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KWAZULU-NATAL**

**INYUVESI
YAKWAZULU-NATALI**

**Reflections on the experiences of pastoral caregivers in the Evangelical Lutheran Church in
Zimbabwe-Central Diocese during the COVID-19 lockdown restrictions**

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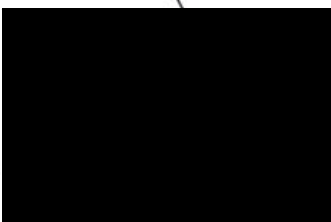
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DECLARATION

I, Trust Moyo, declare that:

The dissertation titled: **REFLECTIONS ON THE EXPERIENCES OF PASTORAL CAREGIVERS IN THE EVANGELICAL LUTHERAN CHURCH IN ZIMBABWE-CENTRAL DIOCESE (ELCZ-CD) DURING THE COVID-19 LOCKDOWN RESTRICTIONS**, except where otherwise indicated is my original research work.

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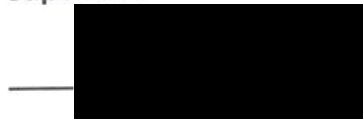


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ABSTRACT

The tragic COVID-19 outbreak from Wuhan, China, prompted governments to enact public health measures to stem the virus's spread after the World Health Organization proclaimed it to be a global pandemic on March 11, 2020. The epidemic had a devastating global impact that forced Governments to implement public health measures to stop the spread of the virus. The COVID-19 lockdown laws prohibited in-person gatherings which traditionally served as the foundation for Christian worship. In order to develop pastoral care strategies for the COVID-19 pandemic and beyond, the main goal of this research study was to reflect in depth on the experiences of pastoral caregivers in the Evangelical Lutheran Church in Zimbabwe-Central Diocese (ELCZ-CD) during the lockdown restrictions. Using qualitative research methodologies, the researcher collected data from forty (40) purposively selected pastoral caregivers. Desktop research was utilized to supplement field research. Moyo's 2015 pastoral care theology formed the principal underpinning theoretical framework complemented by Martin Luther's neighborliness care and the indigenous *Karanga* social philosophy of *ukama* (related and interrelatedness) propounded by Hungwe and Ndofirepi (2021). Two major findings that emerged were: first, the COVID-19 lockdown restrictions killed the tried and tested physical gathering coping mechanisms of the church. Second, although it posed several social challenges, COVID-19 lockdown restrictions provided opportunities for the church to learn new ways of doing traditional things differently (Moyo, 2016). Recommendations are that the church should embrace technology and invest in the media ministry for effective pastoral care during lockdowns.

Keywords: COVID-19, pastoral care, epidemics and pandemics, lockdown restrictions, The Evangelical Lutheran Church in Zimbabwe-Central Diocese (ELCZ-CD), Zimbabwe.

DEDICATION

This dissertation is dedicated to Rethina my wife and our four children: Tinevimbo, Tafadzwa Hope, Tafara, and Tawananyasha Emmanuel who remained supportive, and nonetheless endured loneliness and financial constraints when I was undertaking this project.

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ABBREVIATIONS AND ACRONYMS

| | |
|-----------|---|
| 4IR: | Fourth Industrial Revolution |
| 5GIR: | Fifth Generation Industrial Revolution |
| CDCP: | Centre for Disease Control and Prevention |
| COVID-19: | Coronavirus Disease 2019 |
| CSM: | Church of Sweden Mission |
| CA: | Church Assembly |
| CC: | Church Council |
| ECZ: | Employer's Confederation of Zimbabwe |
| ELCR: | Evangelical Lutheran church in Rhodesia |
| ELCZ: | Evangelical Lutheran Church in Zimbabwe |
| ELCZ-CD: | Evangelical Lutheran Church in Zimbabwe-Central Diocese |
| ELCZ-ED: | Evangelical Lutheran Church in Zimbabwe-Eastern Diocese |
| ELCZ-WD: | Evangelical Lutheran Church in Zimbabwe-Western Diocese |
| EVD: | Ebola Virus Disease |
| FAO: | Food and Agricultural Organization |
| FBOs: | Faith-Based Organizations |
| LDS: | Lutheran Development Services |
| LWF: | Lutheran World Federation |
| LUCSA: | Lutheran Communion in Southern Africa |
| MoHCC: | Ministry of Health and Child Care |

| | |
|----------|--|
| NGOs: | None Governmental Organizations |
| PHEIC: | Public Health Emergency of International Concern |
| PPE: | Personal Protective Equipment |
| SDGs | Sustainable Development Goals |
| WFP | World Food Programme |
| WHO: | World Health Organization |
| USA: | United States of America |
| ZANU PF: | Zimbabwe African National Union Patriotic Front. |
| ZCC: | Zimbabwe Council of Churches |

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CHAPTER ONE

INTRODUCTION

1.1. Introduction

This empirical research study explored challenges and opportunities presented to the pastoral care ministry of the church by the COVID-19 pandemic¹ lockdown restrictions with special emphasis on the Evangelical Lutheran Church in Zimbabwe-Central Diocese² (ELCZ-CD). The study also examined lessons learned that the church might use to create preparedness strategies for inevitable pandemics in the future. The end of 2019 saw the beginning of COVID-19 pandemic, an infectious disease caused by a coronavirus linked to a large family of coronaviruses (Shereen, et al, 2020). While coronavirus started as a localised outbreak in Wuhan, China, it spread as quickly as modern transportation could move around the world, infecting as many people as each traveller could encounter and putting families, communities, and the fundamental social fabric of all societies at risk (Dugassa, 2020). Governments the world over implemented severe health restrictions that forbade people from leaving their homes save for the purpose of obtaining necessities like food and medical care after the World Health Organization declared the coronavirus outbreak to be a global pandemic³ (Government Gazette, 29 March 2020).

The COVID-19 pandemic lockdown restrictions had significant detrimental effects on the socioeconomic livelihoods and general well-being of a significant portion of the population

¹ Pandemic from the Greek word *pandamos* is an epidemic that spreads throughout nation or continents or the entire world affecting a large population (Bryn, 2020). There have been a number of significant pandemics recorded in human history including Smallpox, Bubonic plague, Ebola, the Spanish Influenza, HIV and AIDS (Rutherford, Mao and Chu, 2016).

² A diocese is a District, area or administrative entity under a Bishop. The ELCZ is composed of three Dioceses namely: the Eastern (ELCZ-ED), the Western Diocese (ELCZ-WD) and the Central Diocese (ELCZ-CD). Though with three dioceses, administration, the ELCZ is effectively one church (Hove, 2020).

³ An outbreak occurs when a disease strikes in a large number of people unexpectedly. It might remain localized or spread out beyond and can last for days or years (Musara, 2022). COVID-19 was a pandemic because it spread worldwide affecting more than 600 million people claiming over six million lives within a period of three years (WHO, 2023).

as it altered the ways through which people used to interact in ways never seen before. The lockdown restrictions also reformed the traditional pastoral care practices of physical distancing ⁴ the ministry of presence in absence ⁵ as the new social distancing ⁶ and lockdown restrictions became new standards sternly enforced by the State Apparatus (Machiya and Murisi, 2022). Further, in Zimbabwe, lockdown was a crisis as it evolved against the background of a difficult macro-economic environment and climatic changes characterised by droughts that made food security a huge challenge on one hand. On the other hand, the church as a vital source of psycho-social support was no longer available due to lockdown restrictions which intensified the stress, anxiety, and trauma (Machiya and Murisi, 2022). However, if there had not been lockdowns, the number of fatalities would have increased dramatically for before the pandemic outbreak, the healthcare was worrisomely marked by dysfunctional systems, lack of equipment, shortage of therapeutic drugs, overworked and underpaid health workers (Kuvenga, et. al, 2021).

Three years had passed by and by the time the World Health Organization announced that the COVID-19 pandemic was no longer a global health emergency; during that time, the pandemic had claimed the lives of about 6.9 million people and seriously damaged the health of over 765 million people (WHO, 2023). During the time of this study, there has been a relaxation of lockdown restrictions since the COVID-19 has advanced beyond the pandemic stage. Church customs and pastoral care techniques may continue to change because the virus has become endemic, meaning it will always remain in the same way as

⁴ Physical distancing refers to keeping a space between people when they are in each other's company, allowing for face-to-face communication, while also following rules that mandate a minimum of 1.5 meters between people (Rossouw, 2021: 261).

⁵The church's pastoral care mission has long been offered in-person care and consolation in the form of God's love and presence in homes, public spaces, and church buildings. Nevertheless, the catastrophic COVID-19 pandemic outbreak from China brought about previously unheard-of difficulties, sharply increased national lockdowns, forced the closing of physical gatherings, fundamentally upended regular methods of ministry, and demanded the complete digitalization of the Gospel, all of which eliminated the ministry of physical presence (Tagwirei, 2022: 1).

⁶ The term "social distancing" has given rise to various misconceptions, as some people think it implies changing one's relationship status with others or that one must cut ties with friends and relatives. The WHO started using the phrase "physical distancing" as a result of this misunderstanding (UNICEF, 2020; Musinguzi & Asamoah, 2020, p. 2)

the flu or chickenpox. As a result, there are still COVID-19 leftovers in the communities, indicating that there are still COVID-19 hazards.

This empirical research study utilised Herbert Moyo's (2015) pastoral care theory complemented by Martin Luther's neighbourliness care theory and the indigenous *Karanga*⁷ social caring philosophy of *ukama*⁸ propounded by Hungwe and Ndofirepi (2021). Consequently, this research should be understood within the context of the inherent Christian responsibilities of caring for the ill, the poor, and the needy who are given priority in the Scriptures: James 5:14, Matthew 10:8, Galatians 6:2 and Romans 12:13. This introduction chapter gives background information, the research challenge, and a brief summary of the study's aim, goals, and objectives. The chapter also discusses the significance of the study, the theoretical foundation for it, and the methodology employed for data collection and analysis. Additionally, it contains research questions and discusses the limitations of the study.

1.2. Background to the Research Problem

1.2.1. The shocking Advent of COVID-19 pandemic

The world was in turmoil as it tried to respond, control, and contain the 2019 Coronavirus, a Severe Acute Respiratory Syndrome 2 (SARS-CoV-2) code-named COVID-19 (WHO, 2020). History has it that the first human coronavirus was identified in the mid-1960s and first infected people in China in 2002 and the Severe Acute Respiratory Syndrome (SARS) was further confirmed in 2003 (Kumar, 2020). A second outbreak was in 2012 in Saudi Arabia with the Middle East Respiratory Syndrome (MERS) that caused mild cold and others caused more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS), however, COVID-19 was an unprecedented global health crisis (Dugassa, 2020). Epidemiologists and Virologists reveal that the primary mode of

⁷ The Karanga people are identified as the largest group of the Shona speaking of Southern Zimbabwe. They are mostly located in Mberengwa, in the Midlands Province of Zimbabwe, and also in the Chivi and Zaka Districts of Masvingo province, (Shoko 2007:1). Karanga also involves the language, which is a dialect of Shona.

⁸ Ukama is a Shona and Karanga social caring philosophy based on relatedness and interrelatedness (Murove, 1999:4). It is about seeing oneself in connection with other people. This is useful in this study to discuss pastoral care and relatedness within the ELCZ in the context of the COVID-19 pandemic that requires isolation and social distancing as opposed to the African philosophy of physical closeness.

transmission was through respiratory droplets produced when an infected person coughs, sneeze, touch a surface or object that has the virus on it, or by touching one's eyes, nose or mouth by infected hands. Clinical symptoms of the disease included: acute or mild respiratory distress, loss of taste and smell, fever, coughing, sneezing, sore throat, difficulty in breathing, and tiredness (Milibari, 2020). In severe cases, COVID-19 caused pneumonia, multiple organ failures, and death (Dugassa, 2020).

Zimbabwe recorded its first COVID-19-positive case on March 21, 2020; a male resident of the resort town of Victoria Falls who had traveled back from the United Kingdom via South Africa on March 15, 2020 (Ministry of Health and Child Care [MOHCC] 2020). By October 2020, the nation had recorded over eight thousand COVID-19 cases (+8000) with two hundred and forty-three (243) COVID-19-related deaths (Chitungo, et. al 2022). Though the Government claimed that the nation was ready to deal with the pandemic, all of these measures were ineffective as they came up against a brittle and deteriorating healthcare infrastructure and facilities (Chitungo, et al, 2022). In addition, the Government announced that it was ready to contain the pandemic and responded by implementing a number of extreme health precautions, such as curfews from dusk to dawn, social separation, lockdown restrictions, and the proper wear of face masks sternly enforced by the State apparatus (Mahiya and Murisi, 2022). Prior to the COVID-19 pandemic outbreak in 2020, the Zimbabwean healthcare system was marked by overworked, underpaid, and unhappy and disgruntled health professionals (Kuvenga, et al., 2021). The inadequate provision of Personal Protective Equipment (PPE) ⁹ by Government, poor remunerations, poor working conditions and the spread of false information from unidentified sources on social media were among the many factors that led to the lockdown's less-than-ideal success rate.

In terms of pastoral care (Moyo 2012, Moyo 2022), COVID-19 overpowered and damaged the church's tried-and-true coping mechanisms (Moyo, 2020). Moreover, Moyo contends that the Christian faith is, by its very essence, about the community experience rather than just a personal dedication to God; Christians have always gathered together to break bread

⁹ During the present coronavirus outbreak, there has been a lot of focus on mitigating the transmission of COVID-19. In addition to reducing the risk of infection for healthcare professionals, using personal protective equipment (PPE) appropriately can limit exposure to other patients. This was a crucial consideration to make. This could promote employee retention and ease the burden on the healthcare system (WHO, 2020).

and drink from the same cup. The in-person fellowship offers support, encouragement, consolation, and direction when dealing with illnesses like the COVID-19 pandemic. It was crucial to draw our attention to a few COVID-19 pandemic lockdown regulations; however, in-depth discussions of COVID-19 variants and their effects on people's lives are given in the literature review in the second chapter of this empirical research study.

1.2.2. COVID-19 Regulations

1.2.2.1 Physical Distancing

Social distancing is limiting physical closeness and contact with other people to avoid catching or transmitting an infectious disease (Oxford Dictionary). It was a practice of maintaining a greater-than-usual other people to avoid direct contact with people or objects in public places during an outbreak of a contagious disease to minimize exposure and reduce transmission of the infection. Social distancing was used interchangeably to indicate physical distancing, a practice of staying at least 6 feet away from others to avoid catching an infectious disease such as COVID-19.

During the COVID-19 era, social distancing was intended to limit human physical contact, hence slowing down virus transmission and flattening the pandemic curve to reduce the number of cases occurring at the peak of the pandemic (Johns Hopkins, 2020). Social distancing included staying home and away from the crowds as much as possible to prevent the spread of the virus. However, social distancing remained an elusive goal as the majority of people were already living in overcrowded formal and informal settlements such as in artisanal mining areas where social distancing was impossible as people lived and work in large groups (Towo, 2020). Combating the spread of the COVID-19 pandemic required that households have adequate water, sanitation, and hygiene; yet, most people relied on one source of water as the country has been bewildered by water challenges in both urban and rural areas and the majority of people spent a long time crowded at the communal boreholes (Towo, 2020).

It can be argued that the water crisis situation in Zimbabwe compromised one of the key COVID-19 preventive measures of regular washing of hands as the sanitizer was beyond the reach of many especially the rural poor. While the Government responded by drilling some

community boreholes in urban and rural areas, the ELCZ-CD under the Zimbabwe Council of Churches (ZCC) drilled boreholes in some communities in Gutu, Mberengwa, and Beit-Bridge (LDS, 2020), although that significantly reduced the crowds around the community boreholes, the problem remained alive and well as people continued crowded searching for the golden liquid.

1.2.2.2 Quarantine

Quarantine is isolation imposed on a person (s) or animals to prevent infection or contagion (Oxford English Dictionary: online). In the COVID-19 pandemic context, quarantine may also be defined as the separation and restriction of movement of people who have been potentially exposed to COVID-19, but who are currently healthy and are not showing symptoms (NANGO, 2020). During the COVID-19 era, quarantine was mandatory and was mainly for returning residents and other travelers for a period of 14 days, those who showed symptoms were taken to designated treatment and not quarantine facilities (NANGO, 2020). The quarantine period was meant to establish whether or not one would be sick. Quarantine involved standard hygiene, not sharing things such as towels and utensils, staying at home and not having visitors (NANGO, 2020). The purpose of the quarantine period was to determine whether or not a person would become ill. However, quarantine went against the theoretical frameworks utilised in this study emphasised on the communal and physical gatherings.

1.2.2.3. Self-isolation

Since COVID-19 was a unique deadly humankind experience with the pandemic, people faced many uncertainties and limited information which included: avoiding overcrowded places, handshake, kissing, hugging, and observing physical distance commonly known as social distancing, good personal hygiene such as regular washing of hands with soap, regular sanitization with sanitize that has at least 70% alcohol content and lockdown. Self-isolation was one of the strategies employed to limit the spreading of the virus. Unlike self-quarantine highlighted above which was a simple separation and restriction, self-isolation applied to patients or people confirmed to have COVID-19 (WHO, 2021). Self-Isolation was a healthcare strategy meant to keep the infected people away from those who were not

infected (WHO, 2020). Self-isolation could take place at home or at a hospital or care facility where one could live in a separate room from the rest of the people.

Health experts advised that the number of caregivers frequenting isolation rooms be limited to one in order to reduce the risk of infection (WHO, 2021). Since caregivers were at high risk, they were put on face masks, however, people with underlying conditions inclusive of diabetes, hypertension, heart disease, kidney, and respiratory disease were charged not to visit COVID-19 patients (WHO, 2020). Health experts recommended that both the patient and the caregiver should wear face masks when the caregiver was in the room attending to the patient. In addition, caregivers wear disposable aprons and gloves when wiping the patient. This research study explored how pastoral caregivers ministered to those in isolation during COVID-19 lockdown restrictions. However, it must be noted that both quarantine and isolation helped to curb the spread of the coronavirus.

1.2.2.4 Face Masks and Sanitizers

When the World Health Organisation recognized that the COVID-19 as a contagious disease, thus besides lockdowns, social distancing and self-isolation strategies were employed as measures to reduce or eliminate the number of infections, wearing face masks and sanitizing were also embraced as an effective way of curbing the spreading of coronavirus (WHO, 2020). Face coverings and masks prevented the wearer from getting sick and from spreading the virus to other people (Rajeev Venkayya, 2020).

The Centers for Disease Control and Prevention (CDCP) advised standard surgical masks, also known as medical masks, as sufficient to protect the wearer from any respiratory pathogens. N95 respirator face masks were also advised when providing care. Initially, people wore any kind of mask, including homemade. People were able to go to work and to school with more freedom and safety while they were wearing masks, which also made social interactions safer. However, using face masks was only beneficial when combined with routine hand washing or hand sanitizing using alcohol-based sanitizers that contain 60–90% alcohol. Ethanol, isopropanol, and n-propanol were the most often utilized forms of alcohol (CDCP, 2020). While these measures remained noble in curbing the spread of the COVID-9 pandemic, the challenge was that the recommended face masks and hand

sanitizers were out of reach for a large number of rural residents. Thus, even though wearing face masks became mandatory and was observed by government law enforcement officials, it did not produce the desired outcomes since many people, particularly the rural poor, could not afford them.

1.2.2.5 Travel bans

At the beginning of 2020, the Zimbabwean Government promulgated Statutory Instrument 83 of 2020, through which the nation went into its first lockdown which came into effect from 30 March 2020 to 19 April 2020 which was extended to 3 May 2020 by Statutory Instrument 93 of 2020. Borders were closed to curb the spread of the COVID-19 pandemic, allowing only those with valid work permits, truck drivers, and buses carrying essential goods and returnees to operate. However, despite these regulations, thousands of people continued to travel through the borders with immigration officers and security agents allegedly working with transporters to allow traffic for a bribe (Zimbabwe News, 22 January 2020: online). This resulted in an increase in transmission from imported to local and community transmission of the COVID-19 pandemic, the more the new cases, the more the lockdown measures and the more the pastors lost touch with the flock (Bryn, 2020).

The informal sector was excluded from the COVID-19 pandemic lockdown protocols because it was recognized as not providing essential services and could not have letters of employment because those in the informal sector had never held a job (Towo, 2020). Instead, local travellers had to have exemption letters stamped by their employers confirming that they provided essential services. Intercity travel and regions that formerly provided a necessary steady supply of food, medicine, and other necessities for subsistence were prohibited under COVID-19 lockdown regulations (Towo, 2020). The existential experiences of ELCZ-CD pastoral caregivers under the COVID-19 lockdown constraints were examined in this study to provide practical pastoral care lessons.

1.2.2.6. Legislations on Public Gatherings

While getting together remained an important part of human life, however, Statutory Instrument 76 of 2020 in which the Government declared COVID-19 as a formidable disease

banned all forms of public gatherings for whatever purpose (Government Gazette, 2020). Further, a law enforcement officer was empowered to immediately disperse any such public gatherings, however, they refuse to disperse, and the law enforcement officer was to take appropriate action including arrest and detention. Many were forced to cancel or reschedule important events such as weddings as these were considered hot spots for the spread of the pandemic. However, for those who opted to attend a public gathering, Statutory Instrument (SI) 77 of 2020 provided the following regulations with regard to public gatherings:

- Practice prevention measures regardless of one's COVID-19 vaccination status.
- Maintain a social distance of at least one meter from others
- Wear a face mask
- Avoid crowded or poorly ventilated areas
- Cover one's mouth when coughing and sneezing with bent elbows or tissues and clean hands frequently or sanitize with alcohol-based sanitizers.

These regulations negatively impacted the Zimbabwean cultural values of gathering and bad times such as weddings, parties, and funerals as people feared contracting the virus.

1.2.2.7. Legislations on Funerals

Due to the increasing coronavirus infections and resultant deaths, the Zimbabwean Government imposed funerals regulations as funerals were considered super-spreaders of the virus (Herald, 2021a). In addition, the Government decreed that corpses should not be taken home; should not be viewed, but hurried and quickly buried under strict health protocols while limited attendants maintain social distancing (SI 77 of 2020). In Africa, funerals are communal and a symbol of community identity and togetherness (Matseketsa, et al, 2017). Limiting people from attending a funeral killed and destroyed the tradition of communal oneness and cultural burial practices that everybody belongs to the community and not to one's own family (Affiku, 2015). Detailed discussions are given in the second chapter on the literature review under the disruptive effects of the COVID-19 lockdown restrictions on the traditional culture.

1.2.2.8 The Chapels Lockdown

The Zimbabwean government ordered churches to cease in-person gatherings as the COVID-19 outbreak expanded because face-to-face gatherings were considered the primary spreaders of the virus. Congregants felt the inexplicable pain of social isolation because places of worship have historically been at the center of communities and have played a crucial role in both providing spiritual support and guiding members toward healthy behavior changes. As a result, pastors were forced to adopt digitalization as an alternative means of carrying out their work under the restrictive conditions (World Vision, 2020). During life-threatening pandemics like COVID-19, people needed to be physically close to one another in order to support and comfort one another (Robertson, 2020). The chapel lockdown had a three-dimensional goal:

- To reduce the number of people each infected person comes into contact with and infects – this helped reduce mortality rates.
- To build capacity of the health system to prevent it from being overwhelmed.
- To manage the gradual easing of lockdown restrictions with a view to returning to full normality.

The primary objective of the church has always been to incarnate God, to love and to care for the sick and the dying in such times as the COVID-19 pandemic, so even though the closure of chapels and the prohibition of all physical gatherings were implemented in an attempt to stop the coronavirus from spreading, they had enormously devastating effects on the pastoral care ministry of the church (Madhiba, 2020). The COVID-19 pandemic lockdown restrictions prevented pastors from carrying out their pastoral care responsibilities, such as visiting the sick, conducting burial of the deceased, and consoling the bereaved. However, pastoral caregivers felt morally guilty. Jesus, physically served people during His earthly ministry; pastors in Zimbabwe practiced pastoral care of presence by visiting congregants in their homes, places of employment, and places of worship; they also attended weddings, funerals, parties, and other relevant events (Tagwirei, 2022).

These visits and get-togethers fostered a feeling of community and personal engagement. The challenge is that a church that lacks in-person gatherings runs the risk of fragmentation (Redding, 2012: 22). Despite the visible church's inability to meet face-to-face, the invisible

church continued steadfast in the face of several social obstacles posed by the COVID-19 pandemic lockdown restrictions.

1.2.3 Infection and Death

1.2.3.1 Fear of Infection

Since church Sunday services frequently draw large crowds of people, it was much easier for the COVID-19, a virus that resembles the flu to spread to a large number of individuals as people would gather for the church services especially when a person comes into contact with someone who is ill (Towo, 2020). The World Health Organization (WHO) declared at the end of 2020 that people over 60 who have underlying non-communicable diseases such as diabetes, hypertension, heart disease, and chronic lung disease are especially vulnerable to COVID-19 (WHO, 2020). But as news of the coronavirus, its consequences, and fatality figures began to appear on a daily basis in print and electronic media across the globe, including in Zimbabwe, not much was done to stop the virus from spreading. This facilitated the virus's transmission, which raised concerns when the majority of Zimbabweans discovered that the coronavirus which was wreaking havoc in neighboring South Africa and did not discriminate between whites and blacks was doing so (Chitungo, et al, 2022). Hospitals that treated infectious diseases expeditiously received renovations as the virus spread throughout Zimbabwe. Individuals, especially the elderly and those with preexisting medical conditions and the elderly began to worry about their future as well as the future of the nation and the social and economic climate.

1.2.3.2 Infection and Death of Ministers

Pastors play a critical role in offering practical care to communities: they minister life, hope to the hopeless, tackle stigma and discrimination, guide members toward healthy behavior, and offer psychosocial support and other forms of support (Kagoro, 2020). They are also known for being available to care for the sick and the dying as well as during difficult times (Benza, 2021). However, while offering these practical pastoral care services during the COVID-19 pandemic, ministers put themselves at great risk and they themselves became a symbol of sacrifice as they serve the congregants and society at large. Consequently, ministers lost their lives in the line of duty. The Vatican (2021) revealed that more than four

hundred (400) priests and nuns working in remote areas who died of COVID-19 in India (Domaradzki, 2022).

Two pastoral care lessons became apparent: firstly, pastoral caregivers showed their dedication to their pastoral duties by making sacrifices to meet the pastoral care needs of the communities under their care. Secondly, by so doing, the church acknowledged that some of its own (clergy and laity) were going to be exposed to infection, fall ill, or pass away while in of duty, which the church could not avoid as it continued to carry out its pastoral duties in face of death threats. Although there are no any official records in Zimbabwe of ministers who passing away from COVID-19, our pastor friends are aware that a number of ministers have died from the virus. Due to high death rate, ministers were compelled to bury more people, even members of their own families and fellow ministers, turning them into wounded healers (Hundzukan, 2022; Moyo, 2019).

1.2.3.3 Paralysis of the Core Functions of the Church

Paralysis is defined by the Oxford Dictionary as being impaired, crippled or rendered impotent (Oxford English Dictionary: Online). Throughout human history, infectious diseases have always existed, and the church has responded to pandemics and epidemics, however, COVID-19 was unprecedented, and lockdown measures crippled essential church operations in a number of ways. Firstly, pastoral care ministry of presence was rendered immobile by lockdown regulations, causing the church to lose its foundation in mission, hospitality and proactive outreach to outsiders (Hove, 2022). Secondly, throughout history, the church depended on interpersonal relationships and physical contacts, thus COVID-19 lockdown restrictions killed the customary vibrant formal Sunday services, Holy Communion¹⁰, fellowship and choir singing. Thirdly, while one cannot be a Christian in solitude, the COVID-19 lockdown restrictions destroyed the Christian fellowship, sharing mutual love, practical partnership.

¹⁰ The ELCZ observes the sacrament of Baptism and Holy Communion. Baptism marks the entry point and one's admission into full membership while the Holy Communion is the fellowship and celebration of the last Lord's Supper as instructed by Jesus Himself (Luke 22:14-22). Both sacraments testify to the unity of the body of Christ (Mhaka, 2010).

Fourth, even during illnesses, hospitalizations, deaths, and burials, spiritual care and physical presence were forbidden under COVID-19-induced lockdown restrictions because the COVID-19 funeral statutes stipulated an acceptable amount of participants attending a funeral. Many pastoral caregivers found it difficult to connect with their congregants when they were absent, and they also missed out on in-person fellowship and hands-on ministry (Hove, 2022). Most Christians, especially those in rural regions, could not afford smartphones or laptops, so they were forced to seek pastoral care online when chapels and other places of worship closed. Those who could purchase cellphones, however, had to deal with network issues, power outages, and the rising cost of data bundles as service providers continued to raise their prices in an effort to remain profitable in the unsteady Zimbabwean economy (Mabhiza, 2021).

1.2.3.4. Vaccines

According to WHO (2020) a vaccination induces the immune system to make antibodies that are exactly like it. Vaccination aids in the body's development of disease immunity. In order to prevent people from contracting a disease, vaccines are administered orally, nasally, or intravenously; COVID-19 vaccines were administered intravenously (WHO, 2020). When the COVID-19 pandemic first started, there were no vaccines to help individuals become immune to the virus or medications to treat it. While on one hand, health experts and researchers worldwide struggled to develop a vaccine to combat the pandemic, the World Health Organization (WHO) provided a number of preventive measures inclusive of: sanitising, staying at home, and avoiding the crowd and the practice of personal hygiene.

The World Health Organization authorized the use of several COVID-19 immunisations by the end of December 2020 (WHO, 2022). To determine whether a product was appropriate, safe, effective, and of acceptable quality, the approval was crucial (WHO, 2022). However, some people resisted to vaccination despite the health advantages that included: a defense against severe illness, hospitalization, and mortality rate (WHO, 2022) and President Mnangagwa's persistent nationwide appeal: *jungiwai veduwe* (get vaccinated please). Why this persistent appeal?

Some people lacked confidence in the Chinese producer (Chitungo et al, 2022). Some, not sure of the vaccines secretly purchased the vaccination certificates without themselves vaccinated which resulted in the incarceration of several hospital officials countrywide (The Herald, 2020). This is a serious cultural, social and theological issue for this study. Unaware of the immunisations, several people bought vaccination certificates covertly without getting vaccinated. This resulted in the imprisonment of numerous hospital administrators across the nation (The Herald, 2020).

Not only did the ignorant populace in rural areas refuse vaccinations, but so did members of the elite, including nurses. Sometimes, pastors deliberately discouraged people from obtaining vaccines; other times, they urged members to get vaccinated without undergoing their own vaccination. This issue is crucial to this study even though some academics have softened it. It will be simpler to situate this concept within the pastoral care and theological paradigms of the ELCZ-CD when we discuss vaccination refusal hypotheses in the study's concluding chapter.

1.3 The Research Problem

The fundamental church pastoral care practices of communitarianism and the ministry of physical presence during funerals and pastoral visits were called into question by the COVID-19 lockdown measures. The issue stemmed from the fact that the church and ELCZ-CD specifically, is an inclusive, hospitable, open, and united institution that primarily depends on in-person relationships (Mtata, 2020). The ability of the church to come together for a communal pastoral response is a crucial response in addressing issues that may arise on an individual or group level. This fundamental coping mechanism was eliminated by the COVID-19 pandemic lockdown restrictions, but the virus itself necessitated pastoral solutions to issues like anxiety, loneliness, mourning, and dread (of infection and death). The pastoral care ministry of the church in general and the ELCZ-CD in particular faced a dilemma due to a pandemic that permeated the basic coping mechanisms of the church. The natural African and social support networks of the ELCZ-CD were eliminated and destroyed by the COVID-19-induced lockdown protocols, which placed a strong emphasis on physical separation, self-isolation, and quarantine. A pandemic that spreads through the coping mechanisms of

the church was a crisis to the pastoral care ministry of the Church. The COVID-19-induced lockdown protocols destroyed the inherent African and communal support systems of the ELCZ-CD as lockdown restrictions emphasized physical distancing, self-isolation, and quarantine.

The COVID-19 catapulted to center stage the use of technology for gatherings, worship, mourning and general communication through the use of social media platforms based on android cellphones and laptops with data and Wi-Fi connection. The world has rapidly become technologically driven; in Zimbabwe, technology has become a powerful force in all facets of human life offering unique opportunities to overcome information deficits (Rugara, 2013). In the context of the COVID-19 pandemic lockdown restrictions, pastors utilised technology to parcel out recorded sermons; in the face of the Fifth Generation Industrial Revolution (5GIR), it seems the COVID-19 pandemic lockdown protocols are fast-trekking the ELCZ-CD to go digital. However, Rugara (2013) has describes technology as a double-edged sword as it can be used to share information or misinform and disinformation to peddle fear and fake news.

The problem for this study was to explore and propose technology appropriate for the church and lessons learned from the pastors' sacrificial love and care during the COVID-19 pandemic lockdown restrictions. The study discusses technology as a vital modern means of spreading the Gospel and the church beyond the walls of the chapel. Furthermore, pastors had to use equipment that the general public lacked because to lockdown limitations, and the few who could acquire laptops, computers, or smartphones had to deal with poor network connectivity, outages, and expensive data bundles. The searching question was how could the ELCZ-CD go digital without violating Christian morality or favoring the underprivileged? Since its humble beginnings as a rural church in the districts of Mberengwa, Gwanda, and Beit-Bridge in 1903, the ELCZ has consistently spoken up for the underprivileged (Soderstrom, 1984).

There were huge challenges posed by the loss of traditional grieving and pastoring means for the ELCZ-CD pastorate. The COVID-19 lockdown restrictions disrupted the economy of the church as its business units closed during the lockdown period and its traditional ways of collecting the financial resources to finance the ministry were also affected; without Sunday

services, offerings dropped to zero. Despite adopting electronic Bank transactions with foreign partners, the ELCZ-CD has not adopted the same approach with its own local members. As an organization gets ready for transformation, inspired leadership typically emerges during times of crisis; the COVID-19 lockdown served as a learning curve for the ELCZ-CD.

1.4 Research Questions

1.4.1 Key research Questions

This research study is anchored on the key research question: How did the COVID-19 lockdown restrictions affect the pastoral care ministry of the ELCZ-CD during the protocols of the lockdown, and what problems and opportunities did it present?

1.4.2 Sub-research Questions

In order to answer the key research question, the following sub-questions were considered to guide this study:

- How did the COVID-19 lockdown restrictions affect the pastoral care ministry of the ELCZ-CD during the lockdown protocols, and what opportunities and challenges they presented?
- During the COVID-19 lockdown protocols, what did pastoral caregivers in the ELCZ-CD do to continue offering pastoral care?
- How did the COVID-19 lockdown protocols impact the ELCZ-CD and its members on a social, financial, and spiritual level?
- What may be inferred from the ELCZ-CD pastoral caregivers' experiences providing pastoral care during the COVID-19 lockdown?

1.5 Research objectives

- To find out how much the pastoral care ministry of the ELCZ-CD was impacted by the COVID-19 pandemic lockdown restrictions, as well as what opportunities and challenges they presented.

- To investigate how pastoral caregivers in the ELCZ-CD responded to the pastoral care needs of the congregants during the COVID-19 lockdown procedures.
- To investigate the pastoral care opportunities and problems that COVID-19 lockdown protocols offer to ELCZ-CD pastoral caregivers.
- To explore lessons that may be learned from the ELCZ-CD pastoral caregivers' experiences providing pastoral care during the COVID-19 lockdown that can be applied to assist the church in developing preparedness skills for inevitable future pandemics.

1.6 Motivation for Undertaking this Study

The purpose of undertaking this empirical research study was to investigate challenges and opportunities posed by the COVID-19 lockdown restrictions to the pastoral care ministry of the Evangelical Lutheran Church in Zimbabwe-Central Diocese (ELCZ-CD). The rationale was also to examine lessons learned that can be used to improve the church's preparedness abilities for pandemics that are inevitable in the future. This is essential because lockdown restrictions destroyed the church's tried-and-true coping mechanisms; the church is a contact entity that flourishes where there is physical communion. On contrary; the primary coping mechanisms of the church had turned into super-spreaders of the pandemic. Conversely, specialists in pastoral care such as Brister (1977), Hume (1981), Clebsch and Jaekel (1983), Clinebell (1984), Kinoti (2002), Patton (2005), Emmanuel Lartey (2003), and Moyo (2015) focused on the pastoral care of physical presence.

Furthermore, the COVID-19 epidemic has both impacted and infected the Church, raising questions about how to provide pastoral care while adhering to lockdown procedures. As an ordained minister, the researcher found himself in unfamiliar territory as he had to comply with the government's COVID-19 lockdown rules while still meeting the pastoral care needs of the congregation without violating any laws. Finally, technology has become a powerful force in all facets of human life; pastors utilised it to communicate and parcel out sermons. Nonetheless technology also presents its own set of problems, such as poor connectivity, blackouts, and pricey data bundles. The purpose of this study was to

investigate church-appropriate technology and the new competencies needed to provide pastoral care in the wake of the COVID-19 pandemic lockdown and beyond.

1.7 Aim of the Study

The main aim of this study was to explore challenges posed and opportunities offered by the COVID-19 lockdown restrictions to the pastoral care roles with a focus on the experiential lessons from ELCZ-CD pastoral caregivers during COVID-19 lockdown restrictions in order to build a pandemic lockdown competent church. Current key scholars on pastoral care such as Brister (1977); Hume (1981); Clebsch and Jaekel (1983); Clinebell (1984); Kinoti (2002); Patton (2005); Emmanuel Lartey, (2003) and Moyo (2015) emphasized on the pastoral care of physical presence; yet the COVID-19 safety protocols emphasize on self-isolation, social distancing, and quarantine as basic preventive measures. There was a literature gap on how the church should offer pastoral care to its expansive constituency without being physically present as usual.

This study explored the experiential lessons from pastoral caregivers who continued to offer pastoral care during the COVID-19 pandemic lockdown in order to bridge this double gap as it recommends the church to embrace online services. The study upholds the view that experience can become a commodity and an incredible source of value for it is not what happened that matters, but rather what we do about it. This study is a process of reflecting on the existential experiences of pastoral caregivers in the ELCZ-CD during lockdown restrictions in order to make our past more valuable and invest into the future.

1.8 Preliminary Literature Review

Four academic groups are highlighted in this section: those who address pastoral care in the context of pandemics and epidemics, the church and historical pandemics and epidemics, the impact of COVID-19 pandemic lockdown restrictions, and the ELCZ-CD and the COVID-19 pandemic.

1.8.1. The Church, Epidemics, and Pandemics

Dugassa (2020), (Madhibha, 2020), Bryn (2020), Kaufmann (2020) concur that infectious, contagious, and hazardous diseases have always existed throughout human history, and the

church has faced with pandemics and epidemics. However, they agreed that the COVID-19 pandemic was unprecedented and has caused significant disruptions, particularly for Christians who had to significantly change their regular habits due to the pandemic, like attending in-person events such as Sunday services (Madhibha, 2020). According to Bryn (2020), pandemics and epidemics have always posed a challenge to the pastoral care ministry of the church and were compelling forces that altered the politics of the society, its economy, and culture; thus pandemics and epidemics are game changers (Moyo 2022). Detailed discussions are contained in chapter two which focuses on the literature review.

1.8.2. The Church, Pastoral Care, and the COVID-19 Pandemic

Pastoral care is the total ministry of the church, according to Hume (1981), Clebsch and Jaekel (1983), Lartey (2003), Waruta and Kinoti (2005), and Moyo (2015). This ministry involves healing, maintaining, liberating, leading, and reconciling individuals. The church is both infected and impacted by the pandemic, and Madhibha (2020) presented a difficult situation in which the body of Christ is COVID-19 positive. The difficulty is in providing pastoral care within the framework of the COVID-19 lockdown procedures. How are pastors supposed to care for a church member who tests positive with the COVID-19 virus and is placed in isolation or quarantine?

Technology has grown to be a powerful force in all facets of human life and presents special chances to overcome knowledge deficits that impair individuals and communities, pastors used technology as a means of communication and to distribute sermons to their large following. However, given that the ELCZ-CD has a leaning towards the rural poor since its founding in 1903 (Soderstrom, 1984). Technology had its own challenges, and the few who could afford laptops and smartphones had to deal with issues including power outages, poor network and connectivity, and the rising expense of data bundles (Rugara, 2013). Furthermore, technology has two drawbacks: although it can transmit information quickly, it may also be abused to disseminate false information. Therefore, this study looked at technologies suitable for the church and recommends ways through which the ELCZ-CD could go digital without compromising the Christian ethics and or sidelining the poor.

1.8.3. The Impact of COVID-19 Lockdown Restrictions

According to Kagoro (2020), over 90% of all employed people in Zimbabwe work in the informal sector, which accounts for 60% of the country's GDP and whose sustainable operations suffer from the COVID-19 lockdown measures of isolation, quarantine, and stay at home. According to Chamunogwa and Chikanya (2021), more than 90% of the working people lost their sources of income and subsistence when the informal economy closed. Consequently, this had detrimental effects on the church's finances, particularly for the ELCZ-CD, which relied on donations from foreign partners and members' free will giving (Soderstrom, 1984). However, Rusty (2020) contended that the COVID-19 pandemic caused disruptions to the formal education, thereby increasing the risk of school dropout and regression, especially for the girl-child. There was apparently a spike in child marriages during the COVID-19 shutdown because the closure of schools removed the safe haven that schools provided for children, leaving them vulnerable to sexual exploitation and abuse (Chamunogwa and Chakanya 2021).

This study's primary goal was to investigate the existential experiences of the pastoral caregivers in the ELCZ-CD and provide the church with useful pastoral care guidelines for providing care in a different way when physical presence is not possible. The main thrust of this study was to explore the existential experiences of the pastoral caregivers in the ELCZ-CD and draw practical pastoral care lessons for the church to do pastoral care differently without being physically present.

1.8.4. The ELCZ-CD and COVID-19 Pandemic

Preaching, teaching and healing are the three key pillars of the pastoral care model that the ELCZ-CD employed in Zimbabwe (Bhebe, 1999). The chapel, the hospital, and the school represented the church's dedication to providing a holistic pastoral care to congregants and communities in areas of church operations. As a result, this became a model for most ELCZ mission stations in Mberengwa, Gwanda, and Beit-Bridge (Hove, 2013:58). These three establishments namely: the church, school, and hospital are the benchmark for this study in evaluating the efficacy or shortcomings of the pastoral care ministry of the Evangelical Lutheran Church in Zimbabwe—Central Diocese (ELCZ-CD). The traditional face-to-face

preaching was hindered by the COVID-19 pandemic since physical gatherings were prime locations for the virus's dissemination (Bryn, 2020). The COVID-19 pandemic lockdown was one of the most accepted measures to prevent the spread of the COVID-19 pandemic and mitigate its impact on public health. Although the COVID-19 lockdown procedures remained noble in curbing the spread of the pandemic, however, lockdown restrictions disrupted the economy of the church as it was unable to collect offerings and tithes as these were part of Sunday services and people have not been coming to church. Consequently, the ELCZ-CD accumulated arrears in utility bills, salaries, and statutory dues. The challenge was exacerbated by the closure of the schools from which the ELCZ-CD collects fifteen percent (15%) administration fee every term remained closed during the COVID-19 lockdown periods.

While the ELCZ-CD embraced modern ways of sending and receiving money such as Bank transfers with its overseas partners, it has not done the same for the local members as the conservative congregants still want to put their offerings in the offering basket and the pastor prays for that money and they will get the blessings (Mtata, 2020). As the ELCZ-CD incorporated modern ways of giving to the church such as Eco-Cash ¹¹, Bank transfer, and ZIPIT ¹², however, there is still a need to find ways of harnessing offerings and tithes in foreign currency. A detailed discussion on the challenges posed by the COVID-19 lockdown restrictions is given in the chapter on the presentation of research findings in chapter five.

1.9 Research Gap

There are huge gaps in the literature because the COVID-19 pandemic started less than five ago, no one has led people through a pandemic in the twenty-first century. The literature that is currently available ignores the issue of congregants' adaptation, immigration, and education regarding the difficulties presented by the COVID-19 pandemic lockdown

¹¹ Eco Cash is an innovative wireless mobile payment solution for Econet customers. It allows one to perform simple financial transaction like send money, buy pre-paid airtime or data bundles for oneself or other Econet subscribers, pay school fees, Council bills (water, rates) or withdraw money (cash-out).

¹² ZIPIT is an instant payment interchange technology platform that enables the instant inter-bank transfer of funds.

restrictions and related social distancing to pastoral care that based on the tried and tested ministry of physical presence.

There is a gap as the lived experiences of pastoral caregivers in the ELCZ-CD who were unable to physically fellowship or come together during the COVID-19 lockdown limitations are not covered in the literature that is currently available. Furthermore, the literature that is now available does not discuss using technology to supplement the traditional methods of sharing the Gospel in addition to physical Sunday service meetings. Nor does it discuss the ability to hold meetings virtually, the selfless love of pastors who continued to provide pastoral care despite COVID-19 lockdown restrictions, or lessons learned. It does not discuss the difficulties of losing conventional methods of pastoring and grieving in the context of lockdown constraints are not discussed in the literature that is currently available. Furthermore, the material that is now available does not address the church's potential pastoral care responsibilities in light of the COVID-19 pandemic lockdown, social distancing, quarantine, and self-isolation.

