

Small Christian Communities (SCCs) as Agents of Change in the Fight against HIV/AIDS in Eastern Africa

By Joseph Healey, MM

1. Introduction

Today there are over 180,000 Small Christian Communities (SCCs) in the Catholic Church in the nine AMECEA¹ countries in Eastern Africa that have some kind of planned practical action, service and pastoral, social and mission outreach to local problems and challenges such as people with HIV/AIDS. SCC members are important agents of change and transformation in the fight against HIV/AIDS.

The first goal of this paper is to analyze the reality of people with HIV/AIDS in Eastern Africa today. The second goal is to demonstrate that the active involvement of SCC members in reaching out to people with HIV/AIDS as responders, health care workers, caregivers, counselors, etc. is a pastoral and social priority. SCC members have a special opportunity to minister to families and couples affected by HIV/AIDS in Eastern Africa such as caring for millions of AIDS orphans and counseling discordant couples. Specific stories, case studies and examples are cited to illustrate these goals in the context of developing an African narrative ecclesiology.

2. Listening to the Reality of People with HIV/AIDS in Eastern Africa Today

The AMECEA Study Conference in Mukono, Uganda in 2005 on “Responding to the Challenges of HIV/AIDS within the AMECEA Region” had one pastoral resolution that emphasized: "Active involvement of SCCs in reaching out to people with HIV/AIDS. SCC members as caregivers, counselors, etc." This can be extended to SCC members reaching out

to refugees, internally displaced people (IDPs), people traumatized by civil war, violence and tribalism/ethnicity, street children, sick people, bereaved people and other needy people.²

Among the [29 Criteria to Evaluate a Typical Small Christian Community \(SCC\) in Eastern Africa](#) in the Ebook on the [Small Christian Communities Global Collaborative Website](#) is:

No. 14: The SCC has some kind of planned practical action/service/pastoral, social and mission outreach. Ideally this is a communal response where the SCC members carry out the practical action as a group. This service and outreach responds to local challenges and problems such as lax Catholics in the neighborhood, bereavement, sick people, needy and poor people, people with HIV/AIDS, street children, and so on.³

Especially in urban areas African of different Christian denominations and religious faiths live side by side. In the traditional African spirit of community, unity and hospitality, Catholic neighborhood SCCs are inclusive. Christians of other denominations participate in the following: visiting the sick such as people with HIV/AIDS; outreach programs such as community health care; and bereavement in the local community.

Pope Francis emphasizes the importance of welcoming, listening to and accompanying the wounded, marginalized and “peripheries” people today. No. 20 of *The Joy of the Gospel* states: “All of us are asked to obey the Lord’s call to go forth from our own comfort zone in order to reach all the ‘peripheries’ in need of the light of the Gospel.” Part of this new pattern and process is for bishops, priests, brothers, sisters and lay pastoral agent/workers to become more of a “Listening Church.”

Traditionally bishops are officially part of the “Teaching Church.” But regarding the topics of family and marriage they need to become part of the “Listening Church” – to listen to the lived experience of lay people, husbands and wives, mothers and fathers, even youth and children. In relation to people with HIV/AIDS special outreach programs begin with listening, accompanying, and walking with before teaching (the Emmaus model in *Luke 24*).

Listening to the reality in Eastern Africa today includes tracking the contemporary shifts in HIV/AIDS. An Editorial in the 22 August, 2014 issue of Kenya *Daily Nation* entitled “AIDS: What Went Wrong” states:

The latest global figures provide grim reading, with the revelation that Kenya has the fourth highest number of new infections, meaning a reversal of the gains realized in the past... Anti-retrovirals are available to sustain those infected. So are the structures to provide care at home and at the workplace. However, entrenched habits do not seem to have changed, making many vulnerable to infections.⁴

Such entrenched habits include middle aged men (“sugar daddies”) having sex with young women including young teenagers. These men resist behavior modification/behavioral change in their lifestyle. Recent research covers Mombasa, Kisii and Kisumu, Kenya; and Mwanza, Tanzania. Among the Luo Ethnic Group in Kenya and Tanzania wife inheritance for widows is very strong. In Musoma, Tanzania there is a high incidence of TB and an increasing amount of HIV/AIDS due to these strong Luo cultural customs. American Maryknoll missionary Father James Conard, MM emphasizes that unfortunately “African culture triumphs over Tanzania laws.”⁵

The Catholic Church in Africa is involved in a two year (2014-2015) on-going process of listening, discussion, dialogue, debate, discernment and proposed pastoral responses on “Family and Marriage” leading up to the Synod of Bishops 14th Ordinary General Assembly to take place in Rome from 4-25 October, 2015.

