

**THE FAITH BASED ORGANIZATION RESPONSE TO HIV/AIDS  
A CASE STUDY OF THE JL ZWANE MEMORIAL CHURCH IN  
GUGULETU, CAPE TOWN**

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**DECLARATION**

I, the undersigned, hereby declare that the work contained in this assignment is my own original work and that I have not previously in its entirety or in part submitted it at any university for a degree.

Signature:

Date:

## **SUMMARY**

It is very common to talk about or refer to people as “People Living with HIV/AIDS” but never “A Church with Aids”. Responding to HIV/AIDS has earned the JL Zwane Memorial Church this name or rather this label. Members of the congregation, many of them young, were dying and remaining silent, not doing anything, would have meant contributing to the disaster that had struck. Something drastic had to be done to respond to the pandemic or else the whole community would have perished.

This was not easy as it meant risking losing those already in the church. To many people, HIV/AIDS was seen as a punishment from God to those who have sinned. For this reason many did not want to have anything to do with People Living with HIV/AIDS. The whole response is driven by the needs of the community i.e. those infected and those affected. This means listening to people tell their stories and then respond accordingly. Listening is the key in the response as the whole response revolves around people and their experiences.

## **OPSOMMING**

Die kerk, of geloofsgebaseerde organisasies, is dikwels die eerste om te weet dat iemand MIV positief is. Dit is ook die eerste persoon of organisasie wat deur die geïnfekteerde in vertrouwe geneem word. Die Kerk, as organisasie, kan dus 'n deurslaggewende rol vervul in die voorkoming, maar ook by die versorging van diegene wat MIV positief is of aan Vigsverwante siektes ly.

Hierdie studie beskryf, in die vorm van 'n gevallestudie, die rol wat die Presbiteriaanse Kerk in Guguleto in die voorkoming van MIV/Vigs vervul. Die gevallestudie bespreek die probleem; die ontleding van die probleem en die uiteindelijke program(me) wat daargestel is. Riglyne vir die betrokkenheid van Kerke (en geloofsgebaseerde organisasies) word uitgespel en voorstelle vir verdere studie word gemaak.

## **1. BACKGROUND INFORMATION**

The JL Zwane Memorial Church is a constituent member of the Uniting Presbyterian Church in Southern Africa. The Church is situated in Guguletu about 20 km away from the Cape Town city center, in the Western Cape with a membership of about 1 200.

Guguletu is one area in the Western Cape where people have really suffered the negative consequences of the migratory labour system. Because of the migratory labour system the family structure was completely destroyed. Children that grow up in this black township have no idea of what family life is. As a result of this they do not value any relationships let alone marriage. The minister in this congregation says ever since he started his ministry here, in 1989, he has married only 13 couples but has baptized more than 1000 children. People cannot commit to marriage because they cannot relate to it.

This is so unfortunate as the family structure plays a big role in fighting the spread of HIV. In such a community with no family structure HIV thrives. One reason for that is there are usually no values and standards that the children are holding on to as they grow up and become young adults.

The church is usually regarded as the second family for its members but in such cases it has to take over the role of the family and be prepared to address the issues to be discussed at home such as combating the spread of HIV.

It was against this background that the JL Zwane Memorial Church took over the role usually played by parents at home. This congregation made it its prerogative to respond to whatever need that arose in the community at any particular time. This role can only be done best by the church because it is one institution that can be found everywhere in the world. Even in the most remote rural areas where there is not even a school one can find a church.

In 1996 it became clear that something had to be done as members of the congregation were dying in numbers. For an example one family had three sisters who were HIV positive and they developed full-blown AIDS at the same time. They died one after

another, living seven children with no one to look after them. The church was then faced with the responsibility of raising and supporting these children.

We had to admit that we have a problem. At this time HIV/AIDS was already rife in the community but was a taboo subject. The problem was that the HIV/AIDS epidemic was playing havoc with each and every member of the congregation. If we kept quiet we would have contributed to the suffering by increasing the stigma and discrimination as many churches did. Moreover we needed to do what Jesus would have done that is enter into the suffering of those suffering and not only enter but identify with them also.

