

DISSERTATION ABSTRACT

Doctor in Ministry

Adventist University of Africa

Theological Seminary

Title: DEVELOPING A FAITH-BASED INTERVENTION STRATEGY TO EMPOWER HIV/AIDS ORPHANED CHILDREN IN MONZE URBAN IN ZAMBIA

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The HIV/AIDS epidemic has had a significant negative effect on children, creating a global catastrophe of orphans and vulnerable children (OVC) in many afflicted regions. The increasing prevalence of orphaned children in Monze, Zambia particularly due to the impact of HIV/AIDS, poses a significant social challenge. HIV/AIDS orphans experience a variety of difficulties, including social stigma, psychological, emotions and disruptions of family structures. This investigated the state of emotional wellbeing, community responses and aspiration of HIV/AIDS Orphaned Children in Monze. It also explored the state of social structures and indicators of community perception of HIV/AIDS orphaned children in Monze, Zambia. While there are some government and other NGOs response to the plight of

the orphans, there is no visible and organized response to the challenges of the orphans by the Seventh-day Adventist Church in the city

The used mixed research method of quantitative and quantitative to collect data from the orphans, caregivers, community social workers and church Seventh-day Adventist leaders. Significant findings revealed that about 55% of the HIV/AIDS orphaned children are cared for by their grandmothers. About 60% of the respondents reported that many HIV/AIDS orphaned children in Monze are on the streets for survival. A significant 95% of the respondents feel that their churches in Monze are not friendly or caring toward HIV/AIDS orphaned children. And 70% indicated that they have experienced stigma related to their HIV/AIDS status. 50% feel unsupported by the community members

It also found that 65% feel depressed due to their situation relating the profound toll of being orphaned and living with the stigma of HIV/AIDS. While 60% indicated they received some counselling, another 60% think faith-based organization responses could help them in their situation. A good percentage desired education, financial assistance and skill development.

It recommended that faith-based organizations like the Seventh-day Adventist church in partnership with NGOS can build community programmes aim to build social systems that support the wellbeing and potential of orphaned children, community engagement focusing on the communication skills and the values of emotional support by caregivers and the society and continued exploration of the role of literacy in perceptions of the wider community regarding Orphaned Vulnerable Children and collaborate with the government of Zambia to strengthen its response to the care and support of orphans and vulnerable children through the Multi-Sectoral Response on Orphans and Vulnerable Children. It is further recommended that the

Faith-based organizations like the Seventh-day Adventist Church, in partnership with NGOs should design appropriate support programmes such counselling, educational support, skill acquisition schemes and also involve the children on the planning about their future.

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presented in partial fulfilment

of the requirements for the degree

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by

Maxwell Muvwimi

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To God Be the Glory.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
AMO	Adventist Men's Organization
ESV	English Standard Version
HIV	Human Immunodeficiency Virus
NASB	New American Standard Bible
NGOs	Non-governmental Organizations
NIV	New International Version
NLT	New Living Translation
OVC	Orphans and vulnerable children
SDA	Seventh-day Adventist
UNAIDS	United Nations Programme in HIV/AIDS
UNICEF	United Nations Children Education Fund

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CHAPTER 1

INTRODUCTION

Background

HIV/AIDS is a public health and social economic problem of unprecedented proportion in the world. Since it was first discovered in the early 1980s, the HIV/AIDS epidemic has been a major global public health catastrophe with far-reaching social, economic, and medical effects. Researchers Françoise Barré-Sinoussi and Luc Montagnier in France discovered the Human Immunodeficiency Virus for the first time in 1983. They isolated the virus from an AIDS patient and showed how it contributes to the illness. According to the World Health Organization, Sub-Saharan Africa has the highest HIV/AIDS cases in the world and the challenges of orphans are a threat to child survival, growth and development.¹ According to UNICEF, 15.4 million children lost one or both parents to AIDS related causes in 2020. Three quarters of these children, 11.5 million, live in Sub-Saharan Africa. Children orphaned due to AIDS make up 10 percent of all orphans worldwide, but 35 percent of all orphans live in Sub-Saharan Africa.² The HIV/AIDS epidemic has had a significant negative effect on children, creating a global catastrophe of orphans and vulnerable children (OVC) in many afflicted regions.

¹ World Health Organization, "HIV and AIDS Key Facts," accessed March 17, 2022, <https://www.who.int/News-room/Fact-sheet>.

² UNICEF, "A child was infected HIV every two minutes-2020," Accessed March 17, 2023, <https://www.unicef.org/press-releases/child-was-infected-hiv-every-two-minutes-2020>

When the AIDS pandemic started to severely affect families and communities in the 1990s, the idea of HIV/AIDS orphans became well-known. Undoubtedly poverty is one of the major causes of all the misery in Africa. In Zambia, according to Zambia Statistical Agency, 60% of the population lives below the poverty line while 48% are classified as extremely poor.³ Due to challenges of poverty, disease (HIV/AIDS) is holding many families hostage.

It is estimated that there are 1.3 million Zambians living with HIV. HIV/AIDS orphans experience a variety of difficulties, including financial difficulty, transportation, social stigma, psychological, emotions and restricted access to treatment and education.⁴ There is still a high prevalence of this disease in the country as observed by works of Muleanga and his team.⁵ This is also attested by other scholars.⁶ Further, Mweemba and others⁷ in their nationwide wide research of the 74 districts in Zambia, reported variations of the prevalence in Zambia Districts ranges from as low as 4.2% to as high as 23.5%. They assert that about “32% of the districts had HIV prevalence above the national average, with one district having almost twice as much prevalence as the national level. Some rural districts have very high HIV prevalence rates.” In Monze district of Zambia, the overall adult prevalence of

³ Zambia Statistical Agency, “2022 Poverty Assessment in Zambia,” accessed April 12, 2023, <https://www.zamstats.gov.zm>.

⁴ UNAIDS, “Country Progress Report-2020,” accessed, March 30, 2022, <https://www.unaids.org/sites/default/files/media>.

⁵ Lloyd B. Mulenga et al., “Comparison of HIV Prevalence, Incidence, and Viral Load Suppression in Zambia Population-based HIV Impact Assessments from 2016 and 2021,” *AIDS* 38, no. 6 (2022): 10-1097. 10.1097/QAD.0000000000003834.

⁶ Tinkler Saul Simbeye et al., “Factors Contributing to the Prevalence of HIV Infections in Mwandi District of Zambia: A Three Year Retrospective Review,” *International Journal of HIV/AIDS Prevention, Education and Behavioural Science* 9, no. 1 (2023): 1-8, 10.11648/j.ijhpebs.20230901.11.

⁷ Chris Mweemba et al., “Estimating District HIV Prevalence in Zambia Using Small-area Estimation Methods (SAE),” *Population Health Metrics* 20, no. 1 (2022): 6, <https://doi.org/10.1186/s12963-022-00286-3>.

HIV/AIDS rates was as high 15.7%, and 15.8% for individuals aged 15-49.⁸ One significant impact of HIV/AIDS has been an increase in the number of orphans. In 2018, it is estimated that about 14.9 million children under the age of 18 in Zambia had lost one or both parents to AIDS.⁹ Another source reports that Children orphaned by HIV/AIDS in Zambia was reported at 580000 in 2022.¹⁰

Due to the absence of parental care and support, research has indicated that HIV/AIDS orphans are more likely to experience psychological and emotional suffering. Sherr further states that, the loss of parents during childhood has far reaching and lasting consequences on the development and well-being of AIDS orphans. Orphans are more likely to face malnutrition, have poor physical and mental health, experience educational disadvantages, be exploited for child labour and suffer from stigma and social exclusion.¹¹

In Monze, due to high levels of HIV/AIDS orphaned children, most of whom both parents died are homeless. This has forced them to be on the street to try to earn a living while many find themselves in vices such as drug abuse, alcohol, and sexual immorality which have resulted in many sexually transmitted diseases such as syphilis, gonorrhoea, HIV/AIDS which are claiming a lot of lives.

⁸Anastacia J. Gage, "Know Your HIV-Prevention Response: Southern Province, Zambia: Chart Book on Implementation of HIV-prevention Interventions by Non-governmental Organizations," accessed, March 30, 2022, https://www.measureevaluation.org/resources/publications/ms-14-96/at_download/document

⁹ Family Legacy, "How AIDS Impacted Zambia," accessed, March 30, 2022, <https://familylegacy.com/how-aids-impacted-zambia/>

¹⁰ Trading Economic, "Zambia-Children Orphaned by HIV/AIDS," accessed, March 30, 2022, <https://tradingeconomics.com/zambia/children-orphaned-by-hiv-aids-wb-data.html>.

¹¹ Lorraine Sherr et al., "A Systematic Review on the Meaning of the Concept 'AIDS Orphan': Confusion over Definitions and Implications for Care," *AIDS Care* 20, no. 5 (2008): 527–36, accessed October 12, 2023. <https://doi.org/10.1080/09540120701867248>.

The Zambia government through its ministry of Community development and Social Welfare have introduced a social cash transfer and Consequence Development fund (CDF) to mitigate on the needs of orphans and vulnerable children. Further, the government has introduced free education up to high school level to enable the orphans and vulnerable children attain the necessary education for them to access tertiary education. Non-governmental Organizations (NGOs) have also interventions for the orphans like building orphanages and financial assistance in selected areas. However, the Seventh - day Adventist church (SDA) has no notable or significant intervention to mitigate the challenges of the orphans. What the government and NGOs are doing is not holistic. The church can address the psychological and emotional challenges and reduce stigma and discrimination surrounding HIV/AIDS. This is because the church is an institution that is inclusive and compassionate in approach towards affected individuals.

Statement of the Problem

The increasing prevalence of orphaned children living on the streets of Monze urban particularly due to the impact of HIV/AIDS, poses a significant social challenge. These children, often deprived of stable family structures, face not only the physical hardships of homelessness but also deep psychological and emotional wounds. Their vulnerability is further exacerbated by the stigma surrounding HIV/AIDS, which can lead to social isolation. As future members of the church and broader community, it is vital to understand the unique needs of these children and the support systems required to nurture their development. Addressing their psychological, emotional, and spiritual needs can play a crucial role in helping them cultivate positive character traits and foster a sense of belonging, ultimately enabling them to contribute positively to society. But there is no visible faith-based

intervention by the Seventh-day Adventist Church to this category of people in the city on Monze.

Research Questions

To better understand the complex needs of orphaned children living on the streets of Monze urban, the following research questions will guide the investigation into their psychological, emotional, and spiritual challenges, as well as the effectiveness of existing support systems:

1. What are the specific psychological and emotional challenges faced by orphaned children living on the streets of Monze urban, and how do these challenges affect their overall well-being?
2. How do the existing support systems (e.g., community programs, church initiatives) address the spiritual and emotional needs of these children, and what gaps exist in these services?
3. What role can community engagement and mentorship programs by the Seventh-day Adventist play in fostering a sense of belonging and positive character development among orphaned children in Monze urban?

Statement of the Purpose

The Seventh - day Adventist church is known in Zambia for its establishment of health facilities, educational institutions and a strong evangelism program around the country. The church is doing a commendable job in these areas. However, there is no organised and visible intervention in the area of caring for the HIV/AIDS orphaned children. The purpose of this project therefore, is to develop, implement, and evaluate a faith-based intervention to empower the orphaned children in Monze urban and contribute in alleviating the problems they face psychologically, emotionally,

economically and spiritually. This is hoped that it will create a conducive environment for them and help them grow their spirituality so that they can develop acceptable characters to support themselves and their families and contribute to the development of the country.

Justification

In a town where HIV/AIDS is causing many deaths of those who would be providers to their families, it is important that this research be conducted so that interventions be established that will challenge the local church to partner with government and other religious organizations to provide not only practical assistance like education and health care but also offer holistic support by addressing the spiritual and emotional needs of the orphans.

Delimitations

The problem of homeless orphaned children being on the street is prevalent in Zambia. This research, however, was limited to HIV/AIDS orphaned children who are found on the streets in Monze urban. The research will audience for data collection will was limited to the orphans, their caregivers, community worker and leaders of the Seventh-day Adventist Church in Monze.

Description of the Dissertation Process

The approach will be a mixed method, (qualitative and quantitative) and will be documentary and theoretically based using recorded information and data from questionnaire. The research method and design are fully described in chapter four. The research will offer insightful information about the psychological, social, and economic effects on orphaned children by evaluating the experiences and viewpoints of those who have been directly impacted by HIV/AIDS. The research findings are

intended to increase understanding and encourage action towards a more accepting and compassionate society for all Zambian children impacted by HIV/AIDS.

The research will proceed as follows: Chapter one of this project will be the introduction. Chapter two provides Biblical-Theological foundation for the research. Among them will be: Isaiah 58, James 1:27, Deuteronomy 10:18, Isaiah 1:23 and Matthew 25:31-46. The writings of Ellen G White will be used to solidify the basis of the project.

In chapter three other literature will be reviewed to seek views of authorities on this topic to provide the roadmap of the research. Chapter 4 describes the ministry context and presents research findings. Quantitative data gathered from questionnaires will be analyzed alongside qualitative insights, offering a detailed understanding of the needs and challenges faced by orphaned children in Monze urban. Chapter five outlines the development, implementation, and evaluation of a ministry-based intervention program. The intervention will focus on providing psychological, emotional, and spiritual support to orphans through church-based initiatives. Evaluation will be conducted through pre- and post-intervention surveys, participant feedback, and observational data. Chapter six focusses on summary, provides conclusions, and makes recommendations to organizations and stakeholders.

Expectations

This project is intended to provide a contribution to the wellbeing of the children orphaned by AIDS in Monze. It is therefore, expected that at the end of this project a significant contribution of ideas and methods will have been recommended to the church and other stakeholders to alleviate the social, material and spiritual needs of the orphaned children to help reduce the growing numbers of homeless orphaned children who are on the streets in Monze urban.

Operational Definition of Terms

Two key terms that are used in this research are defined as follows:

Strategy: The process of organized intervention that addresses the psychological, emotional and spiritual needs of the HIV/AIDS orphans in Monze.

Ministry: The activities and services that the Church provides to fulfil its mission and purpose, especially to the HIV/AIDS orphans in Monze.

Orphans: In the study orphans is used to refer to children who have lost either one or both parents.

HIV/AIDS Orphaned Children: Refers to children who have become vulnerable due to the death of either one or both parents due to HIV/AIDS. They belong to the category of orphans and vulnerable children.

CHAPTER 2

BIBLICAL AND THEOLOGICAL FOUNDATION FOR THE CARE FOR ORPHANS

Sin's arrival on earth resulted in suffering, agony, and death. Disease also multiplied in tandem with sin. Death therefore increased depriving families of individuals who serve as their providers and protectors. This vulnerable situation of some survivors of the dead exposes them to several forms of hardship necessitating intervention. This dissertation focuses on developing a faith-based intervention strategy to empower HIV/AIDS orphaned children in Monze urban in Zambia. However, towards this task, it is necessary to explore what biblical principles that could provide some foundation for the task. Therefore, this chapter on Biblical and theological foundation examines orphanhood in both the Old and New Testaments and the literary works of Ellen White. Specifically, this chapter (i) Surveys biblical terms for orphans (ii) orphans and their care in the Old and New Testaments and (iii) Care of the orphans in the writings of Ellen G. White.

Survey of Some Biblical Terms for the Fatherless

The Hebrew term יָתוֹם (*yaw-thome*) translated fatherless seem to have several meanings, such as a child who has lost one or both parents. It also may mean a child who has lost a father (Lam. 5:3). The term "orphan" in English, similar to the German *Waise*, is gender specific it typically designates a child who has lost both parents.¹

¹ Umair Mirza, "Fatherless," *International Standard Bible Encyclopedia* (Grand Rapids, William B. Eerdmans Publishing, 1982), 2: 286.

However, it can also infrequently be used to describe a child who has no mother or father. In modern parlance, it is seldom understood to indicate “fatherless” without further explanation. Similar terms can be found in the Old Testament literature. The Septuagint frequently uses the term “*orphanoi*” which has multiple documented meanings (e.g., it might convey a couple’s inability to have children). Like most other Semitic languages, the Hebrew equivalent “*yathom*” is considerably more precise. “*Yathom*” can represent an orphan in the sense described above as well as a child who does not have a father in a more specific sense. This is Lamentations 5:3’s meaning. In this instance, the term emphasizes the specific characteristic of fatherlessness. It is also verified that *yathom* is defined as “fatherless” in other OT passages.² While it is undeniable that the loss or absence of a mother is a severe worry, the Hebrew indicates that in Old Testament Judaism, fatherlessness was valued more than motherless. Therefore, having no father figure in practically all circumstances equated to being an orphan. This was undoubtedly the case during the time of Jesus and the early Palestinian Christians, as well as during the biblical and rabbinic periods.

The fatherless are shown in Isaiah 1:17 as a population that requires protection. Isaiah employs the Hebrew term (*yaw-thome’*), which is commonly rendered as “the fatherless.” It directly translates to “a bereaved person” or “fatherless (child), orphan.”³ The term is translated differently in different Bible translations. For instance, the New Living Translation (NLT) and New American Standard Bible (NASB) use the term “orphan,” but the English Standard Version (ESV) and New International Version (NIV) use the word “fatherless.” Both translations accurately

²James Strong, “Fatherless,” *The New Strong’s Complete Dictionary of the Bible Words*. (Nashville, TN: Thomas Nelson Publishers, 1996), 95.

³G. Johannes Botterweck, “Fatherless,” *Theological Dictionary of the Old Testament* (Grand Rapids, MI: William B. Eerdmans Publishing, 1974), 105.

capture the meaning of the original word and emphasize the vulnerability of a child raised in a home without supportive parental figures. The importance of fatherhood is established rather clearly in Scripture. Biblically, it is a father's duty to guide, support, and defend his family. These needs could not be met in a fatherless child (Eph. 6:4, 1 Tim. 5:8, Prov. 22:6, Col. 3:21).

What does bring justice to the fatherless mean? The Hebrew word for “bringing justice” in Isaiah 1:17 is שִׁפְטוּ (*šip-tū*), which comes from the root word meaning literally to judge, or govern. To “bring justice” according to the English Standard Version has also been equated to “defend” their cause New Living Translation, “obtain” their justice New American Standard Bible, or “take up” their cause New International Version.⁴ Isaiah is instructing the people to act justly and to care for the vulnerable members of society, such as the fatherless and widows. The word "seek" - דָּרַשׁ *dīreshū* - means to pursue, to search for, as an object to be gained; to regard, or care for it, as the main thing. Instead of seeking gain, and bribes, and public favour, they were to make it an object of intense interest to do justice.⁵ The phrase “judge the fatherless” means to do justice for those who have no one to take care of them and to defend them against those who would oppress them. Biblical justice is based on an eternal perspective. Recognising that we are all made in God's image and viewing others as God sees them is the first step in doing this. Furthermore, in order for others to fulfil their potential and become who God intended them to be, it is the duty of Christ-followers to work towards the physical and spiritual freedom of the oppressed.

⁴ George Arthur Buttrick, “Fatherless,” *The Interpreter's Dictionary of the Bible*, ed. Emory Stevens Bucke. (Nashville, TN: Abingdon, 1962), 2:245.

⁵ Ibid.

In the New Testament, Jesus Christ uses the word orphan metaphorically when he stated at the last supper that, He would not leave His disciples as orphans but come to them in the person of His Holy Spirit (John 14:18). “I will not leave you as orphans.” Some have suggested that the original word ορφανος (*orphanos*) is derived from ορφνος, which means obscure and dark. This is because an orphan is someone who is left without a parent and is therefore treated poorly, ignored, and forced to live a life of obscurity and darkness. Others translate it from the Hebrew word צָרַר *charaph*, which means to strip or make bare, despoil, since a childlike that is without guidance, comfort, or support and is vulnerable to illness, suffering, sin, and death.⁶ Jesus Christ’s disciples referred to him as father; His students were referred to as His children and, upon His death, were treated as orphans. In John 13:33, Christ refers to his followers as His "beloved children." As He prepares to depart from them physically, He gives them hope that they won't be abandoned or destitute of a teacher or guide because He will return in a short while and ascension will result in the indwelling of the Spirit, who will serve as their constant comforter, defender, teacher, and mentor. The Bible emphasizes the importance of caring for and providing for the fatherless, as they are considered to be among the most vulnerable members of society.