In this process HIV/AIDS is a very important challenge/problem for Africa that has a surprising history. Given its very serious effect on marriage, family and relationships in general, it has received very little attention. It is significant (and disappointing!) that HIV/AIDS was not specifically mentioned in the 39 questions of the original questionnaire for the Synod of Bishops’ first session in October, 2014. Some African countries such as Kenya did not mention HIV/AIDS in its answer to the last question:

“What other challenges or proposals do you consider urgent or useful to treat?” The coordinator of the compilation of answers in Kenya said that this was an oversight due to the pressure of limited time.⁶

Part of the Chairman of AMECEA Cardinal Berhaneyesus Souraphiel, Archbishop of Addis Ababa, Ethiopia’s intervention on “The Pastoral Challenges of the Family, External Pressures on the Family” at the October, 2014 session focused on three key pastoral challenges that face Catholic families in Africa:

1. **“Poverty.**

2. **Migration.**

3. **HIV/AIDS:** a disease which creates division in the family and frequently divorce. Usually, both parents are affected and, sometimes both die, leaving children under the care of grandparents.”⁷

It is very important to understand that these three challenges are interconnected and interrelated and are part of Africa’s overall cultural, economic, political, religious and social context and reality. “71% of the 35 million people living with HIV/AIDS in the world live in sub-Saharan Africa. The call by UNAIDS to close the gap around access to HIV services will not be met unless the delivery of antiretroviral treatment (ARV) is radically reshaped into community-led approaches that adapt to the realities of those living with HIV.”⁸

HIV/AIDS was not mentioned in the *Final Report of the 2014 Synod*, another indication of the Western influence on the synod discussions and documentation. Cameroonian theologian and Jesuit Father Jacquineau Azetsop, SJ says, “HIV was totally absent. The synod was totally dominated by issues from the first world. It is unfortunate that African bishops forgot about it also.”⁹ Commentators in North America and Europe are merely saying that the

HIV/AIDS problem is being handled by medicine (that is, the “cocktail” of anti-retroviral drugs). This is fueled by misleading news reports in the West such as:

HIV is evolving to become less deadly and less infectious, according to a major scientific study. The team at the University of Oxford shows the virus is being "watered down" as it adapts to our immune systems. It said it was taking longer for HIV infection to cause AIDS and that the changes in the virus may help efforts to contain the pandemic. Some virologists suggest the virus may eventually become "almost harmless" as it continues to evolve.¹⁰

Thus it is essential that that the African delegates at the October, 2015 synod session emphasize the challenges of HIV/AIDS and specific pastoral responses.

3. Case Study of Volunteer Community Health Care Workers in the SCCs in Kenya

SCCs in Eastern Africa have developed a new lay health care ministry, a volunteer community-based health care apostolate. These voluntary Community Health Care (CHC) workers or ministers focus on reaching out to people with HIV/AIDS and their families. This important new lay ministry in SCCs is described by American Maryknoll Missionary and Kenyatta University, Kenya Catholic chaplain Father Lance Nadeau, MM:

In addition to being agents of missionary outreach to the poor, SCCs in Nairobi and elsewhere in East Africa are developing a *new, inculturated and critical* form of lay health care ministry: the *huduma ya afya* (Swahili for “the service of health care”), a volunteer community-based health care apostolate that provides the following services:

1. Visit the sick in their homes to talk and pray with them.
2. Bring nurses and social workers to evaluate the sick.
3. Recommend that the sick go to dispensaries and hospitals.
4. Accompany the sick to dispensaries and hospitals if necessary.
5. Bring medications to the sick.
6. Train the family members in home care, nutrition and hygiene.
7. Inform the parish priests if the sick want a visit.¹¹

The 20th Anniversary Booklet of Eastern Deanery Community-Based Health Care and AIDS Relief Program (EDARP)¹² of Nairobi Archdiocese, Kenya explains:

Our pools of dedicated Community Health Care Workers (CHWs) are members of the Small Christian Communities (SCCs). These are nominated

by the SCCs and the parish though occasionally individual members may nominate themselves. They too must be vetted by the parish. Once potential CHWs are identified, they must undergo training within their respective parishes using the National CHWs Curriculum... CHWs walk in the footsteps of Jesus Christ making Him more present to the sick person, to the community¹³ and are prophetic against the culture of death in this multi-faceted response.¹⁴

