TANGAZA COLLEGE

DUQUESNE UNIVERSITY (USA)

Masters in Pastoral Ministry

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THE CONTRIBUTION OF PASTORAL MINISTRY IN A HIV/AIDS ENVIRONMENT: WITH SPECIAL REFERENCE TO MUKURU SLUMS, NAIROBI – KENYA.

Moderator

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A Thesis Submitted in Partial Fulfillment of the Requirements for the Masters in Pastoral Ministry.

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DEDICATION

To:

Those who are infected and affected by HIV/AIDS, and to those who dedicate themselves to their service. To all people of Mukuru Slums-Nairobi, for your love, support and patience with me during my practicum.

I dedicate this work!

EPIGRAPH

“The problem of AIDS calls for a medical and pharmaceutical response. However, this is not enough as the problem goes deeper to ethical issues. It requires change of behavior, for example; sexual abstinence, rejection of sexual promiscuity, fidelity within marriage, leading to integral development which demands a global approach and response from the Church. For if it is to be effective, the prevention of AIDS must be based on sex education that is itself grounded in an anthropology anchored in the natural law and enlightened by the Word of God and the Church's teaching.” (Pope Benedict XVI)

ACKNOWLEDGEMENTS

This work is a result of my pastoral experience among the HIV/AIDS infected and affected people of Mukuru slums - Nairobi, Kenya. I worked with them for two months (June – July 2011). I thought of writing this MA thesis as my contribution to the theological reflection about the pastoral approach to the issue of HIV/AIDS. I acknowledge gratefully the permanent presence of God, the strength and source of all inspiration in the Mukuru slum culture that I witnessed throughout my practicum.

My sincere thanks go to the Society of the Missionaries of Africa that made it possible for me to do this research. I cordially appreciate Fr. Aloysius Ssekamatte, M.AFR., who challenged me in different ways on the issues regarding this thesis thus enabling me to conclude it.

My warm gratitude to Mr. Paul Barasa Wangila, a lecturer at Tangaza College, for guiding me in writing this thesis. I appreciate his constructive challenges and suggestions. His experience, theological quest and advice have been of great help to me.

I acknowledge the great friendship and sustained support from the staff of Lea Toto Program (LTP), the PLWHA, my field supervisor Fr. Innocent Maganya, and all the pastoral agents in Mukuru slums that enabled me to accomplish this research. They sacrificed their time and helped me to find resource persons, materials and to organise discussions with the PLWHA and their care-givers.

My heartfelt thanks go to all those who have been instrumental in completing this work, those whose names are mentioned above and others who remain anonymous. Your love and concern have led me through this work.

THANK YOU AND GOD BLESS YOU ALL!!!

STUDENT'S DECLARATION

I, the undersigned, hereby declare that this Thesis is an original work achieved through practicum experience, personal reading, scientific research and critical reflection. It is submitted in partial fulfilment of the requirements for the Masters in Pastoral Ministry (MPM). It has never been submitted to any university or college or other higher institution of learning for academic credit. All information from other sources has been duly acknowledged.

Signature:.....

Student's name: Kawama Virgilius, M.AFR.

Date:.....

This Thesis has been submitted for examination with my approval as the university supervisor.

Signature:.....

University moderator: Mr. Paul W. Barasa

Date:.....

It has been accepted by the Director of Masters in Pastoral Ministry (MPM), Tangaza College.

Signature:.....

Name: Rev. Dr. George Kocholickal, S.D.B.

Date:.....

ABBREVIATIONS/ACRONYMS

ABC: Abstain, Be faithful, Condom
AFER: African Ecclesial Review
AIDS: Acquired Immune Deficiency Syndrome
AMECEA: Association of Member Episcopal Conferences in Eastern Africa
APHIA PLUS: Aids Population Health Integration Assistance, People Local Leadership Universal Access Sustainability
ARV: Anti-retroviral
ART: Anti Retroviral Therapy
CBO: Community Based Organization
CCC: Comprehensive Care Clinic
CD: Counselling Department
CHC: Community Based Counselors
CHW: Community Health Workers
COGRI: Children Of God Relief Institute
CWW: Concern World Wide
EFL: Education for Life
FBO: Faith Based Organization
HBC: Home Based Care
HIV: Human Immuno Virus
IDP: Internally Displaced Person
KAIS: Kenya AIDS Indicator Survey
KDHS: Kenya Demographic and Health Survey
KEC: Kenya Episcopal Conference
KNASP: Kenya National AIDS Strategic Plan
KNBTS: Kenya National Blood Transfusion Services
LTP: Lea Toto Program
MCH: Maternal and Child Health
MDT: Multi-Disciplinary Team
NACC: National AIDS Control Council
NAOROBITS: These are the implementing partners of the computer program sponsored by Terre Des Hommes at Ruben Centre.
NGO: Non Governmental Organization
OI: Opportunistic Infection
OVC: Orphans and Vulnerable Children
PLWHA: People Living With HIV and AIDS
PMTCT: Prevention of Mother to Child Transmission
RCD: Ruben Community Development
RMC: Ruben Medical Clinic
RPS: Ruben Primary School
SECAM: Symposium of Episcopal Conferences of Africa and Madagascar
SGH: Self Help Groups

SOP: Standard Operating Procedures
SWs: Social Workers
STIs: Sexually Transmitted Infections
TB: Tuberculosis
TERRE DES HOMMES: Netherlands based NGO that funds different projects in the Ruben Centre. It funds the Micro Finance Project, Computer Centre and twenty teachers in the Education Department, some Social work programs.
USAID: United States Agency For International Development
VCT: Voluntary Counselling and Testing
VTP: Vocation Training Program
WCC: World Council of Churches
WFP: World Food Program
YPE: Youth Peer Educators

DOCUMENTS OF THE CHURCH

AFER: *African Ecclesial Review*
AJAN: *African Jesuit AIDS Network*
AM: *Africae Munus*
CCC: *Catechism of the Catholic Church*
CIV: *Caritas in Veritate*
CL: *Christifideles Laici*
CSD: *Catholic Social Doctrine*
CSE: *Catholic Social Ethics*
CST: *Catholic Social Teachings*
CSDC: *Compendium of the Social Doctrine of the Church*
DM: *Dives in Misericordia*
EN: *Evangelii Nuntiandi*
EV: *Evangelium Vitae*
FC: *Familiaris Consortio*
GS: *Gaudium et Spes*
LG: *Lumen Gentium*
MM: *Mater et Magistra*
PDV: *Pastores Dabo Vobis*
RH: *Redemptoris Hominis*
RM: *Redemptoris Missio*
SD: *Salvifici Doloris*
SRS: *Sollicitudo Rei Socialis*
SS: *Spe Salvi*
VS: *Veritatis Splendor*

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GENERAL INTRODUCTION

The 15th Association of Member Episcopal Conferences in Eastern Africa (AMECEA)[1] Plenary session admitted that HIV/AIDS is indeed a challenge to the Church and society in Africa and that solutions to this pandemic must come from within Africa itself. The Church in the region is challenged further to accept and care for its HIV/AIDS infected clergy, religious men and women and the laity, and be on the forefront in condemning any kind of stigmatization of the infected persons. The AMECEA bishops exhorted the people in the region and Africa as a whole to embrace behavioral change, uphold faithfulness in marriage, and for those who are not yet married, to abstain from casual sex and be Christ Centred.[2]

The love and respect for the weak, the poor, and the sick caused the researcher (pastoral minister)[3] of this work to take the situation of the people living with HIV/AIDS[4] (PLWHA) in Kenya as a focus of his spiritual, pastoral and theological reflection. According

[1] AMECEA consists of nine countries: Sudan, Eritrea, Ethiopia, Malawi, Tanzania, Zambia, Kenya, Uganda and South Sudan.

[2] Cf. J. C. NABUSHAWO, "Editorial", in *AFER (Special Issue); AMECEA 15TH PLENARY: Responding to the Challenges of HIV/AIDS within the AMECEA Region, 242*.

[3] 'Researcher and Pastoral Minister' are used interchangeably to refer to the person who did the study of HIV/AIDS carefully in order to discover new facts and information about it.

[4] HIV is the virus that causes AIDS. AIDS is a fatal disease marked by severe loss of resistance to infection.

to the researcher, the pandemic calls for a pastoral approach that grows out of the reality between what is believed and what is done, theology and ministry, faith and life. This thesis aims at helping the reader to discover "*The contribution of pastoral ministry in a HIV/AIDS environment*" and how it may be improved for its effectiveness. The thesis is going to deal with the problem of HIV/AIDS, basing on the researcher's practicum done with Lea Toto Program (LTP)[5] in Mukuru[6] Slums, covering more than 186 contact hours between June and July 2011.

The thesis is divided into five chapters. The first chapter is concerned with the Insertion experience that will reveal the researcher's experience while working in Mukuru slums with HIV/AIDS infected and affected people and how the epidemic affects the social, economic, religious, cultural and political aspects of the slums. It will also include the information gathered during the practicum.

Literature review forms the second chapter, with special attention on the socio-cultural and pastoral analysis. It will help the researcher to reflect on the roles played by pastoral agents like Church leaders, Christians, believers of other faiths and all people of good-will. It will also promote additional reflection on the new orientations of care, prevention and advocacy while strengthening the existing ones. This chapter is mainly based on the researcher's personal reading about the pandemic and related issues.

The third chapter is the Theological reflection that will help the researcher to grow in the life of the Spirit, to affirm the presence of God and Jesus Christ in the lives of HIV/AIDS-

[5] Lea Toto Program (LTP): Is a Nyumbani Community Outreach Program that seeks to improve the quality of life of the HIV infected and affected people in Mukuru slums through provision of a package of comprehensive care. Lea Toto means 'Raising a child'.

[6] Mukuru means a damping site in Kiswahili.

positive people, and to discover the roots of the Church's pastoral care for the sick. It is based on the practicum experience, biblical, theological positions, and other Church resources. The Theological reflection will also help the reader to explore thoughts, feelings, and general behaviour of HIV/AIDS people to reach a better understanding of their life and their relations to others and God.

Pastoral planning for action is the focus of the fourth chapter. It is an attempt to concretely formulate a ministerial program which proposes specific solutions to both the pastoral agents and clients. It will take into account the physical, psychological and spiritual dimensions to suggest to the clients how to cope more effectively with the disease. The pastoral plan will offer alternative ways that provide the infected and affected people with love and hope, compassion and healing of Christ. It is a search for a new pastoral response which takes into consideration people's experiences of life and the dangers posed by HIV/AIDS.

The fifth and final chapter summarizes the main findings and recommendations that make clear the importance of having objectives that guide the pastoral minister in the ministry of HIV/AIDS. It shows how people are to face life-threatening problems from a Christian perspective. It will provide recommendations that could help society to face the suffering and difficulties brought about by HIV/AIDS in a meaningful way.

1.0. CHAPTER ONE: INTRODUCTION AND INSERTION EXPERIENCE

1.1 THE BACKGROUND TO THE STUDY

This chapter is a critical reflection on the researcher's practical experience in Mukuru slums-Nairobi. This practicum was done at the Lea Toto Program (LTP). The insertion period taught him that the Human Immunodeficiency Virus (HIV) and the Acquired Immune Deficiency Syndrome (AIDS) continue causing a lot of pain and suffering to humanity. In this chapter, the researcher will focus on the following points: the insertion experience, the socio-cultural analysis, the pastoral concern, the statement of the problem, the objectives, the significance, the scope, and the practicum method. He will also look at the contribution of the pastoral agents to the fight against this pandemic in these informal settlements.

1.1.1 The insertion experience

The insertion experience helped the pastoral minister to locate the "pastoral responses available in the lived experience of individuals and communities, what people were feeling, undergoing, and how they were responding in their ordinary life."[7] The minister's insertion started with a phone call to Brother Wycliff Mulwa, a Christian Brother, working at Ruben

[7] J. HOLLAND – P. HENRIOT, *Social Analysis: Linking Faith and Justice*, 8.

Centre in Mukuru slums. He called him to find out if he knew some organizations where he could do his practicum. Brother Mulwa recommended Lea Toto Program (LTP) and AIDS Population Health Integration Assistance, People Local Leadership Universal Access Sustainability (APHIA PLUS).[8] The researcher felt more at ease with Lea Toto and so he asked Brother Mulwa to put him in touch with a staff member. The researcher managed to get Diana Irungu, a Data Officer, who made arrangements for him to meet Ann Wachira the Chief Administrator (CA) on the next day.

The researcher met Ann Wachira and explained the purpose of his visit. She immediately asked him to send an application letter, together with other necessary documents, including a letter from his College lecturer. The researcher got the letter from Fr. George Kocholikal, the Director of the Masters in Pastoral Ministry Program (MPM), and delivered it to Lea Toto Program Headquarter in Kangemi. Later, the documents were submitted to the LTP headquarters and the researcher was interviewed. It was proposed that he be assigned to the Counselling Department (CD) but his interest was more in the Social Workers' (SWs) office. Being a social worker would allow him time to move round in the field and meet more HIV/AIDS positive people than sitting in the counselling office the whole day. The wish of LTP administration to place him in the Counselling Department was partly influenced by the certificate he has in Psychological Counselling and partly because there was only one counsellor in the center at that time. Finally it was agreed that he would be involved in both duties (Counselling and Social Work), depending on the needs of the centre. He signed a contract with Lea Toto Program for the period from June to July 2011.[9]

[8] APHIA PLUS: Sponsor the Comprehensive Care Clinic (CCC) for all adults with HIV.
[9] Cf. V. KAWAMA, Journal on the Insertion Experience of the researcher, 11.

The researcher officially reported for work in Mukuru slums on the 6th June 2011. He observed that LTP uses the Home Based Care (HBC) model. Its goal is to improve the quality of life of the HIV/AIDS infected and affected people in the slums through provision of a package of comprehensive care. This package usually includes basic medical and nursing care, counselling and psychological support, relief for social needs through self-help groups, HIV transmission prevention education, and the promotion of community empowerment or ownership. Experience has shown that HBC and counselling enable sick people to live more positively and to save money that would otherwise be spent on hospital care.[10]

Ann Wachira introduced the researcher informally to the other members of staff on 6th June and officially on the 7th June during the Multi–Disciplinary Team (MDT) meeting. The members were very welcoming. The researcher explained the reason of being there. He also explained the Duquesne–Tangaza College Program in pastoral ministry. They thought themselves blessed for having been chosen instead of other centres and assured him of their support to achieve his goal.[11] Ann Wachira, assigned Vincent Okoth and Carol Nyamai to work with the researcher. They were asked to make his daily program, and to facilitate contacts with Faith Based Organizations (FBOs), Government and Non-Governmental Organizations (NGOs) in Mukuru slums.[12]

The pastoral minister on research read the Children of God Relief Institute (COGRI) file which contains the Standard Operation Procedures (SOP) for all staff members of Lea Toto Program. What was expected of him was clearly explained in this file. He was

[10] Cf. LEAFLET: Nyumbani Children Of God Relief Institute (COGRI), 1.
[11] Cf. V. KAWAMA, Journal on the Insertion Experience of the researcher, 11.
[12] Cf. V. KAWAMA, Journal on the Insertion Experience of the researcher, 12.

introduced to all visitors and clients as a new staff member.[13] During his daily field work, he was helped by one of the three social workers (SWs) who knew the job very well and the risks involved. The SWs also could answer his questions in a more practical way than the Community Health Workers (CHWs) or the caregivers. In most cases time was determined by the clients' needs and the number of clients visited. In terms of social welfare, each of the patients was visited weekly by the SWs and more than twice a week by the CHWs who are independently employed by the LTP. The role of the SWs was to check if the sick persons were attending the clinic, see to it that the caregivers were all well, make assessments, provide free education, uniforms, transport and any extra medical expenses. As they worked closely with the counselor, the disclosure of the HIV/AIDS status of the person concerned was also one of their responsibilities. Disclosing one's status happens over a period of several sessions attended by both the sick and the caregiver.[14]

The pastoral minister's field supervisor, Fr. Innocent Maganya[15] and the moderator Mr. Paul Wangila[16] were both very committed. They visited him at the practicum site and accompanied him in his daily endeavors. Fr. Innocent gave him some work to do and books to read bearing in mind his sharing about the challenges in his pastoral ministry with the HIV/AIDS-positive people and their families. 'It was a challenging and an enriching experience', said the researcher. The assignment was an opportunity for him to reflect more deeply on the experience of the practicum period and to become more aware of what he was going through physically, psychologically and spiritually. It also helped him to reflect on the

[13] Cf. V. KAWAMA, Journal on the Insertion Experience of the researcher, 12.
[14] Cf. V. KAWAMA, Journal on the Insertion Experience of the researcher, 12.
[15] Fr INNOCENT MAGANYA is a Missionaries of Africa (White Fathers) priest, teaching in the Mission Department at Tangaza College and very much involved in slum apostolate.
[16] MR PAUL WANGILA is a Lecturer in the Pastoral Department at Tangaza College, especially in Counselling and HIV/AIDS related courses.

extent to which he was contributing to the salvation of people in Mukuru slums. Nevertheless, the pastoral minister felt the need for transformation within himself, to look at life situations with the eyes of faith and to deepen his theological understanding of the meaning of human suffering and how it affects him concretely as a pastoral minister. He found the Word of God a source of energy and power for him to keep moving on regardless of the discouraging events he encountered in this mission of Christ.[17]

As the average income of the families in Mukuru Slums is between Kenyan shillings 1, 000 and 1, 500 ($10) a month, they are unable to pay for the HIV/AIDS treatment. Hence, LTP works in partnership with the World Food Program (WFP) which provides over 200 children and their entire families with a monthly supply of maize, rice, beans, porridge and vegetable oil. Malnutrition is one of the major concerns which the program deals with. LTP educates families to be self-reliant and encourages them to create their own income by joining one of the self-help support groups which are run by the program so that they can acquire a skill which can create revenue and avoid the dependency syndrome. The LTP complex has many programs running and works with many organizations.[18] The researcher actively participated in most of these programs as presented below:

a) Lea Toto Program (LTP): It was in the initial vision of Fr. Angelo D'Agostino of the Society of Jesus (SJ) to extend Nyumbani's care of HIV/AIDS-positive children to the wider community. The program started as a mobile outreach initiative in an effort to reach out to HIV/AIDS-positive children living in families within the poor communities of Nairobi. In September 1999, Lea Toto became a fully-fledged Community (Home-Based Care) Program mainly focusing on Kangemi. Today the program operates in six informal settlement

[17] Cf. V. KAWAMA, Journal on the Insertion Experience of the researcher, 42.
[18] Cf. V. KAWAMA, Journal on the Insertion Experience of the researcher, 32.

catchment areas of Kangemi, Kawangware, Kibera, Mukuru, Dandora and Kariobangi.[19] The Lea Toto project aims at mitigating the impact of HIV/AIDS and decreasing the risk of HIV/AIDS transmission by facilitating the implementation of a comprehensive HBC package. The program's interventions include medical care, nutritional support and counseling, social support, organizational capacity building, community capacity building and prevention of the spread of HIV/AIDS, capacity building for staff, caregivers and CHWs.[20]

The main program activities include counselling and testing, care and support to OVC and PLWHA, providing comprehensive care and ART. The pastoral minister on research actively participated in most of these activities during his attachment. He also contributed positively to the running of the following departments: social work, nutrition, micro-credit, general issues, clinical, counseling and testing, pharmacy, nursing, data, monitoring and evaluation. He admired the courage and spirit of Lea Toto Staff who knowingly or unknowingly share in the ministry of Christ by bringing consolation and comfort to the dying. This lived experience contributed positively to the researcher's integral development. According to him, he can sincerely and confidently declare that spiritually, intellectually, humanly, and pastorally, he learnt a lot from the field work, books, articles, internet, field supervisor, moderator, and Lea Toto staff.[21]

b) Ruben Community Development (RCD): It is a charitable enterprise managed by the Christian Brothers, a Catholic congregation founded in 1802 in Waterford Ireland. RCD has at its heart a team of SWs dedicated to working with Mukuru residents to alleviate poverty and overcome injustices. The team is committed to empowering families to tackle life

[19] Cf. LEAFLET: Nyumbani Children Of God Relief Institute (COGRI), 2.
[20] Cf. LEAFLET: Nyumbani Children Of God Relief Institute (COGRI), 2.
[21] Cf. V. KAWAMA, Journal on the Insertion Experience of the researcher, 10.

challenges through capacity building and works in partnership with other organizations.[22] The activities of the RCD include a school program that offers support to the teaching staff. It sponsors bright students for secondary education. It offers sponsorship to some students in the vocational program by providing them with training equipment and school fees. It also supports the clients medically by providing medicine. Those who need special medical attention are taken care of by *Terre Des Hommes*[23]. RCD has strategies for strengthening the relationship that exists between the Centre and the local community, which include: Quarterly Meetings with parents of the school children; regular information sessions with outpatients at the clinic as they gather for services; inviting the local chief and other community leaders to functions and meetings to address specific concerns; organizing regular sharing of information with the police; inviting the community to use facilities at the centre as appropriate; and inviting parents and families to be present for some special celebrations at the school.[24]

The pastoral minister actively participated in the feeding program for malnourished children under the age of five. RCD had 68 severely malnourished children. There was a decrease in number from the previous year which had 80 severely malnourished children. So far their parents have been trained in soap making and are able to make and sell soap in order to be able to meet other house needs. RCD staff were confident that even when the malnourished children exit from the program they could continue to be well in life. On

[22] Cf. LEAFLET: Ruben Centre for Healthcare, Education and Community Development, 3.

[23] TERRE DES HOMMES: Netherlands based NGO that funds different projects in the Ruben Centre. It funds the Micro finance project, Computer Centre and twenty teachers in the Education Department, and some Social work programs.

[24] Cf. V. KAWAMA, Journal on the Insertion Experience of the researcher, 30.