Orphans and Their Care in the Bible

Orphans in the Old Testament

The Bible describes the orphan as one of the most vulnerable groups in Israelite society, along with the widow and the foreigner. (Deut 10:18; 14:2). The fatherless are frequently mentioned generally in association with the widow and the

⁶ Allen C. Myers, ed., *Eerdmans Dictionary of the Bible (EBD)* (2000), s.v. “Fatherless.”

stranger, as typical instances of the unprotected and necessitous, who are especially subject to oppression and also God's special protection. When used in a biblical context, the term "fatherless" refers to children who have lost their fathers as a result of various events like death or absence (Exod 22:22-24). The Bible dictionary defines the term fatherless as a child lacking the provision and protection of a father-needy member of society. The status of being an orphan appears as a premier example of suffering (Lam. 5:3).⁷ The term is often used to highlight the vulnerability and need for care and protection that these children have.

The changes in Jewish society that took place at the same time as the fatherlessness that happens in the Old Testament proper, provides striking parallels between it and every period of Biblical history. In the Old Testament, fatherlessness is primarily characterized by three factors: (1) the loss of rights and protection; (2) the poverty that follows the death of one's father; and (3) God's role as an adoptive father and advocate for orphans. First, the Old Testament's depiction of fatherlessness centers on the lack of rights and protection for orphans. The patriarchal texts of the Old Testament always portray the father as a watchful and protective figure who looks out for his family and is accountable to God for his deeds, regardless of the historical context or chronological sequence.⁸ The Bible frequently depicts children without fathers as oppressed (Exod 22.23), vulnerable to attack (Job 31:21), or occasionally even as slain (Ps. 94:6). The absence of a father has deadly effects. The wisdom literature of the Old Testament also mentions the drawing of lots for orphans, most likely for their use or sale as slaves (Job 6:27, cf. 24:9), which is perhaps a

⁷ Umair Mirza, "Fatherless," *The Baker Illustrated Bible Dictionary*, ed. Tremper Longman III (Grand Rapids, MI: Baker, 2013), 1:1288.

⁸ S. R. Driver, *Commentary on Exodus 22:22-23, A Critical and Exegetical Commentary on Exodus* (Edinburgh: T and T Clark Publishing, 1986), 126.

reflection of historical experience to some extent. The Old Testament writings also mention the tangible fallout from losing one's guardian and father figure, which leaves one vulnerable to thievery by unscrupulous people (Job 24:3) or even the outright taking of one's whole inheritance (Proverbs 23:10). The orphans mentioned in all of these texts were unable to locate a surrogate protector (*azer*) to fill in for their absent father. Because of this, we can see that God is called upon to carry out this function of *azer* (Ps. 10:14; see also God as the guarantor of their rights in Deut. 10:17–18).

A neglected orphan's welfare and poverty appear to be secondary issues in comparison to their lack of protection. As earlier alluded, the Old Testament (Ex. 22:22; Deut. 16:11, 14) emphasizes the obligation to assist these children. Naturally, these pleas highlight the destitution and social regression that the majority of orphans without surrogates went through. The effects of losing a mother through death appear to have been less in terms of social standing and financial security when compared to the loss of a father through death. But fatherlessness need not have resulted in the loss of social and economic standing. The widow in 2 Kings 4:1 tells us that there was a very real risk of status loss: "Your servant, my husband is dead... However, his creditor is now attempting to use my two boys as slaves." A number of biblical passages specifically address the financial hardship that orphans generally experience (Deut. 14:28–29; 26:12–15).

Those without a father or husband were social misfits without one to provide for their material needs and represent their interests in the court (Job 31:21). The fatherless had a hard life. It was common for orphans to beg for food (Ps. 109:9–10). They lost their animals (Job 24:3), land rights (Prov. 23:10), and residences (Ps. 109:10). The fatherless faced violence (Job 22:9), were considered as game to be bet on (Job 6:27 TEV), and in certain cases were even killed (Ps. 94:6). Perhaps, the

difficult situation of orphans in Ancient Israel could be understood in the comparison that Jeremiah made about Israel when he described Israel as orphans and without inheritance (Lam. 5:3).⁹

Given that the bulk of the Old Testament writings about orphans emphasize their lack of rights and protection, we can presume that this was the main issue facing the fatherless during this historical period. For example, it appears that orphans who attempted to assert their legal rights in court were frequently met with prejudice and perversion of the judicial system in addition to being denied justice (Is. 1:23; Jer. 5:28) (Deut. 24:17). The fact that allusions to this injustice are widely distributed suggests that, despite the OT authors' frequent criticism, it appears to have continued over the centuries, at least until the post-Exilic period. Thus, in Isaiah 1:23, we see Isaiah criticizing the abandonment of the responsibilities owed to orphans as a sign of Jerusalem's moral deterioration. The oppression of widows and orphans in Jerusalem is also mentioned by Ezekiel (22:7). Ultimately, the testimony of Job (Job 29:12; 31:16–23) regarding his assistance to the impoverished and fatherless, as well as his neutrality towards orphans (31:21), speak for themselves.

Care of Orphans in the Old Testament

The vulnerable condition of the orphans in the Ancient Israel warranted several divine biblical admonishes that the protection of the fatherless is the duty of the whole society because God is concerned to establish justice for those who are weak and defenceless like the fatherless (Jer. 22:3). The Hebrew law carefully provided for the fatherless children. The Bible is very categorical concerning the care

⁹ Chad Brand, Charles Draper, and Archie England, eds., *Holman Illustrated Bible Dictionary* (Nashville, TN: Holman Bible Publishers, 2003), 1811, http://archive.org/details/holmanillustrate0000unse_x2x0.

that should be given to the fatherless. In Exodus 22:22-24 we read, “You shall not mistreat any widow, or fatherless child. If you do mistreat them, in any wise, and they cry at all unto me, I will surely hear their cry; and my wrath will burn, and I will kill you with the sword; and your wives shall be widows, and your children fatherless.” God intended the children of Israel to take extra care of the needs of the fatherless rather than treating them harshly as a result of this order. He anticipated that people in their immediate vicinity would provide solace, happiness, and tranquility to the fatherless. In this text God is instructing them that no one should take advantage of the fatherless. Rather they must be treated with kindness and compassion because they are special objects of divine care. If men will not show compassion to them God will, for they are special objects of God’s love and care.¹⁰

The Baker Illustrated Bible Dictionary commenting on Exodus 22:22 states that it is forbidden to mistreat fatherless children. You must soothe and help them, as well as always be prepared to be friendly to them, in order to ensure that you do not torment them.¹¹ They must be treated with kindness and compassion in order to make fair demands of them, as they are in a vulnerable position because they have lost the people who should look out for them and protect them. No unfair advantage should be taken against them, and no hardship should be imposed on them that a husband or father would have shielded them from. Because, according to Exodus 22:23, God specifically considers their situation. There will be no one else for them to protest to or appeal to, so they will turn to God, and He will hear them without a doubt since, according to his providence, widows and orphans are under His care; if

¹⁰ Walter C. Kaiser Jr, “Exodus 22:22-24,” *The Expositor’s Bible Commentary*, ed. Tremper Longman III and David E. Garland (Grand Rapids, MI: Zondervan, 2008), 5:390

¹¹ Mirza, “Fatherless,” 1:1288.

men do not feel sorry for them or listen to them, God will. Be aware that having a God to turn to who will do more for them than simply listen to their complaints is a great consolation for those who have been hurt or oppressed by man, and that the poor's cries can be used against oppressors and will be heard by God should be terrifying to them.¹²

In the Pentateuch, towards the care of the fatherless, God also commanded the setting aside of special tithes at the end of every three-year period and stipulates the requirement that “gleanings be left in the fields for them (Deut. 14:29; 24:19-21). Their rights to glean the harvest was to be maintained. The law allowed them to “eat their fill” from the (second) tithe of the produce brought to the festivals. Moses in Deuteronomy 24:20–21 states that God commanded fruit to be left on the vines and trees, and that widows and orphans were to be included in the worshipping community's festivities (Deut. 16:11, 16:14)..

The Prophets also admonished that genuine repentance entailed providing justice for the fatherless. Isaiah counsels “Defend the cause of the fatherless, plead the case of the widow.” (Is. 1:16-17). Similarly, other prophets spoke in this vein. “Cease exploiting the foreigners, orphans, widows, and impoverished people (Jeremiah 7:6; Zechariah 7:8–10).” Isaiah exhorts people to purify themselves and support those who are disadvantaged.

The protection of the fatherless was a common public policy in the ancient near East and considered a virtue of gods, kings, and judges. In Biblical times, as in modern time, the fatherless were considered as the most helpless and pitiable members of the human society. In Talmudic period, the concern for the fatherless is

¹²Adam Clarke, “Exodus 22,” *Adam Clarke's Commentary*, accessed October 16, 2023, <https://www.studylight.org/commentaries/eng/acc/exodus-22.html>.

evident in descriptions of His character and commands for their protection and benefit.¹³

In the Old Testament, God is the ultimate haven for fatherless people. Even if this is consoling from a theological standpoint, it does not historically validate the reality of Old Testament society because only God, in His kindness, limits human arbitrary behavior, providing the oppressed with justice as well as food. The Bible further, reveals that God is the helper of the fatherless (Psalms 10:14), He upholds the fatherless (Psalms 146:9) He defends the weak and the fatherless and upholds their cause (Psalms 82:3). God is on their side (Deuteronomy 10:18), and strongly condemns those who would oppress them (Deuteronomy 24:17; Deuteronomy 27:19). The prophets and psalmists are equally emphatic in pleading for mercy and justice to the fatherless, and in declaring that God is their special guardian (Isaiah 1:17 Jeremiah 7:6; Jeremiah 22:3 Hosea 14:3 Zechariah 7:10 Psalm 10:14; Psalm 68:5; Psalm 82:3).

Therefore, compassion towards the weak, symbolised by the orphan, is to possess the same devotion as God, who is particularly renowned for being the supporter of the defenceless and fatherless (Ps. 10:14). Therefore, an Israelite society's concern for protecting and providing for the completely dependent, like the orphan, serves as the yardstick by which it is judged in the prophetic critiques. It was considered a sin in Israelite society to neglect orphans. "Your leaders are crooks' allies and rebels. They take bribes and gifts without fail. They never take an interest in hearing widows' arguments or stand up for orphans in court" (Is. 1:23). The idea is that the Israelites took advantage of the poor and did not give a damn about them. God would deal with them harshly.

¹³ Buttrick, "Fatherless," 2:245.

The Bible also warns of the consequences of abuse of the vulnerable. It has enormous social costs for the abusers that cannot be avoided or denied (Deut. 27:19; cf. Amos 2:6; Isa 1:23)). God is the protector of widows and the father of the fatherless. He tends to those who are most in need of his attention. God makes his holy residence the location from which he tends to the weak and disadvantaged, as opposed to withdrawing to his castle and isolating himself from the outside world. He takes the fatherless under his wing. He talks on behalf of the widow. And in the Old Testament, God punished Israel severely for their treatment of the weakest members of their community. God's love for his people is not reflected in injustice. As God's covenant people, Israel was always meant to be a place where even the most vulnerable could find a place. Furthermore, God himself offered to adopt children who had no one else to turn to for protection or guidance. God is the father of the fatherless, supplying, guarding, and standing up for those who are unable to take care of themselves.

A father of the fatherless is one of the kindest names that can be used to refer to God and it provides one of the most eloquent portraits of his character. We can see God's greatness, majesty, and power in the worlds he has created, in the storm, the tempest, and the roiling ocean, but it is in these kinds of manifestations that we discover what we most long to know and what we cannot discover anywhere else: that God is a Father, and that He is to be loved as well as feared.¹⁴ Nothing conveys a more moving description of God's nature of his condescension and kindness than to say that he will act as a parent in one case and a protector in the other. The plight of orphans and widows, in particular, suggests a state of helplessness and dependence

¹⁴ John Goldingay, "Psalms 68:5," *Baker commentary on the Old Testament Wisdom and Psalms*, (Grand Rapids, MI: Baker Academic, 2007), 2:431.

more strikingly than anything else. God has a particular concern that those in the community whose social and economic status are not sure, should receive just and proper treatment (Deut 24:17). God is the one who acts for those who are in need of divine intervention.

In Psalm 68:5 God declares Himself, “A father of the fatherless.” Since their fathers are dead, they have no one to protect them. The only person to whom the oppressed and the downtrodden can turn for protection is God since He cares about the welfare of the fatherless. The poor and those who are oppressed are in God's sights (Ps. 146:9). The Lord's authority brings about transition from injustice to justice and from oppression to vindication when their rights are trampled upon by the wealthy and powerful (Zech. 7:9-10). The fatherless, the widows, and the lonely can all look to God to act on their behalf and seek protection and justice. The Psalmist is saying, wherever there are oppressed people, whether they belong to the people of God or not, the Lord's rule brings transformation from injustice to justice and from oppression to vindication.

Care of Orphans in the New Testament

In the New Testament the word "fatherless" occurs but once, where James declares, in the spirit of the Old Testament prophets, that true religious ritual consists in visitation of the fatherless and widows and in moral purity (Jam. 1:27). Here the word for "fatherless" is *orphanos* ("bereft," "orphaned"), which is the Septuagint translation of the Old Testament *yathom*. In James 1:27 the Bible says, “Pure religion and undefiled before God and the Father is this, to visit the fatherless and widows in their affliction...” *Pure religion* — the word *θρησκεία* (*threskeia*), here used, properly signifies *worship*. The Apostle James is not defining religion but rather he is stating what religion is. He is actually saying, religion is caring for the fatherless.

Επισκεπτεσθαι (*episkeptomai*) means it goes in their houses, and speaks to their hearts; it relieves their wants, sympathizes with them in their distresses, instructs them in Divine things and recommends them to God. And all this it does for the Lord's sake.¹⁵

‘Visiting’ means more than calling on; it means looking after and caring for. In Arabic, the word for “visit” *iftiqad* (if-tee-cod) is derived from an action verb meaning “to miss someone, go look for them, and provide for their needs.” God’s charge to His children is to be concerned enough to actually seek out and provide for orphans and widows at the time of their greatest need. Works of love and mercy are the proper fruits of religion especially to the objects of love and mercy the fatherless and widows. The service rendered to them for the sake of mercy is what they should experience from those close to them. In the eyes of God and the Father, that religion is clean and undefiled. That which is acceptable to God and primarily seeks his approval is right. True religion instructs us to carry out all of our actions as though we are doing so in the presence of God, to seek his favour, and to work to do so in every way. True religion must contain a very significant and essential component of compassion and charity for the impoverished and distressed: paying visits to widows and orphans who are suffering. Fatherless and widows are specifically addressed since they are typically the ones who are most likely to be neglected or oppressed, but it is through them that we can learn how to treat others. Genuine religion therefore, means that everything in the believer’s life is to “seek justice, correct oppression and defend the fatherless and plead for the widow (Is. 1:10-17) The Apostle James further says that, “If a brother or sister is naked and destitute of daily food” (Jam. 2:15) we should

¹⁵ *Holman Illustrated Bible Dictionary*, s.v. "Επισκεπτεσθαι"

take care so as to demonstrate our faith in God. Christians whose religion is pure will imitate their father by intervening to help the fatherless.¹⁶

During His ministry on earth, Jesus on many occasions instructed and always went out to relieve the suffering. In Matthew 23:23 speaking to the Pharisees Jesus reminded them the importance of taking care of those who are suffering. He said, “Woe unto you, scribes and Pharisees, hypocrites! for ye pay tithe of mint and anise and cumin, and have omitted the weightier matters of the law, judgment, mercy, and faith: these ought ye to have done, and not to leave the other undone”. Here Jesus Christ speaks to the Pharisees commending them and at the same time correcting them concerning their actions towards God. He tells them to continue faithfully to return tithe. However, He counsels them not to forget or omit weightier matters of judgement, mercy and faith. Judgement here refers to acting according to justice and equity towards all mankind. Giving special consideration to the needs of others fairly. Mercy to be exercised towards the distressed and the miserable. Faith to be exercised in God as the fountain of all righteousness.¹⁷ According to Jesus, true religious expression (worship) is found in justice, mercy and faith, which by implication is the care of the least fortunate in the community. It is the responsibility of the community to see to it that the needs of the fatherless are met by their community. Jesus in these words is announcing that God will no longer recognize the worship (their religion) His people offer Him. They must pay attention to the weightier matters- justice, mercy and faith. Judgement means being fair and even-handed judgement. Mercy means being compassionate and kind in action, and faith means being loyal to God in

¹⁶ Duoglas J. Moo, “Commentary on James 1,” *The Tyndale New Testament Commentaries*, (Nottingham, England: IVP Academic Inter-Varsity Press, 1985).

¹⁷ Adam Clark, “Commentary on James 1.”

keeping His word. No doubt here Jesus is referring to Micah 6:6-8 where the Prophet Micah states that all acceptable religion should consist of three elements; doing justly, loving mercy and walking humbly with God.

The Bible writers have written quite a lot about the care of the poor and less privileged. In a number of cases, the Bible indicates that it is the duty of believers to take care of the needy. Jesus in the gospels demonstrated the true method and meaning of preaching. It must be stated here that the needy in our midst are or can be a blessing to the believers. In addressing the needs of HIV/AIDS orphaned children, it is vital to remember that, as Luke emphasizes, “The kingdom is not brought in through grand human schemes but by the humblest of means,”¹⁸ highlighting the profound value of simple, compassionate acts of care.

Spirit of Prophecy and Caring for the Fatherless

This section explores the counsels of Ellen G. White under inspiration on the topic of orphans. Ellen White wrote extensively on the church and believers’ duty to care for the orphans. White states that, “Until death shall be swallowed up in victory there will be orphans to be cared for...”¹⁹ She further admonishes that, “The work of saving the homeless and the fatherless is everyone’s business.”²⁰ White states that in heeding to God’s counsel concerning the care of the orphans, she and her husband were involved in caring for the orphans. She further states that, “Christianity must supply

¹⁸ James H. Park, *The theological and Historical Significance of Stephen’s Speech in Acts 7 as a Fulfilment of Daniel 9:24-27*

¹⁹ Ellen G. White, *Welfare Ministry* (Washington DC, Review and Herald, 1952), 220.

²⁰ Ellen G. White, *Adventist Home* (Nashville, TN: Southern Publishing, 1952), 169.

fathers and mothers for these homeless one,"²¹ all because the impoverished and the fatherless have been entrusted to us by God, and we are to treat them with the same compassion that Christ showed us. Ellen White says that God has placed the fatherless and motherless in the church's arms so that the church might fully assume responsibility for their care. She goes on to say that those who God has "made stewards of means" will take great pleasure in allowing their hearts to be opened to the needs of the children who need dedication, love, and care.

The orphans need someone to fill the position of a father and mother to take care of them since they are vulnerable to corrupt influences when they lack a pitying father and a caring mother. The importance God attaches to taking care of the fatherless is highlighted in the words of Ellen White when she says God will not "hearken to the prayers of His people while orphans, the lame, the blind, and the sick are neglected among them."²² God will only answer the prayers of His people when His people pay special attention in meeting the needs of the fatherless and the suffering around them. Neglecting these people's needs is a denial of trust in God and a refusal to obey Him. A closer relationship with God can be achieved by giving to the needy, the fatherless, and the downtrodden, as well as by feeling compassion for those who are suffering. God has appointed us as the fatherless' caretakers.

Ellen White further underlines that "all the gifts are to be used in blessing humanity, in healing the suffering and the needy". We are to care for the widow and the fatherless, feed the hungry, clothe the naked, and attend to those who are in need. It is our obligation to welcome the fatherless into our homes, to feed the poor, and to

²¹ White, *Welfare Ministry*, 220.

²² Ellen G. White, *Testimonies to the Church* (Mountain View, CA: Pacific Press, 1907), 6:518.

comfort those who are in need. Ellen White further states that, “These unpromising children need to be placed in a position favourable for the formation of a right character, that they may become children of God.”²³ The spiritual development of orphans is the major theme in her writings. The implication above is supported by the following statement:

Take these children and present them to God as a fragrant offering. Ask His blessing upon them, and then mold and fashion them according to Christ’s order... A dying father and mother left their jewels to the care of the church, to be instructed in the things of God and fitted for heaven... The church in a great degree is responsible for the salvation of these orphan children.²⁴

As the body of Christ on earth, it is our duty to take the initiative to offer mentorship, spiritual guidance, emotional support, and unconditional love to individuals who are experiencing fatherlessness in their anguish and bewilderment. The survey of the emphasis by Ellen G, White on the care of the orphans highlights the duty of the church for the care of orphans

Theological Underpinnings

The survey of the biblical foundations and the Ellen G, White writings on care of orphans provides a theological basis for the care of orphans. This is based on God’s character of compassion. God is compassionate and He exhorts this character be reflected by His Church to the vulnerable like the HIV/AIDS orphans. This compassion is further an imperative because of the share of image of God in humanity and the church as the family of God. Therefore, this study this study approaches the theological issue of care for orphans through the lens of Practical Theology, emphasizing God’s presence and care for the marginalized.

²³ White, *Welfare Ministry*, 221.

