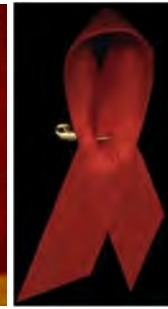


# Lobone

Newsletter of Diakonia AIDS Ministry



Diakonia  
AIDS  
Ministry

A community intervention ministry of ELCSA Central Diocese Volume 9, Issue 4 Feb-April 2012



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## Bible scripture

“And we know that all things work together for good to them that love GOD, to them who are the called according to his purpose.”

Romans 8:28



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## FROM COORDINATOR'S DESK



The disappearance of the year 2011 gave room to the appearance of 2012. As DAM family we look forward to what the year 2012 will come up with. The first thing in our priority list is to maintain and strengthen the existing programs and projects. There

is a story in the Bible where Moses was crying to God because together with his fellow Israelites they were trapped between the wrath of the Egyptians and the full Red Sea. God said to Moses *"What do you have in your hand?"* And Moses was told to use the rod he had in his hand in order to solve the problem they were facing. After he followed God's instruction a miracle took place. As Diakonia AIDS Ministry (DAM) before we move forward to new things we also need to look at what we have and strengthen it. We definitely are going to come up with new programs. We will again continue filtering our programs down to grass roots level. But we don't have to lose sight of what we already have. One can ask a question, what do you have as DAM? We have five projects at DAM Centre in Soweto: Home Based Care, Orphan and Vulnerable Children, Support Group, Education and Training, and Income Generating Project. We have three projects we are working with in the Western Circuit: Income Generating Projects in Diepsloot and Kagiso, and a soup kitchen in Alexandra. We also have OVC programs in all ELCSA CD circuits.

One more thing which we have at DAM is an organized personnel. All the afore-said programs/ projects are led by teams of men and women respectively. We made sure that each project has full time staff and volunteers who are responsible for it. Again like the Biblical Moses, in 2012, we will use what we have and look forward for a miracle from the Most High in anticipation. While we are in the process of serving the community we will always remember that we are a faith Based Organization.

Have a blessed 2012. Rev SS Mugivhi

## CHIEF EDITOR

Greetings!!! It is always good to produce Lobone newsletter under my humble supervision and gaining lots of information about our organisation, but also thanking my team for their efforts, hard work and also the staff from the coordinator, administrator, the leaders of departments and not forgetting the Home Based Care which is the light of this community. As individual we grow and see things differently, this year I take this scripture it talks to me > 1 Corinthian chapter 13 verse 11: When I was a child I speak like a child, I understand as a child, I thought as a child: but when I become a man, I put away childish things. Until we meet again. Elias Molwantoa

## FROM THE ADMINISTRATORS DESK



I would like to greet you all in the name of our Lord Jesus Christ, Welcoming you in the New Year. We hope you are as ready and energized to start as we are. This is the year and the time that the Lord has chosen, to bring completion and fulfillment in what we have been longing for.

Last year was a very challenging year for DAM, but we managed to get through. Our aim as we start the New Year is to learn from our mistakes and better the Organization as we live for this Organization. We had a good year-end, for our closing we went to the Potchefstroom Dam in December as the staff to relax and look back on the activities we did in the year, our faults and where we need to improve on to be better at what we do.

We would like to welcome our volunteers from the community who decided to change their lifestyles and start working with their hands to make a living for themselves by joining the *Support Group department in the Income Generating Project* which is meant to advance skills and decrease the dependency syndrome from people.

Again we have the other group that aims to change dependency to independency by promoting healthy living and still maintaining to do things for themselves by starting the *Gardening Project* which is growing very well.

We are glad to have a group of volunteers who enjoy working with the children in our *Orphan and Vulnerable Children department* to help them with their homework and educate them on the importance of education.

All these departments have benefited the organization, the public and the community at large. With that our organization is known to the public and it is now on the map. We like to thank the members of all departments for the effort and the patience they gave to making it all possible.

*Lets work together to build our legacy and promote synergy in changing the future by living and leading a positive and healthy lifestyle.*  
Tony Lunga

## INTRODUCTION OF THE NEW VOLUNTEER



My name is Thato Mkuchane, a Public Relations student at the University of Johannesburg. I am currently doing my experiential learning with DAM, which is part of my course. I work in the communication department where we produce newsletters and other types of

publications i.e. brochures and flyers. I am also involved in the department of orphans and vulnerable children after-school program. Working here at DAM has been a very resourceful experience. I have learnt a lot on the basics of the industry, helping in establishing a website for the organization (which will be coming soon), whereby people would easily access information about the various departments in the organization and the services we offer.

