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SPECIAL REPORTS



MAKING A DIFFERENCE BY REMAINING THE SAME: Part I: May-June 2007 site visits to Zimbabwe.

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In the era of HIV and AIDS, various members of society in developing nations continue to establish, coordinate and strengthen community or national level responses to the epidemic, regardless of limited resources. The motivation that drives them, from government to community-based organizations is to mitigate the impact of the disease on affected communities. Ultimately, the common view is to change people's lives. The extent of their commitment is governed by a set of beliefs or principles that determine the scope of their activities. As many organizations have either extended their outreach, altered mission statements or simply faded from the scene, one institution remains bound by a vision seemingly eternal – the church. In developing countries the church has had an inflexible foothold in the lives and perceptions of people, more remarkably the poor.

The visit to Zimbabwe by the USA-based personnel from HIV-AIDS Zimbabwe (HAZ) and Zimbabwe AIDS Relief (ZAR) was an enlightening experience in terms of revealing the selflessness and resoluteness of churches in communities affected by HIV and AIDS. It unveiled two church driven initiatives whose stinging characteristics – lack of funds- did not seem to deter either of their commitment to serve. The increasing number of faith based responses to HIV and AIDS stems from the fact that the epidemic has left one particular group vulnerable – children. The Chitungwiza Unit K Baptist Church orphans and vulnerable children (OVC) program, and the Home of Hope-Zimbabwe Children's Home, run by the Roman Catholic Mutare Diocese are excerpts from an exhaustive list of faith based responses that largely remain undocumented, but are making a difference in the lives of children that society would have otherwise forgotten.

Chitungwiza Unit K Baptist Church:

The Chitungwiza Unit K Baptist Church is situated in the sprawling city of Chitungwiza on the outskirts of the capital city Harare. The city is segmented into units. It is often referred to as a "dormitory city," because people go to work in the morning and only get back in time to sleep. Most are employed in different trades in the capital. The population is growing and so have socio-economic drawbacks that plague most resource constrained communities in Zimbabwe's tense economic environment. Chitungwiza has not been spared from a crisis of orphaned and vulnerable children, largely as a result of HIV and AIDS. To add to this is the burden of school leavers whose chances for self-employment grow thinner by the day. Pastor Chinamatira (who co-pastors the Unit K Baptist church with Pastor Jena) enlightened the visiting HAZ and ZAR team on the challenges faced, and progress made by the church in addressing the problem of OVCs.

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The Chitungwiza Unit K Baptist Church started in 1980. Pastor Chinamatira revealed that the idea to take in OVCs began in 2000. So far the church has managed to come to the aid of 25 children who are selected from the area's primary and secondary schools. The youngest child is 3 years old; she is HIV positive. There is another HIV positive girl aged 9.



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The church, with the assistance of Deseret International, decided to hold seminars with parents to address issues such as the root causes of the rebellious nature of some children at school. Poverty was seen as the primary factor hampering positive child development. The idea was to assist not only financially, but to offer moral support as well. The church also partnered with Scripture Union and Catholic Relief Services but they all eventually withdrew from the program, owing to lack of funds. "We felt we had to continue the work that God had started," said Pastor Chinamatira earnestly.

The church was also concerned with school leavers and the potential threat they posed if they were not absorbed into projects to keep them occupied. It decided to assist by promoting artwork as an income-generating project. Some church members volunteered to teach the children wire art and bead making. The church is still trying to find a market in America. However, some school-leavers have often complained that some of these income-generating projects are not viable. There is also the lure (inspired by their peers) to jump the border illegally in search of greener pastures in countries like South Africa and Botswana. Some of them are cooperative and maintain a positive attitude throughout the projects. There is also a youth community center in the area called "Young Africa" for vocational training.

There are two major hospitals in the area, namely Chitungwiza General hospital and South Medical Hospital. There is also a polyclinic, which treats opportunistic infections. South Medical Hospital offers HIV and AIDS awareness education. There are also youth corners at some clinics run by the council. Chitungwiza General Hospital has had an on-going crisis where children and infants have been placed in the same ward as adults. The church was in the process of partnering with an American Pastor from a USA-based Baptist church to help build a transit home for infants in such situations. The local authorities have approved the idea and have gone a step further in providing land within Chitungwiza General Hospital. Some of the staff at the proposed transit home will come from the hospital itself. The transit home will take in infants while looking for homes where they will be looked after. However, some homes have in the past been closed down because of appalling living conditions.