²⁴ Ellen G. White, *Welfare Ministry*, 220.

Conclusion

In the Bible, taking care of the fatherless was a crucial component of civic and religious duty. In addition to being viewed as a moral obligation, providing care was also seen as a way to preserve communal stability and social cohesiveness. Society sought to keep fatherless people out of poverty, the criminal justice system, and other undesirable consequences that are frequently related to fatherlessness by offering them care and spiritual enrichment. In addition, care for the fatherless mirrored the idea that everyone, regardless of their familial circumstances, deserved equal opportunity and a chance to succeed.

Important information on the fatherless and how they are treated has been offered by this chapter on theological foundation. It has also emphasized and brought attention to the fact that the Bible makes a big deal out of fatherlessness. Furthermore, it demonstrated how crucial the law is in relation to Israel's treatment of the fatherless people. God is concerned about historical human suffering. Love (agape) is what defines his nature. Love is touched by human frailties; it is not self-serving. Because of this, John makes it clear in John 3:13 that "No one has ascended into heaven, but He who descended from heaven." His name is Immanuel, which means "God with Us" (Isaiah 7:14; see also Matthew 1:23). God is both immanent and transcendent. But His transcendence is not negated by His immanence.

When sin entered into the world, the Bible says that death also entered (Gen. 2:15-17). When Adam and Eve ate the forbidden fruit they disobeyed God and sinned and death entered (Gen. 3:1-24). Sin broke the relationship between God and man and death separates children from their parents and leaves them as orphans losing the relationship that is so important to them. Though orphans may experience poverty, but the broken relationship caused by death is much worse. They no longer have someone

to call mum and dad. They have to live a lonely life. There may be those close to them, but that fatherly or motherly love, the parental love, care and protection is forever gone. They have lost a bread winner, a provider and a protector for the rest of their lives. It is here where the church needs to play a major role. To rekindle the hope in the lives of these hopeless souls.

CHAPTER 3

LITERATURE REVIEW ON HIV/AIDS ORPHANED CHILDREN

Impact of HIV/AIDS on Orphans and Challenges

This chapter reviews literature on the: i) impact of HIV/AIDS orphaned children and their challenges ii) Importance of care of HIV/AIDS orphaned children and, iii) nature of responses (community-based like orphanages with experience from communities and faith-based responses) the concept of caring for the fatherless. It examines the importance of caring for the fatherless especially those whose parents were prematurely taken away from them through death caused by the HIV/AIDS pandemic and are challenged emotionally, spiritually and economically, especially when communities and services being provided by these communities are strained by the consequences of the epidemic. This is because AIDS is the leading cause of death in Africa among ages 15-59.¹

The World Health Organisation claims that Sub-Saharan Africa has the highest rate of HIV/AIDS cases worldwide, and the difficulties faced by orphans pose a threat to the survival, development, and growth of children.² In 2020, 15.4 million children lost one or both parents to AIDS-related causes, according to UNICEF. Sub-

¹ Nicholas C. Grassly and Ian M. Timaeus, "Methods to estimate the number of orphans as a result of AIDS and other causes in Sub-Saharan Africa," *Journal of Acquired Immune Deficiency Syndromes* 39, no. 3 (2005): 365-375.

² World Health Organization, "HIV and AIDS Key Facts," accessed March 17, 2022, <https://www.who.int/News-room/Fact-sheet>.

Saharan Africa is home to 11.5 millions of these youngsters, or 75% of them. While AIDS-related orphans account for 10% of all orphans globally, Sub-Saharan Africa is home to 35% of all orphans.³ Children have been severely impacted by the HIV/AIDS epidemic, which has led to a global crisis of orphans and vulnerable children (OVC) in many affected areas.

The concept of HIV/AIDS orphans gained widespread recognition in the 1990s as the AIDS pandemic began to negatively impact families and communities. Without a doubt, one of the main reasons for all of Africa's suffering is poverty. According to the Zambia Statistical Agency, 48% of Zambians are considered extremely poor, and 60% of the country's population lives below the poverty line.⁴ Many families are being held captive by HIV/AIDS as a result of poverty.

HIV/AIDS has expanded ferociously during the past 20years, highlighting its effects at all levels and leaving a trail of severe socioeconomic issues in its wake. The unfortunate victims most affected by this widespread illness are children. It is detrimental to their cognitive and emotional development for them to experience the sadness of losing one or both parents leaving them orphans. They endure the hardest aspects of life, such as being denied access to education, being forced into child

³ World Health Organization, "HIV and AIDS Key Facts," accessed March 17, 2022, <https://www.who.int/News-room/Fact-sheet>.

⁴ UNICEF, "A child was infected HIV every two minutes-2020," Accessed March 17, 2023, <https://www.unicef.org/press-releases/child-was-infected-hiv-every-two-minutes-2020>

labour, and developing antisocial tendencies as a result of being stigmatized, marginalized and excluded.⁵

There have been several views about caring for the fatherless especially those who lost their parents as a result of the HIV/AIDS pandemic. Some think that the best way to care for them is by establishing orphanages. There, they say, the children can receive support not only from orphanage management but well-wishers as well. These institutions can offer a safe and nurturing environment where children can thrive, receive an education, and form meaningful relationships with others.⁶

Others think that the best is to leave them under the custody of the relatives. Yet others think that since the children are already used to manage themselves, it's better to allow them to continue to take care of themselves. All of these views have their advantages and disadvantages.

Several writers have made numerous attempts to find the best way of caring for the orphaned children as a result of HIV/AIDS pandemic. Many writers point out the devastating effects of HIV/AIDS among many communities around the world. Nguru describe HIV/AIDS “as the greatest threat to humanity in modern times. Besides draining the economy of many African countries, HIV/AIDS has caused indescribable suffering to families.”⁷

⁵ Solahart Handal, “The Benefits of Orphanages: Providing Safe and Nurturing Environments for Children in Need,” accessed March 1, 2023, <https://www.solaharthandal.com/the-benefits-of-orphanages-providing-safe-and-nurturing-environments-for-children-in-need/>.

⁶ Godfrey M. Nguru, “The Scourge of HIV/AIDS in Africa and the Church’s Response,” *Transformation* 20, no. 4 (2003): 245.

⁷ Avanjali Sathpathy, “HIV/AIDS and Orphans,” accessed March 17, 2023, <https://www.jstor.org/stable/4418597>

The HIV/AIDS pandemic caused the emergence of sociological phenomenon known as the child-headed households. This is a household without an adult member the oldest child takes responsibility of managing the home economically and parental care for the siblings. Children who head households may be as young as 10 years in some cases.⁸

In most countries especially Sub-Sahara Africa, according to UNICEF the peak ages for HIV/AIDS deaths is 25-35 for female and 35-45 for males.⁹ This indicates that AIDS is claiming the lives of a high proportion of young mothers and fathers when their children are still young and before they have completed rearing them. This creates a crisis and a very big challenge to the orphans because being an orphan is not an event but an enduring condition that lasts throughout a child's life accompanying the child into adulthood.

In Zambia, research reveals that every second household, on average, is home to an orphaned child. The report further indicates that, due to high levels of AIDS orphaned children, the streets in Zambia are running with orphaned children.¹⁰ All these children are struggling to live without the one commodity that gives meaning to a young life and that no government or aid program can provide: the love of a connected and concerned adult. According to a survey which was conducted early 2014 among orphans in the city of Lusaka, many of the orphans especially the younger ones, said what they missed about their parents was the loss of their care and love and simply their company. They revealed how they miss the material and general

⁸ UNICEF and World Bank, *Poverty Reduction Papers: Do they Matter for Young People made Vulnerable by HIV/AIDS?* (New York: UNICEF, December 2004).

⁹ UNICEF, *Children and AIDS: Second Stocktaking Report* (New York: UNICEF 2008), 17.

¹⁰ Ministry of Youth, Sport and Child Development, *Situation Analysis of Orphans and Vulnerable Children in Zambia Lusaka* (Lusaka, Zambia: Ministry of Youth, Sport and Child Development, 2004), 2.

support from their parents. This survey reveals the distress these young stars go through in orphanhood.¹¹ This makes the emotional and psychological status of AIDS orphans clearly far from being good.¹² The death of one or both parents, as well as the trauma associated with living in abusive environments, are among the familial circumstances that cause significant emotional distress for HIV/AIDS orphaned children. When this is combined with stigmatisation and marginalisation, the HIV/AIDS orphaned child becomes particularly vulnerable and requires counselling as well as a variety of different coping strategies.¹³

The likelihood of these AIDS orphaned children that their psychological development will be affected in a very long time is so high. This is because they have not had time to experience the joy and happiness of a carefree childhood. It is therefore, important that these orphaned children be given an opportunity to develop in a normal and emotionally secure atmosphere.

Care of HIV/AIDS Orphans

The HIV/AIDS epidemic has orphaned millions of children around the world, mainly in Sub-Saharan Africa. These children confront numerous problems that limit their growth and well-being.¹⁴ This section analyses the emotional, health, educational,

¹¹ Gage, "Know Your HIV-Prevention Response."

¹² Patrice L. Engle et al., "VII. The Situation for Children without Parental Care and Strategies for Policy Change," *Monographs of the Society for Research in Child Development* 76, no. 4 (2011): 190–222.

¹³ Livhuwani Precious Matshepete et al., "Community-Based Intervention to Support HIV and AIDS Orphans and Vulnerable children (OVC) in Africa: A Systematic Review." *International Journal of Integrated Care* DOI: 10.5334/ijic.8920

¹⁴ UNAIDS. *Global HIV and AIDS Statistics-Fact Sheet. 2023*
<https://www.unaids.org/en/resources/fact-sheet>.

legal, and protective elements of HIV/AIDS orphaned children's care, drawing on contemporary studies and initiatives.

Psychosocial Support

Psychosocial well-being is critical for orphaned children. According to studies, children's self-concept and depressive symptoms are dramatically improved when they receive perceived social support from carers, teachers, and peers. For example, studies in Uganda discovered that children who received support from many sources displayed lower levels of hopelessness and sadness, underscoring the relevance of a supportive environment in alleviating psychological discomfort.¹⁵

Health and Medical Care

Access to healthcare is an essential component in caring for HIV/AIDS orphaned children. In Kenya, the Nyumbani Children's Home has been instrumental in providing antiretroviral therapy (ART) to HIV-positive orphans. However, recent US funding freezes will jeopardised the continued availability of these life-saving therapies, putting many children's health at risk. This situation highlights the urgent necessity for ongoing financing and support for healthcare programs aimed at orphaned children.¹⁶

Support for Education

Education serves as a protective element for orphaned children, providing stability and future chances. A meta-analysis of interventions for orphans and vulnerable children affected by HIV/AIDS discovered that educational programmes had a significant positive influence on cognitive and educational results. Interventions that

¹⁵ UNICEF. *Children, HIV and AIDS: Global and Regional Snapshots. 2020.*
<https://data.unicef.org/resources/children-hiv-and-aids-global-and-regional-snapshots/>.

¹⁶

lasted more than a year were very beneficial, emphasising the need of ongoing educational support.¹⁷

Educators also play a pivotal role in addressing the psychosocial needs of these children. A study in South Africa revealed that while many teachers recognized the psychological challenges faced by HIV/AIDS orphans, only about half of the schools provided adequate support. The most pressing needs identified were security, acceptance, and psychological services, underscoring the necessity for trained educators to support these vulnerable children.¹⁸

Legal and Protection Services

Legal frameworks are critical for protecting the rights of HIV/AIDS orphaned children. Inadequate legal safeguards can lead to exploitation and mistreatment.¹⁹

Many governments around the world have put measures to fight HIV/AIDS pandemic, but those measures do not include the care for the AIDS orphaned children. The major justice issue relating to these orphans is failure at almost every level to incorporate their needs into comprehensive responses to the pandemic.²⁰ Society's

¹⁷ Foster, G. "The Capacity of Extended Family Safety Net for Orphans in Africa." *Psychology, Health and Medicines* 5, no.1 (2000): 55-62. <https://www.doi.org/10.1080/135485000106084> accessed May 6, 2025.

¹⁸ Molato, B. J., S. S. Moloko-Phiri, M. et al. "Coping Mechanisms Used by Caregivers of HIV/AIDS Orphans in North West Province, South Africa." *South African Family Practice* 66, no. 1 (2024): a5857. <https://doi.org/10.4102/safp.v66i1.5857> accessed May 4, 2025

¹⁹ Cluver, L., Orkin, M., et al. "Children and Adolescent Mental Health in HIV-Affected Populations: A Review." *Journal of Child Psychology and Psychiatry* 53, no. 3 (2012): 219-226. <https://www.doi.org/10.1111/j.1469-7610.2011.02482.x>. Accessed May 4, 2025

²⁰ JoAnna K Leyenaar, "HIV/AIDS and Africa's Orphan Crisis," *Paediatrics & Child Health* 10, no. 5 (2005): 259.

response to the much needed prolonged attention, stimulation, love and nurturing needed for integral human development, has been inadequate. Very little attention is given in terms of national policies and plans despite the seriousness of the circumstances affecting the orphans. In Zambia, government has been accused of failing to give sufficient priority to orphans as assistance to these orphans is being hampered by inadequate funding and lack of coordination among policies.²¹ However, Zambia is not alone in this failure to give priority and attention to the needs of the most vulnerable members of its population.

The international organizations such as Save the Children, United Nations International Children's Emergency Fund (UNICEF) and European Union make valiant efforts to scale up the response but these efforts are largely piecemeal, uncoordinated and not commensurable with the size of the problem.²² International organizations have one challenge, lacking proper information of the challenges intended to benefit their aid. The people on the ground being used to gather data more often do not give accurate information. This results in under funding and problems are being perpetuated. This is proved through the statement by UNICEF that Zambia's children orphaned or made vulnerable by HIV/AIDS do not enjoy the rights provided in convention on the Rights of the Child and are not assured of protection.²³

While other organizations have come up with methods to care for the children orphaned by HIV/AIDS, the Seventh-day Adventist church does not seem to have

²¹ Ibid.

²² Ministry of Youth, Sport and Child Development, *Situation Analysis of Orphans and Vulnerable Children in Zambia Lusaka, 2.*

²³ Secretary General to the United Nations General Assembly, *Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS: Report of the Secretary General to the United Nations General Assembly* (New York: United Nations, June 2008), 59.

any. Most of the Adventist literature address the care of the orphans in terms of meeting the basic needs through the community service program of the church and nothing on empowering them. This could be attributed to clarity by the church leaders on the stance to be taken in face of the challenging issues such as discordant couples. Pastors/preachers do not give a clear position or offer concrete specific hard moral issues. Details are often lacking on messages of behavioral change and abstinence as a result their messages are dry. This result into the church falling short of shaping consciences of believers to develop strong attitudes when responding to these challenging issues in today's world. The messages given to the believers from the pulpits is disjointed and at times inconsistent on how to respond to the challenges of HIV/AIDS. The church should not only seem to be doing something but rather should be in the forefront. The church is representing God as such should strictly follow God's instructions in the Bible concerning the care of the fatherless.

When reading through most researchers indicate that there are two methods that stand out in most literature as options for caring for children orphaned by HIV/AIDS. There are of course other methods but for the purpose of this research we will examine only two. We will look at the advantages and disadvantages of each.

Conclusion

The literature underscores the multifaceted needs of HIV/AIDS orphaned children and the importance of a holistic approach to their care. Psychosocial support, healthcare access, educational opportunities, and legal protections are interdependent elements that collectively contribute to the well-being of these children. Future interventions should adopt integrated models that address these diverse needs to ensure the healthy development and empowerment of HIV/AIDS orphaned children

Institutionalized Support HIV/AIDS Orphans

Orphanages

An orphanage is an institution for the care and education of children who have lost one or both parents, who are deprived of the material, social and psychological support of one or more of their primary caregivers. It's a place where children who lost either one or both parents live and are cared for. Originally, orphanages were not only for the orphans but also for children who were being abused by the biological parents who could have been abusing them may be because of substance abuse or mental illness. Creation of these institutions was also a way in which the rich could control over the poor. As orphanages were emerging, financial concerns rather than the concern for children's welfare dominated.

Advantages of Orphanages

Orphanages, often known as residential care facilities for children without parental supervision, have both benefits and drawbacks. It's crucial to remember that the efficacy of orphanages might change depending on elements like the level of care provided, the staff-to-child ratio, and the particular policies in place. Patrice L. Engle²⁴ and Rukundo and Diane provide some advantages and disadvantages of orphanages which are summarized below:²⁵

Providing for basic needs and shelter. Orphanages provide a home for kids who have lost their parental care, ensuring they have access to food, clothes, shelter, and other essentials.

²⁴ Engle et al., "The Situation for Children without Parental Care and Strategies for Policy Change," 90-222.

²⁵ R. Rukundo and M. Danie, "Children Orphaned by AIDS in Uganda: Can They Thrive Under Orphanage Care?" *Social Work and Society*, 14 (2016):1-17.

Education Possibilities. Orphanages may offer educational support, such as formal schooling and homework help, making sure that kids have the chance to learn and intellectually grow.

Healthcare. Orphanages frequently have access to healthcare services, ensuring that kids get the care, shots, and treatments they need.

Peer Interaction and Socialization. Children who live in orphanages can engage with peers in a social setting to build relationships and support systems.

Occupational Care. Children in orphanages may receive care and support from trained experts such as social workers, psychologists, and carers.

Emergency Services. Orphanages can act as temporary sanctuaries for kids who have been rescued from abusive or unsafe environments. Hosting an orphan places additional advantage to the family such as household's livelihood. The basic needs of the orphan becomes the responsibility of the orphanage. This then becomes an additional responsibility to the orphanage a responsibility that should have been to the family. Orphans are more likely to drop out of school for lack of financial support due to the strain the family might be going through. Sometimes their needs are never met because the caregiver is too old or too young who themselves are often in need of care and support and often too impoverished to provide for all the necessities. The community may sometimes be overwhelmed by the numbers of orphans as such may not care for them. When parents have died, often times no one would care for the orphans the way parents would if they were still alive. Therefore orphanages are considered to be better places for them since most of the immediate and basic needs such as shelter, food and clothing are certain to be provided. Unlike if they were to be under some individual or relative who probably is already burdened by his own family. Therefore, because foster care cannot meet the needs of increasing numbers of

children, orphanages with a good source of government or community support and external donations may be a viable option for AIDS orphan care in many epicentres.

Disadvantages of Orphanages

Absence of Personalized Attention. A disadvantage of having many children in orphanages is that each child's emotional and psychological growth may be hampered by a lack of customized care.

Social Exclusion and Stigmatization. A disadvantage of being a resident of an institutional care system is that children in orphanages may experience stigmatization and social exclusion.

Delayed Life Skills Development. Children in foster care frequently have an easier time learning important life skills like cooking, budgeting, and decision-making than those in orphanages.

Impact on bonding and attachment. A disadvantage is that a child's capacity to develop secure attachments and connections may be harmed by frequent changes in caregivers and a dearth of reliable, loving interactions.

Syndrome of Institutionalization. According to some research, prolonged institutionalization can cause behavioural problems, developmental delays, and trouble building relationships outside of institutions.

Unprepared for Independent Living. A disadvantage of orphanages is that older kids may not receive the proper preparation for independent living, which could provide problems as they grow older.

Resource restrictions. Advantage: Orphanages may experience resource limits, such as budgetary restrictions and a staffing shortfall, which may affect the level of care offered.

Ethical and Judicial Issues. A disadvantage is that there have been instances of abuse and neglect in some orphanages, which raises questions of law and morality regarding the welfare of children under institutional care.

Reforming orphanage institutions and emphasizing family-based care choices, such as adoption or foster care, which can offer a more permanent solution, are frequent goals.

Family Support of HIV/AIDS Orphans

While orphanages play a significant role in helping the children orphaned by HIV/AIDS, they may not be appropriate in the African setting. This is because in most of the African culture, extended families are valued so much that when a child is orphaned whether by HIV/AIDS or any other illness, most African societies move in and take the responsibility of taking care of such a child. Deborah Shelton puts it this way, “the extended family is seen as well positioned to provide long-term, stable and balanced care for children in the absence of biological parents, meeting psychological, emotional, and physical needs.”²⁶ This is also supported by Engle who in 2021 who buttressed the adverse emotional and psychological status of AIDS orphans.²⁷

The majority of orphans and vulnerable children in sub-Saharan Africa are cared for by extended families or grandparents. Mpfu and Tshabalala indicted in their study that about 60% of orphans in their study lived with grandparents and another 30% with other caregivers.²⁸ The dynamics of the new caregiver's interaction with the child inside a family have a significant impact on the child's outcome. However, no matter their level of poverty, studies have shown that the more connected children remain to their biological family, the more probable it is that they

²⁶ Deborah L. Shelton, “AIDS Orphans: The Forgotten Victims,” *Human Rights* 22, no. 4 (1995): 18–28.

