the Dangamvura and Sakubva areas. Since they are already teaching Primary school children at schools such as Dangamvura primary, they can then target Dangamvura High school which

is nearby and start with the form ones. For the form ones it will be like a continuation of what they were learning at primary school.

3. HAZM should consider the cultural, traditional, socio-economic and political challenges that are also the drivers of the pandemic. It should find ways to deal with these challenges. According to Sue Parry, “As HIV statistics have continued to soar unacceptably, even in the face of so many efforts, programmes and initiatives... considerable numbers of programmes have focused on the epidemiology of HIV and on behavior change and in the process have neglected cultural, traditional, socio-economic and political challenges which have effectively undermined so much effort.”¹²⁷ In reaching out we need to ensure that our actions are socially relevant and culturally appropriate as well as being theologically and technically sound.¹²⁸

4. UBC should involve women more in leadership positions when it comes to the issue of HIV/AIDS. The leader of HAZM is male yet most of the volunteers are women. The pastors are also male yet women are the majority as volunteers. Chitando contends that, women comprise the majority of the church in Africa. Women are the church. They are at the forefront of the church’s response to HIV. Churches must recognize the special gifts that women bring to them.¹²⁹

¹²⁷ Parry, S., Op cit, 8

¹²⁸ Ibid, 9

¹²⁹ Chitando, E., Op cit, 8

5. The UBC through HAZM should also target people with disabilities in their programmes. In all the programmes discussed in the research, the researcher discovered that nothing was addressed to the deaf, blind and others yet they are part of society. Chitando argues that, churches in Africa are required to pay particular attention to the issue of disability in the era of HIV. HIV prevention messages often overlook the needs of people with disability. Programmes on HIV in Braille and sign languages must be offered by churches.¹³⁰ The researcher did not discuss needs assessment with the organization but recommends that the issue of disability be considered by HAZM
6. The UBC must continue collaborating with the government, NGOs, civic society and others to strive to keep people living with HIV alive. Chitando believes that such a move is a crucial step in addressing the orphan crisis in Africa.¹³¹ Consequently, the UBC and other churches must be at the forefront of the struggle to ensure that people who need antiretroviral drugs succeed in getting them.
7. The UBC should continue to advocate for the awareness of HIV/AIDS. It cannot afford to be inaudible while the pandemic continues to cause suffering and death.

¹³⁰ *ibid*, 38

¹³¹ *ibid*, 26

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APPENDICES

Appendix one: Map of Zimbabwe which shows Mutare where the study was conducted



Appendix Two: Map of Mutare which shows Sakubva and Dangamvura where the study was conducted

Appendix Three

CONSENT FORM

My name is Margret Chinyadza, a final year Master of Arts in Religious Studies student from Africa University. I am carrying out a study on the response of the United Baptist Church to the HIV/AIDS pandemic through HOPE for AIDS Zimbabwe Ministry (HAZM) in Dangamvura and Sakubva. In regard to this, I am kindly asking you to participate in this study by answering the questions I will be asking you/filling in this questionnaire.

What you should know about the study.

The purpose of this research is to critically examine how the UBC through HAZM has responded to the challenge of HIV/AIDS in Sakubva and Dangamvura areas of Mutare district. It is the aim of the research to examine and bring to light how the Church (UBC) channels the love of Christ to suffering people and strives to be the light and salt of the world on the subject of the HIV/AIDS pandemic. The research also seeks to reveal what methods the Church has used in trying to combat the pandemic and the contribution it has made to the society in this area.

You have been chosen to participate in this research together with 60 other people because you are a long standing member of this Church and have seen HAZM in operation over the years.

If you decide to participate you will be expected to answer the following questionnaire truthfully and to the best of your ability. Answering the questionnaire may take you 30 minutes to an hour or you will be expected to sit with me for about 15 minutes as I interview you concerning the organization.

Participating in this research will not benefit you materially as an individual but it will enable me to conduct my research and bring to light what our church through HAZM is doing for the community and the country at large. I feel that it is important to show the role our church is playing in trying to combat the HIV/AIDS pandemic.

Confidentiality

Any information that is obtained in this study that can be identified with you will not be disclosed without your permission. Names and any other identification will not be asked for in the questionnaires or in the interview.

Participation in this study is voluntary. If you decide not to participate in this study, your decision will not affect your future relationship with me or Africa University. If you choose to participate, you are free to withdraw your consent and to discontinue participation without penalty.

Before you sign this form, please ask any questions on any aspect of this study that is unclear to you. You may take as much time as necessary to think it over.