## **2. THE SITUATIONAL ANALYSIS**

It was necessary to know just how much people knew about HIV/AIDS, what they thought of it and what their reaction was when HIV was mentioned. Having discussions about HIV/AIDS during the Sunday morning service did this.

People had different reactions. Not everyone welcomed the idea; some felt it was a waist of time. There are many reasons for these mixed feelings. The mere mention of the word made people think that they have done something wrong and that HIV/AIDS discussions involve issues of sexuality, which is not something many members would comfortably talk about let alone in church.

Not even a single person spoke about HIV/AIDS, as something that has directly affected them it was always a neighbour, someone in the community or someone at work. People had different versions of how it is transmitted. Some felt it was another attempt of getting rid of black people, markets were selling oranges that have been injected with infected blood. It was clear that people needed factual information about HIV/AIDS. They needed to know how HIV is transmitted, what measures have to be taken to prevent the spread of HIV and how to care for those who are sick. One more thing that came out clearly is the stigma and discrimination against those living with HIV.

This all meant that there was a great need for training/education and care and support. There are many factors that are involved in the spread of HIV. This makes it very difficult to have a well spelt out response.

### **3. MISSION STATEMENT**

To lessen the suffering brought about by the HIV/AIDS pandemic, by being dedicated to providing care and support to people living with and affected by HIV/AIDS.

### **4. AIMS**

- To live out what God requires of us as a church in the face of HIV/AIDS
- To eliminate the stigma and discrimination brought about by HIV/AIDS
- To provide care and support to people living with and affected by HIV/AIDS
- To address the nutritional needs
- To break the silence surrounding HIV/AIDS at the same time give a face to the pandemic
- To educate members of the community about HIV/AIDS
- To find ways of combating the spread of HIV.

### **5. THE PROGRAMMES**

The programmes are divided into three areas namely: Care and Support, Prevention, Nutrition. All three seemed very important and so they had to be tackled at the same time.

In an endeavour to fight the stigma and discrimination a support system had to be set up. An announcement was made in church calling people who were interested in working with people living with HIV. Five people attended the first meeting that was on a Tuesday afternoon and the good thing was that they were all committed in making a difference in the lives of many. All of them had had training on HIV/AIDS Awareness and counseling skills. These were nurses and social workers from the congregation. These became the facilitators of the Support group. After that both the infected and the affected were invited. This is how the first support group was formed, in 1999. The first meeting had about twenty people. This actually showed that people were desperate for help.

## **5.1 CARE AND SUPPORT**

This programme is subdivided into different areas.

### **5.1.1 SUPPORT GROUPS**

This support group consisted of both people living with HIV and those directly affected by the pandemic. Networking with organizations who were already dealing with HIV/AIDS became imperative. This helped a lot because in these organizations there were people who were already open with their HIV positive status. These are the people who brought some encouragement and hope to the newly diagnosed. In the support group people could share their experiences tell their stories. It was stressed that people were not forced to disclose their HIV status when introducing themselves but to our surprise people would stand up, introduce themselves and say: I am HIV positive. People found it easy to do that because an environment of acceptance had been created, a climate of love and support was provided. People found a place where they could share about their stories, their experiences of losing a loved one or how life has changed because of HIV/AIDS. In most cases people had to be referred to the local clinics as they were very sick, referred to the counselors for counseling or to other Non-governmental organizations like Treatment Action Campaign for more support.

A relationship with the local Health Facilities was built and that made it easy because we were not operating in isolation and people could make a connection between the church and the Health Facilities. This was not enough because it was not everyone who attended the support group. It was then decided to get people to talk to the congregation every Sunday for 15 minutes before the sermon (more about this later). The support group attracted many people from the community. For many it was the first time they had someone to listen to them, touch them and give them a hug. The relatives brought many in. This necessitated that they be followed up at home to see how they were doing. The support team consisted of nurses, doctors, social workers and lay- counselors. Some of the team members joined the congregation because the programme attracted them. All of them had full time employment, caring for support group members during their spare time.