²⁷ Engle, “The Situation for Children without Parental Care and Strategies for Policy Change”, 190-222.

²⁸ Phumuzani Mpfu and Theminkosi Tshabalala, “Challenges Faced by Aids Orphans in Zimbabwe: A Case Study of Aids in Nkayi District” *International Journal of Humanities Social Sciences and Education* 8, no. 7 (2021): 143-149.

will be well-cared for and attend school regularly.²⁹ It is considered that home based care alleviates medical expenses. The hardest part is creating or building orphanages. Compared to some type of family care, orphanages have a negative impact on children's attachment and desired healthy development. Children in orphanages frequently lose contact with their extended families, which serve as a support system and a sense of community and safety net. Children in orphanages may experience serious behavioural and emotional issues. They may have issues with aggression and a lack of information and comprehension of the outside world, among other things. In turn, this may lead to mental health issues.³⁰ Orphanages tend to have caregivers whose responses are unreliable, inappropriate and sometimes absent. In most cases children are abused and neglected by caregivers. This affects the children's physical, emotional and social development.³¹

Some other studies showed that children raised in an institutional setting suffered from “the inability to bond, inability to effectively problem solve, inability to turn to others for help, poor peer relations, disciplinary problems, disruptive behaviour”.³² Another study interviewed children living in orphanages and the overwhelming pattern is that children do not consider orphanages supportive places to reside. They felt less comfortable, loved, looked after, trusted, cared about and wanted

²⁹ Adebola A. Adejimi et al., “Care and Support Programmes for Orphans and Vulnerable Children: Achievements and Implications of HIV/AIDS Funded Project in Osun State, Nigeria,” *World Journal of AIDS* 09, no. 04 (2019): 197, <https://doi.org/10.4236/wja.2019.94015>.

³⁰ Theophil Christopher and Mary Atanas Mosha, “Psychosocial Challenges Facing Orphaned Children and Caregivers in Tanzanian Institutionalized Orphanage Centres,” *East African Journal of Interdisciplinary Studies* 4, no. 1 (2021): 1-14.

³¹ Catholic Relief Services, “Why Changing the Way We Care,” accessed February 8, 2024, <https://www.changingthewaywecare.org/why-change-the-way-we-care/>.

³² Better Care Network, “Rethink Orphanages,” accessed February 8, 2024, <https://bettercarenetwork.org/rethink-orphanages>.

than children in any other form of surrogate care or other children.³³ Most of the writers agree that orphanages do not help children deal with problems. The writers further indicate that orphanages have no positive impact on the children instead most children suffer psychological problems associated with abuse, abandonment or neglect. According to the Bucharest Early Intervention Study, found out that growing up in orphanages leads to profound deficits and delays in cognitive and social-emotional development and greater risks of psychiatric disorders.³⁴

Rebecca Smith observes that the institutional care model is fundamentally flawed, regardless of how much money is invested, how clean the facilities are, how many supplies are available, or how well the staff is trained and supported. Unlike an orphanage, a family environment—built on love, acceptance, and safety—can offer the individualized attention that children need. In contrast, institutional care typically operates within a group setting, with rotating caregivers, rigid routines, and a predetermined end date for each child's stay. Going by Smith's position, we can conclude that Orphanages simply don't give the secure care the children need to survive and thrive. Instead, they have a terrible impact on the physical, social and intellectual development of children. Thus, orphanages do not appear to be providing the necessary services to meet the needs of these children.

³³ Children's Hospital Boston, "Study of Children in Romanian Orphanages Tells Cautionary Tale about Family Separation," accessed October 17, 2023, <https://medicalxpress.com/news/2018-09-children-romanian-orphanages-cautionary-tale.html>.

³⁴ Mark Wade et al., "The Bucharest Early Intervention Project: Adolescent Mental Health and Adaptation Following Early Deprivation," *Child Development Perspectives* 16, no. 3 (2022): 157-164, <httpFs://doi.org/10.1111/cdep.12462>.

Faith-Based Institution Support of HIV/AIDS Orphans

The church and the community are expected to play a significant role in the care of the HIV/AIDS orphaned children given that HIV affects a child very early in the course of a parent's illness and continues to do so throughout the course of the illness as well as throughout the child's development after the parent's death.

Community and church members in particular are encouraged to take the lead in volunteering in order to make these spaces better for the disadvantaged and poor.

Members improve the church and the neighbourhood by helping one another. Social responsibility benefits local and international populations.

The Church's Responsibility

Religious organizations have to care for fatherless children in addition to offering spiritual instruction. They can be quite helpful in providing fatherless people with emotional support, spiritual guidance, and a feeling of community. Religious organizations can help fill the gap created by the absence of a father figure by developing programs and projects that are specifically suited to their requirements. They can also create a strong support system. Additionally, these organizations can promote laws that defend the rights and welfare of fatherless people, ensuring that they have equal opportunities to succeed in society. The church is generally expected to lead by example in issues of love and social responsibility. The church can encourage and strengthen the family to care for their own children instead of funding orphanages where children are at risk of being separated unnecessarily from their families.³⁵ Rather than funding or establishing orphanages, churches can focus on

³⁵ Kanthamane Ladaphongphatthana, "How Can the Local Church Care for Orphans Globally?" accessed February 10, 2022, <https://outreachmagazine.com/features/global/37998-how-can-local-church-care-for-orphans-globally.html>.

family strengthening programs. Instead of placing children in institutional settings to facilitate their education, resources can be allocated for associated expenses, allowing them to remain in their communities. Additionally, rather than constructing buildings, donating churches can invest in training programs for local congregations to support families. Providing childcare within a family and community context is at least ten times more cost-effective than operating orphanages.³⁶

The church can collaborate with the community in meeting the needs of fatherless children through the development of a network of caring persons who offer emotional, material, and educational assistance. These people are provided with opportunities and resources that can help them succeed in life, and this support structure fills the void left by the absence of a father figure. Furthermore, by actively interacting with fatherless people, the community develops a sense of inclusion and belonging, enhancing their general wellbeing and social integration.

Collaboration between NGOs, governmental organizations, and community leaders is crucial in order to effectively address the unique problems faced by HIV/AIDS orphans. Together, these parties may design intricate schemes that give these defenceless children opportunities and support on all fronts. Fostering connections can also help with resource collection and increase the efficiency of programs designed to improve the lives of HIV/AIDS orphans. The many non-governmental organizations that provide primary healthcare and, in some cases, the building of orphanages across the country by private individuals as well as, in other cases, non-governmental organizations, serve as evidence of this. Despite the fact that there are numerous orphaned children living in Monze as a result of HIV/AIDS, there

³⁶ Ladaphongphatthana, "How Can the Local Church Care for Orphans Globally?"

isn't a single orphanage there. In some ways, this is a blatant illustration of the locals' attachment to the extended family. However, the problem lies in the migration of street children into the city. Most of these youngsters are children whose parents died as a result of the HIV/AIDS pandemic.

The researcher observes and through personal interaction with the children and guardians on the street that many children orphaned by HIV/AIDS in the area find themselves under the care of their grandparents and in many cases under the care of some extended family network of aunts, uncles, and cousins or child-headed households. It is the lack of proper care and parental care that has led many of the children to find themselves on the streets. In most cases, the only person who can take up the responsibility of the orphans are their grandparents in many instances the grandparents are too old to an extent that they cannot provide the care to children that they themselves require. In some instances, these children are under the care of some relative who could have been a close relative to their late parent(s). However, due to the mistreatment and abuse they go through under these guardians, the children find themselves with no one really to care for them. They drop out of school for lack of support and encouragement and find themselves doing nothing in the village or being abused by their guardians. As a result, they wander from place to place in search of a job to earn money for their essential needs mainly food and clothing.

Summary

The review of literature indicates that generally AIDS orphans face the disruption of family social structures which affects them emotional and psychologically and even spiritually. In response to their plight, some have advocated that orphanages are the best place for them to be cared for. Nonetheless, such institutionalized foster care has both advantaged and disadvantaged. On the other

hand, some prefer care by either surviving parents or extended family members. But the role of the church and in partnership with the community, in this situation cannot be minimized since it can offer both emotional, psychological and even spiritual care for the orphans. Hence, the need for a faith-based intervention strategy by the Seventh-day Adventist Church in Monze for the AIDS orphans in the city. This is appropriate based on the biblical mandate of care for the orphan.

CHAPTER 4

DESCRIPTION OF RESEARCH SETTING, METHODOLOGY AND INTERVENTIONS

The purpose of this research is to develop a faith-based intervention strategy to empower HIV/AIDS orphaned children in Monze, Zambia. However, in order to accomplish this goal, the mixed methodology of qualitative and quantitative aspect of study will present the situation of the problem that the study intends to address. Therefore, this chapter provides a background to the population. After the ministry context, the methodology for this study is provided, followed by the presentation of the findings and implementation.

A Brief History of Monze

Monze is a small town 190km South West of Lusaka the capital city of Zambia situated on a plateau with arable land for farming and cattle keeping. The town and district are named after Chief Monze, a significant figure among the Tonga people who live in the district. Monze is a town that is quickly becoming more urbanized, with growth continuing along the T1 highway and railway line. The town is split up into neighbourhoods referred to as "compounds" by the locals. In addition to a small but expanding selection of Argic-dealerships, stores, pubs, and restaurants, Monze has a sizable open air market.

The district's primary industry is agriculture, with maize ranking as the most significant crop. Previously, the district was responsible for producing about 25% of

Zambia's total maize production.¹ It was referred to as the "home of Zambia's granary" by locals. The Swedish-built grain silos to the town's north continue to be its most recognizable landmark, despite the town's decrease in prominence as the world's top producer of maize over time. Despite the fact that these have been idle for a while. Monze, like a large portion of Southern Province, has experienced drought in recent years, which has severely damaged the agrarian sector and raised food prices significantly.

The district is a home to over 200,000 people and of these over 40,000 live in town. Due to economic hardship and poverty, Monze has of late experienced high levels of urbanization and migration. Monze town is home to a large number of traders from neighbouring nations as well as nations like Rwanda, Uganda, Kenya, India, China, and also Zambians from the rural areas. This town serves as an overnight rest stop for long-distance truck drivers from Tanzania, Namibia, Malawi, Botswana, and the Democratic Republic of the Congo. Consequently, Monze, which possessed a single hotel and a single guest house a few years prior, now boasts numerous guest homes built and run by private individuals. The people's lifestyles have changed as a result of this. These days, a lot of people make a career by selling their goods in store corridors and on the streets.

History of the Tonga People

Zambia is rich in cultural diversity with a tapestry of 73 vibrant ethnic tribes. Among these the Tonga people often referred to as Batonga stand as a testament to the country's deep-rooted history and traditions primarily found in the Southern

¹ Anne Austen, "Zambian Heritage - The Tonga Tribe - Their Traditions and Customs," accessed February 10, 2022, <https://nykdaily.com/2019/12/zambian-heritage-the-tonga-tribe-their-traditions-and-customs/>.

Province. Sites from the 18th and 19th centuries have been discovered in the Batoka Plateau, along with old village sites close to Kalomo and Choma districts, indicating that the Tonga people are thought to be the original residents of Zambia. Situated on Sebanzi Hill in Lochinvar Ranch in Monze district on the border of the Kafue Flats, is the oldest site.²

As one of the oldest Bantu settler communities in Zambia, the Tonga tribe embodies a legacy that has shaped the nation's identity. Their rich history, set of beliefs, and natural surroundings all play a major role in shaping their culture and customs.

Socio-economic and Political Systems

The term "Tonga" means "independent," which supports the hypothesis that the Tonga people originally lived in autonomous family units rather than under a centralized political system. Chieftainship was not traditionally associated with Tonga culture. Priests and rainmakers were regarded as more significant leaders instead. Chiefs were only designated to the Tonga people during the period when the colonial administration was establishing its system of government.³ The colonial administration brought about a number of reforms, one of them being the centrality of chieftaincy in Tonga politics today. Being a priest, prophet, rainmaker, and mediator, Chief Monze was not a traditional chief. There is a long lineage stretching back to the 17th century, when the first Chief Monze, according to traditional accounts,

² Mazuba Kapambwe, "An Introduction To Zambia's Tonga Tribe," accessed February 10, 2022, <https://theculturetrip.com/africa/zambia/articles/an-introduction-to-zambias-tonga-people>.

³ Barbaramorda, "The Zambian Tonga People," *The Heritage Call*, accessed February 10, 2022, <https://theheritagecall.com/the-zambian-tonga-people/>.

descended from heaven. The current Chief Monze is a spiritual and cultural leader who commands tremendous respect from a wide community.⁴

The Tonga society after colonization has a hierarchical structure with village headmen and chiefs leading communities. Respect for elders and authority figures is highly valued, and decisions are often made through consensus within the community.

The two most significant facets of their traditional economy, as an agricultural tribe, are raising crops and herding cattle. A deep spiritual harmony with nature is shown in their attachment to their cattle and land. They traditionally farm for subsistence, with agriculture serving as the foundation of their civilization. Using conventional agricultural techniques that have been passed down through the years, they grow crops like maize, millet, sorghum, and vegetables.⁵

Among Tonga people, polygamy although not always accepted, is customarily acceptable. In the past, significant chiefs typically had polygamous households. It is thought that societal obligations, such as food preparation and crop cultivation, frequently required chiefs to have more women on hand. Chiefs also commonly married into political alliances. The practice had spread to ordinary people to an extent that the district as a whole had an average of two wives per home, ranging from 0 to 6. It was the man's right to find another wife. Since polygamy was regarded as a social safety net, the first wife would not object to this. Having more kids meant that some would make it through to fulfil the sacrifices made by the family. Second, it was forbidden for the male to have sex with his expectant wife. Thirdly, having more

⁴ Elizabeth Colson, "Culture Summary: Tonga," accessed February 10, 2022, <https://ehrafworldcultures.yale.edu/cultures/fq12/summary>

⁵ Preston Mwiinga, *The Enduring Spirit of The Tonga People of Zambia* (Lusaka, Zambia: Real Deal, 2023), 23, accessed June 19, 2024, https://www.researchgate.net/publication/372128484_The_Enduring_Spirit_of_The_Tonga_People_of_Zambia.

wives would free up more labourers to work in the vegetable and corn fields. So polygamy is fairly widespread in Monze's rural areas. But the practice is gradually disappearing as a result of the arrival of Christianity.⁶

The main problem with polygyny is that it leads to the emergence of parallel sexual networks between several wives and their husbands within marriages. The material currently in publication indicates a positive correlation between HIV transmission and concurrent sexual partnerships. It is not accurate that mainstream research is unaware of or sceptical of the role that polygyny plays in the spread of the HIV pandemic, even though it may be true that there is not enough empirical research on polygyny and the HIV/AIDS epidemic accessible.⁷

Below is the geographical Map of Monze adapted from Provincial Administration Southern Province⁸

⁶ Colson, "Culture Summary: Tonga."

⁷ Martin M. Gazimbi et al., "Is Polygyny a Risk Factor in Transmission of HIV in Sub-Saharan Africa? A Systematic Review," *African Journal of Reproductive Health* 24, no. 4 (2020): 198-212, <https://www.jstor.org/stable/27086575>

⁸ Republic of Zambia, "Provincial Administration: Southern Province," accessed July 2, 2024, <https://www.sou.gov.zm/>.

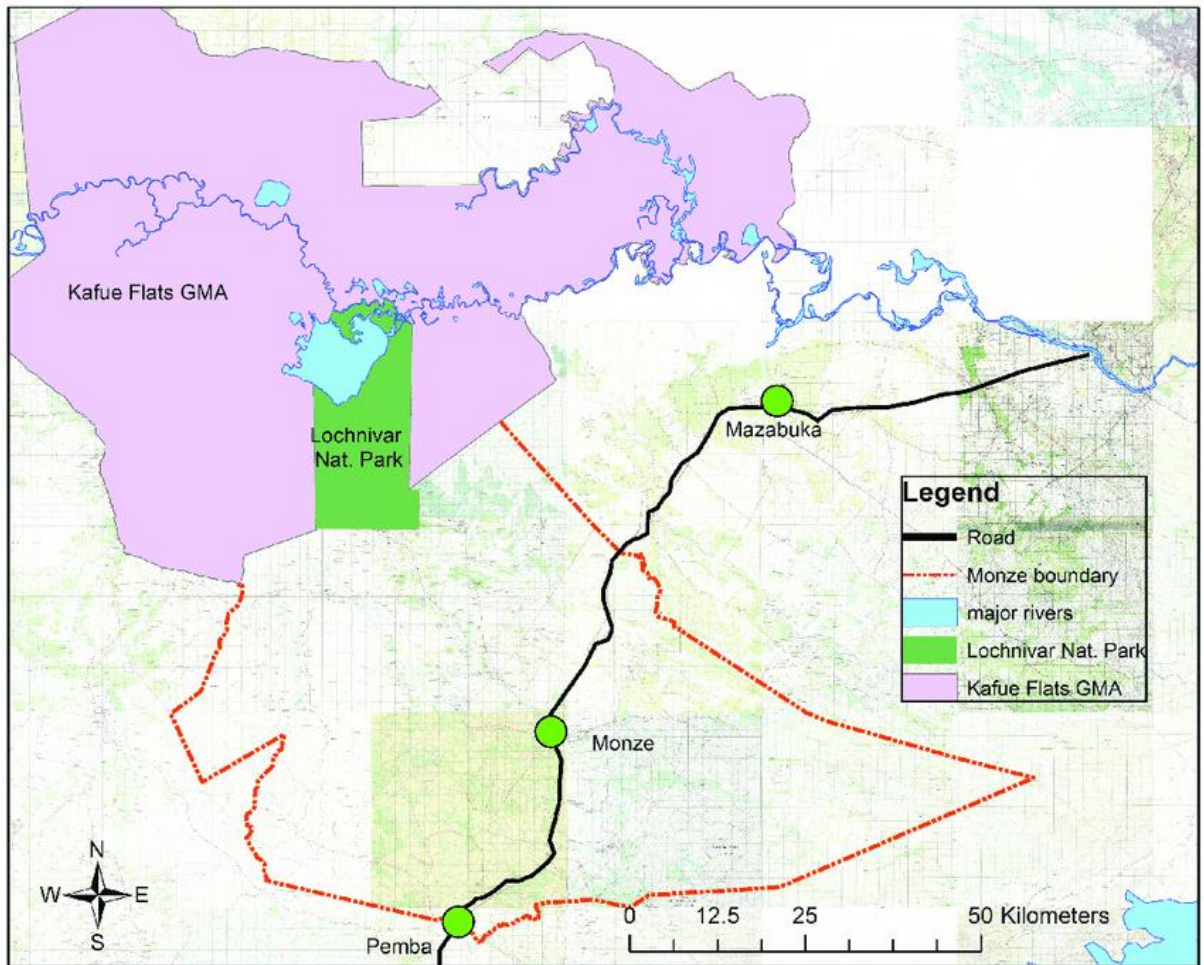


Figure 1. The Geographical Map of Monze

Climate. Monze, Zambia, experiences a tropical savanna climate, also known as a tropical wet and dry climate (Aw in the Köppen climate classification). Here are some key characteristics:

Temperature. Monze generally has warm to hot temperatures year-round. The average annual temperature ranges from around 18°C (64°F) in July to 26°C (79°F) in October, which is the hottest month.

Rainfall. Monze has distinct wet and dry seasons. The rainy season typically occurs from November to March, with February being the wettest month. During this period, heavy rainfall and thunderstorms are common. The dry season runs from April to October, with September being the driest month.

Humidity. Humidity levels are generally high throughout the year, especially during the rainy season.

Wind. Monze experiences varying wind patterns, with breezes often influenced by seasonal changes and local weather systems.

Climate Hazards: Climate-related hazards in the region can include flooding during heavy rains and occasional drought conditions during prolonged dry spells.

Overall. Monze's climate is characterized by its distinct wet and dry seasons, with warm temperatures and significant rainfall during the wet season and drier conditions during the dry season.

Topology. Monze is a town located in Zambia's Southern Province. Monze is located on a moderately flat landscape typical of the Zambian plateau, with an average elevation of roughly 1,100 meters (3,600 feet) above sea level. The town is distinguished by a grid-like street structure found in many urban regions, with a central business sector and residential parts radiating outwards.

In terms of infrastructure, Monze is connected to the rest of Zambia by major roads and Railway line that assist transit and trade. The town functions as a regional hub, supplying services and facilities to the neighbouring rural areas. Agriculture is a major economic activity in the region, and Monze helps with the marketing and distribution of agricultural products.