Even though the world has become more technologically advanced and pastors use technology to care for their sizable congregations, there is still a lack of understanding regarding technology that was suitable for the church and how the church should use technology without compromising its adherence to Christian ethics. In an effort to close the gap, this research examined the existential experiences and lessons that the pastoral caregivers in the ELCZ-CD learned during the COVID-19 induced lockdown.

1.10 Research Methodology

A research methodology is essentially a road map or compass that directs and guides the study process in order to arrive at the study conclusions (Oliver, 2010; Hofstee, 2013). In order to address the research concerns and accomplish the objectives, this study used a purposive technique to recruit forty (40) participants from the ELCZ-CD's three-pronged¹³ pastoral care entities namely: preaching (pastorate), educating (schools), and healing

¹³ To meet community needs involves socio-economic empowerment through education and health, the first Swedish missionaries to Zimbabwe approach as a comprehensive evangelistic instrument for soul winning: Preaching, education, and health were emphasized as vital evangelism tools in the strategy. The ELCZ-CD reaches out to people through preaching using hospitals and schools, as shall be revealed in chapter two.

(hospitals). Due to COVID-19 shutdown constraints and the precautions that followed, semi-structured interviews were conducted over the phone, through text messaging, and through WhatsApp groups. Comprehensive talks on the sample and sampling strategies, ethical issues, methods for gathering and analyzing data, and sample methodology are provided in Chapter four.

1.11 Study Setting

The research study was carried out at the Zimbabwean Protestant Diocesan church known as the Evangelical Lutheran Church in Zimbabwe-Central Diocese (ELZC-CD) which was founded on the theological principles of the renowned German reformer Martin Luther (1483-1546). The Diocesan Constitution, which established three dioceses namely: the Central Diocese (ELCZ-CD), the Eastern Diocese (ELCZ-ED), and the Western Diocese (ELCZ-WD) was approved by the ELCZ Church Assembly in 2005, marking the formation of the ELCZ-CD. The Central Diocese is situated in Zimbabwe's Midlands Province, which excludes Gokwe and Kwekwe. The map below shows the diocesan demarcations in the Evangelical Lutheran church in Zimbabwe (ELCZ) since the adoption of the Diocesan constitution at the end of 2005 Church Assembly.

Figure 1.1. The map of Zimbabwe showing the demarcation of the three ELCZ Dioceses



Source: 1997 Magellan Geographic: www.maps.com

The Central Diocese is composed of two deaneries namely: Eastern and Western Deaneries, which are comprised of fifteen (15) and eighteen (18) parishes respectively, and have a combined membership of approximately 101 500 (Bishop's annual report, 2023). The Bishop's report also disclosed that the ELCZ-CD is home to three (3) hospitals, four (4) high schools, and 1 primary boarding school.

The Central Diocese is mostly rural, with most of its members being small-scale farmers who only work the land, which explains why the Diocese struggles financially. According to historical accounts, the ELCZ experienced financial difficulties ever since its establishment in 1903. It remained a historical fact that the first indigenous pastor had to wait six years for his ordination because local parishes were unable to meet the policy requirement of paying salaries for African pastors (Soderstrom, Bergman and Bergman, 2003:29). On the other hand, the ELCZ's 87% support subsidy from the Church of Sweden Mission was a source of worry when it was admitted into the Lutheran World Federation in 1963 (Shiri, 1985: 71). In addition, in 1963, the late Bishop Strandvik wrote to Diehl, the then Director of Missions in Sweden, on the salary challenges facing pastors:

All solutions seem detrimental for the church." (1) No wage rises because the church cannot afford to pay more, which causes pastors to be unhappy and to grumble and worry. (2) Part-time employment, which deprives grieving churchgoers of the pastoral care they require. (3) If there are fewer pastors or no ordinations, the church will stagnate or decline. (4) Hiring pastors with less education and paying them less as a result leaves the clergy with little ability to carry out their responsibilities at a time when educational standards are rapidly rising. African pastors believe that asking Sweden for assistance in paying larger salary is the sane course of action (Strandvik, 1964, cited in Soderstrom, 1984: 170-171).

This presents the depth of the ELCZ's financial challenges since its founding in Zimbabwe. The risk associated with the apparently profitable answer is that it transforms the ELCZ into a

consumer church that feeds dependency. In addition, it destroyed the local church's self-worth in terms of being able to support itself, its dignity, and its willingness to take responsibility. It prevented the local church from experiencing true independence, stunts growth and maturation, and paralyzes initiatives for local self-reliance (Wakene, 2010:10).

1.12 Structures of the study

This research study is composed of eight chapters: Chapter One is an introduction which provides the background to the research problem, the research problem statement, the study's goals, the methodology and research design, the sampling strategy, the data analysis, and the research study's constraints are all included in the first chapter. Chapter Two focuses on relevant literature related to the study's topic. The main objective was to investigate, evaluate, and review prior researches conducted on the field under study to address the knowledge gaps thereby supporting the need for this study. Chapter three dwells on the study's theoretical foundations underpinning this research study. In essence, theoretical frameworks in this study serve as the researcher's prism through which to see the research project.

The research methodology and methods are presented in chapter four, with particular focus on the study population, sample and sampling techniques, research design, data collection strategies, and ethical considerations. Research findings are presented in Chapter Five. The analysis and interpretation of study findings are contained in Chapter Six. Opportunities, difficulties, and lessons learned from the lockdown restrictions are examined in Chapter Seven. In the end, Chapter Eight offers a synopsis of the research study, draws implications from the data, and ends by offering some suggestions for additional researches.

1.13 Limitations of the Study

The anticipated difficulties in the study are outside of one's control are known as the study limits. The COVID-19 lockdown restrictions have drastically altered the traditional ways that churches operate and fundamentally unsettled the routine ways that pastoral care is provided. This study was carried out under stringent COVID-19 lockdown protocols that forbade in-person focus groups and in-depth interviews. The researcher used telephone interviews as a solution to this problem; research indicates that the advantages of these types

of interviews are comparable to those of traditional in-person interviews (Matsungu and Chopera, 2020). The existential experiences of pastoral caregivers within the Zimbabwean Lutheran Church as well as those of Lutheran pastors in the area and neighboring nations like Botswana and Mozambique to the east are not examined in this research study.

1.14 Conclusion

Chapter one introduced this study by highlighting the background, motivation, the problem statement, and the theoretical framework underpinning. It also provided the methodology, and data collection methods utilised. This first chapter established that the COVID-19 pandemic lockdown restrictions had far-reaching effects on the traditional ways of doing pastoral care and disrupted the traditional physical gatherings and public worship; it increased stress and anxiety among many. The chapter also established that the COVID-19 pandemic lockdown restrictions have fundamentally changed the traditional ways of doing pastoral care and may have effects on the ecclesia beyond the pandemic itself. It killed the churches tried and tested coping mechanisms for Christians always gathered together to break bread; drink from the same cup and together cared for the sick and the needy. It has also emerged that the current literature on pastoral care does not engage with the lived reality of a church in the context of the COVID-19 pandemic that necessitated this investigation. This study upholds the view that the existential experiences of pastoral caregivers in the ELCZ-CD are a valuable source of information that might be leveraged to develop practical tools for future readiness and emergency preparedness. A summary of the literature is covered in the following chapter devoted to a literature review.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

In essence, a literature review refers to any collection of materials on the topic under investigations; it may also be defined as a summary of explorations of the research already performed in the research area and seeks to find out issues already known about one's topic of interest (Leedy and Ormrod, 2001). In the previous chapter, the researcher provided a bird's eye overview of this study by providing: a background to the research study, the research problem, motivations for undertaking this research study, the study aims and objectives, the study significance, the key, and sub-question, and highlighted the theoretical framework underpinning this study. It also highlighted the methodology and methods utilized and study limitations; this chapter shifts attention to the literature review. The main thrust of this literature review was to locate the study within the existing literature focusing on the following key themes:

Theme 1. *The church and human life*. From its inception, the church long believed that among other responsibilities, its duty was to minister to the sick and the vulnerable members of society, and the pastoral care ministry of the church is done by pastors representing Christ (Clebsch and Jaekle, 1975; see also Lartey 2003).

Theme 2. *The Church, epidemics, and pandemics: an overview*: epidemics and pandemics have always been part of human history and since its inception, the church as a body of Christ has dealt with times of plagues, epidemics, and pandemics; however, the COVID-19 pandemic is unprecedented. This study upholds the view that revisiting past experiences enhances our understanding of the current COVID-19 pandemic; it is time to pull together the existential experiences of pastoral caregivers in the ELCZ-CD to draw lessons for future emergencies. What lessons can ELCZ-CD pastoral caregivers learn from the past deadly epidemics and pandemics as they try to offer pastoral care during the COVID-19 lockdown restrictions?

Theme 3. *The church's responses to epidemics and pandemics*: The arrival of the COVID-19 pandemic was a huge challenge as it came at a time when the world is increasingly becoming increasingly impersonal and uncaring (Madhibha, 2020) and this study explores how the church has throughout history has been responding to epidemics and pandemics.

Theme 4. *The arrival of COVID-19 pandemic in Zimbabwe*. This theme provides fresh perspectives on pandemics and epidemics, with an emphasis on malaria and the HIV/AIDS pandemic.

Theme 5. *Denial, stigma, and discrimination*: This section explores denial, stigma, and discrimination as the first response to the outbreak of the HIV and AIDS pandemic and ways in which the shift from denial, stigma, and discrimination positively impacted the church's pastoral care responses to the pandemic.

Theme 6. Pastoral care and ELCZ-CD pastoral caregivers. This theme explores the ELCZ-CD's pastoral care responses to epidemics and pandemics taking the COVID-19 lockdown as a learning curve from which valuable lessons can be drawn.

Theme 7. *The COVID-19 pandemic*. COVID-19 is a new strain of dangerous, infectious, and contagious disease caused by a newly discovered coronavirus linked to a large family of coronaviruses (WHO, 2020). The COVID-19 pandemic has fundamentally changed the way of being a church, especially with regard to physical gatherings as these had become the major sources of spreading of the diseases (Dugassa, 2020). According to Kagoro, in this time of fear and uncertainty, the church must be a social enabler, this study reflects on the existential experiences of pastoral caregivers in the ELCZ-CD in order to draw lessons for future emergencies.

Theme 8. Zimbabwe's responses to the COVID-19 pandemic. The catastrophic outbreak and the rapid spread of COVID-19 triggered unprecedented challenges resulting in national restrictive lockdowns and closure of physical gatherings which disrupted the routine ways of doing pastoral care ministry of the church. This theme explores the impact of COVID-19-induced lockdown protocols.

Theme 9. The disruptive impact of COVID-19 lockdown protocols. The theme focuses on the effects of the lockdowns on the livelihoods and well-being of the people in the ELCZ-CD.

Theme 10. The gap in the literature: this section explores and exposes the gap in the current literature about the topic under study and how this study intends to bridge the existing gap in the literature or contribute to the body of knowledge.

2.2 The Church and Human Life

2.2.1 Pastoral Theology

Pastoral theology is the study of the care of the soul. Applied theology addresses the how and why of Christian care. By analyzing the issues and challenges people confront, pastoral theology shapes the relationship between a pastor and the people entrusted to their care. It is a theological reflection on the task of "pastoring" or "shepherding" the flock and is known as pastoral theology. Known also as the ministry of care of souls, it is the act of Christian representatives offering aid to distressed people whose issues surface in order to heal, support, guide, and reunite them (Moyo, 2015). McClure (2008) defines pastoral theology as the art of paying attention. According to the Oxford English Dictionary "to attend" is defined as "to be present, to minister, to wait, to listen, and to be open", to pay attention is to focus one's thoughts and offer anything careful, serious attention¹⁴.

Since time immemorial, pastoral ministry has been physically present in church buildings, homes and public places, providing face-to-face care and reassurance of God's love, support and accompaniment. The catastrophic COVID-19 outbreak and rapid spread from China triggered unprecedented challenges, dramatically led to restrictive national lockdowns, closure of physical meetings, fundamentally unsettled routine ways of doing ministry and demanded total digitalisation of the gospel, which eventually rendered the ministry of physical presence absent. While it appeared that internet ministry was successful in other nations, Zimbabwe's experience has been somewhat different due to a variety of contextual, cultural, and economical issues in addition to physical and human incapacitation (Tagwirei, 2022).

¹⁴Oxford Dictionary of English, 2nd ed., Catherine Soanes/Argus Stevenson, New York (Oxford University Press), 2005, 101; Oxford Dictionary and Thesaurus, Oxford Dictionary and Thesaurus. Of Current English, New York (Oxford University Press), 2007, 56. Maurice White, ed.

According to Schnase (2007:39), the church saw great impact because it was accustomed to regular meetings where believers shared their fervent devotion in a "very formal, with robes, acolytes, stained glass, organ music, orchestral accompaniment, and hardwood pews with hymnals on the rack in front" setting. In addition to missing out on the time for physical meetings and such lovely services, members were unable to receive Holy Communion, which they had been receiving every month. This is because the places of worship have closed and the pastor was not present.

2.2.2 Theological Reflections on Pandemics and the Pastoral Role of the Church

What is the church's mission of pastoral care? Three schools of thought emerged in response to this question: first, Oates (1974) and Pavari (2020) agree that the term "mission" refers to one's highest purpose and the pastoral care Scripture requires believers to help the poor, sick, oppressed, orphans, refugees, and anyone else who is in danger. The ministry of the church is pastoral in nature; suggesting that its concerns are related to the office of a pastor and are expressed within the framework of the church and community where the pastor serves (Pavari, 2020). This is accurate since everyone bears the inherent dignity and moral obligation derived from being made in the likeness of God.

Secondly, scholars such as Brister (1977), Hume (1981), Clebsch and Jaekel (1983), Lartey (2003), Waruta and Kinoti (2005) and Moyo (2015) characterize pastoral care as a comprehensive church ministry that encompasses the functions of healing, supporting, directing and reconciling individuals. Clebsch and Jaekel (1964) defined healing as helping people reach a state of wholeness in addition to providing care for the ill or impoverished; sustaining refers to providing support to someone who has suffered trauma or loss; and reconciliation is the process of assisting people in mending their relationships with God and one another. Pastoral care is done to support people's development and well-being as well as that of society as a whole (Moyo, 2015).

The Old Testament portrays God as a shepherd who comforts, makes rough terrain straight, gathers lambs, feeds the flock, carries them in His bosom, and gently leads those who are with the young (Isaiah 40:1-11). These images are connected to the pastoral care ministry of the church, and the idea of a pastor permeates the entire Bible. God so reproaches the

Israelite shepherds in Ezekiel 34:2–10 and Jeremiah 23:1-4 for their lack of concern and poor leadership of the people. Jesus gives Peter instructions to look after the sheep in the New Testament (John 21: 16–17). In John 10:11 and 14, Jesus compares Himself to a good shepherd who knows each sheep by name, and what God does for Israel serves as an example for pastors (Brister, 1977).

Togarasei (2006) and Hove (2022) discussed the church and the pastoral care of presence¹⁵. Hove argues that pastoral of presence was used in counseling and it offered consolation to the bereaved and grieving (Hove, 2022). He goes on to say that the pastoral care of presence entails the pastor's personal presence, companionship, and provision of hospitality and unwavering love. This study acknowledges that there are numerous church denominations in Zimbabwe, which suggesting a variety of pastors. As a result, Togarasei (2006) contends that there are multiple Christianities in Zimbabwe despite reading from the same Bible. After running down the three schools of thought, the researcher realized that this study ought to be grounded on the Christian obligation of providing care for the ill, impoverished, homeless, and those incapable of taking care of themselves.

2.2.3 The Church, Epidemics, and Pandemics: An Overview

Since the beginning of human history, there have undoubtedly been other pandemics; the COVID-19 is not the first, nor will it be the last. Here is a quick summary of some major epidemics that have occurred throughout history:

- The Athens Plague which began in 430 BC, died down, and then resurfaced in 427 and wiped off around one-third of the city's inhabitants (Longrigg 1980:210).
- The Antonine Plague began in AD 165 and continued until AD 180. Another name for it is the Plague of Galen, after the doctor who first described it. It is believed that between 5 and 10 million people died as a result of this pandemic (Littman & Littman 1973:243).

¹⁵ Pastoral presence serves as a vital conduit for God's presence in human experiences because humans sense God's presence when they are among others. The consolation and assurance of divine accompaniment in the midst of one's troubles come from pastoral presence. As one moves forward in faith, this brings confidence to face challenging circumstances and ignites hope in the midst of despair (Hove, 2022).

- The Cyprian Plague which began in AD 250 and continued until AD 262. The Justinian Plague began in AD 541 and persisted in waves until roughly AD 549.
- Leprosy which started in the 11th century and many people thought it was God's way of punishing people for their transgressions. Lepers were quarantined as these were considered carriers of a fatal disease. Fiji Measles: The disease first appeared in Fiji in 1875 and the 1889 Russian Flu persisted through 1894 which is thought to have killed between one-fifth and one-fourth of the island's population (Shanks 2016:71).
- Smallpox. The smallpox pandemic stretched over hundreds of years. Experts estimate that it killed as many as 300 million people in the 20th century alone. Thanks to widespread vaccine use, it was declared eradicated in 1980 (Mkhize, 2022).

Other notable epidemics and pandemics in human history include: Black Death also known as the Bubonic plague, which struck in 1348-1349; the Spanish influenza, which struck in 1918-1919; and the Ebola virus disease (EVD) which decimated communities and societies in West Africa; Malaria is still a significant public health challenge in Zimbabwe, where over half of the population is susceptible to the disease and the HIV and AIDS in the 1980s to the present day; and the ongoing COVID-19 pandemic (Dugassa, 2020).

2.2.2.1 The Bubonic Plague/Black Death (1347-1350)

Despite its less than universal in its geographical compass the brutal Bubonic plague remains a historical event with a global importance pandemic (Benedict, 2004). Kaufmann (2020) argued that during the Bubonic Plague, the church urged people to keep their physical distance from one another and held funerals in tiny procession and pastoral caregivers visited the ill and provided consolation to the bereaved. During the Bubonic plague, certainties of daily life were lost; the extent of the devastating effects on human life, economy, and culture is incalculable (Kaufmann, 2020). In August 1527, when Black Death re-emerged in Martin Luther's town of Wittenberg and neighboring cities claiming many lives and forcing people to flee, Luther concerned with the safety of the weak, the sick, and

the old remained attending to them. When asked why he did not flee the deadly plague, he argued that:

Those engaged in spiritual ministry such as preachers and pastors likewise remain steadfast before the peril of death. We have a plan command from Christ “A good shepherd lays down his life for the sheep, but hireling sees a wolf coming and flees (John 10: 11). For when people are dying, they just need a spiritual ministry that strengthens and comforts their conscience. The Word and Sacrament and overcomes death” (Luther’s Works, Volume 43: 121).

On the other hand, Archimandrite Themistocles of the Sierra Leonean Orthodox Church detailed the following circumstances in his report regarding the epicenter of the 2015 Ebola outbreak:

People from abroad constantly ask me: 'Father, why don't you leave and save yourself from a potential infection and even death?' The answer is very simple. For the present time, God has placed me here in West Africa. As the shepherd of the flock in Sierra Leone, it is my duty to stay with them, to care for them, to instruct them, to console them, to guide them, and to protect them from an evil that kills without pity. Furthermore, our Lord Jesus Christ instructs the Christian shepherd not to abandon the sheep when danger comes. It is only the hireling who abandons the sheep in moments of crisis (John 10:12-13). We are relying on Christ’s protection (Witvliet, et al, 2020: online).

The same sentiments were echoed by Martin Luther who argued that pastors should not abandon their flock since they carry a higher obligation; a pastor is not merely a hired teacher, but a committed shepherd, a good shepherd lays down his life for the sheep, but the hireling sees the wolf coming and flees (Martin Luther’s Works Volume 43).

2.2.2.2 The Spanish Influenza

The influenza virus caused infectious sickness generally known as the flu, has an etymology meaning astrological influence in Italian, which refers to a disease that typically manifests itself annually (Dugassa, 2020: 74). While the COVID-19 pandemic was more severe among

the elderly and those with various underlying medical conditions, the Spanish Influenza affected all age categories, but it was most severe among young adults (Kaufmann, 2020). According to Wittvliet et al. (2020), the church's mission was to restore human health and normalcy by providing psycho-social support and pastoral counseling. The core of pastoral care was to empower and shepherd in order to promote the growth and well-being of both people and society as a whole (Moyo, 2015). The pastoral caregivers for ELCZ-CD were called upon to offer these to their congregants in particular and to society in general in the context of the COVID-19 lockdown protocols.

2.2.2.3 The EBOLA

The deadly Ebola virus disease (EVD) can infect both human and nonhuman primates, such as monkeys, gorillas, and chimpanzees, according to the Centers for Disease Control (CDC, 2018). Since the virus's discovery in 1976 in the Democratic Republic of the Congo along the Ebola River, outbreaks have occasionally occurred throughout Africa, especially in West Africa (Dugassa, 2020). Pastoral caregivers prayed for the ill, offered pastoral counseling, and gave sacraments in addition to providing medical care (Dugassa, 2020). The following circumstances were noted by Archimandrite Themistocles of the Orthodox Church of Sierra Leone in his report regarding the epicenter of the 2015 Ebola outbreak:

People constantly ask me: 'Father, why don't you leave and save yourself from a potential infection and even death?' The answer is very simple. For the present time, God has placed me here in West Africa. As the shepherd of the flock in Sierra Leone, it is my duty to stay with them, to care for them, to instruct them, to console them, to guide them, and to protect them from an evil that kills without pity. Furthermore, our Lord Jesus Christ instructs the Christian shepherd not to abandon the sheep when danger comes. It is only the hireling who abandons the sheep in moments of crisis (Witvliet, et al, 2020: online).

It is clear that without regard for danger, Christians took care of the sick, responding to all of their needs and serving them in the name of Christ. They showed unwavering love and loyalty, and did not spare themselves. The same sentiments have been echoed by Martin Luther who argued that pastors should not abandon their flock since they carry a higher

obligation; a pastor is not merely a hired teacher, but a committed shepherd, a good shepherd lays down his life for the sheep, but the hireling sees the wolf coming and flees (Martin Luther's Works Volume 43).

2.2.2.4 HIV AND AIDS

Zimbabwe has been severely impacted by several worldwide pandemics, including the Acquired Immunodeficiency Syndrome (AIDS) and the Human Immunodeficiency Virus (HIV). The consensus among academics is that human bodily fluids specifically, the bodily fluids of an infected individual are the means by which the HIV virus is spread (Hove, 2013). Dugassa (2020) identified the three most common ways that HIV spreads which are: sharing needles, unprotected sex, and blood transfusions. According to a 1989 HIV and AIDS monitoring report from the Ministry of Health and Child Welfare, there were 1632 instances of full-blown AIDS between 1987 and 1989, but by March of that same year, the cumulative number had increased to 30 427 (Mbona, 2011). In order to eradicate AIDS by 2030, the current goal for HIV testing is 95-95-95, which must be met by 2025 (UN, 2021). UNAIDS released the 95-95-95 strategy in December 2020, which states that by 2025, 95% of all individuals living with HIV will be aware of their status, 95% of those diagnosed with the virus will be receiving continuous antiretroviral therapy, and 95% of those on therapy will have viral suppression. This is a commonly known as the patient-centric strategy ensuring adherence to HIV treatment for people living with HIV.

2.2.2.5 Malaria

According to a 2019 study from the Ministry of Health and Child Care (MoHCC), malaria is still a serious public health concern in Zimbabwe, where more than half of the population is at risk of getting the illness. The goal of the Zimbabwe malaria control strategy plan was to lower the death rate to almost nil while also reducing the transmission from twenty-two (22) cases per thousand (1000) populations in 2012 to ten (10) cases per thousand (1000) populations in 2017 (MoHCC, 2019). The history of the ELCZ-CD Malaria Project reveals that the Lutheran Communion in Southern Africa (LUCSA), which has collaborated with the ELCZ-CD on the HIV and AIDS project since 2002, determined that malaria had a detrimental effect on the advancements made by the HIV and AIDS. LUCSA is a voluntary non-profit

making organization that focuses on diaconal programs and projects that seek to alleviate human suffering, to promote justice within the member churches in Southern Africa (Myambo, et. al, 2016).

As a result of this evaluation exercise, an ELCZ-CD malaria project was launched in 2010 with the aim of alleviating the impact of malaria on a community that was already burdened with HIV and AIDS and reducing morbidity and mortality due to malaria, especially among the pregnant women and children under the age of five (5) year olds and the vulnerable population groups (ELCZ Malaria Project, 2009: online). The ELCZ-CD has always been the pillar for people in their community and the Malaria Project in partnership with the Ministry of Health and Child Care also putting emphasis on behavior change since some people turned mosquito nets into fishing-nets.

2.3 How did the church respond to catastrophic pandemics and epidemics?

How did the early church react to the devastating plagues and pandemics in the past? What pastoral care lessons can we draw in face of the COVID-19 pandemic? The following were responses by the church to the catastrophic pandemic and epidemics came to the fore:

2.3.1 Denial

The church's reaction was denial because the disease was linked to immoral sexual behavior (Mbona, 2011, Hove, 2013). Chitando (2008), opined that there was a cultural belief that associated HIV and AIDS with supernatural ancestral punishment, leading to stigma and prejudice against those who were infected. At first, HIV and AIDS were considered a punishment from God for immorality and had no bearing on the pious. On the other hand, the HIV pandemic was associated with witchcraft, and Christians maintained the belief that *runyoka*¹⁶ was the cause of HIV and AIDS was ingrained with the Christian denial (Mbona, 2002: 4). Witchcraft was linked to the HIV pandemic, and Christians also upheld the view

¹⁶ Runyoka is a sexually transmitted infection that infects a man if he has sex with another person's wife. In Shona traditional culture, sex is strictly protected. Both premarital sex and extramarital sexual relations are prohibited through the use of taboos or charms (Mbona, 2011). It is possible to treat runyoka with the help of a traditional healer, but HIV/AIDS cannot.

that witchcraft was responsible for the AIDS and HIV pandemics. *Tsikamutanda*¹⁷ made a sensation in Zimbabwe after he professed that he was able to treat illnesses brought on by witchcraft, including HIV. Christians flocked to seek the great man's healing abilities (Mbona, 2011: 7). But Mbona bemoaned the fact that the *Tsikamutanda's* actions wreaked havoc, with many Death Certificates mentioning AIDS, rather than bringing pleasure, healing, and peace to society. Therefore, the government of Zimbabwe was uneasy about HIV and AIDS since the pandemic endangered the tourism sector at a time when the newly independent nation was trying to promote itself (Mbona, 2011).

On the effects of HIV and AIDS denial, Chitando (2008) bemoans the fact that some HIV positive mothers were compelled to nurse their children in order to hide their status, which contributed to the spread of the pandemic. However, Mbona (2011) has argued that the denial of HIV and AIDS was caused by ignorance and complacency, and that the widespread belief that the pandemic only affects non-Christians posed the first barrier to care, treatment, and practical aid for those who were infected and impacted by the epidemic. According to Hove (2013; 61-62): "HIV statistics from hospitals became an eye opener to the scale of the pandemic and pastors in ELCZ-CD experienced an increased daily loss of membership through deaths, the rise in fatalities gave rise to a novel phenomenon known as child-headed (Hove, 2013).

Concerning stigma and discrimination, Chitando (2008) argues that the manner in which HIV and AIDS were spoken in the majority of churches suggested that those who got the disease were sinful. This helped to promote stigma and discrimination. The risk was that the stigma caused many people to conceal their illnesses in order to avoid prejudice, or it stopped them from getting medical attention or from adopting healthy habits (Mbona, 2011). HIV stigma and discrimination had negative impacts on the mental and emotional health of those who were living with the virus because they frequently absorbed the stigma and started to form a poor self-image (Hove, 2013). Furthermore, according to Hove, feelings of pessimism, dread of exposure, guilt, and loneliness were usually brought on by internalized stigma. Many people were unable to get HIV testing and treatment because of these

¹⁷ Renowned traditional healer and magician *Tsikamutanda* asserted that he could destroy evil forces and witchcraft that were responsible for illnesses, including HIV (Mbona, 2011).

feelings. According to Foromati et, al., (2013), there was an increase of an unjustified culture of concealment as a result of the stigma surrounding HIV and AIDS, which has a negative effect on patients' attendance at medical facilities for regular examinations and treatment. Here are some instances of HIV stigma and discrimination:

- Believing that a certain group of people can get HIV.
- Making moral judgments about people who take steps to prevent transmission
- Feeling that people deserve to get HIV because of their own choices.

2.3.2 Change from denial into action

Regarding HIV and AIDS, Mbona argued: *Takazoon kuti kwete iyi hosha haisi runyoka nokuti yaibva yauraya zvese murume, mukadzi nemwana. Asi runyoka rwaingobata munhurume akapomba chete* (we realised later that AIDS was not synonymous with runyoka because the new disease claimed the life of the male, the woman, and the newly born infant, yet *runyoka* only affected the adulterous man only, not the woman and the newly born infant (Mbona, 2011:3). The Zimbabwe National AIDS Council (2010) opined that the change caused a significant decline in the prevalence of HIV-positive people, from 32.1% in 2000 to 14.3% in 2009. The National Gender Policy of 2004, the Sexual Offences Act of 2001, the Children's Act of 2002, and criminalizing the deliberate transmission of HIV are a few of the tactics the Government employed and still using to lower the prevalence. According to Hove (2013) these legal instruments were necessary for the country to reduce the spread of the HIV and AIDS pandemic (Hove, 2013: 8).

In 1999, the government implemented a 3% AIDS levy deduction for all workers, began supporting HIV and AIDS-related activities, and began rolling out anti-retroviral medications (ARVs). As a result, the availability of ARVs increased gradually, rising from 55% in 2009 to 79.7% in 2011 (UNAIDS, 2012: 2). Churches started to establish some HIV and AIDS-related Non-Governmental Organizations (NGOs) in response to the Government's commitment to combating the pandemic. The majority of the newly formed NGOs took HIV and AIDS campaigns to workplaces, schools and remote rural areas. However, the ELCZ-CD founded

Betseranai ¹⁸ Home Based Care in order to “...complement the national response to HIV/AIDS pandemic by contributing to the national goal of zero new infections, zero HIV related deaths, and zero stigmas and discrimination through holistic care” (Hove (2013: 62). According to Madhibha (2020), the church's pastoral care mandate has always been to give generously and provide aid and support to the underprivileged and homeless.

In 1999 when the Government executed a 3% AIDS levy deductions for all workers, began supporting HIV and AIDS-related activities, and began rolling out anti-retroviral medications (ARVs), the amount of ARVs supplied increased gradually from 55% in 2009 to 79.7% in 2011 (UNAIDS (2012: 2). According to Hove (2013) churches were inspired to launch several HIV and AIDS-related Non-Governmental Organizations (NGOs) in response to the government's commitment to combating the pandemic. These NGOs brought HIV and AIDS campaigns to workplaces, schools, and isolated rural communities. HIV and AIDS programs began to take part in World AIDS Day and other events since they were recognized as essential components of church ministry. The ELCZ-CD Youth Department also started working on projects like Behavioral Change (ELCZ-Youth Department, 2004).

The Minister of Health and Child Care, revealed that Zimbabwe lowered the HIV incidence rate from 0.48% in 2016 to 0.27% in 2020 and the prevalence decreased from 13.9% to 11.8 during the same year (2021). Additionally, the Minister disclosed that, compared to 88% in 2015, 91% of the 1.3 million individuals living with HIV were now on antiretroviral therapy. In 2005, the ELCZ-CD took action and created the ELCZ HIV/AIDS Policy Document (ELCZHAPD) in an effort to "complement the national response" (ELCZHAPD, 2011:4). The ELCZ-CD leadership started to talk openly about the pandemic challenging Christians not to stigmatize and discriminate against persons living with HIV in the Church and society, but to be exemplary in loving and caring for the infected and the affected (Hove, 2013: 62). The HIV and AIDS programs were embraced as an integral part of the church ministry; hence

¹⁸ Operating out of Musume Mission, Betseranai is an ELCZ HIV and AIDS home-based care center. In response to the HIV and AIDS pandemic, the ELCZ founded Betseranai Home Based Care in 2000 at Musume Mission, Mberengwa district, in the Midlands Province of Zimbabwe. Raising community awareness of the HIV/AIDS pandemic was its main goal. It also aimed to empower those living with HIV/AIDS through efforts for self-reliance. Shurugwi, Zvishavane, Mberengwa, and Mwenezi are the districts in Zimbabwe that Betseranai Home Based Care provided services (ELCZ, 2007: online).

started participating in events such as World AIDS Day and ELCZ-CD Youth Department embraced programs like Behavioral Change (ELCZ-Youth Department, 2004).

2.3.3 Humanitarian responses

In the third century, a pandemic devastated the Roman world, and Dionysius, the Bishop of Alexandria, wrote:

Most of our brothers showed unbounded love and loyalty, never spare themselves and thinking only of one another. Heedless of danger, they took charge of the sick, attending to their every need and ministering to them in Christ, and with them departed this life serenely happy; for they were infected by others with the disease, drawing upon themselves the sickness of their neighbours, and cheerfully accepting their pains. Many, in caring and nursing others, transferred their death to themselves and died in their stead... The best of our brothers lost their lives in this manner, a number of presbyters, deacons, and laymen winning high commendation so that in death in this form, the result of great piety and strong faith, seems in every way the equal to martyrdom (Stark 2011:117).

It was explicitly taught by Bishop Dionysius that Christian men and women risked their lives when they provided medical care, console the bereaved families, and bury the dead with honor. But in the process, Christian men and women gained the respect of people who may have otherwise seen them negatively as heretics or followers of a cult. As a result of seeing how Christians conducted themselves during pandemics, resulted in an increasing number of individuals who were converted to Christianity, and the church grew (Stark 1996:74).

When the Black Death reappeared in August 1527 and caused a considerable number of deaths in Wittenberg, the majority of the people escaped for safety in other cities. However, Martin Luther concerned about the welfare of the sick, the elderly, and the weak, he did not flee the city and he was criticized by many for risking his life. Justifying his care for the welfare of the elderly, sick, and the weak, Martin Luther wrote:

Pastors and preachers carry out mystical service; likewise endure in the face of death. "A good shepherd gives his life for the sheep, but a hireling sees a wolf approaching and runs," said Christ in a clear and concise teaching (John 10: 11). When someone is near death, all they need is care that comfort and elevate them. The Word and Sacrament conquer death. Equally, Civic officials and secular authorities must stay to ensure that law and order are preserved in the prevention of fires, murders, riots and every imaginable disaster (Luther's Works, Volume 43: 121).

Further, Martin Luther delineated the appropriate Christian reaction to an epidemic spread in a pamphlet titled "*Whether One May Flee from A Deadly Plague*" saying:

I shall ask God to mercifully to protect us. Then I shall fumigate, help purify the air, administer medicine and take it. I shall avoid places and persons where my presence is not needed in order not to become contaminated and thus per chance inflict and pollute others, and so cause their death as a result of my negligence. If God should wish to take me, He will surely find me, and I have done what he has expected of me and so I am not responsible for either my own death or the death of others. If my neighbour needs me, however, I shall not avoid a place or person but will go freely, as stated above. No one should dare leave his neighbour unless there are others who will take care of the sick in their stead and nurse them. In such cases we must respect the word of Christ, 'I was sick and you did not visit me ...' [Mt 25:41–46] (Luther 1989).

In the recent past, similar sentiments were echoed by Archimandrite Themistocles of the Orthodox Church of Sierra Leone at the epicenter of the 2015 Ebola outbreak:

People constantly ask me: 'Father, why don't you leave and save yourself from a potential infection and even death?' The answer is very simple. For the present time, God has placed me here in West Africa. As the shepherd of the flock in Sierra Leone, it is my duty to stay with them, to care for them, to instruct them, to console them, to guide them, and to protect them from an

evil that kills without pity. Furthermore, our Lord Jesus Christ instructs the Christian shepherd not to abandon the sheep when danger comes. It is only the hireling who abandons the sheep in moments of crisis (John 10:12-13). We are relying on Christ's protection (Witvliet, et al, 2020: online).

What is the meaning of all these for pastoral caregivers in the ELCZ-CD? As networks of compassion, understanding, healing, emotional support, and solidarity, pastoral caregivers were crucial during these hard times. According to Moyo (2015), a pastor is a person who has been called by God and appointed by the church to minister the word and sacraments. The act of ordination of pastors signifies the recognition of their calling and the church's investment of trust in them (Nurnberger, 2005:166). This implies that the role of a pastor is one of trust, requiring constant care and nurturing of the flock rather than a title. As a result, the role of the pastor is to tend to God's people like a shepherd. *"Simon son of John, do you love me more than these?"* Jesus asked Peter... John 21:15 says, *"Feed my lambs."* This seems to suggest that the sole task of a shepherd is to pasture/tends and care for the flock. Most of the shepherd's work involved a routine of leading the flock to pastures and clean water and returning them to the safety of the fold.

It is important to note that ordination depends on the denomination's tradition, most of the contemporary churches and ministries do not ordain pastors but acknowledge their gifts and appoint them for pastoral ministry (Moyo, 2015). Therefore, the role played by the church during the COVID-19 pandemic was more than just meeting needs with the challenges of commodities and services, people required more than simply food, shelter, and medical attention, but needed hope for a better life and a better future. Without the Word, good acts could not be accomplished, and evangelism is an essential part of the church's mission to bring about that kind of hope (Goheen 2000:281). It is imperative therefore that our actions and words line up. Stated differently, the works we perform add meaning to what we say.

2.4 The arrival of COVID-19 pandemic in Zimbabwe

2.4.1 The COVID-19 variants and waves that engulfed Zimbabwe

With the exception of Lesotho, all African nations reported incidents of infections and fatalities as of March 20, 2020, prompting governments to enact lockdowns and social distancing measures in an effort to slow the spread of COVID-19 (African News, 2020). Three COVID-19 variations had spread throughout Zimbabwe between March 2020 and the end of August 2021, and the World Health Organization (WHO) has reported the emergence of a fourth wave driven by the Omicron variant, which was initially discovered in South Africa (WHO, 2020).

Chitungo (Chitungo, et, al., 2022: 2) claims that although the majority of cases in the first wave were primarily imported from nearby nations, the second wave was primarily the result of increased local mobility, which led to a combination of clustering and sporadic and widespread community transmissions. In May 2021, Kwekwe, a city in Zimbabwe's Midlands Province, recorded the first cases of the third wave, driven by the Delta variant that originated in India. This wave was significantly more contagious than the previous two, and while the first two waves advocated for social distancing, masking up, sanitizing, or frequent hand washing, a fourth pillar vaccination was added as a crucial layer of defense to stop the virus's spread in the third wave. Chitungo et, al. (2022) reported that during the third wave, the number of COVID-19 cases increased dramatically, leaping from about 38,000 to 120,000 in just two (2) months. But the Omicron variety, which spreads more quickly than the Delta strain, was primarily responsible for the fourth wave, which primarily affected individuals who had already received vaccinations or had recovered from COVID-19 (WHO, 2021).

The Omicron variant had a positivity rate of about thirty-five percent (35%) which resulted in a widespread community transmission, the highest number of daily recorded infections increased to about four thousand and thirty-one by December surpassing the previous record of three thousand one hundred and ten reached during the peak of the third wave in July 2021 (Chitungo, et, al, 2022: 6). This peaked during the December-January 2021 festive season, a period when Zimbabwe usually experiences an influx of migrants from down South and other neighboring countries coming for the Christmas holidays; therefore, the number of infections and deaths went up. Chitungo et, al., (2022: 8) revealed that as of 29 January 2022, Zimbabwe

had recorded accumulative positive cases of two hundred and twenty-eight thousand seven hundred and forty-eight (228 748) and five thousand three hundred and twenty-one (5 321) deaths while having two hundred and sixteen thousand and twenty-eight (216 028) recoveries and seven thousand five hundred and ninety-four active cases. Table 2.1 summarizes COVID-19 waves in Zimbabwe.

Table 1: COVID-19 waves that overwhelmed Zimbabwe

| COVID-19 Waves | Variant | Peak period |
|----------------|--|---------------|
| First wave | Alpha strain largely attributed to travellers arriving from abroad | July 2020 |
| Second wave | Beta variant attributed to increased community transmission | January 2021 |
| Third wave | Delta variant linked to the imported case | July 2021 |
| Fourth wave | Omicron variant–widespread community transmission | December 2021 |

Source: Chitungo, et. al., 2022: 8.

The COVID-19 pandemic in Zimbabwe was a crisis because it developed in the face of a challenging socioeconomic climate and weather shocks marked by droughts (UN, Zimbabwe Report, 2020). With the onset of COVID-19, the ELCZ-CD was pushed into uncharted territory. It was a period of terror and uncertainty about the value of people, including their qualifications for certain professions, their families, and their jobs, which had become meaningless due to the pandemic (Kagoro, 2020).

2.4.2 Attitudes and perspectives about COVID-19 pandemic

Various opinions have been expressed regarding the COVID-19 pandemic's arrival in Zimbabwe. The first was that a number of lies concerning the COVID-19 pandemic were spread when it first appeared in Zimbabwe. The first was that a number of lies concerning the COVID-19 pandemic were spread when it first appeared in Zimbabwe. Many at first did not believe the virus was real since they had not seen an afflicted individual or heard tales of sick people in the media. Woods (2020) contended that media reports frequently showcase politicians or well-known individuals, reinforcing the notion that the illness mostly affects wealthy and influential individuals who travel.

Secondly, there were misconceptions that COVID-19 could not infect Africans because of our dark complexion and the high temperatures that are typical of the continent and thirdly was a claim that consuming foods like garlic, lemon, and other items used as natural flu cures would shield oneself against COVID-19 (Woods, 2020). All these claims lacked scientific proof that consuming garlic or lemons can guard against the COVID-19 pandemic, despite the fact that garlic is a healthful food with some antimicrobial qualities.

On the other hand politicians turned to politicize the pandemic, Oppah Muchinguri Kashiri, the Minister of War Veterans Affairs and Defense for Zimbabwe, ignited a diplomatic storm when she asserted that COVID-19 was a divine punishment for global injustice:

Coronavirus iyi yauya, masanctions ka aya, masanctions auya kunyika dzinotiisira masanctions. Mwari abva ati zhu, avapanicha, vava kuswera vari mudzimba, economy yavo yavakuchema handiti yedu vari kuichemdzavo. Trump ngaazive kuti haasi Mwari. Muri kuda kuti tisvinwe tiendepi? Chimbosvinwaivo necoronavirus (This coronavirus that has come, these are sanctions, aren't they? These are sanctions that have been imposed on countries that imposed sanctions on us. God has punished them; they are now stuck in their homes. There is nothing for them to do; their economies are now screaming. Isn't it they are making ours scream too? Trump must know that he is not God. They are suffocating us, where do you want us to go? Now it is your turn to be suffocated by coronavirus) (News Day, 16/06/2020).

Imhoff and Lamberty (2020) asserted that the United States of America (USA) and China, two powerful nations, viewed COVID-19 as a biological weapon in their pursuit of supremacy and control over the world market. Denial also emerged from some church denominations of fundamentalist traditions that upheld the view that the body and blood of Christ constitute absolute good while the coronavirus was an evil infection; the absolute good destroys the evil (Woods, 2020). While many people played down the danger of COVID-19, calling it no worse than the flu which became a major obstacle the pastoral care and practical assistance for the infected people by the pandemic.

Other negative reactions to the arrival of the pandemic in Zimbabwe included stigma and discrimination. Stigma is the negative stereotype, or extreme disapproval of an individual

based on social characteristics perceived to distinguish them from other members of society (Goffman, 1963). This definition identifies the following main elements of stigma: “labeling, stereotyping, social isolation, prejudice, rejection, status loss, low self-esteem, low self-efficacy, marginalization, and discrimination” (Goffman, 1963: 3). Drawing on Goffman but incorporating a broader concern for the operation of power in society, Link and Phelan (2001) define stigma as the co-occurrence of four processes: (1) labeling human differences; (2) stereotyping such differences; (3) separating those labeled from “us”; and (4) status loss and discrimination against those labeled. In the context of a pandemic outbreak such as COVID-19 pandemic, stigma may mean people are stereotyped and discriminated against COVID-19, as they may be considered a threat to the effective social living in the society (WHO, 2020). Since the COVID-19 pandemic outbreak, there existed a negative perception toward those infected with the disease; COVID-19 patients were accused of being ignorant and negligent, thereby being held responsible for having contracted the virus (Balakrishnan, 2020).

Further, Balakrishnan, asserted that society negatively reacted to the COVID-19 patients because of the pervasive belief that they actively spread the virus, they were therefore banned from entering residential areas, they had negative remarks posted about them on social media, and had false information about their caste, class, religion spread. It was feared that stigma and prejudice would worsen social cohesion, increase social isolation, result in more serious health problems, and make it more difficult to stop the spread of the disease. Furthermore, stigma and discrimination may cause people to conceal their illnesses in order to avoid being treated unfairly or to put off obtaining medical attention.

Foromati (2013) asserts that stigma and prejudice can deter people from embracing healthy behaviours, which made it more challenging to contain the spread of the disease. The stigma associated with COVID-19 has a detrimental effect on caregivers, their friends, and family members. It also weakens social cohesion and promotes social isolation among those who may not be sick but have something in common with the afflicted (WHO, 2021). Depression, a low sense of self-worth, and hopelessness can result from discrimination and stigma (WHO, 2021). In order to investigate the consequences of stigma and discrimination

faced by caregivers in the ELCZ-CD during the COVID-19 pandemic lockdown restrictions, the researcher needed this essential information.

