



**KWAZULU-NATAL  
CHRISTIAN COUNCIL**

**The Kwazulu Natal Christian Council Theology Of Care Framework  
for HIV Epidemic Control Focusing on Long Term HIV Treatment,  
Adherence to HIV Treatment and Retention to care for the hard to  
reach population in Kwazulu-Natal**

**KZNCC CARE and TREATMENT THEOLOGY of Care**

**August 2019**

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# 1 Introduction

The KZNCC Theology of Care and Confession has its roots in the struggle against the HIV epidemic in KwaZulu-Natal. The theology group of the HIV Care Office of the KZNCC has drafted this call for repentance. Its aim is to mobilize churches to join the campaign for HIV awareness in the province that has more infected people in South Africa. The KZNCC has taken the lead to protest against the complacency of the ecumenical movement in responding to this pandemic and the sin of stigmatization that has been prevalent amongst churches. The confession is aimed at rallying churches to join the campaign and to be obedient to Christ call for it to reach out to all people. Its call is to highlight the sin of stigmatization and judgemental attitudes.

## 1.1 Background

In December 2014 the National Department of Health (NDoH) also adopted the Joint United Nations Programme on HIV and AIDS (UNAIDS) fast track 90 90 90 strategy that intended to effectively manage the dual epidemic of HIV and AIDS and Tuberculosis in line with the current SA policies. According to the 95 95 95 strategy, it is expected that: 95% of the South Africans should know their HIV status; 95% of the people who are living with HIV should be, if eligible put on antiretroviral treatment (ART) and 95 % of those who are on ART should have their viral load suppressed to an undetectable state.

As with HIV, it is also expected that 95% of TB clients are screened for TB, 96% are initiated on TB treatment and 95% TB clients on treatment successfully complete their treatment.

The KwaZulu Natal Government has made strides in working with various government department, partners, and civil society organisations to ensure the implementation of the 95 95 95 strategy. To date various partner organisations have received philanthropies to work closely with KZN government in providing a comprehensive primary health care package included the management of HIV particularly for the hard to reach population in KZN.

## 2 Theology of Care Aim and Objectives

### 2.1 Aim and objectives

- To produce pastoral letters to inspire the local church to be involved in the HIV epidemic control initiatives.

- To capacitate faith based leaders to establish bible study material and content that will inspire the church to start to be involved into HIV and AIDS epidemic management and control in their respective communities.
- To develop a Theology of Care Model within the context of the 95 95 95 strategy
- Mobilise and empower FB leaders, traditional leaders, and traditional healers in targeted districts and use their influence to decrease stigma, discrimination and gender based violence.
- Mobilise and equip church leaders to provide support to communities and individuals seeking HIV testing services and linkage to care
- Increase demand for HIV testing and linkage



### **3 KWAZULU-NATAL CHRISTIAN COUNCIL HIV AND AIDS EPIDEMIC CONTROL PASTORAL LETTER**

Greetings to the people of the province of KwaZulu-Natal (KZN)

**The Church as a Caring Community:** The ecumenical movement in the Province of KwaZulu-Natal cherishes its place in the One Holy Catholic Apostolic Church which is the body of Christ encompassing the whole world (1 Cor. 12:24-27). The ecumenical movement sees the Church as a communion of one body with many members that are distinct to each other united in diversity. The church is the 'one body of Christ'. The body is one and has many members. But all the members of that one body, being many, are one body, so also is Christ (1 Cor. 12: 12). So if one part of the body is infected or affected by HIV, all the parts of the body are infected and affected by the virus. How can the church claim to be the one body of Christ when some of its members have to endure stigma and discrimination within the same body of Christ? The church is supposed to welcome all people to sit at a roundtable as equal members of the body of Christ. The body of Christ consists of people with equal dignity, equal worth and with indelible rights. The church is supposed to welcome all people to sit at roundtable as equal members of the body of Christ. The church needs to provide a safe space for people living with HIV. HIV is not God's punishment for disobedience and immorality. People who are living with HIV (PLWH) must feel welcome, loved and cared. In the notion of the body of Christ as taught by the scriptures, in any way, in the one body of Christ, we are all affected with HIV.