Vegetation. Monze's vegetation is well-suited to Zambia's semi-arid climate, with a mix of savannahs, forests, and riparian ecosystems that support both natural biodiversity and agricultural activity.

Demography. A demographic profile of Monze is influenced by its geographic location, economic activities, and cultural diversity. Here are some key aspects of the demography of Monze:

Population. As of the latest data, Monze has a population of approximately 200,000 people. This number can fluctuate due to factors such as migration and urbanization trends.

Ethnic Groups. The population of Monze is primarily composed of various ethnic groups native to Zambia. Predominant ethnic groups in Southern Province include the Tonga, ILA, We, and Lente people, each contributing to the cultural diversity of the area.

Languages. The official language of Zambia is English, but indigenous languages such as Tonga and Nyanja are widely spoken in Monze and throughout Southern Province. These languages are important markers of cultural identity and communication within the community.

Religion. Christianity is the dominant religion in Monze, as it is across Zambia. The population includes various Christian denominations, with Catholicism and the Seventh-day Adventism being the most prominent.

Economic Activities. Agriculture is a significant economic activity in Monze, with many residents engaged in subsistence farming of crops such as maize, millet, and vegetables. Livestock rearing, particularly cattle, also plays a role in the local economy. In recent years, there has been some diversification into small-scale businesses and trade.

Health and Education. Monze has health facilities and educational institutions that serve the local population. These include clinics, primary and secondary schools, and vocational training centres. Access to healthcare and education remains a focus for development efforts in the region.

Infrastructure. The town of Monze serves as a regional hub with basic infrastructure such as roads, markets, and communication networks. Improvements in infrastructure are ongoing to support economic growth and improve living standards.

Overall, the demography of Monze reflects a blend of traditional cultural practices with influences from modernization and economic development initiatives. The town continues to grow and evolve, with efforts aimed at improving livelihoods and infrastructure to support its population.

Cultural and Religious Practices of the Tonga People

The Tonga people of Monze district in Zambia observe a number of traditional festivities, the most well-known of which is the Bwindi Gondi, held in Monze district under Chief Monze. In addition to requesting rain, the ceremony is performed to thank the ancestors for the harvest. The first weekend in July is when the Bwindi ceremony is held. It's a traditional ritual with lots of dancing, singing, and prayer. The Tonga people's shrines are located in "Gondi," which translates to "thick bush". The Tonga people of Monze, are followers of a higher power known as "Liza" (which is now used to refer to God) before missionaries introduced Christianity to the country. At shrines, they offer sacrifices in exchange for rain. The Tonga people also hold the belief that every individual has a "Mizimu," which is a collective term for ancestor spirits. There are several different kinds of mizimu, including guardian mizimu, inherited mizimu, home mizimu, and own mizimu, which only exists once a person dies.⁹

Many African tribal groups are well-known for their initiation ceremonies, which signify the transition from childhood to puberty. Compared to the other tribes,

⁹ Colson, "Culture Summary: Tonga."

the Tonga initiation rites are less complicated. Girls received training for being decent wives. A brief ceremony to commemorate the girls' passage to adulthood and a time of seclusion were part of their initiation ceremonies. During this unique ceremony, they are given a new name that represented the start of adulthood.¹⁰

The Tongas have a matrilineal line of descent. Traditionally, Tongas have had a strong social support system prior to social work practice. The Tonga culture is enmeshed in social relations and interdependent thus individuals may not be viewed as autonomous. Here the person belongs to a village, a neighbourhood, an extended family, a home, and a clan. Their strong communal tie is drawn upon in times of misfortune such as the death of parents. Every one of these communities sets its own standards for behaviour and provides members with duties and guidelines.¹¹

Among the Tongas, fostering has been a longstanding tradition. Within the Tonga community, fostering is an established custom where biological parents authorize their offspring to reside with extended family members under a reciprocal agreement influenced by political and economic considerations. The act of sending children to live with relatives is a prevalent custom due to various circumstances such as parental demise, parental incapacity, and financial constraints. Among the Tonga population, the duty of child rearing falls upon the parents, yet it is a duty shared among numerous individuals within the extended family structure and wider social connections.

According to Tonga and other ancient customs, the husband's family members visit the house shortly after his death, often even before he dies, to claim everything in the home, including the cooking pot. As in other parts of Zambia, it is still a major

¹⁰ Colson, "Culture Summary: Tonga."

¹¹Mwiinga, *The Enduring Spirit of The Tonga People of Zambia*, 23.

issue in the Monze District, even after the succession law was passed with the intention of stopping it. When left without the means to support themselves or their family, a widow or orphan may be forced to start over with completely nothing or be reunited with their mother's family.¹²

Ministry Context

The most glaring and problematic challenges in Monze Zambia is poverty among the widows and orphans which has been compounded by HIV/AIDS posing a long-term danger to the district's economy and output. Around 18–20% of blood donors at the Monze Hospital are seropositive, and research on blood donors has shown that this is a valid indicator of adult community seroprevalence. According to available data, about 5% of seropositive individuals go on to get AIDS.¹³ While fewer households may have been affected, those that have been impacted tend to be very heavily affected, often by multiple deaths and a large number of orphans requiring care. This is because the nature of the disease tends to cause clustering of cases within families, i.e. husband and wife (and child).¹⁴

In Zambia, the orphans impacted by HIV/AIDS appear to be receiving exceptional care from their community. Evidence of this may be found in the numerous non-governmental organizations that offer primary healthcare and, in certain instances, in the private individuals and non-governmental organizations that have constructed orphanages across the nation. However, although the HIV/AIDS

¹² Santosh C. Saha, *History of the Tonga Chiefs and their People in the Monze District of Zambia* (New York: Peter Lang, 1994), 54.

¹³ Mweemba et al., “Estimating District HIV Prevalence in Zambia Using Small-Area Estimation Methods (SAE),” 1–11.

¹⁴ *Ibid.*

pandemic has left many children orphaned in Monze, there isn't a single orphanage in and around Monze. This is a clear example of the locals' strong ties to their extended families, in certain ways. But the orphans' movement into the city is the real issue requiring attention. This is because while the extended family system provides traditional support, faith-based communities in Monze have an opportunity to offer not only material care but also spiritual empowerment and resilience-building for HIV/AIDS orphaned children.

Being a native of the region and actively engaged in the faith community has afforded me a unique understanding of the cultural dynamics, communal structures, and spiritual needs of the people. I have established relationships with local churches and NGOs, positioning me well to lead a faith-based initiative that seeks to empower HIV/AIDS orphaned children both materially and spiritually.

I currently serve as the President of the Musi-O-Tunya Conference of Seventh-day Adventists, based in Choma, Zambia. In this capacity, I provide spiritual leadership, administrative oversight, and strategic direction for the conference, which encompasses a broad and diverse membership across both urban and rural communities. My role involves not only supervising pastors and church workers but also facilitating community development initiatives, evangelistic campaigns, and nurturing the spiritual growth of our congregations. The Musi-O-Tunya Conference operates in a region that faces significant social and economic challenges, including the widespread impact of HIV/AIDS, poverty, and the breakdown of traditional family structures. These issues are particularly acute in districts like Monze, where the orphan crisis resulting from the HIV/AIDS pandemic has overwhelmed traditional care systems.

As a church leader actively engaged with these realities, I have first-hand knowledge of the needs of orphaned and vulnerable children and the gaps in current responses by both the church and the broader community. The burden to provide a sustainable, faith-based intervention that not only addresses physical needs but also nurtures spiritual resilience among orphans has been deeply impressed upon my heart through pastoral visitation, community interaction, and strategic planning sessions within the Conference. Serving in this leadership role has provided me with the organizational capacity, access to resources, and network of church leaders necessary to implement meaningful ministry projects. Furthermore, my theological training and ministry experience equip me to develop and lead a faith-based strategy that is both contextually sensitive and biblically grounded. This project to empower HIV/AIDS orphaned children in Monze Urban is a natural extension of the mission of the Musi-O-Tunya Conference and aligns with our commitment to serve "the least of these" (Matthew 25:40), providing both hope and holistic care to those in greatest need.

Research Design and Appropriateness

This study used the mixed methods both qualitative and quantitative research methods to examine the current state of HIV/AIDS orphaned children in Monze. With the aid of these techniques, the researcher thoroughly examined the phenomenon, including the circumstances that lead to the HIV/AIDS orphaned children predicament, the identification of some of their obstacles, and their perspectives in order to create a faith-based plan that will effectively empower the HIV/AIDS orphaned children in Monze, Zambia. According to De Vos et al, a research design refers to the approaches that researchers can use to analyze particular phenomena

using formulas that are appropriate for a particular objective.¹⁵ According to Zikmund, a research design is "a master plan specifying the methods and procedure for gathering and analysing the necessary data."¹⁶ In order to empower the HIV/AIDS orphaned children in Monze Zambia, this study employed a qualitative and quantitative research approach to identify and understand the circumstances that lead to their situation as well as some of their obstacles and perceptions.

The quantitative research approach used the survey design, "provides a quantitative description of trends, attitudes, and opinions of a population, or tests for associations among variables of a population, by studying a sample of that population."¹⁷ It helps researchers answer three types of questions: (a) descriptive questions (b) questions about the relationships between variables (c) questions about predictive relationships between variables over time.¹⁸

A comprehensive questionnaire will be administered to the respondents. For the qualitative approach, the research design for this study is phenomenological research which investigate issues through themes. In this design researchers use phenomenology to identify phenomena, focusing on subjective experiences and understanding the structure of those lived experiences.¹⁹ Interviews will be adopted for this purpose to collect data. The mixed method provided a more comprehensive

¹⁵ A. S. De Vos, *Research at Grass Roots: For the Social Sciences and Human Services Profession*, 3rd ed. (Pretoria, South Africa: Van Schaik Publishers, 2005), 268.

¹⁶ W. Zikmund, *Business Research Methods* (Chicago. IL: The Dryden Press, 1988), 41.

¹⁷ John W. Creswell and J. David Creswell, *Research Design: Qualitative, Quantitative and Mixed Methods Approaches* (Thousand Oaks, CA: Sage Publications, 2018), 194.

¹⁸ Ibid.

¹⁹ Cheryl N. Poth and John W. Creswell, *Qualitative Inquiry and Research Design Choosing among Five Approaches*, 4th ed. (London: Sage, 2018), 48.

understanding of the research issue and increased the validity and reliability of research findings.

Population of Study

A population, according to De Vos et al., is a total group from which the study's subjects are selected. In 2018, it is estimated that about 14.9 million children under the age of 18 in Zambia had lost one or both parents to AIDS.²⁰ Another source reports that Children orphaned by HIV/AIDS in Zambia was reported at 580000 in 2022.²¹ There is no government statistics on the number of HIV/AIDS orphans in Monze city. However for this research, the identified eighty (80) HIV/AIDS orphaned children (7-17year old) in Monze, Zambia, which served as the study's intended population in this instance. Further, there are ten Seventh-day Adventist churches in Monze town organized into two mission districts led by two pastors. There is also Government Community centre in the city that among other responsibilities also care for some of the HIV/AIDS orphans.

Sampling Population

According to De Vos et al., sampling consists of components of the population that are thought to be a part of the actual study.²² These samples' primary goals are to describe and comprehend the characteristics of the population they are taken from. In this study, purposive sampling was employed. This sampling methods considers the characteristics, knowledge, and experiences, were considered adequate for the

²⁰ Family Legacy. "How AIDS Impacted Zambia," accessed February 10, 2022, <https://familylegacy.com/how-aids-impacted-zambia/>

²¹ Trading Economic, "Zambia-Children Orphaned by HIV/AIDS," accessed February 10, 2022, <https://tradingeconomics.com/zambia/children-orphaned-by-hiv-aids-wb-data.html>

²² De Vos et al., *Research at Grass Roots*, 194.

phenomenon studied.²³ Stated differently, the researcher will consciously select analysis units from the population so that the sample collected can accurately reflect the relevant population units or categories. For this research, the researcher identified eighty (80) HIV/AIDS orphaned children (7-17year old) in Monze, Zambia, which served as the study's intended demographic in this instance. Out of the eighty, forty were purposively selected as follows: (i) Age: 7-12 (Female 12; Male: 8); (ii) Age: 13-17 (Female 11; Male: 9). The sample population weigh more on the female gender because there were more girls than boys orphans. Further, their educational status were also considered this is because the level of understanding and education is taken into account to choice of the number. From these groups, six (6) children (4 female and 2 males were interviewed but all participated in the survey.

Purposive sampling was also used to select four (4) church leaders from the two mission districts of the ten Seventh-day Adventist churches in Monze town located within urban area were for the interview. These were selected simply because unlike the pastors they have been in Monze for a longer period and are permanently living there and will be involved in program implementation. The church leaders were included as they were involved in the program implementation and the guardians as they are the custodians of the subjects under study. Two officers from the Ministry of Community Development and Social Welfare were chosen purposively for interview. One was an officer and another field worker. The two workers from the Ministry of Community Development and Social Welfare were also included as they almost on daily basis deal with subjects under study.

²³ John W. Creswell and Vicki L. Plano Clark, *Designing and Conducting Mixed Methods Research* (London: Sage Publication, 2018), 232.

Instruments for Data Collection

The research used developed a questionnaires and semi-structured interview to collect data from HIV/AIDS orphaned children. The questionnaire, beyond the demographic section, had two sections: a) the children' opinion about community perceptions of their situation (b) emotional and wellbeing and support of the children. The last section will be open-ended and closed for similar qualitative data, the semi-structured interview is dependable and offers interviewers a clear set of instructions. As Bernard so eloquently puts it, semi-structured interviews "work best when you have multiple opportunities to interview people and when you conduct multiple field interviews to gather data."²⁴ A lot of academics and researchers support semi-structured interviews since the interviewer can prepare his or her competency and prepared questions in advance of the interview. An interviewee with such a structure is also given the chance and liberty to convey their opinions in their own style. The semi-structured interview guide for the children will have six questions on the general wellbeing of the children. The semi-structured interview guide for the community service workers had questions concerning the purpose of the research. The instrument was validated for reliability by prior test and the Cronbach Alpha value of 0.76. The test result was exceeded the acceptable point of 0.50 suggesting that the instrument was reliable and good for data collection.²⁵

²⁴ H. R. Bernard, *Research Methods in Cultural Anthropology* (Thousand Oaks, CA: Sage, 1988), 103.

²⁵ Mohsen Tavakol and Reg Dennick, "Making Sense of Cronbach's Alpha," *International Journal of Medical Education* 2 (2011): 53-55.

Ethical Consideration

Ethics is primarily concerned with moral convictions, but it also addresses appropriateness and impropriety as well as good and bad. In this instance, the researcher had have conversations with each participant prior to data collection. According to Sensing, people should be respected, and the information gathered should be handled with equal dignity, since data gathered for research purposes from various sources is extremely important.²⁶ In conducting this research project, factors like objectivity, meticulous project planning during the design phase, appropriate citation of cited sources, maintaining confidentiality regarding participant cases, and avoiding low-priority probing of sensitive issues will all be taken into account.

Brynard and Hanekom contend that a researcher should never present the truth in an unfair way, should always disclose the facts, and should always act ethically when gathering data from respondents.²⁷ Prior to conducting the survey and gathering respondent data, the researcher submitted the instrument and relevant ethic documents to and secured clearance with Adventist University of Africa Institutional Scientific and Ethics Review Committee and the required approval from all pertinent authorities and stakeholders. The participants completed assent forms since they were minors and the caregivers, and other participants completed the consent forms. They were informed that their involvement in the study was entirely voluntary and they are free to withdraw whenever they chose.

²⁶ Tim Sensing, *Qualitative Research: A Multi-Methods Approach to Projects for Doctor of Ministry Thesis* (Eugen, OR: Wipf & Stock Publishers, 2011), 35.

²⁷ Petrus A. Brynard and S.X. Hanekom, *Introduction to Research in Management Related Fields* (Pretoria, South Africa: Van Schaik, 2013), 61.

Data Analysis

Qualitative and quantitative data analysis, which is based on interpretive philosophy, is typically used to determine how participants interpret a particular phenomenon by examining participant perceptions, attitudes, understanding, values, feelings, and experiences in an effort to approximate how they constructed the phenomenon. The quantitative component included: descriptive statistical to determine associations between psychological outcomes and variables such as type of caregiving (e.g., foster care, institutional care), duration of orphanhood, socioeconomic position, and access to support services. Qualitative component included thematic analysis to uncover reoccurring patterns, themes, and unique narratives emerging from qualitative data. This included coding transcripts and looking for links between experiences and psychological effects.

Integration of methods

Triangulation is the process of comparing data from both quantitative and qualitative components to validate and complement one another. For example, qualitative insights into children's emotional experiences could aid in explaining quantitative findings about the relationship between caregiving kinds and psychological outcomes.

Complementary Insights

Qualitative data was used to offer depth and context to quantitative results, which may reveal aspects that were not captured in the survey (e.g., cultural views, stigma) that influence psychological well-being.

Output

Mixed Methods Synthesis combined quantitative and qualitative data to gain a thorough knowledge of how varied caregiving contexts affect the psychological well-being of HIV/AIDS orphaned children. This could result in policy suggestions for strengthening support services or interventions customized to specific needs discovered throughout the research. The findings from the mixed-methods data analysis served as the foundation for developing a faith-based intervention strategy specifically tailored to the needs of HIV/AIDS orphaned children in Monze Urban. This intervention built upon the theological foundation established in Chapter 2, particularly the biblical mandate to care for orphans and widows (James 1:27) and the example of Christ's ministry to the vulnerable (Matthew 25:40). In addition, insights drawn from the literature review in Chapter 3, including best practices favouring family-based care over institutional models, guided the strategic design. The resulting intervention aimed to address not only the material and psychosocial needs of orphaned children but also their spiritual empowerment through church-based support systems. By integrating the theological, theoretical, and empirical findings, the project offered a holistic, sustainable model of care and discipleship that reflects the compassionate mission of the church.

CHAPTER 5

PROGRAM DEVELOPMENT AND IMPLEMENTATION NARRATIVE

This chapter provides details of an analysis of the data collected on faith-based strategies to empower the HIV/AIDS orphaned children in Monze urban. The chapter highlights areas and patterns from HIV/AIDS orphaned children, community service workers, and church leaders. The data reveal the complex challenges the HIV/AIDS orphaned children face in Monze. The findings identify areas that faith-based organizations can mitigate to provide support. The chapter discusses possible program development strategies targeting at improving the lives of HIV/AIDS orphaned children through a comprehensive evaluation of the demographic data.

Presentation of Findings

This section begins with the responses of the interviewees from the interview questionnaire according to the research questions.

Research Question 1

What are the specific psychological and emotional challenges faced by orphaned children living on the streets of Monze urban, and how do these challenges affect their overall well-being?

A total of 6 youths (4 girls and 2 boys) aged between 13 and 17 were interviewed participated in the interview.

From the interviews responding on the impact of parental loss, unanimously the interviewees indicated that it had been difficult for them after the loss of their parents. While others indicated that the loss taught them a lot about resilience, and that emotionally have learned to be strong and a little more connected to their family members socially, others are experiencing a deep scar on the loss and socially it has been hard for them to find new friends. Spiritually, others indicate that they feel more connected to God while others feel their faith has been shaken.

Research Question 2

How do the existing support systems (e.g., community programs, church initiatives) address the spiritual and emotional needs of these children, and what gaps exist in these services?

Spiritual Support and Coping Mechanism: When asked in what ways their faith or spirituality helped them to cope with trauma of losing parents and whether there are any community support systems that were meaningful to them. Some interviewees indicated that their faith has been a huge source of strength in helping them cope the trauma of losing their parents. While some indicated that prayer provided them peace others did indicate that sometimes they felt disconnected spiritually. Those who indicated that they attended church regularly, indicated that they were helped to heal by the care of the church community. On the other hand others indicated that they struggling to find meaning in their loss. They however, all indicated that their church community gave them support of some kind.

In responding to the question, what kind of support services was available to them and what impact these services made for them to thrive, interviewees indicated that they haven't had access to resources. They have struggled to attain education due to lack of financial support. They indicated that counselling services were either

unavailable or unaffordable. However, others indicated that they had access to the services though struggling.

Research Question 3

What role can community engagement and mentorship programs by the Seventh-day Adventist play in fostering a sense of belonging and positive character development among orphaned children in Monze urban?

Community and Church Involvement. In responding to the question whether the church or community organizations played any role in their lives and how they felt being supported by these groups, the interviewees indicated that they had not felt a strong connection with their local church or community organization because the inconsistency on the part of the church and community organizations. They indicated that they felt that the community does not understand the depth of their pain as a result they feel more isolated. However, a small number of the interviewees felt the church provided emotional support though in an inconsistent way.