Many in the community got to know about this and people would come for assistance. The JL Zwane church was soon referred to as “The Church with AIDS or the AIDS Church”. Many people came because it was a church that accepted them as they were, a church that was prepared to listen to their stories of pain and suffering, a church that understood their pain of being rejected by their families, a church that would listen and try and do something. In spite of the name given to the church people came in numbers. It was as if they had been waiting for a place like this.

The whole community was talking about this church. People started bringing their family members, their friends and neighbors to the support group. Some of them could not walk but they came. Many of these were people who were finding it difficult to accept the fact that they were HIV positive. One day a Doctor at a local clinic referred a young man to the support group. When it was his turn to introduce himself he told the whole group that he was living with HIV. He actually confessed that he just came here because the Doctor asked him to come but now he has actually found a home. It was the first time he had told anyone about his positive status and he felt good about it. Since that day he never missed the day of the support group. As many would say that they cannot wait for the next Tuesday to come.

After the session the counselors would see all those who needed help. In most cases family members would also sit in for counseling. It soon became clear that people were sitting with enormous problems at home. Many did not know where to go for help. Remember this was something that people could not talk about openly it had to be kept a secret for the fear of rejection, stigma and discrimination or being labeled. People found the courage to come forward for assistance. Right through the week there would be people calling for help. We started visiting people at home and we found out that there was a great need for Home Based Care (more about that later).

Losing a member of the support group was sad but it also gave us an opportunity to create awareness about HIV/AIDS. At the funeral HIV/AIDS education would be given, everybody would be given a red ribbon and pamphlets were handed out. People attending the funeral would take the pamphlets home and it was actually a way of starting a conversation about HIV/AIDS. It was the request of the family members or the person who had died to talk openly about HIV/AIDS at the funeral so that people could

see that HIV/AIDS does exist because many were denying. Such funerals are called “Open Funerals”.

While we were encouraging members of the support group to go to their own churches on Sunday some did but many ended up joining the church. The reason for that was, many in their own churches were told they are being punished for their sins, they were told they have disgusted God and they were rejected. This intensified their suffering, fear and hopelessness. No one has a right to judge. All they needed was to be embraced and be given a space to rediscover their identity in Christ. The membership of the Church grew rapidly as more and more destitute people found a home for themselves.

The support group became the core group from where the needs of the community would be identified. This is how the need for a support group for people living with HIV/AIDS was identified.

In 2002 a support group for people living with HIV was started. This support group started off with 59 people. It meets on Tuesdays at 16H00. Many people join this group every week. The fact that these support groups offer spiritual support makes a big difference in the lives of the members. When people join the support group they are at different levels. While some are comfortable with their HIV positive status some are not so comfortable. They also join for different reasons. That is why it is important that when they first join they are kept in a small group of new members. In this group the facilitator orientates them, try and find out how much they know about HIV/AIDS, their needs and expectations and the support system they have at home. The importance of confidentiality is stressed. This is important as some join the support group having not disclosed their HIV status to the public. Members remain in this group until they feel they are ready to join the bigger group.

Bringing people from different backgrounds, even though they had one thing in common has not been easy. They had to learn to respect each other. This is a place where they come to share about their experiences, their suffering, their fears of dying, the misunderstanding and rejection by their families, their concerns about their children, the stigma and discrimination in the community and many other issues. During the time for sharing they would share about how they felt when they were first diagnosed as HIV

positive. Many felt they had nothing to live for and wanted to commit suicide. This actually helps those who have just learned of their HIV positive status. They feel they are not alone because other people also felt like that at some stage but managed to come into terms with their status and go on living a positive life. Amongst the things that they have done is a project on story writing. Each and every member has written a story about himself or herself that will remain even if they die so that their families and children could remember him or her.