The team at DAM is amazing; I was welcomed warm heartedly, which creates the atmosphere of a healthy working environment. We become more hands on in activities of the various departments.

I have achieved personal growth through working with vulnerable children by helping the ones who have difficulties in learning to overcome these challenges. We influence their attitudes and behaviours. As a result, we contribute towards the greater good of the community. I will be completing my work integrated learning in April, and I plan to make the most of the time I have left.

Thato Mkuchane

## INTRODUCTION OF THE SOCIAL AUXILIARY WORKER



My name is Elizabeth Masishaba Mlotshwa, working at Diakonia AIDS Ministry. I was given the opportunity to attend a Social Auxiliary work learnership programme at Johannesburg welfare, which was approved by the Welfare Sector Education and Training Authority (HWSETA) and South African Council for Social Service Professions (SACSSP). I resigned from HBC department after I was successfully trained to work in the OVC department to impart with what I have been equipped with.

The learnership was very resourceful, I gained knowledge about the policies that govern us, and I was empowered to know that every problem has a root and have to deal with it first, how to handle victims and empathise with them.

As a Social Auxiliary Worker (SAW), I have to round off every issue that affects the community and bring up issues that people often overlook.

I wish to extend my sincere thanks to the dedicated team at Diakonia and Aganang for always going an extra mile in helping people.

A special thanks to the organisation's coordinator, Rev. Selby Mugivhi and the Social Worker Rahab Ramodibe, I wouldn't have been able to achieve what I have if it wasn't for their valuable inputs and guidance.

Masechaba Mlotshwa

## DAM STRATEGIC PLANNING

**S**HAPING THE FUTURE OF DAM. The beginning of every year the family of DAM goes to a Bosberaad (Strategic Planning Workshop). In this workshop we look at where we come from, where we are and where we are going as DAM. We look at our strength, weaknesses, opportunities and threats (SWOT). By DAM Family we mean the office staff, Home Based Cares, board members, support group leaders, representatives from all four ELCSA CD Circuits.

This year the said workshop is going to be held at Stay City in Johannesburg. We will start from Friday the 9<sup>th</sup> to Sunday the 11<sup>th</sup> of March. The significance of this workshop is that we are trying to have a wide range of people participating in the planning of day to day activities of the organization. The chairperson of the board will open the workshop with devotion and his speech. We will have a guest speaker who will deal with the topic "The importance of Diakonia in the ministry of the church". The office will present the annual report of the organization. And lastly we will deal with the responsibility of the board members and the staff.

## DAM TURNING GREEN

**D**AM support group has seven Income Generating Projects. The afore-said Projects stand as follows; Gardening, Sewing, Bead-making, Chicken business, Catering, Bottle recycling and Paper recycling. Through all these projects DAM is trying to equip its members with business skills.

During the month of January 2012, the garden team decided to launch their project officially. Everybody who works at DAM was



invited to the occasion. The garden team turned everybody into vegetarians. No meat was allowed in that event. We all ate different types of vegetables. Everybody who was there enjoyed the food. After the launch the garden team decided to turn DAM green. The garden is well prepared, and varieties of vegetables are being planted. Come summer, come winter the garden will always remain green.

Rev SS Mugivhi (DAM Coordinator)

## HONOURING WORLD AIDS DAY



**E**very year Diakonia AIDS Ministry in union with all concerned people worldwide observes the World Aids day on the 1<sup>st</sup> day of December.

In 2011 on this day we conducted a service at the ELCSA Central Diocesan Centre hall. People from different spheres were invited to honour this important day. In order to celebrate life on this day we had entertainers come in for a variety of amusement from classical singers to traditional dancers.

The majority of the participants were young people. Our orphans and vulnerable children were amongst the guests together with their guardians. Speakers gave talks on the state of HIV/AIDS nationally and internationally. A candle light ceremony was done and prayers were made for infected and affected people. Refreshments were offered to participants.

The important thing which is worth mentioning is that the majority of participants were young people.

We like to thank especially Rev JM Mankga, Rev T Sibande, Rev G Dalka, our administrator T Lunga, and our honourable Bishop NP Phaswana for their support and valuable inputs and messages on that day.