Thursdays with the nutritionist and the CHWs, the researcher conducted home visits and door to door nutrition campaign looking for patients with social issues.[25]

c) Community Health Workers (CHWs): The CHWs make the link between the Ruben Centre and the Mukuru slums community. They are 25 in number, 4 men and 21women. They raise awareness of tuberculosis (T.B.) from door to door, and move from house to house deworming and giving Vitamin A to children under five. They trace malnourished children whom they refer to the clinic. Those who are not responding to medication are referred to Mbagathi Hospital for further treatment. The CHWs also cook for the children and help with the distribution of water-guard to all the children and their parents. They strive for comprehensive care for those who are affected by HIV/AIDS which means, assistance in caring for family members, helping with housework, transporting of patients to and from hospitals, and care for orphans. The researcher helped in mobilizing the 300 Orphans and Vulnerable Children (OVC) for the children's forum which was sponsored by APHIA PLUS. This program provides trainers for the different age groups by categories. To those between 3-6 years they teach about sanitation and hygiene, those between 7-10 are taught about children's rights and responsibilities, and those between 11-17 learn about sexuality and HIV/AIDS. Parents are also trained on nutrition and immunization.[26]

d) Vocational Training Program (VTP): The classes started on 5th January 2010 with 27 students; 6 were doing tailoring while 21 were doing dressmaking. On Wednesday and Friday afternoons the students are offered basic computer classes. Depending on the researcher's availability on those two days, he interacted with the students during computer classes to give advice whenever the need arose. Most of the vocational students if they were

[25] Cf. V. KAWAMA, Journal on the Insertion Experience of the researcher, 33.
[26] Cf. V. KAWAMA, Journal on the Insertion Experience of the researcher, 21.

not supported to do the training they would all be married or the boys would have joined the illegal gangs in the slums. The VTP helps them to build team-work, develop leadership skills which they practice within the school as prefects and captains of various clubs. The computer centre is a new initiative funded by *Terre Des Hommes* and implemented by *Nairobits*[27]. The centre has 15 computers and one instructor who is responsible for its running. The dressmaking and tailoring programs have both a vocation training plan which is part of the Education Department and the production of uniforms and other clothes, part of which is closely linked to the Community Development Department.[28] Some students have started small businesses like green grocery, selling second hand clothes and ground-nuts. The staff encourages all students to start something that will help them to put into practice what they study. This is a learning experience for themselves and for others in the slums.[29]

e) Youth Peer Educators (YPEs): The YPEs had been so busy moving from one place to the other performing drama to create awareness on HIV/AIDS. During the month they performed in different slums like Kayaba , Fuata-Nyayo, Kwa-Ruben and Kwa-Njenga. They visited children's homes to do charity work, and camps of internally displaced people (IDP) to entertain and give them some donations. Peer education has been proved to be effective among school children, students and the slum population. Through drama, it gives lessons that help build one's life skills like assertiveness, responsibility, safe-behavior, self-hygiene, occupational skills, sexuality, and also coping skills. All these are also done for capacity building to enable people to be meaningfully involved in the response to HIV/AIDS. The researcher tried to prepare the YPEs especially for the African Child-Day which took place at

[27] NAIROBITS: These are the implementing partners of the computer program sponsored by *Terre Des Hommes.*

[28] Cf. LEAFLET: Ruben Centre for Healthcare, Education and Community Development, 4.

[29] Cf. V. KAWAMA, Journal on the Insertion Experience of the researcher, 29.

Mukuru Centre on the 16th June. He prepared two poems, two songs and four stories. They all talked about the facts of HIV/AIDS and the care needed by both the infected and affected children.

f) Ruben Primary School (RPS): RPS in partnership with the Christian Brothers, offers free quality education to all pupils. The mission of the school is to help pupils understand and accept themselves and promote equal education opportunities for all.[30] It offers education to more than 1, 560 pupils from Nursery to Class Eight. The students are from Mukuru slums. When they come to school they have a place to play and they get lunch which is the only meal that most of them have for the day. RPS has a Social Work office whose duty is to meet the needs of children who are HIV-positive. This department has become so involved in the life of these children that whenever they have a problem they come in freely and leave with hope. Sometimes the pastoral minister on research accompanied the SWs and helped them to counsel some of these children, visited their families to know the root cause of the problem and provided them with some clothing, food and guidance. Some children were referred to different pastoral agents like Ruben and LTP VCT counselors, scout club and to other school clubs for more help. Those that need government intervention are helped through the sub-chief and police.[31]

g) Ruben Medical Clinic (RMC): RMC is a Christian Health Care Facility delivering sustainable basic health services. It is appreciated by all those in need for its affordability, acceptability and professionalism. It is a Faith based health facility licensed by Kenya's Ministry of Health, in partnership with other non-governmental organizations (NGOs) and faith based organizations (FBOs), providing preventive, curative, and quality outpatients care

[30] Cf. LEAFLET: Ruben Centre for Healthcare, Education and Community Development, 3.
[31] Cf. V. KAWAMA, Journal on the Insertion Experience of the researcher, 30.

for all needing it.[32] RMC opened in 2003 and is staffed by two clinical officers, three nurses, a laboratory technician, a pharmacist and an HIV/AIDS counselor. The pastoral minister on practice networked with RMC especially when forwarding referral files for the people living with HIV/AIDS to their clinic to continue receiving nursing, social, psychological and material care.

Within the practicum period, the researcher was able to attend various activities carried out by different pastoral agents which gave him a general idea of the reality of the HIV/AIDS pandemic. The detailed introduction to the nature of work at Lea Toto Centre greatly helped the pastoral minister to enter into the practicum program. Apart from that, he dedicated enough time to extra reading of materials about HIV/AIDS. He met with different organizations operating within Mukuru slums to talk about what they do, their successes and failures. All these initiatives and concerns assisted the researcher to immerse himself into the HIV/AIDS environment. HIV/AIDS is still producing many orphans and vulnerable children, not to mention widows and single mothers.[33]

1.1.2 The socio-cultural analysis of Mukuru slums

a) Geographical and Historical Conditions: Mukuru slum is situated in the Eastern part of Nairobi, the capital city of Kenya. It is about 10 kilometers from the City centre and approximately 35 years old. It is among the fastest growing informal settlements with 21 villages. It has four sub-locations, namely; Lunga-Lunga, Kwa-Ruben, Kwa-Njenga and Kayaba.[34] Mukuru slum initially was an old quarry where most stones that built the factories

[32] Cf. LEAFLET: Ruben Centre for Healthcare, Education and Community Development, 2.
[33] Cf. V. KAWAMA, Journal on the Insertion Experience of the researcher, 48.
[34] Cf. V. KAWAMA, Journal on the Insertion Experience of the researcher, 27.

were excavated. Huge gigantic holes were exposed that became death traps to children and laborers working in the neighboring factories, and a breeding ground for mosquitoes during the rainy seasons. The City Council condemned the land as unfit for any permanent construction and converted it into a damping site for garbage from the city. The gigantic holes were filled with garbage, and the poor people who were scavenging in the damp site started building houses made of wood and cardboards. Poverty led many people to join them and a slum finally came into existence and was named 'Mukuru'. The houses later graduated from wood and cardboards to wood and tins which are commonly called corrugated iron sheets.[35]

As in many developing countries, the gap between the rich (Estate people) and the poor (Slum dwellers) is great and very visible. Those living in Nairobi City centre are highly exposed to a modern way of life with luxurious shops, cinemas, restaurants, and hotels. Most of the factories, industries, offices, medical facilities and government services are in the city centre. Nairobi as the capital city attracts investment, money and people. But it also contributes to poverty, diseases, slums and ghettos. This is the reality the researcher found in Mukuru slums in Nairobi city. This is because, as the city grows richer, the poorest parts of Nairobi get poorer. In Mukuru slums there is neither Government Hospital nor Clinic. Charitable organizations and churches are the ones providing health services. For example, the Christian Brothers have Ruben Modern Medical Clinic which is busy from 8:00am to 17:00pm serving the people of the slums and beyond. Also the Medical Missionaries of Mary (MMM) sisters have a clinic in Mukuru-Kwa-Njenga. Transportation and communication systems are very poor. There is scarcity of running water, no or illegally connected electricity

[35] Cf. covenantfoundation-kenya.org/about-mukuru.html, 02-02-2012.

in many households and schools, poor drainage and sanitation systems as unprotected drainage routes are used as toilets and remain exposed to all sorts of waste.[36]

b) Demographical Description: Mukuru slums have a population of about 70,000.[37] This is high because an "estimated 60 per cent of Nairobi's official population of 3.1 million people live in slums."[38] The life expectancy is 40 years. The growth rate of the slum is over 2.5 per cent per annum, one of the highest in Kenya. The educational system has deteriorated along with the economy as compared to the time the country's economy was good. As funds dry up, the commitment of the teachers and the parents is affected. The actual number of children in schools has declined. As a result of that, about half of the inhabitants are illiterate. About 65 percent of Mukuru residents are children or young adults below 30 years of age. The majority stay in corrugated metal shack structures constructed with iron sheets, boards, sticks and mud. Each household usually accommodates 6 to 10 people. Mukuru is ethnically diverse, with some areas strictly occupied by particular tribes, the main ones being the Kambas, Kikuyus and Luos. Most of the families are headed by single-mothers. The majority of Mukuru inhabitants are faced with challenges such as the HIV/AIDS pandemic, abject poverty, child prostitution, drug abuse, unemployment and child labor.[39] Despite these challenges, the high standard of living and the economic and infrastructural advantages of urban life attract the youth into the city of Nairobi in search of work. Unfortunately, the factories, offices and shops are unable to offer jobs to all of them, so problems of unemployment degenerate into more poverty, illness and crime.

[36] Cf. V. KAWAMA, Journal on the Insertion Experience of the researcher, 29.
[37] Cf. covenantfoundation-kenya.org/about-mukuru.html, 02-02-2012.
[38] H. O. ACHOLA, *Koch Life: Community Sports in the Slum*, 13.
[39] Cf. V. KAWAMA, Journal on the Insertion Experience of the researcher, 28.

c) Social and Cultural Conditions: A network of factors contribute to the life challenges of Mukuru dwellers. Chronic illnesses are a great setback to the family's economic stability. The most common diseases include malaria, typhoid, dysentery, tuberculosis, and parasitic infections, yaws, and pneumonia due to congestion, and exposure to the cold. There is also a high frequency of heart diseases, hypertension and complaints of sleeping sickness, yellow fever, hepatitis and meningitis. Nevertheless, the scourge of HIV/AIDS is the biggest killer. Malnutrition is visible among the children. This is primarily related to the high cost of food in relation to the low family income. Many families struggle to make ends meet and in times of illness they are unable to access treatment. When parents or guardians are sick, the children drop out of school in order to care for their ailing parent or guardian and to search for food for themselves. The death of parents and guardians due to the HIV/AIDS pandemic has seen many families turn into child-headed homes overnight. Some children are reduced to the level of beggars left to the mercies of those who decide to respond in some way to their plight. In some cases children are on the streets where they try to survive through the sale of scrap metal, peanuts, clothing and toys. Some carry luggage for travelers for a small fee or work long hours pulling a hand-cart.[40]

d) Economic and Political Conditions: Due to "scarcity of employment opportunities in Nairobi, poor rural migrants often end up in slums."[41] Separation and desertion cases are quite common in Mukuru slums. As a result, single parents are forced to work extra hours to meet the daily needs of their families and so they have little time to be with their children. Due to lack of parental supervision, many children develop deviant behavior such as drug abuse. Some parents earn their living through the sale of illicit brew such as *chan'gaa* and

[40] Cf. V. KAWAMA, Journal on the Insertion Experience of the researcher, 28.
[41] H. O. ACHOLA, *Koch Life: Community Sports in the Slum*, 15.

busaa.[42] This is often regarded as a family business and children are involved in the trade right from its preparation to the selling. They sometimes become addicted to one or the other alcoholic drinks on sale. Many girls fall prey to sexual exploitation by the clients they serve. Early pregnancies, abortion and HIV/AIDS infections often result. *Chang'aa* affected boys tend to join gangs and take part in criminal activities.[43] Mukuru slum being ranked at the lowest strata of society has been excluded from the mainstream of "social development by the relevant local government, the Nairobi City Council and the central government. This neglect is evident in the absence of proper water and sanitation, physical infrastructure and provision of basic social services, like educational facilities, health and social amenities."[44]

e) Religious Conditions: Christianity, Islam, and African Traditional Religion (ATR) are being practiced by Mukuru people. These religious affiliations are mostly tribe based. Each religion has its own set of rituals, beliefs and practices regarding the spirit world, and the way of dealing with life problems. Because of this, people take their religion as a process of problem solving through relationships with spiritual entities. They define their primary identity in relation to where they are from.

1.1.3 The pastoral assessment

HIV/AIDS is a compound problem. This pandemic has created a situation in Mukuru slums that calls for an urgent reconstruction. The Government, the Church and other partners

[42] *chan'gaa* and *busaa* are common illegal local cereal liquor found in Mukuru slums.
[43] Cf. V. KAWAMA, Journal on the Insertion Experience of the researcher, 28.
[44] H. O. ACHOLA, *Koch Life: Community Sports in the Slum*, 17.

are all responsible for promoting the well-being of HIV/AIDS positive people. Evangelization and people's daily life situations must go together.[45]

a) Pastoral Activities in Existence: The pastoral minister on research experienced the dynamic nature of pastoral work and the significance of engaging community partners in the fight against HIV/AIDS. He was involved in pastoral activities that were already going on like community assessment, program planning and evaluation for development, the implementation of the outcome of problem evaluations and many others. His mission was effectively supported by psychology, social services, and education. They helped him to participate well in the following areas: child abuse, service to the population affected by HIV/AIDS, promotion and implementation of programs and actions of social assistance to those most exposed and vulnerable. His role was to provide pastoral accompaniment as most of the organizations were rather more oriented to social life than spiritual matters. He tried to modify and improve the conditions of the PLWHAs and their family to ensure their social and human development.[46]

The pastoral minister's practicum activities were based on reading, meetings, counseling, visitations, discussions, interactions, and daily communal and personal prayer. He introduced the habit of praying with the families and the PLWHAs during visitations and sessions, especially at the beginning and ending of every event taking place. He was involved in updating caseload for active clients, needs assessment, social support, child's rights, abuse cases, home and hospital visits, community mobilization, collaborative meetings and referrals to other organizations, self-help groups, CHWs meeting, nursing and palliative care, preventive education, caregivers' monthly meetings, VCT, life skills training, supportive

[45] Cf. V. KAWAMA, Journal on the Insertion Experience of the researcher, 45.
[46] Cf. V. KAWAMA, Journal on the Insertion Experience of the researcher, 46.

counselling, child counselling, disclosure meetings, staff counselling sessions, food support and nutrition counselling.[47]

b) Pastoral Deficiencies: Poverty is rife among the people of Mukuru slum such that most of the organizations concerned about the well-being of people prioritize the meeting of basic needs like food and housing, leaving aside spiritual nourishment. There are social, cultural and religious hindrances to responding more appropriately to the HIV/AIDS issue such as illiteracy, relocations, change of the caregivers, beliefs, stereotypes and misinformation about HIV/AIDS. These hindrances affected the effectiveness of the researcher's pastoral work. Primary caregivers find it very difficult to disclose the HIV/AIDS status to the young children. Some clients are inaccessible or disappear after the initial encounters. There is limited possibility of accessing treatment from more than one ART provider thus inconveniencing those changing locations.[48] Many more people are getting infected and re-infecting themselves. More generations are growing up with HIV/AIDS as part of their daily lives. These critical pastoral deficiencies need to be addressed properly if positive behavior change is something to dream of.[49] There is a need for a full time pastoral minister whose ministry is not limited only to social needs but to spiritual ones as well. The pastoral minister is to minister to the PLWHAs, their families and the staff at the centre helping with HIV issues.

According to the researcher, being a pastoral minister, a counselor, and a social worker at the same time is very demanding and challenging. The challenge was that his time for personal prayer was never constant as some pastoral needs arose unexpectedly and

[47] Cf. V. KAWAMA, Journal on the Insertion Experience of the researcher, 7.
[48] Cf. V. KAWAMA, Journal on the Insertion Experience of the researcher, 46.
[49] Cf. V. KAWAMA, Journal on the Insertion Experience of the researcher, 46.

disrupted his time table. A programmed exercise of spiritual activities was impossible. This was partly due to the intensity of the practicum. Space for silence was also hard to find as the slum world is noisy by its very nature. Nonetheless, the pastoral minister came to discover that prayer is every kind of communication with the Divine, and acknowledging God as the source from which all good flows. It is through his attachment to God that he acknowledged his weaknesses and strengths in his ministry. Knowing that he was limited before the hardships of life and thus in need of God's power was a great lesson. It was prayer life that boosted his morale, fostered enthusiasm for inner healing, and gave him hope to recover from the failures he faced in ministry and to search for solutions to the problems encountered.[50]

c) Possible New Pastoral Ministries: The possibilities are plentiful for vital new pastoral ministries which respond to people's needs. The researcher always asked himself, 'What would Jesus do if he were in Mukuru slums with HIV/AIDS people today?' According to him, Christ would have fought all the unjust structures that promote the spread of the disease and isolate those infected and affected from the rest of society members. The researcher stated that this is our challenge today as pastoral ministers. Pastoral agents must face the problem of ever-increasing poverty, the deterioration of educational and medical services, the lack of financial and emotional security and the corresponding rise in fundamentalism. Pastoral ministers are called to facilitate linkages between bodies of knowledge, communities and institutions engaged in people's well-being. Above all, the researcher was happy to see that some families were able to provide care, support and protection for the HIV/AIDS people. For him, these strong and capable families must be the foundation of any long-term response to HIV/AIDS. He however realized that the majority of

[50] Cf. V. KAWAMA, Journal on the Insertion Experience of the researcher, 47.

families in the heavily burdened areas like Mukuru slums face the challenge of their coping capacity due to the combined impact of HIV/AIDS and poverty.[51]

The researcher was aware that to achieve these possible new pastoral ministry strategies, there is a need to train competent pastoral ministers whose main concern would not be limited to social-cultural issues but also cover pastoral and spiritual accompaniment to help the PLWHA encounter God in their daily struggle. Cletus N. Chukwu writes that "The fight against HIV/AIDS and the stigma attached to it, has to underscore the need to involve pastoral counselling to both the infected and the affected victims of the scourge."[52] The pastoral agent approach should be different from the NGOs by providing pastoral counseling, praying with the sick and bereaved, burying the dead and bringing the sick more to the suffering Christ. The spiritual and pastoral guidance to the PLWHA, social workers, self-help groups, and primary caregivers (family) will make them feel that their situation does not only demand material nourishments but also spiritual ones. The pastoral approach should pay more attention to awareness programs, training, networking and collaboration to promote healing from fear, and overcome isolation. The place of God in all pastoral activities taking place should be felt by all beneficiaries by providing them with companionship, consolation, spiritual inspiration and knowledge. This is because "there are seemingly more psychological and spiritual matters to be addressed apart from attending to the health condition of the actual persons living with AIDS."[53]

[51] Cf. V. KAWAMA, Journal on the Insertion Experience of the researcher, 48.

[52] C.N. CHUKWU, "Bodily Life: A Philosophical Approach to HIV/AIDS", in *AFER; A Pastoral Approach to AIDS in Africa*, 67.

[53] C.N. CHUKWU, "Bodily Life: A Philosophical Approach to HIV/AIDS", in *AFER; A Pastoral Approach to AIDS in Africa*, 77.

1.2 THE PROBLEM STATEMENT

The researcher found out that in general there is still a lack of pastoral ministry to HIV/AIDS poor people living in Mukuru slums. The HIV/AIDS pandemic is the greatest humanitarian crisis of this time. HIV/AIDS continues clustering in families, killing adults and leaving their children orphaned and sick. For most people proper nutrition and access to healthcare remain beyond their reach rendering HIV infection an imminent death sentence. The suffering and death resulting from HIV/AIDS stand in contrast to God's intention of abundant life for all. This pandemic confronts the world with spiritual, physical, psychological, scientific, logistic and structural challenges. It also raises for Christ's Church a series of theological and moral challenges. Therefore, this thesis seeks to address the question *'What contribution could pastoral ministry make in a HIV/AIDS environment?'*

1.3 THE OBJECTIVES OF THE THESIS

The objectives of this thesis are the following:

1. To find out the impact of HIV/AIDS on the infected and the affected people.
2. To investigate the contribution of Pastoral Ministry in a HIV/AIDS environment.
3. To explore the new Pastoral Ministry strategies in relation to the HIV/AIDS pandemic.

1.4 THE SIGNIFICANCE OF THE THESIS

The results of this work are expected to be of great significance to the Pastoral Ministers, Pastoral and Mission theology students, researchers, NGOs, policy and decision

makers and the Government of Kenya. This study is expected to be a source of knowledge that will help people to face the HIV/AIDS reality, to handle practical cases and to share experiences with improved intellectual standard.

This thesis is also expected to help pastoral agents contemplate more deeply on what they are as ministers, get in touch with some deep aspects of their being and what guides whatever they do, say or decide for HIV/AIDS people. It will prepare them to take up duties in the world and to proclaim the good news of love and liberation through respect for human rights and dignity. It will enable them to be empathetic with themselves, grow in the way they face problems, and explore fully their being, inner conflicts, and potentialities. Pastoral agents will discover new ways of relating and responding to HIV/AIDS persons, and how to help them explore their thoughts, feelings and behaviours to reach a clearer self-understanding. They will be able to make appropriate decisions and take relevant actions.

This work will help the general society to be more assertive and reflective in handling HIV/AIDS issues. They will be more aware of their feelings. The feelings of sadness, anger, joy, worries, and anxieties expressed in this work will help them grow and be more integrated. Through this study, the beneficiaries (PLWHA) will understand more their relationship with God and how God, especially in the person of Jesus Christ is working in the lives of HIV/AIDS-positive people and the ministers. The beneficiaries will grow in interpersonal relationships rooted in the Church's pastoral care for the sick. They will be able to assist one another to rediscover their deepest Christian values and goals in response to God's initiative. They will explore thoughts, feelings, values and general behaviour to reach a better understanding of how to relate to oneself, to others, to the environment and to God. They will

learn how to make enlightened decisions, how to invoke the Spirit in order to be open, authentic and to grow into the person God wants them to be.

1.5 THE METHODOLOGY

The methodology used in this thesis is the 'See – Judge – Act' around which the Pastoral Cycle format is built; insertion experience, literature review, theological reflection, and pastoral planning. The 'See' step is the insertion experience that helped the pastoral minister to get in touch with the reality of HIV/AIDS in Mukuru slums. He was immersed in the day-to-day life of the community, gathering empirical data through research and experiential information through subjective observation and interviews.[54]

The 'Judge' step is the social cultural and pastoral analysis that helped the researcher to look at the different aspects of life. He tried to put into perspectives the different dimensions of life that influence the Mukuru slum HIV/AIDS situation by analyzing the historical, political, economic, social, cultural and religious dimensions. This step also looks at the various links between the different issues, root causes, and the structures that sustain the social injustices towards the affected and infected families.[55] The theological reflection aids the researcher to examine the reality of the HIV/AIDS situation in Mukuru slum through the wisdom inspired by the faith tradition. He tries to link his lived experience with faith values using resources such as the Bible and the Catholic Social Teaching.[56]

The 'Act' step is the pastoral planning that helps the researcher to develop a practical response to his lived experience. He will identify practical steps to change the HIV/AIDS

[54] Cf. C. BODEWES, *Parish Transformation in Urban Slums : Voices of Kibera, Kenya*, 15.
[55] Cf. C. BODEWES, *Parish Transformation in Urban Slums : Voices of Kibera, Kenya*, 15.
[56] Cf. C. BODEWES, *Parish Transformation in Urban Slums : Voices of Kibera, Kenya*, 15.

situation in Mukuru slums by crafting a detailed plan pointing out who will undertake what activities within a certain time frame so as to mitigate the pandemic or simply bring relief to the Children of God.[57]

1.6 THE SCOPE AND DELIMITATION

The topic scope and delimitation of this thesis surrounds the title "the contribution of pastoral ministry in an HIV/AIDS environment". It covers the impact of HIV/AIDS on the infected and the affected people, how pastoral ministry may be improved to reduce the effects of the disease on Mukuru community by exploring the new possible pastoral ministry strategies. It also seeks to discover the challenges of HIV/AIDS and the commitment needed to sustain the battle against this pandemic through sensitization and education that reduces the impact of stigma and discrimination. The researcher is aware that this work will not give a complete answer to the problem of HIV/AIDS! This is because the situation of HIV/AIDS and the standard of Mukuru slums are both complex, dynamic and keep on changing.