EDARP has continued to train Community Health Care Workers (CHWs) as a strategy to implement Home Based Care to People Living with HIV (PLHIV). Kenyan lay woman Mrs. Alice Njoroge, the Managing Director of EDARP, reports as of 30 September, 2014 that a total of 2,680 CHWs have been trained in the past 21 years. 1,051 are presently active. She says, "We use our CHWs as agents of change in our community." They emphasize the sanctity of human life. They are the key people in the information campaign to help people learn about their HIV Status, to take the necessary tests, etc. Among discordant couples CHWs encourage the positive partner to take their medicine regularly. As a result new HIV infections have dropped from 13% to 5.2% in the Eastlands Deanery.¹⁵

4. SCC Members Reach Out to People With HIV/AIDS

SCCs in Eastern Africa have many outreach activities related to HIV/AIDS. For example, St. Kizito SCC is located in Waruku, an informal settlement area (lower class housing). It is one of the 10 neighborhood, parish-based SCCs in St. Austin's Parish in Nairobi Archdiocese, Kenya. The *Amani na Wema* (Swahili for "Peace and Goodness") Children's Home that has AIDS orphans is part of the SCC. SCC members reach out to the children through joint *Bible* Sharing, praying the rosary and providing food and gifts.

Many SCCs have a lay ecclesial ministry called the Good Neighbor or the Good Samaritan who is responsible for visiting the sick and reporting back news to the whole small community. This minister visits the HIV/AIDS patients to pray with them and to encourage them to persevere. Sometime the SCC members go as a small group. The SCC members

informally counsel patients that the virus is not the end of their lives. They can live with the virus and take helpful and healing medicine. They emphasize the power of God in our lives. In talk with SCC leaders in Kenya¹⁶ it is clear that the stigma of HIV/AIDs continues. People with the virus are embarrassed to talk about it openly. They do not like to be known publicly. So it is much harder for SCC members to reach out to them.

SCC members have a special opportunity to minister to families and couples affected by HIV/AIDs. One concrete example is outreach to the millions of AIDs orphans in Africa. Then there is the challenge of marriage counseling to discordant couples. In a SCC how does the Marriage Counselor advise a husband or wife whose spouse has AIDs? How does unaffected partner avoid getting affected himself/herself? Should they use a condom? How does the SCC Marriage Counselor advise a faithful Catholic woman who discovers that her husband is sleeping with other women? Should she and her husband first both get an AIDs test? Should she deny marital privileges to her husband until he is promises to be faithful only to her? These are real questions that are very complicated, sensitive and nuanced. At a certain point the SCC Marriage Counselor may have to refer the questions to a specially trained Marriage Counselor. Some of the issues to be considered: The primacy of personal conscience informed by the teachings of the church. The use of condoms in special situations. Importance of prayer for deeper discernment. Advice on a case by case basis.

5. An Africa Story:¹⁷ “We Need To Run Out and Meet Lucia”

Regarding SCC members’ service and outreach to people with HIV/AIDs listen carefully to the story “We Need to Run Out and Meet Lucia.”¹⁸

One Thursday afternoon Maryknoll missionary Father Jim Corrigan participated in the *Bible* Service of the St. Charles Lwanga Small Christian Community (SCC) in the Bomani section of Bunda Town, Tanzania. This SCC has a special concern for the increasing number of people with AIDS in Bunda. Martina

Chacha is responsible for the ministry of "Good Neighbor" in her small community. She regularly checks on the sick people in the vicinity of Bomani. During the past week Maria Magesa daughter's Lucia returned after over two months in the TB Ward in Bugando Medical Center in Mwanza. Lucia has AIDS and now is too weak to even get out of bed. The family was too embarrassed to tell anyone, but the word slowly got around. Martina told the SCC leaders about Lucia. They decided to discuss how to help her during the Thursday meeting of the SCC members.

The Gospel of the Fourth Sunday of Lent -- the Parable of the Prodigal Son from the 15th chapter of St. *Luke* -- was read and reflected upon. Jim added his thoughts like everyone else. One SCC member pointed out that the father in the story does not wait for his younger son to return. He runs out to meet him. This shows God's great love for us. He is ready to run out to meet us in love, forgiveness and compassionate care.