Elias Molwantoa



## TRAINING-OF-TRAINERS (TOT) WORKSHOPS

We conducted Training-Of-Trainers (TOT) Workshop of DAM at our Centre in Soweto on 15-17 Nov 2011. With 37 participants, the majority being members of our team together with residents of Soweto who are involved in the work with HIV and AIDS, DAM launched with 3 trainers – Rev Mugivhi, Mrs Mogaila, and Rev Dalka – a new training program, the “Training Of Trainers”, designed by CUAHA (Churches United Against HIV and AIDS) which is intended to continue and offered during 2012 through all circuits of the ELCSA Central Diocese. During these 3 days 13 topics were addressed that cover aspects relating to HIV and AIDS, such as:

FOUNDATIONAL ASPECTS: 1. Facts, 2. Sexuality

STRATEGICAL (RESPONSE) ASPECTS: 3. Prevention, 4. Stigma, 5. Advocacy, 6. Empowerment, 7. Leadership, 8. Healing

ECCLESIASTICAL ASPECTS: 9. Liturgy and sacraments, 10. Counseling, 11. Testing, 12. Networking, 13. Caring

After the training participants responded in the evaluation that they learned that

- HIV and AIDS does not affect the community alone but the Body of Christ (the church) as well
- My church should play an active role in the combat of HIV and AIDS



- Stigma is still a big issue and really needs to be addressed especially in churches
- HIV-infected people are entitled to live a healthy life just as everybody else; we should speak openly about the pandemic to raise more awareness, and also that churches should be used as a platform to address this issue
- As the church member I am called to care, advocate and empower people who are infected and affected by HIV and AIDS
- Networking and working with other people is very important
- Other people's opinions count, no matter how much you think you know; and also that you can never learn enough about HIV and AIDS
- The church is an excellent platform for addressing HIV and AIDS and has a key role to play
- The Body of Christ is essential for the caring and healing of those infected and affected by HIV and AIDS
- CUAHA is doing a very good work by empowering the people
- We could talk, there were opportunities for group discussion
- Team work, leadership, communication, and liturgy was motivating me a lot as we work within the church
- Pastors as well as leaders of the church should be compelled to attend the training of this nature, as one is never too old or knowledgeable to gain more information
- I am very happy for the knowledge I have gained through this training
- I have never been empowered like this before with the spiritual, knowledge, skills, and passion like Rev George, Moruti Mugivhi and Mrs Annikie – Thanks to you, CUAHA, by empowering us like this. May God bless you all

We look forward to offer these 3-days workshops in each Circuit of our Diocese, starting with the Western Circuit on 6<sup>th</sup> to 8<sup>th</sup> March, followed by the Eastern Circuit on 15<sup>th</sup> to 17<sup>th</sup> May, the Pretoria Circuit on 15<sup>th</sup> to 17<sup>th</sup> August, Soweto Circuit on 11<sup>th</sup> to 13<sup>th</sup> September, and the Southern Mission Circuit (dates to be announced) These courses are offered by our office, and suggested dates are provisional, but venues and logistics (including food and accommodation) still need to be discussed and finalized by the Circuit Health Coordinators with their committees and their Deans.

We envisage that for these workshops in the respective Circuits each parish sends at least 2 delegates, preferably the Parish Health Coordinator and her/his deputy, so that these 2 people can carry on, share, and implement what they have learned within their Parishes.

Rev George Dalka (Capacity Training Coordinator)

## ORPHANS AND VULNERABLE CHILDREN'S DEPARTMENT

### CHRISTMAS PARTY WITH OVC

The Orphan and Vulnerable Children (OVC) Christmas Parties throughout the Diocese were successful last year. All the children and adults who were able to attend the Christmas party in Soweto had a wonderful time thanks to our generous supporters and hard working staff! Food and monetary donations allowed DAM to put together great food parcels with many non-



perishable food items, personal hygiene items, and sweets as a special Christmas treat for our most needy families. The guardians and children were invited to DAM's offices to collect food parcels and choose from donated clothing in the morning. Many guardians and children were delighted with the clothes they received. The teenage boys seemed to enjoy finding new items in the clothes and shoes available. In the afternoon the staff put together a kid friendly meal of hot dogs, juice, and apples. The children enjoyed munching on their hot dogs and juice while watching Kung Fu Panda on the big projector. All had a very good time. The guardians and children expressed appreciation for the food, clothes, and support during this holiday season. We would like to give special thanks for the donations received from the Soweto Circuit Prayer Women's League, the Nokollin Circuit Berlin, the Donamus Foundation in Germany (via the ELM), and all the parishes that contributed gifts in kind. The OVC Christmas parties would not have been possible without your generous support.