The context is limited to Mukuru slums of Nairobi-Kenya, Eastern Africa, in which the research was done. The reason why the pastoral minister chose Mukuru slums is that he was very much attracted by the complexity of LTP and its dynamic approach. It has many programs running and good working relationship with other organizations. He participated in seven peculiar programs, namely: Lea Toto Program (LTP), Ruben Community Development (RCD), Community Health Workers (CHW), Vocational Training Program (VTP), Youth Peer Educators (YPE), Ruben Primary School (RPS), and Ruben Medical Clinic (RMC). The researcher was more interested in the area where he could be able to examine various

[57] Cf. C. BODEWES, *Parish Transformation in Urban Slums : Voices of Kibera, Kenya*, 15.

organizational processes and routines of pastoral agents. He wanted to know the strategies used by different stakeholders like the NGOs, the challenges faced by the ministers in offering quality education, health, financial and social services to the PLWHAs and their families. He wanted to get firsthand knowledge from those determined pastoral agents who already had concrete experience of HIV/AIDS ministry. He found the slum environment to be the best as the effects of the pandemic are more visible than in any other area of Nairobi!

Given the specific time limit of the practicum, 150 hours done between June and July 2011, the researcher was motivated to do more hours (36 hours extra) so as to get more personal contacts with the PLWHAs and the affected family members. The minister believes that though his practicum period may seem limited (186 contact hours in total), its fruits will assist HIV/AIDS pastoral agents, students, researchers, FBOs, NGOs and the government of Kenya. Within this period, the minister went through many pastoral activities like sharing of personal experiences and the reinforcement of the sensitization of people about the pandemic. He got firsthand evidence and experiences through discussions and deliberations with Mukuru people.

2.0. CHAPTER TWO: LITERATURE REVIEW

This chapter aims at examining the role that pastoral ministry plays in the fulfillment of the human person and the realization of the Kingdom of God. It will deal with the impact of HIV/AIDS on the infected and affected people, the contribution of pastoral ministry in a HIV/AIDS milieu, and the need for new pastoral ministry strategies. The "causes, consequences, linkages and actors"[58] shall be identified to make sense of the insertion experience. HIV/AIDS creates the atmosphere that challenges all people of good will to be channels of the fullness of life that Christ came to announce to the world using all the possible means that are consistent with the Gospel values and are anchored in the concrete reality of slum people. Therefore, the literature review will help the researcher to analyze what pastoral ministers have said, experienced and written about HIV/AIDS issue.

2.1 THE IMPACT OF HIV/AIDS ON THE INFECTED AND THE AFFECTED PEOPLE

The first case of HIV/AIDS in Kenya was "diagnosed in 1984."[59] Since then, many NGOs, churches, and the government's responses to it have been expanding. When the epidemic was first recognized, the highest rate of infection was among the marginalized and

[58] J. HOLLAND – P. HENRIOT, *Social Analysis: Linking Faith and Justice*, 8.
[59] KENYA AIDS INDICATOR SURVEY (KAIS, 2007), *National AIDS/STI Control Program*, 1.

special risk groups, including women who were sex workers and their clients, men with mobile occupations, such as long-distance truck-drivers. However, today the country's new infections are both in the general population and in the vulnerable groups. The control of HIV/AIDS remains a major challenge to Kenya due to the high prevalence of HIV/AIDS, low levels of HIV/AIDS-testing, HIV/AIDS discordance, and sexually transmitted infections (STIs).[60] An estimated 1.5 million people are living with HIV/AIDS in Kenya. Around 1.2 million children have been orphaned by HIV/AIDS. Many people in Kenya are still not being reached with HIV/AIDS prevention and treatment services. Just under half of adults who need treatment and only 1 in 3 children needing treatment are receiving it.[61]

The pastoral minister argues that the present gender dimension of HIV/AIDS in Kenya is worrying. The disease continues to have a largely feminine face. Today, HIV/AIDS prevalence among females aged 15-49 stands at 8 per cent, compared to 5 per cent for males in the same age bracket. This high gender disparity is also witnessed among the teenagers. HIV/AIDS prevalence among girls aged 15-19 years is six times that of boys in the same age group. It stands at 3 per cent for females compared to 0.5 per cent for males. Overall, the young population remains exceedingly vulnerable, regardless of gender. Today, over 60 per cent of the new HIV/AIDS infections are among young people aged 15 to 35 years.[62]

All in all, Kenya's HIV/AIDS prevalence among adults (aged between 15 and 64 years) has dropped to 6.3 per cent, according to the latest Kenya Demographic and Health Survey (KDHS), as reported by Mr. Okwany.[63] Survey statistics indicate a 1.1 per cent drop

[60] Cf. KENYA AIDS INDICATOR SURVEY (KAIS, 2007), *National AIDS/STI Control Program*, 1.
[61] Cf. www.avert.org/hiv-aids-kenya.htm.
[62] Cf. KENYA AIDS INDICATOR SURVEY (KAIS, 2010), *National AIDS/STI Control Program*, 2.
[63] Cf. R. OKWANY, "HIV infections drop to 6.3 per cent", in *Daily Nation*, 17.

from the Kenya AIDS Indicator Survey (KAIS 2007) data where the prevalence was estimated at 7.4 per cent among adults. The decline is attributed to an increase in education and awareness campaigns, and high death rates. Adult HIV/AIDS prevalence is greater in urban areas than rural areas, estimated at 8.4 per cent and 6.7 per cent, respectively. However, as around 75 per cent of people in Kenya live in rural areas, the total number of the PLWHA is higher in rural areas (1, 000, 000) than in towns (500,000). It is estimated that more than 4.4 million Kenyans aged 15 years and above have undergone HIV testing and counselling.[64]

HIV/AIDS affects all areas of life; religious, cultural, educational, social, economic and political, private and public, local, national and international. HIV/AIDS is a great challenge to each of those areas of life so all must be involved in the fight against the disease.[65] This epidemic causes "emotional impact on those living with the virus as well as on members of their family, friends, loved ones and others living in their local communities."[66] At times it even "separates between the person with the disease and every surrounding system. Everyone is challenged to be a reconciler, helping to restore a sense of wholeness to broken relationships between the PLWHA and those near to him or her."[67] Ms Dorcas Kawira[68] said, "HIV/AIDS is with all of us because even if we are not infected, we are affected in one way or the other. So we need to treat the victims with compassion."[69] This is absolutely true because the treatment we give to the PLWHA causes many students in schools and colleges, Government and Non-Governmental workers to fear the HIV/AIDS stigma, and

[64] Cf. KENYA AIDS INDICATOR SURVEY (KAIS, 2010), *National AIDS/STI Control Program*, 6.

[65] Cf. H. SLATTERY, *HIV/AIDS A Call to Action: Responding as Christians*, 97.

[66] R. J. VITILLO, *Pastoral Training for Responding to HIV-AIDS*,139.

[67] Cf. Catholic Bishops of Africa and Madagascar, *Speak Out on HIV &AIDS: Our Prayer is always full of Hope*, 36.

[68] KAWIRA DORCAS is a 20 year old first year student at Moi University in Eldoret-Kenya. She was born with the virus, and lost her parents at the tender age of six. On World AIDS Day, she expressed her wish that the infected and affected are reached for support.

[69] D. KAWIRA, "Woman's battle with HIV since childhood", in *Daily Nation*, 3.

therefore a number of them have opted to remain silent rather than go public. The Church, the government, and other institutions need to look at ways of reaching such people.

a) Social Impact: Socially, HIV/AIDS is expensive to cope with. Due to the culture of stigmatization, the PLWHAs "are discriminated against or they isolate themselves socially"[70], "choose to avoid public occasions and social interactions that are important for human life because they feel unloved, useless and uncared for. Some hate themselves and suffer from feelings of self-blame, guilt and denial. These feelings translate into stress and suffering not just for the individual person living with HIV/AIDS but also for the entire society around the person."[71] "When the persons infected feel guilty because of their HIV/AIDS status they may become irritable and unkind to those taking care of them or visiting them."[72] A PLWHA may be "socially stigmatized to the extent that he or she feels bitter with the entire society. To express this bitterness, the stigmatized person may deliberately spread HIV/AIDS to as many unsuspecting sexual partners as he or she can."[73] Stigmatization also affects "the wider society in that, people who would otherwise lead healthy lives in spite of their HIV/AIDS status become dependants or die early leaving some burdens to the society"[74] like orphans. The researcher argues that while HIV/AIDS might kill, stigma kills faster and harder. Stigma is the reason why many do not want to be tested, or to be seen taking ARVs, or to have to confess their status to their significant other. Today, one in five Kenyans does not know their

[70] E. KAMAARA, "Stigmatization of Persons Living with HIV/AIDS in Africa: Pastoral Challenge", in *AFER; A Pastoral Approach to AIDS in Africa*, 42.
[71] E. KAMAARA, "Stigmatization of Persons Living with HIV/AIDS in Africa: Pastoral Challenge", in *AFER; A Pastoral Approach to AIDS in Africa*, 42.
[72] E. KAMAARA, "Stigmatization of Persons Living with HIV/AIDS in Africa: Pastoral Challenge", in *AFER; A Pastoral Approach to AIDS in Africa*, 42.
[73] E. KAMAARA, "Stigmatization of Persons Living with HIV/AIDS in Africa: Pastoral Challenge", in *AFER; A Pastoral Approach to AIDS in Africa*, 47.
[74] E. KAMAARA, "Stigmatization of Persons Living with HIV/AIDS in Africa: Pastoral Challenge", in *AFER; A Pastoral Approach to AIDS in Africa*, 47.

HIV/AIDS status because they are afraid to find out. And yet, finding out is the first step towards living a long, healthy, happy life, no matter one's status.

Many persons infected with HIV/AIDS face difficulties related to the discrimination and stigmatization in their environment. There are many stories about individuals being fired from their jobs, thrown out of their homes and rejected by their families. This condition results in the infected people spending a lot of energy trying to conceal symptoms and problems, rather than on improving their quality of living. They undergo tragic situations of profound suffering, loneliness, lack of economic prospects, denial, rebellion, bargaining, depression and anxiety about the future.[75] It is stated that "while people can live with the virus, they cannot cope with stigma and discrimination that manages to isolate them. The impact of stigma is psychological and has devastating effects on the individual. The impact of discrimination is isolation and loss of self-worth, respect and the feeling that one is not good enough to be made in the image and likeness of God."[76] It is therefore a matter of extreme urgency for everyone to assist and accompany those who are HIV-positive so that they do not feel less human, but that our presence and support help to reduce their feelings of anxiety, trauma, discrimination and stigma.

PLWHA need to keep as physically fit as possible. This challenges the families of PLWHAs to help them acquire a healthy mind and body at all times. What the PLWHA and the people around him or her think of the disease affects how he or she suffers.[77] According to Williams, AIDS affects the "health, social, psychological, economic and spiritual wellbeing of

[75] Cf. E. PHILLIPS, "Stigmatization and the Silence of the Church", in *AFER (Special Issue); AMECEA 15TH PLENARY: Responding to the Challenges of HIV/AIDS within the AMECEA Region*, 331.
[76] M. F. CZERNY, ed., *African Jesuit AIDS Network: AIDS and the Church in Africa*, 36.
[77] Cf. C. RUZINDAZA, *Living Positively with AIDS: An African Experience*, 44.

other members of the nuclear family and often those of the extended family as well."[78] For Vitillo, families are also faced with medical conditions, financial insecurity, nutritional deficits, legal problems, property and inheritance, poor housing, inability to continue in schools, inadequate adult supervision and role models, life on the streets, sexual and labor abuse, and discrimination.[79] Muchiri adds that families affected by the epidemic also "need support in caring for the sick because good care and loving acceptance by the person's natural and spiritual family greatly improve the physical condition of persons with AIDS."[80] He continues arguing that the family is a very important "resource to persons with HIV/AIDS as they struggle to deal with feelings related to their disease. In addition to the physical and material support which family members can offer, they also need to give emotional support, help the HIV/AIDS patient make plans for the future, and express their true feelings and worries."[81]

John Mbiti's famous saying that, "I am because we are and we are because I am,"[82] implies that whatever affects an individual, affects everybody in the community. HIV/AIDS thus becomes a communal struggle for survival and for staying alive. However, the fear and shame which accompany AIDS have weakened social networks. The AIDS virus poses a major threat to advances in human social welfare and development. The HIV/AIDS immediate impacts experienced at the individual and household levels, include prolonged illness, physical and psychological pain, health care and costs, income loss, reduced household productivity, death and funeral costs, growth in the number of orphans, and the

[78] G. WILLIAMS, *From Fear to Hope: AIDS Care and Prevention at Chikankata Hospital,* 3.
[79] Cf. R. J. VITILLO, *Pastoral Training for Responding to HIV-AIDS,*110.
[80] J. MUCHIRI, *HIV/AIDS Breaking the silence*: *A Guide Book for Pastoral Caregivers,* 60.
[81] J. MUCHIRI, *HIV/AIDS Breaking the silence*: *A Guide Book for Pastoral Caregivers,* 70.
[82] J. MBITI, *African Religion and Philosophy*, 211.

social dislocation of survivors. These have negative impacts on the well-being of the whole society.[83]

b) Economic Impact: According to Kamaara, "economically, there is an intricate positive relationship between HIV/AIDS and poverty. HIV/AIDS is not just confined to the poor but poverty contributes enormously to the spread of HIV/AIDS. On the other hand, HIV/AIDS contributes enormously to poverty."[84] "HIV/AIDS has aggravated poverty to devastating levels. This is essentially because the pandemic is medically expensive to manage. Persons infected with HIV/AIDS persistently suffer from opportunistic infections (IO) like pneumonia, rare cancers and tumors, skin infections, tuberculosis (TB), typhoid and malaria."[85] "Resources that would otherwise go to individual, family and national development end up being consumed in managing the OIs."[86] The epidemic is "crippling Kenya's economy and welfare system, devastating the family and overwhelming the extended family that has, until now, been giving nearly everyone the essential economic and social supports."[87] HIV/AIDS affects the age group that should be economically productive thus weakening the economic base of society.

c) Religious Impact: Those who are infected perceive the HIV/AIDS differently. Some end up losing trust in God and even in the pastoral ministers, while others seek for comfort in their religious denominations. There are some PLWHA who would not like others to know about their status, thus they avoid any situation that could reveal their HIV status like

[83] Cf. M. J. KELLY, *Education: For An Africa Without AIDS*, 73.

[84] E. KAMAARA, "Stigmatization of Persons Living with HIV/AIDS in Africa: Pastoral Challenge", in *AFER; A Pastoral Approach to AIDS in Africa*, 38.

[85] E. KAMAARA, "Stigmatization of Persons Living with HIV/AIDS in Africa: Pastoral Challenge", in *AFER; A Pastoral Approach to AIDS in Africa*, 38.

[86] E. KAMAARA, "Stigmatization of Persons Living with HIV/AIDS in Africa: Pastoral Challenge", in *AFER; A Pastoral Approach to AIDS in Africa*, 38.

[87] KENYA EPISCOPAL CONFERENCE, *This we teach and do: Catholic Church and AIDS*, 16.

the churches. Nevertheless, whichever the situation, "the Church's message has to meet each and every person where they are and equip them to live more responsibly."[88] The Church must reach out to the PLWHA both believers and non-believers, in an integral, holistic and evangelical way. "Those who are afflicted with AIDS encounter so much suffering which could lead them to despair, yet faith reveals that it is precisely in the darkest places of the human experience that God's healing and liberating light can shine brightest."[89] It is the pastoral minister's responsibility to restore PLWHA's image of God and help them to find consolation in religious teachings and sacramentals.

d) Moral Impact: The HIV/AIDS pandemic has affected every sector of society in Kenya. There is an increased number of orphans, the labor force is grossly affected leading to huge industrial and social capital losses; traditional structures have been incapacitated given the immensity and multifaceted nature of the epidemic; pharmaceutical companies and multinationals are making huge profits from exploiting the needs of the PLWHA.[90] It goes without saying that "AIDS has by far many more profound repercussions of a moral, social, economic, juridical and structural nature, not only on individual families and in neighborhood communities, but also on nations and on the entire community of peoples."[91] No matter the case, the Church reminds "HIV-infected persons of their grave moral responsibility not to expose others to the virus. All people are encouraged to respect the dignity of others, both in

[88] KENYA EPISCOPAL CONFERENCE, *This we teach and do: Catholic Church and AIDS*, 20.
[89] KENYA EPISCOPAL CONFERENCE, *This we teach and do: Catholic Church and AIDS*, 23.
[90] Cf. E. OPONGO – A. OROBATOR, *Faith Doing Justice: A Manual for Social Analysis, Catholic Social Teachings and Social Justice*, 75.
[91] E. OPONGO – A. OROBATOR, *Faith Doing Justice: A Manual for Social Analysis, Catholic Social Teachings and Social Justice*, 76.

their personal feelings and interactions and in the structures of the society."[92] Moral education is the most effective weapon to fight HIV/AIDS, it heralds and sustains morality, and instills the requisite moral character in individual persons for it is anchored on moral principles.

2.1.1 How Kenya has responded to the HIV/AIDS impact

Mr Raila Odinga[93], on World AIDS Day recognized the great strides taken in increasing the number of patients under care and on ART.[94] He stated that in 2003, only 5 per cent of the PLWHA were receiving ART. This rose to 42 per cent in 2007, with 172,000 PLWHA on treatment. By 2009, the number had increased to 336,980. Currently 460,000 PLWHA are on ART. However, the latest data show that pediatric HIV infections resulting from mother-to-child transmission remain high. This is a result of the under-utilization of the prevention of mother-to-child transmission services. This has led to about 34,000 new infections annually among children.[95] This is the reason why the researcher feels that the education system needs to acknowledge and develop a curriculum that incorporates sex education and reproductive health. The youth need to be taught, not just safe sex, but also use of ARV drugs and their effects.

Kenya has found the prevention of HIV infections of great significance, since this controls diseases, minimizes premature death and reduces the social impact of the HIV epidemic. New HIV infections are avoided by taking adequate prevention measures. The prerequisite for this has been the adequate provision of resources. Decision makers in the government, churches, ecumenical partners and everyone who has access to the relevant

[92] E. OPONGO – A. OROBATOR, *Faith Doing Justice: A Manual for Social Analysis, Catholic Social Teachings and Social Justice*, 75.

[93] Mr. RAILA ODINGA, Kenya's Prime Minister 2008-2012.

[94] Cf. R. ODINGA, "Despite great strides, AIDS war must go on", in *Daily Nation*, 17.

[95] Cf. KENYA AIDS INDICATOR SURVEY (KAIS, 2010), *National AIDS/STI Control Program*, 7.

information and resources have taken up a special responsibility. Various prevention strategies have proven to be effective like VCT, condom use, reduction in the number of sexual partners and raising of the age for involvement in sexual activity. For HIV/AIDS, the "tragedy is that the very means by which human life comes to being has become the source of death and raises the threat of non-being."[96] However, the researcher argues that, for successful HIV prevention, there is a need for a political context which actively supports prevention, encourages the active participation of communities and grassroot initiatives especially the involvement of PLWHAs. There is a need for proper communication of latest information, education on sexual and reproductive health, and the creation of an enabling environment which puts people in a position to protect themselves and others from infection. In short, the approach needed is the one that "identifies and analyses the forces that sustain, protect, enhance and enrich life,"[97] that integrates role models and outstanding personalities in the fight against AIDS, in combating and reducing stigma and discrimination. Below are some of the means Kenya has used to respond to the HIV/AIDS impact:

a) Abstinence, Be Faithful and Condom use (ABC) model: The majority of churches in Kenya "are more or less opposed to condom use. The general rule they follow is what is known as the 'ABC' of AIDS prevention: abstinence first of all, then be faithful to your marriage partner, finally use a condom, if necessary."[98]

Abstinence: This is not allowing oneself to be involved in sexual intercourse for moral, religious and health reasons. The Church has always advised its followers to take abstinence seriously. This abstinence intensive awareness campaign might have contributed

[96] S. KOBIA, *The courage to Hope: A challenge for Churches in Africa,* 156.
[97] S. KOBIA, *The courage to Hope: A challenge for Churches in Africa,* 156.
[98] A. SHORTER – E. ONYANCHA, *The Church and AIDS in Africa* 105.

greatly to the drop of the rate of the AIDS virus infection to 6.3 per cent in Kenya. The pastoral minister on research believes that as we sensitize the public on the use of condoms for safer sex through TVs and other forums, we should not forget that morals define a human person. More emphasis should be put on preaching the value of chastity. The subject of abstinence is rarely talked about in mass media. We should teach people on the importance of fearing God, and not AIDS.

Be faithful: The people of God are called upon to "radically change their sexual behaviour, adhere to marital faithfulness and sexual abstinence outside marriage, as the fully assured means to fight against HIV/AIDS."[99] And according to Juvenalis Baitu Rwelamira, "one must not forget that the achievement of personal responsibility and interpersonal solidarity is more of the key to any possible success in fighting a behaviorally contagious disease HIV/AIDS than that which the condom promotion campaign promises."[100] He goes on to say that "the only strategies for efficient prevention are reciprocal fidelity in marriage and abstinence, inspired by an ethic of authentic responsibility founded on well formed mature consciences."[101] What people need is positive behavior change, that implies "sexual abstinence or marital fidelity and seeking to remain negative if one is not infected and desist from spreading the virus if one is infected."[102]

Use Condoms: "Using condoms reduces the risk of contracting HIV, but it certainly does not eliminate the risk, and the risk that remains is substantial."[103] Discordant couples

[99] J. M. WALIGGO, "The Church and HIV/AIDS: A Ugandan Pastoral Experience", in *AFER; A Pastoral Approach to AIDS in Africa*, 31.

[100] J. B. RWELAMIRA, *AIDS Pandemic in East Africa: A Moral Response*, 22.

[101] J. B. RWELAMIRA, *AIDS Pandemic in East Africa: A Moral Response*, 23.

[102] E. KAMAARA, "Stigmatization of Persons Living with HIV/AIDS in Africa: Pastoral Challenge", in *AFER; A Pastoral Approach to AIDS in Africa*, 48.