The mission of the church is that of an oasis of life, peace, justice and hope. An "oasis" is a spring of fresh water surrounded by a fertile region of vegetation in a desert. In the world of HIV and AIDS, the Church must be like as oasis, a beacon of hope in the desert of Stigma, Shame, Denial, Discrimination, Inaction and Misaction (SSDDIM). The church must be an inspiration to all of us affected and infected with HIV, providing that safe space and care for all to feel at home. Likewise, ignoring HIV and AIDS by the church, and concentrating on other facets of the ministry is as good as leaving the child to die when one has all the capacity to save that child. Similarly, if a church does not address HIV and AIDS, its ministry is of little relevance today. The church in this province is challenged not to compromise its mission and mandate by its position on HIV and AIDS.

**KwaZulu-Natal HIV Competent Church:** The church that is envisaged in this pastoral letter is an HIV Competent Church with a clear framework for action: prevention, care, support and treatment for people who are infected and affected by HIV. HIV responses also need to be proactive as well as reactive in order to:

- Ensure that 95% of HIV Positive clients are initiated on ART treatment
- Ensure that 95% of HIV clients who are ART treatment remain on treatment
- Ensure that 95% of client have their VL suppressed
- Overcome stigma, denial and discrimination associated with HIV.
- Compassionately restore the dignity and hope to our communities in the province of KwaZulu-Natal and South Africa at large.

May God richly bless you all in the Province of KwaZulu-Natal in your fight against HIV and AIDS.



#### **4 KZNCC HIV and AIDS EPIDEMIC CONTROL DURBAN 2019 CONFESSSION**

We believe in the triune God, Father, and Holy Spirit, who is the head of the church in the world. This God called, and send the church to the world to be a loving and caring community.

We believe in the God who has called the church to minister to all people especially the least of these our brothers and sisters who are affected and infected with HIV.

We confess our judgement and uncaring attitudes towards such people in the past that emanated from our ignorance. We admit that in the past, we have sinned by treating the pain of others without care and we have ignored others who were suffering because of this disease.

**We believe that:**

- Christ's work of grace and unconditional acceptance is fulfilled in the church as a community of believers who were loved and accepted unconditionally to this family (John 3:16).
- That caring is a gift that the church received from Christ and an obligation for it to fulfil, through the inspiration and guidance of the Holy Spirit who gives gifts to people to care for one another (Ephesians 4: 15-16).
- That the love and caring of the church must be our *magna carta* so that the world may know that, the ill-treatment and stigmatization of people infected with HIV is conquered in Christ, who is perfect love and embraces and take the side of those who are suffering.
- That we demonstrate our love for HIV positive people as Christ loved us (John 13:35).

**Therefore, we reject any theology**

- Which condemns people because of disease (Romans 8:1).
- Which is retributive and judgmental on people
- Which stigmatizes people and make them feel unwelcomed in the church God which denies life but promotes hate

**We believe that:**

- God has entrusted the church with the ministry of care and presence (Mark 16:15)
- The word of God has redemptive messages
- That the word and Spirit of God has healed all disease even though not having cured them, thus providing a healthy mind and soul which is critical for renewing strength of the body (Proverbs 17:22)
- That the liturgies, prayers and hymns of the church are assets of restoring those wounded by disease and suffering

**There we reject:**

- Any messages and teachings that are toxic
- Any texts and the use of the Bible to condemn people suffering from HIV
- Liturgies, hymns and sermons that promotes stigmatization.

**We believe that:**

In obedience to Jesus Christ, the only head of the church, the church is called to confess its sins of having stood by whilst God's people were suffering because of the disease (Colossians 1:18). That from now on, no ideology, or doctrinal teaching will stand on the way of the church to ministering to all sick people unconditionally.