**G**reetings! Many exciting things are happening at DAM in the various departments. In the Orphan and Vulnerable Children Department things are going well. The After School Programme at the DAM Centre has grown very quickly. Attendance has grown from two children on our first day to now almost 100 children attending on Tuesday and Thursday afternoons. Over 275 children have attended the afternoon program since we began in August 2011. We continue with the feeding scheme, homework help, educational activities, computer skills, trips to the library, sports, art, and handworks with the children. Our dedicated staff and volunteers have worked extraordinarily hard to sustain the program with the rate of growth. In the coming months we hope to take the children on educational trips to the Apartheid Museum, the Hector Peterson Memorial, and the little ones to the zoo - if sponsors are able to be found to financially support the trips. Volunteers and donations are needed to help sustain the after school programme in Central Western Jabavu. Donations needed include rice, soya mince, bread, vegetables, fruit, typex paper, plastic cups, bowls, and sturdy plastic spoons. Any other donations would be welcomed as well. We are finding ourselves very short staffed when the children come in the afternoons. As the number of children grows we also need more adults so we can provide the necessary supervision and individual attention. If you are able to volunteer on Tuesday and Thursday afternoons from 14:00 to 17:00 please contact Mary Borgman at the DAM office (011-932-3966). If you would like to volunteer in the kitchen the food preparations begin around 12:30 to 13:30 depending on the menu of the day. DAM staff would like to offer encouragement, support, and sharing of knowledge with any parish or circuit that would like to begin its own after school or OVC program. Mary Borgman



## AFTER SCHOOL PROGRAM



**M**y name is Nonhlanhla Madi, caretaker and OVC worker at Diakonia Aids Ministry.

It is a great honour for me to be able to contribute in this 2012 edition of the news

letter, and I would like to take this opportunity to thank the editorial team for this chance.

Ever since I started working in the department of Orphans and Vulnerable Children I must say I have grown massively in many aspects of life. As a person working with children you really need to have many different characteristics, those would include patience, kindness, tolerance, but most of all love.

In this department we have four different groups of children that DAM takes care of.

The 1st group consists of children which were discovered by the Soweto home based care givers while doing their visitations. The 2nd group is based in the Eastern Circuit (KwaThema), the 3rd is in Western Circuit and the 4th one in the Pretoria Circuit.

Some of the orphans come from really hard situations, they don't even know where their next meal is going to come from. As an organization we



try to reach out to some of the children and try to help. Our help could be in form of food or clothing and moral support to those that need it the most.

As part of reaching-out, we visited the Eastern Circuit in December of 2011 and made a Christmas party for the children. It was a very humbling moment to be able to put a smile on the children's faces.

In conclusion I would like to take this opportunity to thank all the Circuit Health Coordinators for a warm welcome and organizing the kids. Most of all I would like to thank the people who donated the food to us. May the good Lord bless you abundantly. If we make this our culture, there would not be a hungry stomach in this world.

Nonhlanhla Madi

## DAM MONITORING AND EVALUATION

**T**he Lutheran Communion of Southern Africa (LUCSA) this year decided to come and evaluate the operations of the Diakonia AIDS Ministry in the diocese. ELCSA Central Diocese is a member church of LUCSA. Diakonia AIDS Ministry was established by ELCSA CD. LUCSA is playing the role of advocacy for many other organisations, including Diakonia AIDS Ministry. LUCSA also provides a small grant for the organisation's day to day operations annually. All these reasons stated afore made LUCSA to come visit the organisation and conduct an evaluation to its activities. Amongst the people interviewed were the Bishop, pastors, Circuit Health Coordinators, the DAM coordinator, community, beneficiaries, staff, and volunteers.



## FUNDRAISING GALA DINNER

**D**am would like to take you back to last year the 6<sup>th</sup> of November. On this day we hosted our annual gala dinner in order to raise funds for our orphans and vulnerable children. We would like to thank all those who joined their hands together in making that day a success. Donors and parishes that came through for us were: West Meadowlands, St Paul Parish, Diepkloof Parish, Bishop N.P Phaswana, Mma Mashego, Mrs. Poppy Mohlala, Mma Mokonoto, Rev Mogale, Rev Muchekwane, Rev Motshwene, Mr. B. Mashile, Mr. Lesiba Moshoeu, Décor - just to mention a few. We are very thankful to the staff for the helping hand in the kitchen, and the Diocese for letting us use the hall. Let us continue working together to paint a smile on our orphan's faces. The money that we acquired was used to purchase food parcels for the orphans in all four circuits. We aim at providing food parcels for every orphan in the diocese and this will be achieved if we continue to work together, in any fundraising initiative. The Gala Dinner is on again this year, full details will follow shortly. The list goes on to the last page.