When the community members discussed a practical action to flow from the gospel it was immediately clear. As the elderly man James put it: "We need to run out and meet Lucia who is suffering." So after the *Bible Service* and meeting everyone walked over to Maria Magesa's home to visit Lucia. It was dark inside the small bedroom and Jim had trouble adjusting to the poor light. Lucia has no husband which is increasingly common these days. Her two young children were sitting quietly in the corner. Lucia herself was lying on her side in bed, too weak to even sit up. Her face was drawn and flushed. Sores on her tongue had bothered her for many days. Her arms were thin and bony. Occasionally Lucia would put her head over the side of the bed and spit into a small can.

Martina Chacha quietly sat down on the bed, held Lucia's hand and told her how much the small community members cared about her. Philipo, the leader of the SCC, explained how suffering can be a special call from God. The SCC's patron saint, Charles Lwanga, had to suffer very much in Uganda before he was burned to death for his Christian faith. There were prayers of intercession and everyone, even the children, laid hands on Lucia to pray for her recovery. Lucia said a weak "thank you." Philipo gave her mother Maria a small donation of flour and money from the small community.

Then there was a painful moment of silence. Everyone realized how many families in the Bunda area has a loved one who is either sick with AIDS or already had died. Many people like Lucia are coming home to die. The disease is ravishing East Africa especially on the other side of Lake Victoria around Bukoba, Tanzania and up into Western Uganda. AIDS has no favorites. Rich and poor, old and young, educated and uneducated, city and rural people alike are getting AIDS or are HIV Positive.

Jim was grateful to be part of this SCC outreach to people suffering from AIDS. Recently he had read about one Catholic doctor who said: "As the Christian Churches in Africa at the beginning of the 21st Century, history will judge us by how generously and compassionately we have responded to the AIDS crisis." At first Jim and Michael, the other priest in Bunda Parish, didn't

realize how serious the AIDS pandemic really is. But then in walking around the SCCs, Jim began to discover how many people have AIDS. Most families try to hide it. The shame is too great. There is a unique stigma attached to AIDS because it was different from other diseases. Most people in Africa get AIDS from multi-partner heterosexual relationships. People don't want to be confronted and have to examine their personal lifestyles. They don't want to face the challenge of behavior modification. Others pass it off as "just another illness." Still others say that it was "just bad luck" or that they are "bewitched."

But Jim knew differently.

Soon he began to understand the "*hali halisi*" (Swahili for the "real situation"). Bunda is on a major truck route. Also many people pass through the town on their way to somewhere else. This compounds the problem. There are a lot of multi-partner relationships. It is so very, very hard to convince people to change this sexual behavior. But Jim knew this is the only way. Yet it is going to take a long time. And many people like Lucia are going to suffer and die painful deaths in the meantime.

As he walked out of Lucia's dark room and was temporarily blinded by the bright African sunlight, Jim wondered if and when he would see Lucia again. But the ministry of love and compassion to Lucia and many like her would continue. Jim was proud that the Bunda Parish leaders and the SCCs had responded so generously. He knew that this was what Christianity is all about. He felt deeply that if they really follows Christ it means being compassionate toward suffering people.

The next Sunday Jim Corrigan preached about AIDS in church. He called his homily "Suffering Faces and Hearts in Bunda Today." He got permission from Lucia to tell her story. Respectfully he told the painful journey of Lucia, "one of our own Small Christian Community members." In using the Gospel story of the prodigal the priest challenged the people by asking: "Who is the prodigal? The son? The father? In today's world is it the Lucias? Is it the people who accept and love AIDS patients as they are? Let's admit it. We are afraid to talk about AIDS. And meeting a person who is HIV Positive! That is even worse. How much easier to say: "That is someone else's problem. We have doctors and institutions to take care of these AIDS patients."

"Each age has its own terrible form of dying. In the First Century it was crucifixion. From pictures and films we know what a painful death Jesus Christ suffered on the cross. In the 14th Century it was the Black Death (bubonic plague) that was an epidemic disease that killed one-

third of the people in Europe. Today it is AIDS. If Jesus chose the most ignominious form of death in his time to redeem us, would he choose to die from AIDS today?" That got some gasps from the Christians at the 7:30 a.m. Eucharistic Celebration in the Bunda Town Church.