[103] A. SHORTER – E. ONYANCHA, *The Church and AIDS in Africa* 104.

who use condoms consistently have discovered that their negative partners never became HIV-positive, thus arguing that "condoms are highly effective in protecting users against HIV infection, when properly used for every act of intercourse."[104] In Kenya, there is some evidence that the promotion and free distribution of condoms in streets and slums has encouraged people to increase the number of their sexual partners. However, even if condoms reduce the risk of HIV infection in certain controlled circumstances, this should not be taken for granted bearing in mind that condoms' effectiveness is not 100 per cent.

b) HIV/AIDS awareness programs and preventive education: The introduction of ARVs has significantly raised the possibility of the majority of PLWHA living longer and healthier lives. Thus it is very difficult to know whether one is infected or not! In this case "preventive education is the most effective way of combating and controlling HIV/AIDS, to overcome ignorance and resistance and to break the culture of silence."[105] Additionally, the people of Kenya should "ensure that HIV/AIDS education is given within the context of traditions, beliefs, and faith values, behavioral and educational norms of a particular community."[106] "Education awareness should be comprehensive and focused on the understanding and meaning of HIV/AIDS, how it is acquired, transmitted, OIs, VCT, treatment and prevention. Emphasis should be laid not only on risky and healthy behaviour, and circumstances that promote or prevent the spread of HIV/AIDS, but also on encouraging all people to be involved in the fight against AIDS."[107] "Preventive education should focus on

[104] A. SHORTER – E. ONYANCHA, *The Church and AIDS in Africa* 104.

[105] B. KIRISWA, "Pastoral Care and Counselling of Persons Living with HIV/AIDS", in *AFER; A Pastoral Approach to AIDS in Africa*, 83.

[106] CATHOLIC BISHOPS OF KENYA, *Pastoral Letter, The AIDS pandemic and its impact on our people: Seeking solutions and Solidarity in these difficult times*, 13.

[107] B. KIRISWA, "Pastoral Care and Counselling of Persons Living with HIV/AIDS", in *AFER; A Pastoral Approach to AIDS in Africa*, 84.

how people can avoid getting AIDS through sexual abstinence, personal responsibility and fidelity in marriage….and help the community to acquire realistic knowledge and attitudes about AIDS."[108]

c) Training model: The Education For Life (EFL) program in Kenya "trains facilitators and provides them with the appropriate skills and knowledge to promote EFL for behavior change and HIV/AIDS prevention so as to provide vulnerable people with skills to choose and maintain a healthy lifestyle, which will reduce the risk of contracting HIV/AIDS."[109] In the fight against HIV, personnel are being trained to try more holistic interventions, to consider sexual behaviour sufficiently in its social context and to let affected people actively participate in the planning and implementation of interventions. Education deals with people's fore-knowledge, fears, taboos and current situations. It also addresses human rights, discrimination and stigma. The researcher agrees that training is crucial for the "effectiveness of awareness programmes, for giving care and treatment, for counselling, and for responding to the concerns of the PLWHA. Training is necessary to alleviate people's fears and prejudices."[110]

d) Networking and collaboration model: Networking of programmes and initiatives is important as it avoids acting in isolation, deploys limited resources efficiently and avoids duplications.[111] Networking and collaboration promote further research since in many cases the best measures are still not known. Information, education and communication are

[108] B. KIRISWA, "Pastoral Care and Counselling of Persons Living with HIV/AIDS", in *AFER; A Pastoral Approach to AIDS in Africa*, 84.

[109] B. KIRISWA, "Pastoral Care and Counselling of Persons Living with HIV/AIDS", in *AFER; A Pastoral Approach to AIDS in Africa*, 85.

[110] A. SHORTER – E. ONYANCHA, *The Church and AIDS in Africa* 51.

[111] Cf. M. C. RUWA, "Report by the Secretary General of AMECEA", in *AFER (Special Issue); AMECEA 15TH PLENARY: Responding to the Challenges of HIV/AIDS within the AMECEA Region*, 259.

indispensable in the fight against AIDS and they should be conveyed to appropriate people. Experiences from churches and community-based organizations demonstrate that in general there is still a lack of adequate knowledge about HIV/AIDS, especially among the poor and people living in rural areas. The Catholic Church on her part wants that the dioceses work and "network closely with each other and collaborate with relevant stakeholders and appropriate government ministries. The Church's contribution must be implemented in line with government priorities, policies and guidelines. Hence, Church strategies should be geared towards complementing the efforts of the Government in providing quality services to the population and generally improving the quality of life of the beneficiaries."[112] "The Church is already operating a range of community-based or facility-based programmes for youth, PLWHA and OVC. These provide an ideal opportunity to improve the prevention, care, support, treatment and advocacy."[113]

e) Prevention of Mother-To-Child Transmission (PMTCT): "Prevention of Mother-to-Child transmission"[114] of HIV is responsible for the majority of HIV infection in children. The likelihood of a "pregnant woman who is HIV-positive transmitting HIV to her new-born ranges from 30% to 40%. The infant may become infected during pregnancy, labor, delivery and through breastfeeding. The Church will advocate on behalf of those who are infected, and its health facilities will refer clients for access to ART."[115] Health workers try their level best to "reduce trauma and exposure of the baby to the HIV virus during labor.[116]

[112] KENYA EPISCOPAL CONFERENCE, *This we teach and do: Catholic Church and AIDS,* 32.
[113] KENYA EPISCOPAL CONFERENCE, *This we teach and do: Catholic Church and AIDS,* 33.
[114] KENYA EPISCOPAL CONFERENCE, *This we teach and do: Catholic Church and AIDS,* 35.
[115] KENYA EPISCOPAL CONFERENCE, *This we teach and do: Catholic Church and AIDS,* 35.
[116] KENYA EPISCOPAL CONFERENCE, *This we teach and do: Catholic Church and AIDS,* 36.

f) Voluntary Counselling and Testing (VCT): Many HIV-infected persons have no knowledge of their own HIV status. There are several reasons for this: HIV testing and counselling services are not available in sufficient quantity; the demand for HIV tests is often low because of predominant stigma and lack of treatment which make many people fearful of a positive HIV test result. In this case, "Education of the family, encouragement for Voluntary Testing and Counselling (VCT) is to be carefully catered for."[117] The counsellors are to provide a safe place and safe relationships with the clients. Working in VCT requires establishing a trusting and respectful relationship, skills in talking and listening to clients, providing correct information that helps the clients to make informed decisions as they recognize and build on their strengths in developing a positive attitude towards life. VCT helps the PLWHA to understand and accept themselves so as to look objectively at their issues, culture and challenges.[118]

On World AIDS Day, Kenyan Prime Minister, Mr. Raila Odinga, stated that taken together, pediatric infections, high HIV/AIDS prevalence among women, girls, youth and problems of providing care to those in the informal sector means we are far from being safe from the ravages of the disease. Quite a large section of people still does not know their HIV status. The KDHS data shows that 80 per cent of those infected with HIV do not know their status and, therefore, are not accessing care and treatment services. The Prime Minister admitted that as leaders in various fields including politics, they have not done very well in supporting ways of minimizing infection risks. The data shows that the majority of politicians and religious leaders are not actively involved in the fight against AIDS. The result of this

[117] G. BUCKLE, "Responses to the Challenge of HIV/AIDS: A Common Action for the Church in Eastern Africa", in *AFER (Special Issue); AMECEA 15TH PLENARY: Responding to the Challenges of HIV/AIDS within the AMECEA Region*, 362.

[118] Cf. M. MOLONEY, *Counselling for HIV/AIDS: The Use of Counselling Skills for HIV/AIDS,* 70.

failure is that stigma and discrimination have remained major barriers to individuals seeking testing, care and treatment services. This is a moral failure that must be reversed. For the Prime Minister, we must not see people as merely voters and members of congregations in our Churches and Mosques but also strive to keep them alive and healthy. We have to build on the gains we have made so far.[119]

2.2 CONTRIBUTION OF PASTORAL MINISTRY

Missionaries of Africa (White Fathers) believe that "every aggression against man is an aggression against God, so every act bringing out what is good in man is letting God become more visible."[120] The researcher finds this statement very inspiring as we discover together the contribution of pastoral ministry to the eradication of HIV/AIDS. Pastoral ministry can make a significant difference by advocating for those infected and affected by the pandemic and by involving them in such advocacy. Vitillo Robert writes that "with increasing knowledge, personal reflection and support from family, community and professionals, people living with HIV/AIDS are able to accept this as one part of their lives and to respond accordingly."[121] Above all, the Christians should see "the crisis of AIDS as an encounter with grace, prompting them to be generous and to love others as Christ loves them."[122] The researcher argues that as the crisis produces its worst effects in the world, people should bear in mind that it is in this very context of the world in which the solutions must be sought.

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[119] Cf. R. ODINGA, "Despite great strides, AIDS war must go on", in *Daily Nation*, 17.
[120] GENERAL COUNCIL OF THE MISSIONARIES OF AFRICA, *Longing for a Just World*, 14.
[121] R. J. VITILLO, *Pastoral Training for Responding to HIV-AIDS*,152.
[122] A. E., OROBATOR, *From Crisis to Kairos: The Mission of the Church in the time of HIV/AIDS, Refugees and Poverty*, 119.

2.2.1 Pastoral and Theological reasons to respond to HIV/AIDS

The pastoral task is to stand with the "individuals and communities in their daily experiences" (*GS*. 1), to help them reflect, find meaning, respond in ways that make sense and express their Christian identity. Without theological reflection, "the commitment of faith in the people can get so far removed from human experience that the faith itself becomes irrelevant."[123] As Christians inspired by the Holy Spirit, therefore, we are called to care for those with AIDS. Bearing in mind that "caring for people who live with AIDS helps to make the community more aware of these people and their problems."[124] Bernard Joinet writes that, "if we cannot cure AIDS patients, at least we can help them live with AIDS as comfortably as possible. Let us have a global or integrated approach, which combines medical, spiritual, emotional and social support."[125]

There is no doubt that AIDS has imposed on people an enormous heavy cross of pain and suffering. However, in pastoral care, "while we have to stay objectively in our reactions to the suffering of others, we also need to suffer with them, the root meaning of compassion. By accompanying them in this manner, we can help them open their hearts and souls to the healing grace of God."[126] Today, "Jesus continues to suffer in many of his members, because today we can truly say that the body of Christ has AIDS."[127] According to the pastoral minister, our role as followers of Jesus Christ, who came so that we might have life and have it to the full (Jn 10:10), who went about doing good and healing the sick (Acts 10:38),

[123] R. M. GULA, *Just Ministry: Professional Ethics for Pastoral Ministers*, 33.
[124] A. SHORTER – E. ONYANCHA, *The Church and AIDS in Africa* 74.
[125] B. A. JOINET, *The Challenge of AIDS in East Africa: Basic Facts,* 20.
[126] R. J. VITILLO, *Pastoral Training for Responding to HIV-AIDS,* 198.
[127] M. J. KELLY, *Education: For An Africa Without AIDS*, 198.

imposes this responsibility on us. We are to bring hope to those who despair in their suffering, to discover the truth about our context, and the gospel's relevance today.

As for Kelly, religious principles that guide the response of pastoral agents to HIV/AIDS include; 1) the sacredness of the person as made in the image and likeness of God, so each one is intrinsically and inalienably worthy of dignity and respect, 2) the sanctity of every human life, from the moment of conception until death, 3) one's conscience as each individual's most secret core sanctuary, 4) the acknowledgement of human sexuality as a special gift from God and the acceptance by both men and women of the responsibilities it entails, 5) the overriding concern for solidarity, compassion and effective response to the needs of those who experience sickness, loss, catastrophe, deprivation, unfair treatment or any other form of discrimination, 6) the recognition that the earth and its goods belong by right to all, are to be shared fairly by all and must be protected for the current and future use of all.[128]

Fr. Paterne-Auxence Mombe writes that "in this time of AIDS, Christians are called to be agents of hope. They are called to express solidarity with those who suffer by imitating the attitude and mind of Jesus. His life as portrayed in the Gospel, as well as his teaching, constitute a light for our actions in care, service, accompaniment and advocacy."[129] Jesus opened people's eyes and hearts. He revealed to them the infinite dignity that belongs to every person in God his Father. He taught them forgiveness which renews relationships and the face of the earth. He opened to people the path of mercy and equality. He was the friend of sinners and the marginalized. He ate at their table and invited them to his. He gave hope to those who were rejected and scorned.[130]

[128] Cf. M. J. KELLY, *HIV and AIDS: A Social Justice Perspective*, 228.
[129] P. MOMBE, *Rays of Hope*: *Managing HIV&AIDS in Africa*, 33.
[130] Cf. GENERAL COUNCIL OF THE MISSIONARIES OF AFRICA, *Longing for a Just World*, 38.

Hope gives us the courage to "place ourselves on the side of the good even in seemingly hopeless situations, aware that, as far as the external course of history is concerned, the power of sin will continue to be a terrible presence" *Spe Salvi* (*SS.* 36). The sufferers need to be frequently reminded that our God is a God of great love, mercy and compassion who loves them in a very special way because of their terrible pain, suffering and loneliness. Their friends and relatives may turn away from them but God will never stop loving them. They need to get this message from other people through words of hope and comfort.[131] This will help the sick persons to know that "they can always continue to hope, even if in their own life, or the historical period in which they are living, there seems to be nothing left to hope for. This great certitude of hope will strengthen their indestructible power of love, give them back their meaning and importance, and grant them courage to act and to persevere" (*SS* 35).

Mombe goes on to say that the call of "Christians is to care for those with HIV. In responding to this call, Christians need to meditate on the scripture texts themselves, to pray over them in order to touch their depths, and to let the immediate example and teaching of Jesus enlighten them."[132] The researcher affirms this quotation by saying that Jesus came to bring good news to the deprived and excluded, to establish through them the new community, the new humanity, the new creation. He goes on by stating that if we want to cope with the suffering caused by HIV/AIDS, we need to reflect on God's response to human suffering in Jesus Christ and imitate it.

The Church continues to "reaffirm the value of human life and its inviolability, and appeal to each and every person, in the name of God to respect, protect, love and serve every human life. It is only in this direction that people will find justice, development, true freedom,

[131] Cf. H. SLATTERY, HIV/AIDS *A Call to Action: Responding as Christians*, 47.
[132] P. MOMBE, *Rays of Hope*: *Managing HIV&AIDS in Africa*, 32.

peace and happiness in society" *Evangelium Vitae* (*EV.* 5). Human life, even for the weak and suffering, is always a splendid gift of God's goodness that needs to be treasured. John Paul II writes that "the dignity of the person is manifested in all its radiance when the person's origin and destiny are considered. Created by God in His image and likeness as well as redeemed by the most precious blood of Christ, the person is called to be a child in the son and a living temple of the Spirit, destined for the eternal life of blessed communion with God" *Christifideles Laici* (*CL.* 37). He goes on arguing that "the dignity of the person constitutes the foundation of the equality of all people among themselves. As a result all forms of discrimination are totally unacceptable, especially those forms which unfortunately continue to divide and degrade the human family, from those based on race or economics to those social and cultural, from political to geographic. Each discrimination constitutes an absolutely intolerable injustice" (*CL.* 37). It is a question of inherent, universal and inviolable rights regardless of one's HIV status.

2.2.2 The response of pastoral ministry

a) Ministry of teaching: The researcher requests all pastoral agents to acquire full knowledge and awareness of the disease and become strongly motivated to face this struggle with an affective spiritual, moral and curative approach. According to the Catholic Bishops of Africa and Madagascar, "pastoral ministers are to bring about a total change of attitude towards people infected and affected with the disease by developing a Christian spirit of open ears and arms for them. Their efforts must be directed to eradicate stigma and discrimination, to associate with the sufferers, to facilitate counseling, to reduce their pain and depression, to

provide services and comfort through home based care and other initiatives."[133] The Church encourages people "living with HIV/AIDS to become actively involved in our local communities as resource persons in the struggle against the pandemic. As a faithful teacher, she instructs and gives support to the practice of the virtues of compassion, love, healing, reconciliation and hope, knowing that these are healing values for peoples suffering from this disease."[134]

According to the Dogmatic Constitution on the Church (*Lumen Gentium)*, "the mission of the Church is both spiritual and social. The Church is to be both a sign and an instrument of our union with God and of the unity of all humankind. Pastoral ministers play a special part in this mission through the ministries of preaching, teaching, celebrating, organizing, and providing individual pastoral care, as well as through living a life of discipleship that witness to the Gospel" (*LG.* 1). The Church's typical approach therefore "humanly, materially and spiritually brings consolation to the orphans, widowers and widows, grandparents and whole families as well as to vulnerable children and women whose lives have been wrecked as a result of the disease."[135] It is also being realized that "service and social justice are integral to the Church's mission to HIV/AIDS. This is why the Church combines pastoral ministry, medical care, the practice of compassion and advocacy, personal morality, social ethics and education."[136]

b) Ministry of Service: The researcher argues that the Church as a servant needs to develop prayer life, liturgies, anointing services, rituals and symbols that are meaningful to

[133] Catholic Bishops of Africa and Madagascar, *Speak Out on HIV &AIDS: Our Prayer is always full of Hope*, 146.
[134] Catholic Bishops of Africa and Madagascar, *Speak Out on HIV &AIDS: Our Prayer is always full of Hope*, 147.
[135] M. F. CZERNY, "Working for Healing", in *AIDS in Africa: Theological Reflections*, 58.
[136] M. F. CZERNY, "Working for Healing", in *AIDS in Africa: Theological Reflections*, 62.

HIV/AIDS patients. These services of the Church will establish an atmosphere of acceptance and welcome to all. This is because responding to the needs of every person and listening to them can bring healing within the AIDS crisis and generate spiritual resources that will strengthen individuals, families and communities in their struggle with the pandemic. The Bishops of Kenya, however, realized that "associating with people undergoing great misfortune requires strength and maturity. One needs to confront one's fears and prejudices before one can be of assistance to others. Such fears may include fear of getting infected, fear of watching someone suffer, fear of death or the dying."[137]

The Church has the mission to "support the family in its difficulties and sufferings, caring for its members and helping them to see their lives in the light of the Gospel. From this mission, if it is exercised with due discernment and with a truly apostolic spirit, the Church draws fresh encouragement and spiritual energy for her own vocation and for the exercise of her ministry" *Familiaris Consortio* (*FC.* 73). The pastoral minister also should always bear in mind that he or she is a "servant called to visit families and look after the sick; to foster relationships of respect and charity, to offer teaching and counseling, to put forth simple and cordial hospitality, so that the PLWHAs can find the sense of God's presence, gain a taste for prayer and recollection, and see the practical examples of lives lived in charity and fraternal joy as members of the larger family of God" (*FC.* 74).

c) Ministry of Animation: According to Vitillo, "pastoral caregivers must stretch themselves and lead their faithful to form open and welcoming communities where people affected by HIV/AIDS can receive spiritual comfort."[138] People living with HIV/AIDS (PLWHA) "require a lot of emotional support because they usually suffer from stigma and

[137] KENYA EPISCOPAL CONFERENCE, *HIV/AIDS: Manual for Facilitators/Trainers*, 54.
[138] R. J. VITILLO, *Pastoral Training for Responding to HIV-AIDS,*188.

rejection. As the disease continues to cause debilitation of the body, inability to support oneself and the resultant dependency leads to low self-esteem and a sense of humiliation. It is therefore important to show PLWHA an overt demonstration of affection and respect such as shaking hands, hugging them or feeding them. They need to be visited often and encouraged to unload their fears, concerns, anger and disappointment."[139]

Pope John Paul II writes that, "by virtue of our sharing in Christ's royal mission, our support and promotion of human life must be accomplished through the service of charity, which finds expression in personal witness, various forms of volunteer work, social activity and political commitment. This is a particularly pressing need at the present time, when the culture of death so forcefully opposes the culture of life and often seems to have the upper hand" (*EV.* 87). "The whole Church is obliged to a deep reflection and commitment, so that the new culture now emerging may be evangelized in depth, true values acknowledged, the rights of men and women defended, and justice promoted in the very structures of society" (*FC.* 8).

Pope John XXIII wrote that "although Holy Mother Church has the special task of sanctifying souls and of making them sharers of heavenly blessings, she is also solicitous for the requirements of people in their daily lives, not merely those relating to food and sustenance, but also to their comfort and advancement in various kinds of goods and in varying circumstances of time" *Mater et Magistra* (*MM.* 3). This is partly due to the fact that "evangelization would not be complete if it does not take into account the unceasing interplay of the Gospel and of a person's concrete life, both personal and social. This is why evangelization involves an explicit message, adapted to the different situations constantly

[139] KENYA EPISCOPAL CONFERENCE, *HIV/AIDS: Manual for Facilitators/Trainers*, 54.

being realized, about the rights and duties of every human being, about family life without which personal growth and development is hardly possible" *Evangelii Nuntiandi* (*EN.* 29). The pastoral minister on research concludes that the evangelical witness which the world finds most appealing is that of concern for people, and of charity towards the poor, the weak and those who suffer.

2.3 POSSIBLE NEW PASTORAL STRATEGIES

Pope Benedict affirms that "the current crisis obliges us to re-plan our journey, to set ourselves new rules and to discover new forms of commitment, to build on positive experiences and reject negative ones. The crisis thus becomes an opportunity for discernment, in which to shape a new vision for the future" *Caritas in Veritate* (*CIV.* 21). For the researcher, these words encourage us in our mission as evangelizers in this time of uncertainty and confusion to increase our love, zeal and joy. The Church could engage a professional to reach the congregation and spread the message on how to prevent the spread and take care of those infected. This is because religious leaders are in touch with a huge population in their churches, especially those at the risky age as "a recent survey shows that by 15 years of age, half of the young women and men have already had sex at least once."[140]

Pope Paul VI also said that "the conditions of the society in which we live oblige all of us therefore to revise methods, to seek by every means to study how we can bring the Christian message to modern man. For it is only in the Christian message that modern man can find the answer to his questions and the energy for his commitment of human solidarity" (*EN.* 3). According to the researcher, this statement challenges us to an even more generous,

[140] KENYA AIDS INDICATOR SURVEY (KAIS, 2010), *National AIDS/STI Control Program*, 11.

intelligent and prudent pastoral commitment, modeled on the Good Shepherding response to the present HIV situation. Pope John Paul II also acknowledged that "the ordinary means of pastoral work are not sufficient. What are needed are associations, institutions, special centres and groups, and cultural and social initiatives for young people" *Redemptoris Missio* (*RM.* 37). This is because from the vital problems of our communities arise a coherent theological discourse that indicates the need for salvation through advancing the practical mission of the Church and discover the sorts of skills and tasks that are required of us. The Church must also ensure that it expresses "solidarity with people living with HIV/AIDS, incorporating them into its life and practices, welcoming them as integral and valuable members of the community and enabling their full and meaningful participation so that they can renew their self-esteem, replace corrosive self-stigma with a deep and liberating sense of self-worth."[141]

2.3.1 New insights on condom use

The prevalence of HIV raises the question of whether condoms could be used to prevent the transmission of the virus. Indeed, if the intention is to prevent transmission of the virus, rather than prevent contraception, then it is of a different moral order. These days we find many couples with a discordant HIV status, one of the partners being HIV-positive and the other HIV-negative. The general rejection of condoms therefore leaves the HIV-negative partner unprotected against the HIV infection. In this situation, condom usage is necessary to prevent the spread of the disease. Even Pope Benedict XVI finally acknowledged the fact that the use of condoms could be acceptable in exceptional circumstances, though he said a more

[141] M. J. KELLY, *HIV and AIDS: A Social Justice Perspective*, 245.

humane attitude to sexuality, and not condom use, is the proper way to combat HIV infection.[142]

The Pope, nevertheless, made his point clear that the Catholic Church "does not regard the use of condoms as a real or moral solution, but, in this or that case, there can be nonetheless, in the intention of reducing the risk of infection, a first step in a movement toward a different way, a more humane way, of living sexuality."[143] This move recognizes that responsible sexual behaviour and the use of condoms have important roles in HIV prevention. The Pope however stresses that the solution can only be found in a double commitment, "first, a humanization of sexuality, that is, a spiritual and human renewal that brings with it a new way of behaving with one another; and second, a true friendship, also and above all for those who suffer, the willingness to make sacrifice and to practice self-denial, to be with the suffering. And these are the factors that help and lead to real progress."[144]

The Pope goes on saying that "the problem of AIDS in particular, clearly calls for a medical and pharmaceutical response. This is not enough, however, since it is an ethical problem that requires a change of behaviour, for example sexual abstinence, rejection of sexual promiscuity, fidelity within marriage, integral development which demands a global approach and response from the Church. For if it is to be effective, the prevention of AIDS must be based on sex education that is itself grounded in an anthropology anchored in the natural law and enlightened by the word of God and the Church's teaching" (*AM.* 72).