## HOME BASED CARE



After starting volunteering last year we closed for the December holidays and then reopening on the 11<sup>th</sup> of January this year the Coordinator called me to his office. At the office he handed

over to me the position of Administration of the Home-Based Care Department, because I have some experience in HBC. This came to me as a shock, really, but I accepted the offer from the Coordinator. So now since then I am the new Administrator in HBC, it will be good for our Organization and even the Department of Health if I come with some strategies of conquering the increases of infections, defaulters and the sudden death of the patients.

This is my first strategy: This year we will be having the new program called: "HBCBTAS"... meaning: Home-Based-Care Basic Training At School.

This program will be helpful to kids that stay with people who are sick at home and sometimes the kids do not know how to take good care of their loved ones. So, as the HBC is trained to take care of the people and also trained to educate people, we will use that opportunity to educate the kids at school on how to look after their parents or loved ones that are sick. By doing so we believe and have courage that when we reach those kids at schools, we will fight against the increasing high rates of defaulters and the sudden death of our patients etc. We will be also focusing on how to help a patient to take his/ her medication.

"It has been estimated that up to 90% of illness care may be provided in home by untrained family and associates, and up to 80% of AIDS related death occur in the home. In a number of African countries the adult HIV prevalence rate is over 15%, with the number of infected people as high as 5.6 million in South Africa." So our aim and goal is to decrease the 15% rate as much as we can as a South African-Home-Based care. Together with our communities, we can fight AIDS and other related infections! (reference from Health section under Home Based Care)

## THE SUPPORT GROUP ALSO NEED HELP



An elderly patient gets hearing aids from a doctor. After short time, he meets the doctor again. Doctor: "Your hearing is perfect. Your family must be very pleased." Patient: "Oh, I am in a funny situation now. I haven't told my family yet. I just sit and listen to their conversations. In a month, I've changed my will

three times".

This elderly patient reminds me of the manner I added, cancelled, and kept storing membership forms of Support Group members in the cabinet. My thinking is that some were serious in building a strong support group while others came to observe and then disappeared. Of course we have different interests, even in in-testate succession (dying without a will), some will select one's property/materials before the funeral. We are reminded that in the modern context, the English proverbial expression had gained a new interpretation –'where there is a will there is a way' is no more. It is 'where there is a will, there are hundreds of relatives behind; where there are food parcels, number of membership can exceed numbers in the telephone directory. True and by proper, 'experience is a good teacher'.

At the present moment, the Support Group at DAM has marked a different and interesting turn. The mentality of just gathering on weekly basis, eating and receiving food parcels at the end of the month has slowly and indisputably faded away. The food parcels dependency is just a mirror/reflection of aid organization which is appropriate for emergency response but inappropriate for sustainable development.

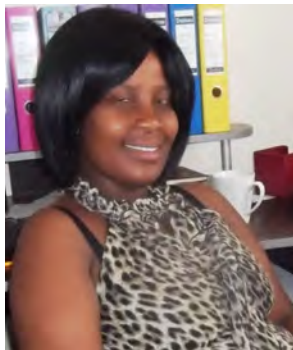
We are currently moving forward with Income Generating Projects which will enhance (in the long term) sustainable development. Even though other projects are still lacking behind (e.g. catering). The present sewing-beading, let alone gardening, bottle and paper recycling, are signifying a positive image of the distinction between sustainable development and dependency syndrome.

Wholly and not partly reliance on organizational aid breeds dependency syndrome. As much as it contributes to dependency, it sustains poverty. Giving alms trains the receiver to continue begging, whether the receiver be an individual, community or country. Genuine income generation requires that new wealth be created, usually in the form of value added. Part of our projects at DAM is training members to acquire skills so as to add value in their lives. For example, Ms Fumane Ngwenya is teaching some of our members beading, sewing and shoe making. In this way, all the members are seeing the pedagogical value in each other's contribution to IGP.

Nevertheless, there are challenges we are not taking for granted, for 'a small leak can sink the great ship'. Those challenges include, inter alia, funds for repairing sewing machines; buying materials for beading; injecting money in catering project; providing training - and of course the permanent trainers - for other projects such as the one in Diepsloot Support Group; minimal participation of men in the projects.