Hope for the Future. Responding to the question on what were their hopes for the future and how they envisioned their lives and community evolving, the interviewees indicated that it was hard for them to be hopeful of the future. They think their future seems uncertain. They struggle to believe that one day things will improve. However, there are some who believe that despite what they have gone through, they are hopeful of the future.

This section outlines the key findings from the survey conducted. Tables are used to portray the data in an understandable and succinct way.

Table 1. Demographic Information for Ages 13-17

		Number	Percent
Total		20	100
Gender	Male	9	45
	Female	11	55
Age		8	20
	13 - 17 years	12	60
Education level	Primary	7	35
	Secondary	13	65

During the data collection forty questionnaires were distributed to the study participants; all the forty responded (100%). The above demographic in table 1 exhibit that 20 children aged between thirteen and seventeen participated in the study. Nine (40%) respondents were female while eleven (60%) were male. Data further reveals that seven (35%) are in primary school, while thirteen (65%) are in secondary school.

Table 2. Demographic Information for Ages 7 – 12-year

Gender/Education level		Number	Percent
Total		20	100
Gender	Male	8	20
	Female	12	80
Education level	Primary	12	80
	drop out of school	8	20

Table 2 above the respondents were children aged between seven and twelve (7-12) years. Among them twelve (80%) are female while eight (20%) are male. Further analysis of the data reveal that twelve (80%) are attending primary school, while eight (20%) have dropped out of school for lack of support. Of the eight (20%), five (62.5%) are female while three (37.5%) are male.

Research Question 1

What are the specific psychological and emotional challenges faced by orphaned children living on the streets of Monze urban, and how do these challenges affect their overall well-being?

The tables below present the findings based on research question one. On Table 3 respondents indicate they have lived in Monze long enough 90% indicating to have lived more than six years while 10% have lived between one and five years there. This indicates that the community largely consist of long-term residents, which could influence the consistency and continuity of support system for HIV/AIDS orphaned children in Monze. A significant 90% of the respondents indicate that their family members had died from AIDS-related illness. This suggests that a significant number of families in Monze are caring multiple HIV/AIDS orphaned children, highlighting the crisis of HIV/AIDS in the area. Respondents reported that 45% have 1-5 HIV/AIDS-related orphans in their families, with 30% indicating 6-10 HIV/AIDS-related orphans, while 25% reported more than 10. This reflects the substantial number of HIV/AIDS orphaned children within families and points to the widespread effects of the disease in Monze. Respondents reveal that 55% of the HIV/AIDS orphaned children are cared for by their grandmothers while 30% are cared for by their mothers and 20% by uncles and aunties. This is a clear indication that extended family members in Monze play a very critical role in the care of HIV/AIDS orphaned children with grandmothers taking the leading role.

The majority of the respondents (80%) indicate that the support given to HIV/AIDS orphaned children is “very good” indicating that there is strong support from the community. But then, 15% rated it “good” and 5% rated it “neutral,” suggesting that while most support is positive, there are some areas for improvement.

While 45% of the respondents feel that HIV/AIDS orphaned children are treated well in the community, 20% feel that they are treated poorly or very poorly. This suggests that despite some care and acceptance for the HIV/AIDS orphaned children, negative perceptions and stigma might still exist. A significant 60% of the respondents reported that many HIV/AIDS orphaned children in Monze are on the streets for survival, which likely is because of lack of resources and family support. This is a very critical issue indicating that street children are a significant concern for the community in Monze.

The respondents indicated that 45% of the HIV/AIDS orphaned children are often involved in street vending, while 50% report that they are on the street begging. This points to the lack of stable and formal care options that could be available for them. These types of informal work are usually survival mechanisms for the orphans. All the respondents reported that they did not know of any orphanage in Monze urban. This indicates that there is a lack of formal institutional support for the HIV/AIDS orphaned children. The respondents (90%) indicate that there are no well-to-do individuals in the community who are involved in caring for the HIV/AIDS orphaned children. This is an indication that there is a lack of financial or institutional support from wealthier members of the community. A significant 95% of the respondents feel that their churches in Monze are not friendly or caring toward HIV/AIDS orphaned children. This signals that the religious organizations may not be playing an active role in supporting the HIV/AIDS orphaned children, despite the potential for the community-driven care.

With an analytical look, the data highlights some important points: a significant number of families are impacted by HIV/AIDS in Monze, resulting in a large number of HIV/AIDS orphaned children. Extended family members particularly

grandmothers, are primarily responsible of caring for the HIV/AIDS orphaned children. Despite the fact that the community generally provides good support, there are still gaps in formal institutional care (e.g. orphanages) and in the involvement of religious organizations and wealthier individuals.

A significant number of orphans are on the streets in Monze, engaging in vending and begging for survival. To address these issues requires the establishment of orphanages, involvement of faith-based organizations, community support and community wealthy members to provide more sustainable care for these vulnerable children.

Table 3. Orphans Family Status and Care

	Years	Percent
Number of years respondent has lived in the town	1-5yrs	10%
	6-15 yrs.	90%
	16-30 yrs.	0%
	Over 30 yrs.	0%
Family member died of HIV related disease	Yes	90%
	No	10%
Number of HIV orphans in the household	0 - 5	45%
	6-10	30%
	Over 10	25%
Primary care giver to orphans in the family	Mother	30%
	Grandmother	50%
	Uncle/Auntie	20%
	Orphanage	0%
	Themselves	0%
Orphan care assessment rating	Very Poor	80%
	Poor	15%
	Fair	5%
	Good	0%
	Very Good	0%
Orphan treatment in community	None existing	0%
	Harshly	70%
	Somewhat good	20%
	With love and care	10%
Orphans on the street	0-5	60%
	6-15	10%
	16-30	0%
	Over 30	30%
Type of work orphans engage in on the street	Selling on the street	45%
	Maid or garden boy	5%
	Nothing just roaming on the street	50%
	Other (please specify).....	0%
Number of orphanages in the town	0-5	0%
	6-15	0%
	16-30	0%
	Over 30	0%
Known number of well to do persons who care for orphans in the community	Yes	10%
	No	90%
Church friendly and caring to orphans	Yes	5%
	No	95%

Table 4 below revealed that 30% have been orphaned for 1-3 years, while 10% have been orphans for over 4 years. This indicates varied lengths of time dealing with the impact of parents due to HIV/AIDS. On reasons for being taken into a foster homes, there are a significant number of orphans who have lost both parents or have been abandoned, as evidenced by the fact that 35% of the adolescents were placed in foster homes as a result of parental death and 45% were as a result of abandonment.

Concerning parental Status, living status and skills: The respondents indicated that 35% have their mother still alive, and 45% have their father alive, leaving 10% with no surviving parents. The findings reveal that 45% live with their grandmothers, 30% live with relatives, 10% live with foster relatives, and 5% live with well-wishers. The findings indicate that 80% of the children have no skills. However, 15% have skills in hairdressing, and 5% are skilled in computer. This highlights the need for skill development programs to empower orphans.

Table 4. Orphans' Living Status and Skills

Item	Responses	Percent
Years as an orphan	1-3 yrs.	40%
	4-6 yrs.	45%
	7-9 yrs.	10%
	10-12 yrs.	5%
Reason for being taken into foster home	13+ yrs.	
	Death of Mother	35%
	Death of Father	45%
	Death of both	25%
Parent still alive	Infected with HIV/AIDS	
	Father	35%
	Mother	45%
	None	20%
Where orphan live and who takes care	At home with a relative (uncle or aunt)	45
	At home with siblings	30
	At home with someone not a relative	5
	On the street	20%
Skills	Craft	0
	Carpentry	0
	Computer Literacy	15
	Fashion Designing	0
	Hair Dressing/making	5
	Video and Photography	0
	Catering and Hospitality	0
	Others (specify)	0
I have not received any vocational training	80	

Research Question 2

How do the existing support systems (e.g., community programs, church initiatives) address the spiritual and emotional needs of these children, and what gaps exist in these services?

Table 5 below provides an overview of the respondents' view of the community's perception and support towards HIV/AIDS orphaned children. There are a significant number of orphans experiencing stigma. 70% indicated that they have

experienced stigma related to their HIV/AIDS status. While 15% indicated mild levels of discrimination. This points to significant social challenges that need to be addressed. The respondents reveal that 55% were abandoned by surviving parent or relative by being subjected to live with a grandmother due to HIV/AIDS status, showing the severe emotional impact of the epidemic on family structures. The respondents indicate that 50% feel supported by the community members (e.g. neighbours, church members), while 20% feel unsupported, indicating mixed levels of community engagement.

Table 5. Community Perception and Support

Community Perception		Percent
Experienced stigma and discrimination related to the condition	Strongly agree	70%
	Agree	10%
	Neutral	15%
	Disagree	0%
	Strongly disagree	5%
Abandoned by my surviving parent or relative because of condition.	Strongly agree	20%
	Agree	20%
	Neutral	5%
	Disagree	0%
	Strongly disagree	55%
Feel supported by the community (e.g. Neighbours, church members) in coping with the challenges of being an orphaned child due to HIV/AIDS.	Strongly agree	20%
	Agree	20%
	Neutral	10%
	Disagree	0%
	Strongly disagree	50%

Tables and 6 below provides the Percent distribution of orphans by their emotional well-being and support. The findings reveal that 70% feel depressed due to their situation relating the profound toll of being orphaned and living with the stigma of HIV/AIDS. The respondents indicated that 20% receive counselling, while 40% report receiving limited or no emotional support, highlighting a critical gap in mental

health services. The findings reveal that 60% of the respondents are aware of the support provided by churches or faith-based organizations, indicating some level of outreach, though it is unclear how effective this support is. The findings reveal that 95% of the respondents believe that spiritual support is important for their emotional well-being, with 50% considering it crucial for their empowerment. A total of 55% of the respondents believe that church activities could help them grow personally and regain their confidence, suggesting that faith-based programs could be key in orphan empowerment. The respondents indicate that 85% of them believe that mentorship or role models from the church would positively impact their lives, showing a strong desire for guidance and support.

Table 6. Orphans' Emotional Well-being and Support

Item	Response	Percent
Depressed by the condition	Strongly agree	25%
	Agree	40%
	Neutral	15%
	Disagree	5%
	Strongly disagree	15%
Receives counselling about situation.	Strongly agree	20%
	Agree	40%
	Neutral	15%
	Disagree	10%
	Strongly disagree	15%
Aware of the support and services provided by churches or faith-based organizations to children	Strongly agree	20%
	Agree	15%
	Neutral	5%
	Disagree	0
	Strongly disagree	60%
Spiritual support (e.g. counselling, prayers) is important for my emotional well-being and empowerment.	Strongly agree	50%
	Agree	45%
	Neutral	5%
	Disagree	
	Strongly disagree	
Participating in activities organized by churches or faith-based organizations will help me in personal growth and regaining confidence.	Strongly agree	55%
	Agree	40%
	Neutral	0
	Disagree	0
	Strongly disagree	5%
Having a mentor or role model from the church or faith-based organization would positively impact life and future.	Strongly agree	35%
	Agree	50%
	Neutral	5%
	Disagree	5%
	Strongly disagree	5%

Research Question 3

What role can community engagement and mentorship programs by the Seventh-day Adventist play in fostering a sense of belonging and positive character development among orphaned children in Monze urban?

Table 7 revealed that 100% of the respondents believe that education and skill development programs provided by faith-based organizations can help them build a better future. All 100% of the respondents see lack of financial resources as a major barrier to accessing the support they need from faith-based organizations. Table 8 below provides percentage of HIV/AIDS orphaned children by their future aspirations. On sustainability of support, the findings reveal that 50% of the respondents are concerned about the sustainability of support from faith-based organizations, suggesting uncertainty about long-term assistance. On inclusion in program Planning: 55% of the respondents feel that their needs are not considered when planning programs for orphans, pointing to a gap in participatory planning.

Table 7. Percent Distribution of Orphans by Desired Support

Items	Response	Percent
Education and skill development programs offered by churches or faith-based organizations can help build a better future.	Strongly agree	50%
	Agree	50%
	Neutral	
	Disagree	
	Strongly disagree	
Lack of financial resources is a major barrier to accessing necessary support and services from faith-based organizations.	Strongly agree	35%
	Agree	35%
	Neutral	30%
	Disagree	
	Strongly disagree	
Concerned about the sustainability of support and services provided by churches or faith-based organizations in the long run.	Strongly agree	25%
	Agree	25%
	Neutral	50%
	Disagree	
	Strongly disagree	
Feels that orphans' opinions and needs are considered when churches or faith-based organizations plan programs for the children.	Strongly agree	0
	Agree	0
	Neutral	10%
	Disagree	35%
	Strongly disagree	55%
With the right support and opportunities, dreams and goals in life can be achieved.	abn	65%
	Agree	30%
	Neutral	5%
	Disagree	
	Strongly disagree	
Skills in addition to education desired	Doctor	20%
	Teacher	10%
	Soldier	10%
	Nurse	15%
	Police	5%
	Pilot	5%
	Accountant	5%
	Farmer	30%
Kind of support need most	Financial	100%
	Education	100%
	Acquired skill	100%

Responses in Table 8 indicated that a striking 70% of the respondents are afraid of their future, with only 30% uncertain, indicating low levels of hope and optimism among these children. Nonetheless, all 100% desire financial empowerment

to realize their future dreams of professionals (40%) and 45% desire to acquire skills for their future survival. A small percentage of 15 want to do business.

Table 8. Percent Distribution of Orphans by Their Future Aspirations

Future Aspirations		Percent
Dreams and goals	Become a professional	40%
	Do Business	15%
	Acquire a Skill	45%
Support needed to achieve them	Financial	100%
	Empowerment	100%
Feels hopeful about your future	Yes	0%
	No	0%
	Uncertain	30%
	Afraid about my future	70%

Table 9 below gives an overview of the response from community service worker Focused Group Study. The demographic in question one overview indicates that participants have an experiences of working with HIV/AIDS orphans for seven to nine years. Questions one and two (2-3) focussed on research question 1. Question three (3) on research question 2 while questions 4-18 addressed research question three.

Research Question 1. What are the specific psychological and emotional challenges faced by orphaned children living on the streets of Monze urban, and how do these challenges affect their overall well-being?

Research Question 2. How do the existing support systems (e.g., community programs, church initiatives) address the spiritual and emotional needs of these children, and what gaps exist in these services?

Research Question 3. What role can community engagement and mentorship programs by the Seventh-day Adventist play in fostering a sense of belonging and positive character development among orphaned children in Monze urban?

On the challenges and critical needs one participant highlighted the need for empowering the children through skills training, financial support and encouragement. While the other indicated that shelter, empowerment, financial and spiritual support, as well as mentorship are key areas that need attention.

Support from Faith-Based Organizations. All the participants indicated that the faith-based organizations make occasional food, clothing, and school requirements provisions which are occasional, sporadic and inconsistent. On unique Contribution of Faith-Based Strategies, participants emphasized the importance of income-generating activities (e.g. poultry, farming) to promote self-reliance among HIV/AIDS orphaned children. They also agree on the importance of the local community involvement in supporting the children. The stressed that local communities must help meet the basic needs and ensure the children are protected from being abused. But the participants reported that there have been no successful community driven initiatives specifically targeting HIV/AIDS orphaned children so far. This indicates an area of improvement in community based intervention strategies.

The participant advocated for faith-based organizations to empower the children through income-generating activities such as poultry farming. While respondent number two emphasize the importance of self-reliance by supporting income-generating activities for these children. But identified cultural beliefs and financial instability as major limitations to integrating faith-based strategies into empowerment programs. These challenges reflect the cultural complexities and

resource constraints that faith-based organizations might face in attempting to implement effective strategies.

The participants indicated that there is no successful partnerships with initiatives to uphold child rights and assist children in accessing government funds (e.g. CDF). They agree that strong, coordinated efforts among stakeholders are critical to enhancing the effectiveness of the program. They also indicated that the measuring of success involves tracking the number of self-reliant children and those who complete school or acquire skills.

On key priorities, one response focused on prioritizing children's basic needs and protecting them from harmful behaviours that could ruin their future. While another response advocated for lobbying the government to establish more orphanages to ensure safety and long-term care for the children.

On personal motivation and inspiration, one participant highlighted empathy, compassion, and a desire to make a difference as primary motivators. While another indicated that shared personal experience and humanitarian values as key inspirations for working with the children. Concerning the priorities for the future, the participants have different views here, response one feels basic needs should be a priority to prevent destructive vices that could affect the future of the children. But all agree that on the role of Faith-Based Strategies in the future

Practical approaches, including a moral component could be methods used by faith-based strategies to attain success. Further, on participant was of the view that caregivers and children should supported in developing sustainable livelihoods through entrepreneurship and vocational skills training, while another recommended fostering strong relationship with caregivers and providing emotional support to help them in their caregiving role.

The participants revealed that empathy and connections play critical roles in the success of support efforts. The connections do not only bring emotional fulfilment for the workers but also have an impact on their ongoing commitment to the work. The participants' sense of purpose is deeply tied to their emotional experience with the children. For key priorities for empowering HIV/AIDS orphaned Children the participants indicated that meeting the children's basic needs and providing a secure environment should be a priority. They further indicate that it's crucial to safeguard the children from vulnerabilities that might affect their future. All participants indicated that faith-based strategies should not only focus on moral or spiritual aspects but should also include practical elements like care programs, educational support, and mental health services.

The participants recommend state that support for caregivers through training and resources is crucial. They further state that providing counselling and emotional support is essential both caregivers and children. This support can help children cope with trauma, grief, and stigma, while also empowering caregivers to be more effective in their roles.

Table 9. Response of Community Development Officers Interview

	Question/Themes	Response 1	Response 2
1	How long have you been involved in community service related to children affected by HIV/AIDS?	Over 9 years	Past 7 years
2	Can you tell me about your experience with HIV/AIDS orphaned children in Monze?	Stigma, health, educational	Food insecurity, education access, shelter and stigma
3	What are the most pressing challenges faced by HIV/AIDS orphaned children in Monze? From your perspective, what are the critical needs that must be addressed to empower these children?	Loved Empowerment-skills How to cope Financial and spiritual support Encouragement	Shelter Empowerment-skills Financial and spiritual support Mentorship
4	How do faith-based organizations currently support HIV/AIDS orphaned children in Monze?	Once awhile: Clothing Food Education	Once a while: food, clothing and school requirements
5	In your opinion, what unique contributions can faith-based strategies offer to improve these children?	Income generating activities	Income generating activities
6	How important is community involvement in supporting these children? What role do local communities play?	Very Important See to it that the children are not abused	Very important Meet the basic needs of the children
7	Can you provide examples of successful community-driven initiatives that have positively impacted HIV/AIDS orphaned children?	None	None
8	How can faith-based strategies specifically contribute to the improvement of these children? Are there examples of effective practices?	Empower the children through income generating projects e.g. poultry farming	Help the children to be self-reliant by helping set up income generating projects for them.

9	What are some potential challenges or limitations of integrating faith-based approaches into empowerment strategies?	Cultural beliefs in some areas Resources	Cultural and traditional beliefs Financial stability
10	What partnerships or collaborations have been successful in supporting HIV/AIDS orphaned children in Monze?	Upholding child rights Helping children access Constituency Development Fund (CDF)	Promotion of children's rights Assisting the children to access Constituency Development Fund (CDF)
11	How can different stakeholders (government, NGOs, Community leaders) work together to maximize the impact of empowerment strategies?	Through mitigation and collaboration	Collaboration
12	How do you measure the success or effectiveness of programs aimed at empowering HIV/AIDS orphaned children?	Not much has been achieved	Short live No permanent solution
13	What indicators or metrics are important to track progress in this area?	Number of children attaining self-reliance Number of children completing school/skills	Number of empowered children
14	What inspired you to work with HIV/AIDS orphaned children in Monze?	Empathy and compassion Desire to make a difference Sense of social justice	Personal Experience Humanitarian values Belief in the importance of community
15	Can you share a meaningful or impactful experience you've had while working in this field?	Developed close relationship with the children, understanding their stories, and witnessing their resilience created a profound emotional connection.	My advocacy efforts were inspired to continue raising awareness about the issues they face and promoting support for the affected communities.
16	Looking forward, what do you think are the key priorities for empowering HIV/AIDS orphaned children?	Prioritize their basic needs to keep them from vices that can ruin their future.	Lobby government to establish an orphanage where these children will be safe.
17	How do you envision the role of faith-based strategies evolving in the future?	Practical approach is required which should include moral aspect of children.	The non-existence of faith-based strategies is a serious challenge in shaping the future of these children.