The two HIV positive girls aged three and nine respectively, are not receiving care. Whenever they are admitted into the hospital, the church foots the bill. The younger girl's father is dead and the mother is sick. The opposite exists in the case of the older girl. The younger girls' mother recently won the right to stay in her matrimonial home after a fierce legal wrangle with the late husband's relatives who wanted to take the home away from her. Fortunately, for such cases there is an association of lawyers that assists children and another for widows. There is also the Catholic Peace and Justice Commission, which will allocate a lawyer to the troubled family regardless of religious sect. Most of these legal entities in the community offer these services free.

The economic situation prevailing in the country leaves many people unwilling to take in destitute children. In some cases, children from apparently comfortable homes are admitted to institutionalized homes because of factors such as domestic violence. Church members become the guardians of these children and volunteer food and clothing. The church also monitors exam results and attendance records of children attending school. The money the church has is not enough to cover all the children's school fees and since there is no regular sponsor, church members contribute to a social welfare fund. Yet, despite limited resources, the proverbial call of the Lord remains the same; "Let the children come to me..."

Pastor Chinamatira stated that there was a need to go beyond material support and contribute meaningfully towards behavioral change. Material support accounts for the greater percentage of OVC support activity in poorer countries. However, it has been proven that the basis of a sustainable response exists in reinforcing the capacity of families and communities to provide protection and care. Engaging local leaders to respond to vulnerable community members' needs can assist in identifying new cases and ensuring that affected children get access to essential services and basic rights. For example, Pastor Chinamatira also noted that there was a dearth in counseling services for orphans. This is caused by the community's fear of the disease and can lead to stigma and discrimination, which isolates children, leaving AIDS orphans without access to care. Counseling should begin at the community level and starts with engaging the community in dialogue to dispel myths surrounding HIV and AIDS. Only then can the plight of orphans be understood with a compassionate ear.

Home of Hope – Nyanga, Zimbabwe:

At the Home of Hope in Nyanga, HAZ and ZAR personnel were greeted by a very positive development. They toured two children's houses which were recently completed, save for electrification. The houses are fairly descent although there were recommendations from the visiting group regarding the internal set up. Home of Hope is run by the Roman



The two completed homes are part of an on going project to construct 13 homes for OVCs.

Catholic Mutare Diocese and is headed by Sister Gertrude Bhobho. She reports to Bishop Patrick Mutume, who is under Archbishop Alexio Churu Muchabaiwa. The home is situated in the area between Nyamuka 1 and 2 in Hochdale, Nyanga. It also takes care of orphans and vulnerable children.

The two completed homes are part of an on going project to construct 13 homes for OVCs. The Diocese bought the land in 2004. The Diocese board is still sorting out funding to finish the project. The two houses should have been occupied in

June, but that arrangement has since been pushed back to July 2007. The plan is to house eight children in each house. There will be four sisters to look after the children in each unit. The Ministry of Child Welfare is aware of the progress. The city council, department of social welfare and the Ministry of Health will first inspect the houses to declare them fit for occupation. An advert will then be posted in the local media so that people can bring affected children via the social welfare department.

There is one HIV positive child among the children currently at the home. The arrangement is that when the children are still small, they will be kept in the main house

separately. When they are older, they can then move into the houses that are currently being built. There will be an administrative building as well. Sister Bhobho added that a borehole would help to cut down on the expense posed by high water bills. As the home continues to widen its arms to embrace more children, its volunteer base of warm-hearted sisters also continues to grow. They are making a difference. Their selflessness remains the same.

The Mutare Diocese-run initiative is one in a number of other faith-based responses started by Mutare based organizations. According to the Southern African Aids Action (SafAids, issue 60 June 2004), and the Family AIDS Care Trust (FACT), Mutare has in the past initiated the Integrated Church Home Care and Orphan Programme (ICHOP). This is an OVC program, which supports community based orphan initiatives in three urban and three rural sites in Manicaland province, through the assistance of a coalition of volunteers from local churches. Among other activities the program provides psychosocial support to orphans and monitors child headed homes. They provide a regular supply of food, clothing and blankets, school fees and uniforms.

The church is an unshakeable institution whose distinction in the HIV and AIDS response is incalculable. When Kevin Monroe, on behalf of the Zimbabwe AIDS Relief project (Allen Temple AIDS Ministry. Oakland, CA) donated a printer, fax, photocopier, laptop, baby formula, porridge, and small radios for children, sweater, rulers, pens and a cool US \$350 to Home of Hope - Zimbabwe, I asked myself the question "Can hearts grow any fonder?"

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