Evangelism as a local church outreach ministry to women and children affected with HIV and AIDS at Chikanga UMC in Zimbabwe, Africa

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EVANGELISM AS A LOCAL CHURCH OUTREACH MINISTRY TO WOMEN AND CHILDREN AFFECTED WITH HIV AND AIDS AT CHIKANGA UMC IN ZIMBABWE, AFRICA

by

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ABSTRACT

EVANGELISM AS A LOCAL CHURCH OUTREACH MINISTRY TO WOMEN AND CHILDREN AFFECTED WITH HIV/AIDS AT CHIKANGA UNITED METHODIST CHURCH IN ZIMBABWE, AFRICA

By
Martha Mukangara

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Of the many challenges that Zimbabwe is facing, the HIV and AIDS pandemic ranks most threatening. This project draws attention and focuses on set-ups probing into the nature of the approaches to combat the pandemic. Given the issues surrounding the spread of the virus, including, for example, stigmatization/discrimination, sexuality, models of transmission, cultural beliefs and practices, trauma, health-care services, aid organizations as well as governance issues. People raise questions that cut across the societal belief terrains on the one hand, and scientific/technological advancements on the other. This project explores how to empower women and children with HIV and AIDS and proposes eight healthy practices and a year-program outline for in-depth understanding and assimilation of caring awareness designed for children in Sunday school, youth in Bible Study, and adults in women’s/men’s fellowship groups.

This project comprises of four chapters and uses library research, including reviews of published studies, books and articles written from the perspective of women affected with HIV and AIDS and caring for AIDS patients. The first chapter introduces and delineates the nature and scope of the project. The second chapter provides the overview of the history of Zimbabwe, describes the current state of women and children and causes of HIV and AIDS, and transformation through evangelism model in relationship with Atlanta Interfaith AIDS Network program (AIAN). The third chapter
highlights the positive and negative role of religion in Zimbabwe, definition of HIV and AIDS in the African tradition, and negative role of Christians in Zimbabwe. The fourth chapter identifies theology of reconstruction and concept of "Jesus the only way to salvation." The fifth chapter addresses the ministry title, which is Pastoral Leadership, Theology, Healthy Congregations and Community, and liberating people from different problems. The sixth chapter offers the outline of the project. It involves the primary setting, secondary setting, and producing a complete dissertation of the total project. The seventh chapter sums up the necessity of healthy congregation in the 21st century, and needs of transformation in the nature of HIV and AIDS. The eighth chapters are the bibliographical References.
DEDICATION

This dissertation is the model of Chikanga United Methodist Church, as a body of Christ, and invites the church to become ministry setting to women and children infected and affected by HIV and AIDS in the church and the community around.

I dedicate this dissertation to my lovely children, Rosemary Mukangara, Samuel Mukangara, and Tafadzwa Mukangara. Thank you for your support and you have been gracious in all my struggles throughout this journey. I will be sincerely grateful to you. May you find this work to be, the outcome of hard work and determination.

I also dedicate this work to my deceased mother, Lois Nyamutamba, and my deceased father Jackson Musiyarira, my brother Naboth Musiyarira, and my aunt Mable Macherere, who live in Zimbabwe. I want you to know that I love you all and I always think about you. I wish you were here for my graduation. I know, you will all be proud for my achievement and success.
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A bouquet of appreciation goes to my children Rosemary Mukangara, Samuel
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goes to my brother Naboth Musiyarira, my aunt Mable Macherere who were able to
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installed in me a deep love for the church and the desire to educate myself for the
development of the kingdom.
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CHAPTER 1

INTRODUCTION

Statement of the Problem

This project of evangelism addresses the challenge of women, children, affected with HIV and AIDS at Chikanga United Methodist Church in Zimbabwe, Africa. Musa Dube, and other noted African scholars indicate that the church has been very slow to address the problem of HIV and AIDS in Zimbabwe and throughout Africa. These scholars also call upon the church to realize that those who are suffering with HIV and AIDS pandemic are also suffering under oppressive social structures that result in their seeking freedom and a safe space. The church should become the safe space where people seek shelter. As people seek a healthy environment, the church should become a safe place where they can pray, heal pain, broken hearts, and bodies. In this context, prayers become part of healing itself.

Faith communities and leaders at Chikanga United Methodist Church must, therefore, cultivate the church as a safe space for those in need of space to cry and also seek to love God and healing in the body of Christ. The gospel expects the church not to judge those who are sick, weeping, and struggling with their broken lives, but rather to
create a safe space where prayers and struggling can take place. Jesus says, “Do not judge, so that you may not be judged. For with the judgment you make you will be judged, and the measure you give will be the measure you get.” (Matthew 7:1-2 NRSV).

So, the goal is to process and consider an evangelistic model of caring for the HIV and AIDS patients in the church and the community without judging others.

Importance of the Problem

According to scholars, “Zimbabwe is a country of almost 13 million people and it covers the area of 150,804 square miles. Zambia and Malawi to the North, South Africa to the south, Mozambique borders Zimbabwe to the east, and Botswana to the west.

According to a recent study of HIV and AIDS, Zimbabwe had an adult prevalence of 34 percent at the end of 2001, up from an estimated 25 percent two years earlier. It is among the countries hardest hit by HIV and AIDS in Sub-Saharan Africa. At the end of 2001, 2 million adults were living with HIV and AIDS in Zimbabwe, with women representing 60 percent of cases. Currently, Zimbabweans life expectancy is predicted to decline to 35 years by 2010, compared with 66 years in 1997. Research confirms that death rate will be more than 200 percent than it was in 1990, due to AIDS. This situation made people affected by many types of diseases more vulnerable to contracting AIDS. Studies, show, “90% of Zimbabweans are aware of the problem, method of transmission and ways to prevent HIV and AIDS. In spite of this very high awareness, over 32% of the sexually

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1 Boniface-Malle’s Anastasia. “Allow Me to Cry Our Reading Matthew 15:21-28 in the Context of HIV/AIDS in Tanzania, 169-185. Coopers article...Writing from the experience of African American women, whom she describes as living with death, underlines that the space for lament is important.

active adult population in Zimbabwe are HIV positive and have AIDS.”³

“Approximately 600 people die of AIDS related diseases every day and 1500 to 1600 are infected daily.”⁴ The reason is that many people especially in the rural areas do not use condoms to prevent HIV and AIDS.

According to Zimbabwe Media, “Zimbabwe has the highest rate of unemployment in the whole continent of Africa, with 40% of the total population unemployed. Many of the unemployed people are women and youth. Some women according to the newspapers are single mothers, and these women are the breadwinners of their families.”⁵ Also, according to the researchers, “by the end of 1999 nearly, 1.4 million Zimbabweans were affected with AIDS, and 1 of every four between 15 and 49 years of age were believed to be living with HIV and AIDS. Approximately 56,000 children have contracted HIV since the beginning of the epidemic in the early 1980s. Nearly one million children have lost their mothers or both parents due to the disease. Each year the number of Zimbabweans who expire from the disease increases, while two thousand persons contract it on a weekly basis.”⁶

**Government and HIV and AIDS**

According to the studies, “In Zimbabwe, the government was slow to acknowledge the problem and take appropriate action. Efforts of HIV and AIDS were minimal and the government rarely addressed the subject in speeches. When the disease reached its climax, the government decided to address it in the news through the media.

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⁴ Ibid. 10.
⁶ [http://gbgm-umc.org/Health/aidsafrica.zimaid.cfm](http://gbgm-umc.org/Health/aidsafrica.zimaid.cfm)
“Although the National AIDS Co-ordination Program (NACP) was set up in 1987 and several short term and medium term AIDS plans were carried out over the following years, it was not until 1999 that the country’s first HIV and AIDS policy was announced.”

This policy was implemented the following year by the newly formed National AIDS Council (NAC), which took over from the NACP. “At the same time, the government introduced an AIDS levy on all taxpayers to fund the work of the NACP. While these measures have had a positive impact, the government responses to HIV and AIDS have ultimately been compromised by numerous other political and social crises that have dominated political attention and overshadowed the implementation of the National AIDS policy. The NAC has also been constrained by poor organization and a lack of resources.”

Culture and HIV and AIDS

Research has also shown that one of the root causes of the disease is culture. For example, the studies have shown that marriage in Zimbabwe has become commercial. By commercial, this means one has to accumulate a lot of money or cattle for a dowry. This wealth is paid to the girl’s family at marriage. Many people are unable to accumulate money or cattle in order to marry and as a result they can be engaged in sexual activity before marriage. Apart from that, the country’s tradition allows men to marry more than one wife (polygamy). This factor contributes to the problem of spreading AIDS.

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7 http://www.avert.org/aids-zimbabwe.htm
8 Ibid. 3.
History of HIV and AIDS in Zimbabwe

The first reported case of AIDS in Zimbabwe occurred in 1985. By the end of 1980s, around 10% of the adults population was thought to be infected by HIV and AIDS. This figure rose dramatically in the first half of the 1990s, peaking at 26.5% in 1997. Since then HIV prevalence is thought to be declining, making Zimbabwe one of the first African nations to witness such a trend. According to government figures, “the adult prevalence was 23.7% in 2001, and fell to 14.3% in 2010.” Although survey results indicate a fall in Zimbabwe’s adult HIV prevalence, caution should be taken when interpreting the data available, as it is not yet known whether the trend is a sign of long-term change or merely a temporary movement. Given the large number of homeless and displaced people living in Zimbabwe who are not likely to have been surveyed, the results cannot be taken as wholly representative of the situation. A rise in the number of people dying from AIDS is thought to have played a role in the decline, as well as an increase in the number of people (HIV positive or otherwise) who have migrated to other countries.

Positive Signs

Brian Nyathi, a Zimbabwean health practitioner in South Africa, is among those questioning the official statistics indicates, “Many people have left the Zimbabwe and the ones that are left are so stuck down by poverty and the collapse of the health delivery system such that they cannot access hospitals. People wonder if these figures can be trusted,” Nevertheless, there is evidence of positive changes in sexual behavior. Condom use has increased, a higher number of young people are delaying first sex and

http://www.avert.org/aids-zimbabwe.htm
9 Ibid. 6.
10 Ibid. 8.
11 Ibid. 8.
many people have reduced their number of sexual partners. "The Zimbabwe Demographic and Health Survey showed that around 76 percent of women and 81 percent of men know that condoms can reduce the risk of HIV infection."\(^{12}\) Also, the media states, "Women attending antenatal clinic in major urban settings was 31.1 percent in 2000. The male patients attending sexually transmitted infection (ST1) clinics in major urban areas were 71.1 percent in 1995, while female sex workers in major urban areas were 86 percent in 1995. The number of AIDS cases among women in Zimbabwe peaks in the 20- to 29- years range, the prime reproductive and parenting years. Children under age 5 account for 15 percent on new AIDS cases."\(^{13}\) The government of Zimbabwe together with the United States Centers for Disease Control and Prevention and other donors, are implementing a comprehensive prevention of mother-to-child transmission (MTCT) program in order to deal with this issue.

An estimated 780,000 children (under 15) orphaned by AIDS were living in Zimbabwe at the end of 2001."\(^{14}\) HIV prevalence for women is 2.6 times more than that of men. The age and gender distribution of AIDS cases in Zimbabwe shows that much of the HIV transmission occurs from older men to younger women. "By the end of 1999 nearly 1.4 million Zimbabweans were affected with AIDS, and one in every four between the age of 15 and 49 years of age were believed to be living with HIV and AIDS.

Approximately, 56,000 children have contracted HIV since the beginning of the epidemic in the early 1980s. Nearly one million children have lost their mothers or both parents to the disease. Each year the number of Zimbabweans who expire from the

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\(^{12}\) Ibid. 9.
\(^{13}\) http://www.aegis.com/files/synergyaids/zimbabwe.final.pdf
disease increases, while two thousand persons contract it on a weekly basis."\(^{15}\)

Therefore, the challenge is how to help people use the information they have about HIV and AIDS by translating it into behavior changes that prevent new infections thereby leading to a lower incidence of people affected by HIV and AIDS.

**The Church A Response**

The challenge is how the Chikanga United Methodist Church can use the information they have about HIV and AIDS by translating it into caring and evangelistic behavior change preventing new infections thereby leading to lower incidence of people affected by HIV and AIDS. The interest is to focus on the issues of women and children at Chikanga UMC and the community around the church in Zimbabwe. It has been noticed that right now more women and children are dying with AIDS than men in Zimbabwe.

The goal therefore is to improve the lives of women and children in any way possible with all the information gathered from this project. I believe that if women are well educated about this killer disease they will be able to advise their husbands and children. There is a proverb, which says, "If you educate a woman, you educate a nation."\(^{16}\) One of the reasons for improvement was that there were considerable efforts made towards breaking down the stigma associated with AIDS. Frank honest discussion of human sexuality, which hitherto was a taboo, is not being encouraged in the public arena in Zimbabwe. For example, there is also a high level of AIDS awareness among people in general in Uganda, which is an indication of a cultural change albeit slow in

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Zimbabwe. This research project is to deal with evangelism and affected women and children at Chikanga UMC in Zimbabwe and it aims to bring transformation to the church and the community.

**The Community Model**

In this traditional African society, the extended family is practiced as against individualism in the Western world. Every person existed for the other. John Mbiti observes that in the African traditional system, “I am because we are, and because we are, I am.”\(^{17}\) This African traditional culture strengthened the concept of the community, sharing happiness, sorrow, and guilt together. This spirit was demonstrated in all rites of passage including death. There were cultural norms, regulations, and attitudes that prevailed during death. Every member of the community knew exactly what role to perform. Culture described what men, women, children, and relatives were to do at the time of death of a member of the concerned family. For example, when a woman was bereaved, it was the duty of the extended family to ensure that she was provided with the physical and emotional support that ensured the continuity of the family.

These negative and prejudicial proverbs should be discarded as new evidence and new challenges are identified and addressed. There may be a need of continued reformulation of proverbs if they are to remain current and useful in the society. In this way, people can identify with and put in practice Christ’s parables—“And no one pours the new wine into old wineskins. If he does, the wineskin will be ruined” (Luke 5:37-38).

Thesis

This project undertakes to design an evangelistic program for modifying care to the affected women and children with HIV and AIDS at Chikanga United Methodist Church and other communities in Zimbabwe. It also equips young adults to the resources to change their sexual behavior as they seek to prevent contracting the HIV virus.

Definition of Terms

The present goal is to present an evangelistic model for caring for the HIV and AIDS patients in the Chikanga UMC and the community in Zimbabwe. In this context, the researcher will define evangelism as a process to heal and give dignity to persons and the community affected by this pandemic.

Work Previously Done in the Field of HIV and AIDS

The church in Zimbabwe is not addressing the issue of HIV and AIDS because it thinks that it is the responsibility of the government. So, the researcher’s goal is to challenge the whole church to create listening church communities, to create stigma-free worship spaces that will recognize the agency of Non-Governmental Organization (NGO), and all the vulnerable groups, in leading the struggle against HIV and AIDS. This can enable women and men to expand the boundaries of their ethical response from narrow sexual morals to a broader theological framework of justice, life, and grace at Chikanga UMC.

The World Health Organization (WHO) and others tried and they are still educating people through books, articles, journals, essays, through the media, held
conferences and seminars etc, but it seems as though AIDS is still killing people, especially women and children in Zimbabwe. The most important thing for people to know is that there is no cure for AIDS right now. Also, many scholars fail to connect the epidemic with the gospel in order for people to live by faith and hope, since there is no cure for AIDS at the moment. Also, to let people know that Jesus is a spiritual healer in spite of efforts taken by medical doctors and specialists to find medicine to cure AIDS.

In addition, Musa Dube challenges, "It is an invitation to biblical and theological scholars and religious leaders, in Africa and other continents, to own the struggle against HIV and AIDS." This is an invitation for those who have remained silent to break the silence- to add their lot in healing the infected world. It is also a challenge to today’s generation of biblical scholars, theologians, church leaders and faith- based organizations that keep silent while AIDS is destroying millions of people. Scholars should find it difficult to continue calling themselves liberationist biblical scholars and theologians if their work does not address HIV and AIDS. Their research, writings, publications, courses and conferences are still silent concerning this social injustice- driven epidemic. They have to realize that their highest calling is to be the ambassadors of Jesus Christ. The challenge is to let the Chikanga UMC and community to know that God loves the infected and affected people and the church cares for them. Those infected must have the freedom to seek the church as a safe space to pray for the pain, broken hearts, bodies, and societies in general. The church should participate in a healing process for those infected and affected with HIV and AIDS at Chikanga UMC in Zimbabwe.

There is a Balm in Gilead

The field of HIV and AIDS has involved many organizations and world health services, and the research is still going on, but still there is no cure for AIDS. “The question continues, what makes HIV and AIDS a global crisis and challenge? According to UNAIDS, some of the issues that make HIV and AIDS a unique challenge are as follows: “It is a new epidemic that calls into question established knowledge, science, faith, culture, and relationships and challenges the world to re-examine everything, especially relationships and structures. It is sexually transmitted and most African cultures and churches do not have a language for openly discussing human sexuality.”19 Also, UNAIDS says, “The church has difficulties discussing issues of sexuality from the pulpit, and even in private counseling.”20 Also, Malebogo T. Kgalemang concludes, “Those affected with AIDS are isolated, rejected, or marginalized, and sometimes considered sinners who deserve what they get. Many Christians interpret HIV and AIDS as a punishment from God.”21 All these points indicate that stigmatization and isolation hinder prevention and quality care and people die a social, spiritual and psychological death long before the virus physically kills them. The majority of people is not HIV positive but is likely to be considered positive for HIV and AIDS stigmatization that is imposed by others. The HIV and AIDS stigma is a much more rampant and deadly disease than the HIV virus. One hopes to encourage church leaders and members of their congregations to take the time to exorcise stigmatization from their hearts, homes, sermons and congregations.

The Fear of HIV and AIDS

HIV has brewed fear: fear of possibility of getting infected and fear of associating with those who live with the virus. Africa is gripped by fear of infection, fear of suffering, fear of rejection, fear of death, fear of losing family/relatives/friends, and “absolute desperation.” Its incurability brews absolute desperation, which has produced negative and shocking coping strategies. Fathers, relatives and strangers rape their daughters and in some incidents infants are raped as people desperately attempt “to cleanse themselves” of the virus. The rate of rape occurrence has escalated to shocking levels in many regions with the increase of HIV and AIDS. By and large, people have not yet to fully measured the depth of the effects that HIV and AIDS has on our souls and our values. Emmanuel Katongole indicates, “It attacks the most vulnerable and marginalized members of the society- the poor, children, sex workers, women, black people of African descent, displaced people, injected drugs users, homosexuals, and any group suffering ethnic or racial discrimination.”

According to the United Nations Secretary, “HIV and AIDS is closely linked to poverty. That is why Africa, the most economically disadvantaged continent, is host to 28.5 million HIV + people.” The researcher agrees on this point, because HIV and AIDS demand huge resources be dedicated to its prevention, care and treatment, thus making the poor poorer. It also demands long-term changes and commitments, which are not compatible with the time-specific short-term programs of many donors who provide the endowments and subsidies needed to support the efforts against HIV and AIDS. The

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long-term approach in the fight against HIV and AIDS does not fit well with our society’s remote control, .com, and quick fix “instant” mentality. It is closely linked to gender injustice; hence young girls are four times more likely to get HIV and AIDS than boys of the same age in Southern Africa. It is not just caused by an individual lack of morality; rather it is often fueled by structural injustices in the family, church culture, national and international structures. “So far, it has orphaned at least 14 million children, who are left in poverty after the resources of their parents have been depleted by opportunistic infection, or dispossession by relatives and neighbors. This number of orphans is expected to double by 2010.”

