



premier

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The religious sector response to actively fighting social ills, HIV and AIDS in KZN

13 September 2016

Introduction

This report will cover the period since the last Provincial Council on AIDS sitting in March 2016. It will seek to respond to the premium of resolutions on what the religious sector as one of the major stakeholders has DONE (activities) and can still DO (recommendations) to mitigate the proliferation of social ills in the province of KwaZulu-Natal, especially HIV and AIDS. This methodology will use the Chief Directorate: Stakeholder Management and the Faith-Based Operations (FBO) sub-directorate under it as the over-arching pillars around which the response of the interfaith religious community has revolved and will do the same in the future.

1) 10 March 2016 (Pinetown) – Religious Leaders' Colloquium

This Consultation formed a strong collaborative meeting-point between the FBO sub-directorate and the HIV and AIDS Directorate, both housed in the KZN Office of the Premier. The focus of that Colloquium was how different faith communities were dealing with HIV and AIDS inside their religious sanctuaries and among their members within Ethekwini District. The target group invited to the Colloquium was senior leadership from all religions represented in the province. Those who responded to the invitation and attended the Colloquium were clergy from the Christian, Muslim, Hindu (Divine Life Society), African Traditional Religion (ATR) and Nazareth Baptist Church (consistently and conventionally misidentified as the Shembe Church). Also present and actively participant was the staff from Ujamaa Centre for Community Development & Research

“Agents of Change & Integration for ensuring Sustainable Participatory Democracy through effectively engaging Stakeholders”

School of Religion, Philosophy and Classics at the University of KwaZulu-Natal. Since the consultation took place within Ethekewini, leadership from the Ethekewini Religious Leaders Forum which works very closely with the civic leadership in the Metro. A few points pondered and discussed included, *inter alia*:

DISCUSSION:

- ✚ Admission by religious leaders that HIV and AIDS exists within all faith communities across the religious spectrum and therefore an open theological discussion on HIV and AIDS by religious leaders
- ✚ Recognizing and addressing prevalence of ignorance among religious leaders in dealing with HIV and AIDS (that is, handling infected individuals, couples and families). Continuous education and up-skilling of the clergy becomes imperative as a guiding solution in imploding the different levels of ignorance using the model of capacity-development workshops, consultations and other such media)
- ✚ Feminization of HIV and AIDS infection (defeatist attitudes of men in testing and condom use put women at the centre of HIV and AIDS prevalence). Religious sector needs to assist women develop skills to negotiate self-protection strategies
- ✚ Statistics not reflecting the demographics of the country (numbers, race, Christians). Question always raised is whose statistics get publicized – race?)
- ✚ Stigmatization of the infection and the diversity of infection typology (e.g. different human ways in which infection happens). There are several ways through which the infection could be occasioned but sexual contact/intercourse has been singled for bad moral behaviour and promiscuity). What about traditional Ukugcaba, accidents where people assist without protective gear, open sores being attended by the elderly without gloves, HIV infection through rape and infant infection through birth?
- ✚ Dealing with the conundrum of odd couples (one spouse HIV positive and the other spouse negative) that clergy cannot deal with

RECOMMENDATIONS:

- ✚ Clergy should desist from abusing authority that comes with their religious office. The example is pastors who instruct their congregations to stop using anti-retroviral treatment and start using “holy water and holy oil”. Others instruct their people to eat snakes and drink petrol
- ✚ Religious leaders could engage de-stigmatization campaigns and partner with government in promoting these campaigns
- ✚ Condoms could be distributed from religious and/or places of worship (Churches, Temples, Musjids, traditional medical male circumcision camps where elders from the ATR could impart knowledge etc)
- ✚ Promotion of gender justice programmes by religious leaders and FBO to deal with gender-based violence, including rape within relationships that corrosively become toxic and unsafe AND
- ✚ Creation and promotion of Support Groups within all faith communities as per their theological doctrines – for example members and clergy reminding others when to take their medicines

2) 22 March 2016 (Pietermaritzburg) – Consultation between Premier ES Mchunu and KZN Senior Religious Leaders

Religious Leaders across the faith entire religious and faith spectrum in KZN met with Premier ES Mchunu at the First Floor Cabinet Room in the Moses Mabhida Building on a diversity of issues. This consultation was occasioned by requests from the religious community leadership to share with the Premier their perceptions, views, ideas, on the moral and political well-being of the province. They were also concerned about the increase and height of violent crime in KZN, especially sexual violation crimes against women, children and the elderly and other social ills. Hostel violence around Ethekwini and xenophobic attacks were also part of the agenda.

The Premier conversely appreciated these concerns and views by the senior clergy in the province. It was impressed upon the clergy that their moral voice and compass had been severely compromised by fragmentation within the religious community across both the country and the province. There was an imperative for the religious leaders to unite their voice when speaking to government to avoid fracturing, misrepresentation and opportunism by leaders who have inadvertently created a toxic relationship between government and religious leadership, again both in the country and KZN.

The resolution was taken to have a Trimester Consultation between the Premier and Senior Religious Leaders in the province. The next one is coming up in **October 2016** at the discretion of the Premier about where it would be held to maximize participation by the religious community across the province.

3) 25 - 26 April 2016 (Pietermaritzburg) Interfaith Symposium – *organized KZN Provincial Legislature*

Discussion on social ills as seen through the theme of racism by those invited to represent their faith at this Annual Interfaith Symposium were integrated throughout the programme over the two days that the KZN Provincial Legislature hosted the Symposium. The following is a full text on the proceedings of the Symposium incorporating discussions and resolutions:

The KwaZulu-Natal Interfaith sector has realized that despite intense struggles fought against racism in order to bring about a non-racial society, stereotypes and discrimination still exists.