## **5 KZNCC HIV and AIDS EPIDEMIC CONTROL CONTEXTUAL BIBLE STUDIES**

The Contextual Bible Study method is similar to many other forms of Bible study that have their origins in the interface between socially engaged biblical scholars, organic intellectuals, and ordinary Christian ‘readers’ (whether literate or not) of the Bible. Many will be familiar with the See-Judge-Act method, where the Bible study process begins with analysis of the local context (See), and then re-reads the Bible to allow the biblical text to speak to the context (Judge), and then moves to action as we respond to what God is saying (Act). Social analysis enables us to understand our reality; re-reading the Bible enables us to judge whether our reality is as God intends it to be; and our plan of action enables us to work with God to change our reality. This process is an ongoing process, it is repeated, as each action leads to further reflection (See), etc. This is the cycle of praxis. CEBI adds two other elements to this process in order to make the cyclical nature of the process overt. They speak of their process as consisting of See-Judge-Act-Celebrate-Evaluate. After the group has acted, they then ‘Celebrate’ what they have done, both liturgically and socially; they then, after celebration comes evaluation. The group then ‘Evaluates’ the process to this point and goes on to plan for ongoing work. Contextual Bible Study is a form of the See-Judge-Act method. First, Contextual Bible Study is always situated within the social analysis and needs of particular communities of the poor, the working-class, and marginalised. It is their perspective on reality that shapes the whole Bible study. Second, Contextual Bible study provides a way of doing theological analysis, “reading the signs of the times”. The Bible is read carefully and closely in order to hear its distinct voice within its own literary and socio-historical context, thereby providing a theological resource from which to reflect on and engage with our social analysis. And third, Contextual Bible always ends with theological resources provided by the Bible study to plan for social transformation.

An Example of Creating a Contextual Bible Study This example takes as its starting point the reality of HIV in our contexts. See: The process of creating a Contextual Bible Study begins with ‘Seeing’. Social analysis identifies, for example, the question of what ‘causes’ HIV and the question of where HIV comes from – the issue of HIV as “the illness of sinners”, as “the salary of sin” – as a key question. Judge: Once the context of HIV has been analysed, the CBS then moves into bringing this ‘reality’ into dialogue with ‘other’ biblical resources for a

more redemptive interpretation. The challenge is to develop a CBS that will address the 'causal' question. In this case we will use John 9, focusing on 'the shape' of the text. Act: The CBS begins the process of moving into action through the action plan, but the actual action goes beyond the CBS into the life of the community. In this case the CBS seeks for forms of action that can be used in the church to challenge and change its stigmatising responses to those who are HIV-positive. What follows is an example of the kind of CBS that might be used to engage with HIV in our contexts. As you reflect on this example, consider once again the 'shape' of the Bible study. Contextual Bible Study, as we have seen, follows a particular shape. We have expressed this in various ways. In summary, Contextual Bible Study follows four movements:

1. CBS begins with the voices and perspectives of the community, using thematic-contextual questions, like "What is the text about?" If the text is a familiar text, then the responses to this question draw on what the participants already know about this text, from their own reading of the Bible and from their faith communities. If the text is a less familiar text, then the responses to this question come from the participants' immediate encounter with the text and the initial impressions the text offers to them.

2. If the first movement of CBS is a moment of encounter with the themes of the text (within the context of the community), then the second movement of CBS is a more prolonged engagement with the literary detail of the text. Textual questions draw the participants into the world of the text. The form of the textual questions is determined by the type of text being read. If the text is a narrative text, then the textual questions focus, for example, on the characters and the relationships between characters in the story. If the text is a poetic text, then the textual questions focus on its poetic structure and images. If the text is a letter, then the textual questions focus on the setting and argument of the letter. The focus of the second movement is the detail of the text, taking into account its literary context.

3. The third movement of CBS takes the participants from the literary context of the text into the sociological and historical world of the text. Each biblical text 'belongs' to a real world, out of which the text was produced. The first layer of the text's context is its literary context; the second layer of the text's context is its socio-historical context. So the third movement offers participants resources, both from the text and from other sources, that open up areas of engagement with the 'ancient' socio-historical world/s from which the text comes. Questions that probe the socio-historical world 'behind' the text are used. For example, questions about the role of the Jerusalem temple in the time of Jesus offer resources for understanding the literary detail of Mark 12.

4. The fourth and final movement of CBS returns to the context of the participants. Their 32 context now becomes the primary context. Contextual-thematic questions take participants

from the world of the text back into the realities of their own world. The biblical text ‘speaks to’ their world, calling for action and social transformation.

## SAMPLES OF BIBLE STUDIES

John 9:1-41

Challenging retributive theology

People are not sick because of sin. This bible study challenges the notion that those living with HIV have brought it upon themselves because of a sinful life style.