[142] Cf. BENEDICT XVI, *Light of the World: The Pope, the Church, and the Signs of the Times*, 114.
[143] BENEDICT XVI, *Light of the World: The Pope, the Church, and the Signs of the Times*, 114.
[144] BENEDICT XVI, *Light of the World: The Pope, the Church, and the Signs of the Times*, 113.

2.3.2 The strategies towards a better future

Pope John Paul II stated that "in order for his ministry to be as humanly credible and acceptable as possible, it is important that the priest should mould his human personality in such a way that it becomes a bridge and not an obstacle for others in their meeting with Jesus Christ the Redeemer of humanity" (*PDV*. 43). "The priest should be able to know the depths of the human heart, to perceive difficulties and problems, to make meeting and dialogue easy, to create trust and cooperation, to express serene and objective judgments" (*PDV*. 43). The researcher agrees with the Pope and adds that it is due to the pastoral agents' best attitudes towards a better future that individuals and communities will be helped to respect the moral, cultural and spiritual requirements for personal growth, based on the dignity and identity of the person, the family and religious societies. A better future entails that our concern as pastoral ministers for the sick is not only that they be consoled, but also prepared for reintegration into the family.

Through unfailing social solidarity with the sufferer, "the Catholic Church has gained a wealth of experience on how best to reach out, how best to empower, how best to involve and how best to make people in need enjoy their human rights and their inherent human dignity."[145] There is a need to be more explicit about the professional aspect of ministry so as to improve the quality of our ministerial service, to respond in an effective and humane way to the plea of all AIDS infected and affected people. Orobator E. Agbonkhianmeghe adds that we need "a pastoral care which offers the PLWHAs access to medication, food, counselling to

[145] M. F. CZERNY, ed., *African Jesuit AIDS Network: AIDS and the Church in Africa*, 16.

bring about a change in behaviour. This would grant orphaned, widows and widowers a genuine hope of a life without stigma and discrimination."[146]

a) Working for the common good: It is said that "the love which every human being has for life cannot be reduced simply to a desire to have sufficient space for self-expression and for entering into relationships with others; rather, it develops in a joyous awareness that life can become the place where God manifests himself, where we meet him and enter into communion with him" (*EV.* 38). Therefore, we are all called to a service of love which ensures to our neighbors, that their life will always be protected. "It is not only a personal but a social concern which we must all foster: a concern to make unconditional respect for human life as the foundation of a renewed society. We are asked to love and honor the life of every man and woman and to work with perseverance and courage so that our time, marked by many signs of death, may at last witness the establishment of a new culture of life, the fruit of the culture of truth and of love" (*EV.* 77).

The Holy Father reminds us that "the relationships between the members of the family community are inspired and guided by the law of free-giving. This free-giving takes the form of heartfelt acceptance, encounter and dialogue, disinterested availability, generous service and deep solidarity" (*FC.* 43). This intimate change in people will encourage a look beyond immediate interests leading to a change in the way of thinking, working and living, in order to learn to love in daily life. This is because to "love someone is to desire that person's good and to take effective steps to secure it. It is the good of all of us, made up of individuals, families and intermediate groups who together constitute society" *Gaudium et Spes* (*GS.* 26). The researcher adds that it demands a persevering determination to work for the good of all and to

[146] E. A. OROBATOR, ed., *Reconciliation, Justice, and Peace: The Second African Synod,* 195.

remain truly responsible for each other. Jesus always challenges us to work for the common good, to be mediators of compassion and justice, to bring consolation and healing, to become a welcoming and sacramental community.

The common good is understood as the "sum total of that which is essential to the organization of the society, the protection of both individual and the community for the growth and prosperity of the human person."[147] For the principle of the common good to operate well, it must be guided by three main components, namely; "1) respect for persons; 2) social welfare; 3) peace and security."[148] There is a need to accept what the person is and the contribution he or she makes to the society. Both the government and non-government agencies are challenged to provide "institutions and support infrastructures that promote the social welfare of every person. Above all, the public authorities have the responsibility of creating and sustaining, through justifiable means, a peaceful environment that guarantees the security of every individual person, his or her property and the well being of the general community."[149]

b) The Pastoral Ministry that challenges AIDS: What we need in our age is a pastoral ministry that "is not just theorized but is also practical in the sense that it addresses specific realities through practical action basically geared towards changing an undesirable situation into a desirable situation in response to a revealed truth. Our theology has to be largely contextual! As human situations change, ways of articulating theology in word and

[147] E. OPONGO – A. OROBATOR, *Faith Doing Justice: A Manual for Social Analysis, Catholic Social Teachings and Social Justice*, 30.

[148] E. OPONGO – A. OROBATOR, *Faith Doing Justice: A Manual for Social Analysis, Catholic Social Teachings and Social Justice*, 30.

[149] E. OPONGO – A. OROBATOR, *Faith Doing Justice: A Manual for Social Analysis, Catholic Social Teachings and Social Justice*, 30.

deed changes."[150] Nowadays, according to the researcher, to be pastorally effective, intellectual formation has to be integrated with a spirituality marked by a personal experience of God in a specific reality. Our Gospel proclamation must strike root where human beings suffer and struggle for life. It is this concrete reality that confirms Pope John Paul II's words that "pastoral formation develops by means of mature reflection and practical application, and it is rooted in a spirit, which is the hinge of all and the force which stimulates it and makes it develop" (*PDV*. 57).

The cry of suffering urges the pastoral agents to question the meaning and the value of our daily actions, to seek out the immediate and sometimes more remote consequences of professional and voluntary work, handicrafts and domestic work.[151] We realize that at times this calls for "extraordinary composure and heroic courage. God gives us the necessary grace to be strong in the face of trouble. Like the Good Samaritan, we pour out the balm of God's forgiveness on the sufferer's spiritual wounds, caring for the ones others have abandoned and the ones whose families can do nothing to help."[152] Hugh Slattery's words are encouraging as we seek for new and better ways of addressing this epidemic. He writes, "HIV/AIDS is a great catalyst like a huge stop sign forcing us to look at what is happening to so many people in our diocese and country. The role of all religions and faith communities is to promote a moral and spiritual renewal in response to the challenge of AIDS. For us as Church this renewal means we are called to evangelize more deeply by bringing the good news of the Gospel to people in their particular culture and in their real life situation, which is now so

[150] E. KAMAARA, "The Impact of HIV and AIDS ON Vulnerable Groups: Children, Youth, Women and the Elderly in the AMECEA Region", in *A Holistic Approach to HIV and AIDS in Africa,* 74.

[151] Cf. PONTIFICAL COUNCIL "COR UNUM", *World Hunger: A Challenge for All, Development in Solidarity*, 66.

[152] CATHOLIC BISHOPS OF KENYA, *Pastoral Letter, The AIDS pandemic and its impact on our people: Seeking solutions and Solidarity in these difficult times*, 9.

much marked by AIDS."[153] Ferdinand Nwaigbo also argues that the PLWHAs need "a new rebirth through the dynamics of the pastoral care of the Church."[154]

c) The PLWHA's role: This time the Church needs to go beyond "ministering to people living with HIV/AIDS as mere recipients of mercy and services to being active participants in the planning and delivery of HIV/AIDS services to people infected and affected by the pandemic. PLWHA can be effective messengers of community mobilization and advocacy for prevention, care and treatment. Through sharing their testimonies and hopes for living, they are more effective in areas of giving support on coping mechanisms, developing post-test clubs, and mobilizing and encouraging people to go for counselling and testing."[155]

Antonietta Cargnel said that "the terminal patient has the right to share in the joy of fraternal communion and in the consolation of a fraternity where God's unconditional love crystallizes in mutual love among all human persons. This fraternity is a gift, which every believer receives from God. Christian communities ought to develop the spirit of fraternity above all in respect of those who are separated from the present situation."[156] Listening to God, in the presence of the HIV/AIDS patients, will open up the human heart and lead it to seek an ever new personal encounter with God, an encounter that gradually transforms one's life. We have to openly accept infected people in our families and communities, pray with them, serve and love Christ in them. A person with HIV/AIDS may experience feelings of

[153] H. SLATTERY, *HIV/AIDS A Call to Action: Responding as Christians*, 112.

[154] F. NWAIGBO, "The HIV/AIDS Pandemic: A Crucial Task for the Church in Africa", in *AFER; A Pastoral Approach to AIDS in Africa*, 16.

[155] J. KATO – P. RUTECHURA, "Country Survey Findings: Achievements, Challenges and the Way Forward", in *A Holistic Approach to HIV and AIDS in Africa*, 29.

[156] A. CARGNEL, *Assistance and Care for the Terminally Ill*, 48.

shame, guilt, helplessness, alienation, bitterness, depression or fear in the face of imminent death. Pastoral care is an effective means of helping people cope with these feelings.[157]

2.3.3 The holistic approach to the person

It is reported that "cure, care and prevention of the HIV/AIDS pandemic are key concerns where solidarity and collaboration are essential for saving lives and bringing hope to the infected and affected people. These people need understanding and a loving presence. Being with and praying with and for those infected and affected by HIV/AIDS raise their hopes to a higher level. They need the actual help within the community and by the community."[158] The pastoral minister argues that holistic care demands a complete and integrated response to the needs of the human person covering the spiritual, physical, psychological, social and material aspects.

a) Spiritual support: According to Michael Kelly, "even though persons living with HIV experience stigmatizing and discriminating attitudes, language and practices, the dynamics within faith communities usually change with the onset of serious illness. At this juncture, faith-based principles of compassion, solidarity and the imperative of caring for the sick become more prominent and tend to suppress the more harmful manifestations of stigma and sometimes the internal attitudes."[159] This principles of compassion brings about new vision, new forms of working, praying and living in the world. Jesus has inaugurated this new reality through his "preaching, life, death and resurrection. The new creation comes through the patient work of building friendships and communities, and through suffering and

[157] Cf. D. CAMPBELL - G. WILLIAMS, *AIDS Management: An Integrated Approach*, 23.
[158] P. BAKYENGA "Foreword", in *A Holistic Approach to HIV and AIDS in Africa*, 10.
[159] M. J. KELLY, *HIV and AIDS: A Social Justice Perspective*, 134.

dying."[160] The researcher finds that prayers to accompany the sufferer are of help for personal spiritual needs, though this varies from person to person depending on their background. These prayers could include anointing, the sacrament of reconciliation, and Holy Communion depending on one's religious affiliation.

b) Physical and material support: According to the pastoral minister on research, the PLWHAs have the same physical and material needs as other human persons though sometimes their life situation may demand for more. They need clothing, food, financial support, shelter, clean water, primary health care, affordable education, employment, security and sanitation. It is therefore necessary not to forget the dimension of training of medical personnel needed to take care of their disease, the necessity of facilities for testing and follow-up of their progress.[161] The researcher realizes that this area of concern has financial implications on the part of the pastoral agents. They need financial help and material resources for their work to be successful, especially among the PLWHAs.

c) Psychological and emotional support: Here the "individuals, communities, Churches and governments should be mobilized to fight the stigma and discrimination of those infected with HIV/AIDS. The fight will be successful if people are educated on how to care for the affected and infected in their communities. There is need for proper training in pastoral counselling and care for the sick."[162] The researcher adds that companionship aimed at offering support to people so as to bring about healing and personal growth, to give an

[160] E. KATONGOLE, "An Age of Miraculous Medicines", in *AIDS in Africa: Theological Reflections*, 118.

[161] Cf. M. CZERNY – R. J. VITILLO, "The Church's Role and Approaches in HIV/AIDS Advocacy", in *AFER (Special Issue); AMECEA 15TH PLENARY: Responding to the Challenges of HIV/AIDS within the AMECEA Region*, 288.

[162] E. NDUKU "The Impact of Poverty, Illiteracy and Ignorance in Responding to the Challenges of HIV/AIDS in the AMECEA Region", in *A Holistic Approach to HIV and AIDS in Africa*, 52.

opportunity to the affected and infected to share their deeper emotional and spiritual difficulties is indispensable. It provides individuals with the help they need to address personal issues and possible problems with a view to making informal decisions and trying to implement the advice received in order to better their lives. It also assists HIV/AIDS patients to recover their self-esteem and lead a fruitful life, where they are able to cope with the difficult and painful issues surrounding HIV/AIDS infection.

d) Social or practical support: Kelly understands social justice as "the core value that seeks to bring about practical and effective attention to the dignity, and rights of others. It is concerned with ensuring the proper ordering of things and persons so that individuals, families and groups experience fair treatment, a just share in the benefits of society, a measure of control in its processes and an awareness of their worth and role in determining their own destiny."[163] There is a need for supportive and understanding care, whether in a hospital, hospice or home setting. There is also a need "to strengthen the capacity of families and communities to provide integrated care to PLWHA, and to respond to the needs of orphans and vulnerable children."[164] It is highly advisable that "the person needing care remains in a familiar environment, supported by the dedicated care of people with whom there are strong emotional and social bonds."[165]

This socio-cultural and pastoral analysis challenges us even more to continue working tirelessly to eradicate stigma and discrimination, to challenge any social, religious, cultural and political practices which do not respect the rights of the PLWHAs. It is a situation that calls upon all Christians and people of good will to respect the full dignity and equal rights of

[163] M. J. KELLY, *HIV and AIDS: A Social Justice Perspective*, 16.
[164] M. J. KELLY, *HIV and AIDS: A Social Justice Perspective*, 39.
[165] M. J. KELLY, *HIV and AIDS: A Social Justice Perspective*, 40.

all people whether they are living with HIV/AIDS or not. According to the researcher, we are to imitate Jesus, making the first move to reach out to others, including those who are alienated from the Church and society, and create for them a welcoming place. We are to help the PLWHA to create support groups in their own communities and be more active in the apostolate of presence and the ministry of listening. With these words in mind, we move on to the next chapter, 'Theological Reflection' where we shall reflect theologically on the impact of HIV/AIDS on humanity and search for the meaning of suffering in this present world.

3.0. CHAPTER THREE: THEOLOGICAL REFLECTION

This theological reflection is an effort to understand more broadly and deeply the analyzed experience in the light of faith, scripture, the Church's social teaching, and the resources of tradition. It will strive to show that human suffering may be an occasion to encounter God and to dialogue with him. This reflection seeks to interpret life's experiences in light of "God's purposes in Jesus, and to understand the Christian story about God in light of what we experience day-to-day. In other words, it holds in dialectical tension the relation of faith and experience in order to make faith-sense of experience and experience-sense of faith."[166] This helps us to discover the actual will of the Lord in our life, and also to understand the diverse social and historic situations in which we live.

The Pastoral Constitution on the Church in the Modern World (*Gaudium et Spes*) states that "the joy and hope, the grief and anguish of the people of our time, especially those who are poor or afflicted in any way, are the joy and hope, the grief and anguish of the followers of Christ as well" (*GS.* 1). So, in the midst of pain and suffering caused by HIV/AIDS, people are challenged as Christ's followers to look at HIV/AIDS with the eyes of faith, solidarity and compassion. It is Christ's body which has AIDS! The AIDS challenge is

[166] R. M. GULA, *Just Ministry: Professional Ethics for Pastoral Ministers*, 32.

the Church's challenge! This is because "in allowing the terrible scourge of AIDS to take place, our loving God is surely inviting us all to a deep moral and spiritual renewal. He wants us to listen to him and let him be God in our lives."[167] It is therefore important for us to indicate the way out of the illusions that the sufferers might be having and to remain honest to the Lord. God is the master of everything, however, the responsibility is also in our hands, whether in sickness or health. The way we respond to Him bears clear consequences, thus the need to listen well in prayer to God's inspiration in all situations that point to the Kingdom.

There is a link between HIV/AIDS and suffering. In reference to chapter two, it is clear that depending on individuals and families, some PLWHAs usually go through all sorts of unpleasant experiences. They start wondering, why 'HIV/AIDS', why me 'suffering', is it a 'punishment from God for being unfaithful?' They think about possible family disintegration, rejection, stigma and discrimination around them. Quite often people affected and infected with HIV/AIDS are in great distress and are confronted with hard questions impossible to answer with human wisdom. According to the researcher, when pastoral agents fail to find answers to the cry of the PLWHA, it is always wise to turn to Christ and imitate Him in helping the PLWHA find meaning in their human suffering. The experience of the PLWHA is an experience of suffering in most cases.

3.1 THE CHRISTIAN MEANING OF HUMAN SUFFERING

For Pope John Paul II, "to suffer means to become particularly susceptible, open to the working of the salvific powers of God, offered to humanity in Christ. In him God has confirmed his desire to act especially through suffering, which is man's weakness and

[167] H. SLATTERY, *HIV/AIDS A Call to Action: Responding as Christians*, 97.

emptying of self, and he wishes to make his power known precisely in this weakness and emptying of self" *Salvifici Doloris* (*SD.* 23). People and society at large must be helped to understand the profound mystery of life, in all its harsh realities because even in pain and suffering, there is positive meaning and value if experienced in good faith. Each person is called to participate in the salvific suffering of Christ and in the joy of his resurrection.

It is clear that "in order to discover the profound meaning of suffering, we must open ourselves wide to the human subject in his manifold potentiality. We must above all accept the light of revelation not only insofar as it expresses the transcendent order of justice but also insofar as it illuminates this order with love, as the definitive source of everything that exists. Love is also the fullest source of the answer to the question of the meaning of suffering. This answer has been given by God to man in the Cross of Jesus Christ" (*SD.* 13). As a result, one's suffering today becomes a "time of great trial that leads to seek to know more about God, at once near and far away, and to undertake a frank dialogue with the creator of heaven and earth."[168]

a) The Significance of human suffering: Bryan Stone says that "the context of human poverty, suffering, and oppression provides an indispensable position for sensing the heartbeat of God and for discovering the decisive significance and relevance of Jesus Christ for all of us. The view from below is an essential starting point that opens up who God is for the world and sets the agenda for the structure and mission of the Church in the world as a liberation community."[169] The life and experience of the suffering person provides a unique window for discovering who God is, a God of compassion, a God who enters into the situation of those who suffer, and in suffering with them, redeems them.

[168] G. T. MATADI, "How Long, O Lord", in *AIDS in Africa: Theological Reflections*, 33.
[169] B. P. STONE, *Compassionate Ministry: Theological Foundations*, 14.

In salvation history, God used historical events to reveal his presence and power together with his will for the human race. The events were sometimes joyful like the blessings for the people. However, God also revealed himself through calamities and suffering. These historical events have to be understood as God's appeal to humankind to do his will. In our days, a moral disease, HIV/AIDS, has emerged and it poses a great threat to the world. Like in many past events, we believe that behind this terrible disease one can hear God's voice appealing to humanity today. If so, what is more important for us while facing such calamities, even more than looking for cures, is to recognize God's present invitation and pay attention to it. The AIDS epidemic should be looked at as a phenomenon which constitutes a special time in salvation history, a moment of grace, paradoxical as this might seem. It is a time when, once again, we hear the call to conversion, to turn to faithfulness to God's law regarding sex and marriage and rediscover the value of chastity.[170]

b) Love for the PLWHA: Since the sick people are members of the Mystical Body of Christ, it goes without saying that it is proper for us to show them love and compassion. We all have the duty to give every person the same right of access to the indispensable minimum to live on. Our duty is also to reincorporate those living in poverty and suffering into the community as a whole, which without them tends to wither and can eventually be destroyed. HIV-people living in poverty do not belong to the sides of society, in a marginalized position. Everything must be done to prevent such situation. They must be placed at the very centre of the human family. It is there that the poor can play a unique role within the community.[171]

[170] Cf. G. T. MATADI, "How Long, O Lord", in *AIDS in Africa: Theological Reflections*, 34.

[171] Cf. PONTIFICAL COUNCIL "COR UNUM", *World Hunger: A Challenge for All, Development in Solidarity*, 26.

There is a "deep significance in meeting the fundamental needs of every man and woman in the eyes of their Creator. In the groaning of the hungry, it is God who is hungry and who is calling. Being God's disciple, who is self-revealing, the Christian is urged to heed the cries of the poor. It is a call to love."[172] We need to understand that in life there is a cause for sadness and tears because of real suffering, but there is also a great cause for joy and laughter when we see signs of true love among people. This must come from our Christian faith that from the darkness and tears of Christ's pain, suffering and death, came the new life of the resurrection which brought hope, courage, joy and love among us. "Suffering can be an opportunity for conversion and a moment of the plenitude of saving grace."[173] We all live in the shadow of death, but we walk in the light of the resurrection. We are meant to have some experience of resurrection right now even before we die, even in our constant contact with suffering, sickness and death.

3.1.1 Suffering and the belief in God in a HIV/AIDS context

Some sufferers think that HIV has been sent by God to punish them for their sins. They are confronted with the belief in an angry God who does not look like the loving father of Jesus Christ. They ask why they are the ones affected, whether God loves them. Some have lost hope and stopped relying on God for healing. Barasa writes that "the issue of HIV/AIDS is problematic because not all people view it as an innocent natural disaster. There are those who want to moralize it and argue that AIDS is a result of immoral behavior on the part of the individual (moral evil) such that the sufferer is understood to be carrying the consequences of

[172] PONTIFICAL COUNCIL "COR UNUM", *World Hunger: A Challenge for All, Development in Solidarity*, 60.