The interfaith sector further acknowledged that even though church (religious) leaders had played an important role to dismantle apartheid, not much has the church done to contribute to social cohesion and creation of a sustained non-racial society. It was against this background that the interfaith symposium was held under the theme: ***“Racism in***

Democratic South Africa: KwaZulu-Natal Interfaith Sector United against Racism in the Province”.

The 2016 Interfaith Symposium focused on the following critical questions in its quest to find lasting solutions to this problem:

- What are the practical interventions that can be employed by the faith organisations to curb racism in KwaZulu-Natal?
- What strategies could be used to restrain the rise of racism in KwaZulu-Natal?
- Interfaith organisations and other civil society groups played a crucial role in the fight against apartheid and its racist policies. What are the factors that affect the effectiveness of the interfaith organisations in fighting against racism in the post-apartheid South Africa?

These recommendations were to form up a Declaration which would be tabled before the Legislature for consideration by political parties and relevant committees of the Legislature so that, where necessary, possible legislation can be passed to address racism in our society.

Thus, the following resolutions which emanated from the four commissions were adopted, to further guide the Legislature in its interaction with the sector in terms of Section 118 of the Constitution of the Republic of South Africa were as follows:

- 1) Interfaith leaders should be the vehicles for transformation (religion, values).
- 2) Interfaith (Religious) sector to come up with programmes to capacitate and educate young generation about the historical background of black people.
- 3) Government to revive Truth and Reconciliation Commission (TRC) and adequate budget should be allocated in order to address the problems that were created by apartheid – social ills, in the main

The symposium concluded with the commitment from all leaders to work tirelessly in their communities to bring about social cohesion and total eradication of racist tendencies wherever they manifest themselves.

The Legislature on the other hand views this gathering of religious leaders as a greatest opportunity for enhancing its public involvement initiatives of various sectors of society in the law making processes. “The religious sector is an important sector of our society who (as part of the electorate) are to play an active role in ensuring that their views are considered in our law making processes”, the Speaker of the Legislature Hon Lydia Johnson said when opening the symposium.

4) 25 May (Mkhuze) and 7 August (Mnqobokazi) – Consultation with Religious Leaders in Umkhanyakude District Municipality

The FBO sub-directorate in the Office of the Premier met with clergy from all five (5) Local Municipalities with Umkhanyakude District to form the District Religious Leaders’ Forum, a structure that has already been set-up within the Amajuba District Municipality. Its primary function is to have senior religious leaders within each District in KZN work collaboratively and symbiotically with the District Mayor on moral, spiritual, theological, religious imperatives. Programmes could oscillate between interventions when there is a natural disaster like drought or floods, political or xenophobic violence, violent contact crimes against women, the elderly and children in the ascent, dealing with HIV and AIDS in all its contortions, abuse of rights by different groups within society – among other poignant moral, cultural and socio-political issues. The structure is in place and represents senior leadership across the District. Ugu, Ilembe and Harry Gwala District Municipalities are respectively next in line for the installation of this structure within this financial year of 2016/17.

5) 15 July 2016 (Ethekwini) – Religious Leaders and the fight against TB, HIV and AIDS in KZN (*A build-up consultative activation towards the International Conference on HIV and AIDS in Durban*)

A discussion paper in a intra-consultation between provincial leaders within faith communities across KZN was delivered from the FBO sub-directorate on the role of religious leaders in the fight against TB, HIV and AIDS in KZN. This activation was

organized in liaison with an international non-governmental organization (NGO) namely the Union from the United States and Canada to place on the agenda of the Global Village serious discursive points that merited consideration and deliberation during the International Conference on AIDS held in Ethekewini between 18 and 22 July 2016. The following issues were raised and discussed during the consultation:

Campaigns that faith communities, both religious leaders and their constituent membership should premise their TB and HIV and AIDS programmes on:

- i) Prevention
- ii) Disclosure
- iii) De-stigmatization

These three elements will be inextricably interwoven and integrated in the following suggested programmes and interventions:

- ✚ Faith communities should intervene through advocacy programmes on ***social grants for Orphaned and Vulnerable Children*** where both parents have been deceased through TB and/or HIV and AIDS
- ✚ Provision of ***soup kitchens and food parcels*** for the infected and affected by TB for the six months of their medication as well as for learners after schools
- ✚ Faith communities and particularly religious leadership need to lobby government and advocate for ***Centres for OVC*** within their communities
- ✚ Religious leaders need to approach government for ***seeds and fences for church gardens (One Church, One Temple, One Masjid - One Garden)***
- ✚ ***Establishment of Health Committees*** within the church, mosque, temple, synagogue, fellowship meetings etc is imperative to look at the comprehensive well-being of the members as well as the community around them
- ✚ ***Support groups*** to be established within the churches and all other faith communities for support for the infected and affected by TB and/or HIV and AIDS

- ✚ Particularly within church communities, ***the use of Bible Studies*** in understanding Omnipotent God's goal and objective to have a healthy humanity that is free of disease and affliction
- ✚ Religious leaders should not criticize ***the use of condoms*** by Christians in general and their members in particular
- ✚ We should espouse the virtues of abstinence by preaching holiness which says: ***No Sex Before Marriage*** (this is a dictum espoused by all religious doctrines and ethical principles)
- ✚ We should support and preach sexual ***faithfulness to one partner between those who have relationships***
- ✚ Have ***TB HIV and AIDS awareness campaigns and programmes*** in the church, mosque, temples
- ✚ Include TB HIV and AIDS programmes in ***Year Plans within faith communities***

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