Questions	Analysis
<p>1. Listen to the dramatic reading of John 9:1-41, and then share briefly in twos how this text has been interpreted in your context.</p>	<p>Community Consciousness questions. This is a long text, full of dialogue. With good preparation it can be very powerful when read dramatically.</p>
<p>2. Jesus engages with a man born blind in a number of ways: Jesus saw him (v1); Jesus touched him (v6); Jesus spoke to him (v7); Jesus found him (v35); Jesus has a conversation with him and draws him back into community (v35- 41). Re-read each of these encounters; what do these encounters say about Jesus and his attitude to the man born blind? Draw a picture which ‘captures’ these encounters.</p>	<p>Critical Consciousness questions. Literary resources are offered to the participants, showing the structure/shape of John’s narrative.</p> <p>You could simply ask: In what ways does Jesus engage with the man born blind? But, by offering the basic structure of the narrative, you speed up the process and keep the participants focused on the detail of the text.</p>
<p>3. The question the disciples ask in verse 2 reveals what they have been taught about sin and sickness. What is this teaching? What is their attitude to sickness?</p>	<p>The narrative begins with Jesus ‘seeing’ the man born blind, so the CBS begins with Jesus in Question 2. We now shift to the disciples; their question is the question of our churches! Though the focus is still on the narrative, this may be an opportunity to discuss the views of sickness and suffering in the time of Jesus.</p>

<p>4. What Jesus says to his disciples in verse 3 and his subsequent actions (see Question 2 above) reveal an alternative teaching. What is this alternative theological orientation?</p>	
<p>5. What is the theological orientation/teaching of your church towards those who are HIV positive? Is it like that of Jesus or that of the disciples?</p>	
<p>6. How will you respond to this Bible study in your context? E.g. How would you preach about HIV and AIDS in a way that counters the dominant theological position that HIV is a punishment from God? What structures could be put in place your local congregation to make HIV-positive people welcome?</p>	<p>This is an important question as it leads the participants to reflect on what the argument of John 9 seems to be. Jesus seems to be saying that the disciples are asking the wrong question! The right question is: 'What will we do when we see the man born blind?' Here the CBS shifts back into community consciousness. By asking the participants to compare Jesus and his disciples you enable them to see that their responses and the responses of their churches are not 'like Jesus'. This question can be more general: 'What will you now do in response to this Bible study?' However, specific questions like these invite participants to actually prepare for change.</p>

## John 9, Part 2

### Stigma and discrimination

In the context of HIV many things have changed, however stigma has not changed, it is seemingly still as intense as it was 30 years ago. People have managed to learn to be political correct when interacting with others but are still inherently discriminatory

This Contextual Bible Study does not exhaust the riches of this text. There are other characters and relationships that we can also study more fully and more carefully. But this is best done in a second, related, Contextual Bible Study. By doing this Contextual Bible Study on John 9 in two parts we can see how easy it is to link a number of Contextual Bible Studies or to spread a Contextual Bible Study over more than one workshop. Here is an outline of a second, related, Contextual Bible Study on John 9, following the same methodological format as the first.

Questions	Analysis
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<p>1. Read the text together again. Then summarise together what you did and discovered in the first Bible study.</p> <p>2. Four other groups of people also interact with the man born blind: his neighbours and acquaintances (v8); the Pharisees (v13); the Jews/Joudaioi/leaders of the Jews (v18, 24); his parents (v20). What do these encounters say about each of these groups and their attitudes to the man born blind?</p> <p>3. What is the theological orientation of the Pharisees and the Jewish leadership?</p> <p>4. What prevents the neighbours and family from being in solidarity with the man born blind?</p> <p>5. What does this text say to our context of HIV? 6. How will we work against stigma and discrimination in our churches and families?</p>	<p>This is an excellent way to 'remember' and re-experience what was done in the previous Bible study. It will also indicate what the group considered significant from the Bible study. These are characters that were not discussed in detail in the previous Bible study. They provide other theological orientations; other examples of stigma and discrimination. This question opens up 'space' for further discussion about the kinds of theology that 'surround' HIV and AIDS. This is a very important issue in our communities. This question enables us to analyse how stigma and discrimination 'infect' us all. The final two questions are further opportunities to hear the challenge of this text and to respond to the challenge.</p>
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## **Other texts that can be used for contextual bible studies in a context of HIV and AIDS**

### **John 8: 1-11**

#### **Masculinities and HIV**

#### **Guiding questions for the bible study**

- What is the text about? Name characters (visible & invisible) and their roles?
- What kind of masculinity(-ies) is /are demonstrated by male characters in this text.
- Does this happen in our context? Are there contending voices here with regards to Religion, Culture and Sexuality?
- What lessons can be learned towards creating safer spaces for Transformative Gender Justice ?
- List 3 practical steps that we can engage in towards life affirming and transformative masculinity (-ies).