2.5 The COVID-19 Pandemic: Reactions and Responses

2.5.1 Government lockdown procedures for COVID-19

The COVID-19 lockdown protocols were health procedures provided by the European Centre for Disease Prevention and Control in collaboration with the World Health Organisation (WHO) guidelines aimed at protecting oneself, and others (WHO, 2020). On 27 March 2020, President Mnangagwa announced a twenty-one (21) days lockdown commencing 30 March 2020 (Statutory Instruments. 77 of 2020). During the national lockdown period, people would be:

- confined to their homes and may not leave there except temporarily for the following purposes (not more than one person per household shall leave home for any one of these purposes) except in exceptional cases demonstrated to an enforcement officer: (i) to buy basic necessities at a supermarket or food retail store, or fuel or gas at a fuel or gas retail outlet, within a radius not exceeding five (5) kilometres from his/her home (unless there is no such shop or outlet within that radius, or such shop or outlet is closed for business, in which case he/she may go to the nearest such shop from his/her home); (ii) to buy medicine at the establishment of a pharmaceutical chemist within a radius not exceeding five (5) kilometres from his/her home (unless there is no such establishment within that radius, or the needed medicine is not available there, in which case he or she may go to the nearest such establishment from his/her home); (iii) if the individual is employed in an essential service, to go to and from his/her place of employment and go about the business of that essential service; (iv) to obtain medical assistance on his or her own behalf or on behalf of anyone to whom he/she is related or for whom the individual has a duty of care: Provided that such assistance was sought within a radius not exceeding five (5) kilometres from his/her home (unless it could not be obtained within that radius, in which case he/she may obtain it from the nearest location to his or her home);

- Every other business establishment would be closed except for every business establishment providing an essential service or services in support of such a service, including but not limited to the following: (i) pharmacies; (ii) laboratories; (iii) banking institutions; (iv) payment and money transfer services; (v) supermarkets and food retail stores; (vi) fuel outlets; (vii) health care providers; (viii) transport services engaged in the carriage of staff for essential services, the carriage of sick persons to hospitals and other health care providers, and the transport of water, food, fuel, basic goods, medical supplies needed to combat COVID-19 and other medical supplies (Gazette 29 March 2020).

Two divergent views emerged: while Mavhinga (2020) was concerned that COVID-19 pandemic lockdown measures infringed the basic human rights such as the freedom of movement, assembly, holding of various religious and cultural activities, most Africans are deeply rooted in their rural homes, they frequently pay visits. On the other hand, Manungo, et al, (2020) opined that although the COVID-19 lockdown Statutory Instruments invaded some basic human freedoms, they made the welfare of the people the supreme law. Table 2.2 provides COVID-19 lockdown levels in Zimbabwe.

Table 2. 2: Lockdown levels experienced in Zimbabwe.

| Lockdown Level | Responses |
|-----------------------|--|
| 1 | Most normal, activity can resume with precautions and health guidelines followed at all times. |
| 2 | The easing of some restrictions including work and social activities to address a high risk of transmission, but the maintenance of physical distancing and restrictions on some leisure and social activities to prevent a resurgence of the virus. |
| 3 | Some activities can be allowed to resume subject to extreme precautions required to limit community transmission and outbreaks. |
| 4 | Extreme precautions to limit community transmission and out breaks while allowing some activities to resume. |
| 5 | Drastic measures to contain the spread of the virus and save lives |

Source: Ministry of Health and Child Care, Government of Zimbabwe, 2021.

Many people experienced despondency as a result of the nationwide COVID-19 lockdown protocol, which prevented them from gatherings for Sunday services as usual. Lockdown procedures in Zimbabwe did not acknowledge churches as providing necessary services; instead, they were viewed as amusement and recreation venues (Government Gazette, March 29, 2020). As a result, millions of people including Christians were left to rely on their own safety nets. Chitungo et al. (2022) bemoan the lack of scientific information during the initial COVID-19-induced lockdown regarding the virus's spread and prevention, but the majority of Zimbabweans were more fearful, panicked, and anxious due to the graphic images of widespread fatalities seen in some countries.

According to Madhibha (2020) the COVID-19 lockdown limitations abruptly forced many to change their lifestyles, causing many to become emotionally and psychologically disoriented as well as religiously disoriented. Due to the unprecedented nature of the COVID-19 pandemic and the fact that anyone could become infected, nobody was safe from the virus until everyone was (WHO, 2020). Mahomva (2020) issued a warning, stating that the coronavirus affects people without distinction and that caregivers must exercise greater caution and sacrifice. This study raises concerns that, despite the necessity for such severe warnings to assist patients in taking the necessary precautions, pastoral caregivers were scared away at crucial moments when patients most needed pastoral care.

Before the first twenty-one days of the COVID-19 lockdown restrictions that started end of March 2020, seven people had tested positive for COVID-19 with one recorded fatality (Ministry of Health and Child Care [MoHCC] 2020). Since then, the number of COVID-19 cases has increased along with the spiraling local transmission. At its height, the number of COVID-19 restricted cases worldwide was 676 million, 787 thousand, while the death toll was 6 490 538. During the same time frame, Zimbabwe documented 257,100 confirmed cumulative cases in total with five thousand, five and ninety-three (5 593) having succumbed to the pandemic (Mahomva, 2022).

2.5.2 Testing and Tracking

A single reported death and a greater number of COVID-19 positive tests had occurred by 31 March (2020). The month of April to July 2020 saw a rise in the number of cases

(Dzinamarira, 2020). There was a spike in August 2020, with reports of 141 COVID-19-related deaths and an increase from 3659 on August 1 to 5378 on August 18. Access to testing for the purpose of identifying infected individuals and tracing their contacts was crucial to the COVID-19 containment, as Zimbabwe's national public health emergency necessitated concerted measures to increase testing and contact tracking.

Zimbabwe implemented and boosted molecular testing and accelerated COVID-19 testing in public and commercial laboratories because testing was a crucial strategy to contain or slow the pandemic's growth (Chitungo et al., 2022). According to Dzinamarira (2020), Zimbabwe has enhanced the education of medical laboratory scientists and personnel in conducting COVID-19 testing. The less-than-ideal success rates of the lockdown were caused by the breakdown of the Government's contact tracing system, insufficient availability of personal protective equipment (PPE), and the availability of false information from unidentified sources on social media.

2.5.3 Vaccines and Vaccinations

As of January 12, 2022, the World Health Organization (WHO) had authorized around nine COVID-19 immunisations for use. This was in spite of the fact that, in the early phases of the COVID-19 outbreak, neither vaccines nor treatments were available. As part of the validation process, the medical product was inspected to ensure that it meets recognized standards for quality and safety (WHO, 2020). Although the World Health Organization approved nine medical vaccines as suitable for use, but the Zimbabwean government decided to vaccinate its citizens using China's Sinovac, Russia's Sputnik V, India's Covaxin, and Russia's Sinopharm (Chitungo et al., 2021).

Immunisation is a fundamental component of primary health care, one of the best investments in healthcare, and it was crucial for the containment and prevention of infectious disease outbreaks (WHO, 2020). Vaccines remain a vital tool in the fight against antibiotic resistance and contribute to the safety of world health (WHO, 2021). Since the COVID-19 vaccine provides strong protection against these occurrences, vaccination has significant health benefits, including the ability to avoid serious illness, hospitalization, and death (WHO, 2020). Vaccination decisions also shield others from harm because past

pandemics and epidemics have shown that vaccination lowers a person's risk of transmitting the virus to others. Currently, billions of people worldwide have access to COVID-19 vaccines, and have offer life-saving protection against a disease that has killed millions. However, the pandemic is far from being over, and vaccines are our best bet for staying safe (WHO, 2021). It was against this background that the slogan: *Get Vaccinated # Defeat COVID-19* became a common theme in Zimbabwe (Chitungo, et al., 2022).

Nonetheless, the World Health Organization (WHO) warned that vaccinations should not end there. Individuals should continue to take precautions to protect themselves, their loved ones, and anybody else they may come into contact with (WHO, 2021). Zimbabwe started in February 2021 with the intention of immunizing approximately ten million people who are eighteen years of age or older by the year 2021 (Chitungo, et, al, 2021). Compared to a target of 10 million by the end of 2021, just 3.46 million adults in Zimbabwe were fully vaccinated as of January 2022, accounting for 23% of the eligible adult population. Consequently, the health care system performed below par. The immunization campaign was still on-going nationwide at the time of writing. Table 2.3 provides a summary of the COVID-19 vaccines and WHO validation dates.

Table 2.3: COVID-19 vaccines and validation dates

| Name of Vaccine | Validation date |
|--|------------------------|
| The Pfizer/BioNTech. Comirnity vaccine | 31 December 2020 |
| The S11/COVIDshield and AstraZoneca/AZD1222 | 16 February 2021 |
| The Janssen/Ad26.CoV2 S vaccine developed by Johnson and Johnson | 12 March 2021 |
| The Moderna COVID-19 Vaccine (mRNA 1273) | 30 April 2021 |
| The Sinopharm (COVID-19 vaccine | 7 May 2021 |
| The Sinovac-CoronaVac vaccine | 1 June 2021 |
| The Bharat Biotech BBV 152 COVAXIN vaccine | 3 November 2021 |
| The Nuvaxovin (NVX-CoV 2373) vaccine | 20 December 2021 |

Source: World Health Organisation (2020. Online)

At the time of writing, the vaccination process was still on-going nationwide. However, of great concern was that by January 2022, the average daily rate of vaccines administered in the country had declined from the peak of approximately one hundred thousand (100 000) during the third wave to twenty-two thousand (22 000) in October to about ten thousand five hundred and twenty-four (10 524) (Chitungo et al, 2022). Currently, COVID-19 vaccines are available countrywide to mitigate the impact of the virus. As of January 2022, only 3.46 million Zimbabweans have been fully vaccinated constituting 23% of the eligible adults against a target of ten million by the end of 2021. Thus the health delivery system punched far below the mark.

2.5.4 Advantages of Immunisation

The World Health Organization stated that immunisation against COVID-19 provided protection against serious illness, hospitalization, and death. Because vaccination reduced the likelihood of virus transmission, studies suggest that vaccination decisions were made with both the individual's personal health and the protection of others in mind (WHO, 2021). As a result, vaccination has the ability to save a person's life. However, after having complete vaccination, health professionals repeatedly advised the public to take precautions to protect their own friends, family, and other individuals (WHO, 2022). WHO (2021) cautioned that although the vaccine was very successful, there was a chance that some people could get COVID-19 after becoming vaccinated.

By the end of 2021, nearly every country in the world had vaccinated against COVID-19, and by the start of 2022, one billion doses of the vaccine had been delivered through COVAX (WHO, 2022). The hash tag #Get vaccinated #DefeatCOVID-19 was used throughout Zimbabwe, however, some people refused vaccinations despite its efficacy and potential health benefits; others even went so far as to purchase vaccination certificates without receiving the shots themselves. This study lamented how these behaviors and attitudes compromised the very intent of immunisation.

2.5.5 The Three-Pronged Pastoral Care Approaches of the ELCZ-CD

The emergence of COVID-19 and the corresponding lockdown procedures caused disruptions to the church's pastoral care models in three areas: in-person fellowships (preaching), teaching and learning (with schools shuttered), and healing in hospitals.

2.5.5. 1 Preaching, worship and Liturgy

Preaching, worship, and fellowship have all always taken place in physical spaces across church history (Soderstrom, 1984; Moyo 2016). Christians have traditionally congregated to break bread and partake from the same cup because the church is a contact entity that thrives in physical communion (Moyo, 2015). Sadly, the church's main coping strategies ended up being super-spreaders of the COVID-19 epidemic. Thus, the widely used and most enjoyed colourful liturgical services of the ELCZ-CD were suspended because to the COVID-19 pandemic. As a result, much of the church's long-standing liturgical worship customs including group singing and dancing, choir singing, listening to sermons as a group, praying, laying hands on the sick, and praying for individuals with various needs—were missed by the congregation (Glenn, 2020). During the COVID-19 lockdown limitations, sacraments like Baptism and the Eucharist lost their personal touch, causing parishioners to miss important church ceremonies like weddings (Zhu et al. 2020)

In order to overcome that difficulty, a few church denominations broadcast their pastors performing the Eucharist on television, and members took part in virtual Holy Communion. Because it raises problems regarding virtual baptism and other church sacraments like marriages, the virtual Eucharist caused some challenges for the ELCZ-CD (Glenn, 2020). Pillay (2020) argued:

Faced with the lockdown restrictions, the church had to adapt its religious practices to online space: videos, WhatsApp groups, YouTube, Facebook, and other electronic platforms became the preferred channels of developing a sense of community and for communication (Pillay, 2020: 268).

The disruption of worship forced congregants to depend on technology and pastors prepared and parceled out sermons through WhatsApp, SMS, Zoom, Skype, and other social

media platforms (Matikiti, 2020). As a result, social media enabled Christians to maintain their sense of community and stay in touch with one another despite the COVID-19 pandemic and lockdown procedures. However, Tagwirei (2022) bemoans that most popular messaging Apps, WhatsApp and SMS, could only handle a certain number of messages; as a result, attendees missed a number of the customarily held liturgical services. Further, digital communications lacked the ability to adequately transmit tone, gestures, and facial expressions since it is static and disembodied. Tagwirei maintained:

Digital communication is enhanced with gestures, human beings communicate well with gestures, moving to online presence disrupted the non-communicative functions of speakers and believers' gestures for fruitful communication. Physical expressions are essential in accomplishing any communication alongside silent reflections and deep listening as people share their personal ideas and concerns during the time of need especially bidding to communicate our emotions (Tagwirei, 2022: 14).

While Tagwirei was right about digital communication, he only use a small percentage of it because technology has advanced to levels where one can use video recordings to communicate full of all gestures that we wish to see anywhere at any time, we can use state-of-the-art digital technologies like Skype, Facebook, Zoom and streaming (Matikiti, 2021). The utilisation of social media platforms have also demonstrated efficacy, and mobile phones have emerged as potent catalyst for transformation with Zimbabwe's tele-density had nearly attained 100%, with mobile penetration standing at 97% (Rugara, 2013). Through technology, the church has moved from the Church buildings, to homes, and into the hearts of people. With live streaming, the "congregation was no longer confined to one meeting place; it now exists virtually everywhere" (South Africa Council of Churches [SACC], 2020:17).

One of the main challenges facing the ELCZ-CD was how to portray God in this modern era where technology is fast replacing people in communication roles. Further, the difficulty facing the church is how to be relevant in a time when people no longer believe that

worshiping God requires large gatherings of people; instead, worship occurs in homes and social settings.

2.5.5.2 Education and the wellbeing of learners

According to Zimbabwe's Constitution, Article 75, education is a fundamental human right and an enabling right that directly affects the realization of all other rights. It is also a key component of all 17 Sustainable Development Goals of the UN and serves as the cornerstone of just, equitable, inclusive, and peaceful societies (UN, 2020). However, the history of education in Sub-Saharan Africa has been greatly influenced by missionaries, (Mathe, 2002: 9). Appointed by colonial governments, missionary agents were in charge of overseeing native Africans' formal education and used the institution as a vehicle for evangelization. In order to convert people to Christianity, the Evangelical Lutheran Church in Zimbabwe has reportedly played a significant role in educating the native population in Mberengwa, Gwanda, and Beit-Bridge districts (Soderstrom, 1984).

In order to ensure the welfare of all students, the ELCZ established a home craft school in Masase in 1946 specifically for the marginalized girl child. In order to prepare females for marriage, the home craft school curriculum placed a strong emphasis on Bible knowledge, home economics, childcare, and personal hygiene (Soderstrom, 1984). To accommodate students with visual impairments, the ELCZ adopted *Braille*¹⁹ this was a turning point for students who had previously been viewed as liabilities even by their own family members as this facility enabled them to gain new dignity and the ability to play useful roles in society by gaining the same educational standing as other students (Soderstrom, Bergman and Bergman, 2003: 38). This action is consistent with Moyo's (2015) description of pastoral care as something that should be understood in the context of the church's redemptive mission, according to which a pastor should never abandon those who are in need of pastoral care. Currently, the ELCZ-CD has one boarding primary school located at Mnene and four high schools: Chegato, Masase, Mnene, and Musume.

¹⁹ Braille is a system of writing and printing for the teaching and reading materials for the blind. The design and function of this special resource rooms for the blind children was highly successful and became available in all ELCZ secondary schools (Soderstrom, 1984).

In addition, the ELCZ-CD operates the Masvingo Resource Center, which serves primary and secondary students living with disabilities attending Mbuyanehanda High School and Masvingo Primary School, respectively. Indeed, according to Moyo (2022:56), "the ELCZ has continued to offer sound education for human development despite a myriad of challenges." The Evangelical Lutheran Church in Zimbabwe established boarding schools where students received Bible lessons with the primary goal of converting them to Christianity among other subjects in an effort to wean them away from their traditional religions and cultural practices in their homes. In addition to the previously mentioned fact that the church in Africa used education to convert people to Christianity, when a polygamist was asked, "Why are you not a Christian?" he replied, "I did not go to school," (Soderstrom, 1984:138). Zvobgo (1996) states that the Church of Sweden Mission (CSM) considered the school to be the primary entry point into the church. According to Mathe (2002:8), the curriculum at ELCZ schools emphasized reading and writing and had a religious education bias. Thus, the purpose of education was to provide converts with the ability to read the Bible and holy texts. Against this backdrop, the closure of educational institutions as a preventive measure against the spread of the COVID-19 pandemic did not only affect the educational system in Zimbabwe, the academic calendar or the opportunities for growth and development through playtime and sports activities, but it hugely affected the opportunities for the ELCZ-CD for evangelism. Chakanya (2021) concurs with Rusty (2020) that the closure of schools compromised the quality education and increased the risk of school dropout and regression, especially for the girl-child who spent more time providing care and support to families and less time engaging in home-based learning. Chamunorwa and Chakanya (2021) bemoaned the loss of the safe haven that schools provided for children, leaving them vulnerable to sexual exploitation and abuse. As a result, reports on child marriages during the COVID-19 lockdown took an upward trend with hundreds of young people in mining villages getting involved in illicit artisanal mining, which increased their susceptibility to opportunistic infections.

In light of this, one may argue that the COVID-19 lockdown restrictions that caused schools to close led to educational disparities because there were insufficient resources for effective and balanced remote learning, such as E-books, access to public radio and/or television, and

decreased support for at-home learning (Tagwirei, 2022). Furthermore, the majority of parents were not educators, making it impossible for them to support or watch over their children when they were learning at home (UNESCO, 2020). Because most rural residents lacked internet access, COVID-19-induced lockdown restrictions revealed that the school sector was unprepared for innovative learning methods, including E-learning.

Tagwirei (2022) argues that the closing of schools led to educational inequality since there were insufficient resources for effective and balanced remote learning, such as E-books, public broadcasting access on television and/or radio, and less support for at-home learning. Additionally, there was a lot of trial and error. Many schools and institutions still lacked appropriate measures to double-check plagiarism. On the other hand, the Government's efforts to re-open schools was hampered by the teachers' strikes demanding COVID-19 allowances, better working conditions, and PPE (UNESCO, 2020).

The aforementioned information showed that the COVID-19 lockdown protocols had a significant impact on children's wellbeing, education, and their human rights. The COVID-19 pandemic lockdown restrictions exposed that the education sector was not ready for advanced learning methods which includes E-learning as the majority of the rural populace lacked access to the internet. Student assessments were carried out online with a lot of trial and error among teachers, learners, and parents.

2.5.5.3 Health (Hospitals and Clinics)

In Zimbabwe, health is a fundamental right for human life (Constitution Article 29). Since its inception in Zimbabwe in 1903, the ELCZ employed healing through Western medicines to ensure not only good health for all but first and foremost to ensure that every patient had an opportunity to hear the **Word of God (Soderstrom, 1984; Moyo, 2015)**. Consequently, the ELCZ built Hospitals where the daily work started and ended with morning and evening devotions respectively (Soderstrom, 1984). Bate (2012) concurs with Shoko (2008) that healing and wellness have been and still are fundamental health issues in both African traditional religions and Christianity (See Moyo 2023).

According to Viljoen (2003) while healing in hospitals was about curing the disease by the power of human ingenuity and wisdom to find effective scientific solutions to human

problems, Shoko (2008) argued that healing in African Traditional Religions was holistic as it was both physical and spiritual. According to the accounts in the Gospels, healing was a crucial aspect of Jesus's ministry. He acknowledged the diversity of healing traditions by requiring those He healed from leprosy to present themselves to the priest and make the sacrifices that Moses prescribed (Luke 5: 14 and Matthew 8:4 [Good News Bible]). The church's emphasis on health was based on its theological foundation for healing and wellness. According to Weiss (1994:103) the care of the soul was coupled with that of the body and it was hard to distinguish which was the more persuasive for the missionary churches.

According to ZIMSTAT (2022), Zimbabwe's population has increased to 15.1 million from 13.2 million in 2012. Of these, 52% are women, or 92 men for every 100 women, and 67% reside in rural areas. According to Kagoro (2020) approximately 1.3 million people have some kind of handicap resulting from birth, accident, or dietary-related issues, and 1.4 million people live with HIV, of whom 62% are female. The COVID-19 pandemic and lockdown measures came at a time when the ELCZ-CD health institutions had the least amount of resources including staff, medications, and isolation and quarantine centers (Bishop's report, 2021). A week before the outbreak of the pandemic, some key Hospital manpower namely: Doctors and nurses had gone on strike over Personal Protective Equipment (PPE) (Health coordinator report, 2020).

The COVID-19 pandemic lockdown had a significant impact on the health delivery system, which was already broken due to inadequate medical equipment and ill-prepared, ill equipped poorly remunerated front-line staff, hence were not ready for the epidemic. Some sections of the ELCZ-CD Hospitals closed down as members contracted the virus; the nurse-patient ratio was very bad frustrating nurses amid the mass nurse exodus. Mahomva (2020) confirmed that during the peak of the COVID-19 epidemic, health workers in Zimbabwe experienced worry, panic, and terror as they were psychologically burdened. Chitungo, et, al. (2022) lamented:

Lockdown policies threatened to reverse the country's public health gains as the restrictions resulted in the stoppage of non-emergency medical care at

health institutions and disruptions in the supply chains of consumables for medical care. A rapid survey conducted in April 2020 revealed that about 19% of people with HIV attempting to get a refill were only able to get a partial refill due to movement restrictions (Chitungo, et al, 2022: 37- 38).

Concerns for this study were for persons who became infected with the coronavirus and were isolated in facilities, preventing anyone from visiting them, not even close relatives. In addition, worries were for the grieving families who went through trying times without their family members, friends, neighbours, coworkers, or religious communities, and pastors who usually were there to offer moral support to bereaved families. The aforementioned challenges encountered on the health front helped this research study to explore the existential experiences of the pastoral caregivers in the ELCZ-CD during the COVID-19 lockdown. Notwithstanding the difficulties mentioned above, the ELCZ-CD continues to be the primary supplier of medical care in Mberengwa. Pastors in charge and hospital chaplains offer pastoral care services to all patients receiving treatment at these facilities.

2.6 Additional significant areas negatively impacted by COVID-19 lockdown protocols

2.6.1 The National Economy

The COVID-19 pandemic in Zimbabwe happened during a period of extreme economic crisis, and because of the volatile value of the local currency, service provider prices were continuously rising (Kagoro, 2020). Over 90% of the working population in that business lost their principal source of income when unlicensed marketplaces, booths, and vending locations were closed due to COVID-19 lockdown restrictions (Chakanya, 2021:13). These are the people whose households were supported only by their daily survival earnings. As a result over 90% of households experienced income losses during the lockdown; the Government, acting through the Ministry of Finance, cushioned these businesses with a safety net against their losses. Sadly, a number of deserving applicants were left out of the selection process, which resulted in the initiative's termination at the end of 2021 and the failure of multiple illegitimate businesses. The church was not cushioned since its services were deemed non-essential; as the research findings will show, this resulted in the church's

accumulation of unpaid debt, in wages, and statutory arrears. This study expressed worry that lockdown measures brought in more stresses on already impoverished people.

Research has revealed that the COVID-19 pandemic lockdown also had detrimental effects on the formal business sector. The Confederation of Zimbabwe Industries (CZI) July 2020 showed that contract and casual workers were the first to lose their jobs when companies implemented staff rationalization measures such as: reducing labor costs by the non-renewal of employment contracts; retrenchment of some employees; sending some employees on forced leave and implementing salary cuts by reducing working hours (CZI, 2020). What exacerbated the problem was that the majority of the retrenched employees were the breadwinners who had families to care for; they had children go to school to mention just but a few. The fired workers left empty-handed since the lockdown had cost the companies enormous losses (CZI, 2020). In light of this, one may contend that the COVID-19 pandemic was a modern-day health and economic catastrophe.

2.6.2 People Living with Disabilities

UNESCO (2020) argued that the COVID-19 pandemic lockdown disproportionately harmed individuals with disabilities because the majority of them depended on the private sector for their daily needs. The COVID-19 lockdown, according to UNESCO (2020), was a double tragedy for the disabled community, as the majority of them relied on informal trade for a living, and the COVID-19 restrictions led to the failure of their businesses. This meant that most parents with disabled children couldn't afford to buy food, pay their rent, or send their kids to school.

Similarly, Tawengwa bemoaned the lack of donor support as nearly every nation in the world had been hit by the virus, wanting to address their own problems first and having less money to provide. Although donors provided the government with some funds to address COVID-19, the amount obtained was insufficient to meet the needs or offset the losses caused by COVID-19 (CZI, 2020). However, because of the extreme circumstances and the strong politicization of the government's food distribution program, the ELCZ-CD needs to step up its efforts to help communities in need of food. PPEs were provided by Lutheran Development Services (LDS), the diaconal division of the church, to church hospitals and

boarding schools in the Mberengwa district, which is under the authority of the ELCZ-CD. With the United Nations (2020) warning of a huge global mental health crisis resulting from the COVID-19 pandemic, mental health difficulties loom since the COVID-19 lockdown restrictions were marked by dread, uncertainty, and economic turbulence (UN, 2021).

2.6.3 The Economy of the Church

Since the late Robert Gabriel Mugabe's reign until the current president Mnangagwa's military-assisted administration began in November 2017 (Cook 2017:1), Zimbabwe has been experiencing an increasingly severe economic crisis (Masunungure & Bratton 2018:1). As a result, the vast majority of people in Zimbabwe live in extreme poverty (Chingono 2021). Consequently, the church suffered financially as a result of the COVID-19 lockdown protocols because most Christians give to the church when they attend worship services; their absence means no offerings and tithes. Because of this financial predicament, pastors and congregations were unable to cover the expenses of participating in online ministry (Matonga, 2021). Since 1914, Sunday worship services in the ELCZ-CD have featured the collecting of tithes and offerings (Soderstrom, 1984). Conservative members still insist on singing pacing their offerings and tithes in the basket each time, and hearing the pastor pray for the gifts in front of the altar, saying: "...*muropafadze vose vanopa nomufaro...*" ²⁰ (May God reward those who cheerfully and freely contribute to the church's cause). Further, as a result of the COVID-19 protocols, the ELCZ-CD business units closed down thereby losing the much-needed revenue including the 15% administration fee traditionally collected from schools resulting in huge utility and salary arrears (Mtata, 2020). One could claim that the COVID-19 pandemic lockdown limitations had a negative impact on the church's finances, which were based solely on the voluntary contributions of its members, the majority of whom were now unemployed. Chapter 8's contribution to knowledge section addresses how to overcome this difficulty.

²⁰ The pastor repeats this portion of the *Karanga* offertory prayer based on Acts 20:35 as he/she blesses the offerings in front of the altar after which he/she sets the offering basket on the alter before the congregants.

2.6.4 Food Security, food supply chains, and Nutrition Security

When everyone always has access to enough healthy food to meet their dietary needs, such situation is known as food security (Food and Agricultural Organization [FAO], 2008). The right to food and clean water is guaranteed by Article 77 of the Zimbabwean Constitution, and the Ministry of Agriculture, Lands and Settlements is in charge of producing food and creating food reserves (Constitution of Zimbabwe Article 77). The devastating advent of the COVID-19 pandemic in Zimbabwe was a crisis as it developed against the backdrop of a challenging macroeconomic environment and environmental changes marked by recurring droughts that made food security extremely difficult (UN, 2020). According to UNESCO (2020) the challenge was exacerbated by the intensely politicized allocation of food aid, which excluded some of the most disadvantaged families and seriously exposed their right to food security. The closure of borders and the prohibition on interurban and cross-border passenger transit had a significant impact on cross-border traders (Chakanya, 2021). It came impossible for family members to send food from the diaspora because to border closures, trade restrictions, and confinement measures (Chakanya, 2021). However, the World Health Organization (WHO), stated that confinement orders (#stay home to be safe) and trade restrictions brought on by COVID-19 prohibited farmers from accessing markets to purchase supplies and hire laborers to harvest their crops (WHO, 2020). It was also noted that there was a wave of price increases on basic commodities mostly groceries during the COVID-19 lockdown which further compromised food security in the nation. Zimbabwe National Statistics Agency (ZMSTAT) revealed:

that by April 2020 the average prices went up by about 766%, the cost of food increased by about 985% which negatively impacted food affordability, consequently, members of the household competed for limited resources within the home during confinement and gender inequality may mean women and girls had less access (ZMSTAT, 2020).

According to Matsungu, et, al. (2020) food prices rose and dietary variety decreased throughout the COVID-19 lockdown period. The church intentionally set out to fulfill the needs of the most vulnerable members of society and to guarantee that they have access to

food, especially during the COVID-19 shutdown (Kagoro, 2020). Thus, food hampers were given out by the ELCZ-CD through Lutheran Development Services (LDS) to disadvantaged communities in Mberengwa (LDS Report, 2020). The fact that the assistance offered was insignificant in comparison to the needs of the underprivileged, however, raised serious concerns for this study and necessitated that the ELCZ-CD quadruple its efforts to raise funds for its diaconal work

However, of great concern for this study was that the help provided was insignificant compared to the needs of the impoverished, a situation which called for the ELCZ-CD to double efforts in mobilizing resources for its Diaconal work.

2.6.5 Family Unity and Social Fabric

What is family unity and social fabric? Why is family unity essential in human life? According to Atkinson et al (2016: 4) important societal topics including socioeconomic growth, agriculture, health, and a "sense of place and belonging" are all woven into the fabric of the family. Siyakwazi and Siyakwazi (2013) maintained that parenting is the primary type of informal education for young children, with an emphasis on teaching them the fundamental skills of feeding, crawling, walking, and speaking their mother tongue. The family is the primary caregiver, the foundation of civil society, and a major contributor to the child's education, hence it plays a crucial role in the development and well-being of children.

The mother-school is notable for its spontaneous learning approach, which involves children gaining knowledge directly from nature and culture. In the mother-school, babies are exposed to a range of experiences that foster observation skills. They begin to learn from the things that their senses can perceive, making connections between the words and the mentioned objects. According to UNESCO the mother school is also known the school at the "mother's knee" school (UNESCO, 1993). However, Comenius describes the "mother-school," as the "*scholar martena*,"²¹ or the school inside the house, is where child-centered

²¹ The mother school (scholar Martina) is a school within the home (Siyakwazi and Siyakwazi, 2013: 143). The mother school is dominated by the informal school in the form of parenting that focuses on training the senses on the rudiments of life such as eating, crawling, walking, and learning the mother language. At the mother school, knowledge is absorbed more naturally (Marie-Madeleine, 1957).

education starts (Siyakwazi and Siyakwazi, 2013:143). Parenting served as the primary informal school for this kind of education and knowledge is absorbed more naturally, (Siyakwazi and Siyakwazi, 2013).

However, while the home is perceived as place where people should feel safe and secure, the challenge was that reports of gender-based violence (GBV) and intra-family tensions increased by over 70% during the COVID-19 pandemic lockdown period. Msasa Project ²² lamented that by keeping people confined to their homes during the COVID-19 lockdown, the government mistakenly assumed that all homes were safe and secure places. It was disappointingly clear that not all homes were safe for women and girls. The Office for the Coordination of Humanitarian Affairs (OCHA 2020) and Msasa Project recorded the following abuses from the beginning of the COVID-19 national lockdown:

- The national GBV Hotline (Msasa) has recorded a total of 2276 GBV calls from the beginning of the lockdown on 30 March until 03 June 2020.
- An overall increase of over 75% compared to the pre-lockdown trends.
- About 94% of the cases are women.
- The most dominant forms were physical violence (38% of total cases) and psychological violence (38%), followed by economic violence (19%) and sexual violence (5%).
- About 90% of cases are IPV cases (OCHA 2020; ZIMFACT 2020).

The problem was exacerbated by the lack of clear coordinated reporting mechanisms and support services for victims outlined in the COVID-19 Response Taskforce (Towo, 2020). Women and girls were more vulnerable to domestic, sexual, economic, psychological, and other types of gender-based violence from abusive partners and family members as a result of being confined due to stay-at-home orders or lockdown protocols (IA, 2020: 4). International Amnesty (IA) argued:

²² Msasa project is a Non-Governmental Organization that deals with issues of GBV and provides relief counseling to survivors. It offers temporary shelter and legal support to survivors. Msasa Project was instrumental in getting the Domestic Violence Law passed and continues to work on better legal protection for women and girls

The risk of sexual and gender-based violence against women and girls increased because to the COVID-19 epidemic. Women and girls are more vulnerable to domestic, sexual, economic, psychological, and other types of gender-based violence from abusive partners and family members as a result of being confined due to stay-at-home orders or lockdowns (IA, 2020: 4).

Human Rights Bulletin range 68 (2020) attributed the portrayal of women as perpetual juveniles subject to punishment from their husband, father, and brother to patriarchal socialization. Equally, patriarchy was held accountable for GBV by Baloyi (2007) and Oduyoye (1995) maintained that women had been diminished and dehumanized due to their lower repute inside the church and in society. Olivia Muchena (2012) voiced over gender-based violence in Zimbabwe, noting that it became a main barrier stopping women from actively collaborating in improvement. On the other hand Towo (2020) lamented the shortage of movement by strong women in high positions to protect their less powerful colleagues.

A major difficulty for this study was that GBV changed into damaging to women emancipation and empowerment. What was more worrisome was that GBV in Zimbabwe was taking place against the background of several conventions and protocols to which Zimbabwe is party. These included the African charter on Human Rights, the Southern African development community (SADC) Protocol on Gender and development, the 1979 United Nations (UN) "Convention on the Elimination of All kinds of Discrimination Against women" (CEDAW). Are all of these conventions inapplicable in preventing GBV in Zimbabwe? In this study, the researcher is appealing to the ELCZ-CD authorities to help streamline GBV in the church in programmes, preaching and provide pastoral counseling to survivors.

2. 6.6 Cultural Disturbances

The *Karanga* and *Ndebele* people, who are the majority of the members in the ELCZ-CD, experienced detrimental effects on various cultural traditions with the onset of the COVID-19 epidemic among them was the custom of attending funerals in groups. Firstly, the Zimbabwean Government restricted funerals and limited the number of mourners to thirty

because funerals were thought to be super-spreaders of the (Herald, 2021a). Secondly, the Government ruled that people who pass away from any cause should not be brought home; instead, their bodies must be swiftly and carefully buried in accordance with strict health protocols, with a small number of attendants maintaining the social distance, in light of the rising number of coronavirus infections and deaths.

Although limiting the number of attendees at a funeral was meant to lessen viral transmission and infection because funerals were deemed super-spreaders of the virus, the problem was that it interfered with the mourning and closure process (Tagwirei, 2022). Restricting the number of attendees at a funeral, however, went against Zimbabwean custom that when a community member dies, friends, family, and neighbors gather to offer their condolences and support the bereaved family (Affiku, 2015). In Africa, funerals are a symbol of the identity and cohesiveness of a community (Matseketsa, et al, 2017).

Also, when the Government ordered that bodies not be brought home and that funerals be hastened, family members were deprived of an opportunity to properly honor their loved ones, which led to feelings of incredulity. Even worse, when people were forbidden from seeing the bodies of COVID-19 patients in the hospital before burial, this interfered with the customary grieving process (Tagwirei, 2022. Dzinamarira (2021) lamented that:

in the traditional Zimbabwean culture, the body of the dead is taken home overnight to allow family members, friends, and relatives to pay their last respects, mourn, celebrate the life of the departed, and have a church service graced with comforting songs, dances, and sermons before viewing the corpse and eventually go for burial” (Dzinamarira, 2021: 1)

Since weddings were assumed to be hotspots for the pandemic's spread, many were forced to postpone or cancel significant ceremonies. Chances are that COVID-19 lockdown pandemic restrictions might have disrupted our communities deeper than we may realize at the moment.

2.7 Synthesis

How did the church handle pandemics and epidemics in the past, particularly in light of the COVID-19 lockdown restrictions? What lessons can be learned about pastoral care from this examination of the literature? Pastoral caregivers have always been dedicated to helping

the sick, providing counseling, giving hope to the hopeless, consoling the bereaved and heartbroken, and preventing the spreading of the disease, even though the cause of epidemics and pandemics has remained unknown (Kaufmann, 2020). The church has lost a tremendous deal of people to pandemics and epidemics throughout history, especially COVID-19. But as preventive measures, isolation, physical separation, and quarantine were only necessary for D-19 and Ebola (Kaufmann, 2020).

In order to answer the primary research question, which focuses on the lessons from the lived experiences of the ELCZ-CD pastoral caregivers during the COVID-19 lockdown protocols, this literature review was crucial. The research has shown that the current COVID-19 pandemic has disrupted vital health services and weakened years of progress against other fatal illnesses like tuberculosis and malaria, which remain the top two causes of death in Zimbabwe (MoHCC, 2020). The literature has demonstrated that the truth regarding the causes of other pandemics and epidemics, such as the Spanish Influenza, Ebola, HIV/AIDS, and Bubonic Plague, also holds true for the current COVID-19 pandemic. All, nonetheless, are thought to have been spread by people:

Black Death is believed to have originated from rodents to other animals and humans through flea bites; the Spanish Influenza was transmitted to Europe through the US army sent to support alliance forces in Europe in the First World War (1917-1920) COVID-19 is believed to have originated from the bat, passed to an armadillo imported from Africa at a meat market in the Chinese province of Wuhan and transmitted to human beings through raw meat consumption Dugassa, 2020: 69).

Pastoral caregivers have constantly been dedicated to helping the ill, providing counseling, giving hope to the hopeless, consoling the bereaved and heartbroken, and preventing the spreading of the ailment, even though the source of epidemics and pandemics remained unknown (Kaufmann, 2020). The church lost a great deal of human lives to pandemics and epidemics in the course of history, mainly COVID-19. However as preventive measures, isolation, physical distancing, and quarantine have been handiest vital for D-19 and Ebola (Kaufmann, 2020). Furthermore, the cost of digitization increased as network providers continued to raise their rates in an attempt to maintain a profit in the environment of

Zimbabwe's uncertain economy. The literature review demonstrated how the COVID-19 pandemic, lockdowns, and the prohibition on all physical gatherings radically upset pastoral care practices and necessitated the complete digitization of the Gospel, ending the physical ministry of presence. The ELCZ-CD was prompted by information from the literature to re-evaluate progressive approaches to pastoral care theology during pandemics and epidemics that result in lockdown limitations.

2.8 The Gaps in the Literature

Research gaps, also known as gaps in the literature, are undiscovered topics that have the potential for additional investigation that were discovered during literature research. According to Miles (2017), there are seven (7) research gaps: theoretical, population, conflict, methodological, practical, evidence, and knowledge gaps. The knowledge gap, or the absence of the intended research findings, is the only kind of research gap that is the subject of this empirical research study.

The adaptation and mitigation of the difficulties caused by the COVID-19 lockdown limits and the resulting social separation are not discussed in the literature as it stands right now. Because it does not address the lived reality of practical pastoral care without the in-person interactions or fellowships that are a vital component of being a church, especially during pandemics and epidemics like the COVID-19 lockdown restrictions, the existing literature has a knowledge gap. The current pastoral care literature focuses on the pastoral care of physical presence, which is in conflict with the COVID-19 lockdown regulations. There is little discussion of the potential lockdown-related restrictions, including social separation, present to the church's pastoral care mission in general and the ELCZ-CD in particular.

The cutting-edge modern technology has remained a double-edged sword as it can be used to inform, misinform, organize, disorganize, and it can also be used to spread fear and fake news. On the other hand, despite the fact that the world has become increasingly technologically driven and during the COVID-19 lockdown restrictions, pastors used technology to communicate, administer, and parcel out recorded sermons to their expansive constituency. Some church denominations even engaged in virtual administration of Eucharist. It was imperative for this study not only to investigate suitable technology for

churches, but also to identify the technological competencies required of pastoral caregivers to be able to efficiently minister within the confines of lockdown measures.

2.9 Conclusion

In order to extract useful pastoral care lessons from the ELCZ-CD pastoral caregivers, the primary goal of this chapter was to investigate the existential experiences of pastoral caregivers within the framework of COVID-19 lockdown protocols. The examination of the literature demonstrated that, similar to the COVID-19 pandemic, epidemics and pandemics like the Bubonic, Influenza, HIV, and Ebola caused a great deal of death and harm to frontline healthcare personnel. At the time of outbreak of the COVID-19 pandemic, medical professionals in Zimbabwe were experiencing industrial action due to unfavorable working conditions. Despite the fact that Zimbabwe responded to the COVID-19 epidemic proactively by passing laws and implementing operational measures, such as lockdown limits, social separation, and appropriate clothing, the lack of funding hindered the reaction. The problem was made worse by subpar public health facilities staffed by underpaid healthcare workers; persons who had suffered both financial and emotional setbacks were expected to give healing.

Literature in this study revealed that nearly every aspect of society was negatively impacted by the COVID-19 pandemic, including the church. For the church, the lockdown restrictions killed and destroyed the custom of people getting together for Sunday services, weddings, funerals, and other social gatherings. They also wounded the regular practices of a church that involved face-to-face gatherings, depriving congregants of their usual in-person face-to-face fellowships, love, and sharing among believers as well as the crucial psycho-social support and other forms of support. It also emerged from the literature that churches were never closed during the worst epidemics or pandemics, and priests were never prohibited from visiting the ill, which made COVID-19 pandemic unique from other previous epidemics and pandemics.

Pastoral caregivers employed technology to get over the difficulties brought on by lockdown constraints. But, in times of crisis like the COVID-19 outbreak, individuals desperately required face-to-face, physical pastoral care, which cannot be replaced by phone

conversations or other social media platforms. The COVID-19 lockdown restrictions posed a threat to the livelihood and well-being of the inhabitants, given that the bulk of work in the country is in the informal sector, where vending is a major source of discretionary money. Consequently, the lockdown exacerbated the already chronically poor. In addition, information gleaned from the aforementioned accounts of epidemics and pandemics verifies that throughout human history, there have been periods of intense unpredictability and health crises during outbreaks, with many lives lost to each outbreak.

The academic calendar and the kids' continued access to school were impacted by the closing of educational facilities. It also had an impact on the students' socializing, playtime, and participation in sports. Children's friendship experiences are essential to their wellbeing and require time. Furthermore, even though the COVID-19 lockdown restrictions were novel and unproven, private schools continued to teach and study through online courses, leading to learning disparities. Even though they were thought to be for the underprivileged, radio lessons were exclusively available to those who had radio sets. While COVID-19 lockdown restrictions remained ideal to reduce COVID-19, however, a review of the literature revealed that confining people within their houses increased the rate of gender-based violence (GBV) and other intra-family conflicts. The information gathered from the literature evaluation, however, influenced the qualitative research approach used in this study's data collecting and analysis. The next chapter concentrates on the theoretical framework (lenses) that were developed for this study with significant input from the literature review.

CHAPTER THREE

THEORETICAL FRAMEWORK

3.1 Introduction

The theoretical frameworks supporting this empirical study were constructed with assistance from the information gleaned from the literature review in the preceding chapter. This research investigation was based on three theoretical presumptions, specifically: Pastoral care theory by Herbert Moyo (2015) based on the duties and responsibilities of a pastor; Martin Luther's neighbourliness care founded upon Luther's Works, vol. 43, and *ukama* (relatedness or interrelatedness) an indigenous *Karanga* caring philosophy propounded by Hungwe and Ndofirepi (2021) were complementary to this main theoretical framework. This study's main theoretical framework contends that a pastor's duties as pastoral care provider included leading, feeding, healing, supporting, reconciling, nurturing, emancipating, empowering, and guarding the flock (Moyo, 2015). These roles were essential when talking about the existential experiences of pastoral caregivers in the ECZ-CD during the COVID-19 pandemic lockdown. This chapter discusses the three theoretical frameworks showing their relevance and importance in this study.

3.2 The pastoral Care Theory

What distinguishes pastoral care as pastoral? What sets pastoral care apart from all other forms of care? Pastoral care is pastoral in character since it concerns the tasks and obligations of a pastor (Unqvasrsky, 2018). It is pastoral in character because it takes on form within the confines of the church and community where the pastors serve. Pastoral care differs from other forms of care in that it addresses issues specific to a pastor's role and responsibilities. Because it is manifested in the framework of the church and community where the pastors serve, it is pastoral in nature. Because pastoral care is centered on God, a pastor is a representative of the church or the image of God; it varies from other sorts of care (Oates, 1974:11). When treatment accepts the idea that pastoral care should address the psychological needs and wants, it can also relate to help received through the hospital or school counselors (Unqvasrsky, 2018: 2). Moyo's (2015) pastoral care theory was

examined in this section its suitability and limitations to the present research project.