Jones Ngoetjana

## EDUCATION AND TRAINING



**T**he Education and Training department, now led by Annikie Mogaila, Hopolang Mosia and Kgaugelo Setuke has come to a new year and hopes to work with each and every church in the whole of Gauteng.

We have reported last year that the Department of Health stopped funding all faith-based organizations and we do admit that we panicked a little bit because we were worried about our courses in line. We raised funds for two workshops but still haven't been able to conduct an On-The-Road-Campaign but we are working on it. It is a new year and we are happy to report that we are now partnered with the South African Council of Churches and they are funding us a little so that we can keep the work going.

So far we have conducted four week-long training's and it's only the beginning of the year, meaning that we have a busy year ahead of us and we'll be coming to your parishes for either a presentation or training. We (DAM) and the South African Council of Churches have agreed to reach a total of 83 345 people per month, that is 250 000 per quarter. We would really appreciate if the people on the ground - especially our pastors and congregations of ELCSA Central Diocese - work with us to educate and try to combat the spread of HIV and AIDS and other illnesses. We are also looking to engage with the youth to try and build a safer tomorrow with them.

*"A wise man will hear, and will increase learning and a man of understanding shall attain into counsels."* (Proverbs 1:5)

Hopolang Mosia  
(Education and Training Administrator)

## DAM STAFF RETREAT

**A**t the end of every year DAM organizes a retreat for the staff. This is a special event for the staff because it is somehow used as a debriefing session. From January year on year members of the staff work in tough and difficult situations, the Home Based Care givers in particular. They treat very tough cases which sometimes hospitals and clinics fail to render service.



In all honesty, we all know that there are some patients who are sent home even though they aren't cured, partly because of congestions in hospital wards or shortage of staff. Our Home Based Care teams visit these patients and apply basic health service to them. It is tough because they start by cleaning the patients' homes, bathe them, monitor their medicine intake, accompany them to the hospitals if necessary, and also educate the families on how to take care of the patients.

Some of the patients' problems cause emotional distress to the caregivers. We have debriefing sessions for the care-givers on a regular basis, but we found it necessary that we should have a special event at the end of the year. During this time we all go out to a place where there is tranquility.

During this occasion we deal with the spiritual and emotional dimensions of a human being. We don't discuss work business; we have been doing that for the whole year. In the previous year this event took place in Potchefstroom. Our aim is to continue having this event every year as a way of recharging our energies.

Elias Molwantoa

In our November CUAHA training workshop at Diakonia AIDS Ministry (DAM), Rev Mugivhi put up a shirt whereby each and everyone attending had to stick their preconceived notions and popularised comprehension on HIV and AIDS. The following prototypical examples were noted: HIV means *amagama amathatho*; HIV means *abahambayo*; HIV means *Rea Vaya*; HIV means *Hi 5* and AIDS is *American Intention to Destroy Sex*. All those stickers/labels we attached on that shirt are referring to what we place on a person is created in the image of God. This simply means the body of Jesus Christ has HIV and AIDS. Rev Mugivhi is not the only one who challenged me with the abovementioned shirt demonstration. Pastor Skhosana once in the modest Luhlaza High School Hall stunned his congregation in Cape town by stating that 'Jesus has HIV-AIDS'. "Wherever you open the scriptures Jesus puts himself in the shoes of people who experience brokenness. Isaiah 53, for example, clearly paints a picture of Jesus who takes upon himself the infirmities and the brokenness of humanity," he told the BBC.

The provoking statement about Jesus above made me to consider the theological approach to the matter. It should be considered that theology is done in the context in which we live. The prevailing conditions shape the nature of the theology that emerges in a particular context and at a time in the lives of the people. We realize that with the scourge of HIV and AIDS, we are all in *kairos*. We are in a 'crisis', 'moment of truth', 'moment of grace and opportunity', 'a dangerous time'. All these 'definitions' of the *kairos* fit the challenge posed by the HIV and AIDS pandemic, hence DAM was challenged to say something on the theology of HIV and AIDS. This work will start by looking at two dichotomised biblical convictions that will then trigger the understanding of the body of Christ with HIV and AIDS.