Therefore, the amount of work necessary to deal with HIV and AIDS is huge and it is tiring. Individuals, families, churches, and nations working alone cannot manage it. It demands long-term solidarity and networking. People need to recapture once more that we are one world in order to fight HIV and AIDS successfully, and need to recapture the concept that people are one church, the body of Christ. It also calls for incisive, insightful and compassionate leadership at all levels, individual, family, church, local, national, and regional and internationally. Above all, its incurability and deadliness have created hopelessness as people lose both securities for their future and the meaning of their life.

The above points capture some of the issues that make HIV and AIDS a major challenge to the African church and all Christians working and living in this context. How can the gospel of Christ equip the church to meet these challenges? How can the gospel of Christ empower the church to rise and rebuild African communities? The

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24 M. A. Powel, Fortress Introduction. Luke is noted for stressing that Jesus’ ministry is to “those who are oppressed, excluded, or otherwise at a disadvantage in society,” 93.
researcher considers that different scholars, theologians, and specialists have addressed this issue in several ways, but HIV and AIDS continues to kill people in the world.

**Scope and Limitation of the Project**

The project seeks to provide an evangelism program that works toward women and children affected with HIV and AIDS at Chikanga UMC and church community in Zimbabwe. The model was designed along with Clinical Pastoral Education (CPE) at Atlanta Interfaith AIDS Network (AIAN) in Atlanta, Georgia in 2007. The center provides daily spiritual, emotional, psychological, and practical support in a community setting for men who are affected by AIDS. The Atlanta Interfaith AIDS Network model response to HIV and AIDS in Atlanta, Georgia, considers that this program design will be suitable for the Chikanga UMC and the community as to care for women and children affected with HIV and AIDS.

**Procedure for Integration**

The project draws on ideas in the field of evangelistic model, health, and caring. This project draws library reviews of published studies, books and articles on the challenge of HIV and AIDS, journals, health, biblical reflection, essays, transformation etc. An evangelistic model draws from this exercise transforms Chikanga UMC and the community around designed by this project without stigmatization, discrimination, and fear of unknown. As church leaders face these crises, the project will seek to engage as well as persons in the Ministry of Health to promote healthy attitudes towards caring for persons and communities infected and affected by HIV and AIDS.
The project will draw the work of Sophia Chirongoma, an internationally recognized expert in the areas of health, poverty, and HIV in Zimbabwe. In her book, African Women Religion and Health; Chirongoma points out, “The church must play a pivotal role in addressing issues of poverty, inequalities, and inaccessibility of health care, which mainly affect the poor, women, and children. The church must be guided by the concept of shalom and address human problems in a holistic manner. Shalom cannot be achieved if health, wholeness, and well-being are lacked.”25 That means wholeness of life demands release from poverty and physical elements such as HIV and AIDS.

The Chikanga UMC has to be reminded that its first and foremost task is to serve the body before saving the soul. The challenge is upon all Christians and the whole community to fight against all the forces that keep humanity locked in poverty, malnutrition, deprivation, and ill health. Also, churches must join hands and commit themselves to the cause of the hungry, the needy, the sick, and the dying.

**Efforts by Churches in Zimbabwe**

‘The Roman Catholic Church in Zimbabwe has been instrumental in providing food and health care to most needy communities. Catholic Relief Services (CRS) has established community-based programs that help those infected or affected by HIV and AIDS and that address the underlying causes of HIV and AIDS. The church also has established home-based care programs to provide networks of support for the infected

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and affected." The researcher will design a similar type of a program for the Chikanga UMC to minister to the sick and dying, providing physical and spiritual care to those infected and affected with HIV and AIDS.

In spite of all these achievements, the church must seek the face of God again, so as to understand and preach the gospel of Christ as a healing power in our communities. That is, the gospel must be the good news to those who receive, hear, feel, see, touch and taste it (Matthew 13:16-17). The gospel must be the good news of hope and healing in our hurting region of Sub-Sahara Africa. The gospel must rebuild the broken hearts of people, minds, families, communities, countries and continent. The gospel must be good news that liberates those who are oppressed due to poverty, gender, race, age, sexual identity, war, national corruption, and international exploitation. So, in order to design evangelism program as a model of behavior change, the researcher has to focus on theology, biblical, religious, health, and caring for women and children and those infected and affected with HIV and AIDS at Chikanga UMC in Zimbabwe.

**The Evangelistic Model**

This process comes in three stages: The first phase is the planning of a year-long program for providing daily spiritual, emotional, psychological, and practical support in church community setting for those infected and affected by AIDS. Also, the researcher discovered that women who are battling the effects of the virus continue to experience stigma and discrimination. So, the program is designed for three age groups: children in Sunday school, youth, in their Bible Study, and adults in their women’s/men’s fellowship

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groups. The purpose of the program is to create a space in which church members can engage in honest conversation and learning together through dialogue, the arts, worship, and reflection. This program will enable church members to identify the blessings of living in love of God’s grace to those affected with HIV and AIDS, and loving their neighbors as themselves. Members of Chikanga UMC must actively pursue evangelism. The first goal is to eventually make the program available to the congregation, and to increase their confidence and competence to accept caring for HIV and AIDS patients in various ways. The program will require steps to be taken to implement the methods and means whereby caring for HIV and AIDS patients can be practiced in the church.

**Equipping Church Members**

The second goal is to equip all church members caring for HIV and AIDS patients. This can be done through biblical lessons within the church. The program will also help the church members to know how and why those affected and infected with HIV and AIDS feel about discussing their problems with others. This is another way of stopping stigmatization and discrimination.

**Caring for AIDS Patients**

The third goal is to determine how to work through diversity to strengthen members of the church to achieve evangelism through caring for those affected with HIV and AIDS and positive community building.
Biblical Scholars

The fourth goal is to identify AIDS scholars of the Bible and of the twentieth century that will serve as role models.

Engagement in Dialogue

The second phase encompasses the following religious practices: honest communication in the church and the community, prayers, understanding people’s gifts, acceptance of others and respect for differences, engagement in dialogue, healing ministry in community, workshops on HIV and AIDS, spiritual retreats that will enhance understanding each other in the context of the epidemic. The goals of these practices are: 1) to learn from the spirituality and resources for evangelism of one’s own faith. 2) To work with other churches around in the pursuit of evangelism as a changing viable of behavior change, and 3) to challenge Chikanga UMC to read the Bible with Jesus’ interpretation on physical and spiritual healing toward sick people. This entails a commitment to emotional and spiritual integrity, honest communication, and responsible speech behavior.

The third phase is to meet the Director of Atlanta Interfaith AIDS Network in Atlanta, Georgia Mr. James Suber to assess the practicability of the strengths and weaknesses of this program, effectiveness of the program in the Zimbabwe context. Prior to the meeting, copies of the designed program will be sent to the Director of Atlanta Interfaith AIDS Network with the following questions:

1. Examine the program and assess the goals/objectives and activities.
   a) How relevant, useful or practical is this program for Chikanga UMC?
b) What areas need to be strengthened and modified or removed?

2. Assess the religious practices in terms of their values and applicability to the Chikanga UMC context.

3. What experiences/practices do the people have with HIV and AIDS patients?
   a) How can people's experience/practices/models be used to make this project more meaningful?
   b) What other suggestions or recommendations would be made?
Chapter Outlines

Chapter 1: Challenges the statement of the problem and the importance of the problem. This chapter discusses evangelism, women and children affected with HIV and AIDS at Chikanga United Methodist Church and the immediate community in Zimbabwe.

Chapter 2: Historical Overview of the Church in Zimbabwe. This chapter provides an overview of the history of Zimbabwe, and describes how missionaries in Zimbabwe introduced Christianity. It is divided into four sections: 1) Description of women as good wives and mothers; 2) General description of reminding the church that Christ called all people regardless of gender; 3) Suggestion for churches to open theological education for women; 4) Women’s role to liberate the church from domination in Zimbabwe.

Chapter 3: Previous Efforts to Address the Ministry Issue. This chapter highlights how physicians in California discovered HIV and AIDS in 1980. This chapter is divided into three sections: 1) The discovery of a new syndrome in 1980; 2) Evangelism to women and children affected with HIV and AIDS at Chikanga UMC in Zimbabwe; 3) The church as a place to deal with patients affected by HIV and AIDS at Chikanga UMC.

Chapter 4: Evangelism Program on HIV and AIDS
AIDS as a killer disease, people at Chikanga UMC have to know how to care for the AIDS patients and eradicate stigmatization and discrimination. People need to know what the Bible says about caring, health, religious, theological, and biblical understanding and know that Jesus is a healer of both physical and spiritual illnesses including HIV and AIDS. This will allow them to expand the boundaries of their ethical response.

Chapter 5: The Project Title.

The title of the project is: “Evangelism as a Local Church Outreach Ministry to Women and Children Affected with HIV and AIDS at Chikanga United Methodist Church in Zimbabwe, Africa. As informed by the Atlanta Interfaith AIDS Network model program. This topic addresses the ministry issue, which is Pastoral Leadership, Theology, Healthy, Congregations, and the community. The aim of the topic is to follow God’s will through Jesus Christ in Luke 4:18-19 where Jesus speaks of liberating people from different problems and proclaim the year of the Lord’s favor.

Chapter 6: Summary and Conclusion

Chapter 7 Appendixes

Bibliography References
This chapter provides an overview of the history of Zimbabwe, and describes the missionary times when they taught women who became Christians to become good wives and mothers in Zimbabwe, Africa.

**Description of UMC Church in Zimbabwe**

The Methodist Church in Zimbabwe during the missionary times, taught women, who became Christians, how to become good wives and mothers. They were taught cooking, sweeping, gardening, cleaning, and how to nurse the children of the Europeans.
This domestication of education was expanded in the church to include cleaning of its building, making tea, arranging floors, among other activities. These services are evident in our churches today. Similarly, the introduction of western Christianity brought about a new concept of religion particularly concerning priesthood, which was viewed as a male domain.

**Gender Hierarchy Church**

On the other hand, in some African traditional religious culture, women and men shared priesthood. For instance, “the Manyika tribe in Zimbabwe had a system of queen mothers who played the role of priestesses. Among the Manyika, women played the role of rainmaking, which was viewed as an important function of a priest.”

Thus, Christianity moved women from their traditional religious culture. “The church in Africa has hierarchies constructed as pyramids with the rule of priests (mainly male) despite women forming the majority membership. This rule of the priestly class, when added to the selective application of African cultural gender-based roles, presupposes that women can rightly be excluded from the authority structures of the church.”

Furthermore, the recognition accorded to the roles that women perform in their organizations is very minimal indeed. For example, “The Roman Catholic Church by virtue of its church orders has the establishment of sisters congregations. In Africa, bishops founded most of these congregations.” In these cases, the relationship between the bishops founded and sisters remains one of superior to inferior, power to witness or benefactor to receiver. This makes the sisters to a “yes, yes” mentality, which means

28 Ibid. 60.
29 Ibid., 109.
conformity instead of obedience. This kind of authority does not give sisters a chance to grow.

Currently, the control of some sisters’ congregations lies with the bishops, especially in matters concerning finances. The sisters often receive harsh oppressive instructions from their bosses. The diocesan sisters, for example, fall under the authoritative hand of the church hierarchy and any slightest reaction against them. This action by the hierarchy causes the sisters to be submissive to the hierarchy’s orders. Further, “the meddling into the affairs of the sisters by priests and bishops reduces the superior generals to mere figureheads. Some will even manipulate the election of the superiors for their own personal interests.”

This means all this control of women affairs by the Church authorities seems to be a method aimed at the warding off of any threats that may be posed by their ability to organize themselves into corporate groupings.

The practices, policies and attitudes highlighted are indications that for a long time the church has and still is quite oppressive and discriminative to women. As a result, the church has not addressed the issue of HIV and AIDS in Zimbabwe. Therefore, it would be just to have reforms carried out in order to treat women more fairly.

The answer to this conflict is an AIDS model for this oppressive situation among women and children at Chikanga UMC in Zimbabwe. The researcher will draw a program that will help to eliminate stigma and discrimination among the infected and affected women and children by HIV and AIDS at Chikanga UMC and the community around. The researcher did Clinical Pastoral Education (CPE) at the Atlanta Interfaith AIDS Network (AIAN) in 2007. According to the history of the organization, “AIAN

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was started in 1989 as the unified response of faith communities in Metro Atlanta to the AIDS epidemic. \(^{31}\) The Director of Programs is Rev. Theron Stuart and Rev. James Suber is Program Manager. This program has proven to help lengthen and enrich the lives of people living with HIV and AIDS. The organization directly serves between 700 and 750 annually. The primary target population is adults living in Metropolitan Atlanta area. AIAN makes a difference by providing compassionate services such as daily support groups and nutritious meals; volunteer care teams and educational outreach to the community. The organization’s impact is unique as the only interfaith organization of its type in Georgia. Later, the organization will welcome cultural diversity as well as people of all faith backgrounds, ethnic groups, economic situations, sexual orientations, and gender identities as participants, staff and volunteers.

This program will suit very well at Chikanga UMC and the community around in Zimbabwe, because it cares for adults living with HIV and AIDS. The researcher will also provide compassionate groups to care for the women and children affected with HIV and AIDS. In this process, the researcher will provide emotional, psychological, practical support, and spiritual care to the women and children with HIV and AIDS and the whole church at Chikanga UMC. This will help to eliminate stigma and discrimination. When the researcher was doing her internship at the AIAN she used to lead some devotions, counsel some of the patients, serve food, and socialize with the patients. This experience helped the researcher to know that those who are infected and affected by HIV and AIDS are not afraid or shy to tell others that HIV and AIDS has infected them. Again, there was no stigma and discrimination between the patients and those who brought food for the patients. So, the researcher suggests that this program will suit Chikanga UMC and

\(^{31}\) [http://interfaithaids.org/programs.php](http://interfaithaids.org/programs.php)
should first pragmatically recognize Chikanga UMC women and children as human beings created like men in the image and likeness of God and thus grant them their rightful status in ecclesial life (Gen. 3:27).

Second, the Church is reminded that Christ has called all the people to love their neighbors. The woman is the immediate neighbor of man. Unfortunately the Church has sidelined women in matters of theology and leadership. It will be necessary to have structures and constitutions of the churches revised; to give more and greater roles to women on church councils and committees at all levels. This would not only enable women to recommend other women to these bodies, but also to represent the interests of their congregations. Full inclusion of women in the areas of leadership and decision-making at all levels would help change the prevailing image of women as the weaker sex, hence enable them to press for fair representation in vital areas in the churches.

Third, with regard to theological education, the researcher suggests that all churches should open up ordained ministry for women. The church should encourage and be supportive to young women who desire to be trained as ordained ministers and theologians. In the same vein, women should be allowed to be fully participating in Church ministries. Such participation should be based on capability and talent not gender. Fourth, women should strive to liberate the church from domination.

In this task, women would be required to restore their dignity, appreciate themselves, be proud of their motherhood and womanhood, and hence strive firmly, but cautiously and wisely, to get their rights as human beings. Women could fulfill this task by providing their capabilities to perform all duties assigned them effectively; standing boldly to tell the Church authorities that they experience discrimination. Since women
form the majority in the churches, they need to support and encourage the few who may be capable of certain ministries. There is need for women to view each other as sisters rather than competitors.

Finally, the researcher with the help of leaders of Chikanga United Methodist Church would evaluate the practices of the people and help remove the negative cultural influences that are oppressive to women. Also, there is a need to have ecclesia flexibility in church to deal with the problem of HIV and AIDS among women and children. The main purpose of the ministry setting is to make women and the whole church aware of HIV and AIDS in order to be the source of information to others, as this will help Chikanga Church to focus on transformation programs through evangelism.

**Transformation through Evangelism**

The word “evangelization” comes from the Greek “evangel,” which means “good news.” The word “evangelism” or “evangelization” does not exist in the new Testament.”32 There is a noun evangel “ion,” which means, “good news,” “gospel,” or “evangel” in Greek. Also, there is a verb (evangelize), which means, “to announce good news.” “Both words were common in the Greco Roman world of the first century when the New Testament was written. To evangelize was to bring good news about a great event such as a victory in war, the coming of the emperor, or the announcement of the new age to come.”33 These were precisely the words to announce what God had done in

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him for humanity- the gospel of Jesus Christ. Also, “the books telling Jesus’ story became known as “evangelists,” that is, witness to and writers of the evangel.”

So, this is the announcement of the good news and that good news should be shared. This is what the gospel is all about. Anything that can help people understand, receive, and share the good news of Jesus Christ - the good news of the kingdom is necessary, is good, and should be welcomed. Anyone who has something to share - an insight, experience, in one way or another, is the task of the whole church and of every Christian. A fascinating feature of Matthew’s summary of Jesus’ ministry is not only that it confirms that Jesus evangelization was centered in “the good news of the kingdom,” but that it describes Jesus’ holistic method: teaching, preaching, and healing. The good news of the kingdom is for the whole person - physically (healing), intellectually (teaching), and spiritually (preaching).

The distinction among the physical, intellectual, and spiritual does not justify either to the biblical understanding of the human person as a total unity or the inclusive character of Jesus’ gospel. Certainly Jesus’ evangelization was not limited to “saving souls” or what people anachronistically might call “social services.” Evangelism or social action” or “evangelism and social action” have nothing to do with kingdom evangelization.” Jesus points to a holistic ministry of good news as the sign of his divine mission. In response to John the Baptist’s question, “Are you the one who is to come, or are we to expect some other”? (Luke 7:20, NEB), Jesus said to John’s disciples: “Go and tell John what you have seen and heard: the blind received their sight, the lame

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walk, lepers are cleansed, and the deaf hear, the dead are raised up, the poor have good news preached to them. And blessed is he who takes no offense at me” (Luke 7:18-23; Matthew 11:5-6). All these points above indicate that, the researcher will draw an evangelism program for Chikanga UMC which will include preaching, teaching, training members through Christian Education (Sunday school, Bible study, class meeting, and prayer meetings), teaching women’s organizations, teaching men’s fellowship, and teaching the whole church. This process will transform women and children infected and affected with HIV and AIDS at Chikanga UMC in Zimbabwe. According to Jesus, evangelism encompasses holistic life.

Furthermore, evangelism breaks barriers among people. For example, Jesus shows his utter disregard for society’s artificial barriers in having the conversation with the Samaritan woman at the well (John 4:32). Clinton M. Marsh says, “This conversation was regarded as immoral, but was just natural to Jesus.” In other words, the well area would have been the scene of prostitution at odd hours such as this, and men start conversations at the well that they would never have engaged in town. In this context, Jesus was breaking a barrier raised by racial animosities. In this case, Chikanga UMC has to break the barriers of stigma and discrimination from the women and children and those infected and affected with HIV and AIDS in church and community. The problem with some women in Zimbabwe is that, they are still steeped in African tradition, to accept the implications of what they were told to believe. The researcher wants the Chikanga UMC to break those barriers so that women and children can be free to express their diseases to others, especially HIV and AIDS.