3.2.1 Moyo's pastoral Care Theory

The Greek word *poime*,²³ which means "one called by God" or "set aside by the church through ordination to represent God's presence by carrying out the pastoral care ministry of Word and Sacraments," is where the word "pastoral" originates (Hove, 2022). Pastoral care, according to Moyo (2015), is when the church shows concern, empathy, compassion, kindness, and love for others or when it responds to their needs. Pastors provide pastoral care to the needs of society as an incarnation of God's compassion for the everyday social concerns of society; they are not free agents, but rather they represent Christ and the divine. Pastoral care is a sacrificial ministry carried out by human agents on behalf of God; therefore, as an embodiment of God's compassion for society's everyday needs, pastors provide pastoral care on behalf of God. They are not free agents, but rather stand in for Christ and are empowered by the Holy Spirit to carry out God's work (Moyo, 2015; also see Clebsch and Jaekel, 1975). Pastors are not free agents since they are called and commissioned by God to share God's compassion with society and provide coping methods for people facing various challenges (Moyo, 2015: 10).

According to Moyo (2015) what makes pastoral care pastoral and how it is different from all other forms of care is that its concerns relate to the office and tasks of a pastor and it is expressed within the context of the church and community where the pastor serves Moyo's (2015). On the same score, Oates (1974:11) argued that pastoral care differs from other forms of caring types because it is based on God; a pastor represents the church or the image of God. Emphasizing the same point, Patton (2005) and Emmanuel Lartey (2003) maintained that pastoral care is an action of the community of faith that celebrates God's care by also hearing, remembering and caring for those in need or the church's overall ministry of healing, sustaining, guiding, and reconciling people to God and to one another. Clebsch and Jaekel, (1983:81) argued that pastoral is the application of the Gospel to human needs; it is the praxis of the Christian faith that seeks to liberate God's people from personal

²³ This is a Greek word which means a shepherd known by different names: a minister (Matthew 20:25-28; 1Timoth4:16); a shepherd (John 21:15-17); a builder (1Corinthians 3:10-15); elder (11John 1:1); father (1Corinthians 4:14); an overseer (1Timoth 3:1); steward (1Corinthians 4:1 and a watchman (Hebrews 13:17).

and social brokenness. Moyo (2015: 6) has argued that pastoral care is a collective responsibility in which every person empowered by the Holy Spirit or under the guidance of the Holy Spirit can perform; church elders, ordained ministers, and responsible Christians who are doing some kind of shepherding in the church are pastors.

Males and females are ordained by the ELCZ-CD to serve in the Ministry of Administration of Word and Sacraments in Zimbabwe (ELCZ Constitution 6.1). Pastoral care need to be understood in the context of the church's redemptive mission, according to Moyo (2015). Pastors ought to never abandon those in need of pastoral care, but rather stand in solidarity with them through their suffering. Furthermore, pastors were respected because they were seen as God's servants with spiritual power and are presumed to know almost everything because they are expected to respond to the joys and sorrows of the people they serve. Moyo (2015: 2) upholds the belief that *"the identity of a pastor is highly dependent on the functions of a pastor which are believed to be based on being called and sent by the transcendent"*; pastors earned respect on the basis of being servants of God endowed with spiritual power and is believed to know almost everything as he/she is expected to respond to the joys and sorrows of the society. According to Moyo, the office of a pastor is one of the spiritual gifts in the church and the pastor as a representative of God should have spiritual gifts in order to shepherd (Moyo, 2015).

Moyo (2015) developed a pastoral care theory that views the pastor as a shepherd who is concerned about the flock, based on the idea that the purpose of pastoral care was to shepherd. The Bible uses the idea of a shepherd to describe a pastor. A shepherd's duties include leading, guiding, feeding, healing, sustaining, resolving conflicts, nurturing, releasing, protecting, and facilitating the growth and well-being of both individuals and society as a whole (Moyo, 2015: 5; see also Waruta and Kinoti (2005). According to Moyo's (2015: 4-5) argument, a pastor serves as a shepherd who is in charge of the flock's welfare and sustenance and who continuously spreads awareness of God's presence in society via deeds of love, compassion, and mercy. This old metaphor of shepherding employed by Moyo's (2015) has always been a part of the Christian church's legacy and has dominated the Christian understanding of a pastor from the early church.

Beginning with Abel in Genesis 4, God gives preference to the offering of a shepherd above that of a farmer in the Old Testament. Moses begged God for a leader before transferring the reins of power to his successor, so that the people would not become like sheep without a shepherd (Numbers 27:17). In Jeremiah 3:15, God promises to provide Israel with a shepherd after His own heart and Isaiah 40:1–11 describes God as a shepherd who comforts, makes difficult terrain straight, gathers lambs, feeds the flock, carries them in His bosom, and tenderly leads those that are with the young. David discusses the qualities of a good shepherd in Psalms 23, paying particular attention to God Himself: He restores; leads in the godly paths; protects from the evil; supplies and nurtures for both the body and spirit in the external goodness (Brister 1977:18). According to Moyo's (2015) philosophy of pastoral care, a pastor/shepherd must possess the pastoral care abilities of leading, directing, healing, supporting, reconciling, empowering, liberating, and protecting the flock (all the individuals under their care). The idea of a shepherd as a leader is a recurring pastoral care motif seen in both the Old and New Testaments; a pastor's leadership function is to guide both the church and society (Moyo, 2015). What are the implications of all these pastoral care qualities for pastors in the ELCZ-CD during the COVID-19 lockdown?

Firstly, pastoral caregivers in the church are, first and foremost, stewards of Christ and the divine; they are not free agents performing their duty. Pastors are called and commissioned by God to share His compassion with society and offer coping mechanisms for people facing diverse circumstances, as Moyo correctly stated. Pastoral care is therefore a sacrificial ministry carried out by human agents on behalf of God (Moyo, 2015: 10). Secondly, in line with Moyo's (2015) pastoral care theory, a pastor must be able to lead, guide, heal, assist, reconcile, empower, liberate, and safeguard the flock, which refers to all the people in their care. Thus, a pastor is a leader and ought to show strong leadership qualities at all times.

3.2.2 Pastoral Care and Leadership Skills

Moyo's (2015) pastoral care theory argued that the role of a pastor was that of being a leader both in the church and in society premised on the leadership of Jesus Christ. According to Moyo (2015), pastors are leaders who represent not themselves, but Jesus; therefore, their pastoral care leadership should be anchored on the pastoral ethic of servant hood. Jesus often referred to himself as a servant, in Matthew 20:28, Jesus argues that he

did not come to be ministered unto, but to minister and to give his life as a ransom for many. Jesus considered his work as that of ministering and at the last supper, He demonstrated that by washing the feet of his disciples (John 13:4-11). In John 20:21), Jesus says “As my father hath sent me, even so, send I you” (KJV). The church has therefore been sent out to minister to society. Moyo (2015: 4) argues that the pastoral care ministry of the church requires a wide range of pastoral care leadership skills from the pastor as a representative of Jesus on earth.

For Moyo (2015: 24) a pastor is in reality a multifaceted person who must be a jack of all trades: a pastor must be a leader, a shepherd, a disciple, and a servant of the church and society. One quality of a leader and shepherd is being a visionary so that the sheep are not stolen, lost, abused, oppressed, or starved to death because of a lack of greener pastures. For Moyo (2015), Jesus is a Great Shepherd who is the way, the truth, and the life. Moyo maintained that:

If you want to see Jesus, visit the sick, the naked, the thirsty, the homeless, and those in prison. If you do not want to see Jesus, go to a church that does not embrace the aforementioned groups of people. Jesus is located among the vulnerable, so embracing Jesus’ ethics implies embracing those that are currently stigmatized. Jesus is an excellent example of pastoral care leadership that is always located amongst the vulnerable (Moyo, 2015: 152).

For Moyo (2015), Jesus’ life and deeds were an embodiment of the Kingdom of God; He led by example, walked, and allowed the followers to learn. Although Moyo (2015: 6) maintained that pastoral care is a collective responsibility in which every person is empowered by the Holy Spirit, this study focuses on the ordained pastors in the ELCZ-CD. Ordination is an acknowledgment of the calling and investment of the trust of the church upon ordained (Nurnberger, 2006: 166). Mkhize (2022) argued:

If you are called to be a pastor in your community, you have a duty to respond to situations and help resolve them. There is no manual for this type of situation that you were ever given. For this reason, I believe that receiving

additional pastoral training that enables you to recognize community partners and develop into a community leader will enhance the effectiveness of your position as a priest (Mkhize, 2022: 149).

For this study, the pastor is an office of trust whose duty is to nurture and care for the flock. This is important information for this study to discuss the pastoral responses by the ELCZ-CD pastoral caregiver to the pastoral needs of the people during the COVID-19 lockdown.

3.2.3 Relevancy of Moyo's (2015) Pastoral Care Theory

It was appropriate to address the lived reality of the ELCZ-cd pastoral caregivers in the context of the COVID-19 lockdown constraints because Moyo's (2015) pastoral care theory defines a pastor as a leader who empowers, instructs, advocates for, and cures the sheep (Moyo 2015:24–25). In light of the challenges posed by the COVID-19 lockdown restrictions, the investigator found that the theory was ideal for this study. One school of thought argued that solidarity with the vulnerable and those suffering through hard times were an essential part of a pastor's pastoral role, even if doing so periodically came at the expense of the pastor's own needs, which may surpass those of the person receiving assistance (Moyo, 2015). For Moyo (2015) pastoral caregivers provide pastoral care on behalf of Jesus Christ to bring the presence of God to the needs of society in general and to Christians in particular as embodiments of the compassion of God towards everyday social needs.

This makes pastoral care a distinctive ministry of the church and a call; therefore in the context of the COVID-19 lockdown constraints, the notion was perfect for the pastoral caregivers employed by ELCZ-CD. Moreover, the theory was perfect since it inspired pastoral caregivers trained in ELCZ-CD to assist those afflicted with COVID-19 as well as those who are infected. According to Moyo (2015), pastoral care is a shared responsibility; no one person can offer the help and support that individuals or groups of people need during a crisis. This idea made it possible for this study to include more forms of caregiving. In addition, Moyo's (2015) pastoral care theory resonates with the research problem statement that maintained that the COVID-19 lockdown restrictions destroyed the churches tried and tested coping mechanisms of the church and the traditional means of doing pastoral care.

Since this theory affirms life, it disavows any theology that does the same, is judgmental, and fosters a sense of acceptance and belonging among the weak and marginalized members of society in the church as a community of love and care (Moyo, 2015). The hypothesis is significant because it facilitated the study's discussion of the ELCZ's inclusive pastoral care ministry, regardless of a participant's state of health. Furthermore, the pastoral care theory proposed by Moyo (2015) has methodological ramifications. For example, it guided the researcher in designing an interview guide for focus group discussions, sampling, and research participant selection. It also made it possible for the researcher to create criteria for selecting research participants. The pastoral care theory proposed by Moyo (2015) served as the analytical framework for the data. Because it recognizes vulnerable persons, Moyo's (2015) pastoral care theory was helpful when discussing the pastoral care and pastoral responses by the ELCZ-CD pastoral caregivers in the context of the COVID-19 pandemic. Additionally, it helped in achieving the primary objective of this research, which is to extract insights for the Central Diocese of the Evangelical Lutheran Church in Zimbabwe (ELCZ-CD) from the COVID-19 lockdown protocols.

3.2.4 Weaknesses of Moyo's (2015) Pastoral Care Theory

Moyo's (2015) pastoral care theory is not without flaws. To start, it makes unrealistic claims about the ideal pastor. According to Moyo, a pastor must be somewhat knowledgeable about almost everything in order to attempt to address the tragedies and joys of society (Moyo, 2015: 3). A perfect pastor is faultless and has every skill required offering pastoral care in any situation, even a COVID-19 environment. Moreover, there is a distinction between the pastoral care theory proposed by Moyo (2015) and the real pastor that emerged during the COVID-19 pandemic. Moyo (2015) contends that a pastor must be a jack of all trades. A perfect pastor has no bounds and is unachievable for humans. However, an ideal pastor is beyond limits and remains unattainable by humans, hence pastor in the context of the COVID-19 lockdown is prone to weaknesses inclusive of fear as some succumbed to the disease in the line of duty.

Nevertheless, in spite of the aforementioned weaknesses, this study made use of Moyo's pastoral care theory because it emphasise important pastoral care components such as compassion, care, inclusivity, love, and hospitality. As previously said, a pastor or shepherd's

duties encompassed the spiritual capacity to lead, guide, and feed, heal, sustain, reconcile, nurture, liberate, empower, and safeguard the flock. These are crucial components of the study since they address the existential experiences that the pastoral caregivers of the ELCZ-CD had under the COVID-19 lockdown constraints. In addition to discussing the pastoral care provided by the ELCZ-CD during the COVID-19 lockdown, Moyo's pastoral care theory is ideal for this study because it helps draw pastoral care lessons from the COVID-19 lockdown protocols for the ELCZ-CD on how to do traditional things differently without physical presence as usual.

3.3 Martin Luther's Neighbourliness Care theory

Martin Luther's neighbourliness theory maintains that our neighbors are important, they matter and we should not hurt, harm, or take the life of a fellow neighbor and not bear anger and hatred against a neighbor, but rather we should help and befriend our neighbor, be merciful, be kind, be caring and forgiving (Luther's works, 43). Luther's theory is anchored on the Bible and his personal experiences of the Bubonic plague that swept through Wittenberg, Germany claiming many lives (Luther's Works, 43).

3.3.1 The Bible

According to Mhaka (2010), Martin Luther's views about the neighbor developed as he matured his theology as a reformer. In his Small Catechism (1529), Martin Luther wrote substantially about the neighbor based on the fifth Commandment in which he argued that God forbids us to hurt, harm, or take the sacred life of a fellow neighbor or to bear anger and hatred in our hearts against our neighbor (Mhaka, 2010). Martin Luther has argued that *"we should help and befriend our neighbor in every bodily need: be merciful, be kind and forgiving"* (Luther's works, 43: 123). Martin Luther maintained: *"Thou shall love thy neighbor as thyself"* (Luther's works, 43: 125) see also Matthew 22: 39. What are the implications of all these? Firstly, it implies that care is an unavoidable responsibility towards one's neighbor. Secondly, pastoral care and service for others are key to a neighbor, thus one must not only care, but must also respect one's own neighbor (Luther's works, 43). For Martin Luther Christians are tied to each other in such a way that no one should forsake the other especially those in need; one is required to assist and help just as he/she would like to

be helped; love is a norm that every Christian is instructed to follow: *“you shall love your neighbor as yourself”* (Leviticus 19: 18). This was a very essential life principle in this study to explore the existential experiences of pastoral caregivers during the COVID-19 lockdown restrictions. Martin Luther’s neighborliness care theory encourages pastoral caregivers not to flee from the sheep since they carry higher obligations for they are not hired teachers, but to be committed shepherds whose help is essential in times of epidemics and pandemics (Luther’s Works, Volume 43). In the context of the pandemic such as the COVID-19 lockdown restrictions, Luther’s pastoral care theory argues that we should be of benefit our neighbors if we were to love them as we love ourselves (Luther’s works, 43: 123).

According to Martin Luther pastoral caregivers were called to wholeheartedly serve the neighbor, for *“love by its very nature is ready to serve; Christ was the embodiment of the divine love towards the neighbor”* (Luther’s works, 43). In addition, in his treatise on Christian freedom in 1520, Luther asserts: *“... a Christian is a perfectly dutiful servant of all subject to all”* (Luther’s Works, 43: 134). Thus the benchmark or standard measure for the Christian duty is what God has done through Christ to humanity; service of love given to others for no remuneration. Luther has argued that the priestly service of caring for one another is not reserved for the clergy, but it is for a vocation of every Christian; believers are being formed into a Christ by sharing in Christ’s priesthood (Reijer, 2018: 42). Further, Reijer argued that in 1527, Luther applied the notion of the priesthood of all believers to mutual pastoral care and this Christian ethic is largely seen in the Pauline theology: *“...in humility, Christ came to serve people who never deserved any service by right of their good works”* (Philippians 2: 6-7), Christ offered Himself to serve us as His neighbours (Mhaka, 2010).

According to Mhaka (2010: 20) service for love given to others for no remuneration is to become Christ-like to one’s neighbor. Moyo (2022) contends, however, that no one ever serves someone for free; rather, people assist others in return for cash, divine approval, or a spot in paradise. Some even volunteer their services to others in an attempt to claim divine favor by using their deeds as proof of their own righteousness. However, this theory was perfect for this research study since it was crucial to take into account how much pastoral caregivers in the ELCZ-CD adhered to these pastoral care ideals during the COVID-19 lockdown protocols and what the church may learn for future emergencies.

In his treatise on fleeing the deadly disease, Luther argued:

Those engaged in spiritual ministry such as preachers and pastors must remain steadfast before the peril of death. We have a plain command from Christ “A good shepherd lays down his life for the sheep, but hireling sees a wolf coming and flees (John 10: 11). For when people are dying, they just need a spiritual ministry that strengthens and comforts their conscience. The Word and Sacrament and overcomes death” (Luther’s Works, Volume 43: 121).

The foundation of Martin Luther’s neighbourliness care is compassion, which starts with the ability to empathize with the other person or people, joining them in their journey to change their circumstances, and standing in solidarity with those who are suffering (Hove, 2013: 39). The Latin words *pati* and *cum*, when combined, imply to suffer with; to join in the brokenness, dread, or agony (Nouwen et al., 1982: 14, see also Hove, 2013: 38). Additionally, Hove (2013) maintained that compassion was actual and particular rather than abstract since it called for individuals to enter the realm of others' struggles and accompany them on their journey in order to transform the situation or struggles and sufferings. On the other hand, Pauley and McPherson (2010: 1) maintained that the word compassion means being sensitive to the sufferings of other people with a deep commitment to relieve the situation; it involves both caring and doing; kindness combined with appropriate action.

According to Dube (2007: 20) compassion begins with the desire to relate to, stand in solidarity with, and fight toward change alongside the weak and suffering. There is however, an increasing amount of research that suggests that people are motivated to come to the aid of people in distress by an innate instinct for compassion, even when doing so costs the self (Pauley and McPherson, 2010: 1). Weng et al (2013) argued that compassion is not just an innate instinct; it was also a skill that can be learned and practiced; the notion of compassion assumes that human beings are interconnected and united. This theory is ideal for this study in examining the extent to which the ELCZ-CD pastoral caregivers lived out these pastoral care ideals during the COVID-19 lockdown protocols.

Compassion is a unique character of God, throughout the Bible, God deals with humanity compassionately, and in Jesus, we see the fullness of God’s compassion (Nouwen et, al,

1982:24). Implications are that the role of the church in the context of the pandemic is that of nurturing and caring which the core of pastoral care is. The same sentiments are found in Dietrich Bonhoeffer who argued that:

Jesus was a man for others; the church also should be a community of faith called to serve others. The church is only a church when it exists for others; she must share in the secular problems of ordinary human life not dominating, but helping and serving, Christ wants to meet us in our brother (Dietrich Bonhoeffer, 1967: 203).

Gunda (2020) emphasised the same point when he claimed that taking concern for the safety and security of our neighbours is the only way to understand morality and justice. This suggests that the way we treat our neighbours ought to be real, heartfelt, and an expression of our love and compassion. Since it addressed the experiences of pastoral caregivers in the ELCZ-CD, their selfless devotion and dedication to duty in the face of COVID-19 lockdown constraints, and the potentially fatal threats, Martin Luther's neighbourliness care theory was a perfect fit for this study.

3.3.2 Luther's Personal Experiences of the Bubonic Epidemic

Martin Luther: Who is he? Celebrated German scholar, theologian, priest, composer, and Augustinian monk Martin Luther (1483-1546) was a key player in the Protestant Reformation that gave rise Protestantism alongside Roman Catholicism and Eastern Orthodoxy. In reference to the duties of a pastor, Martin Luther said that a pastor's primary responsibility is to care for God's flock, which includes tending to the sick, frail, and defenseless. His own experiences with the pandemics included: the terrible outbreak reappeared in 1527, barely 200 years after the Black Death in 1348–1351; Duke John ordered Wittenberg's professors and students to flee for safety; concerned for the well-being of the frail, ill, and elderly, Martin Luther a local pastor as well—decided to stay behind and assist the suffering and defenseless (Luther's Works, 43). Martin Luther made the following claims in his essay about escaping a fatal pandemic:

Those engaged in the spiritual ministry such as preachers and pastors must remain steadfast before the peril of death. We have a plain command from

Christ that a good shepherd lays down his life for the sheep, but a hireling sees a wolf and flees (John 10: 11). For when people are dying, they most need spiritual care which strengthens and comforts their conscience. The Word and Sacrament overcome death (Luther's Works, Volume 43: 121).

Luther's neighbourliness care theory also maintained that Civic officials and secular authorities must not flee from a deadly pandemic, but must stay to see to it that law and order are preserved in the prevention of fires, murders, riots, and every imagined disaster (Luther's Works, 43). Equally, Luther argued that servants should not leave their masters and the opposite is true, parents should not abandon their children and the reverse is true (Luther's Works, 43). Luther maintains that no one should leave his/her neighbor without first checking on their wellbeing, especially those who cannot move (Luther's works, 48). Further, Luther argued that no one should leave his/her neighbor unless there are other people to take care of the sick in their place and nurse them (Luther's Works, vol. 43). Martin Luther maintained that when a deadly epidemic or pandemic strikes, Christians should remain where they are prepared to help each other for they are mutually bound together; we are responsible for the wellbeing of our neighbors. For the sake of the wellbeing of a neighbor, Luther declared:

I would fumigate to help purify the air, give out medicine and take it myself, I would avoid places where my presence is not needed in order not to become contaminated and this perhaps infect and transmit it to others, and so cause their death as a result of my negligence. If God should take me, He will surely find me and have done what He expected of me and so I am responsible for neither my death nor the deaths of others. If my neighbour needs me, however, I shall not avoid any place or person but will go freely, as stated above (Luther's Works Volume 43: 132).

However, Martin Luther acknowledged that human beings are instincts for self-preservation that usually overrides other concerns in crisis such as plagues and the Bible is full of examples of people who escaped death (Luther's works 43). However, Martin Luther permitted people to flee a deadly plague only under the following three conditions:

- Where there are enough preachers in one location and they encourage other clergy to leave and they encourage the other to clergy to leave so that they too are not exposing themselves to danger.
- If someone is weak and fearful, let him/her flee in God's name as long as he/she does not neglect his/her duty towards his/her neighbour, but has made adequate provisions for nursing care.
- When escaping death for the sake of God's Word and commandments, Christians in Damascus lowered Paul in a basket over the wall to make him escape (Martin Luther (Luther's works, 43) see also (Acts 9: 25).

Martin Luther's neighbourliness care theory maintained that a pastor should be in solidarity with the suffering and provide pastoral care and not forsake them; a pastor carries higher obligations since they are not hired teachers, but committed shepherds (Luther's Works, Volume 43). Reijer (2018) has argued that the goals and functions of Martin Luther's neighborliness care are helping each other and comforting the bereaved. Luther's neighborliness care theory fits well with the ELCZ Constitutional mandate: *To take care of the sick and suffering and exercise the ministry of hands of Jesus (Diaconate)* (Constitution, Article 4: 1-4). The church as a community should always be involved in mutual caring not only for each other but also care for those outside its boundaries (Reijer, 2018). However, the lived reality was that ELCZ-CD pastoral caregivers did not visit their COVID-19-infected members, bury those who succumbed to the pandemic or console the bereaved relatives (Hove, 2022).

3.3.3 Weaknesses of Luther's Neighborliness Care Theory

Martin Luther's neighbourliness theory assumes that neighbourliness is synonymous with compassion, love, and care. In real life we have neighbours who do not see each other eye to eye, we have neighbours who do not even know or care for each other. In fact, some neighbors are enemies. Regardless of the cited weaknesses, this study employed the neighbourliness care theory for its emphasis on what neighbours ought to do in the context of a pandemic; it also gives the ideals of pastoral care particularly in the face of a pandemic which is the heart of this study as it explores the pastoral care responses of the ELCZ-CD during the COVID-19 lockdown protocols. Further, the theory spells out the responsibilities

of the pastor as a shepherd who is not hired (Luther's Works, 43). Also, the theory is handy for this research study as it helped in reflecting on the existential experiences of the ELCZ-CD pastoral caregivers during the COVID-19 lockdown restrictions.

The theory served as a prism through which to collect and analyze data. Luther's counsel is a helpful manual for the church during the COVID-19 lockdown, as well as for laypeople, medical professionals, and other caregivers during the pandemic. The actual situation is that a number of pastors avoided visiting their COVID-19-positive congregants, burial those who passed away from the epidemic, and providing consolation to grieving family members out of concern for catching the illness themselves.

3.4 Ukama: An Indigenous Karanga Social Caring Philosophy

The *Karanga* term from the root word *hama* which literarily means a relative or relatives is an adjective that describes the significance of relatedness and interrelatedness (Murove, 1999: 7). Since there is a chance of becoming a relative (*hama*) among the *Karanga* people, assimilation or absorption is ingrained *in ukama*. In *ukama*, a person's identity is perceived within the community. In order to reduce individualism, discrimination, stigma, and isolation, *ukama* is essential. *Ukama*-born connectedness forces people to share and take care of one another. The *Karanga* word *ukama* is an adjective that describes the relatedness and interrelatedness, its root word is *hama* which literally means a relative or relatives (Murove, 1999: 7). It has already alluded to the fact that in *ukama* an individual is seen through the community, thus *ukama* plays a pivotal role in minimizing individualism, prejudices, stigmatization, and isolation. According to Murove (1999) the word "*ukama*" is synonymous with the Ndebele word "*Ubuntu*"²⁴ which expresses the concrete form of "*ukama*" and humanness in the context of human interaction with society and serves as a microcosm of reason in the cosmos. Shutte (2001) claims that among the *Karanga* people, life is communal and expressed inside a community, and an individual is viewed and

²⁴*Ubuntu* is a Ndebele word that means "humanness" in its literal sense. It is not simplistically about communality but it is also about the morality and legality of restitution (Nhemachena, 2021). Without restitution and reparations the community in *Ubuntu* becomes impossible; indeed even life becomes impossible. *Ubuntu* solves the issue of exclusion and embodies moral qualities like kindness, warmth, responsibility, dignity, hospitality, empathy, caring, and being willing to go above and beyond for the sake of others (Ramose, 1999 and Makuvaza, 2013).

expressed within a group.

As a result, each individual is connected to others through *ukama*, which fosters ties within the community. According to Mhaka (2010), the Karanga people of Zimbabwe believe that everyone is a member of a single human block and that sharing duties makes one a fully human being.

Etymologically, the term *ukama* is a Shona adjective with a stem in the *Karanga* word *hama* which literally means relative, the *u* is an adjectival prefix and *kama* stem (Murove, 2006). According to Murove (2009), the word *kama* which literally means to milk an animal and the notion of milking implies closeness, affection and connection between the source and the means of livelihood and the beneficiaries (Murove, 2009) see also Mhaka (2010). The *Karanga* social philosophy of *ukama* helps this study understand the relatedness, the interrelatedness, and the responsibilities of congregants to each other in the context of a pandemic such as COVID-19. Due to the interrelatedness and connectedness, *ukama* compels people to care for each other for they are one in Christ (Mhaka, 2010).

3.4.1 Hungwe and Ndofirepi's *Ukama Karanga* Ethnic Care Theory

Zimbabwe is rich in indigenous knowledge systems embedded in cultural traditions; at the heart of the *Karanga* moral emphasis was *ukama* (Murove, 1999). According to Hungwe and Ndofirepi (2021), the COVID-19 pandemic occasioned the need to integrate the *Karanga* indigenous social values of *ukama* (relatedness and interrelatedness) in caring for infected and affected members of society. *Ukama* was a collectivist social scope of relatedness cherished among the *Karanga* people (Hungwe and Ndofirepi, 2012: 113). *Ukama* served as the foundation for families and communities among the *Karanga* people, where dependency was unavoidable and everyone had something to offer and receive. Mhaka (2010) states that *ukama* was one of the most important indigenous tools used to unite individuals and communities because it placed a strong emphasis on brotherhood and sisterhood, which promoted peace and coexistence via a life of mutual love and support. To ensure that no one was left alone during the COVID-19 pandemic lockdown, this kind of care was necessary; *ukama* was demonstrated through hospitality that unites people in unconditional inclusivity (Hove, 2020). The paradox is that while *ukama* creates a

connection of *hama* (relatives) to the exclusion of *vatorwa* (non-relatives), in the same vein the *Karanga* people uphold the social philosophy that *munhu wese inhama yako* (everyone is a relative) and therefore must be treated with care and respect (Hungwe and Ndofirepi, 2021: 115). According to Gelfand (1981: 125), *ukama's* connection and connectedness represented solidarity, collectivism, and peace, that demands people see others as more than merely their acquaintances. For this reason, *ukama* continues to be a powerful communal pillar of inclusive moral philosophy. The *Karanga* proverb, "*rume rimwe harikombi churu,*" which literally means no matter how physically strong and skillful one is, one needs assistance from others," and this confirms the depth of *ukama* as a moral caring philosophy (Hungwe and Ndofirepi, 2021: 116).

Ukama is associated with the cohesiveness of the family, served as a vehicle for each member's personal development, and fostered communication between the younger and older members (Shutte, 2003). According to Murove (1999: 12), *ukama* implied that during difficult times, individuals would pool their resources and abilities for the good of all. As a result, *ukama* was not abstract or theoretical idea, or biologically related, but rather it was an existential reality expressed by sharing. According to Murove (1999: 12) *ukama* was not an imaginary concept, but an existential reality and a good person was measured by his/her relationship with others and by his/her record of kindness, charity, and ability to live in unity with others (Ndofirepi and Shanyanana, 2015). Ndofirepi and Shanyanana maintained that *ukama* was not only limited to human relationships, but it was also about being in harmony with the whole of creation was of fundamental importance in the *Karanga* worldview. In order to maintain harmony in creation, the *Karanga* argues: "*kugara kunzwanana*" which literally means staying together and embracing one another's differences is necessary for survival (Ndofirepi and Shanyanana, 2015).

The statement also stressed the value of living together through not only understanding but also tolerating one another. The expression also symbolized some key social concepts such as a good human being or citizen, a well-behaved and morally upright person, honest justice, and trustworthy and hardworking people who are devoted to the family and community's welfare (Makuvaza, 1996). All these brings the question: to what extent were pastoral caregivers in the ELCZ-CD inclusive during the COVID-19 lockdown protocols? The

ukama theoretical framework helped this research study draw practical pastoral care lessons from the COVID-19-induced lockdown restrictions for the ELCZ-CD pastoral caregivers in future outbreaks and emergencies.

3.4.2 Relevancy *Karanga* Caring Philosophy of *Ukama*

The concept of sharing and caring for others was highlighted by *ukama*, and as a result, these qualities were intrinsic to the *Karanga* identity (Murove, 1999). As a result of requiring isolation, quarantine, and confinement within households, the COVID-19 epidemic has really damaged the indigenous social life systems. It has also caused a disruption to the customary communal lifestyle of relatedness and connectivity among Zimbabwean Christians. The *Karanga* word *ukama* refers to the truth of all things as well as relationships and interdependencies among humans (Ikeke, 2015). According to Murove (1999), *ukama* was a holistic as it considered a person's well-being in relation to the entire web of cosmic life.

The *Karanga* idiom: “*ukama igasva hunozadziswa nokudya*” plainly means relationships are hardly complete unless people partake of a meal or dine together (Mhaka, 2010: 7). According to Chimuka (2001), food is a symbol of life because it provides sustenance for the needy, hence sharing food is like to giving one person another life. In *Karanga* culture, it is considered enmity not to give or eat from the same plate with another person; nevertheless, accepting to share a table with someone else is a sign of togetherness, love, and healthy connections. Therefore, the heart and spirit of *ukama* are in fellowship, caring, sharing and togetherness (Ikeke, 2015).

This theory was essential in laying a strong foundation for discussing the experiences of pastoral caregivers in the ELCZ-CD in the context of the COVID-19 lockdown as it understands individuals in light of the group to which belong and the *Karanga* people's worldview is characterized by kindness, curtesy, warmth, empathy, and respectfulness (Murove, 1999). *Ukama* is holistic that sees all of life as interrelated and connected and as a concern for the well-being of all (Ikeke, 2015). What are the lived realities and the applicability of the *ukama* ideals by pastoral caregivers in the ELCZ-CD during the COVID-19 lockdown restrictions?

Ukama, according to Murove (2006), signifies a person who is dedicated to the well-being of others and is morally upright, responsible, honest, trustworthy, and hardworking. The *ukama* theory of Hungwe and Ndofirepi (2021) is significant for this research because it exemplifies the virtues that uphold, among other ethical values, mutual social responsibility, mutual assistance, trust, sharing, unselfishness, caring, and respect for others (see also Chitumba, 2013). According to Masango (2005: 916), the African notion of care encompasses all members of the tribe, family, and village. The philosophy placed a strong emphasis on collaboration, moral and social support, and communal harmony. While it does not address the issue of exclusion, it does imply that people should cohabit peacefully (Ikeke, 2015). *Ukama*, or connectivity in a harmonious community, was inextricably linked to unity and collaboration. Children are taught and encouraged to live together, work together, and share a single dish at a young age, which is when cooperation starts (Gelfand 1973).

3.4.3 Weaknesses of *Ukama* care theory

This indigenous *Karanga* care theory of *ukama* is overly idealistic, assuming that love and care are equated with closeness and interconnectedness. Murove (1999) observed that the lived reality was that there were more intra- and intra-family and tribal fights, defeating the notion that *ukama* unites people and fosters compassion towards a relative. Despite the fact that *ukama* embodies tolerance and being in solidarity with other people, it is about collectivism and peace that demands the recognition of other people as more than just acquaintances.

3.5 Integration of the three theories in this study

The three theoretical frameworks focused primarily on the welfare of the individual and the larger society. The pastoral care theory proposed by Moyo (2015) centered on empowering, shepherding, and advancing the welfare of individuals and the community. Moyo (2015) argued that if the pastoral care ministry of the church did not get involved in the socioeconomic and political issues of society, it was not carrying out its responsibility of sharing the good news with the people, as per Moyo's belief that the church should demonstrate kindness, love, empathy, and responsiveness to human needs (Moyo, 2015: 116). Martin Luther contended that secular authority and civic leaders must continue to exist for the sake of society in order to uphold law and order and prevent riots, fires,

murders, and all other imaginable tragedies. Pastors should not abandon their flocks in the face of devastating diseases, but rather, as devoted shepherds, their support was crucial during pandemics and epidemics (Luther's Works, 43). In the same way, employees should not desert their employers; parents should not forsake their kids. Martin Luther placed a strong emphasis on the need of love and service to one's neighbor in his definition of neighborliness. This theory was crucial to this study's discussion of the ELCZ-CD's pastoral care ministry in reaction to illnesses and pandemics.

A combination of these two with the indigenous *Karanga* moral philosophy of *ukama*—which focused on intimacy, attachment, relatedness, and interconnectedness allowed group members to share within the extended family group in addition to strengthening their bonds with one another (Gelfand, 1981: ix; also see Mhaka, 2010: 20). Furthermore, *ukama* was a sign of peace, unity, and collectivism (Gelfand, 1981:125). *Ukama* was essential in reducing the stigma and solitary individualism connected to the COVID-19 lockdown procedures.

By fusing Martin Luther's neighborliness care, Hungwe and Ndofirepi's notion of *ukama*, and Moyo's (2015) pastoral care theory, the church has become a place of peace, well-being, hope, acceptance, care, and love. Since the church was commonly referred to as Christ's ambassador, it is crucial that it embody the fullest definition of neighborly love (Mhaka 2010: 5). So, the moral obligation of the church to offer pastoral care is at the center of the three points of view. This study reflected on the experiences of pastoral caregivers in the ELCZ-CD and derived pastoral care lessons from COVID-19 lockdown restrictions using Moyo's (2015) pastoral care theory, Martin Luther's neighborliness care theory, and Hungwe and Ndofirepi's (2021) *ukama* theory.

3.6 Conclusion

The primary goal of this chapter was to pinpoint theoretical perspectives that the researcher may use to investigate the existential experiences of pastoral caregivers in the ELCZ-CD amid the COVID-19 lockdown measures and derive insights for pastoral care in the post-COVID era. A thorough examination of the ideas supporting this research demonstrated the significance and applicability of each theory to this investigation: the primary theoretical

framework for pastoral care ministry, according to Moyo's (2015) theory, contained the following tasks for the church's pastoral care ministry: leading, healing, supporting, resolving, nurturing, emancipating and empowering, and safeguarding the flock. According to the belief, the pastor/shepherd is in charge of the flock's welfare and sustenance and was the one who continuously spreads the word about God's presence in society through deeds of kindness, love, and compassion. The theories enabled the researcher to investigate the pastoral care issues raised by the COVID-19 lockdown limitations and the opportunities given to the ELCZ-CD to earn new ways of doing pastoral care of presence in absence, thanks to the theory.

The neighbourliness care of Martin Luther enabled the researcher to interrogate the lived realities of pastoral caregivers in the ELCZ-CD in the face of the Covid-19 lockdown. Martin Luther maintained that pastors should not abandon their flock in the context of a pandemic for they carry a higher obligation for a pastor is not merely a hired teacher, but a committed shepherd; a good shepherd lays down his life for the sheep, but the hireling sees the wolf coming and flees. This enabled the study to examine the pastoral care attitudes of the ELCZ pastors in the COVID-19-induced lockdown. Further, it equips the researcher to answer the key research question and sub-research questions of this study.

The indigenous *Karanga* moral philosophy of *ukama* is expressed within a community and sees an individual in the light of the group; through *ukama*, every person is connected to others and this interconnection builds community relationships. This chapter has shown how Moyo's (2015) pastoral care and Martin Luther's concept of neighbourliness care together with *Karanga* social philosophy of *ukama* can be used as resources of pastoral care in the context of pandemic lockdown restrictions. The understanding was that through *ukama*, the *Karanga* people remain united, bound together even in the face of COVID-19 lockdown restrictions; this enabled the researcher to explore the lived realities of *ukama* in the face of the COVID-19 lockdown protocols. The three theories were relevant to explore the pastoral care ministry of the ELCZ-CD as they all focus on the well-being of the people since the church is a servant of God.

This chapter on the theoretical framework informed the researcher's choice of method for data collection and shaped its research design. It is concluded that Moyo's (2015) pastoral care theory which is the main theory underpinning this research study, Martin Luther's neighbourliness care, and the *Karanga* indigenous social care of *ukama* have methodological implications for the selection of pastors only from the ELCZ-CD as participants or sources of the data for this study. The next chapter focuses on the research methodology.

CHAPTER FOUR

RESEARCH METHODOLOGY

4.1. Introduction

In chapter three, the researcher provided a theoretical framework underpinning this research study and discussed the importance of each of the three theories employed in this study; this chapter focuses on the research methodology and methods utilized in this study. A research methodology is a study blueprint that specifies how the researcher would practically go about studying whatever is known (Terre Blanches and Durrheim, 1999). While a research methodology determines the accuracy and efficiency of the research methods (Kothari, 2012), research methods refer to the “how” part or the manner in which material for research was generated (Shumba, 2014). It is about procedures to be followed in the collection and analysis of data that meet the research objectives and help minimize the danger of haphazard data collection (Dawson, 2002: 37). The methodology of this study was determined by the nature of the study, and by its theoretical framework which involved interrogating the existential experiences of pastoral caregivers of ELCZ-CD during the COVID-19 lockdown restrictions and lessons that can be drawn for the church for future emergencies.

This chapter would first explore: the research design, justify the use of a qualitative method, the population and sampling techniques, methods of data collection and analysis, and a discussion on how the important rudiments of validity, credibility, and rigor are incorporated into the research project. Field research which involved individual in-depth interviews and focus-group discussions through digital means such as phone calls, and WhatsApp complemented by desktop research in the form of a literature review.

4.2 Research design

A research design is a comprehensive outline of how a study will be conducted, how data will be collected and what instruments will be employed, and the intended means of analyzing data collected. Kothari (2012) concurs with Polite and Hungler (1999) that a

research design is a general plan or blueprint of the researcher’s overall plan for obtaining answers to the research questions in tandem with clear-cut objectives. Table 4.1 below shows the study’s research design.

Table 4: 1 The research design and methodology

| |
|---|
| <p>Research Design Qualitative in Nature, Descriptive Study</p> |
| <p style="text-align: center;">Data Collection Strategies (Methods) Triangulation in Data Collection Tools</p> <p>In-depth Interviews, Focus group discussions, Validity (Credibility), and Reliability: phone calls, WhatsApp and WhatsApp group chats</p> |
| <p style="text-align: center;">Data Collection Strategies (Participants) Purposive Sampling with 40 participants.</p> <p>Triangulation in Participant Selection:</p> <ul style="list-style-type: none"> a) Pastors in charge b) High school chaplains c) Hospital chaplains |
| <p style="text-align: center;">Transcriptions and Member-checking Researcher and Participants involved Ethical Considerations</p> |
| <p style="text-align: center;">Data Analysis Plan Inductive methods of data analysis</p> |

Source: Tesch’s Qualitative Data Analysis Tool (Chinyoka 2013)

Kumar (2011:94) defines a research design as a procedural strategy employed by the researcher to answer the research questions of the study validly, objectively, precisely, and economically. McMillan and Schumacher (2010) maintain that a research design is a map or plan that guides the research study to obtain data to answer the research questions. A research design can also be defined as a study blue-print or the overall research plan to be used by the researcher in order to obtain the desired results (Rajaseker, 2014). Chinyoka

(2013: 104) stresses: *“Good research is not accidental, but requires careful planning and execution”*. This is a qualitative empirical study pursues the ELCZ’s pastoral care in the COVID-19 lockdown context as such the research design was based on the purpose of the research, the context, and the research techniques utilised to collect and analyse the data.

4.3 Qualitative inquiry

This study is located within a qualitative empirical interpretative approach. Qualitative research can be defined as a market research method that focuses on obtaining data through open-ended and conversational connections (Kumar, 2011). This is an ideal approach for this study as it allowed dialogue between the researcher and participants and observations and the qualitative research paradigm *“sees the world as constructed, interpreted and experienced by people in their interactions with each other and with the wider social systems”* (Ulin et al, 2008:18). A qualitative research does not deal with numbers, but rather deals with interpretive social realities (Martin et al. 2000:7). It is ideal in interpreting the lived realities of pastoral caregivers in the ELCZ-CD during the COVID-19 lockdown restrictions. Further, a qualitative research design is ideal for this study for human learning is best reached by using qualitative data (Domegan and Fleming, 2007; Denzim and Lincoln, 2003). Losifides (2011:167) argues that social reality is a product of meaningful social interaction with those involved and not from the perspectives of the observer.

The researcher makes sense of people’s experiences by interacting with them, listening carefully to what they say (epistemology), and making use of qualitative research techniques to collect and analyse information (Martin et al. 2000:274). On the other hand, the method allows participants to tell their stories as qualitative data sources include interviews (Myers 2009). A qualitative empirical method was chosen and employed to investigate the challenges posed and opportunities offered by the COVID-19 lockdown to the pastoral care ministry of the ELCZ. The qualitative research method deals with social realities; it provides a detailed understanding of human behaviour, emotions, attitudes, and experiences (Berg 2012). Levitt et al. (2017) argue that the qualitative research method is very helpful because it is inductive in its nature as it allows the researcher to explore more meanings and insights in a given situation like that of the COVID-19 lockdown.

The qualitative method equipped this researcher to undertake in-depth interviews and allowed participants to freely share their experiences of challenges posed by COVID-19 lockdown restrictions and opportunities presented for the ELCZ to learn new ways of doing traditional things differently. This method enabled the researcher to establish the challenges posed by the COVID-19 lockdown on the pastoral care ministry of the ELCZ-CD.

4.4 The study setting and Context

This qualitative empirical research study was conducted in the Evangelical Lutheran Church in Zimbabwe-Central Diocese (ELCZ-CD) established in Zimbabwe in 1903 by Swedish missionaries from Zululand (Soderstrom, Bergman, and Bergman, 2003). It humbly started as a rural church with a special bias towards the rural poor; it remained a rural church predominantly in Mberengwa, Gwanda, and Beit-Bridge districts with its Headquarters at Mnene farm which is located at the heart of Mberengwa district (Soderstrom, 1984). Since its inception in 1903, the ELCZ has gone through several alterations and modifications; it started moving into urban centers following its adherents who had moved into cities in search of employment in urban centers (Soderstrom, 1984) see also Bhebe (1999) and it moved from one unitary church into two Deaneries in the early 1960s and then into three Dioceses in 2006. The ELCZ-CD was established in 2006 as one of the three dioceses.