[173] F. NWATU, "The Cross: Symbol of Hope for Suffering Humanity", in *AFER; Finding Meaning in Human Suffering*, 9.

his or her actions."[174] In this state of life, the PLWHA need spiritual support for them to understand that people suffering from HIV are also called by God to live their human and Christian vocation, and to participate in the growth of the Kingdom of God in a new and more valuable manner. In doing so, they discover the redemptive value of suffering, accept and offer their pain to God with love. Christ himself calls the members of his Mystical Body to share in his sufferings, and to complete them in their own flesh (cf. Col 1:24). The sick person is therefore to "reflect on his or her life as a whole in the midst of suffering before the Lord. This reflection promotes healing and an act of faith that achieves wonderful results in every human life."[175] If the PLWHA, at the point of despair turn to God in genuine trust, they will be able to find a new and more profound meaning in life. It may take a long period of time to reach this point.

In the midst of "absurd suffering, fear, anger, despair, anguish, loneliness and rejection, the PLWHA belong to the realm of spiritual concern. They are invited to maintain just and loving relationships with other human beings and with Jesus Christ who identified himself with human weakness by adopting the human form in order to save the human race. What is at play here is an invitation to a deeper faith that makes sense out of a painful life, of which death and suffering are significant aspects. Faith is a matter of contemplating and loving God, the source of all good, on the faces of all persons, especially of persons who suffer."[176] The PLWHA should know that if any healthy relationship has to be maintained with God, it has to be based on truth. They are to understand that life is a mystery, and there are areas of life which cannot be understood, and cannot be denied either. They have simply

[174] P. W. BARASA., "Giving Meaning in Suffering", 12.
[175] G. T. MATADI, *Suffering, Belief, Hope: The Wisdom of Job for an Aids-Stricken Africa*, 141.
[176] G. T. MATADI, *Suffering, Belief, Hope: The Wisdom of Job for an Aids-Stricken Africa*, 24.

to be accepted! Suffering, of course, being one of these mysteries of life is beyond our comprehension but we can seek for the meaning of our sufferings in our contact with God, the ultimate wisdom. The PLWHA must face their HIV/AIDS crises with honesty, humility and confidence in the loving care of the Father.

The suffering person is free to express his or her feelings of fear, agony and powerlessness, but also to go beyond and accept this uncomfortable situation. Through lamentation, a sufferer who believes in God may accuse God, but later recognize his almighty power. This is the best way to radically question the misguided images of God's involvement in human suffering. People must become increasingly conscious of the fact that suffering can help in the regeneration of their institutions and ideologies if they face suffering head on and draw salutary lessons from it. Our most ardent wish is that HIV/AIDS might help us change our ways of living with the afflicted, our ways of doing theology, and our ways of believing. This is because "the suffering caused by HIV/AIDS can be considered as a *kairos*, a time full of grace, which is offered to the universal Church to develop a new and rich language about God in the midst of enormous trials."[177] The courage of going through a bitter experience could reveal to the PLWHA new aspects of God, especially that God is Love and is emotionally involved in their suffering.

a) Love of God and Jesus for HIV-positive people: According to Casimir Ruzindaza, the dying Christian and the bereaved:

> Have a special place in the Church of Christ, which is essentially the celebration of the death and resurrection of Jesus. The Christian dying of AIDS today should find the meaning of his or her life and death in the humiliation of Jesus' death on the cross. After having gone through all that suffering for us, Jesus can surely understand all sorts of human experiences. That is why a Christian AIDS patient should be rest assured that Jesus understands his or her situation

[177] G. T. MATADI, *Suffering, Belief, Hope: The Wisdom of Job for an Aids-Stricken Africa*, 131.

> so well. He is not only ready to accept the AIDS patient as he or she is, but in this particular time of difficulties God is nearer to the patient than ever before.[178]

Jesus' resurrection is a mark of glory, a sign of love which does not move us to fear or shame or guilt, but joy because he loved us so much. Once touched by the hand of God, AIDS may look like a scar which leads a Christian patient to experience God's love and enables him or her to praise God who can never let humankind down. What the AIDS patients need most, before their death is to die with Christ. Our responsibility as Christians is to help the patient to overcome the storm of anger that may separate him or her from God. The anger against themselves, resulting from feelings of guilt, that it was their fault to contract the HIVAIDS, and that they have nothing to live for anymore! Also the anger against other members of the community, who are accused of not warning the patient! Through all the different stages of anger, we should not abandon the patients. We should stay by their side to remind them that God loves and understands them as they are.

Pope John Paul II once wrote that in order "to perceive the true answer to the "why" of suffering, we must look to the revelation of divine love, the ultimate source of meaning of everything that exists. Love is also the richest source of the meaning of suffering, which always remains a mystery: we are conscious of the insufficiency and inadequacy of our explanations. Christ causes us to enter into the mystery and to discover the "why" of suffering, as far as we are capable of grasping the sublimity of divine love" (*SD* 13). We discover that God is "not remote, indifferent, untouched by human suffering. He is there in the midst of it all. God is there, totally present with the person who has AIDS, suffering with

[178] C. RUZINDAZA, *Living Positively with AIDS: An African Experience*, 81.

the person and wanting that human beings use all their talents, qualities and energies to relieve the pain, and heal the sickness."[179]

The God of the Bible is the one who today, just as yesterday, can be found in HIV/AIDS patients, binding up their broken hearts and healing their wounds. It is in these situations of brokenness and marginalization that the Christ in whom God is revealed most clearly is to be found again and again. For Bryan Stone, "It is in genuinely understanding that we are all boundlessly loved by God that we find ourselves called to make a place in the human community for those who are marginalized and oppressed."[180] However, we need to understand that recognizing the divine loving presence is not always easy even when our intention is to discover it in our situations of life. The divine presence is usually recognized gradually by making connections between current and past events of personal experience and tradition.

The challenge which the AIDS epidemic puts before us is that of reaching out to those who are suffering. It is only by so doing that we can be effective witnesses of God's love. We remember that the Lord will say to us at the last judgement: "For I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you made me welcome, lacking clothes and you clothed me, sick and you visited me, in prison and you came to see me" (Mt 25:35-36). We hear the Lord's call to share his compassion: "Be compassionate also just as your Heavenly Father is compassionate. Do not judge, and you will not be judged; do not condemn, and you will not be condemned" (Lk 6:36-37). According to St. John, "God is love" (cf. Jn 15:12, 17; 1 Jn 4:8). He always has been and always will be a God of love,

[179] M. J. KELLY, *Education: For an Africa without AIDS*, 222.
[180] B. P. STONE, *Compassionate Ministry: Theological Foundations*, 79.

mercy and compassion. God will never stop loving us no matter how we fail him or turn away from him.

b) AIDS people, sharers in the Suffering of Christ: Christ suffered in place of all humanity. Every person has his or her own share in the redemption which comes out of shared suffering. AIDS people participate in Christ's redemptive suffering because Christ has opened his suffering to them by sharing in their human suffering. By discovering the redemptive suffering of Christ, they also discover in it their own suffering through faith enriched with a new content and new meaning, (cf. *SD.* 20). It is this discovery that caused St. Paul to write in the Letter to the Galatians: "I have been crucified with Christ and yet I am alive; yet it is no longer I, but Christ living in me. The life that I am now living, subject to the limitation of human nature, I am living in faith, faith in the son of God who loved me and gave himself for me" (Gal 2:19-20).

Those who share in the sufferings of Christ are also called, through their own sufferings, to share in his glory. To the Romans St. Paul writes: "And if we are children, then we are heirs, heirs of God and joint-heirs with Christ, provided that we share his suffering, so as to share his glory. I consider that the sufferings of this present time are not worth comparing with the glory that is to be revealed in us" (Rom 8:17-18). He implies that to share in the suffering of Christ is, at the same time, to suffer for the Kingdom of God. "Those who share in the suffering of Christ become worthy of this Kingdom. Through their sufferings, in a certain sense they repay the infinite price of the passion and death of Christ, which became the price of our Redemption: at this price the Kingdom of God has been consolidated anew in human history, becoming the definitive prospect of man's earthly existence. Christ has led us

into this Kingdom through his suffering. And also through suffering those surrounded by the mystery of Christ's Redemption become mature enough to enter this Kingdom" (*SD.* 21).

The sign of Jesus Christ can help both the pastoral agent and the sufferer to establish an on-going dialogue between their own experiences of suffering. The spiritual and theological reflection of an individual is nourished by one's human and Christian experience in the HIV context. Jesus reveals to us that human dignity, founded on our being created in the image of God, cannot be denied to those who suffer. Those who suffer are not to doubt that their God is a living and powerful God, and a God of righteousness and goodness.

According to Matadi, this time of AIDS offers us five lessons:

> 1) the need for respectful silence in the face of human suffering, 2) the need to protest against all unjust suffering, 3) the urgent need to defend the dignity of victims of suffering even when the burden of dehumanizing suffering apparently undermines their dignity, 4) the urgent need to leave behind the incoherence of religious theories that teach that sin and sorcery cause HIV/AIDS, and 5) the urgent need to be aware and make others aware that moral integrity is a value to be acquired and upheld.[181]

These lessons help us to stop relying on ourselves, and to rely on God who raises the dead to life. As the Lord has helped us so many times before, we can be certain that he will continue helping us in our trials and sufferings in order for us to fix our eyes on our anticipated glory, which is so great, and in itself the cause of joy in suffering. We can learn wisdom from any crisis, if we objectively analyze the causes of the crisis and rationally study the means to overcome it.

[181] G. T. MATADI, *Suffering, Belief, Hope: The Wisdom of Job for an Aids-Stricken Africa*, 95.

3.2 THE HEALING MINISTRY

3.2.1 Jesus Christ

The role of Jesus Christ, both in the "literal and metaphorical senses, is fundamental to Christians wrestling with the problem of human suffering. In the face of much suffering, we may spontaneously invoke the image of the caring and healing Jesus. As a matter of fact, we need first of all to be sensitive to the presence of Jesus in the context of HIV/AIDS. HIV/AIDS places us before the suffering Jesus through whom God shares in human suffering."[182] It invites us to contemplate on the compassion of Jesus as a healer, comforter, teacher and shepherd, *per excellence* (Lk 4:40, 6:18-19, 9:11; Mk 1:34; Mt 4:23-24, 8:16, 14:14). Jesus' attitude in his healing ministry challenges us to articulate his vision of the Kingdom of God with credibility in the here and now. To make the Church which is his body a sacrament of salvation and healing for the PLWHAs and as a sign of communion with a God who is ever with them in their struggles (Acts 10:38; Lk 4:18). It is our role as the Christ of today to make the PLWHAs experience hope and healing. We have a responsibility, just as Christ, to look closely at the behavior of the PLWHA with the eyes of faith and contemplate before we act on how Christ himself would have responded to their situations. We are to continue changing the hearts and minds of people so as to bring about true conversion.

Jesus healed the lame, cured lepers, cast out devils, restored sight to the blind, hearing to the deaf, and forgave sins. He did all that without judging the individuals concerned. We too are called to do the same today to those who suffer from this new and deadly disease AIDS. The Lord Jesus is vividly present among us in the weak and sick, and these can be in

[182] P. MOMBE, *Rays of Hope*: *Managing HIV&AIDS in Africa*, 30.

some sense the mission of Jesus' on-going work of redemption. St. Paul was very much aware of this when he wrote to the Colossians concerning his own suffering: "It makes me happy to suffer for you, as I am suffering now, and in my own body to do what I can to make up all the hardships that still have to be undergone by Christ for the sake of his body, the Church, of which I was made a servant with the responsibility towards you that God gave to me, that of completing God's message." (Col 1:24-25). Jesus remained faithful to this ministry of healing even to the point of death. He hoped that in our own time we would be challenged and moved by his healing ministry to be involved in renewing the face of the earth.

As Christ's followers, in front of all the evils of this modern world, we are invited to see God's presence in the world of suffering, through our prayers and meditation. This should challenge us to be His ambassadors regardless of our limitations. This is because our social action or ministries must be linked with prayer and our personal experience of God in order to be genuine. We should never be discouraged in our apostolate to the sick. We are called to be open and co-operate with Jesus, never counting the cost. We are invited to break the barriers of discrimination and stigma, as Jesus did in his time. Bearing in mind that "every experience holds a new promise, every encounter carries a new insight, and every event brings a new message"[183] for a person of faith.

In his healing ministry, Jesus did not run away from the struggles he encountered but faced them honestly. His solution was to do the will of his Father (Jn 6:38; Lk 22:42). This is very important in our lives today. We have many sources of inspiration like Christ himself who is our model, and the scriptures whose teaching should be applied in our daily life. We are to admire and imitate the saints who lived in friendship with God. In the modern world in

[183] H. J. M. NOUWEN, *The Wounded Healer: In our own woundedness, we can become a source of life for others*, 74.

which we are faced with the HIV/AIDS problem, we should imitate Jesus and the saints; we should study the Bible and Church tradition to answer the challenge at hand. The Bible and example of Christ's ministry give us clear examples of love, fighting against evil, courage, collaboration and openness to different life's situations. This helps us to be honest and committed in our ministry. We should be practical in whatever we are doing for God's people. We are to show the zeal in communicating the good news of life to the PLWHAs.

3.2.2 The Church

People living with AIDS experience healing when they are welcomed, accepted and integrated into the worshipping community of faith, especially in situations where they have been abandoned and ostracized by family, community and society out of fear and stigma. Healing, "as an ecclesial function in the context of HIV/AIDS, seeks to actualize the virtues of compassion, hospitality and solidarity characteristics of all the stories of healing in the Gospels. In this sense, the healing Church is a concrete manifestation of the healing presence and deeds of Christ in the time of crisis."[184] Therefore, the healing Church, "though immersed in the immediate, localized setting of caring for persons with HIV/AIDS, also needs to focus on the wider, global context that shapes the future trends and impact of the disease. As the body of Christ, the Church is both as an incarnate local community of faith and a universal sacrament of communion with God."[185] The Church, as the community of the disciples of Jesus is called to continue the mission of Jesus. This is the mission Jesus gave to his disciples (Lk 9:2, 10:9; Mt 10:1; Mk 3:15, 16:17-18).

[184] A. E. OROBATOR, "When AIDS comes to Church", in *AIDS in Africa: Theological Reflections*, 124.

[185] A. E. OROBATOR, "When AIDS comes to Church", in *AIDS in Africa: Theological Reflections*, 128.

The Church that takes up a ministerial preference for the suffering is a Church that is thoroughly engaged in the daily political, social, and economic reality. This Church is determined to bring about healing. She is a realistic and relevant sign of the presence of the loving and compassionate God who suffers with those who suffer, and who rejoices with those who rejoice. As a mystery, "the Church is essentially related to Jesus Christ. She is his fullness, his body, his spouse. She is the sign and living memorial of his permanent presence and activity in our midst and on our behalf" (*DBV*. 12). Personal and community prayer is the indispensable means for obtaining from God the necessary strength to keep faith and remain in touch with the healing obligations of the Church in this world full of suffering.

As a Church, the guiding principles in our theological reflection in the HIV/AIDS context should help us realize that; "We are the body of Christ" (1Cor 12:12), "We are Christ's ambassadors" (2Cor 5:20), "We have a living hope" (1Pet 1:3), "We are compelled by the love of Christ" (2Cor 5:14), "We are to perform acts of love to God" (Jas 1:27), "We are to break silence by speaking the truth in love" (Eph 4:15). This implies that the strength or weakness of one affects the other. This is the reason why as Christians we ought to value the whole of human life, body and soul. The detrimental effect of HIV/AIDS on individuals and on every aspect of community life compels us to embrace a holistic approach, (Mat 25:34-40). Serving those in need is part and parcel of the Good News of the Word made flesh in this dark era of HIV/AIDS in which "God calls us back to Himself, for He alone is the custodian of morality and cause of our happiness. We are to integrate the puzzling mystery of AIDS into

our experience of God, probe our dark sides, strip our nameless anxieties, throw away our barricades and open ourselves to a new relationship with Him."[186]

We are therefore invited to live the Gospel values daily. However, only the continual search for wisdom will help us to progress beyond simplistic solutions to creative ways of living in the midst of HIV/AIDS. This implies to address human sexuality and death responsibly, to embrace prevention programs that are grounded in the Scriptures, to accept people unconditionally as Christ accepted and still accepts us, to serve God in practical acts of love and compassion extended to others, and to seek solutions to the pandemic with the wisdom that God gives. Realizing that individually we are created in God's likeness (Gen 1:27) and collectively we are formed into one body, the Church (1 Peter 2:4), thus the suffering of one member of the body causes other members to suffer. HIV/AIDS is not out there, but within the Church which is an active infected body. The healing Church "though immersed in the immediate, localized setting of caring for PLWHA, also needs to focus on the wider, global context that shapes the future trends and impact of the disease."[187]

3.3 A CALL FOR SOLIDARITY AND COMPASSIONATE MINISTRY

Solidarity and compassionate ministry is Jesus' call to all. We are all called to love of neighbor and to work for integral human growth. This outlook does not give in to "discouragement when confronted by those who are sick, suffering, or at death's door. Instead, in all these situations it feels challenged to find meaning, and precisely in these circumstances it is open to perceiving in the face of every person a call to encounter, dialogue

[186] F. NWAIGBO, "The HIV/AIDS Pandemic: A Crucial Task for the Church in Africa", in *AFER; A Pastoral Approach to AIDS in Africa*, 21.

[187] A. E. OROBATOR, *From Crisis to Kairos: The Mission of the Church in the time of HIV/AIDS, Refugees and Poverty*, 245.

and solidarity" (*EV.* 83). It is here that the word of God is proclaimed and accompanied by the witness of the power of the Holy Spirit, working within Christians who are at the service of their brothers and sisters.

The concept of justice is rooted in human solidarity, and that very concept requires the strongest to come to the aid of the weakest. It should guide our steps wherever the voice of the poor is heard, challenging us to work to create a world in which justice, peace and charity are jointly guaranteed. Societies cannot be properly built up by excluding some of their members. All people are supposed to be part and parcel of whatever is taking place in the community. Evidently, this means that people living in poverty are also entitled to organize themselves so as to obtain better assistance that will enable them to free themselves from poverty. "The call of God handed on through the Church is evidently an appeal to share in active and practical charity. As in the past, and more than ever today, the Church is present to all those who are performing humanitarian work to serve other human beings, working for their needs and their most basic rights."[188]

The compassion of God is "Jesus' willingness to empty himself, and take on the role of the suffering servant all the way through death and resurrection in order to reconcile us to God and to one another. Jesus did not sit on the sidelines as a detached observer of human suffering, but disclosed the character of God's love to be in solidarity with those who suffer."[189] God is fundamentally compassionate and there is a distinct and significant link between God's compassion, on one hand, and the kind of ministry to which God calls us as human beings, on the other. Compassionate ministry is not just one type of ministry alongside

[188] PONTIFICAL COUNCIL "COR UNUM", *World Hunger: A Challenge for All, Development in Solidarity*, 62.

[189] R. M. GULA, *Just Ministry: Professional Ethics for Pastoral Ministers*, 103.

others. It is the first and last word in any ministry that understands itself as an authentic response to a compassionate God. We must respond to HIV/AIDS people with the compassion of a compassionate God. Our ministry and our lives must be thoroughly shaped by this compassion. Nwatu affirms this idea when he states that, "if humanity is made in the image of a compassionate God; a God who suffers with the lowly as the crucifix shows, then to be human means to be compassionate."[190]

If God is to be found in our world today, it is with those who suffer and are trampled upon. This does not mean God prefers some people to others, but whenever God's children are being excluded from the human community God is always at work bringing liberation and healing. It is in the lives and experience of those who suffer and through their eyes that the truth can most clearly be discovered about ourselves, the world, and what God is doing through Jesus. That is why "Compassion must be offered without any moral judgment about the person who is afflicted and suffering. He or she must be treated as Christ our Lord treated the sick with love and, above all, respect for their God-given dignity."[191] The call for solidarity also concerns those who suffer from HIV/AIDS, their families, and those who have been made orphans.

3.3.1 Solidarity between God and the sufferer

Solidarity of God with the sufferer can be well understood if we theologically reflect on the reasons why God sent his Son into the world. From St. John we read that Jesus came "that we may have life and have it in full" (Jn 10:10). Life is the greatest gift to human beings

[190] F. NWATU, "The Cross: Symbol of Hope for Suffering Humanity", in *AFER; Finding Meaning in Human Suffering*, 13.

[191] Catholic Bishops of Africa and Madagascar, *Speak Out on HIV &AIDS: Our Prayer is always full of Hope*, 14.

and it is the central message of Christianity. Life is the basis of the Church's mission and it must be seen and lived holistically. It must be saved, preserved and enhanced. Today, through the HIV/AIDS epidemic, we are challenged to preach, communicate and protect life according to God's plan for humankind. All our efforts should be oriented towards revealing God's solidarity with the PLWHAs so that we can combat HIV/AIDS and restore life through physical, emotional and spiritual support. Just as Christ identified Himself with the suffering, we Christians are now called upon to identify ourselves with the vulnerable and the suffering in the face of this great menace of HIV/AIDS. Loving and caring will take away all forms of stigmatization (cf. Lk 17:11-19). As PLWHAs, they need to rely on God's solidarity and love which is always present. Barasa says that "God is compassionate and caring towards human suffering. He is very close to the sufferer in a way that He feels what the sufferer goes through by sharing in the situation of the sufferer. Therefore, in human suffering, God suffers together with us in compassion while at the same time recreates, heals and redeems us."[192] God is the one who is capable of changing our inner being. We must go on, trusting in his action and love.

3.3.2 Solidarity between the Christian community and the sufferer

"Christian traditions emphasize the need to be in solidarity with those who suffer. Before this solidarity is manifested in action it should be there in the feelings and attitudes. We all form one huge the family of God with one Father and one destiny. The affliction of one is the affliction of us all, since we are pilgrims marching united in Christ to our heavenly Father. This sense of unity and solidarity should be strengthened in this situation of

[192] P. W. BARASA., "Giving Meaning in Suffering", 17.

HIV/AIDS, with the persons suffering from AIDS as exemplified in the story of the Good Samaritan (Lk10:29-37)."[193] HIV/AIDS therefore becomes an opportunity for Christians to exercise their love of God through those who suffer. Through their daily actions, Christians give witness to the God of love and forgiveness. By our presence the PLWHAs are able to believe in the "loving, forgiving, and saving God who is with them in their suffering."[194]

As Christians, we need only to face the challenge, carry out the mission it demands and increase our commitment to the people God created and whose dignity we must uphold. This is our prophetic tradition we need to treasure, to be a critical conscience in matters of public health, to be the true light which gives meaning and joy to the PLWHA. In a hopeless situation, Christians are called to give answers which address the specific problems of the people to give them hope. It is up to the Church, not just to say 'Christ is Risen', but to address the HIV/AIDS problem which the people of God are facing and give them hope and love to move forward.[195] We are therefore required to give ourselves fully to our service, to give our full personal contribution to restoring PLWHA's life because if we do not do it, nobody else will. Nouwen writes that "every Christian is constantly invited to overcome his neighbor's fear by entering into it with him, and to find in the fellowship of suffering the way to freedom."[196]

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[193] J. M. WALIGGO, "The Church and HIV/AIDS: A Ugandan Pastoral Experience", in *AFER; A Pastoral Approach to AIDS in Africa*, 26.