Other activities that are done include workshops. Issues tackled include basic information on HIV/AIDS, how to live a positive life in spite of the HIV/AIDS stigma and discrimination hovering over them, behavioral change which has proven to be very difficult. We have discovered that this cannot be done in one workshop and then expect people to change their behavior of more than twenty or thirty years. It is a process that needs a great deal of follow up and a lot of effort. Adherence to treatment is another issue that has proven to be a great challenge. The workshops are done mostly to empower them to be able to deal with all the challenges that face them. Different people whom they consider as role models are invited to give motivational talks.

Whenever an opportunity arises some would be sent for training and this has seen those getting jobs. Poverty alleviation programmes have been tried but do not seem to be working well. For some of them it is difficult to try and change their mindset and tell themselves that they are still valuable, they can still be able to provide for themselves and be independent. In my observation this applies to both men and women. It all goes back to behavioral change because those that were employed and living an independent life it is not that very difficult for them to get back to their feet and provide for themselves again if there is an opportunity. The most difficult part is when people lose their jobs because of their HIV positive status. Such people are referred to organizations that deal with Legal Rights for HIV positive people.

The buddy system was introduced when it became clear that many people have no support system at home. Each group has about four or five people, they support each other, and they check on each other and report back to the group every time we meet. This makes it easy for the facilitators and other members of the group to know about each and every member in the group.

There have been so many deaths in the group, many leaving children as most of them are at a childbearing age. The concern for the growing number of children left alone without parents led to the formation of a support group for children.

In 2003 a support group for children was started. This support group started off with 60 Children. It was also open to the whole community not just members of the other support groups. Children meet on a Tuesday afternoon under the supervision of one facilitator and volunteers. They have been divided according to their ages, which make it a little bit easy to cater for their needs. For the little ones it is a place where they receive the love that they are not getting at home in some cases not because there are no parents but the parents are there too sick to take care of their children. In some cases they are heading the households themselves. One twelve-year-old girl was sharing her story saying she hates to be referred to as an orphan. To her it makes her feel like she is just like an animal with no name. People, even teachers at school have stopped calling her by her name, she now has a label as if she is no longer a human being. The name she was given by her mother does not mean anything anymore because who is she after all an outcast in the community, her mother brought shame to the community. After that instance it made me realize that referring to them as orphans we are actually destroying them, adding to the discrimination and stigma already surrounding them. Their name, for most of them, is the only thing that their mothers left them with and they want to hold on to them.

These children are empowered to face the challenges. The prevention methods are instilled in them. Most important they are told and shown that they can find solace in God. They are told that they can still dream big and those dreams can be realized. The social worker visits the homes and forms a relationship with the whole family so that they do not just appear when the parents are gone. It is a good way of bringing the parents and the children together during the time of crisis.

When three sisters in one family died and left seven children behind a certain lady working with the congregation wrote an article about this sad story and it won an award. We felt it was a good idea to plough it back to these children and pay their school fees. This was then how a Bursary fund for children like these started. The Durbanville

Presbyterian Church adopted this project and is still continuing with the support. The number of children has definitely gone up. Families from this congregation have formed relationships with the families of these children and from time to time they get together with them. Different local companies have offered support to these children in different ways.

Taking care of these children still poses a problem as it has become very difficult for many people to take in children without parents as it means more extra mouths to feed when it is already difficult with the existing number because of unemployment. This is also one of our challenges.

Another support group we have is the one for males only and it started in 2004. This support group has found it very difficult to take off from the ground. It was tried at some stage but did not work out. This has proven that it is almost impossible to bring together a group of men and expect them to share about their feelings. When a large number of males joined the support group for People Living with HIV/AIDS we felt it was time to try again and form their group. Ten males attended and a few have since joined. The facilitator for this group is also a male which we thought would make it a bit easy for them to open up. They meet on Thursday afternoon and discuss different issues which affect them. They say it is a safe place for them to discuss issues they would never be able to discuss in a bigger group.