Jim went on to ask the congregation: "What is the last word that will be spoken in human history?" After giving the people time to think a little bit he quoted from one spiritual writer who said: The last word of history will be "compassion." Jim added two other words:

"forgiving love -- as in the example of today's gospel about the 'Prodigal Father.'"

Jim praised the example of St. Charles Lwanga SCC saying: "Outreach to AIDS patients and their families is a special call and challenge for SCCs in East Africa today. SCCs are a community of believers who care about other people. SCCs are a unique support group in the AIDS ministry. As a communion of extended families the SCCs provide support, encouragement and home care for AIDS patients themselves. We have a responsibility to our brothers and sisters with AIDS. Do not be afraid. Be Christ-like and reach out to others who are suffering. Join local 'caring communities' like SCCs and other special support groups for AIDS and HIV Positive people." Reach out in personal ways too."

Near the end of his homily Jim told the story of Blessed Mother Teresa of Calcutta whom many had heard about. Her religious community of the Missionaries of Charity works with the poorest of the poor in Dar es Salaam and Tabora, Tanzania. The missionary priest ended his homily by saying: "In talking about people with AIDS Blessed Mother Teresa tells each of us: 'Today people with AIDS are the most unwanted and unloved brothers and sisters of Jesus. So let us give them our tender love and care and a beautiful smile.' Then Jim asked: "How about us here in Bunda? Are we ready to give at least a smile and hopefully much more to these people who are in such need?"

6. Using Various Pastoral Theological Reflection Methods Leading to Change and Transformation

SCCs in Eastern Africa use various Pastoral Theological Reflection Methods such as the three steps of "See," "Judge," and "Act" that are part of the Pastoral Spiral (also known as the Pastoral Circle or Pastoral Cycle). The term "Pastoral Spiral" is preferred because it showed the ongoing-ness of the method or process.

The many examples above, the story of Lucia and Jim's homily are moments of pastoral theological reflection as part of African narrative ecclesiology. Real life story telling leads to a deeper understanding of the core Christian values of love, compassion and solidarity. This process helps SCC members to get to a deeper level and insight that can lead to change and transformation. This, in turn, leads to a deeper Christian response to people suffering and wounded with HIV/AIDS. This dramatizes the role of SCCs in the neighborhood in a time of suffering and diseases -- an ecclesiology that starts with lived experience and opens up to the transformative power of the church in the neighborhood.

The ideal in the "Act" Step is that SCC members promote behavioral modification -- a change in a person's lifestyle such as being faithful to one partner. SCC members use a powerful Swahili (East and Central Africa) Proverb that says: *It is better to have a still curtain hanging inside the house than a flag blowing to and fro outside the house.* The reference is to faithfulness in marriage -- it is better to have a single partner comparable to the curtain in the proverb than to go back and forth like a flag blowing in the wind comparable to having different partners. It is such examples that get people to think more deeply about their behavior.

There are various reflection methods especially related to social justice in the Lumko series such as the "Amos Program for Small Christian Communities."¹⁹ These programs search for the root causes of common problems leading to social action. The Amos Program is a form of

Bible Sharing in five steps where the *Bible* is read in the context of everyday life realities of the people of our time. The starting point in each case is a concrete social or political problem -- poverty, unemployment, corruption, drug use, HIV/AIDS, violence, prostitution, etc. -- that is then analyzed in light of the *Bible* and of the Christian tradition. But SCC members do not stop at the steps of analysis and interpretation. Instead, they move on to develop viable solutions that are as realistic and practical as possible. By so doing they make it possible for life relationships to improve step by step.²⁰

RENEW Africa is a dynamic, engaging process for the spiritual renewal of parishes built on the faith experiences of Africans in their daily lives and centered on faith sharing within Small Christian Communities. The overall theme is “Gathered as God’s Family.” These reflection guides are ideally suited for small faith sharing communities in parishes and other groups. Each session includes real-life stories of people who experience challenges of global concern, presented in written or video form. Session topics available for download include: Global Solidarity, Fair Trade, HIV/AIDS, Hunger, Migration and Peacebuilding. The series is available for college and university students as “The World on Campus.”²¹

7. Conclusion: The Journey Continues

A key challenge is the question “What are the different human problems in Africa that we should reflect on in our SCC meetings in the light of the Gospel?” based on No. 89 of St. John Paul II’s Apostolic Exhortation *The Church in Africa* of the First African Synod. Rather than being only problem-centered we need to see HIV/AIDs as a challenge and even an opportunity to live the Gospel in a different and deeper way as we reach out to those people whom Pope Francis calls the wounded and those on the margins and peripheries of society. SCCs can implement the Second African Synod’s recommendations for reconciliation and

healing services on the local level. Thus SCC members become agents of change and transformation.