[194] J. M. WALIGGO, "The Church and HIV/AIDS: A Ugandan Pastoral Experience", in *AFER; A Pastoral Approach to AIDS in Africa*, 26.

[195] Cf. F. NWAIGBO, "The HIV/AIDS Pandemic: A Crucial Task for the Church in Africa", in *AFER; A Pastoral Approach to AIDS in Africa*, 21.

[196] H. J. M. NOUWEN, *The Wounded Healer: In our own woundedness, we can become a source of life for others*, 77.

3.3.3 Solidarity among the sufferers

HIV/AIDS has many implications for the infected person. Many people naturally go through a series of emotional reactions such as shock and denial, anger and fear, anxiety and grief, stigmatization and rejection, loss of social status, self-confidence and dignity. Many experience great physical and spiritual pain. Those PLWHAs who have gone through these experiences and have finally accepted the situation, and live positively with inner joy are called upon to be the source of encouragement, understanding and love for those who have just learned that they are HIV-positive and are struggling to accept the reality. They are to "establish deeper, closer, warmer and more consistent relationships to support one another in moments of pain and despair, and to reduce their stress and enable them to promote quality relationships with others."[197] In this way, the sufferers will be able to let go and adjust to the new life as they start seeing themselves as persons with dignity and not victims. The sufferers therefore are able to witness to each other in true solidarity. It is only from our personal experiences, that we are able, with confidence, to invite others to trust in God regardless of their status.

People recognize the divine presence with the help of one another by responding to the initiatives of their fellow PLWHAs, and by letting their communal reflection process open new possibilities. The experience of need, especially the feeling of powerlessness in trying to help another PLWHA, is a powerful occasion to recognize the divine presence. The experience of grief can also reveal the divine love if a person is willing to enter the pain of loss and recognize God's presence. For a "deep understanding of his own pain makes it possible for him to convert his weakness into strength and to offer his own experience as a

[197] B. KIRISWA, "Pastoral Care and Counselling of Persons Living with HIV/AIDS", in *AFER; A Pastoral Approach to AIDS in Africa*, 91.

source of healing to those who are often lost in the darkness of their own misunderstood sufferings."[198] The ability to recognize divine presence is cumulative, where previous encounters, especially in prayer and worship, increase one's ability to recognize it even when it occurs in unexpected ways. It depends on us to benefit or to suffer from the things that happen to us especially illness. It is up to us to accept suffering in good faith.

3.3.4 Solidarity among all people

Solidarity simply means an "awareness of the fact that my life affects your life, and yours affects mine, and similarly, our lives affect their lives, and theirs affect ours. Subsequently, we have a moral and religious obligation to be responsible for each other's life."[199] Solidarity among people therefore is guided by the fact that we are one family, united by the fact that we are all created in the image and likeness of God. Whether HIV-positive or not, each individual represents the true face of God, the true part of the body of Christ the Church. It implies that if one part of the body of Christ is affected, the whole body is affected, thus there is a need for all peoples to take up their responsibilities to heal the suffering part. Our responsibility for each other goes beyond ethnic, racial or national identities as well as economic, political, religious, social or ideological differences.

This theological reflection has challenged our faith before people suffering from HIV/AIDS. Its conviction is that the more concrete our faith becomes, the more we can make it concrete for others especially those who are experiencing pain, fear, and darkness which comes with the sickness of AIDS. By our faith and our love, we can make God present to

[198] H. J. M. NOUWEN, *The Wounded Healer: In our own woundedness, we can become a source of life for others*, 87.

[199] E. OPONGO – A. OROBATOR, *Faith Doing Justice: A Manual for Social Analysis, Catholic Social Teachings and Social Justice*, 36.

those who suffer so that they experience the compassion and gentle touch of our Savior who became one of us for that very reason. Jesus Christ should remain our model as we try to respond to the PLWHAs with compassion, love, mercy, forgiveness and unconditional acceptance. We should allow ourselves to be affected by the pain of others to the point of feeling the pain with them. Having treated the insertion, the socio-cultural and pastoral analysis, and the theological reflection, we are now in a position to propose a pastoral plan for action in the following chapter.

4.0. CHAPTER FOUR: PASTORAL PLANNING FOR ACTION

This pastoral plan is the practical response in an effort to make pastoral ministry more relevant in a HIV/AIDS environment. It is the result of the information gathered and reflected upon in the insertion, socio-cultural and pastoral analysis, and theological reflection. It is a plan that attempts to address or aims at bringing about spiritual and social transformation among the HIV infected and affected people in a realistic manner. This pastoral plan deals with how pastoral ministry could be exercised in a HIV/AIDS environment in Mukuru slums. It is a "response to individuals and communities effective both in the short term and long term new experiences."[200] The plan is inspired by the zeal to continue revealing Jesus Christ who is the Way, the Truth, and the Life, the one who helps us discover the Love of God in our everyday living. To reduce the expenses, it is hoped that the offices will be located at the Missionaries of Africa parish, "Our Lady Queen of Peace", South B, Nairobi – Kenya.

4.1 PROJECT TITLE: *Upendo Wa Mungu* (Love of God) Program.

Project Location: Mukuru Slums, Embakasi Division, Industrial Area, Falcon Road, off Enterprise Road, Nairobi.

[200] J. HOLLAND – P. HENRIOT, *Social Analysis: Linking Faith and Justice*, 9.

Beneficiaries: 500 HIV-positive people and their families.

Submitted to: Missionaries of Africa (White Fathers).

4.2 PASTORAL VISION: To be a caring place for people infected and affected by HIV/AIDS inspired by a practical faith in Christ.

4.3 MISSION STATEMENT: To follow the example of Christ in a practical expression of faith by promoting sharing, counselling, education and empowering of the PLWHA and the affected.

4.4 NEEDS ASSESSMENT:

1. There is no full time pastoral minister to accompany the PLWHA, staff and families.
2. The lack of professional counsellors in the team of pastoral agents.
3. Sex and HIV education system is not upgraded due to under-qualified pastoral agents, HIV/AIDS infected and affected people.
4. Lack of people in the slum who can facilitate the smooth running of self-help groups.
5. Inactive participation of the caregivers.
6. There is an overwhelming need for a co-ordinated effort to address HIV/AIDS in prevention, support and care.
7. Lack of government hospitals nearby to cooperate with or for quick referrals as *Upendo Wa Mungu* Centre will take time for it to have better facilities.

8. Fear of rejection, stigma and discrimination in most of the people to express their HIV/AIDS status.
9. Insufficient offices to accommodate the project's staff at Our Lady Queen of Peace parish.
10. Insufficient finance for projects.
11. Children are being corrupted because of pornographic videos shown in the video halls and sexual intercourse performed in their presence either at home or on the streets.
12. Bad sexual behaviour and alcohol consumption in Mukuru slums.

4.5 RESOURCES ASSESSMENT:

1. Availability of volunteers to be trained as social workers, CHWs, counsellors and group leaders.
2. A strong parish team composed of Priests, Brothers and Sisters ready to co-operate.
3. Committed people to facilitate the mobilization of human and financial resources and establish a cooperative movement to address HIV/AIDS issues.
4. Our Lady Queen of Peace Parish (OLQP) may be relied upon for the infrastructure, human resources, equipment and finances (offices, parish cars and bicycles).
5. The Parish location in which the project offices will be established makes it accessible to majority of slum dwellers who are either infected or affected by the epidemic.

6. Diverse assistance from religious and missionary congregations in the parish, NGOs and FBOs (financial, personnel, etc) and a possibility of *harambee*[201].
7. The parish has a good interaction with its neighbors and other churches around, with Mater Hospital, with the Polytechnic Training College and the Hospice within its territory.
8. Presence of various NGOs and the commercial milieu in which the parish is located.
9. New funding opportunities for control and prevention of HIV/AIDS available, take for instance, the Global Fund designed to attract and manage the fight against HIV/AIDS.
10. Emergence of spontaneous youth groups and other community-based organizations to help in sex and HIV/AIDS education.
11. The spirit of cooperation between leaders of religious and other communities within Mukuru slum.

4.6 GOALS AND ACTION STEPS:

1) Goal: To create support groups that will facilitate the spiritual, moral, physical and material, psychological and emotional sharing of the infected and affected people in the next one year.

Action Steps: - Collect relevant information about the PLWHAs and their families, categorize them and then establish effective sharing groups.

[201] *Harambee* is a Swahili word that means a meeting that is held in order to raise money to be used for a project.

- Pastoral agents will pray with the PLWHAs and their families, provide anointing, the sacrament of reconciliation and Holy Communion for the communicants.

- The project will provide clothes, food, money, shelter, water, employment, security and sanitation to those who are most in need.

2) Goal: To make more meaningful and practical God's love for the PLWHAs and the affected families in Mukuru slums through psychological and pastoral counselling.

Action Steps: - Start by recruiting volunteers then train them into professional psychological and pastoral counselors.

- Create project committees (pastoral, counselling, education, social welfare, administrative) with specific roles, and give different sessions to the staff and the clients.

3) Goal: To facilitate the provision of high quality social and moral support, nursing and sex education services for the infected and affected families.

Action Steps: - To provide VCT and spiritual formation sessions.

- Sex and HIV education on how the clients can live positively.

- Training in comprehensive care and antiretroviral treatment.

- Awareness programs to the general community.

4) Goal: To bridge the social, economic and political gap in imitation of Christ who related equally with all through empowerment.

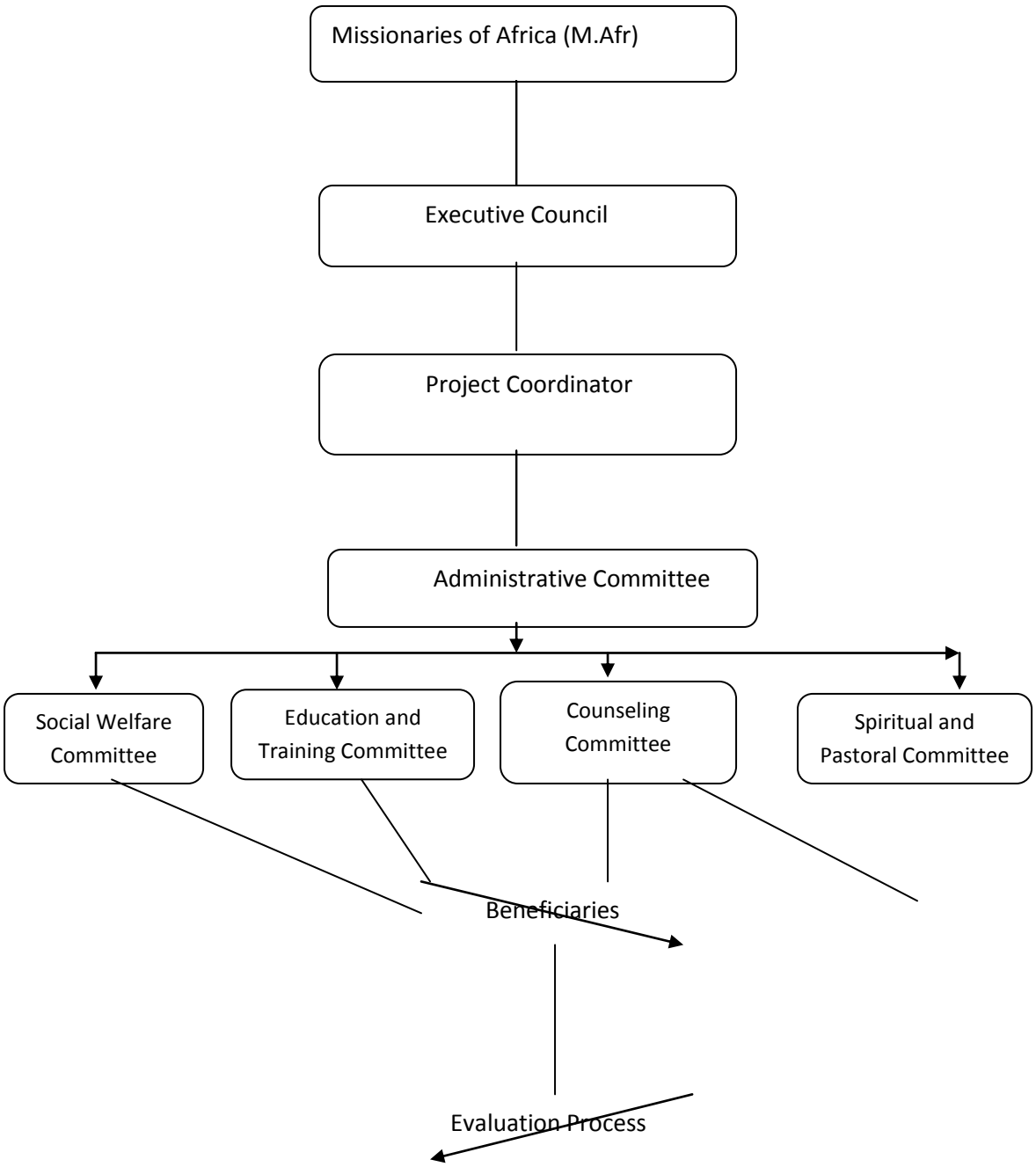
Action Steps: - To organize interactive events such as games, dramas, concerts, picnics in order to create a spirit of unity, equality, and acceptance. These will be organized among various pastoral agents like NGOs, FBOs, LTP, and APHIA PLUS.

- To start income generating projects, train the clients in business skills, entrepreneurship, micro-finance and networking with loan facilities.

4.7 ORGANIZATIONAL STRUCTURE:

The Missionaries of Africa (M.AFR) will take full responsibility for '*Upendo Wa Mungu'* (Love of God) project. The management of the project will make sure that all the committees are under the M.AFR. The M.AFR will have its own Executive Committee (Project coordinator, Secretary and Treasurer). This Executive Committee will be joined by two representatives from each committee and the beneficiaries to form the Project Executive Council. Each Committee will have a Leader, Secretary and Treasurer.

Organizational Flowchart



DUTIES:

Missionaries of Africa:

- To finance the project in order to improve the pastoral ministry in a HIV/AIDS environment.
- To collect and analyze the information and data of the progress of the project, and the new proposals for the advancement of the ministry.
- To facilitate successful implementation of a project out of their zeal, vision, enthusiasm and effectiveness in pastoral ministry.
- To be the leader in a project management system, to promote effective collaboration and active participation of the Project Coordinator, Executive Council and the Project Committees.
- To give advice to the Project coordinator, Executive Committee and other committees of their responsibilities in meeting the vision and mission of the project.

Executive Council:

- To assess, monitor and review the project progress quarterly and annually based on the reports from the Evaluation Process; to receive feedback information from the various committees and seek explanations for lapses; to re-evaluate the operational strategies and keep the committees focused on the project vision and mission. The outcome of the project status is communicated to the Project Coordinator and the committees.
- To approve specific goals and activities for each project committee, quarterly and annual record keeping and reporting, analyze any new

working conditions if they are in conformity with the project vision and mission, and analyze the commitment of the committees.

- To advise the Project Coordinator on some issues relevant to the project development like: the implementation of new projects, proposal preparation and submission, evaluating new required procedures, systems and processes, solving project related administrative problems and recommending alternative solutions.
- To be responsible for managing the project activities, provide guidance, and maintain good environment for the successful pastoral ministry.

Project Coordinator:

- To verify every aspect of the project and help to maintain a consistent work flow in line with the project priorities by motivating people to participate actively.
- To handle the project through active collaboration with the committees and individuals, and to convey information in a clear and concise manner to the MAFR and the committees. The Project Coordinator has a liaison responsibility.
- To promote meaningful direction and support; to organize, motivate and coordinate activities of a project to bring about success.
- To have a final say on the requests made for funds, budgeting of expenses, and equipment purchases. He submits annual reports and requests for program changes to the MAFR.

Administrative Committee:

- To maintain general administration of the project and coordination of all pastoral activities, receipts and payments, financial reports, quarterly project summary report, project daily pastoral care diary, monthly strategic plans, fundraising report, minutes of the meetings, family profiles of the clients.
- To control the finances of the project; giving reports on in-come and expenditures every month; preparing quarterly budgets for the project, overseeing the accounting, book keeping, general financial record keeping, maintenance and review of records and reports, and making sure that financial records are audited by an independent auditor.

Pastoral and Spiritual Committee:

- To announce the Good News to the HIV/AIDS infected and affected people.
- To prepare communication and mass media programs, mission appeals, and support CHWs working in the slum.
- To network with neighboring pastoral agents.
- To explain the project mission and vision, goals and purposes to the community.
- To promote the dignity of the human person; the common good; Subsidiarity; solidarity; option for the poor and sick; reverence for creation, etc.
- To prepare liturgical celebrations; preparations for extraordinary feasts such as Easter and Christmas.

- To teach the doctrines of the Catholic Church and give on-going formation to the clients for the sacraments of Baptism, Confirmation, Holy Communion and Marriage.

Social welfare Committee:

- To take care of the poor, the PLWHAs, Vulnerable Children and Orphans (OVC); Coordinate Home Based Care activities, control the charity fund and visit both the infected and affected families.
- To conduct regular home and hospital visitations to offer the PLWHAs spiritual and material support.
- To carry out the maintenance of project infrastructures, propose new projects for the centre, fundraise, make the pastoral care more manageable, monitor the implementation of the quarterly strategic planning and plan strategic events and activities to promote sex and HIV/AIDS education programs, etc.

Education and Training Committee:

- To facilitate sex and HIV/AIDS education on how the clients can live positively and happily with the pandemic.
- To educate the general public on the importance of care and social support groups, medical services offered, and nutritional support that boosts the clients' immune system.
- To promote organizational and community capacity building that ensures continuation even after the Missionaries of Africa phase out.
- To address all aspects of prevention (PMTCT, ABC), care and support as well as mitigation and socio-economic impact of HIV/AIDS among people.

- To promote education on life skills targeting the risky groups in the society through the mass media and Ministry of Education.

Counselling Committee:

- To provide both psychological and pastoral counselling to the PLWHAs and their families; encourage Voluntary Counselling and Testing (VCT) to help clients to maintain their psychological and physical health.
- To prioritize and advocate for the needs of the PLWHAs and their families, and equip them with the skills necessary to support and maintain a productive lifestyle while living with the disease.
- To encourage the counsellors to come up with an innovative method by moving the testing services to the targeted group in their own area (commercial sex workers, barmaids), to significantly increase the number of people tested for HIV.

Evaluation Process:

- To evaluate, execute tasks, and provide the feedback to the Executive Council.
- To analyze the effectiveness of the project committees by considering how they have managed to maintain the project values of faith in God, compassion of God, Respect for life, justice and integrity, humility, hospitality, professionalism, team work, mercy, empathy, simplicity, unity, collaboration, dialogue, hope and worship. And what effect their interventions have had on the behaviour and life of the clients. All this done in order to improve the organizational capacity of the Centre to manage and coordinate quality care to the clients.

- To make sure that the *Upendo Wa Mungu* Executive Council provide quarterly reports and data analysis on the progress of the project, its successes and failures. The sponsoring organizations will be provided with a financial report after buying the materials to show how the money will have been used.
- To let each department prepare monthly statements, provide quarterly short reports and full annual reports guided by each department's goals to the Executive Council for compilation.
- To have a comprehensive annual evaluation conducted by an external organization to be sent to the donors for verification on how money will have been used.

4.8 FINANCES AND BUDGET

Sources: Missionaries of Africa (M.AFR), USAID, WFP, Concern World Wide (CWW), World-Vision (WVI), Government of Kenya, Catholic Church in Kenya, Well wishers, Volunteers and Community organizations.

Exchange rate: 1 US$ = 85 KSHS

	Detailed Budget Plan (1 year)					
	Organization: Missionaries of Africa					
	Project Title : *Upendo Wa Mungu* (Love of God) Center					
	Date: 06-04-2012 Local Currency: Kenya Shillings					
Nr.	**Budget Item**	**Calculation**	**Amount applied for**	**Local funds**	**Total: Local Currency**	**Total: US Dollar**
1.	**Personnel Costs**					
1.1	Project Coordinator	1 x 20 x 12	240,000		240,000	2,823
1.2	3 Counsellors, 5 Social Workers	8 x 10 x 12	700,000	260,000	960,000	11,294
1.3	Secretary	1 x 8 x 12		96,000	96,000	1,129
	Sub Total		**940,000**	**356,000**	**1,296,000**	**15,247**
2	**Programme Costs**					
2.1	Sex and HIV education; life skills, sensitization, networking, etc.	4 sessions x 35,000	140,000		140,000	1,647
2.2	Youth groups and clubs; theater, performances, etc.	12 shows x 8,000	96,000		96,000	1,129
2.3	Empowering the beneficiaries; training, loans, business skills, etc.	4 talks x 35,000	100,000	40,000	140,000	1,647
	Sub Total		**336,000**	**40,000**	**376,000**	**4,423**
3	**Administration/Utilities**					
3.1	Water	1,000 x 12		12,000	12,000	141
3.2	Electricity	3,000 x 12	36,000		36,000	423

3.3	Stationery	Assorted	25,000		25,000	294
3.4	Local Transportation		50,000		50,000	588
3.5	School-fees for kids; Pre-school, primary, secondary, etc.	30 pupils x 2,500	75,000		75,000	882
3.6	Food basket; nutritional sources.	Continuous	100,000		100,000	1,176
	Sub-Total		**286,000**	**12,000**	**298,000**	**3,505**
4	**Office Equipment**					
4.1	Computers	5 x 20,000	100,000		100,000	1,176
4.2	Printer	1 x 15,000	15,000		15,000	176
4.3	Photocopying machine	1 x 30,000	30,000		30,000	352
4.4	USBs and CDs	10,000		10,000	10,000	117
4.5	Internet Connection	50,000	50,000		50,000	588
	Sub Total		**195,000**	**10,000**	**205,000**	**2,411**
	Grand Total expenditure		**1,757,000**	**466,000**	**2,223,000**	**26,152**

The pastoral minister is aware that even after applying this pastoral plan in a HIV/AIDS environment, more will be needed as time goes by. He however believes this pastoral plan will bring about true Christian pastoral care, promote the well-being of individuals and communities, increase love between people, and between people and God, bring about a healing, sustaining, reconciling, guiding and nurturing atmosphere.