Authorization

If you have decided to participate in this study, please sign this form in the space provided below as an indication that you have read and understood the information provided above and have agreed to participate.

Name of Research Participant (please print)

Date

Signature of Research Participant or legally authorized representative

If you have any questions concerning this study or consent form beyond those answered by the researcher including questions about the research, your rights as a research participant, or if you feel that you have been treated unfairly and would like to talk to someone other than the researcher, please feel free to contact the Africa University Research Ethics Committee on telephone (020) 60075 or 60026 extension 1156 email aurec@africau.edu

Name of Researcher-----

GWARO REKUBVUMA

Ini ndinonzi Margret Chinyadza. Ndinodzidza pa Africa University apo ndirkuita chidzidzo che Master of Arts in Religious Studies. Ndiri mugore rekupedzisira. Ndirikuitawo tsvagurudzo yezviri kuitwa nechechi ye United Baptist pamusororo pechirwere cheshuramatongo che HIV/AIDS. Muongororo iyi ndiri kutarisa basa riri kuitwa ne HOPE for AIDS Zimbabwe Ministry (HAZM) iyo inoshanda irir pasi pechechi iyoyi. Saka ini ndirikukumbirawo kuti mundibatsirewo nepamungagona mukupindura mivhunzo yandiinayo.

Chinangwa chetsvagurudzo iyi

Chinangwa chetsvagurudzo iyi ndechekuongorora kuti UBC ichishanda ne HAZM irikubatsira sei pachirwere che HIV/AIDS munzvimbo yeChikanga ne Dangamvura. Chinangwa chiri chekuda kuburitsa kuti kereke irir kuratidza sei rudo rwaKristu kune vanotambura, uye ir kuburitsa sei kuva munyu wenyika nechiedza chenyika. Munyori ari kuda kuburitsa matanho ari kutorwa nekereke mukurwisana nechirwere ichi.

Kubatsira mutsvagurudzo iyi hakuna zvakuchakupai pamubhadharo asi zvichabatsira ini paongororo yandiri kuita nekubuditsa pachena zvirikuitwa nechechi yedu munharaunda dzainowanikwa. Ndioona izvi zviri zvinhu zvakakosha saka rubatsiro rwenyu runondikoshera, mazvita.

Imi masarudzwa kuti mubatsire mutsvagurudzo iyi nekuti muri nhengo ye UBC. Kana mabvuma munenge muchiita izvi nevamwe vanhu makumi matanhatu. Muchakumbirwa kuti mupindure mivhunzo inotevera nepese pamunogona uye nechokwadi chenyu chese. Kupindura mivhunzo iyi kunogona kukutorerayi chidimbu cheawa kana kuti awa rimwe chairo.

Kuchengetedzwa

Zvamuchataura zvese kana kupindura zvichabuditswa asi pasina zita renyu saka sunungukai zvenyu. Hapana pamuchavhunzwa kuti munyore zita renyu asi kuti muchitodawo zvenyu.

Kubatsira mutsvagurudzo iyi hakumanikidzwi. Makasununguka kubvuma kana kuramba chero pamadira. Izvi hazvizokanganisi ukama hwenyu neni kana ne Africa University.

Musati masaina gwaro iri, makasununguka kuvhunza mibvunzo pamusoro petsvagurudzo iyi zvisina kukujekerei. Munokwanisa kumbotora chinguva muchimbofunga nezvazvo.

Mvumo

Kana mafunga kubatsira mutsvagurudzo iyi, muchakumbirwa kuti musaine pazasi apo kuratidza kuti maverenga mukanzwisisa zvakanorwa uye mabvumirana nazvo.

Zita Renyu

Dheti

Siginicha yenyu

Kana muine imwe mibvunzo pamusoro petsvagurudzo iyi, uye nezvekodzero yenyu paongororo iyi, kana kuti muchinzwa kuti hamuna kubatwa zvakanaka, munokwanisa kutaura nevamwe vasiri muongorori. Sunungukai kubata ve University Research Ethics Committee panhamba dzenhare dzinoti (020) 60075 or 60026 extension 1156 email aurec@africau.edu

Zita rangu muongorori -----

Appendix Four:

Questionnaire in Shona and English

My name is Margret Chinyadza, studying for a Masters of Arts in Religious Studies degree at Africa University. I am carrying out an investigation on the response of the United Baptist Church to the HIV/AIDS pandemic in Mutare district with HOPE for AIDS Zimbabwe Ministry as my case study. I kindly ask you to help me fill in this questionnaire. Thank you in advance, Margret.