### **Matthew 25:31-46**

#### **Solidarity with the affected and the infected**

The Bible study should demonstrate that if we do not care for the sick we are not caring for Jesus. Jesus is in the sick people.

Guiding questions for the Bible study

- What is the text about? Name characters (visible & invisible) and their roles?
- What is Jesus teaching his followers about vulnerability?
- How is Jesus challenging the communal understanding of sickness?
- Where is Jesus found (If you want Jesus where should you look for him?)
- In this text, how is Jesus challenging stigma and discrimination
- What is the judgement on those who do not care about the suffering?
- What is Jesus calling the church to in this text?
- What lessons can we learn from this text in our context of HIV and stigmatization?

### **1 Corinthians 12:12-27**

#### **Solidarity**

(Chorus –Solidarity forever, solidarity forever .....)

This is an amazing text to encourage solidarity (Injury to one is injury to all principle). The church is the body of Christ, if one part of the body is not well, the whole body is not well. In this way we are all living with HIV. No need to point fingers at others as a caring and compassionate body of Christ. This also means that our Lord Jesus Christ is living with HIV. If the church is the body of Christ, if one member of the church is living with HIV then the body of Christ is living with HIV.

#### **Guiding questions for the Bible study**

- What is the text about? Name characters (visible & invisible) and their roles?
- What lessons can we learn from this text?
- How can this text be used to speak to context of HIV and AIDS?

Other text are:

Matthew 11:28-30 (Come to me all you who are weary) –

Jesus is inviting the suffering to come to him for rest, in our context the weary will have to come to church

Psalms 55:22 cast all your burdens –

Isaiah 41:13 – The Lord will hold your hand and say fear not ...

1Peter 5:7 casting all your care upon him...

#### **Conclusion**

A final word about 'shape' Contextual Bible Study is committed to reading the Bible from the lived contexts of the church. And Contextual Bible Study is committed to reading the Bible within its own thematic, literary, and socio-historical contexts, particularly the voices of the vulnerable and marginalised within these contexts.



**6 KWAZULU-NATAL CHRISTIAN COUNCIL HIV AND AIDS EPIDEMIC CONTROL THEOLOGY  
OF HEALING ADHERENCE TO CARE, TREATMENT AND SUPPORT**

**Confession of an HIV Friendly Congregation**

When it comes to HIV, understanding and intervention the church has a very ambiguous legacy. In the early years of the discovery of HIV, the church took a very judgemental and destructive attitude towards those who were affected by the disease. The tendency was to highlight their sinfulness, drop in of moral standards and failure to take responsibility in their sexual conduct. This attitude of the church led to the development of retributive theologies espoused through Bible studies and sermons that condemned people and it terms viewed the disease as punishment from God for bad behaviour. Many people died lonely after having been rejected not only by their families but even by the church. It took years for some churches to change their attitudes and theologies from being retributive to redemptive and restorative. At the same time this increased the number of churches who began to minister to those affected by the disease. It is for this reason that, there is a need for the church to start with a confession when it comes to the ministry to those affected and infected by HIV. The church has to confess for the sins of commission when it judged the people and omission when it neglected them when they were struggling with the impact of the disease. In its endeavour to encourage the church's involvement in this ministry the KZNCC has developed a statement of confession to help the church find its own healing from the guilt of having neglected its responsibilities towards HIV and to generate passion for this ministry.