Another new development is the formation of a support group for people caring for People Living with HIV/AIDS. People welcomed the idea because they are actually left behind and all the attention is on those living with HIV/AIDS. They need to come together have a platform where they can share their experiences, come together and pour out their frustrations, and talk about their suffering. What is most important is that they need to find ways of coping. Those who have already overcome some of the hurdles need to share with those who are still struggling. This is an important group because if we were living in a perfect world we would have sessions for all the family members who are affected so that no member of the family is left behind. This group has brought us to the realization that many people still have no one to take care of them at home. This is an area that needs to be looked into. The group expressed a need to have a workshop on

basic information about HIV/AIDS. This was done and the workshop was tailor made for them, as most of them are old people. Continuous counseling is provided for them.

### **5.1.2 HOME-BASED CARE**

This part of the programme came out of the need of the people to be taken care of at home because the hospitals in the area could not cope with the numbers of people who were sick. The support group facilitators were also the ones doing home visits. This was very stressful as they did it after working hours. Fortunately they were working in the local clinics and they found it easy to refer to the Doctors, as a relationship already existed between the church and the local clinics. It came as a great relief though when six of the ladies who had been trained on HIV/AIDS by the church expressed an interest on Home-Based care. They then received training on home-based care.

St Luke's Hospice was approached to allow these women to work on voluntary basis in their ward that is dedicated to HIV/AIDS. This was to give these women a chance to learn and gain some experience on how to care for people living with HIV/AIDS. They spent four weeks in the ward. After that they were ready to take care of people at home working as volunteers.

The home-based carers would do their rounds during the day then report to the team every afternoon any cases that need the attention of the team. The team would in turn visit those homes and then refer to the local clinic if there was a need. In most cases these patients would receive treatment over night and then sent back home.

The members of the community also welcomed this programme. Most of our patients were people that were reported by either the support group or family and community members. The advantage of this programme is that no referral letter was needed, there was no screening done. In this way we were able to reach even those people who had lost hope, people who had been neglected and left to die. Some people would say they never went for medical care because they were told that they were dying and so they were waiting for their death. There are quite a number of people who were discovered in this way and are today on their feet and have joined the support group. In most cases carers

had to take food to these homes because there was nothing to eat and the sick person could not take tablets on an empty stomach.

One problem we had with this programme was that our people had no understanding of the concept of volunteering. Another problem was that this was a much-needed service in the community and we felt we were lacking somehow. The programme had to be more structured. At the end of 2002 we received a donation specifically for home-based care. This gave us a chance to structure our programme well. St Luke's Hospice, specializing in palliative care, was approached to work with us taking care of our patients at home. A partnership was formed. We now have the JL Zwane/ St Luke's Hospice situated in the church premises. A social worker and two professional nurses run it. The voluntary workers doing home-based care have been given more training and are now employed, working at the hospice. The church is providing salaries and St Luke's is doing all the administrative duties.

This is a much-needed service in our community considering the number of people living with HIV/AIDS. In our area out of every five people one is HIV positive.

Our strength should be in the prevention strategies, trying to combat the spread of HIV but until then home-based care is very important.

## **5.2 PREVENTION**

Investing in HIV prevention strategies could not be stressed more. It is the only way that will take away the pain and suffering that is brought about by HIV. There are underlying socio-economic factors that leave people vulnerable to infection and these needs to be considered. It is important to note that communities are all different and that a strategy that will work in one community might not work in another community. Most of the strategies though should actually empower women, as it is clear that they are more vulnerable to HIV infection. The JL Zwane prevention strategy touches on training and education, community and church mobilization and access to condoms.

### **5.2.1 TRAINING AND EDUCATION**

From the analysis conducted at the beginning of the programme it was clear that people needed information about HIV/AIDS. Very few people knew about it. It is said that people tend to make better choices when they know what HIV/AIDS is, what causes it and how does one avoid getting it.

Taking this into consideration a training programme was started. As many people as possible had to know about HIV/AIDS if we were to combat its spread.