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¹ AMECEA is an acronym for "Association of Member Episcopal Conferences in Eastern Africa." It is a service organization for the National Episcopal Conferences of the nine English-speaking countries of Eastern Africa, namely Eritrea (1993), Ethiopia (1979), Kenya

(1961), Malawi (1961), South Sudan (2011), Sudan (1973), Tanzania (1961), Uganda (1961) and Zambia (1961). The Republic of South Sudan became independent on 9 July, 2011, but the two Sudans remain part of one Episcopal Conference. Somalia (1995) and Djibouti (2002) are Affiliate Members. AMECEA is one of the eight Regional Episcopal Conferences of SECAM (Symposium of Episcopal Conferences of Africa and Madagascar).

² Nigerian theologian and Jesuit Father Agbonkhanmeghe E. Orobator, SJ documents the SCCs' outreach to people with HIV/AIDS and to refugees in Kenya, Tanzania and Uganda. *From Crisis to Kairos: The Mission of the Church in the Time of HIV/AIDS, Refugees and Poverty*, Nairobi, Kenya: Paulines Publications Africa, 2005, pp. 86-179.

³ Appendix No. 2 in “Online Resource Materials on the On-going Formation and Training of SCC Members” in Joseph Healey, *Building the Church as Family of God: Evaluation of Small Christian Communities in Eastern Africa*. The Online Digital Version regularly updated from the 2012 print version is available as a free Ebook containing 596 pages as of 2 April, 2015 on the Small Christian Communities Global Collaborative Website at:

<http://www.smallchristiancommunities.org/ebooks/47-ebooks-.html>

⁴ This is substantiated by numerous recent Kenyan newspaper reports: In the *Daily Nation*: “Homa Bay Top in New HIV Cases” (20 August, 2014); and “Alarm as 7 Infected With HIV Every Day [in Mombasa]” (16 June, 2014). In the *Standard*: “Young Women Lead in New HIV Infections Study” (21 August, 2014); “Sex Workers Blamed for Soaring HIV Prevalence” (9 September, 2014); and “73,000 HIV Positive in Kisii as Infections Soar” (16 June, 2014).

⁵ James Conard, conversation with the author, Kowak, Tanzania, 8 July, 2014.

⁶ Kenyan laywoman Theresa Abuya, interview with the author, Nairobi, Kenya, 25 June, 2014.

⁷ The full text of his presentation is published in *AMECEA Online Newsletter* No. 70 (14 November, 2014), AMECEA Website, retrieved 27 December, 2014,

<http://amecea.blogspot.com/2014/11/ethiopia-extract-of-chairman-of-amecea.html>

⁸ “Flexibility in Health Systems and Community Approach that Adapts to the Daily Realities of HIV-positive People,” *Fides News*, 29 November, 2014.

⁹ Email to the author dated 1 December, 2014.

¹⁰ James Gallagher, “HIV evolving 'into *milder* form',” BBC News Website, 1 December 2014, retrieved on 2 December, 2014, <http://www.bbc.com/news/health-30254697>

¹¹ Lance Nadeau, “The Small Christian Communities’ Healthcare Ministry: A Model for Future Mission” in *African Continent Report for the 1999 International Consultation on Small Christian Communities*, Nairobi: Printed Paper, 1999, pp. 33-34. These health care ministers carry out their apostolate with the support of the Archdiocese of Nairobi’s Eastern Deanery Community-Based Health Care and AIDS Relief Program (EDARP). Nairobi’s SCCs do not stand alone in developing a new form of health care ministry. Other communities are making similar contributions to the ministry in the Eastern African Church. On the health care ministry of SCCs in Kampala, Uganda, see Joseph G. Healey, “Inculturation in Africa,” *New People*, May-June, 1992, pp. 13-18; Healey, “Twelve Case Studies,” pp. 70-71; Glen Williams, and Nassali Tamale, *The Caring Community: Coping with AIDS in Urban Uganda*, Strategies for Hope 6, London: ActionAid; Nairobi: African Medical and Research Foundation [AMREF], 1991.