The Evangelical Lutheran Church in Zimbabwe-Central Diocese (ELCZ-CD) has thirty-three parishes with a total membership of about one hundred thousand people (Bishop's 2021 Annual Report). Geographically, the ELCZ-CD covers the current Midland Province excluding Gokwe and Kwekwe. Under the jurisdiction of the ELCZ-CD are three Hospitals, four High Schools, and one Boarding Primary school. Over and above the professionals working in these institutions such as nurses and teachers are Chaplains who were the participants in this empirical research study. On the ecumenical front, the ELCZ-CD is a member of the Lutheran World Federation (LWF), a fellowship of the Lutheran family worldwide identified by Lutheranism. The Lutheran Church is the oldest protestant denomination following the Reformation with a total membership of about 72 million Christians in 98 countries across the globe in 145 member churches. Lutheranism is centered on the theology of great

reformer Martin Luther (1483-1546) of Justification by faith: “by Grace alone through faith alone on the basis of the scripture alone” (Luther’s Works, 48) see also (Romans 1:16-17).

Economically, the ELCZ-CD is struggling. Although ELCZ was weaned from the Church of Sweden Mission through the Document of Understanding of Gwanda, 3 March 1963, renewed in 1983 and 2009 respectively, the ELCZ remained financially dependent as shown in the Document of Understanding:

The Church of Sweden will continue supporting the ELCZ for some time; however, financial self-reliance for the ELCZ must be a top priority. Before achieving it, the ELCZ is free to request funds from the Church of Sweden for projects which the ELCZ is unable to cover fully from its own resources. However, the ELCZ must submit its annual budget to the Church of Sweden by 31 July. Funds provided for specific projects or purposes could not be relocated by the ELCZ without the prior agreement of the Church of Sweden. The ELCZ as a church was to keep a proper record of financial transactions and audit its books regularly. The ELCZ was bound to provide the Church of Sweden with an annual financial statement and audit report (Soderstrom, 1984: 301-302).

At the time of writing, the ELCZ had not provided financial statements and audited reports for three (3) consecutive years resulting in the Church of Sweden withholding financial assistance to the Evangelical Lutheran Church in Zimbabwe (ELCZ) (General Secretary Report Church Assembly, 2019). The choice for choosing the ELCZ-CD for this research study was influenced by the fact the Diocese has the largest number of parishes, pastors, and members. Secondly, the researcher is *Karanga*, born and bred in the ELCZ-CD so he is familiar with both the pastoral care ministry in the Lutheran church and the *Karanga* culture of *ukama*.

4.5 Population and sample

4.5.1 The population

In this empirical study, the researcher employed a purposive method to select the study population composed of all pastors in charge, hospital chaplains, and school chaplains in the ELCZ-CD. The researcher is of the view that these are the information-rich participants from

whom the research study can learn a great deal about the lived reality of pastoral caregivers during the COVID-19 lockdown restrictions.

4.5.2 The sample

Bless and Higson-Smith (2010) defines a sample as a subset or a small proportion of the population selected for observation and analysis whose characteristics are generalized to the entire population. Polite and Hungler (1995) maintain that a research study population is the totality of all participants that conform to the set of specifications. Using the purposive sampling method; this research study selected forty (40) participants from the ELCZ-CD. Purposive sampling was best for this study because it is a non-probability sampling technique; it allowed the researcher to choose research participants deemed to have information and experience on the subject under study (Bryman, 2010: 107). The researcher was of the opinion that the pastors in charge, High school, and hospital chaplains have valuable existential experiences on pastoral care during the COVID-19 lockdown restrictions, challenges, and opportunities. However, the researcher is conscious that inappropriate participants may voluntarily or involuntarily give unreliable data as they may be eager to please or may have hidden agendas (Chinyoka, 2013).

This research study seeks to explore the challenges and opportunities posed by COVID-19 and the selection was done in line with the ELCZ's three-pronged approach to pastoral care. According to Alvi (2016), sampling is a process through which a sample is extracted from a homogenous population whose members are meeting the particular criteria for selection. These homogeneous sampling techniques in this study brought together people with similar experiences of the challenges posed by the COVID-19 lockdown.

Table 5: Distribution of participants by position and gender

| Title | Gender | | Total |
|--------------------|-----------|-----------|-----------|
| | Males | Females | |
| Pastors in charge | 23 | 10 | 33 |
| Hospital chaplains | 2 | 1 | 3 |
| School chaplains | 2 | 2 | 4 |
| Total | 27 | 13 | 40 |

Source: Field data (2023)

Table 6: Distribution of participants by age

| Age in years | Females | Males | Total |
|--------------|-----------|-----------|-----------|
| Below 30 | 0 | 0 | 0 |
| 31-40 | 3 | 4 | 7 |
| 41-50 | 9 | 15 | 24 |
| 51-60 | 1 | 6 | 7 |
| 61+ | 0 | 2 | 2 |
| Total | 13 | 27 | 40 |

Source: Field data (2023)

Table 7: Distribution of participants by working experience

| Experiences in years | Females | Males | Total |
|-----------------------------|----------------|--------------|--------------|
| 0-5 | 0 | 0 | 0 |
| 6-10 | 2 | 7 | 9 |
| 11-15 | 8 | 10 | 18 |
| 16-20 | 1 | 3 | 4 |
| 21-25 | 2 | 4 | 6 |
| 26-30 | 0 | 1 | 1 |
| 31+ | 0 | 2 | 2 |
| Totals | 13 | 27 | 40 |

Source: Field data (2023).

Tables 4.3 and 4.4 show that study participants are mature and seasoned pastoral caregivers as none is below the age of thirty (30) years of age and none is below five (5) years of experience. The researcher upholds the view that these participants have relevant information and experiences to the research topic for the purpose of holding meaningful discussions (Wilkinson, 2004).

4.6 The Sampling Procedures

Moyo (2017: 58) posits that sampling is a technique that targets a special group of individuals in a population. This study utilizes purposive sampling as the study targets a specific closed group of people within the ELCZ-CD namely pastors, those leading in the health and education sectors of the church. A large pool of possible participants was established before the interview to increase selection opportunities for selecting information-rich participants since qualitative research, details, and depth take precedence over numerical accuracy (Durrheim, 1999). Polkingshorne defined information-rich as *“those from whom the research can learn a great deal about issues central to the purpose of the research”* (2005:140).

The function of the research design of this study was to ensure that the data collected enables the researcher to answer the research key research and other questions; the study's information-rich participants are the pastors in charge, education secretaries, and LDS and Health coordinator. The table above shows that the study is dominated by male and rural participants confirming that the ELCZ is a rural church (Soderstrom, 2984). What is the relevancy and importance of each the said category of the sample/population in this study?

4.6.1 The Pastors in Charge and Chaplains

By virtue of ordination, both pastors in charge and chaplains are pastors whose fundamental task is to provide pastoral care. While Article 66.1.1 of the ELCZ constitution gives a pastor in charge an oversight role: *"to take care of and watch over all congregations within the parish and supervise the activities thereof"*, Chaplains focus on the specific areas namely: patients, and hospital staff for the Hospital Chaplain and learners, teachers and support staff for the school chaplains (Sibanda, 2020). Both the pastors in charge and the chaplains are responsible for the well-being of the people in their respective areas of operation. The literature review in chapter two has shown that the ELCZ-CD is composed of thirty-three (33) parishes manned by a pastor in charge each. The researcher upholds the view that pastors in charge, Hospitals, and Schools Chaplains had appropriate primary data and experiences of the COVID-19 pandemic to answer the research questions for this study.

4.7 The gatekeepers and gaining access to the field

A gatekeeper is a person, a group of persons, or an institution with formal authority to regulate access to a site or research subjects (Neuman, 2006). According to Terre Blanche and Kelly (1999), gatekeepers are people who have the mandate to determine who is allowed or denied access, usually parties concerned with the subject under investigation or the welfare of the prospective participants. Further, Terre Blanche and Kelly argue that the researcher's success in this regard to gaining access has a significant effect on the nature and quality of the data collected, and ultimately on the trustworthiness of the findings. Shenton (2004) argued that gaining access to the field is a prerequisite; a precondition for qualitative research to be conducted as one has to negotiate with the gatekeepers. The ELCZ is a hierarchal church, the key gatekeeper is the Presiding Bishop, the researcher made a written request to the Presiding Bishop through the office of the General Secretary seeking

permission to conduct this empirical research study, a written permission was granted. Secondly, the researcher was granted permission from the Diocesan Bishop and the two Deans in the ELCZ-CD. The researcher generated an Informed Consent letter for the participants showing contact details of the supervisor or the research ethics office at the University of KwaZulu-Natal in case participants may have questions about the researcher himself (see Appendix one).

4.8 Data Collection Instruments

Data collection refers to the 'how' part of the manner in which material for the research study was generated (Shumba, 2014). These three primary methods formed the bedrock of qualitative data collection namely: participant observation, in-depth interview, and focus-group discussion. O'Leary (2012:150) argued that collecting credible data is a tough task and one method is not inherently sufficient. Further, O'Leary argued that the type of method of data collection depends upon the goals and advantages of each method. This is a qualitative empirical research study, and both primary and secondary data collection methods were utilized. The justification for employing a qualitative approach in this study is its flexibility; primary data collection methods namely: in-depth interviews, focus-group discussions, participant observations, and field notes. Secondary data collection methods included a literature survey.

4.8.1 Primary data collection instruments

4.8.1.1 In-depth interviews

Interviews are a common and widely used tool in primary data collection; the in-depth interview is a qualitative research method characterized by open-ended questions and recording of proceedings (Losifides, 2011). According to Losifides (2011), an in-depth interview is a means of gathering critical social information and this facilitates accessing possible underlying information, the lived experiences, preferences, and perceptions. Affiku (2015) argued that in qualitative research, individual in-depth interviews are attempts by the researcher to understand the world from the participant's point of view and unfold the meaning of the people's experiences.

The in-depth interview method was appropriate for this study as it allowed participants to describe their contexts, it was a reflective process that enabled the interviewee to explore his/her own experiences in detail (Mukuka, 2018). Further, the benefits of in-depth interviews include; flexibility that makes interview discussions flow naturally, giving enough room for further probing to obtain more data considered necessary and useful (Kvale (1996).

The COVID-19 lockdown is a lived reality; its impact on the pastoral caregivers of the ELCZ could only be understood by those responsible for the daily running of the church in its three-pronged areas. Due to the nature of the COVID-19 pandemic that spreads through human physical contact and because of the lockdown protocols and measures that required people to stay at home to be safe, the researcher conducted in-depth interviews through phone calls. This did not attract costs on study participants, further, to cut costs on airtime, questions guiding in-depth interviews were sent to participants prior to the interview date so that the interviewees have ample time to prepare for the interview, and each in-depth interview lasted between 15 and 20 minutes. Further probing was done through WhatsApp since it is less expensive and the researcher provided participants with data bundles. To avoid forgetting some important points, the researcher took down the field notes.

4.8.1.2 Focus-group discussions

Focus groups were used as the primary technique of data collection in this study because, in comparison to other qualitative approaches, they maximize face-to-face participant-researcher contact and provide substantial amounts of qualitative data (Pker and Trtter 2006). Determining the pastors' perspectives on COVID-19 positive patients as members of the Body of Christ was also crucial. Focus groups have advantages because participants would hear others elaborate on topics in addition to sharing their own thoughts (Finch and Lewis 2003).

Focus group discussions gathered more detailed information in this way, encompassing not only the members' varied perspectives but also their responses to each other. Additionally, it was a perfect fit for this study because participants listened to others elaborate in addition to sharing their own ideas. Richer data, such as participants' varying points of view

and their responses to one another's perspectives, were gathered by the researcher through focus group discussions (Morgan 1988:2). Due to COVID-19 lockdown protocols, WhatsApp group platforms were used for focus group talks.

Doworkin (2012) advised against having too few participants as they may restrict the discussions and having too many can also be problematic because of time constraints that prevent other participants from fully contributing their opinions to the research. Four (4) WhatsApp focus-group discussion platforms were formed, each with ten (10) participants. Focus group talks were conducted with the same individuals who took part in the in-depth interviews. Four focus groups were conducted by the researcher, and each focus group was asked the same set of questions.

4.8.2.3 Participant observations

According to Duncombe (2010), participant observation was a technique for gathering data in which the observer or researcher actively engages in the daily activities of the subjects of the study. On the other hand, Cohen et al. (2011), argued that participant observation was a method of learning by being exposed to or participating in the participant's daily or normal activities while they are in the researcher's setting. One of the primary approaches for researching small groups in their natural environments is participant observation (Chinyoka, 2013). Participant observation in this study refers to a method of acquiring data that was not restricted to the study participants in their environment of attending funerals and other public events, but rather involved observing participants' behavior and communicating their nonverbal, verbal, and bodily responses within the context of their work. Participant observations helped the researcher to measure the consistency of views with what participants do and say outside the interview contexts.

Despite the benefits of participant observation highlighted above, Debunk and Jobo (2002) highlighted several disadvantages with the methods which included the following: sometimes the researcher may be interested in what happens outside of the public eye, the method has great bias and all these ultimately affect the researcher's analysis and interpretation of data. This study utilized participant observations and triangulation to

enhance the study as the researcher assessed and compare data collected by a variety of means namely through interviews, observations, and filed notes.

4.8.2 Secondary data collection method

When we talk about secondary data, we're talking about data that has already been gathered and examined by other researchers. You can find public or unpublished secondary data. This is the information that backs up the main.

4.8.2.1 Literature survey

This study's literature review included library research, which is a method of gathering information from both published and unpublished sources, including print and online media sources including newspapers, textbooks, journals, dissertations, theses, pamphlets, magazines, and the internet (Wright, 1996). In order to gather data for this study, the researcher worked in libraries, consulting books, journals, articles, magazines, newspapers, government reports, and religious manuals. The United Theological College in Harare, Zimbabwe, the National Free Library in Bulawayo, Zimbabwe, and the ELCZ archives at the Church Head office in Bulawayo were all used in the research project. Data from the library research was utilized to inform the discussions of the literature review in chapter two as well as to build the theoretical framework in chapter.

Further, library work guided this research study to establish research gaps in the current literature thereby helping this study not to duplicate knowledge. Further, library research work provided indispensable background information for this study.

4.9 Trustworthiness

According to Patton (2012), validity and reliability are important considerations for study design and data analysis for any researcher conducting qualitative research. The truth value, transferability, and consistency of the study are what determine its validity and reliability. Thus, thick descriptions, respondent validation, pilot research, and triangulation were used in this study.

4.9.1 Validity

Bell (2012) argued that the term validity denotes whether an item measures or describes what it is intended to measure. However, validity is defined by Creswell (2010) as the reliability of the conclusions derived from the data. Furthermore, according to Creswell (2010), validity is the accuracy or reliability of a description, conclusion, explanation, interpretation, or other type of account. The following tactics were used in this study to mitigate validity threats: data collected from fifty-two (52) research participants using focus groups, field notes, participant observation, and in-depth interviews. The data was cross-checked and repeated until no new ideas emerged (Conrad and Serlin, 2012).

Furthermore, in-depth interviews and focus groups were conducted via WhatsApp, and messages were saved for further verification, in order to solve the issue of inaccurate or incomplete data—which poses the biggest threat to a reliable account of what the researcher observed or heard. The researcher meticulously and methodically created the statements and interview questions found in the focus group guide to guarantee legitimacy. Semi-structured open-ended interview questions were employed as discussion guides for both focus groups and in-depth interviews.

4.9.2 Reliability

Research reliability is the degree to which study procedures give similar results under constant conditions (Bell, 2012). According to Lincoln and Guba (2010), reliability is equal to dependability. Patton (2012) defines reliability as a consequence of validity in a study. To ensure consistency and reliability, this study will test and retest reliability procedures for data collection instruments by carrying out a pilot or pretest in which the participants will assist identify and correcting sections of the instruments that may be vague or ambiguous. In addition, participant observations guided and taking down field notes were other strategies employed to ensure reliability.

4.9.3 Triangulation

Denzin (1970) suggests that triangulation of data can serve to overcome partial views and present a complete picture of what was actually happening. Triangulation is a combination of methodologies in the study of the same phenomenon (Chinyoka, 2013). According to

Lincoln and Guba (2010), triangulation is an important methodological issue in naturalistic and qualitative approaches to evaluation in order to control bias and in establishing valid propositions because traditional scientific techniques are incompatible with this alternate epistemology. Patton (2012) advocates for the use of triangulation as it strengthens a study by combining different methods. By engaging multiple methods, this study was able to get more valid, reliable, and diverse construction information on the lived realities of the COVID-19-induced lockdown in the ELCZ.

4.10 Data analysis procedures

Data analysis is defined as a *“systemic process of examining, selecting, categorizing, comparing, synthesizing, and interpreting the data to address the initial propositions of the study”* (Yin, 2012:109). In this study, data-analysis procedures included capturing data through in-depth interviews and focus-group discussions, coding, and analysis of the gathered information from the field into themes. Coding data is the process whereby the names of study participants are labeled according to their specific groups or thematic categories (Wahyuni, 2012). According to Wahyuni, (2012), in qualitative research, data analysis is not an event, but rather a process; as such data analysis in this study began with listening and transcribing field notes and interview recordings. While verbatim transcriptions were the most loyal and objective ways of recording (Kvale, 1996), recordings were transcribed, and verbatim statements by participants were paraphrased and condensed in order to capture aspects of interest to the study. Data analysis was essential for this study to answer the key and other research questions and in order to discuss what it means to be a pastor in the context of epidemics and pandemics and in the context of the COVID-19 pandemic lockdown.

4.11 Ethical considerations

Beauchamp and Childress (1989) argued that ethics pertains to doing what is good and avoiding causing harm to research participants. Therefore, guidelines and ethical principles are meant to protect the research participants and researchers, minimize harm, and assure autonomy, confidentiality, respect of research participants, and research integrity (Denzin and Giardina 2007). Ethical considerations are academic moral principles aimed at preventing a researcher from harming study participants (Dickson-Swift, 2005:21).

Mugweni, 2012:149) defines ethics as *“a moral philosophy that deals with making judgments, good or bad, proper or improper, approval or disapproval, right or wrong”*. Creswell (2010) maintained that every person has the right to privacy and dignity of treatment. To guard against the researcher harming the study participants, the researcher secured permission to conduct this research study from the ELCZ-CD Bishop who is the Presiding Bishop. Further, the researcher received an ethical clearance Certificate from the University of KwaZulu-Natal Humanities and Social Sciences Research Ethics Committee. However, to uphold the ethical principles of study participants, the researcher ensured the following measures:

4.11.1 Informed consent

Study participants received research Informed Consent letters each inviting them to participate in interviews a month prior to the interview. This researcher is of the view that a month was ample time for each participant to think through, sign, and return the consent forms as confirmation of their willingness to participate in the research study, indeed, all signed and returned the Informed Consent letters through e-mail. Before the interview, the researcher reminded participants that their participation was voluntary, and were free to withdraw at any time without any consequences. Further, participants were reminded that they were free not to answer any questions which they may not be comfortable with or find to be sensitive. This was essential as some participants lost their beloved ones through the COVID-19 pandemic and the study did not like to open old wounds.

4.11.2 Anonymity and Confidentiality

To safeguard the identity of study participants, confidentiality and anonymity remain essential ethical obligations for all researchers. For this study, the researcher used pseudonyms to maintain confidentiality and anonymity to preserve the integrity of study participants. In-depth interview results that included direct quotes from certain people were paraphrased; in other cases, pseudonyms were used to prevent identification of any particular participant. The researcher provided the participants with feedback on the material gathered in order to guarantee the accuracy of the research findings (Marshall and Rossman, 2011).

4.11.3 Risks and Safety of Participants

Personal identities only appear on the consent form and were promptly erased from any interview materials, according to the informed consent letter, which also stated that participation in the research study was voluntary and risk-free. It was also clear in the informed consent letter that participants could end the session at any moment without facing any unfavorable repercussions. Furthermore, it was made abundantly evident in the informed consent letter that study participants would get neither material nor monetary rewards.

4.12 Limitations

This study faced the following limitations:

1. Financial constraints as the researcher needed money to buy airtime for phone calls and to buy WhatsApp data bundles which constantly continued on an upward trend. To overcome this challenge, the researcher used part of the bursary to buy airtime and data bundles.
2. While the position of the researcher as a pastor in the ELCZ connects him to the study participants through a trustworthy and legitimate social network that facilitates his easy access and rapport with participants. However, *“insider’s familiarity with the community can provide facile and economic access and movement in the field as well as provide multiple levels of insight about human behaviour necessary for data collection and interpretation”* (Chavez, 2008: 480 also see Affiku, 2015:19). To overcome this challenge, the researcher had to de-role as a pastor and maintained the position of a researcher.
3. COVID-19 lockdown restrictions hindered the researcher from conducting face-to-face in-depth interviews and focus-group discussions thereby depriving the researcher of getting the facial expressions of the participants.

4.13 Conclusion

In this chapter, efforts have been made to highlight how the research was conducted by discussing the research design, the research methodology, and the tools employed in data collection. The discussion focused on the research methodology, and methods: in-depth

interviews and focus-group discussions. The chapter has also discussed the issue of confidentiality, ethical considerations, and methodological limitations. Having discussed the qualitative research method employed in conducting this study, the researcher moves to chapter five which focuses on the presentation of the research findings from focus group discussions conducted among forty (40) pastoral caregivers in the ELCZ-CD.

CHAPTER FIVE

PRESENTATION OF RESEARCH FINDINGS

5.1 Introduction

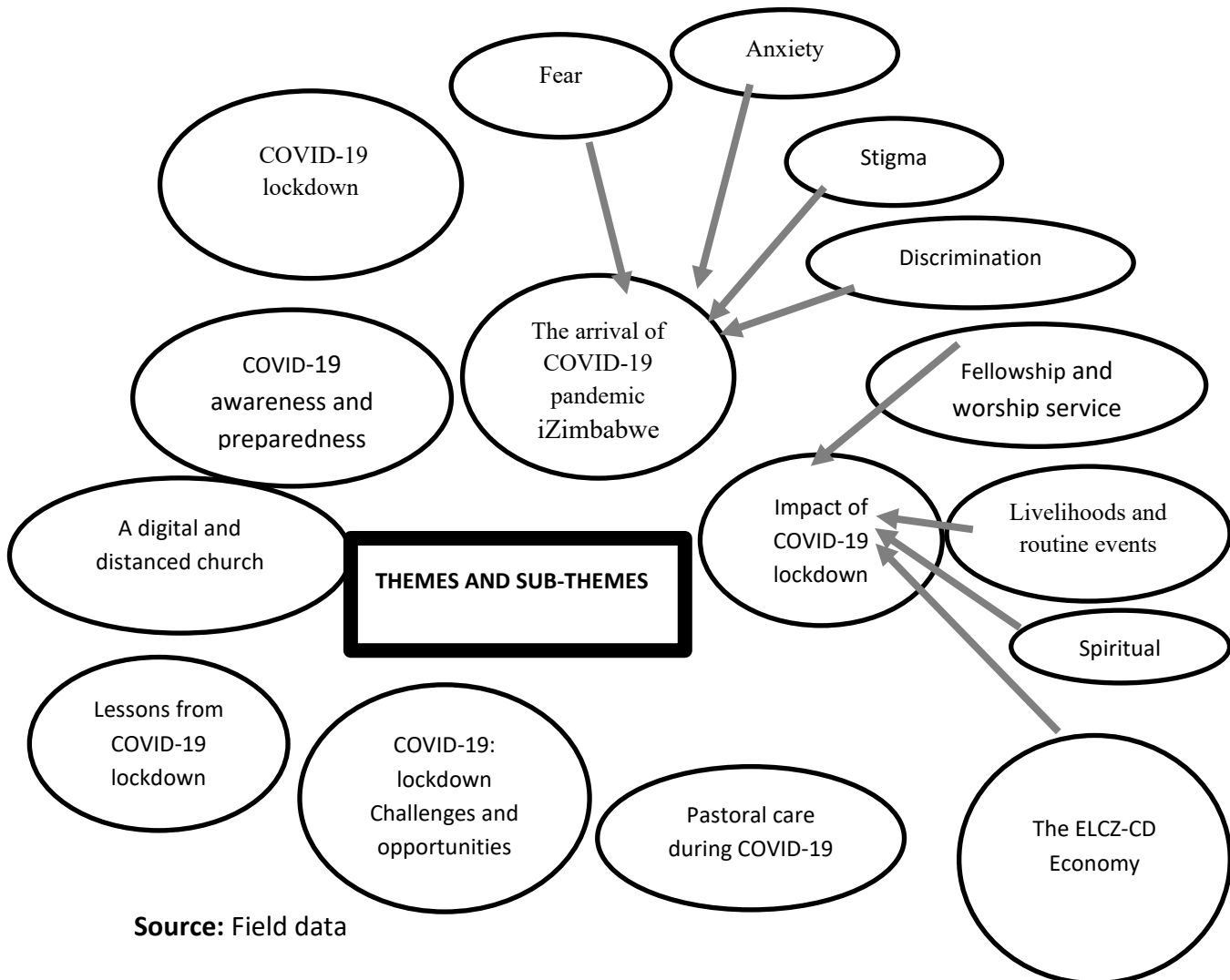
While the research methodology used in the data collection for this study was presented in the previous chapter, this chapter presents data from focus groups conducted using digital methodology, which included phone calls, SMS, and WhatsApp group discussions from forty (40) participants who were purposefully chosen from the ELCZ-CD. Since face-to-face group gatherings were restricted by COVID-19 lockdown regulations because they were thought to encourage the spread of the coronavirus, the study used a digital methodology. Thirty-three (33) pastors in charge, four (4) high school chaplains, and three (3) hospital chaplains who were specifically chosen from the Evangelical Lutheran Church in Zimbabwe—Central Diocese (ELCZ-CD) comprised the 40 participants.

The 33 parishes under the jurisdiction of the ELCZ-CD were code-named #PIC1 to #PIC33 for the pastors in charge of these parishes. The codes for four (4) high schools and three hospitals are #HSC1 to #HSC4 and #HC1 to #HC3, respectively. Although English was the primary language of communication, the majority of participants soon switched to their native tongues—*Karanga* and *IsiNdebele*—because they felt more at ease expressing themselves in their mother tongues. Three senior pastors in ELCZ-CD conversant in the two languages did the translations and validations for their responses.

Using open-ended focus group research guiding questions, 10 themes and sub-themes emerged. Theme (1). COVID-19 awareness and preparedness. This theme focuses on the reactions, responses, and extent of preparedness by both pastoral caregivers and congregants for the upcoming COVID-19 pandemic. Theme (2). The disturbing arrival of the COVID-19 pandemic. Sub-themes associated included: fear, anxiety, stigma, and discrimination. Theme (3) COVID-19 impacts on the provision of spiritual care. Associated sub-themes are paralysis of the core pastoral functions of the ELCZ-CD. Theme (4). Pastoral care during the COVID-19 lockdown restrictions. Theme (5). A digital and distanced church, Theme (6) caring for pastoral caregivers. As they sacrificially cared for the congregants and

communities during the COVID-19 lockdown, how were pastoral caregivers cared for? Theme (7). Gender-Based Violence. Theme (8) Unintended benefits of COVID-19 lockdown restrictions. The attached sub-themes included: family quality time, increased faith, and reduced stress. Theme (9) pastoral care lessons from COVID-19 lockdown restrictions. Figure 5.1 below provides a summary of the identified themes and sub-themes.

Figure 1: Themes and Sub-themes



Source: Field data

This chapter is on the data collection focusing on themes and sub-themes from pastoral caregivers in the ELCZ-CD. Since the responses came from focus-group discussions and are not individual responses, the data presented here represent the experiences of the pastoral caregivers in the ELCZ-CD during the COVID-19 lockdown restrictions. Focus-group

discussions were conducted in line with key research and sub-research questions underpinning this study.

5.2 COVID-19 awareness and preparedness

The Zimbabwean Government launched the COVID-19 National Preparedness and Response Plan in March 2020 and subsequently declared a state of disaster. When responding to the focus-group interview guide: Can you share your experiences of COVID-19 awareness and preparedness among the pastors, congregants, and communities? Pastors reported that when the news about the COVID-19 pandemic slowly filtered into the ELCZ-CD parishes, schools and Hospitals were ignored for two reasons: firstly, considering the distance between China and Zimbabwe, it was considered Zimbabwe safe especially since there was no report of the pandemic in the neighboring countries. Secondly, it was assumed that coronavirus would either remain confined to China or by any chance if it would reach Zimbabwe, medication would have been well-known.

Consequently, in the majority of congregations, common prayers, and prayer requests were on children, relatives, and friends working or studying abroad, especially those in China. In other congregations, coronavirus was never talked about; however, this attitude swiftly changed when neighboring South Africa reported its first COVID-19 case. Fear and anxiety increased when Zimbabwe recorded its first COVID-19 case and deaths in March 2020. Fear and anxiety increased when the State President declared twenty-one (21) days of national lockdown commencing end of March 2020. Pastors revealed that congregants and communities were gripped by fear of contracting the coronavirus and death.

5.3 The COVID-19 Pandemic and Church Responses

Deliberating on how communities and congregants responded to the arrival of the shocking and life-threatening COVID-19 pandemic, pastors revealed that the COVID-19 pandemic was characterized as the work of the devil, and others described it as an act of God communicating His sovereignty. Drawing from focus group discussions, the researcher identified the following sub-themes.

5.3.1 Anxiety and Fear of Infection

Describing their personal experiences, participants revealed that when the news about the

COVID-19 pandemic continued spreading and the number of positive cases continued growing, fear and anxiety also increased. Electronic and print media in Zimbabwe was awash with information; poorly equipped, poorly remunerated, and highly demotivated frontline healthcare feared being infected by the virus and infecting their own family members. Hospital chaplains revealed the challenges they faced in trying to motivate disgruntled and demotivated workers to sacrifice their own lives. The fear was exacerbated by a sad incident of a healthcare worker unknowingly that she was infected and transmitted the virus to five family members, three of whom succumbed to the coronavirus leaving a deep scar in the family in general and the healthcare himself in particular.

During the focus group discussions, it emerged that fear and anxiety were not only limited to healthcare workers, or people with underlying non-communicable diseases such as diabetes, hypertension, heart diseases, and chronic lung diseases, but these were evident among pastoral caregivers. Pastors in charge and chaplains revealed that as the number of new infections continued to increase, elderly people who constitute the majority of the rural population started to avoid people coming from the urban centers especially those from cities and towns considered COVID-19 hot spots. Pastors in charge revealed that they were overwhelmed by the number of elderly people and those with underlying conditions who expressed fear of the forthcoming COVID-19 pandemic. About eighty percent (80%) of the pastors in charge concurred that the elderly people and those with chronic diseases perceived COVID-19 as the end of the world, and twenty percent (20%) did not see themselves living beyond the pandemic and were extremely afraid.

Pastors revealed that fear was not only limited to congregants as eight pastors, seven (7) males and one female above fifty years of age acknowledged being overwhelmed by fear when they were supposed to offer pastoral care and bring hope to the hopeless. Further, twenty-three pastors in charge composed of twenty males and three females translating to about seventy percent (70%) of the pastors in charge had underlying conditions. During focus group discussions, it emerged that a minority of pastors were in the same health predicaments faced by congregants and communities they were supposed to care for.

5.3.2 The Challenges of Stigma and Discrimination

In response to the problems of stigma and discrimination, focus-group discussions, pastoral caregivers in the ELCZ-CD concurred that COVID-19 patients were labeled dangerous and stereotyped as active spreaders of coronavirus. Such labels and stereotypes resulted in society adopting negative attitudes toward COVID-19 patients. Three pastoral care service arms of the ELCZ-CD namely: Schools, Hospitals, and parishes were overwhelmed by the COVID-19 pandemic. The ELCZ-CD has four (4) High Schools and one Boarding primary school; while all were affected by COVID-19, the one that topped the national record had over two hundred (200) COVID-19 cases in two (2) days resulting in some boarding sections turned into isolation rooms. Teachers and auxiliary staff who tested positive to COVID-19 were confined in their respective staff houses as they received medical treatments. While on one hand, medical professionals routinely attended to both the learners and staff members in isolation, on the other hand new positive cases continued to surface from those who had previously tested negative as the re-test exercise continued.

The separation of feeding points of learners namely: while the COVID-19 negative learners continued having their meals from the Dining Hall, the COVID-19 patients remained in quarantine and having their meals from respective isolation centers. This increased the stigma and discrimination amongst learners such that even after a full recovery, learners from isolation were hesitantly embraced by other learners who had meals in the Dining Hall, this practice spread to classrooms and hostels.

Similar attitudes were witnessed among the members of staff as they avoided their own colleagues even after isolation. Stigma and discrimination increased as a result of re-testing which saw more new positive cases emerge, and teaching and learning became difficult; teachers feared getting into the classrooms as new cases continued to emerge from those who previously tested COVID-19 negative. In addition, marking the learner's daily work was a huge challenge as teachers feared handling their exercise books as they suspected them of carrying the virus since studies revealed that coronavirus could be transmitted by touching an infected surface object. Learners, equally, feared their own teachers as they considered them potential spreaders of the virus since they often moved from one class to the other meeting learners and people with unknown health conditions. School chaplains bemoaned

that schools became a place of fear and mistrust; nobody could be sure of the closer person despite maintaining the required social distancing.

In Hospitals, first and foremost, chaplains lamented that motivating poorly equipped, poorly remunerated, and disgruntled healthcare staff was very difficult. Consequently, COVID-19 isolation centers were less visited wards despite experiencing higher admission rates at the peak of the COVID-19 pandemic. Hospital chaplains bemoaned that they were often denied access to isolation wards thereby denying the much-needed pastoral care and counseling to the lonely patients. To make matters worse, unlike pastors in charge who communicated with their congregants through various social media platforms, Hospital chaplains could not make phone calls, SMS, or WhatsApp patients who were under strict medical care. One Hospital chaplain revealed that he was shocked by the level of loneliness in COVID-19 wards.

In parishes and congregations, stigma and discrimination were alive and well: an incident commonly cited in all focus-group discussions was: when an ELCZ employee passed on due to COVID-19 in June 2020, the pastor in charge left the parish and switched off his mobile phone fearing contracting the virus during the burial church service. The burial was conducted by a relative of the deceased. The bereaved family expressed displeasure in the behavior of the pastor in particular and the ELCZ-CD pastorate in general for deserting them during their time of need. In focus group discussions, the majority of pastors in charge acknowledged avoiding burials of bodies from COVID-19 hot spots such as urban centers and South Africa. #PIC3, a rural pastor in charge revealed a miserable story demonstrating stigma and discrimination: a woman traveling from South Africa tested COVID-19 positive and was brought to her rural home by a Midlands Provincial COVID-19 Medical Team for self-isolation. Since the team arrived in the evening, the following morning, the family deserted the home leaving her all by herself. The community members came to her rescue as they brought her some water, firewood, and some foodstuffs placing them at the gate and speaking to her from a distance signifying that the homestead was COVID-19 infected suggesting that going beyond the gate was a high risk. This pastor in charge revealed that by bringing her all the basics to the gate the community, members wanted to prevent her from

a public space lest she infects community members particularly those who converged at the community borehole.

Seven pastors in charge, three ladies and four males, six from rural parishes and one from an urban parish, were infected with the coronavirus, but none of the chaplains at the hospital or schools. They said that the two weeks they spent in solitude were the most agonizing times of their lives. Everyone avoided them, even members of their own family; if they did approach, they would be clothed in a way that was derogatory and stigmatizing. #PIC23 (the male pastor in charge, 55 years old, with 20 years of experience) disclosed that the period of seclusion was characterized by rejection from all quarters, including colleagues, leaders, and spouses, since none came to visit or inquire about him. Pastors expressed sorrow, too, because stigma and prejudice fostered a culture of quiet and secrecy, which prevented many individuals from seeking medical attention and accelerated the coronavirus's spread.

5.3.3 The Mandatory Wearing of Face masks

In response to the study question guide: How did you feel about the requirement that people wear face masks in public areas? (Statutory Instrument, 2020, Number 77). Pastors stated that the primary concern with the coronavirus was its contagious nature. As a result, in addition to lockdowns, social distancing, and self-isolation tactics were used to minimize or completely eradicate the number of infections. Mandatory face mask use and sanitization were also accepted as successful measures to stop the coronavirus from spreading (WHO, 2020). While pastors agreed that wearing a mask or covering one's face can help protect oneself from illness and help stop the infection from spreading to others (Rajeev Venkayya, 2020).

When caring for COVID-19 infected patients or when someone has a fever, coughs, or sneezes, people would initially wear any kind of mask, including homemade ones. However, over time, the Centre for Disease Control and Prevention (CDCP) recommended standard surgical masks or medical masks as sufficient to protect the wearer from any respiratory pathogens and N95 respirator face masks (NANGO, 2020). Sadly, this was discovered far too late, by which time individuals had already interacted and, assuming they were adequately

protected, were spreading the infection. Pastors expressed disappointment that many rural congregants could not afford the recommended face masks and alcohol-based hand sanitizers after realizing that face masks were only effective when used in conjunction with regular hand washing or hand sanitizing with alcohol-based sanitizers that contained 60–90% alcohol (CDCP, 2020).

In Zimbabwe, the correct wearing of face masks namely covering the mouth and nose became mandatory (Statutory Instrument, 77 of 2020). Wearing masks made interaction safer, ushered in some freedom for people to go to work, and attend school, and made interaction with each other much easier and safer (CDCP, 2020). However, studies have shown that wearing face masks was effective only in combination with regular hand washing or hand sanitizing with alcohol-based sanitizers comprising 60-90% of alcohol and the most common form of alcohol used included ethanol, isopropanol or n-propanol (CDCP, 2020). The recommended face masks and hand alcohol-based sanitizers were beyond the reach of many rural congregants. However, pastors revealed that some people did not bother themselves wearing face masks, observe social distancing as they believed God would protect them, pastors lamented such risky behaviours.

5.3.4 Vaccines and Vaccinations

Pastors stated that they were aware that there were no therapeutic medications or vaccinations available during the early phases of the COVID-19 pandemic in all focus groups held in the ELCZ-CD. However, when the World Health Organization approved COVID-19 vaccines for use, Zimbabwe was among of the first African countries to implement COVID-19 vaccination with the first vaccine administered on 18 February 2021. Despite the health benefits associated with the vaccine and immunisation, there was COVID-19 vaccine reluctance in Zimbabwe. Healthcare professionals and frontline employees, such as those at the nation's entry control points, were the first to exhibit vaccination reluctance (Chitungo et al., 2022). According to study participants, the vaccination program got off to a very bad start, with some public sector employees being required to show a vaccination certificate in order to report for duty. This was because health workers were the first group of workers to question the vaccine, which made everyone else, doubt it as well.

The majority of pastors reported that through their various parishes social platforms encouraged their congregants to get vaccinated; the question of vaccine hesitancy has not been cleared or dealt with to date. Participants could not answer the question: Why would medical professionals reject these vaccines in the face of a fatal pandemic when they knew of their benefits? In an attempt to motivate individuals to have vaccinations, the slogan: Get vaccinated # Defeat COVID-19 became very common in Zimbabwe crafted by the Government. Nonetheless, the slogan did not yield the desired results because some people bought COVID-19 vaccination certificates without being vaccinated.

5.4 COVID-19 Lockdown Protocols: Challenges and Opportunities

In discussing the focus group guide question: How the COVID-19 lockdown protocols impacted the life the congregants and communities? Pastors acknowledged that COVID-19 lockdown protocols emphasized: social distancing, quarantine, self-isolation, the mandatory correct wearing of face masks, and ban on public gatherings including gatherings for church worship. Drawing from the focus group discussions, the researcher identified the following sub-themes put into two categories namely: challenges and opportunities:

5.4.1 Challenges Posed by COVID-19 Lockdown Protocols

5.4.1.1 In-person Pastoral Care

All pastors in focus group discussions concurred that pastoral care in the ELCZ-CD has been through home, hospital, and visits to workplaces, and attending funerals, and weddings. Such pastoral visits created partnership, friendship, and increased fellowship. Pastors reported that pastoral care of physical presence was ideal in pastoral care and counseling where the physical presence of the pastor was experienced as it brought comfort in times of despair. Pastors lamented that the COVID-19 lockdown restrictions attacked, disarmed, and destroyed the ELCZ-CD's tried and tested coping mechanisms.

It was revealed that the church was a contact entity that thrived on physical fellowship and the challenges were that the key coping mechanisms of the church had become super-spreaders of the pandemic. Pastors stated that during times of crises like the one brought on by the COVID-19 pandemic, pastoral care was extremely important. Pastoral caregivers were essentially able to listen to others' stories, support, and console them through pastoral

care of presence. Furthermore, pastors indicated that when one advances on in the face of despair and difficult circumstances, face-to-face pastoral care gives congregants newfound hope and bravery. Further, face-to-face pastoral care was a crucial means of bringing God's presence to people's experiences because pastors claimed that individuals experience God's presence when they are among other people. The social lessons of the ELCZ-CD center on love and compassion in times of catastrophe like the COVID-19 pandemic. Pastors in the ELCZ-CD bemoaned the fact that face-to-face meetings were prohibited by COVID-19 lockdown limitations, which rendered the church's essential pastoral care activities impossible.

The majority of pastors in the ELCZ-CD regretted not being able to support their congregants more, feeling torn between their pastoral call and obligations and the COVID-19 lockdown protocols. They did not accompany their congregants through hospitalization, death, or burial, nor did they provide comfort to the bereaved. As a result, the church lost its footing in terms of mission and hospitality. Some people reasoned that this constituted a substantial sacrifice because providing pastoral care of presence during the COVID-19 epidemic required giving up one's life for others. However, upon reflection of their severe wounds, the majority of pastoral caregivers who were stricken with coronavirus did sacrifice for others at the height of the COVID-19 pandemic. In light of the implications of these emotions, a careful examination is provided in the next chapter which focuses on the data analysis and discussion.

5.4.1.2 Pastoral care and Leadership

According to Moyo (2015) one of the key roles of a pastor was to provide leadership in the church and society premised on the leadership styles of Jesus Christ. In discussing the research question guide: Was Christ's leadership fulfilled in your pastoral care in the ELCZ-CD during the COVID-19 lockdown? The majority of pastors revealed they did not demonstrate the Christ like leadership to their congregants and to the society as the majority of them would avoid risk situations such as conducting burials of bodies from COVID-19 hot spot areas. Pastors admitted that they did not represent Jesus on earth; a pastors as a leader and shepherd should be visionary, Jesus used pastoral care leadership

skills to cross cultural and religious boundaries in order to stand in solidarity with the vulnerable. During the COVID-19 lockdown, the minority of pastors revealed that to a great extent they considered their safety first and they focused on their own members and turned a blind eye to the rest of the community.

5.4.1.3 Church Fellowship and Worship Services

In response to the research question: What impact did the COVID-19 pandemic lockdown measures have on worship services in the ELCZ-CD? According to pastors, the ELCZ-CD has historically benefited from in-person meetings and fellowships for these enhanced and expanded collaborations. Pastors noted that, rather than focusing on personal or individual religion, the core of the Christian faith in the ELCZ-CD has always been this physical community communion. Pastors bemoaned that the World Health Organisation COVID-19-induced lockdown protocols implemented by the Zimbabwean Government killed and destroyed the tried and tested ELCZ-CD coping mechanisms.

The majority of pastors reported that throughout history, the church in general, and the ELCZ-CD, in particular, played a significant role in providing psychological support and spiritual care in times of pandemics such as COVID-19. Consequently, pastors lamented that the imposition of the COVID-19 lockdown restrictions came against the background of illnesses, hospitalizations, high death rates, and burials and pastors were unable to physically journey with their congregants. In focus-group discussions, pastors castigated COVID-19-induced lockdown restrictions for disrupting the ELCZ-CD traditional in-person worship services. Pastors testified that although they prayed for the sick and the bereaved, they felt not doing enough for their congregants as their physical presence would make a much more impact than the virtual one.

Pastors reported that physical gatherings helped bind together pastoral caregivers and congregants and strengthened them. It was further revealed that lockdown restrictions prevented congregants from the usual highly formal passionate worship services with robes and acolytes. Pastors lamented that due to the COVID-19 lockdown restrictions, congregants missed the fellowship of partaking in the Eucharist, and members gradually lost the sense of belongingness, the sense of brotherhood, sisterhood, and oneness. Pastors

bemoaned that COVID-19 lockdown protocols separated pastors from their congregants, hence, the majority of pastors admitted that they missed the singing and dancing together as one body that jointly confesses one faith, and collectively listened to sermons, and jointly brought offerings and tithes. Pastors also recognized that while individuals fasted and prayed privately in their homes, they were more productive and successful when they did so together, which bonded and kept them together as one Body of Christ. Congregants were satisfied with these physical associations, and most of them did not know of life outside of the church.

Pastors acknowledged in focus group discussions that the world has become more technologically driven, that information, communication, and technology (ICT) affects how people practice religion and interact with one another online, and that technology enables them to stay in touch with their congregations; however, they admitted that technology could not take the place of being physically present. One could argue that the physical presence of the COVID-19 pandemic lock-down measures killed and destroyed a vital pastoral care practice.

5.4.1.4 Quarantine

In the focus group discussions COVID-19 context, quarantine was also defined as the separation and restriction of movement of people who have been potentially exposed to COVID-19, but who are currently healthy and are not showing symptoms (NANGO, 2020). During the COVID-19 era, quarantine was mandatory and was mainly for returning residents and other travelers for a period of 14 days, those who showed symptoms were taken to designated treatment and not quarantine facilities (NANGO, 2020). The quarantine period was meant to establish whether or not one would be sick. Quarantine involved standard hygiene, not sharing things such as towels and utensils, staying at home and not having visitors (NANGO, 2020).