Church Leadership

Church leadership is always centered on a pastor’s leadership and administration. That means the researcher’s religious leadership is not only to direct people, but also to listen to what people say and suggest. The pastor is not there to impose ideas on people, but to discuss and come up with final decisions. Both clergy and laity are typically involved in leading the people. The researcher’s idea is to acknowledge the spiritual growth of the people and to reflect on their needs at Chikanga UMC.

According to L. Gregory Jones and Kevin R. Armstrong’s theology stress, “Theological resurrecting excellence refers to God’s call.” The authors indicate that, the Christian life and ministry comes from God. The horizon of God’s excellence is the glory of creation given to people by the Father, the redeeming and healing love manifested in the life, death and resurrection of Jesus Christ. For example, Paul says: “If one member suffers, all suffer together with it; if one member is honored all rejoice together with it” (1 Corinthians 12:26). Paul’s excellence in ministry refers to the faithful followers of Jesus Christ who are called to welcome the poor and the marginalized people, and HIV and AIDS patients in the church and community. Jesus confirms by saying, “The spirit of the Lord is upon me, because he has anointed me to bring good news to the poor. He has sent me to proclaim release to the captives and recovery of sight to the blind to let the oppressed go free, to proclaim the year of the Lord’s favor (Luke 4:18). In this passage Jesus refers to a resurrecting excellence that allows prayer, justice, learning, and living for others. The process results in transforming the work of the Holy Spirit and in making all things new and calls the Chikanga UMC to participate

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in God's excellent way and bear witness of God’s creation in the ministry. According to Henry & Richard Blackaby, “People are desperate for leaders who can make positive challenges in their lives!” 38 This indicates that the church is failing to challenge the structures of the church and the society in different forms in order to serve all people including women an children affected by HIV and AIDS.

According to the researcher’s experience in ministry, the Word of God is an instrument and must be delivered to the people in order that the congregation can know and identity with the God of liberation of all human beings. The project is going to interpret and deliver God’s message to those infected and affected with HIV and AIDS. It is important to make the Word of God incarnate in those who will receive the Word.

The point is that people want a coherent and understandable experience that affects both the mind and heart. It is the Holy Spirit who gives life to the Word. The same Spirit is available for those whose assignment is to create a living experience to those to whom the Word is directed. The incarnation of the Word in the hearts and minds of willing believers is a product first and foremost of God’s Spirit. Moreover, the Holy Spirit was intimately responsible for the incarnation of Jesus Christ in Mary’s womb, so the same Spirit of God is intimately involved in the incarnation of the Word. This means the Word lives in the lives of the preacher and those to whom the pastors preach. Without the presence of the Spirit of God no preaching of the living Word can be experienced.

The church is called to foster the ministry of all Christians and non-Christians in their life in the world. Church leadership is not restricted to within church walls but is

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equally effective in the marketplace. Henry and Richard Blackaby implies church leadership in five different ways:

1. "The spiritual leadership moves people where they are to where God wants them to be. This is influence. Once spiritual leaders understand God’s will, they make every effort to move their followers from following their own agendas to pursuing God’s purposes. Leaders who fail to move people on to God’s agenda have not led. The leaders may have exhorted, cajoled, pleaded, or bullied, but they will not have led unless their people have adjusted their lives to God’s will. Moving people is not the same thing as driving or forcing people to do something. It is a process of “persuasion and example” by which church leaders cause their people to change their attitudes and behaviors and to move forward to achieve God’s purposes. The researcher’s goal is to let those infected and affected with HIV and AIDS become obedient to God’s will at Chikanga UMC.

2. Spiritual church leaders depend on the Holy Spirit. Spiritual leaders work within a paradox, for God calls them to do something that, in fact, only God can do. Ultimately, church leadership cannot produce spiritual change in people; only the Holy Spirit can accomplish this. Yet the Spirit often uses people to bring about spiritual growth in others. For example, Moses dealt with this paradox when God commissioned him to go to Egypt to free the Israelites. God said, “I have surely seen the affliction of my people who are in Egypt, and have given heed to their cry because of their taskmasters, for I am aware of their sufferings. So, I have come down to deliver them from the power of the Egyptians, and to bring them up from that land to a good and spacious land….” (Exodus 3:7-8). So far, this sounded fine to Moses. God was going to do something that only God could do. Then God added an unsettling instruction,
Therefore, come now, and I will send you to Pharaoh, so that you may bring my people, the sons of Israel, out of Egypt” (Exodus 3:10). That is the crux of spiritual leadership.

Leaders seek to move on to God’s agenda, all the while being aware that only the Holy Spirit can ultimately accomplish the task. So, the researcher’s aim is to move the Chikanga UMC and the community to God’s agenda, and knowing that the Holy Spirit can change people’s behavior.

3. Spiritual leaders are accountable to God. Spiritual church leadership necessitates an acute sense of accountability. Just as a teacher has not taught until students have learned, leaders don’t blame their followers when they don’t do what they should do. Leaders don’t make excuses. They assume their responsibility is to move people to do God’s will. Until they do this, they have not yet fulfilled their role as leaders. True spiritual leadership is taking people from where they are to where God wants them to be. The researcher’s ultimate goal is to transform women and children with HIV and AIDS, the whole church, and the community and let God lead them where He wants them to be.

4. Church leadership influences all people, not just God’s people. God is on mission at the local factory as well as at the local church. His agenda applies in the marketplace as well as at the local church. Although spiritual leaders will generally move God’s people to achieve God’s purposes, God can also use them to exert significant godly influence upon unbelievers. Also, the researcher’s goal is to consider women and children affected with HIV and AIDS outside the Chikanga UMC and unbelievers in the community. For instance, the biblical account of Joseph is a case in point. God’s plan was to spare the Egyptians from a devastating seven-year famine and
through the Egyptians, to provide food for other Middle Eastern people as well. Pharaoh was an unspiritual leader. He did not understand the message God was giving, so God sent Joseph to advise him. It was Joseph, a man of God, who was able to interpret God’s warning and to mobilize the pagan nation to respond to God’s activity. There may not be anything overtly spiritual about building grain storage bins or developing a food distribution system, but these activities were on God’s agenda. God did not choose to use the religious experts of the day. Instead, he chose to make Himself known to an unbelieving society through a God-fearing government official. The researcher believes that it is God’s agenda to transform the Chikanga UMC and the community around through caring for AIDS patients. The affected women and children are considered to be unbelievers by the society. That is why HIV and AIDS affect them.

5. Church leadership works from God’s agenda. The greatest obstacle to effective spiritual leadership is people pursuing their own agendas rather than seeking God’s will. God is working throughout the world to achieve His purposes and to advance His kingdom. God’s concern is to advance leaders’ dreams and goals or to build their self-centeredness and their sinful desires and to draw them into a relationship with Him. For example, when Jesus took Peter, James, and John with him to the Mountain of Transfiguration, God the Father had a specific will for His Son. The Father brought Moses and Elijah to encourage Jesus for the great work of redemption he was about to accomplish. So, glorious and sacred was that moment that Jesus was transfigured and the glory of God radiated about him. Peter and his companions, however, had been asleep. When they awoke and saw the magnificent scene unfolding, Peter spoke up: “Master it is good for us to be here; let us make three tabernacles: one for you, and one for Moses,
and one for Elijah ...” (Luke 9:33). The moment Peter began talking, the vision was removed, and only Jesus remained visible. It is not clear what Peter’s intention was, beyond simply breaking the holy silence, but it is obvious that Peter’s agenda was not God’s agenda. The heavenly Father immediately rebuked Peter, saying, “This is my Son, My chosen One, listen to Him!” (V.35). Incredibly, Peter attempted to get Jesus, Moses, Elijah, James, and John to adjust their lives to his plan, instead of seeking to understand God’s agenda and adjusting his own life accordingly.”

Peter’s mistake is all too prevalent among spiritual leaders. Too often, people assume that along with the role of leader comes the responsibility of determining what should be done. The key to spiritual leadership is to understand God’s will for the churches and organizations. Leaders then move people away from their own agendas and to God’s. It sounds simple enough, but the truth is that many Christian leaders fail to put this basic truth into practice. Too often church leaders allow secular models of leadership to encourage the straightforward model set forth by Jesus. Also, Frank Ham states, “Churches are integral part of community life. Churches promote beliefs that guide behavior with either an implicitly or explicitly system of accountability.” This indicates that the church is a community in itself with particular expectations from its members, involving a sense of accountability and caring leadership and structure. The church is a healing community, practicing healing in many different ways, but most commonly through a sense of caring and a strong belief in hope, both for this life and the life to come. The researcher’s vision is not to move the Chikanga UMC away from the agenda of God, because God loves and heals all people without discrimination. That is why the

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researcher wants the Chikanga UMC to care for women and children infected and affected by HIV and AIDS in the church and the community, because the researcher understands God’s will for the church and the community.

Again, the task of the church is to comfort the broken hearted and give assurance that they are forgiven. The church has to be responsible for the young productive professionals who are more infected and affected by this HIV and AIDS epidemic. Donald E. Messer states, "With all the professional training they have acquired, and the well paying jobs they hold; with their newly established families and young children; with their new homes and cars; and with a seemingly assured bright future ahead – with all this; they are brought face to face with the deadly disruption of HIV and AIDS."41 This indicates that professional married young women are even more vulnerable to infection since they have less control of their sexuality because of their professional training. In this process, the researcher’s goal is that, the Chikanga UMC leadership has to stand with the most vulnerable and care for affected women and children. The church leadership must not be morally self-righteous, but more like Jeremiah. He did not distance himself, but made a choice to get involved. He began his rebuilding program by meeting and listening to those who were from Jerusalem (Nehemiah 2-3), those who were living in the disgrace and shame of broken walls and he gained their full involvement (Nehemiah 2:17). The researcher believes that this should constitute Chikanga UMC number one ethical principle in the struggle against HIV and AIDS in Zimbabwe.

Furthermore, HIV and AIDS raise fundamental questions for those infected and affected. According to Michele Berger’s understanding, those infected and affected ask

many questions like, “Why me? Why does God allow this suffering? Does God care? Does God love me or reject and condemn me? When I die where will I go?” These affected people need Spiritual healing and psychological healing too. Healing breaks fears and hopelessness among those infected by HIV and AIDS. The church has to pray for those infected by HIV and AIDS as part of their healing. The researcher also challenges the faith community and leaders to cultivate the church as a safe space for those who need such space to cry and to love God. The church must not judge those infected and weeping for their broken lives, but rather to create a safe space where praying and weeping can take place.

CHAPTER 3

EFFORTS TO ADDRESS THE MINISTRY ISSUE

The ministry issue is about HIV and AIDS, which has paralyzed the whole world right now and how it has affected women and children at Chikanga UMC and the community in Zimbabwe.

Description of How HIV and AIDS Started

Scholars indicate, “In 1980, a new syndrome that became known as IDS was first recognized among homosexual men by physicians in California. The same syndrome was seen in urban arrears in Australia and Western Europe. In 1982, the syndrome became apparent in Sub-Saharan Africa among both men and women, and it continued to spread throughout the world.” 43 “The first documented case of HIV dates back to 1959 and was found in a sailor from Manchester, England. After his death from unknown cases, his body tissue was taken and stored. When this tissue was tested years later, the AIDS virus was identified in it.” 44

Researchers say, “HIV and AIDS destroys the cells known as (CD4 and CD3) which are critical factors in maintaining a healthy immune system. Lack of CD4 cells prevents the body from defending itself against bacteria. The spread of HIV occurs by means of sharing infected human bodily fluids through unprotected sexual intercourse, infected injecting- drug users sharing needles, infected blood or tissue donors,

44 UNAIDS, Sub-Sahara Africa, Fact sheet; December 2006.
transmission from an infected mother to her unknown child, and more rarely through human breast milk.” 

“In 1987 the Federal Drug Administration licensed the first drug used to fight HIV, an antiretroviral medication called Zidovudine (AZT).

Various re-search studies on AZT have found it to be limited. Although it may prolong life, it cannot not save people from essential death and it does delay the onset of AIDS for HIV-infected people who take it when they have no signs and symptoms.”

“By 1992, the number of AIDS death worldwide had reached 500,000. Most countries were reporting cases of HIV and AIDS, more and more women and children were becoming infected, and the need for effective preventive measures and efficient treatments and care became more of a challenge. A wonderful breakthrough was reported at the beginning of 1994 when trials showed that the administration of SZT to infected mothers during their pregnancies cut the mother-child transmission rate by two thirds.”

HIV and AIDS have struck down women and men in their most productive years, and unlike other terminal diseases, has affected and infected entire family systems. It is a social, economic, and spiritual catastrophe whose size is still unknown.

**Description of HIV and AIDS in Zimbabwe**

So, the ministry issue is evangelism of women and children affected with HIV and AIDS at Chikanga United Methodist Church in Zimbabwe. HIV stands for human immunodeficiency virus and this is the virus that causes AIDS. HIV is different from all other viruses as it attacks the immune system. The immune system gives the body the

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45 www.aidsinfonet.org
ability to fight infections. HIV destroys a type of white blood cells (T cells or CD4 cells) and that makes the immune system unable to fight diseases. AIDS stands for acquired immunodeficiency virus syndrome and it is the final stage of HIV infection. It can take years for a person infected with HIV, even without treatment, to reach that final stage. Having AIDS means that the virus has weakened the immune system to the point at which the body has a difficult time fighting infections. When someone has one or more of these infections and a low number of T cells, he or she has AIDS.48

FIGURE 1

HIV/AIDS in Zimbabwe Statistics

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2008</td>
<td>12,500,000</td>
</tr>
<tr>
<td>People living with HIV/AIDS, 2007</td>
<td>1,300,000</td>
</tr>
<tr>
<td>Women (aged 15+) living with HIV/AIDS, 2007</td>
<td>680,000</td>
</tr>
<tr>
<td>Children living with HIV/AIDS, 2007</td>
<td>120,000</td>
</tr>
<tr>
<td>Adult HIV prevalence (%), 2007</td>
<td>15.30%</td>
</tr>
<tr>
<td>AIDS deaths, 2007</td>
<td>140,000</td>
</tr>
</tbody>
</table>

*nd = no data

Source: Population References Bureau & UNAIDS

So, the researcher’s motive is to improve the lives of women and children physically and spiritually. It is noted that women and children are more affected with AIDS than men in Zimbabwe. The researcher bases the project at Chikanga UMC in Zimbabwe. Jackson W. Carroll describes the congregation as “the human vessels that contain God’s power.”49 He draws on Paul’s words in 2 Corinthians 4: verse 7 which says, “But we have this treasure in the clay jars which makes clear that this extraordinary power belongs to God and does not come from us.” Paul uses the pottery language to describe the congregation “clay jars” or earthen vessels, which the extraordinary power

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of God may be experienced. So, the congregations are thought of as clay jars then and clergy, who lead them, as potters. God’s potter’s shape, glaze, and fire congregational clay jars reveal rather than hide God’s power in their life and practices.

The aim of the book is to ask what God’s potters do in their work in today’s church. Who are they? What does excellence in the craft on ministry look like? And how can it be witnessed? Carroll uses the term “congregation” to speak of local religious assemblies, whether Protestant of Catholic. Sometimes he uses the term “parish.” Carroll also expresses the unhealthy clerical “culture that leads priests to blame forces outside of themselves. Some pastor’s comment about an unhealthy clerical culture that leads priests to blame forces outside of themselves. The pastor has to learn to exhibit the excellence of masters, fashioning and shaping congregational clay jars so that they reveal God’s extraordinary power.

For this to happen, it needs Seminaries, denominations, congregations, and clergy all cooperating to play their roles in calling forth, nurturing, and sustaining excellence to the congregations. The church has to be a place where people find resources for dealing with world issues. Excellent ministry is viewed from the perspective of Jesus’ experience, Jesus’ cross, and the resurrection provided and shaping faithful congregational life and pastoral ministry. Excellent ministry is that which is lived out in a Christian life worthy of the gospel. The researcher believes that the Chikanga United Methodist Church can be the center of mission and theology of this project as it could lead to evangelism among people with different problems including diseases.
CHAPTER 4

MODELS FOR FOSTERING HIV and AIDS

At this point the researcher will design an evangelism program from AIAN program, which will impact, on all aspects of life at Chikanga UMC in Zimbabwe and welcoming atmosphere for everyone in the community. The basic point is that, HIV and AIDS are not just a medical issue or one of sexual immoralities as some have maintained. It impacts individuals, families, communities, and nations. Consequently, the fight against HIV and AIDS has been correctly defined as needing a “multi-sector oral approach.” That means all people should contribute to the reduction and eradication of HIV and AIDS. It is an obligation of biblical educators to do all they can to further prevention of HIV and AIDS, to promote and support provision of quality care for the infected and affected, to eliminate the stigma and discrimination, and to minimize its impact on our worlds. Johanna Stiebert states, “The Bible is not just a collection of literature, but rather a book that is read by millions in search of answers to all of life’s questions and interpretation in the light of HIV and AIDS is unavoidable.” So, the researcher will make sure that women and children who are infected and affected with HIV and AIDS at Chikanga UMC and the community around are faithfully cared.

It is noted that most of the early interpretations given in relation to the disease were negative and served to stigmatize those infected and affected. They relied on texts that associated illness with the punishment sent by God on those who are immoral and

\[50\] Johanna Stiebert. “Does the Hebrew Bible have anything to Tell Us about HIV/AIDS?” (K-Z: Nashville, Abingdon Press, 2005), 175-76.
disobedience (Deut. 7:12-15, 28:27-29). Therefore, in this context, the program will include Bible study, class meeting, counseling, training, refresher courses etc. The researcher will focus on caring, health, religious, theological, and biblical reflections. Also, the researcher will include church leaders in the planning of the program as resource persons.

**Faith Caring**

In regard to this program, the evangelism program will provide faithful caring services to women and children who are home bound and living with HIV and AIDS at Chikanga UMC in Zimbabwe. This will include non-judgmental practical assistance ranging from listening and providing emotional support according to their needs. A researcher will make a typical team made up of 6-8 volunteers who will make a commitment of time to negotiate between the team members and the Care Receivers, since some persons need daily support while others manage with weekly visits. The strength of the Care Team is that the commitment to the Care Receiver is shared among several people.

HIV and AIDS also have a significant gender impact for several reasons. Caregivers, who in most cases are women, carry the main psychological and physical burden. This is because in most African societies men share very little of the domestic responsibilities and family care with their partners. Further, women do not have control over their lives and bodies and this makes them vulnerable to infection. Given that women are the poorest, they are unlikely to receive quality care.

Women who are infected and affected with HIV and AIDS experience crisis. They ask why they are the ones affected, whether God loves them, whether they have
sinned or are just unlucky. Is the disease a form of punishment brought upon them by
God? This last question is also fuelled by some biblical interpretations, which link HIV
and AIDS with sin. In the HIV and AIDS epidemic believers question their beliefs, and
sometimes lose faith, or even doubt the very existence of God who is known to be the
giver of life. As human beings also makes people ask themselves. What is life? What is
the purpose of life? What is the meaning of life today? What should we do to enjoy our
lives to the full? The answers to these questions call people to revisit their faith, beliefs
and relationships with others, and more importantly, how do they understand God in the
context of HIV and AIDS. Such an approach to theology affirms the sanctity of life.