¹² Eastern Deanery Aids Relief Program (EDARP) is a faith based program under the Roman Catholic Church. Eastern Deanery AIDS Relief Program was founded in 1993 to respond to the numerous incidences of HIV infection which affected the communities living in the eastern side of the city of Nairobi, Kenya. EDARP activities have expanded to HIV/TB prevention, Counseling, Testing and Treatment services. All services offered in EDARP

facilities are FREE. EDARP facilities are located within the following areas within Eastland's Nairobi: Shauri Moyo, Eastleigh, Mathare, Huruma, Baba Dogo, Kariobangi, Dandora, Ruai, Njiru, Komarock, Soweto, Donholm, St. Veronica Eastleigh 1st Avenue and Dandora Phase 5. EDARP Website, retrieved on 27 December, 2014, <http://www.edarp.org>

¹³ In Pope Benedict XVI's Post-Synodal Apostolic Exhortation *Africa's Commitment* of the Second African Synod Number 133 under "The Church as the Presence of Christ" states:

The Church is 'in Christ, a sacrament – a sign and instrument, that is, of communion with God and of the unity of the entire human race.' As the community of Christ's disciples, we are able to make visible and share the love of God. Love 'is the light – and in the end, the only light – that can always illuminate a world grown dim and grant us the courage needed to keep living and working.' This is clearly seen in the universal Church, in dioceses and parishes, in the SCCs, in movements and associations, and even in the Christian family itself, which is 'called to be a 'domestic church', a place of faith, of prayer and of loving concern for the true and enduring good of each of its members," a community which lives the sign of peace. Together with the parish, the SCCs and the movements and associations can be helpful places for accepting and living the gift of reconciliation offered by Christ our peace.

¹⁴ *History of Innovative Community Health Care & TB/HIV Prevention, Care & Treatment*, Unpublished Booklet, Nairobi: Eastern Deanery AIDS Relief Program (EDARP), 2013, p. 14.

¹⁵ Author's interview with Alice Njoroge in Nairobi, Kenya on 6 and 9 January, 2015.

¹⁶ Based on the author's conversations with Josphat Mulinya, the Chairperson of St. Kizito SCC (Nairobi Archdiocese) in Nairobi on 31 December, 2014; Gabriel Mwatela, the Chairperson of the St. Kizito SCC Peace, Justice and Reconciliation Committee in Nairobi on 4 January, 2015; and Joseph Kamau, the Chairperson of St. Veronica SCC (Nyahururu Diocese) in Nairobi on 3 January, 2015.

¹⁷ Seven other short stories on outreach to people with HIV/AIDs can be found on the section on "AIDS" in Joseph Healey, *African Stories for Preachers and Teachers*, Nairobi: Paulines Publications Africa, 2006. Swahili Edition: *Hadithi za Kiafrika kwa Wahubiri na Walimu*, Nairobi: Paulines Publications Africa, 2006. See also *Far from Powerless: A Selection of*

Stories Published by AJAN, Nairobi: AJAN, 2014. Free online version:

<http://ajanweb.org/images/publications/AJANews%20booklet.pdf>

¹⁸ Story No. 3 on page 492 in Appendix No. 13 on “Stories of Small Christian Communities (SCCs) in Eastern Africa” in Healey, *Building the Church* (that has 127 references to HIV/AIDS). This story is classified as historical fiction. It is based on a true story in Tanzania, but because of our sensitivity to people with HIV/AIDS it is written in a fictionalized way. It is posted as African Story No. 533 in the African Stories Database on the African Proverbs, Sayings and Stories Website, retrieved on 26 December, 2014,

[http://www.afriprov.org/index.php/resources/storiesdatabase.html?task=display2&cid\[0\]=496](http://www.afriprov.org/index.php/resources/storiesdatabase.html?task=display2&cid[0]=496)

In different forms it is published on pages 67-68 of Joseph Healey, *Once Upon a Time in Africa: Stories of Wisdom and Joy*, Maryknoll: Orbis Books, 2004 and on pages 14-15 of Joseph Healey, *African Stories for Preachers and Teachers*.

¹⁹ No. 9 of the “Appendix” of the free online Ebook *Building the Church as Family of God: Evaluation of Small Christian Communities in Eastern Africa*.

²⁰ "The Amos Program: Prophetic Action in the World of Today," *Catholic Biblical Federation (CBF) Newsletter*, Edition 4/2007.

²¹ RENEW International Website, retrieved on 29 March, 2015,

<http://www.renewintl.org/renewafrica>.

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