The focus group discussions yielded data that suggested alterations in daily activities within the family that exacerbated worry and tension during a protracted quarantine, ultimately leading to a decline in the family's mental well-being. The psychological effects of COVID-19 on families were also highlighted by the study's findings, which emphasized how alterations

in the social and environmental domains might negatively impact families' emotional and mental health. Evidence from worldwide studies revealed that the societal stigma attached to COVID-19 was a factor in the rise in mental illness, anxiety, and sadness.

5.4.1.5 Self-isolation

Since COVID-19 was the first humankind experience with the pandemic, people faced many uncertainties and limited information which included: avoiding overcrowded places, handshake, kissing, hugging, and observing physical distance commonly known as social distancing, good personal hygiene such as regular washing of hands with soap, regular sanitization with sanitizer that has at a 70% alcohol content and lockdown. Self-isolation was one of the strategies employed to limit the spreading of the virus. Unlike self-quarantine highlighted above which was a simple separation and restriction, self-isolation applied to patients or people confirmed to have COVID-19 (WHO, 2021). Self-Isolation was a healthcare strategy meant to keep the infected people with a contagious illness away from those who were not infected (WHO, 2020). Self-isolation could take place at home or at a hospital or care facility where one was to live in a separate room from the rest of the people.

Health experts advised that the number of caregivers frequenting isolation rooms be limited to one in order to reduce the risk of infection (WHO, 2021). Since caregivers were at high risk, they were put on face masks, however, people with underlying conditions inclusive of diabetes, hypertension, heart disease, kidney, and respiratory disease were charged not to visit COVID-19 patients (WHO, 2020). Health experts recommended that both the patient and the caregiver should wear face masks when the caregiver was in the room attending to the patient. In addition, caregivers wear disposable aprons and gloves when wiping the patient. This research study explored how pastoral caregivers ministered to those in isolation during COVID-19 lockdown restrictions. However, it must be noted that both quarantine and isolation helped to curb the spread of the coronavirus.

5.4.1.6 Travel Bans and Family Connections

In discussing the research question guide: In what ways did the travel bans impacted on the family connection, fellowships and gatherings? Pastors revealed that travel ban on intercity and interregional travel which resulted in the closure of the national borders to curb the spread of the COVID-19 pandemic had a huge negative impact on family connections, fellowships and physical gatherings. First and foremost, the travel bans cut off the continuous supplies for livelihoods: medications, food, and other basics between families especially from the relatives and friends in the diaspora. Secondly, pastors revealed that the travel bans separated families as members could not visit each other, and could not gather together during crisis times such as sickness, deaths and funerals. Consequently, a great number of people could not attend the burial of their own close relative including parents.

5.4.2 Livelihoods and Routine Events

5.4.2.1 Financial Constraints

The majority of pastors in focus group discussions from both urban and rural parishes reported that more than 90% of their congregants were informal traders, the national lockdown restrictions and their businesses were hugely affected as they were forced to close down. Consequently, they had difficulties in meeting basic needs; the majority could not afford a decent meal on the table. One pastor in charge from a rural parish reported that most poor congregants used to call him: *“pastor, what will my children and I eat? We have nothing, I beg you for something small”* (#PIC26, male, 54 years old 18 years working experience). The pastor reported that he had no money for there were no offerings and tithes as entrepreneurship had become fragile due to the unstable economy which resulted in church employees going without their salaries and allowances. One pastor in charge from an urban parish had this to say:

The church finances that came from freewill offerings usually collected during Sunday services were affected as people were not gathering. Equally, tithes were heavily affected as most congregants in the informal trade had not been operating since the commencement of the COVID-19 lockdown protocols for congregants had no money to give to the church.

While the financial impact of the COVID-19 pandemic might be deeper and long-lasting, its effects were differently felt for while rural parishes had literally no cash flows, the majority of urban parishes did not pull back their giving. Participants revealed that the COVID-19 pandemic lockdown revealed the disparities between large and small parishes which created the differences between pastors in small poor and big-resourced parishes. Some pastors from the rural parishes reported paying for church expenses such as electricity bills out of their own pockets and data bundles to make online programs work.

In all focus group discussions, pastors reported that COVID-19-induced lockdown restrictions greatly affected the congregants' daily routines and family events, changing the way families function both internally and externally in their family environment. This was noted when families were unable to freely visit family members, and could not gather together for special events such as funerals and weddings. The majority of pastors stressed that COVID-19 lockdown restrictions such as social distancing, self-isolation, quarantining, and restriction of travel; affected the mental health of families and are likely to have long-lasting psychological impacts on congregants and their families. In the same vein, pastors forewarned the ELCZ-CD to start preparing itself to deal with possible mental health challenges in the future.

5.4.2.2 The Closure of Chapels

Regarding the focus group discussion guide: What social difficulties did the COVID-19 pandemic lockdown present for the members of the ELCZ-CD congregation? Pastors claimed that the COVID-19 pandemic lockdown restrictions had both beneficial and negative consequences. Those who were isolated from the church had boredom, which encouraged them to watch and listen to non-Christian programming, which had a significant detrimental moral and spiritual impact. Pastors also reported a sharp reduction in religious habits, including prayer and word-reading. On the other hand, the majority of pastors argued that Evangelism and the pastoral care ministry of the ELCZ-CD were severely affected by the lockdown as pastors were unable to preach in public since people were confined in their homes. One pastor stated that since the ban on religious gatherings, the spiritual levels of most congregants started to diminish because they have not been meeting. To make

matters worse, many people in remote parishes were reported unable to read the Word of God or pray on their own unless they went to church.

In focus group discussions, pastors lamented that COVID-19-induced lockdown restrictions destroyed the inherent communal support systems and coping mechanisms dominant in the ELCZ-CD as lockdown restrictions stressed on the social distancing, self-isolation, and quarantine. Pastors also revealed that the lockdown restrictions killed and destroyed the tried and tested pastoral care of presence dominant in the ELCZ-CD, for fellowship and solidarity of the church; the coping mechanisms have always been human to human interactions.

Every time the Central Diocese's Lutheran Christians got together, they broke bread and drank from the same cup. As a church, the ELCZ-CD flourished when people came together in person for activities including corporate worship, prayer sessions, Holy Communion celebrations, and group choir singing. Pastors also shared the truth that nobody has succeeded in life by themselves, that there is strength in numbers, and that one cannot be a Christian in solitude and that one needs the encouragement and support of others. Therefore, the majority of rural attendees' spiritual lives were enriched by physical gatherings and group prayer. Examining how pastors addressed the spiritual needs of their followers, pastors claimed to have used technology, utilizing social media sites like WhatsApp, they distributed video sermons, audio sermons, songs, and prayers to congregants in an effort to bring hope to those suffering from COVID-19 and other illnesses.

The majority of pastors acknowledged that the COVID-19 pandemic lockdown protocols helped the ELCZ-CD to realize that the church was not so much about gathering in a church building or chapel, or that the church structure, but God's people make up the church, therefore the church was alive, well and active even if people could not get together for Sunday worship services. The church is made up of people, who are all members of God's priesthood and use all of their gifts to further God's purposes for the world (Mkhize, 2022). However, the radio and television programs complimented the spiritual growth in many other members.

5.4.2.3 Church financial limitations during COVID-19 lockdown

In response to the focus group guide question: What detrimental impacts did the COVID-19 lockdown restrictions have on the ELCZ-CD's economics or financial management? Pastors lamented the ELCZ-CD's financial hardship as a result of the COVID-19 shutdown restrictions. First, participants mentioned that some of their congregation members were unemployed and that they owed the church offerings or tithes. Second, it was disclosed that the ELCZ-CD had previously relied on donations from overseas. However, because of the COVID-19 epidemic, the donor was impacted because the majority of churchgoers give to the church when they attend worship services; their absence also meant that no offerings or tithes were made.

While the majority of pastors complained about conservative congregants who treasure physically putting their offerings in the offering basket and seeing the pastor praying for their offerings, however, few pastors reported that ELCZ-CD was neither prepared for the COVID-19 lockdown nor did pastors train congregants to give to the church in times of lockdown restrictions. Further, pastors lamented that during the lockdown, ELCZ-CD business units were also closed thereby losing revenue. Equally, the fifteen percent (15%) which schools religiously contributed to the ELCZ-CD Head Office were affected as schools closed resulting in the church accumulating arrears in salary and utility bills. It was revealed that only when pastors started going without salaries and allowances, they regretted having not taken heed of the advice given fifteen years back by one Bishop who challenged them to build enough reserves for five years. It, however, emerged that the gravity of lack was not the same for while the majority of pastors in rural areas went without salaries, some receiving half of the salaries, some of those in better-resourced urban parishes received their full salaries.

In schools, chaplains reported that while the majority of schools in the ELCZ-CD failed to pay their auxiliary staff, a few paid without difficulties. It was revealed that although the schools shared School Disaster Fund brought some relief, however, the shared fund did not mean much to those with low enrolment. It was further revealed that the financial situation in schools was worsened by some auxiliary staff who sued the ELCZ-CD through the National Employment Council for underpaying which further burdened and paralyzed the schools

financially. It emerged that schools with the lowest income base had the highest numbers of employees that sued the church for better salaries as compared to schools with better financial standing. School Chaplains reported a split between Non-Teaching staff who sued the church and those who did not; those who sued the church were criticized and labeled rebels by their fellow workers. Chaplains professed that it took time to bring the two groupings together.

Pastors lamented that it was evidently clear that the social and economic disruptions posed by the COVID-19 lockdown will have long-lasting effects on the life and pastoral care ministry of the ELCZ-CD. Consequently, Table 5.1 below provides arrears accrued by the ELCZ-CD stretching from parishes to the Diocese and then to the Government.

Table 8: Financial arrears accrued in parishes and schools in Zimbabwean dollars (ZWL)

| Period in years | 2020 | 2021 | 2022 |
|--|------------|--------------|---------------|
| Parishes and schools' arrears in Statutory obligations | 652 902,00 | 2 217 188,00 | 15 800 287,00 |
| Diocesan arrears in Pensions | 513 991,00 | 1 797 851,00 | 19 315 789,00 |

Source: ELCZ-CD Finance Department

In the hyperinflation prevailing in Zimbabwe, these figures are now worth few thousand United States dollars which, however, is very difficult to be raised.

5.4.2.4 Social disorders

The research guiding question for this theme was: What social and cultural disorders were posed by the COVID-19 lockdown restrictions? The majority of pastors argued that traditionally, most Zimbabweans value physical gatherings in good and bad times, such as weddings, and funerals. Taking into consideration the increase in coronavirus infections and resultant deaths, the Zimbabwean Government regulated funerals by reducing the number of mourners and decreed that those who die (of any cause) should not be taken home, corpses must not be viewed, but be hurried, and quickly buried under strict health protocols, one of which was that the limited attendants were to remain four meters away

from the graveyard. Pastors argued that COVID-19 funeral regulations came against the background of the predominant Zimbabwean culture where a funeral attracts at least one hundred mourners and pastors have a duty to be present and to minister to such situations. The presence of the pastor and church represents hope

In the Zimbabwean culture embraced by the ELCZ-CD, the body of the deceased is traditionally taken home to allow family members, relatives, and friends to pay their last respects. The majority of pastors testified that while COVID-19 burial protocols were intended to reduce viral transmissions and infections as funerals were considered super spreaders, aggravated pains, blocked the grieving process, and prolonged closure. Pastors reported that ministering online in the context of the COVID-19 lockdown restrictions encountered severe cultural challenges in the ELCZ-CD. Despite all these, pastors argued that the ELCZ-CD remained the messenger of the love, peace and the healing and caring community.

5.4.2.5 Caring for Pastoral Caregivers

The guiding research question was: How were pastoral caregivers in the ELCZ-CD cared for as they sacrificially cared for congregants and communities during the COVID-19-induced lockdown protocols? Pastors revealed that at the advent of the COVID-19 pandemic, they were already deployed in various Parishes, Schools and Hospitals. The majority of pastors lamented that they were expected to work as though everything was normal as they cared for the sick and the dying and as they ministered life, and hope to the hopeless, they tackled stigma and discrimination. Pastors bemoaned that they found themselves ministering to those in troubles without themselves being ministered to; they wanted to be care for as they equally experienced traumatic incidents during the ministry, they also tested positive for COVID-19, and they brought fear to their own families.

Pastors in the ELCZ-CD revealed that they became chief mourners as they found themselves having to bury their own members within a very short space of time and also bury their own relatives and their own colleagues. It was revealed that pastors continued to provide pastoral care when they themselves were suffering from the loss of their own members, thus pastoral caregivers in the ELCZ-CD became wounded healers. Pastors revealed that

they became a symbol of sacrifice as they served the church and society. Although pastors complained that unlike the Government which offered its employees COVID allowance, the church did not and they consoled themselves in the words of Martin Luther who argued that: *“Help the poor, visit the sick as often as these services are needed and demanded”* (Luther’s Works Volume, 48:46).

5.4.3 Unintended Opportunities

5.4.3.1 New Ways of Doing Pastoral Care

In all focus group discussions, pastors agreed that the COVID-19 pandemic lockdown restrictions provided a chance for them to acquire new skills in providing pastoral care through technology. Senior pastors asserted, however, that the COVID-19 pandemic lockdown procedures, which forbade in-person gatherings, actually compelled them to adopt technology since it proved to be the most effective and secure means of communication for them to reach their large following. Otherwise, they would have reached that milestone if not for the COVID-19 lockdown constraints. Pastors also reported that the lockdown imposed by COVID-19 in the ELCZ-CD encouraged creativity and taught them new techniques for providing pastoral care both during and after the pandemic. Among these is the application of technology.

5.4.3.2 Essentials of the Christian Faith

What fundamental beliefs underpin Christianity? Most pastors made the case that the core beliefs of Christianity are those that we could not have without; in other words, without them, the Christian faith would not exist. What enables us to continue as disciples of Jesus Christ? The emergence of the coronavirus prompted the ELCZ-CD to deepen its knowledge of the foundational beliefs that form its beliefs. What opportunities were provided by the COVID-19 lockdown protocols for the ELCZ-CD, according to the focus group question guide? Most pastors believed that the COVID-19 lockdown regulations provided an opportunity to get fresh perspectives and unconventional approaches to doing established tasks.

Crisis has always been one of the major motivators for believers to reconnect with the essentials of their faith; one could argue that the COVID-19 pandemic lockdown was a time

for church renewal for the ELCZ-CD. Most pastors contended that rather than waiting for the pandemic to end, the ELCZ-CD should have used the COVID-9 lockdown period to teach their congregants the fundamentals of their Christian faith, specifically what it means to be a Lutheran Christian. While the privileges of physical gathering had been taken away by the lockdown protocols, chapels closed and people forced to remain in their homes, the essentials of the Christian faith remained as they were not based in church buildings; in the physical the gathering or in the sermons; the rituals; the church uniforms; in the shaking of hands or the exchange of hugs. Pastors acknowledged that the offerings and tithes were important for the administration and the spreading of the Good News not the essentials of our faith. Pastors in the focus groups shared that they had learnt how to be adaptable and accommodating during difficult circumstances, as well as how to lead in times of hardships and to be flexible and accommodative.

5.4.3.3 Modern Methods of Collecting Offerings and Tithes

Pastors admitted that the COVID-19 pandemic undoubtedly disrupted the cash flows of the ELCZ-CD as people had not been gathering for church services. In the ELCZ-CD offerings and tithes are collected during Sunday services. Pastors acknowledged that the COVID-19 lockdown presented opportunities for pastoral caregivers to learn new modern methods of collecting offerings and tithes during lockdown, the majority of pastors reported that the COVID-19 lockdown was not only an opportune time to learn modern ways of collecting offerings and tithes. Pastors unanimously appreciated COVID-19 lockdown protocols for out of it, the ELCZ-CD embraced modern ways of giving to the church such as Eco-cash and Bank transfers. Pastors also argued that the COVID-19 lockdown was a learning curve for the ELCZ-CD to appreciate the importance of building financial reserves to prepare for crisis times such as the COVID-19 lockdown. Pastors pledged to start make some savings in their respective work stations as a way of attaining financial self-sufficiency in preparing for future outbreaks and lockdowns. Experts on church planting argued that an economically self-supporting it is more likely to be fully self-governing and self-propagating; but as long as a church depends on abroad funding, it is impossible for it to translate the three selves into practice; the more the church has its own resources the better it grows (Henry Venn & Rufus Anderson, 2009: 45). This is essential for the ELCZ-CD, because self-reliance leads into

a partnership relationship which is a more mature relationship between fully autonomous churches. In partnership is mutuality, interdependence, cross fertilization and integrity.

The researcher hopes that one day in the near future the ELCZ-CD will take a leaf from the East African church, whose leaders requested that foreign donors should cease providing them with financial help; they even turned down money meant to cover their own salaries. Consequently, a significant shift occurred, the local Christians started to buy their own homes and cars in addition to their salaries. Additionally, they established new churches using their own funds. They established a pension fund for their retired pastors. Upon learning of the plight of homeless children abroad, believers in East Africa organized a collection of shillings, or roughly US\$30,000.00, to contribute toward this need. These things can happen when leaders stop the outside funding (Schwartz, 2000:263).

5.4.3.4 Family quality time

In response to the query: What advantages did the COVID-19 lockdown limits provide for family time? All focus groups revealed that, for most people, including some pastors, lockdown limits provided a chance for family quality time. It became clear that most informal traders, who had previously been preoccupied with cross-border transactions, had rediscovered the value of a strong family, the significance of parents acting as role models for their children, and the critical responsibilities that family play in a church's existence. According to pastors, most parents realized that faith formation takes place mostly in the home and family; hence, parents realized especially those who were involved in informal trade that the family unit played a crucial role in answering the question: What were the benefits of COVID-19 lockdown restrictions on family quality time? It emerged from all focus-group discussions that lockdown restrictions created an opportune time for family quality time for the majority of people including some pastors. It emerged that the majority of informal traders who had often been busy with cross-border traders re-discovered the importance of family life, the importance of exemplary roles of parents, and the indispensable roles of the family in the life of a church. Pastors revealed that the majority of parents realized that faith formation was something that primarily happens in the home and family settings, thus,

there was the realization, especially among parents involved in informal trade that the family unit formed an essential part of the life and ministry of the church.

Pastors also revealed that COVID-19-induced lockdown restrictions improved family ties and interactions. Children were able to engage their parents in their social life thereby building stronger parent-child relationships. Further, for families that never had the longest time together, the COVID-19-induced lockdown restrictions helped family members to find each other and grow closer. Pastors also reported that the COVID-19 pandemic resulted in improved hygiene at home thereby reducing poor health outcomes. During focus group discussions, pastors reported that the COVID-19 lockdown increased family quality time as family members prioritized family relationships, which promoted family togetherness and social support.

While the above-raised benefits were true in some families, however, the majority of pastors reported that the inability of most rural parents to meet the basic pastoral care needs in some families added stress. During focus group discussions it was reported that some families experienced feuds and conflicts in their homes as they spent more time together resulting in frustrations and arguments. It was also reported that with the schools moving online, the majority of children were at a disadvantage as parents could not finance online lessons.

5.5 A Digital and Distanced Church

Pastors noted that in focus group talks on the advantages and disadvantages of a digitally and remotely based church, virtual worship services and technologically enabled churches provided a wider audience to all Internet users. However, older pastors and rural congregants who could not afford smartphones or computers and had no access to the Internet found it difficult to use digital and remote learning CDs, which led to an uneven distribution of information (known as the "digital divide"). The lack of access to digital devices had a variety of effects on the information flow, which in turn had an impact on the sermons and instruction at the ELCZ-CD. Practically, a rising number of churchgoers who are unable to pay for computers, smartphones, energy, and data, as well as those who live in

distant places and are totally cut off from technology, power, and connectivity were completely left out of the church.

A significant obstacle to the digital and remote ELCZ-CD was the pastors' lack of digital literacy, which made it difficult for them to fully utilize digital devices during the COVID-19 pandemic lockdown. An older priest confided that he frequently found it difficult to conduct services electronically using digital equipment. While pastors in rural poor parishes found it difficult to use technology for Sunday services, pastors in most urban parishes with better resources held Sunday services on Zoom. Though effective, digital platforms did not only exclude the rural underprivileged, who could not afford computers, laptops, smartphones, Wi-Fi, or data bundles, but it also created a digital divide in the ELCZ-CD.

Although digitalization appears to have split the church into two classes—the haves and the have not most pastors said that lockdown procedures compelled them to devise new methods of providing pastoral care in order to maintain contact with their flock and guarantee attendance at services. Because pastors adopted technology, they were able to virtually connect with their flock by broadcasting church services live on digital platforms like Facebook, YouTube, WhatsApp, and SMS, to name a few. As a result, pastors stated that during the COVID-19 lockdown, church services could still be accessed by members of the congregation from the comfort of their own homes thanks to technology. Worship sessions conducted online gave non-members who had internet access additional ways to participate remotely in services. Elderly pastors berated technology for isolating pastors from their flock and the sheep from one another, while younger pastors praised technology for keeping the ELCZ-CD vibrant and active during the COVID-19 lockdown times.

Even though most of the elderly pastors were against technology, they claimed that a digital and remote church, or virtual church, lessened the labor-intensive and costly task of cleaning and disinfecting chapels or other venues after each worship session. This labor-intensive task typically required purchasing chemicals. A 47-year-old female pastor with eight years of working experience, identified as #PIC31, acknowledged that many parishes and congregations, particularly in rural areas, lacked the discretionary means necessary to purchase the necessary disinfection chemicals. This claim was in line with the observations

of a few rural pastors, including the following: #PIC12, a male who is 56 years old and has 25 years of job experience; #PIC19, a male who is 35 years old and has 8 years of work experience; and #PIC23, a female who is 46 years old and has 11 years of work experience that parishes and congregations in rural areas could not afford buying sanitizers and PPEs. Unfortunately, the Government did not help the rural poor with sanitizers or PPEs as it was already under pressure to help in schools and Hospitals.

5.6 Lessons from COVID-19 lockdown Protocols

The COVID-19 pandemic and the lockdown procedures that followed showed us that, despite human efforts, God was always in charge. The declaration of the COVID-19 pandemic as a worldwide health emergency caused Governments to act swiftly and forcefully to stop the virus's spread, including enacting partial or complete lockdowns that restricted people's ability to leave their homes. The COVID-19 epidemic persisted in spreading around the world in spite of all human attempts, infecting a large number of people and taking many lives. The COVID-19 lockdown protocols brought humanity's vulnerability to light. Epidemics and pandemics have always occurred in human history since the beginning of time, and the church has dealt with these events since its founding. The COVID-19 pandemic took the world by surprise as it was not prepared.

It looks like the church did not learn from its experiences to prepare for similar if not worse occurrences in the future. Despite years of experience with the outbreak of pandemics, COVID-19 came as a great shock to the ELCZ-CD. The greatest lesson this time around for the ELCZ-CD was to save and build financial reserves for future lockdown least it will not accrue arrears as already experienced during COVID-19. Before the COVID-19 pandemic, Church buildings, the collective singing in a church, the communal physical listening to a preacher in one large hall, and the communal partaking of the Eucharist, the communal wearing of uniforms, the hand shake and hugging were considered the essentials of the Christian faith. The COVID-19 lockdown restrictions, pastors in the ELCZ-CD realized that the essentials of the Christian faith which included: sacrificially care for one's neighbor (Luther's Works, 43: 134), to love, and to be compassionate towards the everyday social needs of society. In the focus group discussions, pastors confirmed having learnt that pastoral caregivers were not free agents, but they represented Christ and were driven by the Holy

Spirit to do the work of God, Jesus called himself a good shepherd that knows the sheep by name (John 10:11, 14).

The church also learnt that the COVID-19 pandemic and its associated lockdown was not evil all round, it taught pastors new pastoral care skills that involved embracing technology in order to continue ministering effectively to their expansive constituencies. Through technology, pastoral care of presence in absence was possible (Hove, 2022). The COVID-19 lockdown offered opportunities for pastors to acquire new pastoral care and leadership skills in the context of the COVID-19 pandemic and beyond: creativity, flexibility and accommodative.

5.7 Conclusion

The focus group data presented in this chapter demonstrated how the COVID-19 lockdown procedures affected society and the church in both positive and harmful ways, affecting every aspect of human existence. Negatively, the COVID-19 pandemic lockdown protocols killed and destroyed the traditional church practices of being hospitable, inclusive, and hosting in-person events that fostered love, mutual support, mutual friendship, and other forms of support, particularly during times of crisis like the one the COVID-19 pandemic posed. Families in Zimbabwe traditionally gathered together on certain occasions like weddings and funerals, but the COVID-19 lockdown has upset this custom. Focus group talks demonstrated that although human mobility was limited, pastors' roles in providing for the needs of others persisted.

Data from the focus group discussions also showed that, although the Church has always offered spiritual and psychological support the needy during the COVID-19 lockdown, people received virtual pastoral care. This presented a challenge because most pastors were unable to provide this kind of care, in part because they lacked the necessary technology or the necessary training to lead church services electronically. The focus group data also revealed that COVID-19 lockdown restrictions negatively impacted the cash flow of the ELCZ-CD resulting in the church accruing arrears in statutory obligations. In the positive sense, the COVID-19 lockdown restrictions helped the ELCZ-CD embrace technology which offered a broader platform to anyone who had access to the Internet to listen to the sermon (s). It also created time for family quality time yet in some families; it increased family

feuds and conflicts. There is need for this research study to undertake data analysis and interpretation which is the subject matter for the next chapter.

CHAPTER SIX

DATA ANALYSIS AND INTERPRETATION

6.1 Introduction

The previous chapter presented data gathered from focus group discussions on the lived realities of the challenges and opportunities posed by the COVID-19 lockdown protocols to the pastoral caregivers in the ELCZ-CD. Prominent research findings showed that while the COVID-19 pandemic lockdown protocols imposed by Government permeated and disrupted all facets of human society and the church; it brought a number of unintended benefits to the church. Firstly, it was noted that the COVID-19 pandemic lockdown restrictions destroyed the church's tried and tested coping mechanisms. Such coping mechanisms have always been through human to human interactions, which promoted mutual love, and psycho-social support and other forms of support systems especially in trying times such as one presented by the COVID-19 pandemic. In society, the COVID-19 lockdown restrictions killed and destroyed the inherent Zimbabwean culture of family gatherings during celebrations, in sickness, death and burials. Secondly, this research study also revealed that in Zimbabwe, the COVID-19 pandemic was a crisis as it evolved against the backdrop of a difficult macro-economic environment and climatic shocks characterized by sporadic rainfalls patterns and droughts (UN, Zimbabwe Report, 2020).

Since the overwhelming arrival of the COVID-19 pandemic in Zimbabwean, the Government instituted several Health policies and operational procedures to combat and contain the pandemic which included: national lockdowns, physical/social distancing, correct wearing face masks in public and dusk to dawn curfew to mention just, but a few (Government Gazette 29 March 2020). The main purpose of this chapter was to analyze and interpret data gathered from focus group discussions presented in the previous chapter in an attempt to answer both the key study research question and the sub-research questions respectively. Themes identified in the previous chapter would be analyzed and interpreted, both, the literature review and the theoretical frameworks would also be employed as essential tools for data analysis and interpretation.

6.2 The COVID-19 Pandemic in Zimbabwe

Data from the literature review of this research study revealed that the world was in turmoil as it tried to contain the airborne infectious disease that originated in Wuhan China at the end of December 2019 (Dugassa, 2020). A critical analysis of the data collected from all focus group discussions conducted in the ELCZ-CD showed that there were no serious awareness campaigns and preparations for the forthcoming COVID-19 pandemic. Data showed that congregants and communities were reluctant about the coming pandemic. Two reasons were forwarded to explain the reluctance: Firstly, looking at the geographical location of the origins the COVID-19 pandemic, it was assumed that the coronavirus would remain confined to China, if by any chance it would get to Zimbabwe, medication would have been well-known. Secondly, there were no reports of its presence even in the neighboring countries. These coupled with the COVID-19 related myths such as: black skin and high temperatures protect Africans against coronavirus attacks since the virus was said to be more active in cold weather. In addition, stories that dominated public media that featured prominent politicians who made people to believe that COVID-19 was a punishment from God on white people especially those who imposed illegal sanctions on Zimbabwe. It sounded like COVID-19 was a disciplinary tool from God to whip into line the Western countries that made Zimbabwe to suffer the economic sanctions.

In some media platforms, the coronavirus was depicted as a biological weapon for the powerful nations namely: China and the United States of America (USA) in their craving for supremacy and control of the world market, hence, Trump, the then USA president described COVID-19 pandemic as the Chinese virus (Anderson 2020). However, data from literature review revealed that COVID-19 pandemic was a product of natural evolution and not a product of genetic engineering; the data revealed that the virus evolved to its current pathogenic state through natural selection in a non-human host and then jumped to humans. All these myths resulted in one thing; reluctant attitudes towards the forthcoming pandemic.

Against this backdrop of reluctance, the majority of pastors in focus group discussions reported that common prayer requests in their congregations focused on relatives, and friends working or children studying abroad, especially those in China. The pastors also

revealed that there were no discussions or reference to the pandemic coming or reaching Zimbabwe one day. The research findings in this study also revealed that unpreparedness resulted in pastoral caregivers also relaxing and only to promptly change attitudes when the neighboring South Africa reported its first COVID-19 case. Pastors revealed there was panic in the ELCZ-CD and people were thrown into disarray when Zimbabwe recorded its first COVID-19 positive case and deaths in March 2020. In all focus group discussions pastors confirmed that fear and anxiety further increased when President ED Mnangagwa declared the first twenty-one (21) days of national lockdown commencing end of March 2020, which brought the realities of the COVID-19 pandemic to the doorsteps of every household.

The research findings of this study revealed that congregants and communities were gripped by fear of contracting the coronavirus and death especially the elderly and those with underlying conditions. The data from literature review revealed that although the Zimbabwean Government declared its preparedness to handle the COVID-19 pandemic, the realities on the ground was that before the COVID-19 outbreak, the Zimbabwean healthcare system was worrisomely characterized by dysfunctional infrastructure, shortage of healthcare equipment including Personal Protective Equipment (PPE), shortage of therapeutic drugs, and overworked and underpaid health workers were highly demotivated (Kuvenga, et. al, 2021). Hospital Chaplains revealed the challenges experienced in Hospitals as they tried to motivate the poorly equipped, poorly remunerated, and highly demotivated frontline healthcare workers to attend to COVID-19 patients in isolation centers as they feared of being infected by the virus and infecting their own family members in turn.

The research findings in this study revealed that fear and anxiety were not only limited to frontline healthcare workers, or people with underlying non-communicable diseases such as diabetes, hypertension, heart diseases, and chronic lung diseases, but it was also true of some pastoral caregivers especially the aged, those with underlying conditions and the young feared to die young. Data from focus group discussions showed that a minority of pastors avoided coming into physical contacts with people coming from the urban centers especially those from cities and towns considered COVID-19 hot spots. Thus pastoral care was selectively offered to congregants and communities. This was against the Biblical notion that God loves all unconditionally, and therefore, pastoral caregivers need pastoral care

skills of loving unconditionally as they love themselves which is the greatest commandment.

6.3. COVID-19 Lockdown Protocols

The key research question underpinning this research study: What pastoral care challenges and opportunities posed by the COVID-19 lockdown protocols to the pastoral care ministry of the ELCZ-CD?

6.3.1 Physical/Social Distancing

The researching of this study revealed that although social distancing during the COVID-19 was intended to limit human physical contact, thereby slowing down the transmission of the virus and flatten the pandemic curve to reduce the number of cases occurring at the peak of the pandemic (Johns Hopkins, 2020). Social distancing included staying home and away from the crowds as much as possible to prevent the spread of the virus, however, social distancing was an elusive goal as the majority of people were already living in overcrowded informal settlements and rural areas where social distancing was impossible (Towo, 2020). Apart from that, most people in most settlements shared one outside pit toilet and one central water point, use public transport, and queued on benches to be treated at poorly resourced hospitals and clinics.

Generally, the research study revealed that the country had been puzzled by water challenges in both urban and rural areas and the majority of people spent a long time crowd at the communal boreholes. Data analysis in this study indicated that the water crisis situation in urban and rural areas compromised one of the COVID-19 pandemic preventive measures of regular washing of hands with soap because the recommended 70% alcohol content sanitizer was beyond the reach of many especially the rural poor. While the Government responded by drilling community boreholes, the problem remained as people continued thronging these community boreholes though in smaller numbers thereby increasing the rate of transmission.

Data analysis of the literature review revealed that social distancing involved staying at home to avoid crowded places. The confinement measures were popular under the slogan: “#stay home to be safe” prevented farmers from accessing the markets as they were forced to remain confined in their homes including buying inputs and agricultural workers to

harvest the crops (WHO, 2020). Equally, there were no customers coming to the market as people were confined in their homes. Data analysis in this research this study revealed that during the lockdown restrictions, Zimbabwe experienced a wave of price increases on basic commodities mostly groceries during the COVID-19 lockdown (Towo, 2020).

6.3.2 Self-isolation

The literature review revealed that since COVID-19 was the first humankind experience with the pandemic, people were forced to abruptly adjust their lifestyles with many being thrown into disarray resulting in psychological emotional, economic, social, and religious disturbances (Madhibha, 2020). Faced many uncertainties, self-isolation inclusive of: avoiding overcrowded places, handshake, kissing, hugging, and observing physical distance commonly known as social distancing, good personal hygiene such as regular washing of hands with soap, regular sanitization with sanitizer that has at a 70% alcohol content were employed as strategies to limit the spreading of the virus. Self-isolation applied to patients or people confirmed to have COVID-19 (WHO, 2021). Self-Isolation was a healthcare strategy meant to keep the infected people with a contagious illness away from those who were not infected and this could take place at home or at a hospital or care facility where one was to live in a separate room from the rest of the people.

Data from the literature review revealed that Health experts limited the number of caregivers frequenting isolation rooms to one in order to reduce the risk of infection (WHO, 2021). Pastoral caregivers were to put on face masks and disposable aprons and gloves when wiping the patient. Data from the literature review indicated that people with underlying conditions such as: diabetes, hypertension, heart disease, kidney, and respiratory disease were charged not to visit COVID-19 patients (WHO, 2020). Data shows that although self-isolation remained a key strategy to curb the spreading of the coronavirus, it brought psychological torture and trauma to patients; humans are communal beings and would do well in communion with others. A critical analysis of the COVID-19 self-isolation context exposed how the COVID-19 lockdown protocols exacerbated mental disorders in face of a suffering or a relative suffering from COVID-19.

6.3.3 The Compulsory Wearing of Face Masks in Public Space

The research findings of this research study revealed that with the coming into effect of Statutory Instrument, 77 of 2020, correct wearing of face masks in public space became obligatory as an effective way of curbing the spreading of coronavirus (WHO, 2020). Data from multiple studies have shown that correct face covering contaminated droplets expelled from the wearer which are responsible for the majority of the transmission of the virus. In Zimbabwe, the correct wearing of face masks meant covering the mouth and nose (Statutory Instrument, 77 of 2020). At first, people would wear any type of face mask including some home-made however, with time the Centre for Disease Control and Prevention (CDCP) recommended standard surgical masks or medical masks as sufficient to protect the wearer from any respiratory pathogens and N95 respirator face masks when taking care of COVID-19 infected patients or when one has a fever, coughs or sneezes (NANGO, 2020). Unfortunately, this information came too late when people had already mingled assuming that they were sufficiently protected, this accounted for local transmissions.

Multiple studies have shown that correct face covering contained the droplets expelled from the wearer which are responsible for the majority of the transmission of the virus. In Zimbabwe, the correct wearing of face masks namely covering the mouth and nose became mandatory (Statutory Instrument, 77 of 2020). Wearing masks made interaction safer, it ushered in some freedom for people to go to work, and attend school, and made interaction with each other much easier and safer (CDCP, 2020). However, studies have shown that wearing face masks was effective in combination with regular hand washing or hand sanitizing with alcohol-based sanitizers comprising 60-90% of alcohol and the most common form of alcohol used included ethanol, isopropanol or n-propanol (CDCP, 2020). Analysis of the available data has shown that the recommended face masks and hand alcohol-based sanitizers were beyond the reach of many rural congregants.

6.3.4 Problems Associated with Stigma and Discrimination

In this study, stigma includes labeling and shaming an individual person or group of persons as unworthy of inclusion, in the human community resulting discrimination (UNAIDS, 2005: 11) see also Hove (2013: 26). Discrimination is all about being judgmental or refinement.

The research findings of this study revealed that stigma and discrimination increased when COVID-19 patients were labeled as dangerous and stereotyped as active spreaders of coronavirus. Data from the literature review revealed that stigma and discrimination creates divisions in human society as it rides on the *'us and otherness attitude'* (Moyo 2015:148). Data from the literature review indicated that COVID-19 stigma and discrimination hindered the much needed physical interactions and socialization, fellowships and the much needed pastoral care to the most vulnerable members in ELCZ-CD parishes, schools and Hospitals during the COVID-19 lockdown.

In parishes, congregants who tested positive to COVID-19 were shunned by their own friends and relatives. Data from the research findings in chapter five presented some pathetic incidents of stigma and discrimination where relatives deserted their own relatives who tested positive to COVID-19 and were only assisted by members of the community by providing the basics for human life. Data from focus group discussions revealed that the majority of COVID-19 cases of stigma and discrimination were aggravated by fear of infection and death.

Data from Hospitals in the ELCZ-CD revealed that COVID-19 isolation centers were the least visited areas by healthcare workers. Information from focus group discussions showed that more often pastoral caregivers were denied access to COVID-19 patients in isolation centers on health grounds. A critical analysis of the data on stigma and discrimination revealed that stigma and discrimination affected both the emotional well-being and mental health of COVID-19 patients as the majority of them internalized the stigma and discrimination and begins to develop negative self-image. Data from the literature review indicated that the internalized stigma often led to feelings of shame, isolation, and despair (Hove, 2013). Such feelings often kept people from getting tested or treated for COVID-19 and that created a culture of hiding thereby increasing transmission rates which in turn translated to increased death rates.

On the other hand, data from the focus group discussions indicated that in schools, stigma and discrimination increased when some sections of the boarding hostels in both the girls and boys were designated as isolation centers. The research findings revealed that those in

isolation centers received their food provisions in their confined places, while those who tested negative continued to enjoy their meals in the Dining Hall and had the freedom to move around the school premises as long as they had their face masks on except in visiting isolation centers. Further, data has revealed that while those in isolation centers did not attend lessons, those who enjoyed the freedom of moving around attended lessons. A critical analysis of data reveals that two categories of learners were witnessed in the ELCZ-CD schools during the COVID-19 pandemic namely: the free and the restricted. This created the *us and them/otherness attitude*. Further, data from all focus group discussions revealed that stigma and discrimination became more apparent when learners from isolation centers joined their colleagues, they were isolated despite having been declared fully recovered by medical experts.

6.3.5 Funerals and Public Gatherings

Data from the literature review of this research study revealed that Statutory Instrument 76 of 2020 banned all forms of public gatherings for whatever purpose (Government Gazette, 2020). Law enforcement officers were empowered to disperse any such public gatherings, however, if they refuse to disperse, law enforcement officers were to take appropriate action including arrest and detention. An analysis of the regulations regarding public gatherings, many people were forced to cancel important events such as weddings as these were considered hot spots for the spread of the pandemic. However, for those who opted to attend public gatherings in stipulated numbers, Statutory Instrument (SI) 77 of 2020 provided the following guidelines: practice prevention measures regardless of one's COVID-19 vaccination status, maintain a social distance of at least one (1) meter from others, wear a face mask, avoid crowded or poorly ventilated areas and cover one's mouth when coughing and sneezing with bent elbows or tissues and clean hands frequently or sanitise with alcohol-based sanitisers. These regulations were very difficult for many as they negatively impacted the Zimbabwean cultural value of gathering in good and bad times: such as weddings, and funerals since people feared contracting the coronavirus.

Data revealed that due to the increasing number of coronavirus infections and resultant deaths, the Zimbabwean Government imposed regulations governing funerals gatherings by limiting the number of people attending a funeral as these were considered super-spreaders

of the virus (Herald, 2021a). The Government further decreed that corpses be taken direct to the grave from the mortuary without observing the traditional practices of taking the corpse home; bodies were buried without body view and burials were to be conducted under strict ministry of health protocols, the limited attendants maintained the required social distancing (SI 77 of 2020). In Zimbabwe, life is communal, no person belongs to his/her own family, clan or tribe; children belong to the community, hence, funerals are communal and a symbol of community identity and togetherness (Matseketsa, et al, 2017).

Hove (2020) asserts that a funeral is an occasion to provide kindness, support, and solace. By expressing condolences by talking and sobbing, acknowledging the pain, and helping with the burial process, one can provide solace through both verbal and nonverbal signs. An analysis of the COVID-19 funeral regulations, limiting people attending a burial destroyed the communal cultural burial practices that everybody in society belongs to the community and not to one's own family (Affiku, 2015). Further, funeral regulations destroyed the essence of Moyo's (2015) pastoral care theory of empathy, compassion, kindness, care and love. The research findings revealed that pastors provide pastoral care on behalf of God as an embodiment of the compassion of God towards the everyday social needs of society; therefore, pastors are representatives of Christ and are possessed by the Holy Spirit of God (Moyo, 2015). Pastors are called and commissioned by God to bring to society God's compassion as a source of coping mechanisms for people in different troubles; pastors are not free agents (Moyo, 2015: 10).

On the other hand, COVID-19 funeral regulations oppose Martin Luther's neighborliness care theory that Christians were called to wholeheartedly serve the neighbor, for *"love by its very nature is ready to serve; Christ was the embodiment of the divine love towards the neighbor"* (Luther's works, 43). Analysis of Luther's theory shows that the benchmark for Christian duty was to serve. At the heart of the indigenous Karanga social caring philosophy employed in this research study was the notion of *ukama*, we serve because we belong together, we are related and interrelated, we have a social bonding within the framework of family, extended family, totem-sharing, marriage, and intermarriage structure and community (Hungwe and Ndofirepi, 2021: 114). The *Karanga* social philosophy of *ukama*, *munhu wese inhama yako* (everyone is a relative) (Hungwe and Ndofirepi, 2021: 115). This

study argues that the COVID-19 pandemic funeral protocols stifled the spirit of the theoretical frameworks employed in this research study. First of all, it shattered the Karanga philosophy of togetherness, *humwe* (oneness) and collaboration. *Humwe* is a collective process in which individuals put together their resources to support one another to achieve their common goals. Furthermore, Muyambo (2017) notes that the ancient *Karanga* community discourages individualism and values cooperation. This is supported by the *Karanga* proverb "*Gumwe rimwe haritswanyi inda*" (a single thump does not kill a louse) which emphasizes this importance of team work (Mhaka 2010, Mandova and Chingombe 2013). The traditional *Karanga* society celebrates co-operation and discourages individualism (Muyambo 2017).

6.3.6 Travel Bans: Intercity, Interregional and International

Data from the literature review findings of this study revealed that the Zimbabwean Government promulgated Statutory Instrument 83 of 2020, through which the nation went into its first lockdown which came into effect from 30 March 2020 to 19 April 2020 which was extended to 3 May 2020 by Statutory Instrument 93 of 2020. On the basis of this Statutory Instrument, Zimbabwe closed the national borders to curb the spread of the COVID-19 pandemic, allowing only those with valid work permits, truck drivers, and buses carrying essential goods and returnees to operate.

This research study also revealed that intercity travel ban required local travelers to have exemption letters stamped by their employers confirming that they were offering essential services thereby sidelining the informal sector as it was not recognized as an essential service provider and could not have letters of employment as people in the informal sector are not formerly employed. The ban on intercity travel prevented people with chronic ailments who needed to travel for medical attention in other health institutions. All the respondents posited that their position was not helped by the closure of the national borders and being dissuaded from traveling between the provinces. Further, given that Zimbabwe has been greatly dependent on imports, thus, the closure of the national borders had a huge negative impact on national economy.

The research findings of this study conducted in the ELCZ-CD also revealed that travel bans on intercity and interregional abruptly stopped the usual constant supplies of the basic commodities such as: medicines, food, and money from relatives from the diaspora and that left the majority of people desperate. Data from this research study has similarly revealed that those who depended on cross-border trading were heavily affected as they had to go without income and its bearings on the daily family life were unbearable. In addition, COVID-19-induced lockdown negatively affected the extended family connections as it promoted nucleus family. This was realized when families could not visit each other or gather for important family functions including burials. Data from focus group discussions revealed that a number of people particularly those in the diaspora could not attend the burial of their loved one.

This research study also revealed that intercity travel ban required local travelers to have exemption letters stamped by their employers confirming that they were offering essential services thereby sidelining the informal sector as it was not recognized as an essential service provider and could not have letters of employment as people in the informal sector are not formally employed. It also prevented people with chronic ailments who needed to travel for medical attention. However, despite these travel bans, the number of positive cases continued to increase confirming that people continued to travel. Immigration officers and security agents were allegedly working with transporters to allow traffic for a bribe (Zimbabwe News, 22 January 2020: online), perpetuating corruption. Corruption is a hot subject in Zimbabwe that needs a separate research study. However, analysis shows that corruption in this area resulted in an increase on imported transmission as compared to local transmission of the COVID-19 pandemic.