Health

“What is health”? R. K. Harrison defines, “Health as the condition of being
sound in body, mind or spirit, especially, freedom from physical disease or pain or the
general condition of well-being.” Harrison depicts health and healing as “curing or
restoring to health a sick person, whether by closing wounds, repairing results of
accidents or surgical disease or treating effectively specific pathological condition of the
body or mind. It is the absence of disease. A healthy person exhibits the state of body
and mind in which all functions are being discharged harmoniously.” The researcher
discovered that women and children who are battling with the effects of the HIV continue
to experience stigma and discrimination. As a result, they become physically and
psychologically depressed. The researcher’s goal is to counsel, preach, and provide
psychological and emotional advice, and give Spiritual guidance to the women and others
who are affected with AIDS. This will involve doctors, nurses, and other health

specialists educating and giving advice to the people. The major problem is that many women lack reliable information and the presence of misinformation as expressed by some of the women in Zimbabwe. Most women diagnosed as HIV-positive continued engaging in unprotected sex and having children. Some claimed not to have been told their positive status and unaware of the risks, continued with their existing sexual partners. These issues and others need vigorous education.

According to the World Health Organization, "Health is a state of complete physical, emotional, occupational, social, intellectual, and small spiritual health. Health is more than the absence of disease. Health is a state of optimal well-being." Optimal well-being is a concept of health that goes beyond the curing of illness to one of achieving wellness. Achieving wellness requires balancing the various aspects of the whole person. This broader, holistic approach to health involves the integration of all these aspects and is an ongoing process.

DIAGRAM 2

Health and Wellness Topics

![Diagram showing the integration of physical, emotional, occupation, social, and spiritual health]

Also, the church is a healing community, practicing healing in many different ways, but most commonly through a sense of caring and strong belief in hope and purpose for living that the church can offer. The church can play a more comprehensive role as a healing community to respond effectively to the HIV and AIDS epidemic and make a significant impact on HIV prevention as well. This must happen through looking at the deeper factors contributing to the epidemic, such as the break down of family structures, unfaithfulness in marriage, sexual activity among youth, and lack of reverence for the value of life. Who should be involved? HIV and AIDS programs must target all cadres of church leaders and laity, women’s groups, youth and young adults. The Chikanga UMC must address the particular needs of women, many of whom are not in high level leadership roles, but who are often the most regular attendees and contributors to the church programs. According to Pamela D. Couture and Rodney J. Hunter, “The human being is a psychological whole, and salvation refers to the restoration and transformation of the full human being in his or her relationships; it thus encompasses the entire range of health and welfare needs.”53 This indicates that, ministry is rooted in a holistic understanding of salvation and attempts to address human needs in their totality from a perspective of faith. It is not confined to problems, but to draws freely on healing of the soul, body, and society in which people live. The researcher’s goal is to assure Chikanga UMC that God’s salvation through Jesus Christ is concerned about body and soul. It is a holistic salvation including women and children infected and affected with HIV and AIDS in the church and the society.

Christ the Compassionate Healer and Liberator

It is imperative that Christians clearly understand Christ the compassionate healer and liberator, especially in the context of the HIV and AIDS epidemic. HIV and AIDS have been over advertised as an incurable disease. Musimbi Kanyoro and Musa Dube say, “This has overshadowed the fact that healing involves more than the body, more than biology, more than medical science. It also encompasses the spiritual, psychological and social aspects of the human person.” This indicates that, healing includes justice seeking; it is liberation from all forms of oppression. If people possess this wider understanding of healing, then people will realize that in the HIV and AIDS era, people still have a lot of healing to offer.

According to the researcher, Christ healing bodies remains important in the HIV and AIDS era for several reasons. First, it underlines that since physical healing is God’s will for all, the pain inflicted on people by HIV and AIDS cannot be God’s will. Second, it is notable that when Jesus healed people, he hardly concerned himself with how they contracted their diseases. Rather, he focused on their being healed and saying you are healed. It was only after healing a sick person that Jesus would sometimes say, “See that you do not sin again.” (Mark 1:43; John 8:11). Third, the fact that Jesus healed bodies should challenge faith communities to take a prophetic stand and advocate for the availability and affordability of antiretroviral drugs for all who need them. The other healing that needs to be considered: psychological, social and structural healing, mental, economic, and spiritual concerns, including everything that a person may need in terms

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of social support to sustain life. In other words, healing is holistic and it lasts for the whole life of a human being.

Cece Kolie says, “HIV and AIDS raises fundamental questions for those infected and affected. Why me? Why does God allow this suffering? Does God Care? Does God love me or reject and condemn me? When I die where will I Go?” Kolie confirms that the spiritual nature of these questions make spiritual issues central to HIV and AIDS healing. The researcher also agrees that the compassionate church offers spiritual healing to the affected and infected by assuring them that God has not sent HIV and AIDS to plague them nor is God is punishing anyone with HIV and AIDS. God created life and God loves all the people regardless of their HIV and AIDS status or they’re past lifestyle. Spiritual healing helps eliminate HIV and AIDS stigmatization and discrimination, which kill people before the virus kills them. The researcher needs to preach a compassionate God and a compassionate Christ at Chikanga UMC, who calls for a compassionate church that has zero tolerance for HIV and AIDS stigmatization and discrimination.

Also, psychological healing is essential because HIV and AIDS breed fear and hopelessness among the infected and the affected. The fears are numerous, and include fear of suffering from a biologically incurable disease, fear of infection, fear of death, and fear of an uncertain future. It is hopelessness. Again, the affected communities are psychologically ill. This manifests itself in many different ways. It manifests itself in the discrimination, isolation and rejection inflicted on those who are infected and on their relatives. It manifests itself in the increase of violence, mainly in the rape of children, young girls and women. Lynelly D Long and Maxine Ankrah also confirm, “Young girls

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are targeted by infected men, who believe they can cleanse themselves of the virus; they are also targeted by older men who believe that young girls are less likely to be infected than older women. Rape also indicates patriarchal desperation to control women’s bodies.\textsuperscript{56} This belief by older men is very dangerous as it destroys children and young girls.

### Compassion Motivates Healing

Compassion deals with desperation and fear that accompanies HIV and AIDS in order that no one feels alone or rejected. The researcher’s idea is that, there is need for Chikanga UMC to promote psychological healing by preaching a gospel of Emmanuel, God with us, and by living out this gospel of compassion by being there with and for communities. The researcher needs to preach the healing power of the Resurrection and insist that, since Christ defeated death, HIV and AIDS may kill the body, but it cannot kill individuals and community spirits.

The healing of individuals is also tied to their social relations, and to the structures and institutions in which they live. Social relations are integral to the African understanding of health and healing. Dora Mbuwayesango indicates, “Before an indigenous healer attends to a client’s physical pain, she/he first divines all the relationships in the client’s life. The indigenous doctor checks the client’s relationships with family, neighbors, ancestors, and with the Divine powers and the environment. The indigenous diviner-healer only prescribes medicine for the body on the condition that the client attends to any unhealthy relationships.”\textsuperscript{57} Mbuwayesango is trying to state that,


unhealthy relationships, in other words, are held to have a direct bearing on one’s physical health. Also, it means HIV and AIDS forcefully focuses on people’s attention on the central importance of social and structural healing because the harsh reality is that this epidemic will thrive wherever the social evils prevail. According to WCC report, “HIV and AIDS epidemic is forcefully harsh when social evils of poverty, gender inequality, racism, violation of children’s rights, ethnic discrimination, civil wars, international economic injustice, discrimination on the basis of sexuality and health status prevail.”58 This indicates that, as long as social and structural evils are in place, leaving individuals unable to make choices to protect themselves, then HIV and AIDS will continue to spread and quality care will continue to be an uncertainty. The researcher’s goal is to address social and structural healing which underlines the importance of liberation to holistic healing at Chikanga UMC since an unjust society is a sick society. Also, unhealthy relationships breed ill health. Social evils and injustices are “carriers” of HIV and AIDS. The researcher wants to let the Chikanga UMC know that Christ the liberator is a theology of liberation; therefore, people have to search for healing in the HIV and AIDS global crisis.

In many ways, the church has been weakest in embracing social and structural healing. The church preaches individual responsibility for decision-making but neglects the balancing concept that individuals exist only within social structures. For example, children who live in a social society that violates children’s rights will get infected even if they abstain, for they will be raped. Orphans will be dispossessed leading to getting involved in sex work for survival. The Journal of Theology in Botswana states, “Women who live in a patriarchal society may be faithful to their spouses, but they will not be

protected from HIV infection.\textsuperscript{59} This is an indication that societies have always denied women the right to own property and associated them with evil. Also, widowed women are often accused of killing their husbands who die from HIV and AIDS, and then they are dispossessed, and thrown out of their homes. Those who are allowed to stay may be asked to choose another husband in the family, while those who leave are sometimes forced to resort to sex work in order to have enough money to buy food for the family. That means women have been oppressed in various forms in the church and in the society in which they live.

So, the researcher’s concern is to advise Chikanga UMC and the community that they must not ignore the unjust social structures that leave individuals unable to abstain, but be faithful to their partners. Church UMC leaders also have to offer compassionate leadership and healing that seeks to eliminate the unjust social relations, which sponsor HIV and AIDS. Christian leadership must preach Christ the compassionate healer and liberator who calls for social justice and for healing in all aspects of human life, especially in relationships. On the Sabbath day Jesus the compassionate healer and liberator opened his public ministry in the Temple:

“When Jesus came to Nazareth, where he had been brought up, he went to the Synagogue on the Sabbath day, as was his custom. He stood up to read, and he opened the scroll of the prophet Isaiah given to him. He unrolled the scroll and found the place where it was written: The Spirit of the Lord is upon Me, because he has anointed me to bring good news to the poor; He has sent me to proclaim release to the captives; and recovery of sight to the blind to let the oppressed go free; To proclaim the year of the Lord’s favor.” (Luke 4:16-22).

This passage outlines the healing and liberating agenda of the gospel of Christ who offers physical, spiritual, psychological and structural healing. Liberation is only

liberation if it frees all people from all forms of oppression. Healing is only healing when people are holistically healed in all their relationships. Christ was a compassionate healer and liberator.

The researcher considers compassionate leadership to call for the faith community to be prophetic and preach healthy family institutions; healthy or just relationships between men and women; healthy empowerment of children as members and inheritors of God’s kingdom. Social and structural healing justice is needed, for HIV and AIDS is more than just a lack of individual morality; it is more than just individual illness. Rather, HIV and AIDS is an epidemic within other epidemics. It is a social evil that functions with other social diseases of oppressive family relations, oppressive poverty, oppressive cultures, human rights violations, racism against black people of African decent and discrimination on the basis of sexual identity or drug use. The researcher wants to know that the sick/unjust social relations are attended to, for they affect and infect the spiritual, mental and physical body at Chikanga UMC. The researcher wants Chikanga church to be a compassionate church and leadership should, therefore, address the above issues and be actively involved in the creation of a society that is healthy. Also, leadership should empower individuals to be able to make and implement choices that protect women and children from HIV and AIDS.

Biblical

The Gospel of Matthew in relation to Bosch’s exegetical expresses “a theology of mission in relation to the primary setting.” According to Matthew’s “Great Commission,” it is not possible to make disciples without telling people to practice God’s call of justice for the poor. It involves God and neighbor, and the reign of God and God’s

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justice (Matt. 6:31). The church has to be found where the disciples live in the
community with one another with their Lord according to “the will of the Father.” The
idea of Matthew was trying to deal with was to inspire a community of faith that had lost
its identity and direction. This passage reveals the entire revelation about pastoral
leadership training that can help address the ministry issue of this project.

What is the Gospel Challenge to HIV and AIDS?

The researcher wants to challenge the church to look again, to read again, to
search scriptures again, to pray again for ways of articulating the gospel of Christ in the
HIV and AIDS era. At this moment the church must seek the face of God again, so as to
understand and preach the gospel of Christ as the healing power in the churches and
communities. That is, the gospel must be good news to those who receive, hear, feel, see,
touch and taste it. The gospel must be the good news of hope and healing at Chikanga
UMC. The gospel must rebuild the broken hearts, minds, and families at Chikanga UMC
and the community around. The gospel must be good news that liberates who is
oppressed due to poverty, gender, race, age, sexual identity, race, war, national
corruption, international exploitation, and HIV and AIDS. The church has to ask the
question: What is the gospel of Christ and how can it be an effective healing force in the
HIV and AIDS struggle at Chikanga UMC? The aim of the researcher is to call Chikanga
UMC to listen and rededicate itself to the power of Christ.

Luke 4:16-22 is an insight frame for understanding and living the gospel of Christ in the
states that shortly after Jesus returned from the wilderness, where he had been tempted,
...he came to Nazareth, where he had been brought up, he went to the Synagogue on the
Sabbath day, as was his custom. He stood up to read and the scroll of the prophet Isaiah
was given to him. He unrolled the scroll and found the place where it was written: The Spirit of the Lord is upon me because:

- He has anointed me to bring good news to the poor
- He has sent me to proclaim release to the captives
- And recovery of sight to the blind
- To let the oppressed go free
- To proclaim the year of the Lord’s favor

The story continues to say that Jesus “rolled up the scroll, gave it back to the attendant, and sat down. And the eyes of all in the Synagogue were fixed on him. Then he began to say to them, “Today this scripture if fulfilled in you hearing.” All spoke well with him and were amazed at the gracious words that came from his mouth. They said, “Is not this Joseph’s son”? (Luke 4:16-22).

In this reading of Luke’s gospel Jesus gave his first public sermon. The researcher’s understanding of these verses, as many scholars have noted, is that Jesus unveiled the agenda of his ministry and gospel. How can these verses help the church to confront HIV and AIDS challenges and reclaim the present and the future? Jesus did not read only from the book of Isaiah the prophet, but also identified himself with the prophet. M.A. Powell confirms, “First, Jesus did not only read from the book of Isaiah the prophet, but also identified himself with the prophet and took up his prophetic agenda by saying,” “Today.”61 Powell considers this as the first challenge to the church should not just preach the gospel, but should embody the Gospel and have the courage of saying, “Today this scripture is being fulfilled in your hearing.” The researcher also confirms that members of the church must actualize the gospel in the realities of how Chikanga UMC lives right now. Today is the time for the good news of Christ to heal the broken communities from the HIV and AIDS infection, from the HIV and AIDS stigma, and from the impact of HIV and AIDS, which has produced fear, hopelessness and absolute

desperation among people of Chikanga UMC in Zimbabwe. Today is the day that Chikanga UMC welcomes women, children, orphans, and the marginalized. Today is the day that the Chikanga church must cast out fears and reclaim the present and the future. Today is the time that the Chikanga congregation must live and have life, and not just wait until they die and live happily and in peace in heaven. The researcher’s goal is to tell the Chikanga UMC that “today” is the time for the Gospel of Christ to work amongst women and children in the HIV and AIDS struggle in the congregation. Also, today is the day of healing and rebuilding women and children infected and affected with HIV and AIDS at Chikanga UMC. The day also announces and implements liberation for these who are oppressed due to their social locations.

Old Testament prophets like Ezra and Nehemiah also sided with the oppressed of the Israelites society and attacked them in the name and in the Word of Yahweh, the social structures that produced such and economic inequalities. Also, Jesus Christ demonstrates that his gospel message is prophetic. Likewise, he expects his followers to be prophetic, calling people to rebuild the broken walls of their churches, communities, countries and continent, and to speak critically towards unjust and oppressive social structures, especially in the HIV and AIDS era. The researcher cannot emphasize the importance of this point in the HIV and AIDS era, for too many church members and leaders have tended to see HIV and AIDS as an individual sin, as a reflection of immorality, while they fail to see structural sin and its impact on individuals and the choices they make. In this context, yes the church must encourage all individuals to be responsible for their behavior and call for individual behavioral change.
The problem with this idea is that, the church has supported and sometimes overlooked the structural issues that make individuals powerless. For example, the United Nations Secretary general says, “The church often fails to address cultures that have gendered double standards on sexual issues; it fails to address family structures that leave women with little or no control over their lives; it fails to address violence against women and children, which renders many abstaining women and young girls vulnerable to HIV and AIDS.”

62 This indicates that the church is a little bit reluctant to deal with these issues and consider them as individual responsibility since HIV and AIDS is associated with sinful behavior. Yet the church has to speak against international companies that kept HIV and AIDS drugs unaffordable while millions of people die. The researcher’s goal is to let Chikanga UMC call individuals to behavioral change and a moral life, and must equally address structural moral decisions. Preaching the good news of Christ includes the call to be prophetic and call to challenge the powers that be to extend justice to all members of Chikanga UMC and the community.

“To Bring Good News to the Poor”

Then researcher believes that when one brings good news to the poor, one has to deal with structures and circumstances that have made them poor and working towards eradicating exploitative systems. It means that the gospel of Christ includes accepting the responsibility to challenge and deal with social structures that have condemned billions of people to poverty. The story of creation tells people that in the beginning God created the earth and everything in it (genesis 1:2). Then God created Adam and Eva in God’s

image (Genesis 1:27). God blessed them both and gave them the right to use all the resources of the earth. All people everywhere, therefore, have a God-given right to have access to the resources of the earth, whether they are women or man, black or white, children or adults. Poverty denies people their God-given right to have access to the resources of the earth and is a violation of God's will.

In this context, the researcher knows that the number one sponsor of HIV and AIDS is poverty. Sex workers who know about HIV and AIDS do not stop practicing their trade, for they figure out that although HIV and AIDS will kill them perhaps in 5-10 years, starvation will kill them much faster. The poor, who have no access to education and information, remain ignorant of the way in which HIV and AIDS is spread and how they can protect themselves. Once infected the poor cannot protect them from death by eating well or can they protect themselves from opportunistic infection since they lack funds and access to health services and resources. As a result, poverty leads many of them to sell their bodies in order to survive.

The researcher's major part of preventing the spread of HIV and AIDS at Chikanga UMC and offering quality care to the infected includes people's ability to deal with poverty. Proclaiming good news to the poor, a key element in the agenda of Christ, must remain a top priority at Chikanga UMC, particularly in the HIV and AIDS era. When the researcher looks at the life of Christ, she realizes that Christ did not come to bring good news only to the poor. Throughout the gospel, Christ was found together with the most despised members of his society: tax collectors, sex workers, women, children, and the sick. The gospel attests that other holy teachers even complained that Jesus was
hanging around with unacceptable characters and in response he said, "Today, I tell you, the tax collectors and the prostitutes will enter heaven before you do!" (Matt. 21:31).

“To Proclaim Release to the Captives”

The second item in the agenda of the gospel of Christ is “to proclaim release to the captives.” If one is a captive she or he has lost freedom to think, decide and act as she or he sees necessary. For example, there are war captives, alcohol captives, sex captives, food captives, spiritual captives, social captives, poverty captives, greed captives, drug captives etc. This indicates that, captives of all kinds are characterized by the fact that they are bound, unable to exercise their God-given rights to think, decide and act as free and responsible individuals. In the HIV and AIDS era those who are captives are not in a position to think and decide for them that would protect them from infection.