Different local denominations and community structures were invited to send people who were interested in doing the training. National Language Project, an organization providing training on HIV/AIDS, conducted the training. The training lasted for four weeks plus two weeks of practical work, which was done at the local hospitals. About 90 people were trained. The main aim for this was to train them so that they would go back to their churches and communities and start educating people about HIV/AIDS. The good thing is that this actually brought employment to many who were not employed.

Having realized that the roles have been reversed, another target group was identified. It is the young people that are sick and the mothers and in most cases grandparents who are taking care of them. The grand parents were targeted for training also. Usually they do not have a clue as to what to do. Another training was then started. The teachers who had received training conducted this training. These are the teachers who are doing the after school training which starts at 15h00 and so are free in the morning. Five groups were trained and the total was 60 people altogether. These people were trained and also referred to the support group for continuous updates on the current situation.

This really helped because it turned out that in most of the streets there was at least a person that has been trained. It became easy for us to contact them if there was someone who needed help in their area but come back to us if they encounter problems.

Nothing was charged for the training, as we were getting funding from the international community. The most important thing at that time was for everyone to be aware of HIV/AIDS and take responsibility to fight its spread.

Continuous education was also done with all the women, youth, young men, and girls' organizations in the congregation. A fifteen-minute slot during Sunday morning service was allocated for HIV/AIDS education. During this time people would talk about their experiences, tell their stories. This actually gave a face to the pandemic, broke the silence and brought the reality closer to us. To many it was more of a joke, as they would say I have never seen a person living with HIV but after a talk like this and seeing the person they would begin to realize that it is true. One woman told a story of how her relatives, having realized that she was living with HIV moved her out of the house to a room at the backyard with all her belongings. On Sundays as they all had to go to church they would lock her there and go for the Sunday worship without even checking on her. They left her there to die until a neighbor who took her to hospital discovered her. This shows how Christians could contradict themselves, saying something and doing something totally different. Also during this time general information on HIV would be provided, For an example telling people about the services that are available in the community and how to access them.

### **5.2.2 COMMUNITY AND CHURCH MOBILISATION**

Denial by almost everyone has greatly contributed to the spread of the epidemic and so it was clear that it would take everybody's participation to combat the spread of the virus. This is why we felt that it was important to mobilize the churches and the community.

The training programme above, as much as it is part of prevention it is also part of community mobilization. Only the congregation members could have been trained but that would not have served the purpose because it would have been only the members who would know about HIV/AIDS and the rest of the community would be lost. Members of the church are from the community. A programme that targets a certain section of the community is never effective one need to include the whole community.

To mobilize the churches special services are arranged where different denominations would be asked to be involved in the preparations and the actual service. These are usually on a Sunday afternoon so that the Sunday morning worship is not disturbed. The church leaders are contacted for this.

My belief is that if the church leader does not see the HIV/AIDS ministry as important it will be very difficult for the members to respond and do anything regarding HIV/AIDS. Church leaders forget that one of the qualities of a good leader is to be able to admit that I do not know and then seek advice or let people who have the knowledge work.

HIV/AIDS is something new it came to our knowledge in the early eighties and so we all had to get any information we could lay our hands on. Even today we continue doing that because there are new developments everyday. In our churches there are people who know a lot about HIV/AIDS and it is these people who should be given the opportunity to respond to HIV issues but still the Minister should give his or her approval.

Honoring special days like the Candle Light Memorial Day and World Aids Day together with other churches is another way of mobilizing the churches. In these services people are invited to share their stories again. This does not only give a face to the epidemic but the message given by the person sharing makes people listening that HIV/AIDS is a reality. Many people would come up and disclose not just to be known but also to make a statement. People do not just disclose their HIV positive status just to be known they do it in order to educate others. People disclosing their HIV positive status is then referred to the support group if at all they do not belong to any support group.

This has not been easy and a lot still has to be done.

### **5.2.3 ACCESS TO CONDOMS**

Many churches when talking about HIV/AIDS their discussions start and stop with the issue of condoms. This has caused a lot of debates. They argue whether churches should talk about condoms or not and they do not go deep into the issues that affect everyone and try and find a solution.