6.3.7 Harmony and Communication within the Family

Data from the research findings of this study indicated that the family is the principal parent and bedrock of civil society, it plays a central role in the growth and well-being of children as the family provides major inputs into a child's education. It is in the home where one feels safe and secured. According to a critical study of the data from the literature review, COVID-19 lockdown procedures changed the conventional Zimbabwean family notion of an extended family to a core or nucleus family. While the idea of an extended family is slowly

crumpling, COVID-19 lockdown restrictions hastened its complete demise by confining individuals in their homes. This has prevented extended families from seeing one another since family ties are now maintained virtually; in contrast to the past, when relatives would get together to celebrate the birth of a new child, today's relatives welcome new arrivals on Facebook or through pictures shared on one's WhatsApp status. In the past, extended families would meet together for weddings, funerals and other family social functions; but, because of the COVID-19 lockdown, which limited both travel and the number of people gathering including the number of mourner, families were unable to get together. The COVID-19 lockdown protocols devastated and destroyed family harmony and unity, not to mention the idea of families being together for funerals and grieving.

On the other hand, as reports of gender-based violence (GBV) and intra-family conflicts sharply increased within the first few months of the lockdown, the literature review disproved the notion that keeping families confined to their homes would strengthen the nucleus family (Msasa Project, 2020). The statistics on GBV in Zimbabwe are startling; data showed that one in three Zimbabwean women between the ages of five and forty-five had been the victim of physical abuse. The literature review also revealed that COVID-19 lockdown measures though promoted the nucleus family; it proved that not all homes are safe and secure places.

Human Rights Bulletin Number 68 (2020) places blame on patriarchal socialization portrays women as perpetual minors who can be punished by the father, brother, and husband. What is worrisome is that all these happened against the backdrop that Zimbabwe is a signatory to an array of conventions and protocols that seek to eliminate all forms of violence. Where is the protective arm of the law? An analysis of the confinement: stay-at-home lockdowns increased the risk of women and girls to domestic, sexual, economic, psychological, and other forms of gender-based violence by abusive partners and family members (IA, 2020: 4). Thus, it estranged family members rather than bringing them together, lockdown measures disrupted some families.

While technology essentially facilitated and increased online family communications, digital technology has become the new norm for families in the twenty-first century, the current

study found that COVID-19 social distancing and lockdown regulations, restricted physical interactions. Data from this research revealed that loss of physical connections exposed individuals to isolation, loneliness, and depression. This research study revealed that when people are socially disconnected that increases levels of stress and depression which are key hindrances to people's personal well-being.

6.3.8 The Closure of Chapels and Other Religious Sanctuaries

Data from the literature review in this study has revealed that for faith communities, the places of worship are at the center and play a central role in both guiding their members towards health behavior and in the provision of spiritual support (World Vision, 2020). Data also shows that people do not only need spiritual care, comfort when they are sick to get healed, but they frequent chapels and other Sanctuaries to overcome sicknesses and death. Some people want to be touched when prayed for and some want go to the altar to be prayed for the pastor. Thus, the closure of chapels and other sanctuaries and the ban on in-person religious gatherings had a huge blow to the church and its leadership because the primary objective of the church has always been to incarnate God; to love and care for the sick and the dying in such times as the COVID-19 pandemic (Madhiba, 2020) and the Chapel was the place to meet them all at once. The closure of Chapels destroyed the usual colourful formal worship, the singing together in a choir, mutual love, practical sharing, partnership, and also being part of the company and not separated or isolated, one cannot be a Christian in isolation, hence the significance of praying together.

The closure of chapels had a huge negative psychological, emotional, and spiritual impact on the congregants many of whom the weekly gatherings strengthened them (Benza, et., al, 2021). In the ELCZ-CD, pastoral caregivers reported that they felt morally guilty for the closure of Chapels prevented them from fulfilling their pastoral care obligations and duties inclusive of: visiting the sick, burying the dead, comforting the bereaved, and could not perform church rituals namely: Baptizing and administering Holy Communion at a time when congregants needed them most (Robertson, 2020). Data from the Gospel narratives indicate that during His earthly ministry, Jesus physically ministered to humanity; and He went to the Synagogue. The closure of the Chapels and other Sanctuaries separated congregants from each other and from the pastor, it ruined the oneness of congregants,

their fellowship and their singing together in choirs, it also killed the bonding among congregants and their pastors.

A critical analysis of the data on the importance of physical gatherings and fellowship in Chapels indicates that due to a long time of non-physical interactions, gatherings and fellowship, the church in general and the ELCZ-CD in particular struggles with challenges of church fragmentation and backsliders. Implications are that in turn the ELCZ-CD will continue experiencing financial challenges because Church financial stability is a game of numbers; the more the members, the more the offerings and tithes (Moyo, 2012).

6.4 Negative Effects of COVID-19 Lockdown Protocols

Sub-research question 1: What adverse consequences resulted from the COVID-19 lockdown protocols?

6.4.1. The Well-being of Congregants and Communities

Data from the research study revealed two groups of people that were financially affected by the COVID-19 lockdown restrictions. The first group was composed of those in the informal traders. According to the literature review data, informal trade accounts for over 90% of the entire working population in Zimbabwe whose viable operations and flourishing does not do well under COVID-19 lockdown protocols. In a highly informalized economy like that of Zimbabwe where one's ability to earn is determined by being in a particular location to access to disposable income depended on vending; thus the COVID-19 pandemic lockdown was a crisis as it brought additional stress to people who were already wallowing in poverty (Kagoro (2020). The COVID-19 pandemic lockdown restrictions threatened citizens' livelihood and wellbeing considering that the majority of the country's work is in the informal sector (Chitungo, 2022). Data from the literature review revealed that about 90% of households did not have savings or food stocks to withstand prolonged lockdowns. Although the Government. The government's efforts to help households with financial rescue packages, which were received by some families, did little to remedy the dismal situation. According to Chitungo (2022), over ninety percent (90%) of households reported a loss of revenue and the selection process was criticised for sidelining many deserving members, hence the initiative was discontinued, hence, the majority of informal businesses

collapsed. On the other hand, data from the research findings of this study revealed that the few who received some funds from the state to cushion the losses incurred complained that the government package was too little to neither sustain nor make any significant change and some complained that they completed the forms for government funds, but did not receive assistance.

Secondly, data from the literature review revealed that it was not only those in the informal sector who suffered financial setbacks; those in the formal sector equally suffered the same fate: contract and casual workers had their sources of livelihood significantly disrupted when companies introduced staff rationalization measures which included: non-renewal of employment contracts; retrenchments; sending some employees on forced leave and implementing salary cuts by reducing working hours. The Employer's Confederation of Zimbabwe (ECZ) disclosed that by June 2020, over one million employees in Zimbabwe had been thrown out of employment. The problem was that most were wage earners who had to take care of their families and send their kids to school. The research findings also revealed the worst scenario was where the majority of companies had already suffered losses due to the lockdown; dismissed employees went away empty-handed, this in turn resulted in a huge socio-economic pressures in the home.

Research findings of this study revealed that when always at home, doing very little people eat more and that exerted more pressure as the majority of parents and breadwinners could not cope the pressure especially those out of employment. The story was not that entirely rose for those who continued in formal employment as they faced the challenges of low salaries in face of hyperinflation. Due to the hyperinflation, one's salary was never enough to cater for the transport, rent, not to mention the school fees and food. All these had a negative impact on the financial income of the church that solely depended on the freewill giving of the members who already faced the crunch.

6.4.2 Poor participation in Church activities

The abrupt end of formal worship services, which were "very formal, with robes, acolytes, stained glass, organ music, orchestral accompaniment, and hardwood pews with hymnals on the rack in front," had a profound impact on the church (Schnase, 2007:39). These

services allowed Christians to express their intense worship. In addition to losing their meeting time and the opportunity to attend such lovely services, congregants were unable to receive Holy Communion, which they have been receiving on a weekly or monthly basis. Left with no other choice, the church turned to online worship via WhatsApp video sermons, audio sermons, music, and prayers in lieu of closing chapels and other sites of worship. The only options available to those with the money were live Facebook online services and zoom services. However, to kill monotony of watching the same channel and the preachers over and over again, they ended up watching non-Christian channels.

Worship styles such as these did not involve those who could not afford computers, cell phones with Android, Wi-Fi, or data, even while they encouraged prayer and pastoral presence. The strict COVID-19 confinement circumstances caused poor congregants to lose contact for several months. Consequently, the information gathered from focus group discussions showed a marked decline in religious participation, such as word-sharing and group prayers. The majority of pastors stated that because the lockdown made it impossible for them to conduct in-person worship services or visit members in their homes, thus, lockdown protocols had a detrimental effect on evangelism and the pastoral care ministry of the ELCZ-CD. Data from focus-group discussions revealed that the majority of rural residents were most negatively impacted since they felt alone and were unable to study the Bible or pray on their own unless they attended church. The majority of Christians found missing church services to be a huge cultural shock.

6.4.3. Food Security

Food Security was defined as when all people at all times have access to enough safe and nutritious food to meet their dietary needs (Food and Agricultural Organization [FAO], 2008). Data from the literature review has shown that in Zimbabwe, food security is a human right issue enshrined in the supreme law of the land (Article 77 of the constitution) which provides for the right to food and safe water and the Ministry of Agriculture, Lands and Settlements is mandated with the responsible to produce food and building food reserves. The advent of the COVID-19 pandemic was a crisis in Zimbabwe as it advanced against the background of a difficult macro-economic environment and climatic changes characterized by perpetual droughts that make food security a huge challenge.

Available data shows that the problem was exacerbated the distribution of food aid during the lockdown which turned to be highly politicized, that resulted in a number of deserving and vulnerable families left out that severely undermined the right to food and food security (UNESCO, 2020). On other hand, data revealed that Cross-Border traders were hugely affected by the closure of the borders and the ban on inter-urban and cross-border passenger transportation (Chamunogwa and Chakanya, 2021). Further, the closure of borders, trade restrictions, and confinement measures made it impossible for relatives to send groceries from the diaspora (Chamunogwa and Chakanya, 2021). Local farmers could not access markets or secure inputs and agricultural workers to harvest the crops or prepare for the next farming season confirming perpetual food insecurity. Due to the high demand and shortage of commodities, the COVID-19 lockdown period was associated with a wave of an increase in food prices and a decrease in dietary diversification (Matsungu, et al., 2020).

The availability of food was essential for members of society to ensure a healthy living and to meet the needs of the most vulnerable people was a deliberate task of the church particularly in the context of the COVID-19 lockdown. While the ELCZ-CD through its diaconal arm, the Lutheran Development Services (LDS) distributed some food hampers to vulnerable communities, but it was just a drop in the ocean as the needy outnumbered the supplies. In this respect, it can be argued that the Ministry of Agriculture failed in its mandate of ensuring food security and the ELCZ-CD did not do enough to mitigate food insecurity challenges for its members in the Diocese. Given the revamping of several irrigation schemes by Non-Governmental Organizations (NGOs) and Government, it is hoped that the food and nutrition in Zimbabwe will improve.

6.5 Pastoral care skills needed during lockdown protocols

Sub-Research Question two: What type of pastoral care skills needed during Lockdowns?

Data from the theoretical framework of this research study revealed the ideals of pastoral care which includes: compassion, to suffer with; or to share in the brokenness of other people, fear or anguish (Hove, 2013: 38). In all focus group discussions, pastors concurred that compassion includes being sensitive to the sufferings of other people with a deep commitment to relieve their situation. It begins with the desire to identify with and to be in solidarity with the vulnerable, and be in suffering and together work with them for change.

In the Bible, compassion is a unique character of God, and throughout the Bible, God compassionately deal with humanity and in Jesus, we see the fullness of God's compassion (Nouwen et, al, 1982:24). Implications are that the role of the church in the context of the pandemic is that of nurturing and caring. True and genuine love and care is demonstrated in our care for the neighbour; since Jesus was a man for others; the church as a body of Christ should also be a community that serve others. According to Dietrich Bonhoeffer: *"a church is only a church when it exists for others; she must share in the secular problems of ordinary human life not dominating, but helping and serving, Christ wants to meet us in our brother.* (Dietrich Bonhoeffer, 1967: 203).

Martin Luther's neighborliness care theory encourages sacrificial love and commitment to duty in face of life-threatening risks. In his treatise about fleeing from a deadly pandemic, Martin Luther argued: pastors must remain steadfast before the peril of death, they have a plain command from Christ that a good shepherd lays down his life for the sheep, but a hireling sees a wolf and flees (John 10: 11). For when people are dying, they most need spiritual care. Human beings experience God's presence in the presence of other people, hence face-to-face pastoral care was a significant vehicle of God's presence in the people's experiences. Since time immemorial, pastoral care in the ELCZ-CD has been through home visits, hospital visits, visits to workplaces, and attending funerals, and weddings. Such pastoral visits created partnership, friendship, and increased fellowship. In all focus group discussions, pastors reported that pastoral care of physical presence was ideal in counseling as it brought comfort in times of despair. It enabled pastoral caregivers to listen to the stories of others, to strengthen, and comfort them, it renewed hope and courage congregants in the midst of despair and unpleasant situations as one moves forward.

Data from all focus group discussions conducted in the ELCZ-CD revealed that some avoided presiding over burials of bodies of people died from coronavirus, while some criticized the COVID-19-induced ban on face-to-face gatherings for stopping them from journeying with congregants in times of hospitalization, death, and burial or comfort the bereaved. However, some reasoned that pastoral care of presence in the context of the COVID-19 pandemic was a huge sacrifice as it required giving one's life to others. Data shows that pastoral care has been sacrificial just as God sacrificed Jesus Christ, pastoral caregivers act

on behalf of the all-embracing loving God and this calls for self-denial and to be all-embracing. On the other hand, the research findings of this study have brought about major shifts from pastoral care as sacrificial to pastoral care skills in pandemic-induced lockdown. These abilities and competences to offer pastoral care to people within their context, the basis of pastoral care skills is that God loves all unconditionally, and therefore, pastoral caregivers need pastoral care skills of loving unconditionally as they love themselves which is the greatest commandment. The pastor (*poimen*) is a shepherd on behalf of the Great Good Shepherd, Jesus Christ (John 10:11). In the main theoretical framework of this study, Moyo (2015) is very articulate and specific on pastoral care skills necessary in the twenty-first century: '*lead, guide, feed, heal, sustain, reconcile, nurture, liberate, empower and protect the sheep within their context*' (2015:5). Further, Moyo argues that a pastor should have the *ability to listen* (which is a very important pastoral skill) to the journeys and experiences of the people.

Thus, the core pastoral work of a pastor was to be in solidarity with vulnerable, those facing challenges in their lives and the pastor should know when to comply, disobey, challenge, and denounce a given culture or doctrine in a given context (Moyo 2015). In the context of the COVID-19-induced lockdown, pastoral care was to be seen as *an ambulance service* because it was concerned about people in troubles: lockdowns, isolation centers, retrenched, facing salary cuts as companies rationalized and reduced working days, when bereaved, fear of infections and death. It argued that pastors in this study must have appropriate skills and capabilities to serve the vulnerable people, the stigmatised and discriminated due to the COVID-19 pandemic.

6.6 Pastoral Care for Pastoral Caregivers

The searching question was how were pastoral caregivers in the ELCZ-CD cared for as they sacrificially cared for congregants and communities during the COVID-19-induced lockdown protocols? Data from focus group discussions revealed that in the face of COVID-19 pandemic that ravaged communities, pastors were expected to work as usual. In all focus group discussions, pastors revealed that they cared for the sick and the dying and they ministered life, and hope to the hopeless, they tackled stigma and discrimination without

themselves being ministered to. The research findings of this study unearthed how much pastors wanted to be pastorally cared for as they equally experienced traumatic incidents during the ministry, some also tested positive for COVID-19, some died, and they brought fear and anxiety to their own families. Data from the literature review revealed that pastors became chief mourners as they found themselves having to bury their own church members, bury their own relatives and their own colleagues.

Data in this research study also revealed that pastors continued to provide pastoral care when they themselves were suffering from the loss of their own members, thus pastoral caregivers in the ELCZ-CD became wounded healers, and thus, they became a symbol of self-sacrifice as they served the church and society. Data gathered from focus group discussions indicated that although pastors complained that the ELCZ-CD did not offer its frontline workers COVID-19 allowances which the Government which offered its own employees, they remained steadfast. However, despite the disgruntlement, pastors carried out their duties whole-heartedly motivated by the neighbourliness care theory of Martin Luther which encouraged that: "Help the poor, visit the sick as often as these services are needed and demanded" (Luther's Works Volume, 48:46).

6.7 Opportunities

Data from focus group discussions revealed that COVID-9 lockdown provided an opportunity for the Church to rediscover and teach congregants the essentials of the Christian faith. An essential is that which is absolutely necessary or the without which not, that without the organization ceases (Collins Student Dictionary, 1994); the without which the ELCZ-CD ceases. It has been argued in this research study without the Christian faith the ELCZ-CD will cease. Past researches in the history of Christianity demonstrated that crisis situations have been among the major motivators for believers to reconnect with the essentials of their faith and have often propelled church growth. In the COVID-19 lockdown, privileges of physical gathering together have been taken away, chapels were closed and people were to remain in their homes. Lockdown was a time for families to intensify Bible studies to improve their spirituality.

Data from focus group discussions revealed that in the recent past, the ELCZ has been struggling with problem of the exodus of youths and young adults as they join other church denominations, and Pentecostal churches continue to make inroads into the ELCZ-CD dominated areas as they consider these mission areas. COVID-19 lockdown was an opportunity for the ELCZ-CD leadership to re-visit its pastoral care theology, pastoral care strategies, and membership retention. In the same vein data revealed the ELCZ-CD is still sticking to the traditional ways of collecting offerings and tithes, the lockdown was an opportunity to learn modern ways of giving to the church just as it learnt to employ technology to parcel out virtual sermons.

6.8. Conclusion

The main purpose of this chapter was to analyse and interpret data gathered from focus group discussions. The analysis and interpretation of data unearthed the lived realities of pastoral caregivers in the ELCZ-CD during the COVID-19-induced lockdown protocols. Data from the literature review revealed that since time immemorial, epidemic and pandemic have always been part of human life and the church played a pivotal role in offering psychosocial support and other forms of support, however, the COVID-19 was unprecedented. The analysis and interpretations made it abundantly clear that the pandemic reached the ELCZ-CD while all were reluctant: these included the community, congregants and pastors. Two reasons for reluctance were: the assumption that coronavirus would remain confined to China and that there were no reports of its presence even in the neighboring countries. These coupled with the COVID-19 related myths and stories that dominated public media that featured prominent politicians who made people to believe that COVID-19 pandemic was a punishment from God on white people. Prominent research findings originating from the analysis and interpretation of data in this chapter indicated that while the COVID-19 pandemic ravaged the communities and the church and many lost their lives with the lockdown-induced protocols killing and destroying the tried and tested coping mechanisms of the church.

The COVID-19 regulations that included: national lockdowns, physical/social distancing, correct wearing face masks in public and the dusk to dawn curfew disrupted the normal lifestyles of the people, throwing the majority into disarray. However, despite all these,

there were some silver-lining as the COVID-19 lockdown restrictions conveyed unintended opportunities and benefits to family life and the ELCZ-CD.

Although the world has become technologically driven and data analysis and interpretation in this chapter revealed that under the COVID-19 lockdown the ELCZ-CD pastoral caregivers utilized it to communicate, share information and recorded sermons with their congregants and provided pastoral care, however, technology has been often used to peddle fear and fake news. There is a gap on the current literature on appropriate technology for the church; there is need for appropriate technology for the church and appropriate technological skills for pastors for effective offer pastoral care in the context of pandemic-induced lockdowns. Having analyzed and interpreted data from the focus group discussions, the literature review and theoretical frameworks which were used as essential tools in this chapter, the researcher explores the essentials of a pastoral care in the context of pandemic-induced lockdown which is the subject for the next chapter.

CHAPTER SEVEN

A COMPREHENSIVE PASTORAL CARE DURING PANDEMIC LOCKDOWNS

7.1. Introduction

In the previous chapter, the data gathered from pastoral caregivers in the ELCZ-CD focus groups were thoroughly analysed and interpreted with the goal of addressing the primary and secondary research objectives of this study. As mentioned in the previous chapter, the COVID-19 lockdown protocols, while intended to benefit everyone, actually harmed interpersonal relationships and upset long-standing religious and pastoral care customs in the ELCZ-CD, including physical gatherings. As a result, social distancing and lockdown restrictions became the new norm. According to the study's research findings, the COVID-19 lockdown protocols brought in a painful and bleak new era in which Christians were suddenly obliged to make adjustments and even close churches during significant Christian calendar dates like churches during significant occasions in the Christian calendar, including Easter. The COVID-19-induced lockdown put a great deal of strain on the religious community because the church, which has long served as a pillar of psycho-social support and other forms of support, was inaccessible, physical gatherings that frequently offered consolation and support to many were no longer available, and pastors were inaccessible as they observed the lockdown protocols.

Nevertheless, in spite of the disruptive and potentially fatal consequences, the COVID-19 pandemic brought about a number of chances for the ECZ-CD, such as adopting technology as a critical pastoral care tool, which proved to be the most effective and secure way of providing pastoral care of presence in absence; it assisted the ELCZ-CD in learning new perspectives and approaches to carrying out customs in a different way; it produced family quality time by allowing family members to become closer as they spent more time together in the home; consequently, the COVID-19 lockdown protocols strengthened family bonds, though this was not the case for all families as in some, increased family time led to arguments and tensions within the family. Nevertheless, expanding upon the preceding

chapter, this chapter investigates how the study achieved the three objectives of this empirical research which were:

- To explore pastoral care challenges posed and unintended opportunities offered by COVID-19 lockdown protocols to the ELCZ-CD congregants and their pastoral caregivers.
- To examine the pastoral care responses offered by the ELCZ-CD pastoral caregivers to the pastoral care needs of the congregants and communities during the COVID-19 lockdown.
- To investigate lessons learned from the pastoral care experiences of the ELCZ-CD pastoral caregivers during the COVID-19-induced lockdown.

Dominant to the research findings of this study was that the COVID-19 pandemic and its associated lockdown regulations unsettled society and human relations and interactions in unprecedented ways. The prominent church practices of physical gatherings and in-person fellowships were disrupted as the new orders of social distancing became the new normal. The research findings of this study established that COVID-19-induced lockdown protocols ushered in a new dispensation characterized by pain, confusion and hopelessness and people were forced to abruptly adjust their lifestyles. Data from focus group discussions and other studies related to COVID-19 lockdown restrictions revealed factors of family conflicts and their connection with unfavourable outcomes as confinement in the home resulted in the increase in Gender Based Violence.

The main thrust of this chapter was to chart the roadmap for a comprehensive pastoral care during pandemic-induced lockdown restrictions. This chapter argues that for the ELCZ-CD to provide a holistic pastoral care during pandemic lockdowns, pastoral caregivers must be empowered with appropriate pastoral care and leadership skills in order to appropriately and compassionately respond to the pastoral care needs of congregants and communities during pandemic lockdowns. This chapter examines how the research findings satisfied the key and sub-research questions. Secondly, it presents an envisaged pastoral care model during pandemic lockdown including the required pastoral care leadership skills and tools.

7.2 The Key and Sub-Research Questions

7.2.1 Key Research Question

What opportunities and obstacles for pastoral care did the COVID-19 lockdown protocols presented for ELCZ-CD pastoral caregivers? The study's research findings identified a number of difficulties, including the following:

7.2.1.1 Traditional ways of doing pastoral care

The study's research findings showed that prior to the COVID-19 pandemic, traditional pastoral care of physical presence took an abrupt turn, giving way to digital and virtual sermons during lockdown. Based on information gleaned from focus group discussions, pastoral care in the ELCZ-CD has historically involved visiting homes, hospitals, workplaces, and participating in funerals, weddings, and other church-related events. These activities have fostered relationships and strengthened fellowship. According to the research study's findings, pastoral care that involved the pastor's personal presence was optimal for pastoral care and counseling because it provided consolation during difficult times. The ELCZ-CD's tried-and-true coping mechanism were assaulted, disarmed, and destroyed by the COVID-19 and its accompanying lockdown limitations, leaving Christians and communities to rely on their own safety nets. On the other hand, pastoral caregivers acknowledged of feeling guilty when they were unable to offer the essential pastoral care of presence, which enabled them to hear people's stories and offer them consolation and support. Furthermore, as one advances forward in the face of despair and difficult circumstances, face-to-person pastoral care gave congregants newfound hope and bravery, according to the research findings.

Pastors stated in all focus groups held in the ELCZ-CD that pastoral care was extremely important at times of crisis, like the one brought on by the COVID-19 pandemic. This was because it allowed pastoral caregivers to hear the experiences of others and provided them with support and consolation. Furthermore, pastors indicated that in the face of despondency and uncomfortable circumstances, as the one brought on by the COVID-19 outbreak, face-to-face pastoral care gave congregants a renewed sense of hope and bravery. Face-to-face pastoral care was a key means of God's presence in people's experiences, according to data from all focus group talks. Pastors said that individuals

experience God's presence when they are among other people. COVID-19 lockdown protocols rendered the ELCZ-CD's primary pastoral care services inoperable.

7.2.1.2 The Closure of Churches and the Spiritual Dwindling

Information resulting from this research study revealed that faith and places of worship are at the center of the community and have a central role both in guiding their members towards health behavior change and provision of spiritual support (World Vision, 2020). When people are sick and dying they need spiritual ministry to strengthen and comfort their consciences to overcome death. The closure of churches and other places of worship was a huge blow to the pastoral caregivers in the ELCZ-CD because their primary objectives have always been to incarnate God; to love and care for the sick and the dying in such times as the COVID-19 pandemic.

Data from focus group discussions revealed that physical gatherings helped bind together pastors and congregants and strengthened them. The COVID-19 lockdown protocols prevented congregants from the usual highly formal passionate worship services. The research findings of this study also revealed that the closure of churches separated congregants from each other and from their pastors, and members gradually lost the sense of belongingness, the sense of brotherhood, sisterhood, and oneness, however, technology could not replace the physical presence. The research findings revealed that the closure of churches created psychological, emotional, and spiritual weakening for many people the weekly gatherings strengthen them and spiritually nourished (Benza, et., al, 2021). Data from all focus group discussions revealed of a huge spiritual decline and religious practices such as praying and listening to the Word.

The majority of pastors argued that Evangelism and the pastoral care ministry of the ELCZ-CD were severely affected by the lockdown as pastors were unable to preach in public since people were confined in their homes. The spiritual weakening was severe on the majority of people in remote areas who were unable to read the Word of God or pray on their own unless they went to church. As a result of the gap created, the majority of Christians resorted to online services and prayers, several social media platforms were founded to provide prayer, music and preaching services. The research findings of this research study

indicated that challenge was that only those who afforded Wi-Fi benefited from spiritually enriching programs, but, for others, it proved a time of spiritual torment.

The research findings of this study revealed that there was mental trauma caused by the fear of the pandemic. The research findings also revealed that the closure of churches and other places of worship prevented pastors from fulfilling their pastoral care obligations and duties that included failing to visit the sick, burying the dead, comforting the bereaved. Pastoral visits created and promoted a sense of belonging and togetherness. Data from this research study indicated that *“A church that neglects physical presence eventually struggles with fragmentation”* (Redding, 2012: 22). The research findings of this study revealed that in face of the closure of the churches in line with the COVID-19 lockdown protocols, pastoral caregivers utilized technology to keep in touch with their expansive constituencies.

The study's conclusions also showed that the COVID-19 pandemic lockdown regulations radically changed the pastoral care practices and might have an impact on the ecclesia even after the epidemic has ended. Following the lifting of the COVID-19 lockdown restrictions, pastors reported seeing a rise in backsliders in the ELCZ-CD during all focus group discussions. Some members became used to not attending church services, while others had acquitted themselves with the digitalized church services on television and other media platforms. The problem lies in the fact that many people would continue to use digital services instead of attending conventional in-person events after the COVID-19 epidemic ended and lockdown limitations were relaxed.

7.2.1.3 Pastoral care and Leadership

The research findings of this study revealed that the role of a pastor was to provide leadership in the church and in society premised on the leadership style of Jesus Christ (Moyo, 2015). Information from the theoretical framework of this study revealed that the pastoral care of Jesus and His skills of leadership were not fully achieved in the ELCZ-CD during the COVID-19 pandemic lockdown as some pastors avoided risk situations such as conducting burials of bodies from COVID-19 hot spot areas. During His earthly ministry, Jesus used pastoral care skills to cross cultural and religious boundaries in order to stand in solidarity with the vulnerable in order to serve the yet during the COVID-19 lockdown, the

minority of pastors revealed that to a great extent they considered their safety first and they focused on their own members and turned a blind eye to the rest of the community.

7.2.1.4 Quarantine, Self-isolation, Face Masks, and Travel Restrictions

The research findings in this study revealed the challenges posed by COVID-19 pandemic in the following areas such as quarantine, isolation and travel restrictions as having caused a huge stress on many was the mandatory 14 days quarantine mainly for returning residents and other travelers for a period of 14 days (NANGO, 2020). The research findings revealed that changes in family daily activities increase anxiety and stress through prolonged quarantine. Such frustrations' can result in the deterioration of the family's mental health and this explains why many escaped from quarantine centres. The research findings also revealed that study's results quarantine had some psychological impacts on families. Information resultant from the literature review indicated that unlike quarantine, isolation applied to patients or people confirmed to have COVID-19 (WHO, 2021). Although, self-isolation remained a vital healthcare strategy aimed at keeping infected people with a contagious illness away from those who were not (WHO, 2020).

Self-isolation could take place at home or at a hospital or care facility where one could live in a separate room from the rest of the people till fully recovered. It is argued that self-isolation at the Hospital or health facility was much better than self-isolation at home because at the Hospital, healthcare would give advice pastoral care frequent isolation centres and enforce the COVID-19 regulations such as social distancing, correct wearing of face masks and people with underlying conditions inclusive of diabetes, hypertension, heart disease, kidney, and respiratory disease were prevented from visiting COVID-19 patients (WHO, 2020). Health experts would also ensure that both the patient and the caregiver wear face masks when the caregiver was in the room attending to the patient. In addition, caregivers wear disposable aprons and gloves when wiping the patient. This research study explored how pastoral caregivers ministered to those in isolation during COVID-19 lockdown restrictions. However, it must be noted that both quarantine and isolation helped to curb the spread of the coronavirus.

Information from the literature review revealed that caregivers were at high risk, they were

required by law to put on face masks. The research findings of this study revealed that the correct wearing of face masks and face prevented the wearer from contracting disease as well as transmitting the virus to others (Rajeev Venkayya, 2020). At the initial stages of the outbreak of the pandemic people would wear any type of face masks including the home-made, however, Centre for Disease Control and Prevention (CDCP) recommended standard surgical face masks to sufficiently protect the wearer from any respiratory pathogens and N95 respirator face masks when taking care of COVID-19 patients or when one has a fever, coughs or sneezes (NANGO, 2020). An N95 respirator face mask was recommended for its potential to remove tiny particles from the air inhaled through it and was capable of filtering harmful bacteria and viruses (CDCP, 2020).

However, research studies have shown that wearing face masks was effective only in combination with regular hand washing or hand sanitizing with alcohol-based sanitizers comprising 60-90% of alcohol and the most common form of alcohol used included ethanol, isopropanol or n-propanol (CDCP, 2020). The challenge was that the recommended face masks and hand alcohol-based sanitizers were beyond the reach of many ELCZ-CD congregants. Information resultant from the focus group discussions and literature review revealed that travel ban on intercity and interregional and international travel had a negative impact on family connections and physical gatherings. Travel bans cut off the continuous supplies for livelihoods: medications, food, and other basics between families especially from the relatives and friends in the diaspora. It also separated families as members could not visit each other, and could not gather together during crisis times such as sickness, deaths and funerals.

7.2.1.5 Livelihoods and Routine Events

Information resulting from focus group discussions indicated that more than 90% of their congregants were informal traders, the national lockdown restrictions and their businesses were hugely affected as they were forced to close down. Consequently, the majority could not afford a decent meal on the table. The research findings also revealed that COVID-19 lockdown affected the economy of parishes in the ELCZ-CD as there were no offerings and tithes as entrepreneurship had become fragile due to the unstable economy which resulted

in church employees going without their salaries and allowances. The economy of the ELCZ-CD was also negatively affected due to conservative congregants who treasure in physically putting their offerings in the offering basket and seeing the pastor praying for their offerings, and had not embraced giving to the church through modern electronic ways such as Eco-cash, Bank transfer and ZIPIT.

Besides the financial disruptions, the research finding of this study revealed that the COVID-19 lockdown restrictions disrupted the *Karanga* burial practices embraced by the ELCZ-CD of paying the last respects to the deceased members of the family. Although the COVID-19 burial protocols were intended to reduce viral transmissions and infections as funerals were considered super spreaders, however, the research findings revealed that COVID-19 funeral regulations decreed by the Government that corpses must be hurried, and quickly buried under strict health protocols, without going through the home, without body-view with a limited number of attendants who would remain four meters away from the graveyard.

The COVID-19 funeral regulations were imposed against the background of the predominant Zimbabwean culture where a funeral attracts at least one hundred (+100) mourners. The greatest challenges were that the COVID-19 funeral regulations though for the common good, but they aggravated pains and blocked the grieving process, hence, prolonged closure. However, regardless of all these, the ELCZ-CD pastoral caregivers remained the messenger of the love, peace and the healing and caring community.

7.2.1.6 Family Communication, Socialisation and Harmony

Another finding of the current study suggested increased family communication patterns using technology and the lack of socialization between families during COVID-19. Lockdown restrictions have increased patterns of social distancing and self-isolation practices, to combat COVID-19. These restrictions and COVID-19 safety protocols further instigated new challenges for socialization and the formation of connections. The research findings of this study showed that the family has since time immemorial been and foundation of civil society and plays a central role in the growth and well-being of children as the family provides major inputs into a child's education. The research findings revealed that it was

only in the home where one was safe and secure. However, a critical analysis of data showed that the COVID-19-induced lockdown protocols shifted the traditional ideals of extended families to a core or nucleus family. Confinements resultant in no visitations between extended families and the family relations were maintained virtual, unlike in the past where extended family members would gather together to celebrate the coming of a new baby into the family, today, family members welcome new born babies on Facebook or picture posted on one's WhatsApp status. The research findings revealed that the COVID-19 lockdown restrictions killed and destroyed the family unity and harmony, not to mention about coming together during funerals and bereavement.

Information resultant from the literature review revealed that COVID-19 lockdown measures though seem to promote the nucleus family, however, by confining families in their homes assuming that homes were safe and secure places, the Government assumption was proved wrong as reports of Gender Based Violence (GBV) and intra-family tensions skyrocketed (Msasa Project, 2020) see also Human Rights Bulletin Number 68 (2020). An analysis of the confinement: *#stay-at-home to be safe* lockdowns increased women and girls to domestic, sexual, economic, psychological, and other forms of gender-based violence by abusive partners and family members (IA, 2020: 4).

On the other hand the research findings of this study revealed that while technology facilitated online family communications, technology has become the new standards of communication, however, social distancing and lockdown regulations, restricted physical interactions resulted in loss of physical connections exposed individuals to isolation, loneliness, and depression. This research study revealed that when people are socially disconnected that increases levels of stress and depression which are key hindrances to people's personal well-being.

7.2.1.7 Caring for Pastoral Caregivers

The research findings of this study showed that pastors sacrificially cared for the congregants and communities and they were not equally cared for. Data resultant from the focus group discussions revealed that the pastors were expected to work as though

everything was normal. Information from the focus group discussions revealed that pastoral caregivers in the ELCZ-CD ministered life and hope to the hopeless while they themselves were in hopeless and traumatic, they tackled stigma and discrimination, and they experienced stigma and discrimination. Pastoral caregivers experienced traumatic incidents, they tested positive for COVID-19, and they brought fear to their own families. Pastoral caregivers in the ELCZ-CD became chief mourners as they had to bury their own members, relatives and their own coworkers.

The research findings revealed that pastoral caregivers in the ELCZ-CD became a symbol of sacrifice as they served the church and society without themselves served. This dovetails with Martin Luther's neighbourliness care that pastoral care is a service for neighbours (Luther's works, 43). For Martin Luther the benchmark or standard for Christian duty was what God had done through Christ to humanity; service of love given to others for no remuneration. Luther has argued that the priestly service of caring for one another is not reserved for the clergy, but it is for a vocation of every Christian; believers are being formed into a Christ by sharing in Christ.

7.2.2 The sub-research questions

In order to answer the above discussed key research question, the following three sub-questions were considered to guide this empirical research study: What were pastoral care responses by the ELCZ-CD pastoral caregivers during COVID-19 lockdown protocols?; How was the ELCZ-CD and its members affected socially, financially, and spiritually by the COVID-19 lockdown protocols? What lessons can be learned from the pastoral care experiences of the ELCZ-CD pastoral caregivers during the COVID-19 lockdown?

7.2.2.1 Pastoral Care Responses to COVID-19 Pandemic

The research findings of this research study revealed that the pastoral care ministry of the church includes acts of care, concern, empathy, compassion, kindness, and love by the church in response to human needs (Moyo, 2015). The aim of pastoral care was to shepherd, to enable the growth and well-being of individuals and the society at large (Moyo, 2014). Data from the literature review revealed that pastoral care responses to human

needs are influenced by theological motivations that all human beings are made in the image of God; which confers everyone with both an inherent human dignity. Information resulting from the literature review indicates that pastoral care theology is the application of the Gospel to human needs or the praxis of the Christian faith that seeks to liberate God's people from personal and social brokenness. The research findings of this study revealed that pastoral care responses to the COVID-19 outbreak were triggered and guided by the theological motivations: to aid the poor, the sick, the oppressed, the orphans, the refugees, and anyone vulnerable (Pavari, 2020).

Against this backdrop, the pastoral care responses by the ELCZ-CD pastoral caregivers to human needs were sacrificial: some visited the COVID-19 patients in isolation centres, some risked themselves and presided over the burials during the peak of the lockdowns. Information resultant from the literature review revealed that in bridge the ever-increasing gap as a result of the inapplicability of the pastoral care of presence the congregants due to lockdown, the ELCZ-CD pastoral caregiver embraced technology. Although, the research findings of this study revealed that technology had challenges of connectivity and the ever-increasing data bundles, it essentially helped to keep the bond between congregants, communities and the pastoral caregivers.

7.2.2.2 Negative effects of COVID-pandemic

The research findings of this research study revealed that the COVID-19 pandemic unsettled all facets of human life including the religious life of the church. The advent of COVID-19 and the subsequent introduction of lockdown restrictions by the Government paralyzed traditional ways of doing pastoral care namely: the usual pastoral home and hospital visits, conducting burials and consoling the bereaved (Bryn, 2020). The research findings also revealed that COVID-19 lockdown restrictions disrupted the face-to-face Sunday service gatherings, singing together in a choir, dancing together as a family and one body, actively listening to a sermon, and worshipping and praying together. It disrupted the unity, fellowship, and togetherness experienced in the partaking of sacraments such as the Eucharist (Glenn, 2020). According to Pilay (2020):

Faced with the lockdown restrictions, the church had to adapt its religious practices to online space: videos, WhatsApp groups, YouTube, Facebook, and other electronic platforms became the preferred channels of developing a sense of community and for communication” Pillay (2020: 268).

The research findings of this study showed that COVID-19 pandemic led to an exceptional social and economic crisis as the closure of informal businesses and markets, stalls, or vending sites deprived over 90% of the working population in that sector of their sources of livelihood for their household dependent on their daily survival incomes. It also revealed that a highly in-formalized economy like that of Zimbabwe did not augur well with lockdown restrictions that threatened citizens’ livelihood and wellbeing (Chitungo, 2022). The research findings revealed that although the Government cushioned the informal businesses for the losses incurred during the lockdown as over ninety percent (90%) of households reported a loss of revenue, the selection process sidelined many; hence this initiative was discontinued resulting in total collapse of many informal businesses. People with disabilities were reported to have been hard hit by the COVID-19 lockdown as the majority of them survived on the informal economy (UNESCO, 2020).

The research findings also revealed that although COVID-19 lockdown protocols remained noble measures to curb the spread of the pandemic, they had negative bearings on the economy of the church as they caused the church to suffer financially for most congregants give to the church when they are present in a worship service; their absence also means an absence of offerings and tithes (Matonga, 2021). In the ELCZ-CD offerings and tithes are collected during a Sunday service as these are part of Sunday services since 1914 (Soderstrom, 1984). Information resultant from the literature review has revealed that the COVID-19 lockdown restrictions hugely affected the national food security. In Zimbabwe, Article 77 of the constitution provides for the right to food and safe water and the Ministry of Agriculture, Lands and Settlements is responsible for food production and building food reserves, which it failed to deliver as scores of people thronged charity organizations gatherings and political rallies just to get something to take home. What exacerbated the problem was that the distribution of food aid was highly politicized, leaving out some of the most vulnerable families; the right to food was severely undermined (UNESCO, 2020).

On the other hand, the research findings of this study showed that the advent of the COVID-19 lockdown restrictions impacted heavily the health delivery system in Zimbabwe which was already dysfunctional as the ailing medical system and the front-line workers not adequately equipped to tackle the COVID-19 pandemic. In the ELCZ-CD hospitals some sections closed down as more and more people contracted the virus. At the peak of the unparalleled crisis, healthcare workers found several challenges in treating patients suffering from COVID-19 virus and that increased stress, fear, anxiety, and, depression as healthcare went about their duties resulting in some refusing to manage COVID-19 patients (WHO, 2020). Information resultant from literature revealed that COVID-19 lockdown policies threatened to reverse the country's public health gains as the restrictions resulted in the stoppage of non-emergency medical care at health institutions and disruptions in the supply chains of consumables for medical care. It has been unearthed that in April 2020 alone; about 19% Of people with HIV attempting to get a refill of antiretroviral were only able to get a partial refill due to movement restrictions (Chitungo, et al, 2022: 37- 38).

The research findings also revealed that the closure of schools and other educational institutions as a preventive measure against the spread of the COVID-19 pandemic from March 2020 to September 2020 affected the educational system in Zimbabwe as it reduced the growth and development of learners through playtime and sports activities. This finding corresponds with the findings and arguments put forward by Chamunogwa and Chakanya (2021). Through innovations, the education system shifted from the traditional classroom face-to-face to online learning which left the majority of learners in public schools especially in rural areas unable to engage in online or distance learning. It has also been established that learning from home was difficult as most parents were not educators and were unable to support or supervise their children (UNESCO, 2020).

The research findings in this study revealed that the closure of schools increased the risk of school dropout and regression, the girl-child who spent more time providing care support to families and less time engaging in home-based learning (Rusty, 2020). The research findings also revealed that the closure of schools took away the protective sanctuary for children offered by schools leaving them exposed to sexual exploitation and abuse; hence, there was reportedly an upsurge in child marriages during the COVID-19 lockdown. Over and above

that, the research findings in this study revealed that thousands of children in mining communities engaged in illegal artisanal mining, making themselves more vulnerable to opportunistic infections (Chamunogwa and Chakanya, 2021).

The research findings of this study revealed that COVID-19 lockdown disrupted the indigenous cultural burial practices. Culturally, Zimbabweans gather for funerals and due to the increasing coronavirus infections and resultant deaths, the Government reduced the number of mourners as funerals were considered super-spreaders of the virus (Herald, 2021a). Further, the Government decreed that corpses should not be taken home; the corpse must not be viewed, but hurried and quickly buried under the strict health protocols while limited attendants maintain the social distancing. While restricting the number of people attending a funeral was intended to reduce the viral transmission and infection as funerals were regarded as super-spreaders of the virus, but it blocked the grieving process and closure (Tagwirei, 2022). On the other hand, limiting the number of people attending a funeral stood against the traditional Zimbabwean culture that funerals are communal, when a member of the community passes on; relatives, friends, and neighbors come to pay their condolences, comfort the bereaved family (Affiku, 2015). Funerals are symbolic in that they reflect a level of community identity and togetherness (Matseketsa, et al, 2017).

What were the lessons learned? Firstly, it became evidently clear that human beings are limited and human efforts are limited, but only God, the advent of the COVID-19 pandemic and its associated lockdown protocols taught us that God is always in control regardless of men's efforts. The research findings of this study revealed that since outbreak of the COVID-19 pandemic in Wuhan China, Governments, NGOs and FBOs across the world took drastic measures to curb the spreading of the virus including lockdowns to limit the movements of people outside their homes. However, despite all human efforts, the coronavirus continued spreading worldwide infecting many people claiming many lives. The research findings also revealed that COVID-19 lockdown created awareness of the vulnerability of humanity.

On the other hand, COVID-19-induced lockdown restrictions exposed that the education sector was not ready for advanced learning methods which includes E-learning as the majority of the rural populace lacked access to the internet. Further, the research findings of

this study revealed that the closure of schools and the introduction of E-learning created educational inequalities due to a lack of resources and inaccessibility to radio and/or television for public broadcasting, and lower support for home learning. Due the accrued salary and statutory dues, the ELCZ-CD learnt the need to build financial reserves for future lockdowns. Over and above all these, pastors learnt new pastoral care skills; it taught them embrace technology in order to continue ministering its expansive constituency. Through technology, pastoral care of presence was possible in absence (Hove, 2022). The COVID-19 lockdown offered opportunities for pastors to acquire new pastoral care and leadership skills in the context of the COVID-19 pandemic and beyond: creativity, flexibility and accommodative.