The researcher asks these questions. Who are the captives at Chikanga UMC and the society? Does the church have captives? These are questions are worth pondering. In the HIV and AIDS era are not all people captives of fear, hopelessness, and absolute desperation? The researcher is convinced that people are. Many women and girls, married and single mothers, are captives of gender inequalities that often pass as culture, scripture or law. Many poor people are captives of international economic structures of oppression and exploitation. So, when the gospel of Christ is preached and lived out at Chikanga UMC and the community, it must release, set people free and live in love in full human dignity, in the hope of victory and resurrection. The task of proclaiming release to the captives is not just proclaiming the gospel, but also taking the responsibility to implement the gospel today.
"To Proclaim Recovery of Sight to the Blind"

The third item in the agenda of Christ’s gospel is to proclaim “recovery of sight to
the blind.” The researcher interprets blindness metaphorically to include spiritual and
mental blindness. People have to remember that an integral point of the gospel of Christ
was actual physical healing of the sick. Indeed the physical, spiritual and mental well-
being of a person are inseparable, and healing must involve all these aspects of a human
life, for the human person is made in God’s image and has God’s breath.

In all four gospels there is an overwhelming attestation of the teaching Christ
spent the better part of his earthly ministry healing the sick. In Mark 1:32, it reads, “They
brought all who were sick or possessed with demons ... and Jesus cured many who were
sick with various diseases and cast out many demons.” The researcher cannot deny that a
central aspect of the HIV and AIDS crisis is the fact that virus sickens the body, the
spirit, the mind, the community, and stigmatization that attack social health. So, the
researcher’s quest is to rebuild Chikanga UMC, and let the church realizes that when
Christ healed someone he healed the whole person, mind, and spirit. Christ also healed
the effects of the social ills they suffered. Women and children infected and affected
with HIV and AIDS can also be healed as the HIV and AIDS virus weakens the body.

Diane Richardson states, "These illnesses are sometimes referred to as “opportunistic
infections,” because they take advantage of the opportunity offered by the body’s
weekend immunity to do their damage." HIV weakens the immune system and the
body becomes weak and unable to fight against diseases. Currently, no treatment will
destroy virus or restore the immune system.

63 Diane Richardson. Women with AIDS. (New York, NY: Rutledge Publisher, 1999), 5-8.
The first chapter of Mark’s gospel verse 21, Luke 19:1-10, and Luke 7:36-50, all contain good examples of Jesus’ healing ministry. In Mark’s gospel Jesus commands the unclean spirit to leave the man. Jesus’ spiritual healing also included his acceptance of people spiritually burdened by both the types of lives they have led and the social consequences of being labeled, isolated and rejected. In Luke 19:1-10, the researcher encounters Jesus befriending Zacchaeus, a tax collector who had enriched himself by over taxing people. When he heard that Jesus was coming by, he ran and climbed a tree in order to see Jesus. Jesus looked up and said, “Zacchaeus, hurry and come down, for I must stay at your house today” (V. 6). As Zacchaeus was joyfully coming down to welcome Jesus into his house the story says, “All who saw it began to grumble and said, “Jesus has gone to be the guest of one who is a sinner.” (v.7). Meanwhile, Zacchaeus said to Jesus, “I will give half of my possessions to the poor and if I have defrauded any body I will pay back four times as much.” Jesus said to him, “Today salvation has come to this house.”

The researcher notes that Jesus never said to Zacchaeus, “You sinner, repent!” Rather, Jesus befriended Zacchaeus, a man who was socially judged and rejected by all. Zacchaeus was in dire need of social and spiritual healing. Jesus said, “I must stay at your house today.” And all who saw it, not some, grumbled that Zacchaeus was a sinner. The church quickly condemns women and children who are infected and affected with HIV and AIDS and consider them as sinners. Yet, Jesus welcomed Zacchaeus and associated with sinners wherever throughout his ministry. So, the researcher’s goal is to challenge Chikanga UMC to accept women and children with HIV and AIDS in the church and the community, and not to be judgmental.
The second story of Jesus healing the spirit of a socially and morally bruised person appears in Luke 7:36-50. Jesus had been invited to eat in the house of a Pharisee. While he was there, a woman of the city, a sex worker, “brought an alabaster jar of ointment. She waited behind Jesus at his feet, weeping, and began to bathe his feet with her tears and to dry them with her hair. Then she continued kissing his feet. Now when the Pharisees, who had invited Jesus, saw it, he said to himself, “If this man was a prophet, he would have known whom and what kind of a woman this is, who is touching him- that she is a sinner.”

Does it mean Jesus was ignorant about her identity? No, Jesus knew that this woman was a sex worker, but he accepted her to anoint his feet with oil and wiped his feet with her hair. Jesus did not say, “Stop kissing me you sinful sex worker.” The story says that she continued kissing Jesus continuously. Jesus only spoke in response to those who were judgmental, those who were labeling her a sinner. Jesus said, “Do you see this woman? I entered your house and you gave me no water for my feet, but she has bathed my feet with her tears and dried them with her hair. You gave no kiss, but from the time I came in, she has not stopped kissing my feet. You did not anoint my head with oil, but she has anointed my feet with ointment. Therefore, I tell you her sins, which were many, have been forgiven.” Then Jesus said to the woman, “Your sins are forgiven. ... Your faith has saved you; go in peace.”

The researcher thinks that the church has a lot of to learn from this story given the persistence of HIV and AIDS stigma. The researcher is challenging Chikanga UMC to realize that the women and children who are crying, infected and affected by HIV and AIDS and those bruised by oppressed social structures must have the freedom to seek the
church as a safe space to pray for their broken hearts, bodies and societies. Their prayers are part of their healing. The researcher also challenges the faith communities and leaders to cultivate the church as a safe space for those who need such space to cry and to love God, whom they seek in religious institutions. The researcher expects the Chikanga UMC and other churches not to judge those who are weeping for their broken lives, but rather, to create that safe space where praying and weeping can take place. In Anastasia Boniface Mulle’s article on Tanzania women and HIV and AIDS indicates, “Allow me to cry out.” Boniface Mulle confirms that if the church thinks that those who are infected and affected are sinners, then the church has lost direction. Rather, the church’s business as described in the gospels is to preach good news of Christ and comfort the broken hearted. Also, the researcher confirms that those who are infected and affected including women and children at Chikanga UMC need assurance that whatever sins they had, regardless of their magnitude, they are forgiven if they believe.

Another story in Mark’s Gospel is about a leper who comes to Jesus and say, “If you choose, you can make me clean.” Moved with compassion, Jesus reaches out and touched the leper and says, “Go show yourself to the priest, and offer for your cleansing what Moses commanded as a testimony to them.” The researcher considers a number of issues in this story. The man’s statement to Jesus, “If you choose, you can make me clean” is a very interesting statement. The leper, in other words, suggests that his uncleanness is a social status that other people confer on him and which other people can likewise remove from him. Similarly, if people choose, they can let HIV and AIDS free from the social stigma that people have imposed on them. According to the researcher, it

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is also important that Jesus answers, "I choose." Further, Jesus did not just answer back, but was also "Moved with compassion and he touched him." He could have pronounced him clean without touching him, but he touched the leper.

According to the researcher, in the HIV and AIDS era, the Chikanga UMC needs to be a healing church, a church that chooses to cleanse women and children and those who have been stigmatized. The church has to be moved with 'compassion.' The church needs to reach out and touch those who are infected and affected by HIV and AIDS. The epidemic of the HIV and AIDS stigma causes society to judge, fear, and isolate those who are infected and affected by HIV and AIDS. People make them unclean by judging them, condemning them, and isolate them. Instead, the Chikanga UMC has to rebuild the souls and communities broken by the paralysis of stigma, fear, hopelessness, and absolute desperation. The church has to be "moved with compassion," by reaching out and touching women and children and those infected and affected by HIV and AIDS, and by saying, "I choose to be clean."

The researcher thinks that today perhaps the HIV and AIDS testing centers serve as people's society establishment for being pronounced clean or unclean. World Council of Churches (WCC) states, "One can show her or his HIV and AIDS test results to her or his friends and family to confirm that she or he is positive or negative. The difference between the results one receives from a testing center and the priest's announcement regarding a leper's cleanness is that the results one receives from a testing center are supposed to be private."

WCC indicates that, those who are likely to announce the results are those who are negative, while those who are positive are likely to keep the results a secret given the intensity of the stigma. According to the researcher's opinion,
here the Chikanga UMC can step in and be a center that “pronounces the infected clean” by being compassionate and breaking the stigma by counseling and instilling hope to the hopeless.

In the story of Jesus and the leper, the religious leaders had the responsibility to pronounce lepers clean and acceptable to society. The researcher can also suggest that, today’s priests, bishops, pastors, reverends, deacons, and religious leaders at all levels can assume the same responsibility in regard to those who are overwhelmed by the HIV and AIDS stigma. Church leaders can turn churches and congregations into spaces that are stigma free for those who are infected and affected will be accepted, loved and care for. Isolation, rejection, and unfounded fear of infection deny people the right to enjoy social health, and churches can become centers that restore social health in them.

While HIV and AIDS has been declared incurable, the researcher is convinced that there is still a lot of spiritual, mental, social, and structural healing that Chikanga UMC can offer. The challenge confronting the church is to be a community of compassion and healing by living out the gospel power. The Chikanga UMC has to suffer with those who are suffering and seeking to end the structures that cause their suffering. All these points demands an inclusive and liberating theology of breaking stigma; a theology that eradicates the demarcation line and openly declaring that ‘the church is an HIV + body and space.

“To Let the Oppressed Go Free”

The fourth in the agenda of the gospel of Christ is to ”To let the oppressed go free.” Rosado Nunes states, “Oppression defines a “social system that denies persons
room to breathe and lives as human beings.”

Nunes wants to emphasize the biblical understanding of oppression as a denied of God’s justice. He wants to point out many forms of oppression in the world and in the communities, including violence, racism, and ageism, ethnic, sexual and gender, discrimination, as well as economic and political oppression. Also, the researcher agrees that it is important for the Chikanga UMC to remember that the gospel of Christ declares, “liberation from oppression” as God’s will for all people. It is not God’s will that any person anywhere, should be oppressed on the basis of color, age, gender, sexual identity, ethnicity, class, addition to drugs, or by political and economic structures that deny people the room “to breathe and live as human beings.

HIV and AIDS research indicates that HIV and AIDS is an epidemic within other epidemics. It works with and through other social epidemic such as civil war, ethnic discrimination, drug trafficking, and violation of children’s rights, gender and sexual discrimination, poverty, economic depravation national and international corruption.”

UNDP wants to make it clear that there is a link between most forms of social oppression and the spread of HIV and AIDS and lack of quality care for those who are infected and affected. That is why it is necessary to search for healing in this epidemic and address the accompanying social epidemic that fuel HIV and AIDS. The researcher also wants to emphasize that the gospel offers a way to deal with the oppression and social evils at Chikanga UMC and in the world. The good news of Christ includes, “letting the oppressed go free.” It includes granting liberty to the oppressed and preaching good news to the poor. This is God’s will for all people, because all people were created by

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God and in God’s image (Gen. 1:26-27). All people were blessed and given access to the resources of the earth (Gen. 1:29).

"To Declare the Year of the Lord"

The last agenda in this gospel of Christ is to declare the year of the Lord. The researcher acknowledges that the Spirit of the Lord was upon Christ to declare the year of the Lord. It means the year of the Lord is the Jubilee. Its full description is given in Leviticus 25. It reads, “... and the time of the seven Sabbath of years shall be forty-nine years. Then you shall cause the trumpet of the Jubilee ... throughout all your land. And you shall consecrate the fifth year and proclaim liberty throughout all the land and to all inhabitants. It shall be a jubilee for you; and each of you shall return to your possession and each of you shall return to his family ... you shall not oppress one another,” vv. 8-17.

So, the researcher wants the Chikanga UMC to know that, the integral idea behind the declaration of the jubilee is liberation to all and for all; liberation of land from exploitation, and liberation of people from economic, political and social exploitation and oppression. The jubilee in short, captures and underlines that the gospel of Christ is the gospel that proclaims the good news to the poor, sets the captives free, restores sight to the blind, and sets all the oppressed free. The gospel of Christ offers holistic salvation and liberty that touches all aspects of people’s lives: the political, cultural, society, economic, spiritual, mental, financial, individual and communal. This is the gospel of, the good news, which the Chikanga UMC can proclaim and programmatically implement in its quest to rebuild the church and the community. The researcher’s goal is to let the Chikanga UMC understand that proclaiming the gospel of Christ entails taking the
prophetic role of announcing good news to women and children infected and affected by HIV and AIDS in the church and the community around. The church will be able to rise and rebuild the broken bodies and souls of women and children. The most important thing is that, if the Chikanga UMC openly identifies itself as an HIV + church, it will eradicate the stigma and discrimination and become a healing force.

Religious

Africa is not composed of one religion, but many religions, beliefs, and practices as practiced in Africa. Africa has many African Indigenous Religions like, Bahai, Buddhism, Christianity, Hinduism, Islam, Judaism, and Rastafarianism etc. G. S. Williams indicates, "Religion is that which shows itself mainly in moment of crisis like sickness, desperation, emergency, death, and tragedy; and comes to the surface also at key moments of life. It also shows itself in times of wedding, death, or national events like independence celebrations, state funerals, the election defeat or overthrow of one governing class. Such moments call for instant prayer and "instant God." People turn to religion at these occasions, as they do in their traditional background. Partly, it acts as a genuine means of finding an outlet for their feelings of joy or tension generally by the particular crisis or important event. Both educated and village dwellers in Africa subscribe to this important event.

In Zimbabwe there are three major religions. Christianity, Judaism, and Buddhism. These religions have different beliefs and cultures and they treat women and children according to their beliefs. Religion influences thoughts, emotions, personalities, and social relationships as they seek communion with God. It is also a bold critique of
how religion has enhanced or denied women’s rights as human beings created in the image of God. So, religion is understood in its broad context, encompassing the physical, emotional, psychological and social domains.

Religion for the Shona people in Zimbabwe is part of everyday life. It is ingrained in their upbringing, and is summed up in their saying, “to know and believe in God is to know life, and without God, one is as good as dead” (Shona saying). Life must first and foremost evolve around the worship of the Creator among them. Tumani Mutasa Nyajeka states, “God is known as the protector and vindicator of all the afflicted, oppressed, and downtrodden.” To know and believe in God, and is to know life, and without God, one is as good as dead. For Africans, one of the attributes of God is one who was found in existence,” and “one who is ageless, or the ancient of Days.” God is, therefore, the beginning of life, and since God is ageless, humanity will spend eternity with God.

Another attribute of God is hope. It is found in the belief that the “God who is known as a creator of the whole world.” In other words, there is no place where God is not; God is present everywhere, anytime. Another common saying among the Shona is, “Mwari ngewewanhu wese.” Meaning, “God cares about the affairs of all, the women and children, the poor, the orphans, the widows, the rich, and the marginalized. The researcher believes that, the Chikanga UMC needs to worship God and to have hope for women and children who are infected and affected by HIV and AIDS in Zimbabwe.

The dominant religion in Zimbabwe is Christianity. Christianity is a religion that has done very little about HIV and AIDS in Zimbabwe. Christian leaders are afraid to

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68 Tumani Mutasa Nyajeka. The Unwritten Text. (Mutare, Zimbabwe: Africa University Press, 2006), 47.
speak about HIV and AIDS in the pulpit, because culture does not allow them to speak about sex issues in public. This mentality has oppressed women since the church has to liberate them. Christ came to liberate all people including women. So, the church as the body of Christ has to liberate women and children from infected and affected with HIV and AIDS in Zimbabwe.

The researcher’s main point is to urge Christians to transform women and children from social injustices and cultural beliefs, so that they can be able to stand up for their rights. Christ came to liberate all people including women and children. Many religions in the world consider women and children as second-class citizens in the church and community. Most religions do not follow the story of creation in Genesis. God said, “Let us create man in our own image.” (Genesis 1:27). This verse indicates that God considers all men and women including children. In this context religion becomes more and more a social uniformity. The researcher’s goal is to encourage religions in Zimbabwe to extend their compassion to women and children infected and affected by HIV and AIDS as part of their religious celebrations. They should consider HIV and AIDS as one of the sicknesses in their churches and mosques. According to Audrey R. Chapman & Bernard Spong state, “Religions have to realize that everyone is equally important before God. It does not matter what kind of philosophical teachings they espouse; they must acknowledge their equality and address the key areas of human development.”69 The researcher challenges all religions to realize that the time has come to be a true witness together for Christ. They must use all their resources and assets together as one people for the benefit of all people regardless of their religion, especially women and children infected and affected by HIV and AIDS in Zimbabwe. Today, there

is a problem for many Christians who do not demonstrate their love to their neighbors. That is why Jesus tells the story of the Good Samaritan in Luke. That means love is the most important virtue of religious experience that starts from private to public worship of individuals.

**Theological**

According to the researcher’s own theological framework, God was and is the creator of all that is and all that has ever been, and that all God’s creation was created good. So, all life is sacred; that all people, regardless of their color, gender, class, race, nationality, religion, ethnicity, health status, age, or sexual orientation, were created in God’s image and are loved by God. Also, theology has to be contextual and reflect on particular issues, then it follows that theology is not neutral or static. Theology focuses on upper or lower classes, which are dominated or oppressed groups, whether they are women, children and men. According to Howard W. Stone and James O. Duke’s understanding, “Theology is typically expanded to embrace the totality of things having to do with religious life. Not only ideas of God per se but everything associated with faith, church, and ministry, are said to be theological.” These two writers are concerned about theology that focuses on children, women, co-workers, parishioners, friends, and those affected by HIV and AIDS. Theology means the best understanding of Christian faith. It is a collective experience of God at work in people’s lives, in the church and the world that causes people to reflect on that experience theologically.

The researcher believes that theological education should be a tool of God for God’s world and God’s people. Theology must aim at shaping faith communities to be

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70 Howard W. Stone and James O. Duke. How To Think Theologically. (Minneapolis, MN: Augsburg Press, 1996),
the voice that speaks God's will and seeks the establishment of God's will for creation as a whole. For example, Ofelia Ortega argues, "A religion is true if it works, if it meets the needs of people." A religion that speaks only to man's soul and not to her or his body is not true. If one preaches the gospel that does not speak to the human needs, it is useless. Even the book of Job explains that after all the agonies, "the Lord blessed the latter end of Job more than his beginning," pouring upon him material blessings and rich possessions (Job 42:10).

In Africa, an Old Testament orientation has strong political implications. The theological position of the researcher is to identify the purpose and spiritual power of the church through the resurrection of Jesus Christ. It involves transformation of the church and the community. Theologically, a congregation is the "body of Christ," charged with continuing Christ's ministry of reconciliation in the world, inviting people to accept God's gift of salvation.

If God's activity and will for creation in all circumstances means there is already theology for HIV and AIDS, then people must believe that God is in control of every disease. Letty Russell and Shannon J. Clarkson say, "The moment people ask God about HIV and AIDS, whether God loves people, whether God cares, and where God's healing is in this HIV and AIDS era, then theology of HIV and AIDS has begun." This indicates that this is the time when people start to reflect on a particular context and seek God's will for God's people in their circumstances of HIV and AIDS.

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So, the researcher wants theology to suit Chikanga UMC program in their particular HIV and AIDS context. The aim of the researcher is to theologize the program and fit Chikanga UMC with women and children infected and affected with HIV and AIDS. In this context, the researcher will be able to apply God as a theological guide for women and children affected with HIV and AIDS at Chikanga UMC. HIV and AIDS produce a particular context on three fronts. First, the fact that HIV and AIDS is a global catastrophe means that it calls for a response from all people, wherever they are. HIV and AIDS is not (as some have come to mistakenly think) an African disease. It is a global epidemic. In that sense, it offers people an opportunity to develop and strengthen their international and ecumenical theology, and their response based on that theology.