Mibvunzo inotevera ichabatsira kuti inini Margret Chinyadza ndipedze dzidzo dzangu ne Africa University dze Master of Arts in Religious Studies ndichiongorora basa riri kuitwa ne Windows of Hope. Rubatsiro rwenyu rwakandikoshera chaizvo.

May you kindly answer the following questions in the best possible way/ Ndinokumbirawo kuti mupindure mibvunzo inotevera nekugona kwenyu kwese.

Age/Zera: -----

Sex: Male, Murume/Female, Mukadzi

Position/Designation, Chigaro musangano: (Pastor/Mufundisi, Volunteer/Muvhorotiya, Laity/Nhengo yechechi isina zvigaro zviviri zvapfuura)

Church/Chechi: (Sakubva/ Dangamvura)

1. *Are you familiar with HOPE for Aids Zimbabwe Ministry/Munozivawo nezvesangano reHOPE for AIDS Zimbabwe here? (Yes, Hongu/No, Kwete)*

2. *Name any activities done in the Children's Ministry of OVC and Today for Tomorrow that you know/ Nyorai zvamunoziva zvinoitwa nekudzidziswa vana kuchirongwa chenherera nekuNhasiZvemangwana.*

a. -----

b. -----

c. -----

d. -----

3. *How often are the activities done/Vana vanoita zvidzidzo izvi kangani? E.g. (once a month/kamwepamwedzi, quarterly/pamwedzi mina, or once a year/kamwepagore) -*

4. *In your opinion why are these activities done for the children/Mukufunga kwenyu, ngei vanava chipihwa zvidzidzo izvi? -----*

5. *What activities are done in the Enabling Churches programme/Chii chinoitwa pachirongwa chekudzidzisa chechi nezve HIV/AIDS?*

a. -----

b. -----

c. -----

d. -----

6. *How often are the activities done/Zvidzidzo zvekudzidziswa kwemachechi zvinoitwa kangani? E.g. (once a month/kamwepamwedzi, quarterly/pamwedzi mina, or once a year/kamwepagore)*

7. *Are there any people coming out in the open about their HIV status in the Church/Pane here vanhu varikubuda pachena nezvechimiro chavo panhau ye HIV imo muchechi? (yes, hongu/no, kwete)*

8. *Do you think they came out in the open because of the programme or other reasons/Kana varipo, munofunga kuti vakabuda pachena nenyaya yechirongwa chekugonesa machechi here kana kuti zvimwewo? -----*

9. *Please name the community schools that HAZM is working with/Nyorai mazita ezvikoro zvirikushandane HAZM munharaunda yenyu? -----*

10. *Which age groups do the volunteers work with/Mavhorotiya vanoshanda nezeraripi muzvikoro izvi? -----*

11. *Why do they work with these age groups/Ngei vachishanda nezera iri? -----*

12. *What activities are carried out at the schools/Zvinyi zvinoitwa kuzvikoro zvacho pakudzidziswa kwevana?* -----

13. *How often do volunteers visit these schools/Mavhorotiya vanoshanyira zvikoro izvi kangani?* -----

14. *Can you identify any other places or homes that the volunteers visit in the communities other than schools/Munganyora here dzimwe nzvimbo kana misha inoendwa nemavhorotiya isiri zvikoro?* -----

15. *How do the volunteers assist in these other areas/Mavhorotiya anobatsira sei kunzvimbo dzamanyora idzi?* -----

16. *What has been the community's response to the activities done by the volunteers/Nharaunda iri kugamuchira sei zviri kuitwa nemavhorotiya izvi? -----*

17. *How many men and how many women make up the group of volunteers at your local church/ Pane vakadzi vangani nevarume vangani kumavhorotiya pachechi yenyu? -----*

18. *In your opinion how has the HAZM impacted your Church and the community/ Mukuona kwenyu, HAZM iri kubatsira chechi nenharaunda here?-----*

19. *Are there any other organizations or churches in your community that are also helping people affected or infected with the disease/* Kunewo dzimwe chechi kana vemamwe mapato vari munharaunda yenyu varikubatsira varwere here kana kudzidzisa nekubatsira nherera panyayadze HIV idzi? -----

20. *If they are there, do you work together at times/*Kana varipo pane pava nomboshandidzana nemi here? -----

21. *If you are not a volunteer, would you consider helping out in the Ministry/* Kana usiri muvhorotiya, ungada here kubatsira paurongwa hwe Hope for Aids Zimbabwe Ministry? (yes, hongu/no, kwete)