	<p>There is need for the faith-based to seriously consider implementing their strategies soon.</p>	
<p>18 Based on your experience, what advice or recommendations would you give to someone developing a faith-based strategy for empowering HIV/AIDS orphaned children in Monze?</p>	<p>Support caregivers and children in developing sustainable livelihoods, such as entrepreneurship, vocational training, or education. Advocate for policies and programs that support the welfare and protection of HIV/AIDS orphaned children.</p>	<p>Foster strong relationship with care givers, providing emotional support, training, and resources to enhance their giving ability. Provide counselling, therapy, and emotional support to help children cope with trauma, grief, and stigma.</p>

Table 10 below presents the responses from the church leaders in Monze on their church's engagement with HIV/AIDS orphaned children. The data explores both the challenges these children face and the efforts made by the churches to support them.

On the aspect of Church Engagement with HIV/AIDS Orphaned Children the findings revealed that the support provided is inconsistent across respondents. Response 1 mentions irregular food provision, response 2 and 3 indicate that sporadic educational support is provided to only a few children.

Common challenges reported by participants included food insecurity, education access, shelter and stigma. Response 1 and 3 identify the need for parental guidance and inconsistent food. While response 3 highlights medical care and proper shelter as critical. Concerning the role of Churches in Empowering Children, the participants agreed that churches can play a critical role in: counselling, skills training, educational support and empowering children by helping them become self-reliant and meeting their basic needs (shelter, food, and education). But responses 1 and 3 revealed that little has been done in terms of mission or engagement, while response 2 emphasizes the importance of being one's brother's keeper, highlighting the moral duty to act.

On existing program or initiatives all the participants agreed that none of the churches have well defined programs, and efforts tend to be sporadic and uncoordinated. However, a few children receive educational support, but this is inconsistent. Also, participants report success stories that include children graduating from university or completing primary school through church support. However, funding limitations are significant barrier to wider impact.

For community engagement participants indicated that churches have not been actively engaged with the broader community to support these children. They also agreed that partnerships and collaboration of the church r partnerships with external organizations is was absent all the participants indicated that churches provide spiritual and emotional support mainly through Bible study, home visitation, and counselling (though not consistent). They also emphasized that addressing spiritual well-being is very important for the children, as it offers hope and sense of worth. They also indicated that some form of support is provided in the form of education and food for a limited number of children. However, assistance is often not consistent.

On the main challenges in empowering Children, Participants identified lack of resources and absence of a guide approach as key challenges in empowering children. All the participants see opportunities to expand efforts, particularly in terms of funding and program development. Participants shared positive stories of personal transformation, including that of children overcoming depression and completing higher education. None of the participant participants reported knowing a church having a clear or effective system for measuring program success. The participants encourage the church to establish department dedicated to HIV/AIDS related activities and that church should increase funding to support a more comprehensive approach.

All the participants indicated the need for fundraising, awareness campaigns, and shelter for children on the streets and agreed that collaboration between churches and other organizations and broader community is crucial to addressing the needs children effectively and providing financial support, donations, and advocacy against stigma.

Table 10 below gives an overview of the response from church leader. The demographic in question one overview indicates that participants have an experiences of working with HIV/AIDS orphans for seven to nine years. The interview focussed on research questions 2 and 3.

Research Question 2. How do the existing support systems (e.g., community programs, church initiatives) address the spiritual and emotional needs of these children, and what gaps exist in these services?

Research Question 3. What role can community engagement and mentorship programs by the Seventh-day Adventist play in fostering a sense of belonging and positive character development among orphaned children in Monze urban?

Table 10. Interview Responses from Church Leaders

Question /Themes	Response 1	Response 2	Response 3
1. How does your church currently engage with or support HIV/AIDS orphaned children in Monze?	Inconsistent provision of food to a few of these children	Support a few of the children in their education	Support them in education. Once a while provide food
2. What are the biggest challenges faced by these children in your community?	Parental guidance Education support Consistent supply of food	Food, education, clothing, medical care Proper shelter	Stigma, parental guidance, food, shelter, education
3. From a faith-based perspective, what role do you think churches can play in empowering HIV/AIDS orphaned children?	Counselling, educational support, skills training, support them in income generating projects.	Educational support, support them to be self-reliance	Meet their basic needs i.e. shelter, food, education, and medical care.
4. How does the faith community view the empowerment of vulnerable children as part of its mission?	Nothing much really has been done worth talking about	We should be our brother's keeper	Nothing much has been done
5. Could you describe any existing programs or initiatives your church has implemented to support HIV/AIDS orphaned children?	No well-defined programs/initiatives A clear direction is required	Inconsistent education support	A few children given education support though not consistent.
What have been the successes and challenges of these programs?	Inconsistent food provisions. Lack of resources Member conviction of this responsibility	No tangible success. Lack of resources	A few supported children completed primary school. Inadequate funds to support a lot of them
6. How does your church engage with the broader community to support these children?	There has not been such engagements per say	No engagements	No engagements
7. What partnerships or collaborations does your church currently have with	None	None	None

other organizations or stakeholders in Monze?			
8. In what ways do you provide spiritual and emotional support to HIVAIDS orphaned children and caregivers?	Bible study and Home visitation though not regular	Bible study and home visitation	Home visitation and bible readings. Counselling
9. How important is addressing the spiritual well-being of these children in your approach?	Very important it points them to the great care-giver the source of everything they need	Very important because it creates a sense of worthiness in them	Very important it gives them hope knowing there is loving almighty God who provides and sustains them.
10. Besides spiritual support, what practical resources or assistance does your church offer to these children (e.g. education, healthcare, livelihood support)?	Though not consistent, support with school requirements and food once in a while	Educational funding, food and clothing	Education support and food given to a few children
11. What are the main challenges your church face in effectively empowering HIV/AIDS orphaned children?	Lack of resources and guided approach		
12. Are there any opportunities or areas where your church could expand its efforts in this area?	Yes	Yes	Yes
13. Can you share a story or example of how your church's involvement has positively impacted the life of an HIV/AIDS orphaned child?	A young lady in depression was counselled and cared for by a singing group, she is well now and soon graduating from university	A child who lost both parents was supported by the church and completed university	The church has supported a few children in pre-school and primary school
14. How do you measure the success or effectiveness of your program?	Not much	Not effective for lack of funds	Not effective because only a few children have been supported so far and only in one area-education.
15. Looking forward, what are your hopes and aspirations for developing a more	Establish a church department strictly to be in charge of	More funds are needed to adequately mitigate	More resources are required to meet the basic needs(shelter,

robust faith-based strategy to empower these children in Monze?	HIV/AIDS affairs and fund it adequately	the issues of these children	food, clothing education and medical care) of these children
16. Are there specific areas where you believe additional support or resources are needed?	Yes. Sensitize the church and community about the needs of these children. Enough funds to meet the demand. Provide shelter for those on the street.	Come up with means and ways of caring for the children on the street. If possible find shelter for them.	Feeding of these children should be consistent. Those on the street should be sheltered and given proper medical care
17. How can churches and other faith-based organizations work together to strengthen the support system for HIV/AIDS orphaned children?	By Collaborating. SDA church should avoid working in isolation	By collaborating	Work together in giving the spiritual and emotional support. Encourage children to form peer support groups and caregivers support
18. What role do you see for the broader community in supporting these efforts?	Be available when needed Champion campaign against stigma	Collaboration and financial support	Making donations to churches to fund children's peer groups.

Key Findings on the Needs and challenges of the Orphans

Emotional and Psychological Impact

The findings reveal that 70% of the orphans are struggling emotionally, while 55% are experiencing abandonment. These findings highlight the urgent need for mental health support and counselling. The findings further reveal that only 20% of the HIV/AIDS orphaned children receive adequate counselling services, and a significant number lack access to emotional support. The findings reveal that yet another 70% of the HIV/AIDS orphaned children experience stigmatization and discrimination, largely because of their association with HIV/AIDS. This highlights that there is need to make social and emotional support as part of the intervention.

Social and Economic Empowerment

The data reveals that 80% of the orphans lack skills. This with the financial barriers they face in accessing support from faith-based organizations reveal a significant gap in vocational and livelihood development. Further, the findings reveal that 20% of the respondents are aware of the skills development programs. This signifies the need for faith-based organizations to priorities educational and skills training initiatives that equip the children to be self-reliant.

Role of Faith-Based Support

The 60% of the respondents indicate that they are aware of the support from churches, but the quality and consistency of the support is inadequate. While 95% of the respondents indicate that they recognize the importance of spiritual support, the need for a more holistic structured approach to their care is evident. Despite the fact that faith-based organization are recognized for providing some spiritual and

emotional guidance, the findings reveal that they are not consistently involved in vocational or educational support.

Community and Family Support

The findings reveal that there is a mixed community engagement (50% feel supported, 20% feel unsupported) this give faith-based organizations an opportunity to foster greater collaboration with local communities. There is need to build community-cantered programs that include mentorship and emotional support to significantly improve the children's resilience and outlook on the future. Respondents (45%) indicate that they live with their grandmothers, this suggests that these children need more stable housing (shelter) options for their well-being.

Insights from Community Service Workers and Church Leaders

The community service workers and church leaders further illuminate the challenges and opportunities faith-based involvement in supporting HIV/AIDS orphaned children encounter. Community service workers highlight the importance of focussing on basic needs (food, shelter and clothing), empowerment through skills training, and providing emotional and spiritual support. They further emphasize the need for income-generating activities like poultry farming to assist the children attain self-reliance. Both community service workers and church leaders agree that the support rendered by faith-based organizations is often sporadic and very inconsistent.

Church leaders underscore the concerns of the community service workers, particularly the lack of coordinated, comprehensive programs for the HIV/AIDS orphaned children. While the church leaders agree that churches can play an important role in counselling, education, and skills training, they indicate a limited success because of financial constraints and lack of organizational structure. They

also identify the need to have a stronger community involvement and partnership to increase the access and effectiveness of the support programs.

While the churches in Monze are supporting HIV/AIDS orphaned children, there are significant gaps such as resources, structured programs, and collaboration. There is therefore, need for more coordinated, resource-driven approach, together with community and organizational partnerships which could greatly enhance their ability to empower these children and provide them with the support they need to thrive.

Program Design

Based on the findings and analysis of the data, I came up with the following program design that can be implemented by faith-based organizations, particularly focusing on addressing the needs of the HIV/AIDS orphaned children. This program will be centred on providing social, psychological, emotional and economical support, with emphasis on capacity-building, community involvement and sustainable empowerment strategies.

Title

A Faith-Based Initiative to Empower the HIV/AIDS Orphaned Children

Objectives

1. Psychological and Emotional Support: To assist HIV/AIDS orphaned children cope with emotional distress, abandonment, and stigmatization we will organize support groups and provide mental health services, including counselling

2. Social and Spiritual Support: Put in place a holistic support system which will integrate mentorship, spiritual guidance and community engagement, aligned with faith-based values.

3. Strengthen Community Engagement

Build a robust collaboration between faith-based organizations, local families and community workers to foster supportive environment for HIV/AIDS orphaned children.

Target Audience

- a) HIV/AIDS orphaned children aged 13- 17 years
- b) Grandparents or caregivers (particularly grandmothers)

Key Components of the Program

1. Counselling and Psychosocial Support

Objective: Mitigate the psychological and emotional trauma of the HIV/AIDS orphaned children, especially those suffering from abandonment and stigmatization.

- Support Groups: In order for HIV/ADS orphaned children to share their experiences in a safe, confidential environment we will establish support groups.
- Peer Mentoring: In order provide both peer and emotional guidance to younger HIV/AIDS orphaned children who need support we will identify older HIV/AIDS orphaned children who have experienced trauma.

- Mental Health Counselling Services: We will create partnerships with trained health professionals to provide ongoing counselling to 100% of the HIV/AIDS orphaned children.

2. Educational Empowerment and Vocational Training

Objective: Equip the HIV/AIDS orphaned children with life skills, education and vocational training to increase their stability and self-reliance.

- Educational Support: There is collaboration with local schools to offer scholarships to HIV/AIDS orphaned children for higher education, and tutoring.
- Vocational Skills Training: Training in various skills like tailoring, farming (e.g. poultry farming) carpentry and computer literacy are offered to HIV/AIDS orphaned children.

3. Mentorship and Spiritual Guidance

Objective: To offer spiritual growth, moral development, and a sense of belonging, faith-based nature programs will be offered

- Mentorship Programs: Mentorship programs are offered to community volunteers and faith leaders to guide HIV/AIDS orphaned children in personal growth, life choices and moral development.
- Spiritual Counselling: Counselling sessions led by trained clergy members are offered that focus on emotional well-being and spiritual healing.

4. Community and Family Support Networks

Objective: To strengthen community partnerships and improve the living conditions of the HIV/AIDS orphaned children through collective community efforts.

- Community Engagement and Workshops: To address HIV/AIDS stigmatization, and promote awareness, and encourage local support for HIV/AIDS orphaned children workshops will be organized.
- Building Stable Housing Options: To ensure adequate shelter and safety for the HIV/AIDS orphaned children is provided, we will collaborate with local housing authorities.
- Family Counselling and Support: Since care and support for the HIV/AIDS orphaned children is cardinal, we will organize counselling services for families particularly grandmothers and guardians.

5. Sustainable Income Generating Activities

Objective: Encourage financial independence for the HIV/AIDS orphaned children by introducing income-generating activities.

- Entrepreneurship Programs: As a way of empowering the HIV/AIDS orphaned children they will be equipped with skills in small business development, such as starting small businesses like tailoring, retail small shop, or baking.
- Community Farming Initiatives: To improve the livelihood and as a way of empowering the HIV/AIDS orphaned children, community farming projects, vegetable growing or poultry farming will be organized.

Program Implementation Plan

PHASE 1: Initial Assessment and Partnership Building

Duration: This phase took three (3) months October 2024 to December 2024

Activities:

- Conduct a detailed needs assessment with HIV/AIDS orphaned children, families and community leaders.
- Collaborate and develop partnerships with churches, local schools, mental health professionals, and vocational trainers
- Put in place a resource team of community service workers, volunteers and faith leaders.

PHASE 2: Training and Program Rollout

Duration: This phase took take six (6) months from October 2024 to March 2025

Activities:

- Started support groups and regular counselling sessions.
- Rolled out mentorship programs for the HIV/AIDS orphaned children with faith leaders
- Implemented a pilot community farming projects with selected HIV/AIDS orphaned children.

PHASE 3: Monitoring, Evaluation and Expansion

Duration: This is Ongoing

Activities:

- Monitored the progress of the HIV/AIDS orphaned children in vocational programs, counselling sessions, and community support activities.
- Received feedback from HIV/AIDS orphaned children, families, and community service workers.

- Made adjustments on the program based on evaluations and feedback.
- Expanded successful initiatives (e.g., poultry farming) to more communities.

Key Success Indicators

- Emotional Well-being: When there is improvement in the psychological well-being of HIV/AIDS orphaned children, measured through regular surveys and counselling feedback.
- Educational Attainment: When there is an increase in the number of HIV/AIDS orphaned children completing vocational courses and receiving educational support.
- Economic Empowerment: When the percentage of HIV/AIDS orphaned children who achieve financial stability through sustainable income-generating activities has increased.
- Community Support: When there is an increase in the percentage of local community members actively supporting the program.

Budget Considerations

1. Personnel: Stipend for mental health professionals, trainers, and program coordinators.
2. Training Materials: Mentorship materials, vocational tools and educational resources.
3. Facility Costs: Renting space for community events, training and counselling.
4. Community Partnership: Funding for community groups and collaboration with local organization.

5. Program Expansion: Mobilize resources for scaling up successful initiatives like income-generating activities.

Summary

This program is a Faith-Based empowerment Initiative for HIV/AIDS orphaned children whose aim is to create a comprehensive, holistic support system that combines spiritual, social, emotional and economic support. By focusing on sustainable empowerment through mental health care, vocational training, education, and community involvement, the program will not only provide immediate relief to HIV/AIDS orphaned children but also equip them with the tools they need to thrive in the long term. Through resource-driven approach, and collaboration, faith-based organizations can significantly improve the lives of the HIV/AIDS orphaned children and help them become resilient and self-reliant individuals.

Program Design Implementation Narrative

Implementation of the Faith-Based Initiative to Empower HIV/AIDS Orphaned Children

On October 13th 2024, we started implementing the program design. From the time the Faith-Based Initiative to Empower HIV/AIDS orphaned children started, significant strides have been observed in addressing the multifaceted challenges these children face, such as social stigmatization, educational gaps, emotional trauma and economic insecurity. The program's design was set in motion focusing on spiritual, psychological, social, emotional and economic support with a structured three phase approach as narrated in detail below.

PHASE 1: Initial Assessment and Collaboration and Partnership

Building (October-December 2024). During phase 1, we laid the program foundation by focusing on the initial assessment and strategic partnerships. Phase 1 lasted for three months during this period the program team conducted an in-depth needs assessment involving HIV/AIDS orphaned children, their caregivers and local community leaders. During these assessments, the team was able to identify the most pressing needs in terms of mental health, education, and vocational training.

At the centre of this phase was building partnership and collaboration with local schools, churches, mental health professionals, vocational trainers, and community service workers. A robust network of support for the program's future activities was developed through these partnerships. This helped to form a dedicated resource team of volunteers, faith leaders, and community workers ready to engage with the children and their caregivers.

The program (needs assessment) has also revealed a significant need for income-generating activities, educational opportunities, and psycho-social support which set the stage for the next phase of action.

PHASE 2: Training and Program Rollout (January-March 2025). We took the first steps towards direct intervention in the month of January 2025 during the second phase of the program. Below are some of the various activities that have been implemented to address the core needs of the HIV/AIDS orphaned children over a period of six months.

Counselling and Psychosocial Support. During this phase, support groups for the HIV/AIDS orphaned children were established to provide a platform for them to freely share their experiences, challenges, and hopes in a safe, confidential environment. This program design was initiated for the purpose of creating a sense of

solidarity and to reduce the stigma they often face. The program also includes offering emotional support based on shared experiences where older HIV/AIDS orphaned children are used as peer mentors to mentor the younger ones. This peer mentoring played a key role alongside, a partnership with trained mental health professionals ensured that counselling services were provided on a regular basis to all enrolled children.

Educational Empowerment and Vocational Training. Eleven HIV/AIDS orphaned children acquired scholarships through Constituency Development Fund (CDF) from the government through collaborations with schools. Some HIV/AIDS orphaned children who dropped out of school managed to enrol in vocational training programs to acquire practical skills such as tailoring, poultry farming, carpentry, and computer literacy at Mawagali Trades Institute in Choma, Zambia. These programs are aimed at making the HIV/AIDS orphaned children address economic instability and make them self-reliant.

Mentorship and Spiritual Guidance. The program design included Spiritual guidance which is being provided through counselling sessions being led by trained pastors focussing on emotional healing and providing a sense of belonging rooted in faith-based values. Further, to provide personal growth and moral guidance we launched mentorship programs which are ongoing.

Community Engagement and Support Networks. To promote awareness and to encourage local support to address the stigma surrounding HIV/AIDS orphaned children, we organized workshops in the community. These workshops produced positive results in that they were instrumental in fostering an environment of acceptance and inclusion.

There still remains a challenge in improving living conditions to provide stable housing for the HIV/AIDS orphaned children since there are no orphanages in Monze. However, a few Seventh-day Adventist church members have offered their houses for one and rare cases two children. Long term plans working with well to do church members and community members have shown interest in assisting to build some houses for the children in places of their choice.

To improve the quality of care for the HIV/AIDS orphaned children, we introduced family counselling sessions. These were particularly aimed at grandmothers and caregivers. Through this, we have seen positive results.

Sustainable Income-Generating Activities

Taking advantage of the government's policy of providing farming inputs to peasant farmers and the vulnerable and the Constituency Development Fund, we launched a pilot community project focusing on vegetable growing and 2 hectares of maize was planted. Long-term plans are to introduce poultry farming as well.

PHASE 3: Monitoring, Evaluation, and Expansion (Ongoing). This phase focused on monitoring and evaluating the progress and the impact of the various initiatives. We have been able to achieve this by regular surveys and feedback from community service workers, the children and their caregivers. This has also to a greater extent helped to assess the effectiveness of the different components.

Through counselling feedback and periodical surveys, there is a revealing significant improvements in HIV/AIDS orphaned children's mental health. We are constantly monitoring the educational outcomes and a good number of children are hoped to complete vocational courses and benefiting from tutoring support.

It is also hoped that soon the HIV/AIDS orphaned children will begin to generate income and contribute to the household's livelihood through the pilot

community farming project which is producing good results. These initiatives are earmarked for expansion to other communities since they have been a success. The emphasis is to scale up income-generating activities.

This phase is ongoing and is involving continuous adjustments based on the feedback. Some initiative like workshops and family counselling sessions were introduced to further strengthen the support network for HIV/AIDS orphaned children.