Second, HIV and AIDS is an epidemic within other social epidemics such as poverty, gender inequality, child abuse, racism, ethnic conflict, war, international injustice, and discrimination on the basis of sexual orientation. Given that HIV and AIDS functions within other social epidemics, those who contract it are most vulnerable to infection, to lack of quality care, and are subject to stigma, silence and death. The worst part about HIV and AIDS is that it makes the marginalized even more subjected to patriarchy period. Widows become dispossessed and thrown out of their homes. Even homosexuals are forced to go even further underground, and injected drug users are subjected to more disgust.

Third, HIV and AIDS affect all aspects of people’s lives: the spiritual, mental, political, cultural, social, economic, and psychological. Chris Manus confirms, “HIV and AIDS affects everything and everyone. It questions the very fabric of people’s existence
and calls for re-thinking and research about what people have always taken for granted.\footnote{73 Chris Manus. Theology Today Volume 1. Scranton: (The University of Scranton Press, 2002), 1-22.}

So, the researcher considers these three aspects having a multitude of implications for theological education, which intends to be socially engaged, and which seeks to enable religious leaders and communities of faith. The researcher wants Chikanga UMC to be in partnership with God in keeping all creation within that justice which is God’s intention and will. In this case, theology has to be included in the program at Chikanga UMC including HIV and AIDS. HIV and AIDS works with social injustices like poverty, gender inequality, violence against women, child abuse, human rights, discrimination on the basis of sexual orientation etc. The researcher wants to understand these social epidemics at Chikanga UMC, and critically assess their origin, manifestation, causes, and how they can be stemmed. Then the researcher will be able to stand up to challenge the Chikanga UMC and the community. The Chikanga theological program has to reflect on the question of what God’s will is concerning these social evils as violating God’s will and creation. The researcher seeks the Chikanga congregation to be in partnership with God in caring for the earth in the HIV and AIDS era. Theological education must be a justice-seeking social formation; it must provide a vision for mission that sees the sacredness of all life as fundamentally and essentially important.

Indeed, theological responses to HIV and AIDS demonstrated people’s theological poverty in many ways. NCA indicates, “First, there was silence and indifference. Then there was an association of HIV and AIDS with immorality and
God’s punishment upon the sinful.”74 When the churches finally decided to be actively involved, they insisted on abstinence and faithfulness as the only answer to the fight against HIV and IDS. The churches outlawed condoms as encouraging promiscuity. The church encourages “A (abstain) and B (be faithful) approach.” It seems ideal. The truth is that the church overlooks that HIV and AIDS is an epidemic within other social epidemics. The church takes it for granted that every individual could prevent HIV and AIDS by applying A or B. The church does not know that unjust social circumstances and institutions make it impossible for many individuals to apply these ideals. An effective fight against HIV and AIDS, therefore, must not focus on the individual and equally address the social injustices that fuel HIV and AIDS. Their social location and institutions in which they live determine an individual’s choices.

In this context, the researcher will try to encourage women at Chikanga UMC to use condoms as the researcher agrees that A & B is not one hundred percent safe. The researcher is aware that the world encouraged the ABC (abstain, be faithful, or use condoms) prevention strategy. Faith communities were saying ABD: abstains, faithful, or die. The researcher is convinced that there is a theological perspective that has dangerously subjugated the imperative to preserve life to the ideal of sexual purity. Also, many Christian faith communities are overlooking a fundamental theological tenet, namely that all life is sacred. This reflects a dire theological poverty and immaturity. Mohau Pheko, argues,

Money with a capital M was promoted as the storehouse of value, rather than a medium for exchange…. Every relationship in which people were involved and stayed outside the purview of the markets, such as education, health care and religious practices were also brought into the reality of market. Market now has control over the social, economic, political and cultural relationships of the

all other social forces, including the state which regulated people’s needs (have ceased to operate). ... (therefore, people are turned into labor or prostitutes, nature as land or raw materials or golf parks and culture as souvenirs ... in tourist market. Moreover, the organizing philosophy of the market ecclesia ... Is social exclusion:) Those who have no communicable money or communicable commodities (including skills) were excluded from the market and left as expendables.”

According to Pheko’s interpretation of the economy of God’s will for creation, the impact of globalization is highly problematic and needs people’s attention. He also questions theologians who have dialogued with globalization in the context of theology. Pheko is concerned about violence, civil wars, horror of the Rwanda Genocide in 1994, massacres in Burundi, terrorism in Iraq and how Christians participated in such crimes against humanity and God. This indicates that Christians have lost confidence in the relevance of the Christian faith for their well-being.

**Less Publication for Violence Against Women**

There are also less publicized events such as violence against women and children, which happens in the streets and homes. Women and children are beaten and raped and do not feel safe to walk freely without looking behind their backs. Is this God’s will for women and children? Are there other ways of dealing with people’s differences rather than turning to violence? The researcher’s goal is encourage theologians to participate and condemn these evil activities in the world. The researcher’s intention is to ask theologians to speak about violence against women and children who are beaten and raped in streets and their homes. These different ways of violence against women and children infect and affect them with HIV and AIDS. That is

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why the researcher wants to design a program for Chikanga UMC in Zimbabwe in order to deal with these issues. Women and children are living in a violent situation within the church and the community at Chikanga UMC.

Nyambura Njoroge says, “Violence is a deadly covenant cultivated and reinforced in attitudes, teachings, practices and rituals that tear human societies apart.... Above all, this is a covenant of silence – silence above silence, especially violence against women.” Nyambura Njoroge continues:

“In our experience women victims of violence in society are up against a social covenant with violence against them. For example, in cases of domestic abuse the battle is not only against the abuser, but also against a host of other conspirators, people who have entered into a covenant of violence with the abuser himself. Such participants in the unwritten covenant with violence and silence often includes pastors, church elders, siblings, and parents. Their participation in the covenant often manifests itself in the advice and counsel they give to the woman victim: telling her that it is she fault that she is beaten; advising her that the Bible say, that she must be submissive; telling her that marriage is like that.”

Njoroge in her article writes, “Come Let Us Reason Together,” writes, “Kenya has increasingly become a violent nation” and “this has become so bad as to be almost a civil war,” and that “most of the people in Kenya are indifferent, apathetic, complacent, disillusioned, hopeless and in despair. Violence and poverty have deeply destroyed people’s self-confidence and dignity.” Njoroge calls for “a spirituality and ethic of resistance, of not giving up and transformation. She emphasizes that ethics and spirituality drive people to confront leadership in a crisis and the structural sins of

77 Ibid. 38.
imperialism, globalization, patriarchy, sexism, and other social sins that lead the majority of people into a life of ministry, agony and suffering.”

That is why the researcher wants to transform leadership at Chikanga UMC so that it can also transform the congregation including women and children affected with HIV and AIDS. Violence and poverty have destroyed women and children at Chikanga UMC in Zimbabwe. One thing which is certain in the HIV and AIDS era, violence hampers prevention and the provision of quality care. Safer sex cannot be negotiated in homes where wives are subjected to physical violence. Abstinence does not work in war zones, where rape is used as a weapon between the warring powers. Faithfulness becomes a myth, when families are uprooted and separated by war, poverty and globalization. Indeed, funds that could be used for serving and saving lives are diverted to war; health and educational services are neglected. Women and children who live in violent circumstances cannot be saved from HIV and AIDS by abstaining, nor can they insist on the use of condoms. To overcome violence, theological education needs to include ways and means of solving, or living with, or celebrating our differences, without resorting to violence. In particular, people need theological programs that will stand in solidarity with all marginalized groups, particularly women and children. A theology of shalom and liberating-interdependence is yet to be developed, nurtured and implemented.

### Oppression of Children

#### FIGURE 2

<table>
<thead>
<tr>
<th>Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)</th>
<th>2,300,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population (2001)</td>
<td>12,900,000</td>
</tr>
<tr>
<td>Adult HIV prevalence (end 2001)</td>
<td>33.73%</td>
</tr>
</tbody>
</table>

**HIV-1 Seroprevalence in Urban Areas**

<table>
<thead>
<tr>
<th>Population at High Risk (i.e., sex workers and clients, STI patients, or others with known risk factors)</th>
<th>86.00%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population at Low Risk (i.e., pregnant women, blood donors, or others with no known risk factors)</td>
<td>28.00%</td>
</tr>
</tbody>
</table>

Source: UNAIDS, U.S. Census Bureau.
Children in many societies and regions are powerless to take action and they have been on the receiving end of HIV and AIDS infection and lack of quality care. UNICEF indicates, “At least 14 million children have been orphaned and left with physically and financially weak grandmothers.” This information indicates that, many children have been left to head families. These children do not only lack love and parental guidance, but they also face the high possibility of getting infected by HIV and AIDS. To add to this devastating issue, the researcher learned that infected men, desperate to be cured, perpetuate the deadly myth that sex with a virgin cleanses a man of HIV and AIDS. This produces horrific phenomena. In some cases infected men woo young girls to pass the virus on to them. In other more abhorrent cases, infected men rape young girls of even infant girls. Their own relatives even rape some girls. These ghastly phenomena highlight what fear, especially fear of death, and can bring people to do. It indicates how HIV and AIDS is fashioning people into inhuman creatures. Jerry D. Durham, Felissa L. Cohen report, “The CDC estimates that about 3,000 children 19 years of age or younger in Zimbabwe already have been diagnosed with symptomatic HIV infection.” It means that there is a multiple stress of illness on family members, and incomplete knowledge regarding the illness. In addition, since most children have a parent (or parents) with AIDS or at risk for AIDS, the impact of illness upon all family members must be considered when providing care. The figure below shows statistics how adults and children are affected by HIV and AIDS.

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The researcher keeps on asking the church what the gospel of Christ is saying about these shameful phenomena. Does the gospel of Christ offer the church transformative theology that empowers children? The answer is Yes. Mark 9:33-36 tells the story of how the disciples of Jesus were arguing about greatness amongst themselves. In response Jesus said to them, “Whoever wants to be first must be the last and servant of all.” Then Jesus put a little child in their midst and said to them, “Whoever welcomes one such child in my name, welcomes me, and whoever welcomes me welcomes the one who sent me.” In the second instance (Mark 10:13-15) some people were attempting to bring children to Jesus, but his disciples were hindering them. Jesus said to them, “Let the children come to me; do not hinder them for it is to such as these that the kingdom of God belongs. Truly, I tell you whoever does not receive the kingdom of like children will never enter.”

Here, in the words of Christ, the researcher knows that children are not powerless nobody in the kingdom of God. Rather, they are the models of faith, which must be emulated by all who wish to enter God’s kingdom. So, Christ bids the church to welcomes children in his name, for whoever welcomes a child welcomes him, and whoever welcomes him welcomes God who sent him. The key word is “welcome.” When you welcome people, you make them comfortable, you give them space, you protect them and you make sure that their needs are met. You do whatever is in your power to make them at home. The question, which the researcher asks in the HIV and AIDS era is: are children welcomed in people’s families, churches, communities, countries, and homes? Are their needs met? The researcher believes that many people know that the HIV and AIDS epidemic threaten children’s needs, lives, and security. In
this understanding, the researcher invites the Chikanga UMC to apply the gospel of Christ, and make sure that today children are welcome in the church, families, and community. Christ says that children are not powerless anybody in the Kingdom of God. Rather, they are the models of faith, which must be emulated by all who wish to enter God's kingdom. Christ thus bids the church to welcome children in his name, for whoever welcomes a child welcomes him, and whoever welcomes him welcomes God who sent him (Mark 10:13-15). So, children must not be sexually treated and exploited and end up being affected with HIV and AIDS.

**The Challenge of the Church**

The researcher thinks that the church has a lot to learn from this story given the persistence of HIV and AIDS stigma. The researcher is challenging Chikanga UMC to realize that the women and children who are crying, infected and affected by HIV and AIDS and those bruised by oppressed social structures must have the freedom to seek the church as a safe space to pray for their broken hearts, bodies and societies. Their prayers are part of their healing. The researcher also challenges the faith communities and leaders to cultivate the church as a safe space for those who need such space to cry and to love God, whom they seek in religious institutions. The researcher expects the Chikanga UMC and other churches not to judge those who are weeping for their broken lives, but rather, to create that safe space where praying and weeping can take place. In Anastasia Boniface Muller's article on Tanzania women and HIV and AIDS indicates, "Allow Me to Cry Out." Boniface Muller confirms that if the church thinks that those who are

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infected and affected are sinners, then the church has lost direction. Rather, the church’s
business as described in the gospels is to preach good news of Christ and comfort the
broken hearted. Also, the researcher confirms that those who are infected and affected
including women and children at Chikanga UMC need assurance that whatever sins they
had, regardless of their magnitude, they are all forgiven if they believe.

Another story in Mark’s Gospel is about a leper who comes to Jesus and say, “If
you choose, you can make me clean.” Moved with compassion, Jesus reaches out and
touches the leper and says, “I choose. Be made clean! Immediately the leprosy left him.
Jesus then sent him away and say, “Go and show yourself to the priest, and offer for your
cleaning what Moses commanded as a testimony to them.” The researcher considers a
number of issues in this story. The men’s statement to Jesus, “If you choose, you can
make me clean” is a very interesting statement. The leper, in other words, suggests that
his uncleanness is a social status that other people confer on him and which other people
can likewise removed from him. Similarly, if people choose, they can let HIV and AIDS
free from the social stigma that people have imposed on them. According to the
researcher, it is also important that Jesus answers, “I choose.” Further, Jesus did not just
answer back, but was also “moved with compassion and he touched him.” He could have
pronounced him clean without touching him, but he touched the leper.

According to the researcher, in the HIV and AIDS era, Chikanga UMC needs to
be a healing church, a church that chooses to cleanse women and children and those who
have been stigmatized. The church has to be moved with “compassion.” The church
needs to reach out and touch those who are infected and affected by HIV and AIDS. The
epidemic of the HIV and AIDS stigma causes society to judge, fear, and isolate those
who are infected and affected by HIV and AIDS. People make them unclean by judging them, condemning them, and isolating them. Instead, the Chikanga UMC has to rebuild the souls and communities broken by the paralysis of stigma, fear, hopelessness, and absolute desperation. The church has to be "moved with compassion," by reaching out and touching women and children and those infected and affected by HIV and AIDS—and by saying, "I choose to be clean."

The researcher thinks that today perhaps the HIV and AIDS testing centers serve as people’s society establishment for being pronounced clean or unclean. World Council of Churches (WCC) states, "One can show her or his HIV and AIDS test results to her or his friends and the family to confirm that she or he is positive or negative. The difference between the results one receives from a testing center and the priest’s announcement regarding a leper’s cleaness is that the results one receives from a testing center are supposed to be private." WCC indicates that, those who are likely to announce the results are those who are negative, while those who are positive are likely to keep the results a secret given the intensity of the stigma. According to the researcher’s opinion, here the Chikanga UMC can step in and be a center that "pronounces the infected clean" by being compassionate and breaking the stigma by counseling and instilling hope to the hopeless.

In the story of Jesus and the leper, the religious leaders had the responsibility to pronounce lepers clean and acceptable to society. The researcher can also suggests that, today’s priests, bishops, pastors, reverends, deacons, and religious leaders at all levels can assume the some responsibility in regard to those who are overwhelmed by the HIV and AIDS stigma. The church leaders can turn churches and congregations into spaces

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that are stigma free for those who are infected and affected by HIV and AIDS. Also, churches can become homes where those who are infected and affected will be accepted, loved and cared for. Isolation, rejection, and unfounded fear of infection deny people the right to enjoy social health, and churches can become centers that restore social health in them.

While HIV and AIDS has been declared incurable, the researcher is convinced that there is still a lot of spiritual, mental, social, and structural healing, that Chikanga UMC can offer. The challenge confronting the church is to be a community of compassion and healing by living out the gospel power. The Chikanga UMC has to suffer with those who are suffering and seeking to end the structures that cause their suffering. All these points demand an inclusive and liberating theology of breaking stigma, a theology that eradicates the demarcation line and openly declaring that the church is an HIV + body and space.
CHAPTER 5
DESIGNING PROGRAM

The researcher will design a program that focuses on an effective outline for Chikanga UMC in order to facilitate HIV and AIDS awareness in the congregation and the community. This program outlines everything needed to address stigma and discrimination in the church and in the community.

In order to effectively care and implement the following healthy practices: honest communication in the community; daily prayers; understanding personal gifts; acceptance of others and respect for differences; engagement in dialogue healing ministry in the church and community must be rendered. Doctors and nurses will be invited to come and speak on HIV and AIDS; spiritual retreats; and seminars. The researcher designs the program with these healthy practices to help church leaders. For this program to be resourceful and effective to the church, it must be refined in the context of the church and community. Such a program will incorporate HIV and AIDS awareness in all its ramifications, to the creation of evangelism to those affected with and concerned about HIV and AIDS at Chikanga UMC and the community around in Zimbabwe. Such awareness emphasizes oneness of humanity, love for others, respect for human rights, caring for others, touching those who are infected and affected by HIV and AIDS as Jesus did, and spiritual healing. The congregation learns to facilitate learning to intervene in situations of stigma and discrimination, learning how to take action as responsible individual, but mainly learning how to use the skills and knowledge required for effective action. Good awareness on the HIV and AIDS epidemic helps to make arguments based on sound analysis and conceptualized interpretation. It helps to
determine the types of policies and interventions that follow from those arguments, and hopefully, opens to them the possibilities to take action.

Iris V. Cully asserts, "Program includes both materials and the experiences for learning. The textbooks or manual is the starting point, but enrichment books, filmstrips, recording, and workbooks, are other elements. Some people would include all the experiences of a learner as part of the program. Attending Sunday worship is such an experience and could well be integrated into the curriculum." 83

The Bible is an authoritative book of the church, guiding its life in all contexts. With the HIV and AIDS epidemic, the church seeks understanding and guidance regarding disease, healing, stigma, and isolation, guilt and fear, caring, death and dying from the Bible. For African theology, the Old Testament has a significant place. The response to HIV and AIDS was thus largely interpreted within the framework of disease as punishment for an individual’s sin. This approach fueled the HIV and AIDS stigma and hampered the church’s ministry to the infected and affected. Also, the program seeks to have the learner explore various other biblical frameworks of understanding and handling disease as well as to re-read the Bible in the light of HIV and AIDS. In order to bring a resourceful and effective program to the church, the program has to be redefined in the researcher’s context. It is a program that will bring transformation through evangelism.

Model of the Bible in the New Program

Children Bible Study Outline

Objectives: At the end of the year, learners should be able to:

- Identify the various framework of understanding disease in the Bible

- Understand that the framework of disease as sin is highly contested with the Old Testament (Job) and rejected by Jesus.

- Understand that healing is an unconditional God’s will for all and it is central to the ministry of the church.

- Develop biblical basis of fighting against HIV and AIDS stigma.

- Utilize the prophetic framework to analyze social injustice and the biblical perspective to justice.

- Assume an advocacy/prophetic role, regarding the rights of women, youth, children, and other marginalized groups.

Resources:

Films dealing with compassion, cartoons dealing with compassion, literature of compassion, Bible, hymnbooks, materials for drawing and costumes for role-play, videos, newspapers, music etc.

Plan

The following themes are suggested for each month, and at the end of each lesson a song dealing with compassion will be sung from the hymnbook.