5.0. CHAPTER FIVE: SUMMARY OF THE MAIN FINDINGS AND RECOMMENDATIONS

This chapter provides a summary of the main findings, and the recommendations basing on experience made during the practicum period and the writing of this thesis. The thesis has been guided by three objectives:

5.1 THE IMPACT OF HIV/AIDS ON THE INFECTED AND THE AFFECTED PEOPLE

The first objective was to find out the impact of HIV/AIDS on the infected and the affected people. With reference to the second chapter, it showed that HIV/AIDS has a negative impact on the PLWHA and their families. The health services do not respond appropriately to the HIV infected and affected people. There are few people of good will who advocate for access to treatment for those who are prevented from obtaining it due to poverty and structural injustices. HIV/AIDS has affected the infected people's rights and dignity, thus resulting in the temptation of creating barriers between 'us' and 'them'. The impact of HIV/AIDS remains threatening in various ways. The PLWHA are finding it hard to pay medical fees; there is lack of suitable facilities within the slum; and there is no whole hearted

concern by the primary caregivers. There is also lack of consistence in assisting or monitoring the PLWHA by the pastoral agents. AIDS has made some patients trek long distances to health centres which makes them even more tired thus affecting their health. AIDS has also contributed to the high level of poverty which makes it difficult for the caregivers to provide the necessary nutrition.

Persons living with and affected by HIV/AIDS fear to be protagonists or at the centre of programs due to stigma, discrimination, rejection and the suffering their exposure can impose on them. They forget that they have the best insights into what should be included in the implementation of programs designed to meet their needs. They are resource persons in the struggle against the pandemic though they seem not yet free from stigma and feelings of discrimination. HIV/AIDS still poses questions about the moral standard of the infected and the concerned families, which blocks the path to disseminating updated information relating to HIV/AIDS prevention and care based on the PLWHA's experiences as they do not want to come out publically to help one another. They find it difficult to be welcoming and hospitable due to suspicion.

5.2 CONTRIBUTION OF PASTORAL MINISTRY IN A HIV/AIDS ENVIRONMENT

The second objective was to find out the contribution of pastoral ministry in a HIV/AIDS environment. We found out that pastoral ministry in a HIV/AIDS environment is vital. HIV/AIDS interferes with so many aspects of society. The complex issues of AIDS challenge pastoral ministry to network with other pastoral agencies that address human rights and dignity, income generating activities, root causes of the pandemic, and so forth. Pastoral

agents meet in order to discuss and secure any missing link according to the needs observed. People living with HIV/AIDS receive spiritual, psychological, social and material care according to their specific needs. The ministry rejects and combats all tendencies of stigma and discrimination.

Pastoral care tries to offer love and friendship to the PLWHA. It offers a shoulder to cry on for the bereaved, visits the sick and the lonely, shows care to the OVC and pays fees for their education. It takes up the rights of the voiceless, those with HIV/AIDS, bind their wounds and heal their memories through the pastoral agents. Pastoral ministry struggles to promote and deepen theological reflection on the virtues of compassion, love, healing, reconciliation and hope. The ministry tries to involve the key informants regardless of their religious affiliation like project managers, pastoral workers, Church leaders, health coordinators, social workers, and CHWs. In short, the contribution of pastoral ministry to HIV/AIDS infected and affected people aims at promoting love and acceptance, solidarity and advocacy.

5.3 EXPLORING NEW PASTORAL MINISTRY STRATEGIES

The third objective was to look for new pastoral ministry strategies fitting for those working with the PLWHA and their families. The researcher believes that there is always a better way of responding to the HIV/AIDS problem. Putting HIV-infected and affected families at the centre of pastoral work can open up a new way for the action against HIV/AIDS and create fresh opportunities for progress. Programs supporting HIV-people must build on the already existing strength of their extended families and communities. A new focus on people's well-being in the context of HIV/AIDS and poverty can help mould

HIV/AIDS policy beyond the emergency response mode that has guided action until now. Focusing on human dignity points the way to strategies appropriate for controlling the AIDS epidemic. The strategies are to help strengthen families affected by HIV/AIDS. An effective response to the challenge of HIV/AIDS must include: Reduction of the number of new infections (prevention), provision of treatment and care, and mitigation of the social, political and economic impact of the epidemic.

The Lord Jesus, who sends us, is especially present in the weak, the sick and those suffering from HIV/AIDS. As pastoral agents, we should recognize the face of the suffering Christ in them. The spiritual and pastoral care of these patients and their relatives is truly our duty. Nevertheless, we should work alongside others, doctors, nurses, families and lay people to ensure a comprehensive plan for the treatment and care of the sick. The lines of action should include supporting HIV-positive people through families, strengthening community action, addressing family poverty, and delivering integrated family centered services. Families must be able to draw on effective services in healthcare, education and social welfare. The new pastoral ministry strategy must influence the Government led support and services to make sure that they reach all people who experience grave forms of vulnerability and deprivation in poor communities affected by HIV/AIDS. It should set up more HIV/AIDS organizations, be more involved in AIDS prevention and education and continue offering compassionate health care to the PLWHAs.

This new pastoral ministry strategy aims at identifying, informing, mobilizing and supporting all available means of communication and social organization, as well as all caregivers and leaders of public opinion, in a prolonged effort to combat HIV/AIDS within society. It wants to promote positive values and attitudes, responsibility, respect and

compassion towards the PLWHA. Through the new approach to sex and HIV education, there is hope to create public awareness and understanding of the dangers of the disease and so help prevent its spread. The HIV/AIDS facts will be made available to the maximum number of people in the shortest time possible via newspapers, radio, TV, posters, roadside billboards, information booths, street theatre performances, drama and song contests, all meant to disseminate information about HIV/AIDS to the general public.

5.4 RECOMMENDATIONS

With regard to the challenge of this study, "*The contribution of pastoral ministry in a HIV/AIDS environment*", a pro-active response is appropriate in assessing the situation. This pastoral ministry requires congruity in terms of cooperation and co-responsibility between the agents of transformation. Involvement of all the stakeholders, like the family, the Church, civil society, social ministers, and the government, is essential so as to synchronize all efforts towards the fight against HIV/AIDS. The pastoral agents should see each other not as competitors but as partners. In this way, they will be able to promote a pro-active attitude among people and make a collaborative ministry.

5.4.1 For the Kenyan Catholic Church

The Church is duty bound to be close to PLWHA and help to build a safe and supportive environment that will contribute to their healing process. She must express solidarity with people living with HIV/AIDS, engage in accompaniment and promote their rights and needs. As she works with the PLWHA, the Church is invited to critically analyze her theology, attitude to sexuality and HIV education to become an all-embracing healing

community. Being "Salt and Light in the world" (Cf. Mat 5:13-16) struggling with HIV/AIDS has certain implications for her faith. It means that Christian compassion needs to cross barriers in society and identify with all who are stigmatized, to be their advocate, to create awareness of their inalienable human rights and to promote the spirit of reconciliation. The Christian message should be the source of forgiveness and new life, and of God's abundant love and acceptance for the PLWHA.

The Church is to collaborate with others working in their respective communities to support those affected and infected by HIV/AIDS. She needs to develop sex and HIV educational programs which are integrative in theology and religious formation. These programs should also include moral principles and practical skills for promoting healthy relationships and a well integrated sexuality. Workshops should be organized at regional, national, diocesan, parish and small Christian community (SCC) levels in order to give accurate knowledge and increase sensitivity around all HIV/AIDS related issues. The Church should train the clergy, religious and committed laity on how to accompany people living with and affected by HIV/AIDS with prayer and pastoral counselling. It should also provide doctrinal, spiritual and social formation and the best possible professional training, for those willing to become involved in caring for and accompanying those who are living with and affected by HIV/AIDS.

5.4.2 For the pastoral agents involved in HIV/AIDS ministry

Pastoral ministers need to develop collaborative attitudes with other people working in their respective communities to support those affected and infected by HIV/AIDS. They are to promote closer partnerships with civil society, the business sector, governments, the UN,

NGOs, FBOs, international and intergovernmental agencies, and the PLWHA to increase the capacity for care. Pastoral ministers, including the clergy, religious and committed laity are to be well trained on how to accompany people living with and affected by HIV/AIDS. They need to be provided with doctrinal, spiritual and social formation. This will help them bring to their brothers and sisters all possible material, moral and spiritual comfort. Thus helping those infected to accept themselves, cope with their feelings, guilt and live life more positively and courageously.

Pastoral ministers must develop professional, pastoral and psychological counselling skills proper to compassionate ministry. They are to understand the emotional, social and spiritual needs of PLWHA and their families. They should be able to counsel the bereaved, orphans, widows, and the family at large. They should deepen their empathy, understanding of AIDS and be able to develop new strategies to deal with its effects. Consequently, they will be transforming the current situation, changing the way the world looks at suffering and consider it more in the light of the suffering of our Lord Jesus Christ.

5.4.3 For the infected and affected people

a) The PLWHA: These people should be actively involved in the fight against HIV/AIDS in their local communities and at national level as resource persons in the work of AIDS prevention, empowerment, counselling and creating awareness. They have to accept their HIV/AIDS status as a reality that they have to live with positively and productively. Their active engagement in planning, implementation and advocacy is vital if they are to contribute better to HIV/AIDS care and lessen its impact. Their testimony is very striking and it can make a strong impact towards behaviour change.

The PLWHAs should establish systems like special councils that meet periodically within which they can express their views freely, share values, get suggestions and support one another on how to facilitate individual well-being. The PLWHA need constant meetings to deliberate and find ways to solve some of the challenges they are facing. They need to influence the government, NGOs, churches and health centres to operate on principles that help them feel better and appreciated. They are to empower one another to look beyond their HIV/AIDS status and work hard to improve their personal life. They are to be friendly to people and be part and parcel of the running of self-help groups, and take initiatives to come up with in-come generating projects.

b) Affected people: AIDS affected people should create an environment that will help them change their mentality, attitude and behavior which is necessary in confronting the challenge of the pandemic. They are to work tirelessly to eradicate stigma and discrimination and to challenge any social, religious, cultural and political norms and practices which perpetuate such stigma and discrimination. They are to welcome people living with and affected by HIV/AIDS in a warm, non-judgmental and compassionate manner. They are to contribute to the creation of different social facilities and expansion of different projects in Mukuru slum that may help to reduce the number of deaths and infections. Their financial and material assistance should be increased by people of good-will and enhance the security and protection of the PLWHA.

c) The Family: Parents are to cooperate with pastoral agents to ensure the moral development of their children and the successful eradication of HIV/AIDS. They are to make an effort to enrich their knowledge about HIV/AIDS, health information and care, be confident with their own sexuality and history so as to be able to communicate sexuality

issues to their children. It is the parent's duty to help the pastoral agents in sex and HIV education, to change their children's attitudes because one's attitudes influence greatly the choices one makes. This combination approach could help the youth to develop a high sense of self-esteem and a strong goal orientation that could help in the delaying of their involvement in sexual activities. Parents can help to breakdown negative social structures, provide good socialization, develop positive image for the media, be role models, and avoid negative peer influences. Parents can also provide moral, social and spiritual guidance, lay the foundation on which individuals build their moral standards, trust and confidence.

***d) The CHWs*:** CHWs should be concerned about the life of the PLWHA and those who are affected by HIV, assist in caring for family members, help with the housework, transport of patients to and from hospital, make provision for nursing aids (soap, sheets and so on), aid with funerals, care for orphans and other survivors, assure material assistance (for example food), and distribution of medication. They are to continue lightening the burden on hospitals and help to reduce stigma in the communities. CHWs are to create a more appropriate setting for emotional and pastoral support, and bring the AIDS pastoral ministers into contact with the patient's family, relatives and members of the community. This initiative enables the pastoral agents to assess the client's social and economic situation, and breaks the sense of isolation experienced by many PLWHAs.

5.4.4 For the Government of Kenya

The government of Kenya is called upon to utilize and increase the human, material and financial resources dedicated to address the situation of HIV/AIDS. It should make sure that the health, social, and educational institutions respond appropriately to the needs of the

PLWHA. It should advocate for access to treatment for those who are prevented from obtaining it through poverty and structural injustices. The government should promote partnership with the churches, civil society, the business sector, the United Nations, International and intergovernmental agencies, and organizations of the PLWHAs, in order to increase the capacity for care and support. It should establish policy priorities that adequately support those affected by HIV/AIDS, and provide access to care and treatment and a dignified life for the PLWHAs. It should be able to implement the commitments made at various intergovernmental meetings.

5.4.5 For all humankind

The battle against HIV/AIDS is everyone's battle. We are all challenged to be moved by the love and respect due to every human person in order to bring to the PLWHAs possible material, moral and spiritual support. We are to work tirelessly to eradicate stigma and discrimination by challenging any social, religious, cultural and political norms and practices which perpetuate them. We are to advocate for policy priorities that adequately support the life and dignity of people living with HIV/AIDS. We are to promote and deepen theological reflection on the virtues of compassion, love, healing, reconciliation and hope. Organize different workshops in order to increase accurate knowledge and sensitivity around all HIV/AIDS related issues. This will help beneficiaries to have better understanding of the disease, the situation of PLWHA and its effects on their families, how to relate to and communicate with them with empathy, and to understand their emotional, social and spiritual needs.

The pastoral minister stresses the need to help the PLWHA to use their spiritual resources to impart hope and meaning to their lives. To assist affected families to cope with the stress of caring for a terminally ill person. This will bring about a healing community which is welcoming, hospitable, caring, and supporting. All people of good-will will be motivated to offer love and friendship, visit the sick and the lonely, pay fees for the education of orphans, and defend the rights of those with HIV and AIDS. We are to realize that serving those in need is part of and fundamental to the Good News that the Word has been made flesh. We are invited to live this daily. The continual search for wisdom will help us progress beyond theoretical solutions to practical answers of living in the midst of HIV/AIDS, thus ensuring an effective, competent and compassionate response to HIV/AIDS.

GENERAL CONCLUSION

The thesis; "*The contribution of pastoral ministry in a HIV/AIDS environment*", leaves the researcher with some questions regarding this pandemic. It is because of these unanswered questions that he feels attracted to study more about the subject, and to deepen the pastoral cycle that goes on seeking for new remedies to new social problems. The pastoral cycle has helped the researcher to make HIV/AIDS experience part of the heart and soul of pastoral ministry. The pastoral agents are advised to join hands with all people of good-will engaged in the struggle against HIV/AIDS, to be the mirror of our Lord who allowed the sick with all kinds of diseases to come close to him, laid his hands on them and restored them to health of body and soul.

In this thesis, the researcher strove to show that human suffering can be an occasion to encounter God, to dialogue with him and to acknowledge him as a true lover. He endeavored to illustrate how much the theme of suffering is at the heart of human and Christian life. He recalled the various personal and shared experiences that put human suffering at the heart of our own intellectual, spiritual and pastoral approach. Human suffering can make sense by turning to the resurrected Christ, the incarnate word who triumphed over death, who is the solution and source of strength, joy and hope for those who suffer.

It is wise for pastoral ministers to be aware that we do not have all the answers and the whole truth about the pandemic. We have to remain open to God's truth which may come to us through different people's experiences. We should encourage dialogue across denominational boundaries so as to educate one another and prevent the promotion of wrong perceptions concerning HIV/AIDS. We should accept people unconditionally as Christ accepted and still accepts them, serve God in practical acts of love and compassion extended to others, and seek solutions to the pandemic with the wisdom that God gives. Hope in Christ should empower us to give hope to the hopeless, to reconcile people with God, with themselves, and with one another. We are to help the PLWHA to face death in the light of Christ for them to die in peace. Our programs should include distribution of food, care for the sick, counselling, care for orphans, paying school fees and uniforms, and providing accommodation.

It is the mission of this ministry to love and serve those affected and infected by HIV/AIDS, to heal fear, to overcome isolation, and to support basic human needs. This ministry must offer a closer communion with God and an active life in the Church through prayer, confession, communion, and healing services. It should educate people to eliminate injustices, ignorance, stigma and discrimination. It should advocate for health care, free or affordable medicines and other social services to promote life in all its fullness. In short, HIV/AIDS is now forcing the Church to develop a comprehensive pastoral care that addresses all areas of human suffering with the aim of bringing hope in the midst of suffering.

As he concludes this thesis, the researcher is conscious that he has raised some issues concerning the current pastoral approaches. Therefore, we are to continue in solidarity to struggle together to reflect on the theological implications of the HIV/AIDS reality in our

world. There is still a need for theological reflection which can inspire and encourage the PLWHA, and those offering HIV-related education and services. Above all, we need to involve the people who are directly affected and infected by the scourge. This is a call to all of us to do something about the situation since we are all affected as the body of Christ. Our pastoral ministry should be multi-faceted, encompassing the different theological agendas which are dynamic and contextual. This will help us to re-examine our Christian beliefs and see how best to relate them to God and Christ in our present lives.

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APPENDIX I: Learning Covenant

MA in Pastoral Ministry Programme, Tangaza College

Please complete either by typing directly into the document or attaching information to it. Forms may be submitted electronically, with a cover email indicating one's approval of the information and cc'd to other Practicum Plan signatories, or through hard copy with handwritten signatures on the final page of the Practicum Plan. Please attach this Learning Covenant to the Practicum Plan.

Instructions: In developing your Learning Covenant, study the four formation areas identified in *Pastores Dabo Vobis:* human, spiritual, intellectual and pastoral formation (Chapter 5). Reflect on your own experiences, gifts and goals for growth as a minister during the Practicum. Then, for each of the four areas, identify 1-2 goals: broad, visionary statements for growth. For each goal, identify 2-3 specific, measurable action steps to take in working toward the goal.

Human Formation

Goal	Action Steps
1. I will strive to develop listening and story-telling skills. 2. I will relate well and maturely with the staff, the PLWHA and their families.	1. I will be preparing stories to share with the children and later on ask them to share theirs with me. 2. I will try to listen more before I speak and dialogue with them constructively.

Spiritual Formation

Goal	Action Steps
1. I will grow in intimate union with the Holy Spirit. 2. I will strive to find God in my daily life events.	1. I will actively participate in the Eucharist, daily bible reading, and praying divine office meditatively. 2. I will contemplate on the PLWHA's daily life experiences, failures and successes.

Intellectual Formation

Goal	Action Steps
1. I will learn how to work within a HIV/AIDS environment. 2. I will deepen my pastoral and psychological counselling skills.	1. I will read the book by Michael Czerny 'AIDS in Africa', and by Bob Kelly 'HIV/AIDS'. 2. I will read the book by Robert Vitillo 'Pastoral training for responding to HIV/AIDS' and by Michael Moloney 'Counselling for HIV/AIDS'.

Pastoral Formation

Goal	Action Steps
1. I will develop my competence in pastoral ministry of visitations. 2. I will promote community mobilization and networking on behalf of both the affected and infected with HIV/AIDS.	1. I will visit homes, hospitals, streets and schools of the infected and affected people twice per week. 2. I will work with the HBC and NGOs like the World-vision and APHIA PLUS.

LEARNING COVENANT

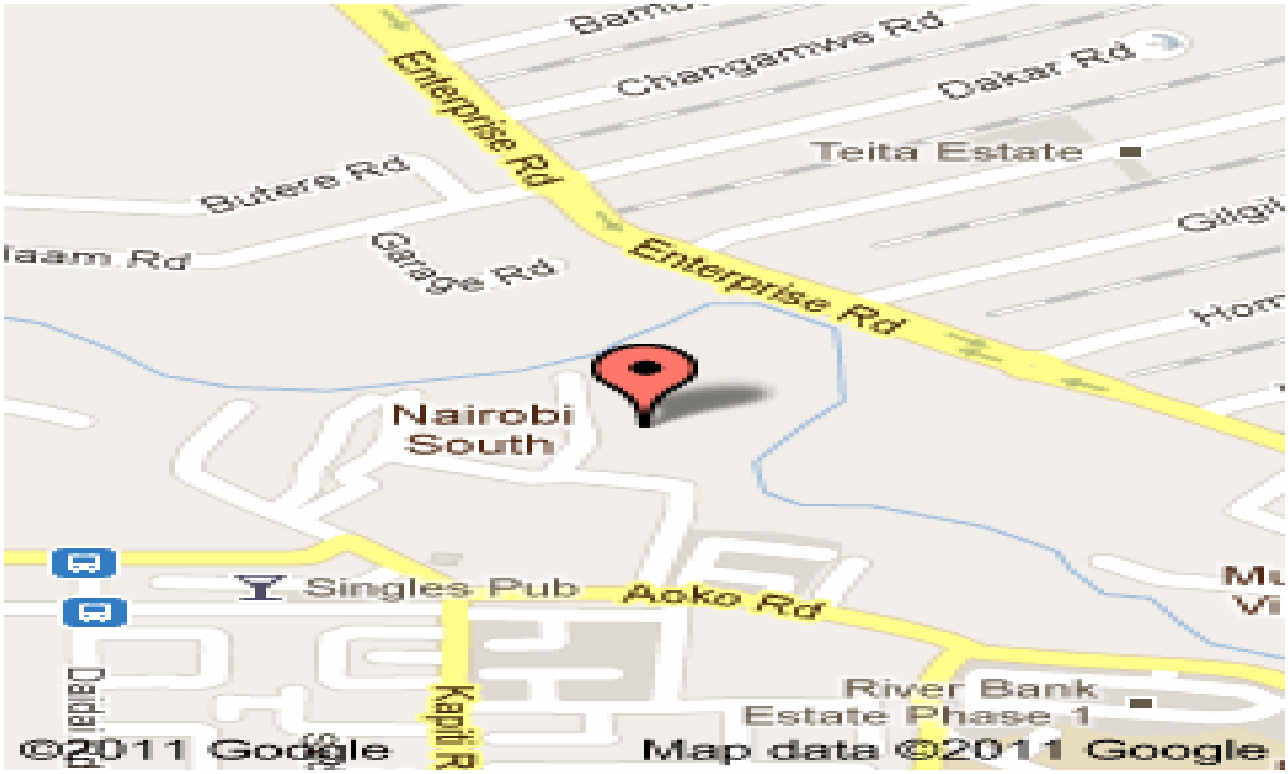
I ……. commit myself to being a responsible, active and reflective learner. The student agrees to undertake the work assigned by the placement institution, in consultation where necessary with the School of Theology (Pastoral Department), to follow policies and procedures of the Placement-Institution, and to abide by its code of conduct. He/she agrees to spend a minimum of 150 hrs in on-site ministerial activity with the guidance of the Field Supervisor and complete all the requirements of the MPM Programme, including on-going reading, journaling, theological reflection, and the final paper.

7

Signature (Student): _____

APPENDIX II: MUKURU SLUM PICTURES

Poster for Lea Toto Program in Mukuru Slums.



Mukuru Slum Map

Pastoral minister with his Field Supervisor (Fr. Innocent Maganya), standing in front of Ruben Medical Clinic for the Christian Brothers, opposite the Lea Toto Program offices.

Pastoral minister attending the Multi-Disciplinary Team (MDT) meeting for the Lea Toto Program Staff.

Pastoral minister preparing the infected and affected children for the African Child Day.

Pastoral minister on home visitation in Mukuru Slum.

Pastoral minister contemplating on the nature of houses and drainage system in Mukuru Slums.

African Child Day's Theme, celebrated at Ruben Centre in Mukuru Slums.

Luyha Traditional Dance by pupils on African Child Day.

Embakasi Youth Drama Group performing on African Child Day at Ruben Centre.

Pastoral minister registering and evaluating the needs of families coming for WFP.

Pastoral minister distributing food and medicine.

Pastoral minister receiving instructions from his moderator (Mr. Paul W. Barasa)