22. *Can you give reasons for your answer/*Mungapa zvikonzero zvemhinduro yenyu here? -----

Appendix Five:

Interview guided questions

1. What is your highest educational qualification?
2. How has HIV/AIDS impacted your life, community and country?
3. What position do you hold in HAZM?
4. Do you think HAZM is part of the solution to the challenge of HIV/AIDS in your Church and community?
5. Can you give reasons for your answer?
6. What is the Enabling Churches Ministry?
7. How has this ministry impacted the Church?
8. What is the Children's Ministry?
9. How has the Children's Ministry impacted the church and community?
10. What inspired the formation of these programmes?
11. In your opinion is the Church doing enough towards the fight against the HIV/AIDS pandemic in your community?
12. What areas do you think the UBC and HAZM can improve in the fight against the HIV/AIDS pandemic?
13. What challenges do you face as an organization?

Appendix six: Marondera OVC Holiday Camp Programme 11-17 August 2014 with volunteers from Dangamvura and Sakubva.

Time	Monday 11th	Tuesday 12th	Wednesday 13th	Thursday 14th	Friday 15th	Saturday 16th	Sunday 17 th
6.45				Power station	Power station	Power station	
7.15		Leaders rise	Leaders rise	Rise and shine kids	Rise and shine kids	Rise and shine kids	Rise and shine kids
7.30		Power station	Power station	Time with God: Who is God	Time with God: Sin separates	Time with God: Jesus the way	Time with God: Hope for each day
8.30		Breakfast					
9.30		Camp Preparation	Arrival of Children and caregivers	2 nd lesson: I am special	4 th lesson: Friends and peer pressure	6 th lesson: Tree of life	
10.30	Short Break						
11.00	Arrival of facilitators	Camp preparation	Games and crafting Name tags and camp rules	Activities: I am special passports	Crime prevention Awareness: courage and trust	Personal tree of life and counselling	
13.00	Lunch						
15.00	Introductions and Games	Camp preparation	Personal hygiene; Orientation activities	Activities: Team building- Career guidance	Art and sports	Preparation for fun night and time for talks	
17.00	Showers						
18.00	Supper						
19.00	Praise and Worship	Praise and Worship	Praise and Worship	Praise and Worship	Praise and Worship	Praise and Worship	
19.30	Devotion and responsibilities	Power Station	1 st lesson: Life is a journey	3 rd lesson: HIV and Boundaries	5 th lesson Choices and consequences	Power station	
20.30	Items and funny activities special camp night						
21.00	Bed time for kids/ Bedtime for kids/ Bedtime for Kids and certificates						
	Evaluation	Evaluation	Evaluation	Evaluation			

Appendix Seven: Dangamvura OVC camp facilitator addressing orphans in Marondera while other volunteers look on in August 2014.



Appendix Eight: Sakubva OVC camp facilitator teaching children on HIV/AIDS awareness in Marondera in August 2014



**Appendix Nine: Nhasi Zvemangwana Children's Camp Programme at Biriiri 11-14
December 2014, attended by children from Sakubva and Dangamvura.**

	Thursday	Friday	Saturday	Sunday
0500		Bath time	Bathing	Cleaning up and bathing
0630		Devotion	Devotion	
0700		Breakfast	Fitness aerobics	
0845		General singing	Breakfast	Breakfast
0900		Family care groupings	Connect child with God lesson	Sunday school
0920		Bible study		Sunday service
1030	Arrival	Juice break		
1100		Lessons in age groups	Preparation of memory verse competitions	
1200	Lunch	Lunch	lunch	Lunch and departure
1400		Leadership lesson by expert in group	Memory verse competitions	
1600		Free time and general games and sports		
1700	Supper	Supper	Supper	
1900	General singing	General singing	Praise and worship	
1930	Rules	Evaluation with children and reinforcement lesson	Items	
1950	Praise and worship	DVD and summary	DVD and summary	
2030	DVD narration intervals	Closing remarks and announcements	Closing remarks and announcements	
2100	Bedtime	Bedtime	Bedtime	

Appendix Ten: Volunteers (in yellow including those from Sakubva and Dangamvura) for the Nhasi Zvemangwana Children’s Camp at Biriiri



Appendix Eleven: A Sakubva volunteer teaching a specific age group of children at the Nhasi Zvemangwana Children's Camp



Appendix Twelve: Volunteers and Children at the Nhasi Zvemangwana Children's camp at Biriiri including those from Sakubva and Dangamvura.



Appendix Thirteen: Approval letter from AU ethics committee