The issue of condoms is all about choices. These choices are the same as the choices we read about in the BIBLE. Jesus gave people choices. In His ministry Jesus helped people understand the facts, he did not decide for them but he let them make their own choices.

We make the condoms available after explaining all the information that people need to know about them and let them make their own choices. We are also aware of the consequences of not making them available as some of the stories shared would reveal.

### **5.3 NUTRITION**

Nutrition is one of the most important aspects of the response. The most important thing with HIV/AIDS is to boost and strengthen the immune system so that it is not easy to get the opportunistic infections. This is unfortunately not possible in most cases because of the unemployment rate, which is about 60% in our communities. The body needs balanced and nutritional meals.

This is one concern that was raised by people living with HIV/AIDS. Some of the tablets they are taking need to be taken after a meal and this is not possible with many of them. Some end up not taking the treatment. The benefits of the treatment are obvious. We have had people who were bed ridden and had lost hope of ever getting up again but after taking treatment i.e. anti retroviral drugs they are up and about and nobody can believe that they are actually the same people.

With this in mind we shared our story with a number of people asking for help. Open Arms, which is an organization that is providing meals in the USA, came to our rescue. With their help we are able to provide a cooked meal every day of the week to people living with HIV/AIDS. The idea behind this is to make sure that at least once a day a person has a balanced meal after which they can take their treatment. An unemployed woman with three children shared a story that every evening she would make fire and put a pot of water knowing very well that there is nothing to put in that water. This was just a way of giving hope to the hungry children knowing that they would cry themselves to sleep while the water is boiling. It is so said that this is just like a vicious cycle because it is still the previously disadvantaged people that are still bearing the brunt of HIV/AIDS. Some people are dying at home simply because they do not have food to give them strength and energy. Food plays a very important role and its importance cannot be stressed more.

There is also an emergency food programme that is provided by Spar. This programme provides them with groceries to take home. Unfortunately not all the members are included in this programme. Only fifty are benefiting from this one and the reason is that the amount donated monthly cannot be sufficient for all the eighty members of the support group. They were given a chance to draw up a list of all the items that they would like to be included in the parcels. What is great about this is that it is all the items they really need and are going to use rather than giving people things they actually do not need.

## **6. CHALLENGES**

The programme has been running for years and during these years we have identified many challenges.

- Stigma and discrimination still prevail in the society. In spite of all the efforts this has not gotten any better. This was brought about by the way HIV/AIDS was first introduced. In the churches it was made worse by the fact that HIV was and still seen as a punishment from God for the sins committed. Churches need to do away with this theory and give the correct information. Talking about HIV more often would also help a bit so that people get used to the fact that this is something that is here with us. Sometimes people would not even go for help or treatment because of the fear of being found out that they are living with HIV.
- The number of people testing HIV positive in spite of all the prevention measures is growing up. This is a cause for concern as this means there is something that we are still missing. There are many issues that should be dealt with in the quest to fight HIV like poverty, the conditions under which people are living, the vulnerability of the women in our communities and behavioral change. If issues like these and many others are ignored, the efforts to combat the spread of HIV will never be successful.
- Setting up poverty alleviation programmes and sustaining them has proven very difficult. Having a market for the products seems to work because in that way they have a guarantee that the goods will be sold. In many cases they

end up with staff that cannot be sold. One needs to check what is most needed at that particular time and in that specific community.

- There is a growing number of children that are left behind without parents. It has become very difficult for the relatives to take in children because they have no way of taking care of them. One more child means an extra mouth to feed. Church members need to be encouraged to take in children and they be supported. Two families in the congregation have taken children and are looking after them. This is a better way than taking children away from their familiar surroundings and placing them in an institution, adding to the emotional trauma they are already experiencing.
- Programmes such as the JLZwane programme sometimes will not grow because there is no full time staff running the programme. Most of the time money will be given for the programmes but there would not be money given specifically for staff salaries. A lot could be achieved if donors would give more thought in this regard because giving money for the programme does not guarantee that the programme will succeed if there is no one to run the programme.