**1. The Church as a caring community**

The question that may be asked is why the church should be involved with those infected and affected by HIV. The answer to this question is that, the church itself is already infected and affected by HIV, through its members who make the church. The church is understood as a community of believers. So at its best, the church is the people who make it, not just the buildings and institutions or even hierarchy, but the people. These are the people who are directly affected and infected by HIV. Therefore it cannot help but be involved in ministering to itself. Secondly, by its calling the church exist for others. Its mission is reaching out to others, be they in the church or outside the church. For it is called to go out to the well and preach the good news, baptizing them in the name of the father, son and the Holy Spirit (Mathew 28:19). This is the magna carta of the church,

reaching out to all people with the good news of Jesus Christ. Meaning news of salvation and healing to those affected by diseases like this one.

### **Helping people to be healed even if not cured;**

The ministry of the church will proclaim hope and life in Jesus Christ in the midst of disease, pain and hopelessness. It will assure people of the God who accepts them and cares for them in spite of the disease. That will bring relief and hope to those who are afflicted. They will find strength and courage to move on with life in spite of the disease. That is healing, even though the disease still exist in their bodies.

### **The ministry of presence;**

One of the gifts of the church to suffering people especially the poor, marginalized and neglected, is that it is able to reach out to them, wherever they may be. The church can found in every community, even the most remote parts of society, where there are no other agents but you do find the church. As long as there are people, there is the church, there is the body of Christ (1 Cor 12:12). It is there in worship, prayer and fellowship, giving hope that things can be better. The identity of those who belong to this body is found in their common worthiness and body is found in the image of God that they hold (Gal 3:28). Therefore, the strength of the church is in its ability to be present wherever people are to be hope and comfort. It brings God to people wherever they are. That is what is meant by the ministry of presence even in the midst of the absence of all other agencies. The church becomes present through its church buildings that can be used by people to meet and discuss how to care for one another, through its carers, who inspired by the Holy Spirit dedicate themselves to visiting the sick in their homes, through the word of God which gives hope and new life, through the sacraments that give healing and through its hymns prayers and liturgies that heal the troubled soul.

### **Christians as agent of care**

The church through its members has over the centuries developed a reputation of being a caring community. It does not come and go in the lives of people as Sue Parry puts it, "The church is therefore for the long haul. It does not come and go with elections or when the going gets tough."<sup>1</sup> It is always there, to care, protect, support and minister to people permanently. It is also motivated by the love of Christ to care and love for others (2Cor 5:14).

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<sup>1</sup> Parry, S. Practicing Hope. A handbook for building HIV and AIDS Competence in the Churches. Switzerland: WCC, 2013, 14.

### **Support Groups in Churches;**

One of the key strategies of the church in its ministry has always been the basic ecclesial groups or communities. Sometimes they are referred to as cells, or zones or class meetings. The popular term is support groups. Small groups of people who share experiences and challenges are key for mutual support and care. The church has always used the dividing of people into small groups as a way of caring for them and with one another intimately. Even in the context of HIV, this model of communal pastoral care is vital. Jesus promised that where two or three gather in my name there am I with them (Mathew 18:20). Small groups are important because the teachings and theologies of the church that are taught from the pulpit and distributed through written and audio material can be fleshed out properly through them. They create the open and safe space for people to grapple with deep and sometimes personal issues without fear of intimidation and lack of confidentiality. The recommendation is always to have at least 9 people in a group with the tenth one being a facilitator or convenor.

### **2. The Responsibility of the State in the wellness of citizens**

The state has its responsibility in relationship to the HIV – churches only respond in a prophetic endeavour. Ensuring good health care for people in any democratic society is the primary responsibility of the government. It is for this reason that people elect a government and place the public purse at its disposal, to provide for the needs of citizens. However governments find it difficult to respond to the needs of citizen's for health care. As a result we find that the poor and sick are marginalized and don't receive the support they deserve just like any other citizens. It is for that reason that the church with its belief in the equality of all people and the God-given right for them to access basic health care responds with care for the people. By responding the church is ministering to those in need as per its calling but at the same time it is engaging in a prophetic ministry which reminds the state of its responsibility of caring for the people. Through its ministry to the sick and suffering the church is engaging in a prophetic ministry. It is speaking truth to power and is enabling HIV sufferers to break the silence (Ephesians 4:15). So the involvement of the church in social ministry such as caring for HIV affected and infected people has twofold motivation. First, it is responding to Gods call for the church to reach out to all people with the good news. Second, it is a prophetic endeavour meant to remind the state of its responsibilities towards the wellbeing of people. In caring for people the church reminds itself and society that it Lord, came so that people may have life and have it in its fullness (John 10:10). Meaning that God's vision for the wellness of people covers all the care aspects of their being e.g. physical, emotional, spiritual and social.