January: Define the word compassion.
Discuss and define the meaning of compassion and what are the acts of compassion?

Compassion is one of the characters of God’s people.

Ask the following questions: Do you have compassion? Do you have compassion to the people who are ill?

Do you have compassion when it costs you something? What about when you have to go out of your way? Do you have genuine compassion, or do you just say that you have compassion?

Compassion is doing things for others, motivated by a true sense of concern and not merely a sense of duty or obligation. Act of compassion involves caring for strangers, sick people, and those who need your help in the church and the community.

**February: Example of Compassion**

Before entering the new topic ask the children to name the type of compassion they have offered during the week, and to whom it was offered. List some of the things that the Scriptures regard as exemplifying compassion.

One is compassionate when:

1. The person has compassion in her/his dealings (Genesis 21:23)
2. .The person rewards good received from another (Genesis 40:14)
3. The person is sympathetic and comforting (Job 6:14)
4. The person exhibits honorable behavior (Ruth 3:10)
5. The person shares another’s burdens (1 Samuel 15:6)
6. The person shows friendship (1 Samuel 20:15, 16)
7. The person is merciful toward her or his enemies (2 Samuel 9:7)
8. The person demonstrates loyalty (2 Samuel 16:17)
9. The person shows gratitude (1 Kings 2:7)
10. The person has compassion (Jonah 4:2)
11. The person is benevolent (Luke 6:35)
12. The person is courteous (Acts 17:3)
13. The person is hospitable (Acts 28:2)
14. The person is forgiving (Ephesians 4:32). The researcher can broaden the perspective of compassion and include HIV and AIDS in its importance.

**March:** Compassion in the family and community

Remind the children of the type of compassion learned in the previous lesson and ask them to name three of them.

Discover what their families, and churches are doing in the community.

Internalizing compassion

Children must learn to be compassionate experimentally. Children must experience both giving compassion and receiving compassion in the church. By having or showing a tender and considerate help for others. Thus, one who is compassionate is friendly, generous, warmhearted, sympathetic, considerate, gentle, affectionate and forbearing.

For example, welcoming, directing, guiding, and helping new comers in the church, by giving up our space for elderly persons; by volunteering in church, by visiting the needy and the sick.

Demonstrate healthy ways to express needs, wants, and feelings. Make sure what people say to others is showing love and compassion.
Discuss the importance of showing respect for all people. The Scripture clearly indicates that a distinguishing mark of Christian believers is the quality of their human relationships. It is in the spirit of Christ to love and respect one another, to seek to affirm and empower, and to protect the vulnerable and disadvantaged. This must be done regardless of gender, age, ethnicity social, economic, and health status. Children must respect everybody. Parents must show love and care to all children. Parents in the church should be involved.

**April: Developing the sense of Community**

Ask the children to share how they are demonstrating compassion in the church and at home.

Compassionate activities and projects develop a sense of community among the children. They will assemble themselves around this common theme that allows their creative ideas to find expression. Story of Ruth and Naomi: children will have fun gathering goodies and care cards for their moms, just as Ruth gathered food for herself and Naomi. Teach also how to love from the heart. Identify community helpers such as crossing guards, firefighters, police officers, etc. Discuss how their jobs help the community.

**May: Daily Practices of compassion**

Ask the children to identify people in the community whose activities demonstrate compassion.

Help children Develop the Habit of Compassion.
Teach the children to become proficient at compassion, until compassion becomes part of who they are.

Teach the children to help someone who needs assistance or encouragement.

Teach the children to pass compassion on. When we do kind things for people, they feel so good about what we did that they often do kind acts for others. Compassion makes life much better.

**June: Expressing Compassion**

Ask the children to think about a time when they hurt someone’s feelings by being uncompromising and then rewrite the situation with a different outcome.

Ask the students to pick two people who have done something nice for them. Have them write letters of appreciation, explaining how those people have made a difference in their lives.

In relation to HIV and AIDS epidemic, compassion predisposes children to build, create, and keep compassion. Acts of compassion create an environment in which escalating disputes and destructive conflicts cannot take root. For example, create a very short story and have children respond. For example: Mary, your neighbor is riding a bike. She falls off; burst her knee, and starts to cry. What could we do to help her?

Compassion plays a role in acts of mediation and resolution of differences. Compassion presupposes an effort toward perspective taking. Compassion is an important solution to disputes. Teach children to live in friendship in church and in their neighborhood:

Discuss at group time how Children know people as their friends (e.g., they smile at each other, help each other, hold hands).
**July:**  Compassion Quotes

Ask the children to share their relationships with their neighbors.

Locate various quotes about compassion. Place them around the room and discuss what they mean. Children can memorize or illustrate their favorite quote.

If anyone is in need, just lend a hand and help him or her out. That is what compassion means.

Children 10-12 can illustrate or discuss how these verses can be applied in their daily life at home, at school, and in their neighborhood.

**August:**  Compassionate people in the Bible

Study compassionate people in the Bible. Then have the children illustrate their kind works and discuss how their chosen path affected the world.

**September:**  Act of Compassion

Have children share about a time they did an act of compassion for someone and how it felt.

Younger children can draw a picture and tell about it. Teach the children to write a nice note to someone in the church who is having a bad day.

Compassion Banner: Make a large banner and invite children to draw pictures about kindness on it.

Ask the children to start practicing acts of compassion but not to tell anyone until the end of the week, when they can share their experiences with the entire class on Sunday.
October: Pledge

Teach children this passage:

Pledge with the help of God

Try to be compassionate in different ways.

To all Christians and non-Christians.

Researcher helps them if they fall.

When I'm compassionate to others and myself too,

That is the best that the researcher can do.

Ask each child how she/he wants to be treated? Write down all compassionate words:

Love cares help, etc. and asks them to treat others the way they want to be treated.

November: Compassion in the New Testament

Explore Jesus’ life and his compassion to humanity

December: Jesus Christ

Story of compassion towards Jesus- by the shepherds and the magi, compare to the lack of compassion around the events at his birth.

Teach the children to respond to others with compassion in words and actions until compassion becomes spontaneous. Children can offer words of comfort and affirmation to others, and demonstrate compassion by standing up for others who are being teased or by acting as a mediator in a conflict. Even young children are able to choose peaceful words when acting and speaking in a proactive way against physical or verbal abuse.

Compassion can be a large effort, like the compassionate walk for Pets project, or a small
act in everyday life as simply smiling at the checkout at every grocery store. Let us practice compassion openly and often.

Youth Bible Study Outline

Objectives: At the end of one-year Bible study, youth should be able to identify the blessings of living in compassion, of loving their neighbors and enemies as God loves us all, and becoming compassionate in church to share in God’s work to save the world. Those who want to make life better for those infected with HIV or AIDS in church must advocate and know what happens to the body in the world and still want to be part of the body of Christ in church and community. They should be able to understand the theology of tolerance and correct the sense of superiority. Youth have to show compassion to those infected and affected by HIV and AIDS in the church and the community. Youth have to know different types of violence going on in the church and community in order to fight against violence. They should be able to motivate intrinsic motivation for dialogue, such as those Christian activities that have long been violent with girls being raped in the society. Solidarity should be accorded a more prominent place in the programs of the church. As the society is wracked with violence and war, Jesus’ saying: “Blessed are the peace makers, for they shall be called the children of God” (Matt. 5:9), “Love your enemies, pray for those who persecute you” (Matt. 5:44) and James says, “the harvest of justice is sown in peace for those who cultivate peace” (James 3:18), be memorized, understand and applied.

Resources:
Films that show violence at school, home, community, church, and in the world.
Cartoons dealing with violence, computer games, violence, News Papers that show pictures of war and violence against women and girls, hooliganism, and other violent acts.
Symbols of compassion, films on compassion, poems showing compassion, books on about compassion. Bible, Qumran, Hebrew Bible, hymnbooks, materials for drawing and costumes for role-play.

Plan

The following themes are suggested for each month.

**January:** Violence

Exodus 15:3 – “The Lord is a man of war”

Numbers 31 – We see God actively sending Israel to war against other nations.

Explain how the idea of God as a violent punishing warmonger is all part of the historical and cultural conditioning and that we can ignore it in good faith, especially in the light of the New Testament.

Teaching on Proverbs 3:16 there are seven things that the Lord hates and cannot tolerate:

A proud look
A lying tongue
Hands that kill innocent people
A mind that thinks up wicked plans
Feet that hurry off to do evil
A witness who stirs up trouble among friends

Proverbs 19:19.
February: Causes of Violence

In order to understand the causes of violence, there is need to reflect on why there are so many conflicts and violation of human rights among people in Zimbabwe.

The situation hinders human development and the attainment of prosperity. The causes of violence are: systematic injustice, no rule of law, law as applied discrimination, religious bigotry and poverty, oppressive structures, such as patriarchy and legal structures that are not applied uniformly. They become obstacles to the attainment of non-violence. Such obstacles are found in all institutions in a society, the family, politics, church, school, and economics.

The participants will answer the following questions: Is there violence at your school? If yes, what kind of violence? Have you or one of your friends ever had to deal with violence yourself, physical or mental? How did you deal with it?

What can you do to stop violence in your school and create a more peaceful environment for everyone at your school? Role-play can be used.

What changes have to happen in school? How can you implement some points of peace from your school into the church? Have you had the experience of gender violence?

What are the implications in our lives and in our community? Bring newspapers reporting violence and its implications.


What is violence?

The biblical concept of violence
Study a biblical passage dealing with violence and comment on violence in the Bible and within the Social context.

Violence is not God’s will on earth (Romans 1:7). God does not want His children to live in a violent society, violence is not God’s great blessing Psalm 29:11. The peace God provides defies comprehension Philippians 2:6-7. There is human responsibility in pursuing peace, but you are not to seek it the way the world does.

Genuine peace does not come from achieving greater success or acquiring more money; rather, it is the overflow of godly living (Psalm 34:12-14). First, there must be peace with God, which occurs at the point of salvation (Colossian 1:20).

Second, we must have inner peace (John 7:38).

Third, we are to pursue peace with other people (Matthew 5:9).

If a single component is missing, we will not experience the totality of God’s intended blessing.

Questions for Reflection:

How can Christ help overcome factors in your life that might hinder your personal peace?

April: Different types of violence

This month we will discuss various types of violence. There are many types of violence: For example, inner violence, family violence, and community violence. The negative part of violence should be emphasized. When there is no peace there is not any physical development or prosperity in the church and community. Foreign investors will not be interested in investing in such a community. The creativity of the people is eroded.

Bring the example of two different communities:
One lives at peace, assess their developments and inputs of investors. The other one lives in chaos due to violence; assess their development and the investors’ inputs.

Violence within

Inner violence is not important in everyone’s life. It is not highly valued by most people; it creates instability and creates violence against others.

What do inner peace and inner balance mean?

They mean the presence of self-control and discipline and the ability to not let outside events influence our emotions, actions and reactions. Their presence means the possession of common sense and good judgment, and of not letting the society shake our inner emotions. What is the cause of so much unhappiness in this world? What drives so many to inner violence? Is it not things like immorality, thefts, and murder? Is it not things like coveting, envy and pride? Such things destroy families, friendships, and property. What then is the cause of these things? (Discuss these first in groups)

Return from groups to share and conclude with the insights of Mark and James passages.

Jesus declared that the source of all these things to be sinful hearts of men: (Mark 7:21-23)

James, the Lord’s half-brother in the flesh, concurred with the diagnosis: (James 4:1-2)

How many times have you been overwhelmed by emotions, lost your temper and got angry or impatient? How many times have you regretted your reactions or attitude?

May: Different Ways of Living in peace

Pursue Peace with other People: Matt. 5:9
The youth and young adults should be reminded that God is one and the father of all humanity. This understanding calls upon all humanity to co-exist as brothers and sisters of one household by virtue of sharing a father.

Life is derived from one source, is sacred and seeks fulfillment (John 10:10) for all people. If education on the fatherhood of God is taught and understood by all people, there will be attempts to handle others in a more human manner than is the case today. The current poverty does not only deny Africans peace but also divides God’s household into the rich and poor. God does not discriminate (Rom. 2:11) (Gal. 2:6) and God has no favorites (Acts 10:34). Therefore, Christians of one father are invited to show similar universal love to all including those affected by HIV and AIDS (Matt. 5:43-48). There are many other elements in our behavior that come into play when we talk about peace and how it is achieved and maintained: forgiveness, caring, sharing, positive communication, tolerance, citizenship, embracing diversity, cultural unity, caring for all living things, individuality, freedom, and so much more.... Youth learn about all of these a little bit at a time, every single day from interacting with family, their educators and the community around them. Learning to live in peace is an ongoing process of education. Have the youth name the values they wish to see their community live by these values and ways to learn to live this way. They can name the ways that they have learned already. They can also design one way to help their community become intentional about a set of values. They should also be able to name barriers to maintaining such values and ways to overcome them. This gives them an appreciation for the long-term process and the need for internationality in the process.
**June:** Different Ways of Living in Peace

Teaching on love

Jesus’ principle of love that transcends all borders in Jesus’ ministry, Jesus served all people irrespective of their backgrounds, such as the Samaritan woman, to manifest his unconditional love (John 14:9). We have to emulate Christ our Savior by striving for harmonious relationship with all people rather than applying the discriminatory tendencies based on religion. Help youth identify discriminatory practices in their church, in their country. How can these be worked on? How did Jesus strive for a different type of relationship? What do we see in his dialogue with the Samaritan woman? How can this be a part of our lives?

**July:** Teaching on Dialogue

Dialogue among Christians and adherents of church and the community.

Many Christians have the blood of millions on their heads for failing to have dialogue with their children. Many Christians believe in a peaceful co-existence with the church and community as a means of demonstration of love for God. Christians have to teach their Scriptures that emphasize peaceful co-existence through tolerance.

Teaching on values of unending love through acts of God: neighborliness, devout life, humility, hospitality and justice in needed.
**August:** Justice and forgiveness

Principles of upholding justice to promote human dignity and respect for humanity, emphasize punishment that people receive in the bible for violating human dignity; the punishment of Cain for shedding innocent blood of Abel (Gen. 4),

Explain how God shows respect for humanity even in the punishment.

How does God treat the perpetrator with dignity and respect?

Read some genocide stories based on lack of forgiveness and ask if it is what we want to do. If yes what are the benefits of such actions; if no, what do we have to change?

Further explain the position and teaching of Jesus on “Eye for eye.”


If we could forgive one another, peace will prevail.

**September:** Peacemakers Commitment Matt. 5.

It is time to clearly recognize that in the end, violence is not a solution, but more often the problem. Peacemaking is not an optional commitment. It is a requirement of our faith.

We are called to be peacemakers, not by some movement of the moment, but by our Lord Jesus. As youth who are disciples of Jesus we are called to build a peacemaking church that constantly prays and teaches, speaks and acts for peace. Therefore with our parishes and people, we need to join in: Regular prayer for peace. Every liturgy must be a call to and a celebration of peace. Have the youth create liturgy for peace. Help them to understand the call for peace that God brings to their lives at this time. How will they respond to it.
How might they live and respect each other to live according. The cause of peace should be constantly reflected in our prayers of petition. The spiritual call to peacemaking should be a constant source for prayer and preaching. Sharing the Gospels call to peace and the Church’s teaching on caring in order to obtain peace in the church and the community around. Speaking and acting for caring and peace including to those infected and affected with HIV and AIDS.

**October:** Action for Peace

Plant a tree of peace at your home, school, workplace or place of worship as a symbol of peace and hope for future generations.

In order to understand how other children are working for the sustenance of peace, they will share their hopes and ideas about peace without violence for children in the church and community and with each other.

Learn more about peace and peacemaking programs and reports from United Nations at your public library.

**November:** Prayer for Peace

Youth are called to reflect on this prayer and write their personal prayer for peace. They will also incorporate the lessons they have learned about peace in the prayer as appropriate.

To you, Creator of nature and humanity, of truth and beauty, I pray:

Hear my voice, for it is the voice of the victims of all wars and violence among individuals and nations.
Hear my voice, for it is the voice of all children who suffer and will suffer when people put their faith in weapons and war.

Hear my voice, when I beg you to instill into the hearts of all human beings the wisdom of peace, the strength of justice and the joy of fellowship.

Hear my voice, for I speak for the multitudes in every country and in every period of history that do not want war and are ready to walk the road of peace.

Hear my voice, and grant insight and strength so that we may always respond to hatred with love, to injustice with total dedication to justice, to need with sharing of self, to war with peace.

O God, hear my voice, and grant unto the world your everlasting peace. Amen

The youth are called to reflect on these blessings and write their own blessing.

A Peace Blessing

May God banish from our hearts whatever might endanger peace.

May God transform us into witness of truth, justice and love?

May God enlighten the rulers of peoples so that in addition to their solicitude for the proper welfare of their citizens, they may guarantee and defend the great gift of peace.

May God enkindle the will of all so that they may overcome the barriers that divide, cherish the bonds of mutual charity, understand others, and pardon those who have done them wrong.

May all peoples of the earth become as one, and may the most longed-for peace blossom forth and reign always among them.

December: Jesus and Nonviolence
For the celebration of Christ’s Birth the three examples of Jesus on nonviolence in Luke 6:29-30 will be role-played to end the class.

The effective implementation and teaching of these healthy practices in the community will develop better relations among people in the 21st century. While maintaining their differing identities, they can show the church and community that they share respect for God and that they believe that human conduct should follow the Divine will. For these practices to be effective, there should be a joint commitment of Christians and other citizens to justice, development, sound economic programs, honesty in private and public life, and willingness on the part of the rich to show serious solidarity with the poor.

Peace stands on the pillars of love, truth, development, compassion, justice and solidarity to all people including those affected by HIV and AIDS.

**Adult Bible Study Outline**

Objective: at the end of the year of teaching the adults will be able to grow beyond self-centeredness, to examine prejudice and hatred with the purpose of beginning a process of abandoning harmful values. They will seek to promote understanding and compassion for HIV and AIDS patients in the church and community, to stop the continuation of revenge, wherever it appears, to look for ways to make a living which do not eliminate the chance for life of other species or human beings, to offer personal talents and resources for the benefit of the suffering in the church and community as well as for the benefit of self, family and friends. They will seek to help others who are finding ways for practical and sustained living on the earth and to live in peace with
women and children infected and affected by HIV and AIDS. They will seek to share their understanding of peace to everybody.

**Resources:**

Show films dealing with violence against women and children in the church and community. Show cartoons dealing with violence against women and children affected by HIV and AIDS, and pictures of wars dealing with Christian violence, and other violence.


**January:** What is Violence? Colossians 1:17-22

The biblical concept of violence

Ask each participant to define violence and its results. Study a bible passage dealing with violence and offer comments. God wants God’s children not to be violent with others, but to live in peace, which is one of God’s great blessings (Ps. 29:11), and the peace God provides denies comprehension (Phil. 2:6-7). There is human responsibility in pursuing peace, but we are not to seek it the way the world does. Genuine peace does not come from achieving greater success or acquiring more money; rather, it is the overflow of godly living (Ps. 34:12-14). Peace can be compared to a tripod, each leg of which is necessary for stability. First, there must be peace with God, which occurs at the point of salvation (Col. 1:20).

Second, we must have inner peace (John 7:38).

Third, we are to pursue peace without violence with other people (Acts 8:54-60).
If a single component is missing, we will not experience the totality of God's intended blessing.