Success Indicators and Achievements

There are several key indicators that highlight the success of the program such as the following:

Improvement in Emotional Well-being. The feedback we have so far received from counsellors and support group sessions show marked improvements in the psychological well-being of the HIV/AIDS orphaned children.

Increased Educational Attainment. There is a noticeable number of HIV/AIDS orphaned children receive constituency development fund scholarships.so far there are 9 children at Mawagali trades school in Choma, Zambia doing training in skills. Since there is free education from primary to secondary education this program provides uniforms, books and other school requirements to eleven (11) children (ages 7-12) 7girls and 4 boys. We keep visiting them in the schools where they are as a way of encouraging them and monitoring.

Economic Empowerment. Many of the HIV/AIDS orphaned children who engaged in small businesses or community farming initiatives are contributing to their economic independence and soon they will be self-reliant.

Community Support. The program has experience increased community involvement. Many local people are getting involved and are participating in workshops, providing support and engaging with the children.

Conclusion

The program has made substantial progress from October 2024 to March 2025 basically because of the collaborative efforts with the faith-based organization, local communities, and skilled professionals. The program has not only provided immediate relief but has also equipped the HIV/AIDS orphaned children with long term tools for resilience and self-reliance. This was achieved through focusing on a holistic approach that integrated educational, emotional, spiritual and economic support. This initial phase has revealed positive outcomes which underscore the program's potential for sustainable impact, paving way for future expansion and further community involvement. These achievements are a reflection of the biblical call to 'look after orphans and widows in their distress' (James 1:27), aligning practical ministry with the church's spiritual mission. In the future there will be sustainability plans like reinvesting proceeds from farming projects into expanding training opportunities and partnering with the two district Dorcas and Adventist men Organization (AMO) federations of Monze North and South and local donors to ensure long-term support."

CHAPTER 6

SUMMARY, CONCLUSION, AND RECOMMENDATION

This chapter will summarize each chapter giving an overview of the entire work. This chapter will also give recommendations for further study and research. The recommendations will also be to the faith-based organizations and communities to improve the care and support of the HIV/AIDS orphaned children.

Summary

Chapter 1 is the foundation of the entire dissertation. Chapter 1 the introduction chapter deals with the ministry context, the problem, the purpose, delimitation, definition of terms description of the process, and statement of expectations. The purpose of the study was to develop a faith-based intervention strategy to empower HIV/AIDS orphaned children in Monze urban in Zambia.

Chapter 2 presents the Biblical and theological foundation for the care for the orphans. The chapter dealt with the care for the orphans in the Old Testament, New Testament and the writings of Ellen G. White. This chapter specifically, (i) Surveyed biblical terms for orphans (ii) orphans and their care in the Old and New Testaments and (iii) Care of the orphans in the writings of Ellen G. White.

In the Old Testament a survey of some Biblical terms for the fatherless was explored give a clear understanding why the fatherless should have the attention of the church and the community. The Old Testament clearly reveals that the care for the

vulnerable members of society such as widows and the fatherless is a command from God. The Old Testament emphasizes the obligation to assist the fatherless.

The survey was extended into the New Testament where several texts concerning Jesus' teachings and that of the New Testament writers revealed and showed the care that the fatherless should receive. It was concluded that from these teachings, it is the duty of believers to care for the needy. In both Old and the New Testaments, taking care of the fatherless was crucial component of civic and religious duty.

In the writings of Ellen G. White it was highlighted that until death shall be swallowed up in victory there will be orphans to be cared for. As such, the work of saving the homeless and the fatherless is everyone's business. The church has a great responsibility for the salvation of the orphans. Mentorship, spiritual guidance, emotional support and unconditional love to the fatherless is pronounced as a duty for the believers.

In chapter 3 different authors' views are used to have a better understanding of issues affecting HIV/AIDS orphaned children. Different views came up and are discussed in this chapter. Issues such as under whose custody should these children be after the demise of their parents, should they be put under orphanages or should they be left under their surviving relatives?

Further, the views of causes of such situations surfaced. The depth and magnitude of the problem worldwide was revealed and what the world organizations are doing to alleviate the problem was discussed in this chapter. The Zambian situation was focal point in this chapter. Many governments apparently have a similar challenge like Zambia.

The chapter also view the views from other authors concerning the care given to HIV/AIDS orphaned children. The role of the church and its clergy was also captured in this chapter. Further, the following topics are covered in chapter 3; orphanages, advantages and disadvantages of orphanages, care for the orphans by biological family members, and the role of the church and the community.

Chapter 4 addresses the ministry context, research design, and appropriateness, population sampling of the people to participate, the criteria for sampling process and selection, instruments used for data collection and the research intervention. The mixed method was used questionnaires were distributed and interviews were conducted. The chapter further deals with ethical consideration and data analysis.

In chapter 5, the program design is discussed, the implementation strategy is also designed. The implementation is discussed and a narrative of the implementation process is discussed too. These implementation strategies came up as a result the analysis of the data that was collected and the interviews conducted.

The evaluation of the project was conducted through regular feedback sessions with the HIV/AIDS orphaned children, their caregivers, and community service workers. Surveys and interviews were used to assess emotional well-being, educational progress, and economic empowerment. Data were interpreted thematically, revealing improvements in psychological health, increased school retention, and initial success in vocational training. Based on this evaluation, it can be concluded that the faith-based intervention strategy effectively empowered HIV/AIDS orphaned children by addressing their holistic needs, thereby fulfilling both practical and spiritual objectives of the project

Conclusion

This dissertation aimed at developing a Faith-Based strategy to Empower HIV/AIDS Orphaned Children in Monze Urban has laid a strong foundation making a lasting impact on HIV/AIDS orphaned children. The program initiatives have addressed the psychological, emotional, educational, and economical needs of these vulnerable children. The program has also provided not only the immediate relief but has also fostered an environment of hope, support and self-reliance. The program has revealed that as it grows and keeps expanding, it has the potential to transform the lives of more HIV/AIDS orphaned children not only in Monze but other areas that may have a similar challenge. The program will help the HIV/AIDS orphaned children to overcome the challenges posed by the HIV/AIDS pandemic and will empower them to make them more resilient. The program will only be able to be a beacon of hope for the HIV/AIDS orphaned children, through sustainable strategies and continued collaboration and involvement of the community.

The program has made substantial progress and through collaboration of faith-based organizations, local communities, and skilled professionals the program has been able to effectively avail immediate relief and long-term tools for HIV/AIDS orphaned children. The children's educational progress, mental health and economic empowerment are proof of the success of the program. As can be observed from the program design and implementation key success indicators provide a solid foundation for the continued success of the program. Furthermore, reduction of stigma and strengthening of the support network for HIV/AIDS orphaned children reveal the crucial role community workshops and family counselling sessions have played.

Recommendations

A strong foundation has been laid by the Faith-Based Initiative to empower HIV/AIDS orphaned children. However, it must be noted that these findings are not 100% complete. There still remains much to be investigated/researched. The following are the recommendations drawn from the findings:

1. The SDA church in Monze to strengthen collaborations with faith-based organizations and the government to extend the program in order to reach wider geographical area so that more children can benefit from the support provided.
2. The Church to increase funding by exploring additional funding opportunities from local and international donors. Although these may be affected by the global economic challenges and the declining international donations
3. Local community and the church should explore possibility of creating faith-based safe houses for HIV/AIDS orphaned children who find themselves in the street. This could be done by the Dorcas Society and the Adventist Men Organization
4. Faith-based organization should champion advocacy of policies that support HIV/AIDS orphaned children in areas of education, health, and housing.
5. The Church and local authority to sustain awareness campaigns to reduce the stigma associated with HIV/AIDS and orphans should be increased through community engagements, workshops and outreach programs.

6. The local authorities to provide educational support to benefit more children through the provision of scholarships from institutions and local businesses.

Further Research

Future studies should explore the long-term psychological outcomes and economic stability of HIV/AIDS orphaned children empowered through faith-based strategies, and evaluate the effectiveness of community

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APPENDICES

APPENDIX A

LETTERS

AUA Consent Letter



Adventist University of Africa
Developing Leaders for Service

A Private Chartered University Accredited by Commission for University Education, Kenya



21st October 2024

Maxwell Muvwimi
Theological Seminary
Adventist University of Africa

Reference: AUA/ISERC/08/09/2024

Dear Maxwell Muvwimi

RE: DEVELOPING A FAITH-BASED INTERVENTION STRATEGY TO EMPOWER HIV/AIDS ORPHANED CHILDREN IN MONZE URBAN IN ZAMBIA

This is to inform you that the Adventist University of Africa Institutional Scientific Ethics Review Committee (AUA-ISERC) has reviewed and approved your above research proposal. Your application approval number is AUA/ISERC/2024/036. The approval period is 21st October 2024 – 20th October 2025.

This approval is subject to compliance with the following requirements;

- i. Only approved documents (including informed consent and study instruments) will be used.
- ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by AUA-ISERC.
- iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to AUA-ISERC within 72 hours of notification.
- iv. Any changes anticipated or otherwise that may increase the risks or affect the safety or welfare of study participants and others, or affect the integrity of the research must be reported to AUA-ISERC within 72 hours.
- v. Submission of a request for renewal of approval at least 60 days prior to the expiry of the approval period. Attach a comprehensive progress report to support the renewal.
- vi. Submission of an executive summary report within 90 days upon completion of the study to AUA-ISERC.

Prior to commencing your study, you are expected to obtain permissions or any other clearances needed.

Yours Sincerely

A handwritten signature in blue ink, appearing to read 'J. Ganu'.

Josephine Ganu, Ph.D.
Chair, Institutional Scientific Ethics Review C'ttee
ethics@aua.ac.ke



October 28th, 2024

Maxwell Muvwimi
Seventh-day Adventist Church
Musi-O-Tunya conference
P.O. Box 660086
CHOMA
Email Address: muvwimim@aua.ac.ke

Provincial Child Affairs Coordinator
Ministry of Community Welfare and Child Development
Southern Province
CHOMA

Dear Sir,

I hope this letter finds you well. My name is Maxwell Muvwimi, and I am a graduate student with a focus on community development and child welfare. I am writing to seek your permission to conduct research on a project titled **"Developing a Faith-Based Strategy to Empower HIV/AIDS Orphaned Children in Monze Urban."**

The objective of this research is to identify and implement effective strategies that harness faith-based community resources to support and empower HIV/AIDS orphaned children. This population faces unique challenges, including emotional, social, and economic hardships. By engaging with local faith communities, we aim to create supportive networks that can improve the well-being and resilience of these children.

I plan to conduct qualitative and quantitative research involving interviews and focus groups with caregivers, community leaders, and the children themselves. This research will be sensitive to the needs and privacy of the participants, adhering to ethical standards and regulations.

I believe that the findings from this research could significantly contribute to ongoing efforts to support vulnerable children in our community and align with the Ministry's goals of enhancing child welfare.

I kindly request your approval to proceed with this research, and I would be happy to provide any further details or address any concerns you may have.

Thank you for considering this request. I look forward to your positive response.

Sincerely,



Maxwell Muvwimi
DOCTOR OF MINISTRY STUDENT
Adventist University of Africa
Mobil number: 0975420448/0966570403



**ADCOM FOLLOWUP
CORRESPONDENCE**

South Zambia Conference
22nd December, 2023

Recipient: Pastor Muvwimi Maxwell
Subject: **Request to Conduct a Research**
C.C. **Officers**

During our Administrative Committee meeting held on 22nd December, 2023 we took the following decisions;

296/52/2023 REQUEST TO CONDUCT A RESEARCH - PASTOR MUVWIMI MAXWELL

Voted: to allow Pastor Muvwimi to conduct a research project in the Urban Churches in Monze North and South Mission Districts from January to March 2024.

Wishing you God's blessings.

Faithfully yours,

South Zambia Conference

Ng'andu Prince
EXECUTIVE SECRETARY

APPENDIX D

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

You are being asked to participate in a research study entitled: “Developing a Faith Based Strategy to Empower the HIV/AIDS Orphaned Children in Monze Urban Zambia.” The research for Doctor of Ministry (DMin) degree at the Adventist University of Africa, Kenya.

The information below tells you about what is involved in the research, what you will be asked to do, and the potential risks and benefits of participating in this study. You are encouraged to ask questions and seek clarification about the nature of the study. Please note that choosing whether to participate in this research is voluntary and entirely your choice. You may refuse to participate or discontinue your participation at any time during the study.

The purpose of this study: The purpose of the Study is contributed to evidence based practices and help advocate for better resources and support the HIV/AIDS Orphaned children.

Your participation: You will be asked to participate in an interview. This means you will be asked to voice your views, opinions, or experience about HIV/AIDS Orphaned Children. The interview will take less than an hour to complete.

You will also be asked to participate in a focus group discussion. This means the study involves an interview and discussion in a group setting. There will be about 50 participants in the focus group. You will be asked about your opinions/perceptions or experience on HIV/AIDS Orphaned children. Each focus group discussion will take about 45 minutes.

Benefits and Risks: If you participate, you will contribute to knowledge about HIV/AIDS orphaned children, which may help to contribute to their empowerment. There are no identifiable risks in participation.

Confidentiality: Your personal information will be kept confidential. Your interview responses will be anonymized so they will not be identified in any report or publication of this study.

Please carefully read and sign this Form if you are willing to participate in the study.

1. My participation in this research project is voluntary. There is no explicit or implicit coercion whatsoever to participate.
2. I may withdraw and discontinue participation at any time without penalty.
3. I understand that if I feel uncomfortable during the interview, I have the right to decline to answer any question or end the interview or discussion.
4. I understand that the interview will be audio-recorded to accurately capture my own words and a transcript will be produced for data analysis.

5. I understand the researcher will not identify me by name in any reports using information from this interview or discussion.

If you have any ethical concerns about your participation in this research, contact the Institutional Scientific Ethics Review Committee, Adventist University of Africa <ethics@aua.ac.ke>

I have read and fully understood the statements on this Form. All my questions were answered satisfactorily. I voluntarily agree to participate in this study.

Participant's Signature _____ Date _____

Researcher's Signature _____ Date _____

APPENDIX E

YOUTH ASSENT FORM FOR RESEARCH PARTICIPATION

Title of Study: Developing a Faith Based Strategy to Empower HIV/AIDS Orphaned Children in Monze, Zambia

Research Team: Maxwell Muvwimi and Adventist University of Africa.

Introduction:

Hello! We are conducting a research study to learn more about the experiences of young people like you who have lost parents to HIV/AIDS. Your perspective is important to us. This form explains what the study involves and asks for your agreement to participate.

What is the Study About?

Purpose: We want to understand your experiences, feelings, and needs to improve the support available for youth in similar situations.

Procedure: You will participate in interviews or discussions where you'll share your thoughts and experiences. These conversations will be in a safe and private setting.

Duration: The study will involve 30-45 minutes of your time.

What Will Happen If You Participate?

Sharing: You will answer questions about your life and experiences related to HIV/AIDS. You can choose to share as much or as little as you feel comfortable with.

Privacy: Your responses will be kept confidential, and your identity will not be disclosed in any reports or publications.

Your Rights:

Voluntary Participation: You are free to decide whether or not to participate. Your decision will not affect any services or support you are currently receiving.

Right to Withdraw: You can withdraw from the study at any time, even if you have agreed to participate. You will not need to provide a reason for your withdrawal.

Confidentiality: Your personal information will be kept private and secure. Only the research team will have access to your information, and it will be used solely for the purposes of this study.

Do You Agree to Participate?

If you are comfortable and agree to participate in this study, please sign below.
Remember, participating is entirely up to you, and you can choose to stop at any time.

Youth's Agreement:

I have read or had the assent form explained to me. I understand what the study is about and agree to take part in it.

Youth's Name: _____

Youth's Signature: _____

Date: _____

Researcher's Name: _____

Researcher's Signature: _____

Date: _____

If you have any questions or need more information about the study, feel free to ask Maxwell Muvwimi. Thank you for considering participating and sharing your experiences with us.

APPENDIX F

CHILD ASSENT FORM FOR RESEARCH PARTICIPATION

Title of Study: Developing a Faith Based Strategy to Empower HIV/AIDS Orphaned Children in Monze, Zambia

Research Team: Maxwell Muvwimi and Adventist University of Africa

Introduction:

Hi there! We are doing a study to learn more about how children like you who have lost their parents to HIV/AIDS feel and what kind of help they need. We want to make sure that you understand what this study is about and that you agree to take part in it. Your participation is important and will help us understand and support children better.

What is the Study About?

Why: We want to understand your experiences and feelings so we can help improve support for children like you.

What: We will talk with you about how you feel and what you need. This might include answering questions or sharing your thoughts in a comfortable setting.

How Long: The interview or activity will take about 30-45 minutes.

What Will Happen If You Participate?

Talking: You will talk with us, and we might ask you some questions about your experiences and feelings.

Comfort: You can tell us as much or as little as you want. If you feel uncomfortable at any time, you can stop or skip any questions.

Your Rights:

Voluntary: You don't have to take part if you don't want to. It's completely up to you.

Confidentiality: What you say will be kept private. Your name will not be shared with anyone outside the study.

Help: If you have any questions or need help, you can talk to Maxwell Muvwimi.

Do You Want to Participate?

If you agree to be part of this study, please sign below. Remember, it's okay to say no, and you can stop participating at any time if you change your mind.

Child's Agreement:

I have read or had this form read to me. I understand what this study is about and agree to take part.

Child's Name: _____

Child's Signature: _____

Date: _____

Researcher's Name: _____

Researcher's Signature: _____

Date: _____

Thank you for taking the time to read this! If you have any questions or need more information, please ask Maxwell Muvwimi.

APPENDIX G
INTERVIEW GUIDE

**Interview Guide for Focused Group Interview for the HIV/AIDS Orphaned
Children**

Thank you very much for accepting to be part of my research project. Feel free to discuss whatever you feel like sharing for all the information will be kept safe for academic use only. Your identity will not be revealed when reporting the findings. The recording is simply to help me when compiling the report. The recording will be destroyed after compiling the report. Do you have any concerns before we begin our interviews? I think we can start our interview now.

1. How has the loss of parents due to HIV/AIDS affected you emotionally, socially, and spiritually? Can you share any specific challenges you have faced as a result of the loss?
2. Explain how your faith or spirituality helped you cope with trauma of losing your parents to HIV/AIDS.
3. Are there any support services available to you as an orphan such as healthcare, education, or counselling? How have these services impacted your ability to thrive despite the challenges of living without your parents?
4. Who do you trust and rely on for support? Have you received any help or services from organizations or individuals?
5. What kind of support do you need most right now?

CURRICULUM VITAE

Personal Details

Name: Maxwell Muvwimi
Date of Birth: January 1, 1959.
Place of Birth: Monze, Zambia
Marriage: To Maureen Muloongo Muvwimi
Children: Elijah. (1989), Sarah (1991), Emmanuel (1995).

Education:

2018-Candidate-Doctor of Ministries (Urban Ministries), Adventist University of Africa, Nairobi.
2010 – 2014 - Master of Arts Pastoral Theology, Adventist University of Africa, Nairobi, Kenya.
2000 – 2003 - Bachelor of Theology, Bugema University, Kampala, Uganda.
1998-1999- General certificate of Education. Private studies.
1981-1982- Ministerial School Diploma. Rusangu Ministerial Training School, Monze, Zambia.
1975 – 1977 – Namwala Secondary School
1967 – 1974 – Simukale Primary School

Ordination:

Ordained to the Gospel Ministry at Kabushi Church, Ndola, Zambia on July 27, 1991.

Work Experience:

2016-2023- Adjunct Lecturer Rusangu University

Courses Taught: The book of Daniel, The book of Revelation, Foundations of Youth ministry, Strategic planning, Psychology of Religion, Homiletics I and II, Introduction to Pastoral Ministry, Life and Teachings of Jesus, and Christian Beliefs I.

2024-Present- President Musi-O-Tunya Conference, Choma
2022-2023-Church Pastor, Choma Central Church
2016-2021-President, South Zambia Conference, Monze
2014-2015 President, Seychelles Mission, Seychelles.
2011- 2013 President, Central Zambia Conference, Kabwe.
2007-2010- President, West Zambia Field
2006- District Pastor, Petauke (under East Zambia Field).
2004 October- 2005- District Pastor, Nyimba (under East Zambia Field).
2002-2004 Chaplain, Hilton High School, Mukono, Uganda.
1995November- 1999- President, East Zambia Field, Chipata, Zambia.

1994-1995- District Pastor, Kitwe Central, Kitwe.
1991-1993- Personal Ministries and Education Director, Copperbelt Field, Ndola.
1988 July-1990- Youth Director, Copperbelt Field, Ndola.
1987-1988- District Pastor, Sala District.
1986-1987- District pastor, Kabwe East District
1983-1985- District Pastor, Serenje District