Two convictions to develop a biblical vision of HIV and AIDS are explicitly in unequal paradox. The first conviction holds that disease is a punishment from God while the second proclaims the other way round. The former conviction points out a sense that good deeds/actions lead to blessings and evil deeds lead to suffering. This is profoundly embedded in some streams of Hebrew thoughts. If a person were experiencing trials and tribulations, frustrations, sickness, then that person must have sinned in the past

The Deuteronomy's tradition is also grounded in the conviction expressed by Job friends in Job 3:31. To add more on that, even the disease such as leprosy (like HIV and AIDS in our context) was interpreted as God's punishment (Leviticus 13: 45-46 and Leviticus 14). It should be mentioned that the biblical term 'Leprosy' included many forms of diseases (e.g. psoriasis and ringworms) and those people experienced rejection, discrimination, stigmatization and alienation (*Note: even the initial intention/plan of Robben Island's seclusion system was not political incarceration, but people suffering from leprosy*).

For the most part, all disease is a judgment from God. Adam and Eve knew corruption after the fall when death entered the world (Gen 3:19 and Romans 5:12). From the common cold to cancer, from HIV to AIDS, is part of the curse, and we who live in the cursed world are subject to decay. We shall reap what we saw (Gal 6: 7-8 and Prov 22:8). Righteousness brings judgment and "keep my commands and you shall live (Prov 7:2)

On the other hand, today many people suffering from HIV and AIDS experience discrimination, stigmatisation, rejection and judgment, as did the lepers of biblical era. In ways subtle and not so subtle, persons with HIV and AIDS are forced "outside the camp". Whether it be with regard to housing, employment, education, insurance, land, etc. above all, according to Ruele, "HIV and AIDS adversely affect people's economic performance, due to increased absenteeism by employees who are ill and stay at home to recover, who look after the sick, who attend funerals [and].....bereaved families often incur heavy funeral expenses" (3:2009). The result will therefore be low productivity, minimal savings and poverty. Ruele also indicates that HIV and AIDS also have a significant gender impact for several reasons. Caregivers, who in most cases are women, carry the psychological and physical burden (and at times, they are vulnerable to infection).

Spiritually, HIV and AIDS sufferers experience a crisis. They ask why they are the ones affected or infected, whether God loves them, whether they have sinned. Is the disease a punishment from God and ultimately we will ask, what is life? Before providing preliminary answers to that it is important to look at the second conviction, that in fact, disease is not a punishment from God. God has promised that He will not allow us to be tempted beyond what we can bear (1 Cor 10:13). The book of Job challenges the tradition of the first conviction; Job suffers regardless of his innocence as indicated in Job 31 and it is with faith that he is cleared.

In John's Gospel, Jesus also challenges the first conviction. Before healing, Jesus declares that the man's blindness was not due to his or his parents sin (John 9:2-5). Therefore, sickness cannot/ is not the punishment from God. The Bible says Jesus "...went about Galilee, healing every disease and every infirmity among the people" (Mt 4:43). No symptom baffled him. Was a man dumb, Jesus loosed his vocal cord; Was a man deaf, Jesus opened his ears; was a man blind,, Jesus cleared his retina; was a man paralysed, Jesus re-energized his muscles; did a man have leprosy, Jesus caused a tide of clean new blood to renew the unwanted tissue (like he will do in a person suffering

from HIV and AIDS). Jesus knew that many would never appreciate the deep spiritual truth of the kingdom, while their minds were dulled by sickness and their bodies reckoned with pain.

From the above conviction, one could learn that Jesus identified with the poor. There is a preferential option for the poor – those who feel pain. The body of Jesus itself is reckoned with pain and theology employs dimensions of the body of Christ in order to call for solidarity in the context of HIV and AIDS epidemic. Then the question would be: "Did God put all suffering and disease upon Jesus so he could then heal every disease?"

In Isaiah 53 the suffering servant is prefigured in Christ who bore our sins and sickness and who suffered on our behalf. Before his death and ascension to heaven Jesus was made a mortal man just like us, but without the blemish of sin we inherited from Adam. He took upon himself the sacrifice of our sins by paying the ransom for us by means of his death. Jesus is the last Adam who could now give us back what Adam forfeited, which is everlasting life (1 Cor 15). In the nutshell, in Isaiah 53:10 it says "it was the LORD'S will to crush him and to cause him to suffer." This shows that God "allowed" his Son Jesus to die a sacrificial death for the sins of all mankind. Prophetic fulfillment in Christ.

According to van Klinken (2010, p. 446-465) this call [for solidarity among Christians with the entire the church] is phrased powerfully in the statement that the body of Christ has AIDS" (447:2010). As a metaphor for the church, the concept of the body of Christ suggests an interconnectedness of churches and Christians globally. Likewise, there is a citation pointing to the Pauline reference to the church as the body of Christ – that the church has to show people living with HIV and AIDS the compassion, love and healing brought by Jesus. It is very clear, that the epidemic also affects and infects people inside the church. 1 Cor 12, which defined the church as a body with many parts.