Different types of Violence

There are many types of violence: inner violence, family violence, and community violence. The disadvantage of violence should be emphasized. Where there is violence there is no physical development or prosperity in the community. The foreign investors will not be interested in investing in such a community. The creativity of the people is eroded. Bring the example of two different communities: One living in violence and assess their development and the inputs of investors; the other in peace and assess their development and the investors' inputs.

What is Peace within?

Inner peace and balance are of great importance in everyone’s life. They are highly valued by most people, though really few possess them. Yet, everyone can develop them, some more, some less.

What do inner peace and inner balance mean?

They mean the presence of self-control and discipline and the ability not to let outside events influence our emotions, actions and reactions. There presence mean the possession of common sense and good judgment, and of not letting the outside world shake our inner world. What is the cause of so much unhappiness in this world? What drives so many to violence? Are they not things like immorality, thefts, and murder? Are they not things like coveting, deceit, envy, and pride? Such things destroy families, friendships, and property. What then is the cause of these things?
Jesus declared that the source of all these things to be the sinful hearts of men (Mark 4:1-2).

How many times have you been overwhelmed by emotions, lost your temper and got angry or impatient? How many times have you regretted your reactions or attitude?

**February: Violence and its Causes.**

In order to understand the causes of violence, there is need to reflect on why there are so many conflicts and violation of human rights among men and women in Zimbabwe. Today participants in the destruction of life in Zimbabwe are oppressive societies towards women. This violence causes women to raped and infected and affected with HIV and AIDS. This causes suffering of God does creation comprise humanity and the environment. The situation also hinders human development and the attainment of prosperity. The causes of violence are: the systematic injustice, no rule of law, the law is applied discriminately, and poverty. Oppressive structures, such as patriarchy and legal structures that are not applied uniformly become obstacles to the attainment of peace. Such obstacles are found in all institutions in a society, the family, polices, church, school, and economics.

The participants will answer the following questions: Is there violence at your place of work/home? If yes, what kind of violence? Have you or one of your friends/family member ever had to deal with violence yourself, physical or mental? How did you deal with it?

What can you do to stop violence in your home/place of work and create a more peaceful environment for everyone?
How can you implement some points of peace from home/place for work into the church?

How many had the experience of sexual violence or gender discrimination? What are the implications in our lives in our community? Brings newspapers reporting about violence against women and children with HIV and AIDS and its implications.

**March:** Different Ways of Living and Dealing with Violence


People should be reminded that God in one is the Father of all humanity. This understanding calls upon all humanity to co-exist as brothers and sisters of one household by virtue of sharing a father.

Life is derived from one source, is sacred and seeks fulfillment (John 10:10) for all people. If education on the fatherhood of God is taught and understood by all people, there will be attempts to handle others in a more humane manner than is the case today. The current poverty not only denies Africans’ violence but also divides God’s household into the rich and poor. God does not discriminate (Rom. 2:11, Gal. 2:6) and God has no favorites (Acts 10:34). Therefore, Christians as Children of one father are invited to show similar universal love to all (Matt. 5:43-48, Gal. 3:28). There are many other elements in our behavior that come into play when we talk about violence and how it is achieved and maintained: forgiveness, caring, sharing, positive communication, tolerance, citizenship, embracing diversity, cultural unity, caring for individuals, and those infected and affected by HIV and AIDS. Learning to be a nonviolent church and community is an ongoing process of caring. Have the participants named the values they wish to see their community live by and ways to learn to live this way. They can name
some of the ways they have learned. They can also design one way to help their community become intentional about a set of values. They should also be able to name barriers to maintaining such values and ways to overcome them. This gives an appreciation for long-term process and the need for internationality in the process.

April: Different Ways of Living in Peace

Jesus’ principle of love that transcends all borders was paramount in Jesus’ ministry; Jesus served all people irrespective of their backgrounds, such as the Samaritan woman, to manifest his unconditional love (John 4:9). We have to emulate Christ our Savior by striving for harmonious relationship with all people rather than applying the discriminatory tendencies based on racial differences. Help participants identify discriminatory practices in their church and community. How can these be worked on? How did Jesus strive for a different type of relationship? What do we see in this dialogue with the Samaritan woman? How can this be part of our lives?

Teaching on Dialogue

Dialogue among Christians within the church and community.

Many traditions have the blood of millions of people in their heads for failing to address violence. Christians believe in peaceful co-existence with the world as a means of demonstration of love for God. The fact that Christianity has been involved in violence in the past was due to misunderstanding rather than to the teaching of their Scriptures that emphasizes peaceful co-existence through tolerance.

Teaching on values of unending love through acts of God such as neighborliness, devout life, humility, hospitality and justice is needed.
Try to introduce the Bible and enable people in the church to realize that they hold similar views. Teach the basic tenets and doctrines of Christianity.

**May:** Different Ways of Living in Nonviolence

Education on justice and Forgiveness

Principles of upholding justice to promote human dignity and respect for humanity, emphasize punishment that people received in the Bible for violating human dignity punishment of Cain for shedding innocent blood of Abel Gen. 4. Explain how does God show respect for humanity even in the punishment. How does God treat the perpetrator with dignity and respect?

Read some genocide stories based on lack of forgiveness and ask if it is what we want to do, if yes what are the benefits of such actions, if no, why do we want to change? And further explain the position and teaching of Jesus on “Eye for an Eye.”


If we could forgive one another stigma and discrimination would not be experienced.

Peacemakers Commitment Matt. 5:

It is time to clearly recognize that in the end, violence in not a solution, but more often the problem. Peacemaking is not an optional commitment. It is a requirement of our faith. We are called to be peacemakers, not by some movement of the moment, but by our Lord Jesus. We are called to build a peacemaking church and community that constantly prays and preaches, teaches, speaks, and acts for nonviolence. Every liturgy must be a call to and celebration of peace. Have the youth create liturgy for nonviolence and encourage peace. Help them understand the call for peace that God brings to their
lives at this time. How will they respond to it? How might they live and respond to each other to live according to that call. The cause of violence should be constantly reflected in our prayers of petition. The scriptural call to peacemaking should be a constant source for prayer and preaching. Sharing the Gospel call to peace and the church’s teaching on peace. Speaking and acting for nonviolence.

**June:** Different Ways of Living in Nonviolence

Action for Nonviolence

Plant a tree of peace at your home, school, workplace or place of worship as a symbol of peace and hope for future generations. Think deeply about how your daily activities contribute to the making of justice, the building of community and the betterment of our culturally violent community. As a Christian, explore its teachings about peace. Picture peace.

Imagine peace. Pray for nonviolence against women and children.

Make a new friend and renew your friendship with a friend, family member, neighbor or co-worker you have fallen away from. Share your hopes and ideas about nonviolence for the children of Chikanga UMC with everyone you meet. Learn more about nonviolence and peacemaking.

Invite your community to participate in the nonviolence dedication ceremony, including children and senior citizens, representatives of various faith communities and/or ethic groups, schools, clubs, scouts and local media. Community leaders and clergy love to be asked to make speeches.
Have the nonviolence and peace messages on the Pole with (Shona) Zimbabwean language by designated individuals with a connection to each language or culture.

**July: Promoting Tolerance and Peace in Children**

People who are angry or frightened often feel that the ability to “fight back” puts them more in control or will alleviate their sense of pain.

While anger is a normal response felt by many, we must ensure that we do not compound an already tragic situation and react against innocent individuals with vengeance and intolerance.

Children, in particular, may have difficulty channeling their feelings appropriately, and can easily pick up negative or demeaning cues given by adults around them. Parents need to be prepared to quickly and effectively prevent and intervene in the presence of abusive behaviors toward any child. Such behaviors can only further the risk of violence in life. Adults can help children understand the importance of treating all people with dignity and not judging groups of people by the actions of a few.

Most importantly, adults must model kindness, tolerance and compassion in their words and behavior to those who are infected by HIV and AIDS and others. They also should be encouraging children to explore their feelings about prejudice and hate. Doing so is not only critical to preventing further harm, but the process presents a potentially powerful opportunity for our young people to learn and incorporate into their values the true strength of our country, our commitment to individual freedom and upholding the respect and dignity of all people.

Ask each participant to name ways and expressions to tolerance in their homes.
Ask victims of various abuses to have private discussions on how they can be helped.

Ask perpetrators of abuses to have a different section in order to help them also.

**August:** Religious Tolerance

Learn from the following passages: Mark 9:38-40; Luke 9:49-50 what does Religious Tolerance mean how Christians can apply it in their daily life. In addition, use the following teachings to broaden their understanding of tolerance.


Jesus treats a Samaritan woman with respect: John 4:23.

Avoid offending followers of other religions: 1 Corinthians 10:31-32.

**September:** Effect of Intolerance

Bring various articles reporting about violence in Zimbabwe, ask the participants to analyze the various causes of the violence reported in their articles. Try to explore the major role in intolerance and explain its effects in: 1) in the home, 2) in the church, 3) in the community.

Study the Effects of Intolerance against Jesus Christ, Followers of Jesus Christ, Fellow Christians and Non Christians. What can we do to bring changes and nonviolence against women and children affected by HIV and AIDS in our own time?

**October:** Nonviolence according to Jesus

Read the following passages and Matt. 5:38-41; 1John 3:15; Mark 10:18; Matt. 25:42-43, 45-46; Luke 6:27-28 and explain what Jesus was teaching, how we can apply the
teaching in our situations and context. Try to answer the following questions: Why was there teaching against violence? Was God happy with violence?

Discuss about the value of nonviolence. Talked about Jesus’ life and teaching and each participant to bring way they can be committed to a nonviolence lifestyle.

**November:** Living a Christian life at Home

Talk about how to avoid violence and hate in the home. Bring practical suggestions in how violence can be avoided. Explain that non-violence does not mean being passive about injustice and the defense of the rights of others, it rather affirms and exemplifies what it means to resist injustice through nonviolent methods.

Teach how to be just and defend injustice at home, church and community.

Teach love and care at home and how these influence the lives of our children.

Teach the importance of Jesus’ Love and how to emulate Jesus’ Love in the Christian home.

**December:** Devotion on Nonviolence and Achieve Peace

Ask each participant to prepare a morning/evening family devotion on peace, kindness, and nonviolence.

Each participant will have a 10 minutes presentation after which the group will bring their inputs. After every participant has presented and received feedback, they will go and do the necessary correction of their presentations, after which these presentations will be collated as a devotional book.
After a year of teaching the above program outlines. The church needs to come together and talk about the current state of nonviolence and peace in our homes, and community. Assess the role each member played in the sustenance of peace, and how to move on if there is a positive change or what to do with new ideas for a peaceful living. This is the role of good news of Jesus Christ and it reveals the meaning of evangelism.

Forum Dialogue

After Rev. James Suber the Director of Atlanta Interfaith AIDS read the program, he responded to the questioner, which the researcher and Rev. Sober had discussed for three days.

Rev. James Suber: In examining the goals and objectives of the program, I found it very relevant, useful, and practical to the Zimbabwean context. Most importantly, the youths have always been the vehicle of destruction in the community. The program mentioned key words such as love, compassion, peace, nonviolence, caring, and dialogue in driving home its points. These are the most important things which the Zimbabwean youths should embrace if there was ever going to be compassion toward the sick and those affected and infected by HIV and AIDS. These are the very things that have been advocated by organizations such as United Nations and None Governmental Organizations (NGO). There is no area that should be removed in this plan. Also, as modification is concerned, I do not see any need for that either; meanwhile, areas such as love, self-esteem, caring, faith, stigmatization, and discrimination should be strengthened by all members of Chikanga UMC in order to care for HIV and AIDS patients.
SUMMARY AND CONCLUSION

In conclusion, HIV and AIDS is a dangerous disease and it has destroyed many people in Zimbabwe, especially women and children. Culturally, women are submissive to their husbands. The women’s existence is therefore characterized by violence orchestrated by their fellow kith and kin – men. Also, the son is the pole of the home, and the daughter is the ordinary person. In other words, that son is the permanent and indeed the useful member of the home. The missionaries taught those women who became Christians how to become good wives and mothers. They were also taught domestic education which transferred to the church to include cleaning of the building, making tea, arranging floors, and among other tasks.

The issue of including women in theological education as well as ordination remains a debate in most churches in Zimbabwe. Women need to be empowered to assume responsibility for health and welfare. Ordination can help provide them that empowerment by giving women the authority to advise and counsel others in spiritual motivation for healthy behavior. Some of the men find it difficult to relate to women within the circles of the church ministry while others simply cannot tolerate the threat of female competition.

Men tend to dominate in the top most administrative positions in the church. This indicates that the church has been and still is quite oppressive and discriminative to women. Yet, the church is an institution that is capable of educating large numbers of people. In addition, the church responds to the community outside its walls in numerous ways. Recognizing the physical and spiritual nature of man, the church often seeks to
bring reconciliation between God and man and to meet its needs. The church is a healing community, healing in many different ways, but most commonly through a sense of caring and a strong belief in life, both for the life here on Earth and life to come.

For this to happen, the church needs all seminaries, denominations, congregations, and clergy cooperating to play their roles in calling forth, nurturing, and bringing excellence to the congregations. The church has to be a place where people find resources for dealing with world issues. Excellent ministry is viewed from the perspective of Jesus’ experience, Jesus’ cross, and the resurrection provided and shaping faithful congregational life and pastoral ministry. Excellent ministry is that which is lived out in a Christian life worthy of the gospel. The researcher believes that the Chikanga United Methodist Church can be the center of mission and theology for this project as it could lead to evangelism among people affected with different problems including diseases.

The church in Zimbabwe is not addressing the issue of HIV and AIDS because it thinks that it is the responsibility of the government. So, the researcher’s goal will be to challenge the whole church to create listening church communities, to create stigma-free worship spaces that will recognize both Non Government Organization (NGO), agencies and all the vulnerable groups, in leading the struggle against HIV and AIDS. This can enable them to expand the boundaries of their ethnic response from narrow sexual morals to a broader theological framework of justice, life, love, and grace.

The researcher discovered that people who are battling with the effects of the virus continue to experience stigma and discrimination. The researcher’s goal is to counsel, preach, and provide psychological and emotional advice, and give spiritual
guidance to the women and others who are affected with AIDS. This will involve doctors, nurses, and other health specialists educating and give advice to the people. The major problem is that many women lack reliable information and the presence of misinformation expressed by some of the women in Zimbabwe. Most women diagnosed as HIV-positive continued engaging in unprotected sex and having children. Some claimed not to have been told their positive status and unaware of the risks, continued with their existing sexual partners. These issues and others need vigorous education.

Also, the church is a healing community, practicing healing in many different ways, but most commonly through a sense of caring and strong belief in hope, both for the life and the life to come. Families affected by HIV and AIDS need the hope and purpose for living that the church can offer. The church can play a more comprehensive role as a healing community to respond effectively to the HIV and AIDS epidemic and make a significant impact on HIV prevention as well. This must happen through looking at the deeper factors contributing to the epidemic, such as the break down of family structures, unfaithfulness in marriage, sexual activity among youth, and lack of reverence for the value of life. HIV and AIDS programs must target all cadres of church leaders and laity, women’s group leaders, youth and adults. The church must address the particular needs of women, many of whom are not in high level leadership roles, but who are often the most regular attendees and contributors to the programs.

The researcher will draw an evangelism program that will impact all aspects of life, but the basic point is that HIV and AIDS is not just a medical issue or one of sexual immorality as some have maintained. It impacts individuals, families, communities, and nations. Consequently, the fight against HIV and AIDS has been currently defined as
needing a "multi-sector oral approach." That means that all people should contribute to the reduction and eradication of HIV and AIDS. It is an obligation of biblical education to do all they can to further prevention of HIV and AIDS, to promote and support provision of quality care for the infected and affected, to eliminate the stigma and discrimination, and to minimize its impact on our world. The Bible is not just a collection of literature, but rather a book that is read by millions in search of answers to all of life's questions and interpretation in the light of HIV and AIDS.
APPENDIXES
APPENDIX A

SPECIAL TASK FORCE ON STRATEGIC PLANNING

Christian Community

- What are we as a corporate "body of Christ"?
- What are our culture or ethos?
- What kind of climate do we provide for people when they come together?
- Is there an atmosphere of caring and support?
- Is this a place where people can feel they belong and are accepted, regardless of their current or past circumstances?
- Are all people welcomed here?
- Do we present openness that invites people affected with HIV and AIDS in the church and the community?
- Do we present an openness that invites people affected with HIV and AIDS in the church and community?

Making Disciples

- How well do we perform the continuing task of helping people grow in their religious life?
- Do we help individuals discover and claim their particular gifts, skills, and talents?
- Do we help them connect with the faith in ways that contribute to the mission and ministries of the faith?
- How well do we prepare our members to engage in conversation efforts with people who are not of a faith/belief community?

Ministries in the Community

- What will we accept as our rules and responsibilities to the people who inhabit
Our geographic space?

- What services do we provide as part of our discernment of what God is calling us to be and do?

- Does our vision include ways in which we can be engaged both corporately and as individual members in mission endeavors?

- How well do we make use of our resources (facilities, wealth, time, and members) to respond to the needs of those in our "defined mission area?"

**Relationships**

- How do we value differences and deal with conflicts in congregational life?

- Do we encourage individuals to articulate their opinion and beliefs and to respect those of others?

- Do we seek to provide ways for people to get their interests and needs cared for without denying others that same privilege?

- Do we intentionally teach ways of framing conflicts in win/win rather than win/loss strategies?

**Leadership**

- How well is the congregation developing mutual support and ministry in a partnership between clergy and laity?

- How do we share authority and responsibility?

- Do we provide effective ways to define relationships and roles?

- How do we work together to fulfill vision of being a faith community?
APPENDIX B

SEED QUESTIONS USED FOR THE QUALITATIVE SURVEY

1. How many people live around the church?

2. Who is moving into the area? Who is leaving? How many two-parent families are there?

3. How many single parents?

4. Is there a need for a church day care?

5. How educated are the adults?

6. What do we care about?

7. How do we relate to them?

8. What kind of ministry should we have?

9. What kind of programs do people want?

10. Should we offer recreational programs?

11. Divorce discovery? Bible Study?

12. Do we have to provide a youth social program?

13. Should we offer a contemporary worship service?

14. What is the best way to tell this community about our church?

15. What do we feel is needed in the Chikanga UMC community?

16. What church do you attend?

17. What is your image of this church?
APPENDIX C

EVALUATION QUESTIONNAIRE

1. How many people live around the church?

2. Who is moving into the area? Who is leaving? How many two-parent families are there?

3. How many single parents?

4. Is there a need for a church day care?

5. How educated are the adults?

6. What do they care about?

7. How does the church relate to them?

8. What kind of ministry should we have?

9. What kind of programs do people want?

10. Should we offer recreational programs?

11. Divorce recovery? Bible Study?

12. Does the church provide a youth social program?

13. Should the church offer a contemporary worship service?

14. What is the best way to tell this community about this church?

15. What does the church need in the Chikanga community?

16. What church do you attend?

17. What is the people’s image of this church?
APPENDIX D

THREE CRITICAL QUESTIONS

Where is the church?

Give your church analysis

What is the church doing well, where do we need to improve?

Where do people want to go?

Does the church articulate its mission to meet the Mission of God?

Does the vision the church holds help to achieve its mission?

How will the church get there?

Strategy

1. How does the church develop a strategy to reach its community?

2. How does the church develop a strategy to make disciples?
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