### **3. Christians as agents of care / wellness**

#### Healing of Memories

One of the things that can delay healing for people with HIV is worrying about how they got the disease. Some have painful experiences like having been raped and that is how they got infected. Others were just abused by their relatives leading to their infection. Others had unfaithful partners who infected them even in marriage. Infected people can be kept in prison by these hurtful memories of how they got the disease. So the visions of what happened in the past torment and trouble their spirit (Dan 7:14). They only see death not life anymore (Ps 116:3). They do need to be healed of the bad memories in order for them to embark being healed though not cured of the disease. The model of the healing of memories would really be helpful if applied in this situation. So support groups in the church must explore ways of healing the memories. They do need to be reminded of the Jesus who calls them to him to cast their burdens (Mathew 11:28). Others suffer from the real guilt of not having acted responsible which led to their infection. They have to be reminded of the God who forgives and does not remember their sins anymore (Hebrews 8:11).

### **4. Practical Care Treatment and Adherence**

Rereading the Bible from the perspective of infected and affected people. The Bible is a resource for words of care and encouragement. Although most of the time it has been used to judge, chastise and reprimand, that is not necessarily its purpose nor is it the only way it can be used. It can be used for healing, nurturing, comforting and giving hope to people who have lost it because of being affected by disease. In the Old Testament the Bible was used to teach people that their sins had led to their sickness. People read texts like Deuteronomy 28:21, 2 chronicles 16:1-13, So disease was punishment for wrong doing, therefore if you are sick even God was angry with you for you had sinned. However the Bible also has texts that dispute the fact that God causes suffering and is unjust, Deuteronomy 32:4, Genesis18:23-25, and he is not wicked Job 34:10-12. In the New Testament we see Jesus not judging sick people, but rather empathizing with them. He is for them not against them. The theology of understanding disease as punishment from God is totally undermined and subverted by Jesus, who identifies with and heals the sick and Jesus points this acts of healing and kindness to God, this is what his father wants Mathew 4:23-24, John 8:29.. He comes to them as a liberator who stands with them against disease. Even when the Pharisees want test his understanding of the cause of disease, wanting to drive him to blaming it to the sick person. This is the model of reading and understanding of the Bible in the context of caring for those with HIV so as to provide

them with redemptive theologies. It has to be a tool of care, healing and liberation. So there is a need to develop models of re-reading the Bible with new lenses. Lenses that promote redemptive messages rather than retributive ones. Here models like the Contextual Bible Studies (CBS) of the Ujamaa Centre are encouraged, because of their liberatory and transformative approach.

### **5. Care of the Carers (Wounded Healers)**

The church itself is in need of care. Although the church can be understood as the building, the hierarchy, the institution etc. At its best the church is understood as the people of God at worship and ministry. They are the people who feel, can be happy and can also be wounded in their endeavour to carry their ministries. It is the same people who are in the world affected and infected with diseases like HIV and other forms of suffering. But at the same time they are not of the world, for they are of God John 17:16-26. The fact that they belong to the community of God and they are the salt and light of the earth (Mathew 5:1-16). This does not mean they don't experience the suffering and the pain of disease. They do, but they are also empowered by the Holy Spirit with a call and passion to care for others especially those who need them the most (John Wesley). Therefore they get exhausted and drained by the work of caring for one another and those outside the church who are struggling with the harsh realities and impact of the disease. So those members of the church who have offered themselves as counsellors, home care agents and testers need to be cared for. The church is then expected to provide pastoral care for them so that they can debrief, buy sharing their painful experiences. Provide them with some of the resources they need to live and also to do the work. They need the pastoral presence and support of their church leaders so that they don't feel alone in the field. Prayers and laying of hands on them to encourage becomes critical. So every congregation that has an HIV ministry must also have a support group of those who are involved in the ministry and they must have a chaplain who looks after these members. It may be the minister or any other person with the necessary skills and passion for caring for the carers.

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