1 Cor 12 states that if one member suffers, we all suffer. Then if one member is HIV Positive, the church cannot separate itself. The body of Christ, the church, has HIV and AIDS. The body of Christ is in a serious danger when it does not affirm the value and the role of every single one of its limbs, no matter their HIV status or any other affliction. "The people living with HIV and AIDS cannot be abandoned to their fate, as this would be an affront to the body of Christ" (2009:214,Dube). By stating that the body of Christ has AIDS, churches are compelled to realize that HIV is in their midst and that indeed they are infected and affected themselves.

In acknowledging the second conviction, the first conviction is dismally failing – everyone living with HIV is not guilty of sexual sin.

On the other side, unfortunately, people have been infected with HIV through blood transfusions, by innocent contact with another person who is HIV positive, and most sadly, by being conceived in a womb of a mother who is HIV positive.

No matter how a disease is contracted, our task is to be ministers of grace, love, mercy and forgiveness. We do not have the right or authority to announce that HIV contraction is a specific judgment from God on a specific sin in a person's life. We have a responsibility to do good to all (Luke 10:29-37), and the gospel we share is still "the power of God for the salvation of everyone who believes" (Rom 1: 16)□

**References**□

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Jones Ngoetjana

**DONATION IN KIND**

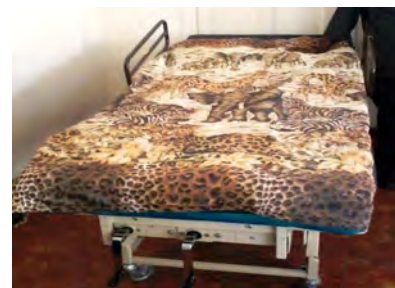
**T**he 2011/2012 season DAM got an increasing amount of donations in kind, locally and globally of which with all appreciations we say *Thank you!*"

Churches and individuals around Gauteng gave us a lot of used clothes which we took to needy people. This gave us an idea that we are not just an HIV and AIDS organisation but we are a social ministry linked to the Evangelical Lutheran Church in Southern Africa.

We might not mention all the people who came through with donations by name, however, these are the items we obtained: gloves, office furniture (tables & chairs), steel cabinets, computers, hospital beds, food for the gala event, and food parcels for our orphans and vulnerable children.

2011 was the year we received a lot of volunteers and also young people, locally and internationally, who offered their services to the organisation.

Rev SS Mugivhi



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diakoniaaids@gmail.com

You can also find news and comment on our ministry via our page on [Facebook](#) - just check it for "Diakonia AIDS Ministry" and click "like it".

In addition to this you can find info on and material of DAM, including this newsletter, on the [website](#) of one of our partners, the Evangelical Lutheran Church in America (ELCA), i.e.

[http://www.mcelca.org/who/companion\\_synod](http://www.mcelca.org/who/companion_synod)

Please note and mark the most important dates in your diary:

The TOT WORKSHOPS  
WESTERN CIRCUIT  
13-15 MARCH

EASTERN CIRCUIT  
15-17 MAY

PRETORIA CIRCUIT  
14-16 AUGUST

SOWETO CIRCUIT  
11-13 SEPTEMBER

SOUTHERN MISSION  
CIRCUIT  
(dates still to be announced)

Please feel free to send us your comments, articles of interest, any donations for our ministries, or make your own personal commitment to participate in the Health Committee team in your congregation or on Circuit level, in order to make a difference in the fight against HIV + AIDS.

**JOIN US ON**

**FACEBOOK:** Look for "Diakonia AIDS Ministry", click "like it" on our page, tell your friends about us, and leave your comment

## Partners in our mission:

ELCSA Central Diocese, LUCSA, South African Government (Dep of Health), Evangelical Lutheran Church in America (ELCA), Presidential Plan For AIDS Relief (PEPFAR) USA, Partnership For Justice (PFJ) RSA and USA, Communities Building Credible Ownership (CBCO), Evangelical Lutheran Mission (ELM) Germany, Evangelical Lutheran Church of Lower Saxony (Germany), Donamus Foundation (Germany), Burgdorf Circuit (Germany), Neukoelln Circuit (Germany), Nienburg Circuit (Germany), Winsen Luhe Circuit (Germany), Berlin Mission (BMW) Germany, Ubuntu Botho (SANLAM) South Africa, City of Johannesburg, Shoprite Checkers (Jabulani Mall/Soweto), South African AIDS Consortium

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