7.3 Envisioned Comprehensive Pastoral Care during Pandemic Lockdown

Information resulting from the literature review, theoretical framework, and focus group discussions revealed that pastoral caregivers in the ELCZ-CD who continued offering pastoral care to their congregants during COVID-19-induced lockdown protocol faced challenges; firstly, a pandemic that spreads through the coping mechanisms of a church is a crisis as it paralyzes the core functions of the church. The current literature dwells on the pastoral care of physical presence stands in sharp contrast to the COVID-19 lockdown regulations that emphasized lockdowns, social distancing, and self-isolation, quarantine, staying at home to be safe as it banned all forms of public gatherings and even limited the number of mourners at funerals and closed churches. All these stood against the heart and spirit of the ELCZ-CD of being a unitary entity, inclusive and welcoming space and that the church thrives on physical gatherings and fellowships.

The research findings of this study revealed that COVID-19 pandemic was a crisis as it disrupted the pastoral care ministry of the ELCZ-CD and prevented pastoral caregivers to journey together with their congregants and communities at a time when they needed pastoral care most. The COVID-19-induced lockdown protocols killed and destroyed the inherent communal support systems of the ELCZ-CD as lockdown restrictions highlighted physical distancing, self-isolation, and quarantine. The research findings of this study revealed that the ELCZ-CD was caught unprepared; throwing the majority of pastoral caregivers into a deep shock and disarray as the current literature dwells on pastoral care of

physical presence, in contrast of the lived realities of COVID-19 lockdown regulations that stressed the pastoral care presence in absence (Hove, 2022). Data resulting from the research gap in this study revealed that the current literature was silent on the use of technology as an imperative tool in spreading the Gospel.

Against this background this study maintains that the ability to hold meetings virtually, and the sacrificial love by pastors who continued to offer pastoral care in the face of COVID-19 lockdown restrictions revealed key lessons that the church is beyond the walls of the chapel. Also, the research findings of this study have also shown that the current literature does not talk about the challenges of the loss of traditional grieving and new pastoral skills in the context of pandemic-induced lockdown restrictions. The research findings also revealed that the current literature does not discuss possible pastoral care opportunities in the context of the COVID-19 lockdown restrictions. The research findings from the research problem of this study revealed that technology has become a powerful force in all facets of human life offering unique opportunities to overcome information deficits (Rugara, 2013) and pastors employed it to share information and parcel out recorded sermons. However, data has revealed that technology has often been used to peddle fear and fake news. The research findings also revealed that COVID-19 restrictions required pastors and congregants to use gadgets which the majority of people including a number of pastors did not have, and the few who could afford faced network and connectivity challenges, power cuts, and high costs of data bundles. COVID-19 pandemic and its lockdown regulations paralyzed the pastoral care ministry of the church, and this study argues that COVID-19 lockdowns forced people to rely on digital technology for communication.

The research findings of this study revealed the stigma and discrimination challenges posed by the COVID-19-induced lockdown, and the need for the ELCZ-CD to overcome or eradicate the *'us' and 'them'* attitude (Moyo, 2015). It has been noted that the *'us' and 'them'* attitude is self-defeating the unending threats of stigma and discrimination (Moyo, 2015). Data from the focus group discussions revealed that stigma and discrimination ravaged Hospitals, schools, and parishes in the ELCZ-CD. Health care workers, teachers and learners and pastoral caregivers feared being infected and death. The research findings from focus group

discussion indicated that stigma and discrimination became evident as some pastors avoided conducting burial services of bodies from COVID-19 hot spots.

Avoiding to serve the needy stood against Martin Luther's neighbourliness care theory that pastors must remain steadfast before the peril of death, for they have a plain command from Christ that a good shepherd lays down his life for the sheep, but a hireling sees a wolf and flees (John 10: 11). For Martin Luther, when people are dying, they most need spiritual care which strengthens and comforts their conscience; the Word and Sacrament overcome death (Luther's Works, Volume 43: 121). Further, avoiding conducting burial services did not only break the essence of communal life embedded in the *Karanga* social philosophy of *ukama* that an individual is seen through the community, life is communal, but it promoted stigmatization, discrimination, isolation, and, connectedness born out of *ukama* that compels people to care for each other and share. *Ukama* is a concrete form of the human interrelationship within the society and is a microcosm of rationality within the universe.

The *Karanga* people of Zimbabwe view life as a unitary block and people become fully human by participating in shared responsibilities (Mhaka, 2010). Hospitality has always been a shining virtue of the natives; it is readily extended to all members of a family or clan. The stranger, provided he does not belong to a hostile community, will receive shelter and food (Posselt, 1978:111). Thus, the church must be a safe space, free of stigma and discrimination.

7.4 Towards the Envisaged Comprehensive Pastoral Care in the ELCZ-CD

Underpinning this section are two searching questions: Firstly, what does it take for the ELCZ-CD to effectively offer an inclusive pastoral care during lockdowns? Secondly, how can the ELCZ-CD always remain financially self-sufficient? This section examines areas deemed fundamental in building the envisaged comprehensive pastoral care for the ELCZ-CD in the context of pandemic-induced lockdown protocols.

7.4.1 An All-Inclusive Pastoral Care

The research findings of this study revealed that stigma and discrimination affect the emotional well-being and mental health of people in isolation as they often turned to internalize the stigma experienced and begin to develop a negative self-image (Hove, 2013).

In addition, the internalized stigma often leads to feelings of shame, fear of disclosure, isolation, and despair. These feelings kept people away from getting tested and treated for COVID-19. The research findings in this study revealed that stigma greatly affected COVID-19 patients' attendance at healthcare centers thereby creating a culture of hiding. The fact that some pastors in focus group discussions revealed that they avoided funerals for bodies from COVID-19 hot spots is indicative to the point that there is need in the ELCZ-CD for an all-inclusive pastoral care skills and competencies for the pastoral caregivers. The research findings of this study stressed the need for compassionate attitudes towards the pastoral care needs of COVID-19 patients. Pastoral caregivers in the ELCZ-CD need pastoral care skills of loving neighbours unconditionally love as they love themselves which is the greatest commandment of God.

In the context of the COVID-19 pandemic, stigma may mean people were being stereotyped and discriminated against as they may be considered a threat to the effective social living in the society (WHO, 2020). The research findings of this study revealed that since the outbreak of the COVID-19 pandemic, there existed negative perceptions toward the infected as they were accused of being ignorant and negligent, thereby holding them responsible for contracted the virus (Balakrishnan, 2020). From a hermeneutic perspective, the church must combat the stigmatization of everyone who is afflicted. The church ought to show them love and acceptance. There was shame attached to this illness, as seen by the accounts of the leper healing (Luke 17:11–19) and the hemorrhaging woman (Luke 8:43–48). Jesus healed these people, shattering the taboo around having contact with them in the process. Since COVID-19 was communicated via physical contact, it was not permitted to come into contact with someone. The church needs to combat the stigma attached to this illness if it is to carry out its ministry of touching the lives of the afflicted and diseased. The church must assist the government and the civic society in caring for the infected and the affected grieving. In other words the church must be active in psycho social support ministry.

The research findings in this study therefore, their pastoral care and leadership skills should be anchored on the pastoral ethic of servant hood. Jesus often referred to himself as a servant, in Matthew 20:28, Jesus argues that He did not come to be ministered unto, but to

minister and to give his life as a ransom for many. In this context Jesus considered His mission as that of ministering; on the last supper, He demonstrated that by washing the feet of his disciples (John 13:4-11). Against this background, this study argues that the church has been sent out to indiscriminately minister to society.

The research findings of this study revealed that a pastor is a multifaceted person who must be a jack of all trades: a pastor must be a leader, a shepherd, a disciple, and a servant of the church and society (Moyo, 2015: 24). One quality of a leader and shepherd is that of being a visionary so that the sheep are not stolen, lost, abused, oppressed, or starved to death because of a lack of greener pastures. Jesus is a Great Shepherd who is the way, the truth, and the life (Moyo (2015).

Central in both Parry's (2008) and Moyo's (2015) advices for appropriate pastoral skills or competences were the notion of *pastoral care leadership*. The pastor as a *church leader* must first develop an *inner competence* (pastoral skill) and must accept the responsibility and imperative to respond appropriately and compassionately. The research findings also revealed that Jesus is located among the vulnerable, so embracing Jesus' pastoral care, leadership skills and ethics enables the ELCZ-CD to realize the envisaged comprehensive pastoral care in the context of lockdown protocols.

7.4.3 Technology appropriate for the ELCZ-CD

The research findings of this study revealed that during the COVID-19-induced lockdown restrictions pastoral caregivers in the ELCZ-CD employed technology to minister to its expansive constituency as they parceled out audio recorded, WhatsApp and other social media platforms. The research findings also revealed that technology can be used to propel fake news. However, the research findings revealed that technology can be used to promote the church to new followers with the ones you already have. It helps build and strengthen relationships with many who could be lost in other circumstances. Technology keeps members connected and can improve fundraising efforts. Technology saves time sending out emails versus calling individuals. The researcher has seen how Zion Church (ZCC), which connects its members worldwide and broadcasts live services, uses technology to its advantage.

It is time for the ELCZ-CD to adopt an electronic bank transfer policy with its local congregations as it has done with foreign partners. Although it is progressively adopting electronic bank transfers, ZMSWITCH (ZIPIT), and eco-cash, but it still needs to figure out how to use offerings and tithes in different currencies. This study argues that if the ELCZ-CD pastoral caregivers go back to business as usual after the lockdown, then they would have dismally failed the examinations for things have changed. This empirical research study makes the case that the ELCZ-CD has to take advantage of the license that the Zimbabwean government has extended to community radio stations that would not only enable the easy communication and information transfers, but would enable congregants receive other key services from the leadership such as sermons and pastoral care.

7.5 Conclusion

The literature review revealed that the COVID-19 pandemic caused a considerable degree of suffering. At the advent of the pandemic, the Zimbabwean economy was already under strain and required assistance to avoid further disaster. Although it was believed that one of the main duties of governments in the field of public health was to contain the COVID-19 pandemic, in these conditions, the role of government was seriously undermined. While the COVID-19 lockdown procedures appeared to support the nuclear family, the lived realities proved that the government was mistaken as reports of gender-based violence (GBV) and intra-family conflicts dramatically increased.

The primary objective of this chapter was to describe the most effective ways for the ELCZ-CD to deliver the necessary comprehensive pastoral care within the confines of the COVID-19 lockdown protocols. The negative effects of the COVID-19 pandemic are multifaceted, although the ELCZ-CD must embrace technology, it must be the appropriate because technology is frequently used to spread false information. With the proper tools, pastoral care and leadership abilities, and technology, the ELCZ-CD can realize comprehensive pastoral care during pandemic lockdown. A summary of the research findings, conclusions, and some suggestions for additional research are presented in the following chapter.

CHAPTER EIGHT

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

8.1 Introduction

It has been established that COVID-19 brought a lot of suffering; generally, suffering often includes feelings of alienation, abandonment, and loss. Scientifically, COVID-19 is a respiratory infection, an illness caused by a virus that can spread from person to person with the symptoms that can range from mild to severe illness (WHO, 2020). In this concluding chapter, the study is summed up; its research findings, its significant contribution to the body of knowledge stated, and its limitations are acknowledged. Recommendations are given based on the research findings, and recommendations for further research are suggested. The study concludes with this final segment.

8.2 Summary

8.2.1 Summary of the methodology

This study employed qualitative research methodologies to explore and identify opportunities and challenges presented by the COVID-19 pandemic lockdown restriction and lessons learned that can be implemented by the ELCZ-CD to develop preparedness strategies for inevitable pandemics in the future. In order to address the research problems and accomplish the study's aims, forty (40) participants were purposive chosen from among the three-pronged pastoral care entities of the ELCZ-CD namely: the pastor in charge; school chaplains, and hospital chaplains. The study employed semi-structured interviews to address the research challenges and accomplish the research aims. Contact details of all participants were found in the ELCZ-CD lectionary ²⁵.

Since these methods did not require travel or in-person meetings, all interviews were performed over the phone, over text messages, or through WhatsApp groups to facilitate

²⁵ A lectionary in the context of the ELCZ-CD is a little booklet that includes a pre-selected selection of daily biblical readings from the Bible for family prayers, Bible study, and Sunday worship services. The Lectionary is a three-year cycle that accompanies the current season of the liturgical year with scriptural directives (what-is-the-lectionary: online). All of the diocese's pastors' names and work stations are included in an ELCZ-CD lectionary.

compliance with COVID-19 safety criteria and address the study concerns and objectives. Following every interview, the captured audio was written down right away.

8.2.2. Summary of the chapters

Chapter One introduced study with an emphasis on the background to the research problem description, motivation, and theoretical framework. It demonstrated how the COVID-19 pandemic lockdown restrictions affected pastoral care practices in a significant way, hindered public worship and customary physical meetings, and made many people feel stressed and anxious and these could have long-term consequences on the life and ministry of the church; Christians always gathered to break bread, share the cup, and provide for one another. The chapter concluded that COVID-19 pandemic lockdown killed and ruined the churches' tried and tested coping mechanisms of the church.

Chapter two: The literature review in chapter two confirmed that epidemics and pandemics like Bubonic, Influenza, HIV, and Ebola killed a great deal of people and negatively affected frontline healthcare personnel. The COVID-19 lockdown regulations eradicated the custom of face-to-face getting together and it emerged from the literature that though pastoral caregivers adopted technology, people desperately required face-to-face pastoral care which technology could not substitute. Chapter two also revealed that confining people inside their houses during a lockdown increased intra-family conflicts and gender-based violence (GBV). The argument in this study is that the church's pastoral care mission may be seriously jeopardized if it is not embodied in communities, in their settings and places, in difficulties and tragedies, diseases and disasters.

Chapter 3 explored the three theoretical assumptions underpinning this research study namely: Herbert Moyo's (2015) pastoral care theory based on the work and functions of a pastor. This principal theoretical framework was complemented by Martin Luther's neighbourliness care (Luther's Works vol. 43) and *ukama* (relatedness or interrelatedness) an indigenous *Karanga* caring philosophy propounded by Hungwe and Ndofirepi (2021). The principal theoretical framework of this study argues that the pastoral care role of a pastor includes: shepherding, guiding, feeding, healing, sustaining, reconciling, nurturing, liberating, empowering, and protecting the flock (Moyo, 2015). These roles were vital in this

study in discussing the existential experiences of ECZ-CD pastoral caregivers during the COVID-19 pandemic lockdown restrictions.

Chapter 4 provided the research methodology and methods employed in data collection and analysis in this empirical research study. Methodological constraints, ethical issues, and secrecy have all been covered in this chapter. In order to address the research issues and achieve the study objectives, this study utilised purposive techniques to recruit forty (40) participants from the ELCZ-CD's three-pronged pastoral care entities namely: preaching (pastors in charge), educating (schools chaplains), and healing (hospital chaplains). Owing to the COVID-19 shutdown limitations and the precautionary actions, semi-structured interviews were performed online using text messaging (SMS), phone conversations, and WhatsApp group platforms.

Chapter 5 presented the research findings of this study which disclosed the impact of the COVID-19 pandemic lockdown restrictions on the pastoral care ministry of the ELCZ-CD. It also revealed how the COVID-19 pandemic lockdown measures destroyed the coping mechanisms of the church which included face-to-face gatherings which promoted mutual in-person fellowship, mutual love, and mutual psycho-social support and other forms of support, especially in times of the COVID-19 pandemic restrictions. Families in Zimbabwe have customarily congregated together for special events like weddings and funerals, but these habits were discontinued by COVID-19 pandemic lockdown restrictions.

It emerged that while pastors utilised technology during COVID-19 lockdown to virtually offer pastoral care and parcel out audio-recorded sermons that own its own turned into a challenge as the majority of people did not have the required gadgets and some pastors did not have the skills to conduct church services electronically. Positively, the COVID-19 lockdown limitations gave the church more opportunity to adopt technology, giving everyone with Internet connection a wider platform to hear the sermon (s). It also made more time for meaningful family time, but in some households, it also led to an uptick in arguments and disputes.

Chapter 6 analyzed the lived realities of the pastoral caregivers in the ELCZ-CD and the church at large during the COVID-19 pandemic lockdown protocols. Information from the

literature review and focus group discussions exposed that the COVID-19 pandemic lockdown protocols brought about a painful and dismal new era for the church and society. People were abruptly forced to adapt, and church gatherings during significant Christian holidays like Easter were even banned. It also became clear that, although pastoral caregivers used technology to communicate, share information, and send sermon recordings to their large following, technology can be used to pedal fake news, hence the need for appropriate technology for the church.

Despite its disruptive and potentially fatal effects, the COVID-19 pandemic lockdown restrictions brought about a number of opportunities for the ELCZ-CD; these included adopting technology as a critical pastoral care tool, which proved to be one of the most effective and secure ways in providing pastoral care of presence in absence, and assisted the church to learn new ways to do traditional tasks differently.

Chapter 7 centered on the plan for providing a comprehensive pastoral care in the event of a pandemic-induced lockdown. The main goal in this chapter's main goal was to outline the best means for the ELCZ-CD to provide comprehensive pastoral care within the parameters of lockdown procedures imposed by pandemics. The main argument contained in this chapter was that the ELCZ-CD can achieve complete pastoral care during pandemic lockdown constraints if they have the right tools, ranging from correct pastoral care skills, pastoral care and leadership abilities, and the right technology. It can then be argued that the church's inability to deliver during the COVID-19 lockdown was directly related to its lack of capacity, and therefore the blame should not be put entirely on the pandemic lockdown protocols.

Chapter 8. With a summary of the research findings, opportunities, and real-world difficulties faced by pastoral caregivers in the ELCZ-CD during the COVID-19 pandemic lockdown limitations, Chapter 8 brings the study to a close. The study has shown that although the COVID-19 pandemic lockdown restrictions presented difficulties, they also created chances for the church's activity and mission because they united individuals in the spirit of mutual friendship regardless of political, religious, or economic standing. In spite of their differences, all parties involved have united to seek solutions together, creating a unity

of purpose. This chapter also provided ideas and helpful guidelines to help the church deal with potential pandemic outbreaks and lockdown limitations inevitable in the future.

8.2.3 Summary of the findings

The study discovered that the COVID-19 pandemic lockdown restrictions had an unprecedented negative impact on all facets of human existence. Suffering; often includes feelings of alienation, abandonment, and loss. Scientifically, COVID-19 is a respiratory infection; an illness caused by a virus that can spread from person to person with the symptoms can range from mild to severe illness (WHO, 2020). The primary objective of this research study was to investigate the extent to which the COVID-19 lockdown restrictions negatively impacted on pastoral care ministry of the ELCZ-CD as well as opportunities and challenges they presented. The study addressed the following four research questions (RQ):

1. How did the COVID-19 lockdown restrictions affected the pastoral care ministry of the ELCZ-CD during the lockdown protocols, and what opportunities and challenges they presented?
2. During the COVID-19 lockdown protocols, what did pastoral caregivers in the ELCZ-CD do to continue providing pastoral care to their expansive constituencies?
3. How the COVID-19 lockdown protocols impacted the ELCZ-CD as a church denomination and the social, financial, and spiritual of its members?
4. What may be inferred from the ELCZ-CD pastoral caregivers' experiences providing pastoral care during the COVID-19 lockdown?

8.2.3.1 Research Question 1 (RQ1): How did the COVID-19 lockdown restrictions affected the pastoral care ministry of the ELCZ-CD during the lockdown protocols, and what opportunities and challenges they presented?

Research Question 1 (RQ1): Based on the responses received, it was determined that the COVID-19 pandemic lockdown restrictions had an unparalleled detrimental effect on every aspect of human life and jeopardized Zimbabwe's progress towards the Sustainable

Development Goals (SDGs) (SDGs)²⁶ and Vision 2030 that was aimed at creating an upper middle class society by 2030 (NDS.1, 2018-2025)²⁷. According to the study, when Zimbabwe declared the first COVID-19 case and deaths in March 2020, people became more anxious. The coronavirus posed a serious threat to the lives of the elderly and those with underlying non-communicable diseases such as diabetes, hypertension, heart disease, and chronic lung problems. Christian worship and coping mechanisms have long been based on face-to-face gatherings, but COVID-19 lockdown regulations forbade them.

On the other hand, High school chaplains claimed that when some boarding sections were turned into isolation and quarantine rooms and students housed there, or when staff members who had tested positive were assigned to their individual staff rooms in their residence quarters, it was clear that discrimination and stigma were at play. While some teachers were uneasy about receiving students' exercise books, students were equally afraid of their own teachers. Data from focus group discussions also revealed detrimental effect of stigma and discrimination on the mental and emotional well-being of the isolated; these individuals often internalise the experienced stigma and began to develop a negative self-image.

Another significant area impacted was when the government issued an order (SI 77 of 2020) directing that bodies should not be carried into homes or subjected to body viewing, but rather be buried quickly under strict medical protocols with a limited number of attendants to ensure social distance. According to Matseketsa et al. (2017), funerals in Zimbabwe are

²⁶ The 2030 Agenda for Sustainable Development, which was approved by all United Nations Member States in 2015, offers a shared road map for peace and prosperity for people and the planet both now and in the future. At the core of this global cooperation are the 17 Sustainable Development Goals (SDGs), which constitute an urgent call to action for all countries, developed and developing. They realize that addressing poverty and other forms of deprivation, battling climate change, conserving our seas and forests, and encouraging economic growth all need to cohabit alongside policies that enhance health and education, diminish inequality, and encourage economic growth (UN, 2015).

²⁷ In order to fully realize the potential of the new Dispensation, Zimbabwe's developmental process is guided by Vision 2030, taking into consideration the United Nations' Sustainable Development Goals covering the period 2016-2030, Vision 2030 was aimed at radically transforming Zimbabwe into an upper middle income country by 2030. The growth of the middle class would provide the foundation for an economy with an upper middle class and less income inequality. To include everyone in formal employment, the employment rate to increase by 80% (NDS.1, 2018).

communal and serve as a symbol of community identity and togetherness. By prohibiting and limiting individuals attending a funeral destroyed the communal and traditional burial practices that everybody belongs to the community and not to one's own family (Affiku, 2015). This made closure more difficult by exacerbating aches and hindering the grieving process.

Quarantine, social distancing and self-isolation were employed in addition to lockdown methods to lower the infection rate; face masks and hand sanitizers were recognized as effective ways to stop the coronavirus from spreading (WHO, 2020). According to NANGO (2020) Centers for Disease Control and Prevention (CDCP) advocated for the use of surgical masks that provided sufficient protection against respiratory pathogens. Nevertheless, the majority of rural people were unable to afford the suggested face masks and alcohol-based hand sanitisers. In addition, the travel prohibition had detrimental impacts since it prevented families from visiting one another and from getting together for social events like funerals and illnesses, not to mention wedding and other social gatherings as these were since banned.

However, the COVID-19 pandemic lockdown procedures provided the ELCZ-CD with the following opportunities to review and reinforce the core beliefs of Christianity. The Christian faith remained steadfast despite the lockdown protocols that took away the privileges of physical gatherings, forcing people to stay in their homes and the closing chapels and other places of worship. This was because the Christian faith was based not on church buildings, but on believing in God through faith in Christ, believing in physical gatherings, hearing sermons together, adhering to church rituals, wearing church uniforms, making offerings, shaking hands or giving hugs. The ELCZ-CD learnt that the essentials of the Christian faith are not in the offerings and tithes, though these are important for the administration of the church and for the spreading of the Good News, but they are not the essentials of our faith. The essentials of our faith remained and it enabled the congregants to gather together again after the long period of lockdown.

Secondly, this study discovered that the COVID-19 pandemic lockdown offered opportunities; first and foremost, it enabled pastors to embrace technology as it turned out

to be the best and safest way to communicate and minister to their expansive constituencies in the context of the COVID-19 lockdown and beyond. Technology helped pastoral caregivers in the ELCZ-CD to remain visible and active as virtual worship services offered a broader platform to anyone who had access to the internet including non-members. Through technology: pastors reached their members virtually by live-streaming church services on digital platforms such as Facebook, television, YouTube, WhatsApp, and SMS, to mention, just a few. It was only during lockdown that through technology, congregants accessed and enjoyed sermons from the comfort of their own homes. The COVID-19 pandemic lockdown protocols availed an opportunity for ELCZ-CD pastors how to lead in times of hardship and to be flexible and accommodative. However, the challenge was on how to be inclusive in catering for both the rural poor, those who could not afford smartphones, computers and laptops and the urban rich.

Thirdly, while the research findings have shown the financial disruptions as evidenced by the arrears displayed in table 8 in chapter five above, however, the COVID-19 pandemic lockdown measures offered the ELCZ-CD an opportunity to learn about the new cutting-edge modern methods of collecting tithes and offering and tithe collection that includes Eco-cash, ZIPIT, and electronic bank transfers. However, the ELCZ-CD still needs to figure out on how to collect offerings and tithes made in other currencies. Further, COVID-19 pandemic lockdown was a learning curve for the ELCZ-CD to appreciate the importance of building financial reserves to prepare for future crisis times such as the one presented by COVID-19 lockdown as it accrued huge arrears in salary and statutory bills during the lockdown periods.

Fourthly, the research findings also revealed that the majority of ELCZ-CD members in informal traders or vendors who regularly conducted business internationally and had a history of being away from their families for extended periods of time. They were forced to re-evaluate the importance of family life, the need of parents serving as role models, and the crucial roles that families play in a church's activities as a result of the lockdown restrictions, which closed all borders. Most international traders realized how important the family was to life, especially parents who were involved in cross-border trade.

Finally, lockdown protocols helped families that had not been together in a long time in finding one another and empathetically becoming closer. The results of the present study demonstrated how the COVID-19 lockdown facilitated the development of stronger social ties within families. While the COVID-19 pandemic lockdown boosted family quality time; sadly, some families had arguments and disputes at home as they spent more time together resulting in frustrations and unresolved arguments.

This study also showed that, even though the COVID-19 vaccine offered strong protection against serious illness, hospitalization, and death, receiving the shot came with a number of health risks (WHO, 2020). Healthcare professionals and key frontline employees, such as those at the nation's entry control points, were the first to exhibit a significant degree of vaccine reluctance in Zimbabwe (Chitungo et al., 2022). Participants revealed that pastors encouraged their parishioners to be vaccinated through social media platforms for their parish and congregation. The study's conclusions showed that the phrase "Get vaccinated # Defeat COVID-19" became widely used in Zimbabwe as a means of promoting vaccination. This goes together with theories utilised that promote the wellness and indiscriminate caring.

Addressing the Research Question 2 (RQ2): **What steps did pastoral caregivers in the ELCZ-CD take to ensure that their large constituency received pastoral care during the COVID-19 lockdown protocols?** The research findings of this study discovered that pastoral caregivers in the ELCZ-CD embraced technology quest to fulfill their calling during the COVID-19 pandemic lockdown restrictions. Through technology, pastoral caregivers continued to serve their expansive constituencies and upholding the social practices and teachings of the ELCZ-CD, based on compassion, love, and care for the weakest members of society. It also emerged that although the COVID-19 lockdown protocols presented a number of difficulties, for the church and society, it offered the ELCZ-CD an opportunity to experiment with innovative approaches to pastoral care that did not require physical presence and to gather offerings and tithes to strengthen the church's financial foundation. The challenge, however, had to do with connectivity coupled with energy disruptions (power outage due to load-shedding) particularly in the deep rural areas.

Discussing the Research Question 3 (RQ3): **How the COVID-19 lockdown protocols impacted on the social, financial, and spiritual life of the ELCZ-CD members?** The research findings disclosed that in a highly informalized economy like that of Zimbabwe where disposable income depended on vending; the COVID-19 lockdown was a crisis as it brought additional stress to people who were already wallowing in poverty. It emerged that although the Government through the Ministry of Finance cushioned the informal businesses for the losses incurred during the lockdown as over ninety percent (90%) of households reported a loss of revenue, the selection process sidelined many deserving members and many informal businesses collapsed. The research findings of this study revealed that the church was not cushioned as it was viewed as a non-essential service provider and its reliance on the voluntary contributions of its members who were no longer able to support themselves, resulted in the ELCZ-CD accruing outstanding debts in utility bills and salary arrears. From the government's point of view, this scenario decreased tax revenue at a time when the nation desperately needed more funding to build up healthcare facilities, defend the vulnerable, and implement COVID-19 preventive measures. Furthermore, the study's research findings showed that, unless people attended church, the COVID-19 pandemic lockdown restrictions led to a significant spiritual deterioration and a reduction in religious habits such independent prayer and Bible reading.

Research Question 4 (RQ4): **What may be inferred from the ELCZ-CD pastoral caregivers' experiences in providing pastoral care during the COVID-19 lockdown?**, In answering Research Question 4 (RQ4) it was found that to avoid accruing arrears as was the case during the COVID-19 pandemic lockdown restrictions, it was necessary to save and accumulate financial reserves for potential pandemic lockdown in the future. The COVID-19 pandemic and the ensuing lockdown measures taught pastors new approaches to pastoral care. They also acquired the skill of embracing technology to go on providing services to their expanding flock. Technology made it feasible to provide pastoral care in the absence. This provided ELCZ-CD pastors with an opportunity to gain new pastoral care skills and leadership talents, such as creativity, flexibility, and being accommodating, in the context of the COVID-19 epidemic and beyond.

8.3 Interpretation of study findings and critical application of theories

Two main questions serve as the foundation for the interpretation of the research findings and critical application of theories: what does the literature say about the study's research findings? What are the implications of the research findings for the theoretical frameworks utilised in this study?

8.3.1 Views on the study's research findings from the literature

The literature analysed in this study revealed that epidemics and pandemics have always occurred throughout human history: The Athens Plague in 430 BC, the Antonine Plague in AD 165, which persisted until AD 180 (Littman and Littman 1973:243), the Cyprian Plague, which began in AD 250 and ended in AD 262, and the Justinian Plague, which began in AD 541 and persisted until AD 549 (Christos, 2020), the Leprosy outbreak in the 11th century. The Spanish influenza of 1918–1919, the Black Death (1348–1349), the HIV and AIDS from the 1980s to the present, the Ebola virus disease (EVD), which devastated communities in West Africa, and the ongoing COVID-19 pandemic are a few notable historical epidemics and pandemics (Dugassa, 2020). Data from the literature confirmed that prior to the COVID-19 pandemic outbreak, the national healthcare system had a number of problems, such as lack of therapeutic medications, broken infrastructure, scarcity of Personal Protective Equipment (PPE), and overworked, underpaid, and unmotivated personnel. This was true even though the Government gave everyone the assurance of its preparedness to take on the challenges head-on (Kuvenga, et al., 2021). The literature review also demonstrated the extent to which pandemics and epidemics have affected human health and highlighted humanity's vulnerability throughout human history. Given that epidemics and pandemics have always happened in human history; however, society and the church shouldn't fear since there will likely be more pandemics in the future and that the COVID-19 pandemic is not the last one. The study highlighted a significant worry, which is that pandemics and epidemics often catch individuals off guard.

This study upholds the view that the church in general and the ELCZ-CD in particular should build pastoral care, education, and health preparedness initiatives for future outbreaks with the aid of the lessons learnt from the COVID-19 lockdown protocols. Lack of

motivation on the side of frontline workers, focus-group discussions revealed that the COVID-19 isolation units were the least frequented wards; frontline workers were not prepared to risk their own lives as well as the lives of their families. It is essential that the ELCZ-CD build financial reserves for purposes of incentives; it has already been established that incentives lead to increased effort and improved performance (Gneezy, Meier, and Rey-Biel, 2010). Incentives encourage greater work (Glewwe, Ilias, and Kremer, 2010); this is the fundamental law of motivation at work and incentives are specifically designed to motivate and retain talented individuals (Mukherjee, 2001). However, financial incentives have their own weaknesses as these kill the intrinsic motivation; it turns employees to work for the love of money and not providing key social services.

The study's findings also show that the COVID-19 pandemic lockdown laws had a negative impact on the ELCZ-CD's evangelism, in-person church services and fellowship, and pastoral care ministry of physical presence. Because both groups had to stay inside their homes to comply with the lockdown laws, pastors were unable to physically meet their congregants. Pastoral care of presence was necessary to uplift and strengthen consciences of sick and dying people to overcome the fear of death.

8.3.2 Implications of research findings for the theoretical frameworks used in this study

The closure of chapels and other places of worship had a negative impact the primary mission of the ELCZ-CD which has always been to incarnate the love of God and to care for the sick and dying in times like the COVID-19 pandemic. Pastors were unable to meet in-person with their congregants because both groups were required to remain in their homes in order to comply with the lockdown regulations, which caused a cultural shock for both groups particularly to miss a Sunday church service. What the implications of the research findings for the theories employed in this study?

Lockdown protocols placed a strong emphasis on isolation, quarantine, and confinement in houses, while Moyo's (2015) pastoral care theology, Martin Luther's neighborliness care, and the Karanga indigenous caring philosophy of ukama stressed on physical presence. Pastors had to stream live church services on digital platforms including Facebook, YouTube, WhatsApp, and text messaging (SMS) in order to continue serving their congregation. The

ability for both members and non-members to attend church services from the comfort of their own homes was one of the biggest advantages. But a big barrier to the digital services was that most of the rural flock, including the senior pastors, was not digitally literate. This was a significant obstacle for the remote and digital ELCZ-CD services.

8.3.3 Technology

There were several challenges brought about by the COVID-19 epidemic for patients, healthcare institutions, churches, and communities. Governments imposed lockdowns and quarantines at the population level to stem the virus's spread because it was more active in social settings. Quarantine, social distancing, and stay-at-home policies were implemented to slow the infection's spread. Research findings indicate that a multitude of healthcare systems were vulnerable to this type of pandemic, since it intensified pre-existing problems such as staffing shortages, personal protective equipment (PPE) scarcity, and bed capacity in hospitals and intensive care units. Governments prioritised health measures during the initial COVID-19 outbreak with the goal of reducing virus transmission. A number of technological advancements and healthcare technologies were introduced or activated to support the delivery of care, screen or monitor sick individuals, lower infection and mortality rates, estimate the number of illnesses, and flatten the curve.

The COVID-19 pandemic had a profound impact on education, changing the way students learn in fundamental ways. Due to this extraordinary circumstance, educational technology (EdTech) has become more widely used as a way to guarantee smooth learning continuity (Shashank Joshi 2023). EdTech has become a major facilitator, enabling educational institutions to support the development of new skill sets and adapt to the demands of students, independent of geographic constraints. The EdTech blends digital media and technology with conventional teaching techniques to enable multimodal learning. This increases engagement, offers flexibility, and produces learning solutions that meet international standards.

As social isolation and lockdowns became the new normal, religious and church activities faced challenges on a worldwide scale, enforced forcefully by the governmental machinery. Thus, the freedom of association that is vital to worship has come to an end. Then, in such

unexplored territory, churches had to establish new standard if they had to keep their membership, they had to create new avenues to keep in constant contacts with congregants. The pandemic has also caused a great deal of worry and strain making it necessary for the church to be easily accessible as a crucial pillar for social support (Mahiya and Murisi, 2021).

Following the COVID-19 epidemic, social separation and lockdowns became the new norm, which the state apparatus strictly enforced, challenging religious rituals around the world. Thus, the freedom of association that is vital to worship has come to an end. In these unexplored areas, churches had to establish new norms; in order to retain membership; they had to build new channels of communication and new means of practicing their faith. The pandemic has also caused a great deal of worry and strain in people, making it necessary for the church or other places of worship to be easily accessible as a crucial pillar for social support (Mahiya and Murisi, 2021).

While social media, technology, and information and communication technology (ICT) are now commonplace in business and society, most churches, including the ELCZ-CD, still considered ICT as a secular instrument that has little to no place in formal worship. Notably, there are now many different ways that churches and the pastoral ministry employ technology. For instance, new generation of pastors now communicate with a sizable congregation thanks to satellite technology.

The advent of virtual churches is a result of technological use; Churches are now using the Internet to broadcast sermons because people in Zimbabwe are busy and more focused on their jobs. Among these are text messaging, social media preaching, and internet sermons. Text messaging is an effective method for reaching Christians who might not have the opportunity to attend to church leaders for spiritual direction while they are going through difficult times. Christians can keep on track by receiving biblical and self-empowerment messages via mobile messaging services. Some Christians may not have the time to go to church leaders for spiritual guidance when they are facing difficulties in their lives, so text messaging is a useful tool for reaching them. Christians can keep on track by receiving biblical and self-empowerment messages via text messaging services thanks to technology.

This study contends that the welfare of society is a concern shared by the theoretical frameworks and technology employed in this investigation. Therefore, the technology and theoretical background are pertinent to this investigation.

8.4 New Knowledge

Finding new information to add to the body of the existing knowledge or to help improve the knowledge that already exists is the fundamental goal of any academic inquiry (Dahliberg and McCaig, 2010: 10). Insofar as the impact of the COVID-19 pandemic on the pastoral care ministry of the church was concerned, this researcher investigated a variety of sources, with a particular focus on the ELCZ-CD that was included in the literature review in chapter two of this study. The works of scholars such as Brister (1977), Hume (1981), Clebsch and Jaekel (1983), Emmanuel Lartey (2003), Waruta and Kinoti (2005), and Moyo (2015) focused on the pastoral care of physical presence. This study examined 40 pastoral caregivers' participation in the ELCZ-CD during the COVID-19 pandemic lockdown procedures. This study examined 40 pastoral caregivers' participation in the ELCZ-CD during the COVID-19 pandemic lockdown procedures.

8.4.1 Pastoral care of physical presence

Pastoral care of presence serves as a reminder that the Church is always there to assist those in need. It has its foundations in the Old Testament and it serves to highlight the fact that God is present in even the most trying circumstances. The church in general and the ELCZ-CD in particular have long engaged in physical presence pastoral care; prominent scholars and writers on pastoral care have extensively researched and written about it (Brister, 1977; Hume, 1981; Clebsch and Jaekel, 1983; Emmanuel Lartey, 2003; Waruta and Kinoti, 2005; Moyo, 2015). The ministry of presence is modeled by God as reflected throughout the Bible which indicates that God had concern for His fellowship, making His presence known and participating in human lives (Guild 1992:2). Though effective in pastoral counseling, pastoral care of physical presence was no longer appropriate because of the COVID-19 protocols that regarded church physical gatherings as one of the main modes of viral transmission during the COVID-19 pandemic. Bringing the existential

experiences of the ELCZ-CD pastoral caregivers and the needs of the congregants into conversation with the aim of producing practical lessons that the church can embrace in dealing with inevitable future pandemics is a significant contribution to the body of knowledge.

8.4.2 Lack of access to the internet by rural people in the ELCZ-CD

This study showed that technology has transformed society and is now a necessary component of everyday life. Technological platforms and devices, along with information and communication technology (ICT), have become standard elements in both business and society. Social media platforms have shown to be effective and mobile phones have developed into potent change agents. According to a Zimbabwe report, in 2012, Zimbabwe's tele-density was almost 100%, with 97% of people using mobile phones (Rugara, 2013). The church has transcended from physical locations to people's homes and hearts. Live streaming allowed the congregation to no longer be confined to one meeting place; it now exists virtually everywhere.

Despite the fact that information accessibility is crucial for community development, this study has shown that internet connectivity in Zimbabwe's rural Mberengwa areas—a bastion for the ELCZ-CD—exacerbates the nation's digital divide. Furthermore, even though the Fourth Industrial Revolution (4IR) was a significant change in industries and technology that is rapidly changing how people work, live, and interacts with one another, the ELCZ-CD was falling behind. This is a sign of a revolutionary shift in industries and technology that is quickly altering how we interact, live, and work. Urban areas also faced challenges with internet accessibility because of power outages and the rising costs of data packages. Developing a relationship between the congregations and the ELCZ-CD Television Station could be one approach to resolve this problem. Members would be able to watch the Sunday services from their respective congregations. It is feasible; one prominent example is the Zion Christian Church of Mutendi, which connects all of its members globally via a mobile television.

8.4.3 The socio-economic realities of the rural communities

The majority of people, who live in rural Zimbabwe, and specifically in Mberengwa district, the stronghold of the Evangelical Lutheran Church in Zimbabwe-Central Diocese, relied on farming for crops and livestock. They cultivate maize, grains, and legumes, as well as breed goats and cattle. The only people with formal work are civil servants, such teachers and nurses, their pay is known to be extremely low and has been a source of worry due to threatening industrial actions; nonetheless, their job status is not covered in this study.

Some people work as vending machines, purchasing and selling used clothing, although their earnings are negligible. Sadly, these online stores were shut down during the shutdown, which meant that people's everyday means of subsistence were gone. As a result, the ELCZ-CD, which was entirely dependent on voluntary donations, suffered greatly since people were coming to church and most congregants in the informal trade had not been operating and had no money to offer to the church. The study revealed that the COVID-19 pandemic lockdown was a crisis since it brought additional stress already depressed and stressed people which in turn contributed to the financial constraints in the ELCZ-CD, hence the huge accrued salary and statutory arrears.

8.4.4 Pastoral care and the needs of the congregants

Bringing the existential experiences of the ELCZ-CD pastoral caregivers and the needs of the congregants during a pandemic lockdown into conversation with the aim of producing practical lessons that the church can embrace in dealing with inevitable future pandemics is a significant contribution to the body of knowledge. This study presents technology as an addition to Sunday services and other traditional ways of sharing the Gospel. The ELCZ-CD now has a unique opportunity to shift from being "inward-looking" to being community-focused with the help of this study. Specifically, the church can become one that prepares, trains, and equips its members for ministry work in their local communities associations, and encounters so that the ministry's work continues whether or not gatherings occur. The

church is a people; it is the priesthood of all believers²⁸; people who use all of their abilities to glorify God and carry out His purpose for the world. This study contends that the COVID-19 pandemic is a game changer; the ELCZ-CD cannot therefore afford to take its pastoral care ministry as business as usual during and beyond the COVID-19 pandemic. If it does, then it would have dismally failed the examinations called by the COVID-19 lockdown restrictions. However, this research has limitations, just like any other study.

8.4.5 Refusal of vaccines

In an attempt to mitigate the devastating effects of the coronavirus disease 2019 (COVID-19) pandemic, Scientists moved quickly to develop a vaccine in an effort to lessen the catastrophic impacts of the coronavirus disease 2019 (COVID-19) pandemic. The most well-known public health approach to stop the spread of infectious diseases that progress quickly, lower related mortality, morbidity, and stress on healthcare systems, and enable a return to regular activities is vaccination. However, vaccine reluctance was pervasive in Zimbabwe; Wiysonge et al. (2021) found that vaccine hesitancy continued to be the largest hazard to COVID-19 vaccination programs worldwide. Why?

8.4.5.1 Misinformation

Even though safe and effective COVID-19 vaccines were available, social media misinformation made it more difficult to expand the immunisation program. Vaccine hesitancy revealed that most people doubted the vaccine's effectiveness and safety (Mundagowa, et al., 2022). The lack of information about the vaccine's development and testing process was blamed for the doubts, and there were worries that regulatory standards were relaxed and trials were not rushed given the unprecedented speed at which the COVID-19 vaccines were developed (Chandler, 2020). Some Zimbabweans became wary

²⁸ This is Martin Luther's doctrine of priesthood of all believers which meant that all who have faith in Christ and are baptized are designated priests and share in Christ's royal priesthood. This meant that every believer has equal access to the Father through Jesus. The corollary is that every believer has the responsibility to act as a priest to other believers, to minister to them, particularly through proclaiming Scripture to them. Luther maintained that there is no spiritual divide between priests and laity; there is simply "one estate" to which all baptized believers belong. However, for the sake of order in churches, Luther maintained a distinction in the role and office of different believers (Rachel Ciano, 2020: online).

and reserved towards the vaccine, especially after experts questioned the effectiveness of the vaccines and some did not trust the Chinese manufacturer (Chitungo et al, 2022).

In addition, several studies revealed that Western institutions and states were moving quickly to implement COVID-19 vaccinations. The director of the National Institute of Allergy and Infectious Diseases in the United States alleged that some COVID-19 vaccines may have been approved for use in emergency situations. Additionally, vaccine trials may be expedited by using combined trials, which run multiple trial phases concurrently. In contrast to the typical 10-year timeline for vaccine development and approval, COVID-19 vaccines and treatments were being developed and licensed in a matter of weeks or months. Thus, the USA Food and Drug Administration approved emergency COVID-19 vaccines, produced by Pfizer/BioNTech and by Moderna, under the Coronavirus Treatment Acceleration Program (CTAP) (Komesaroff, Kerridge & Gilbert 24 March 2020). Similarly, Britain's medical regulator granted temporary authorisation for some coronavirus vaccines before full licenses were granted (Holton 31 August 2020). What was more, the United Nations, World Health Organisation and the World Bank advised fast-tracking COVID-19 Vaccines – in this regard, WHO had requested billions of dollars for purposes of fast-tracking the vaccine.

The public of Zimbabwe was alarmed at the beginning of the vaccination program because of reports of a healthcare worker who had died in Masvingo following a dosage of the SARS-CoV-2 vaccine (New Zimbabwe Daily Metro, 5 March 2021). The optimal strategy to combat false information, given the life-oriented theories used in this study, was to aggressively disseminate truthful information about the actual risks and advantages of the COVID-19 vaccine in order to save lives.

Around the start of the vaccination programme in Zimbabwe, there was news of a healthcare worker who had died in Masvingo after receiving a dose of the SARS-CoV-2 vaccine and this scared the population. Since theories employed in this study were life-oriented, the best way to fight misinformation was through aggressive dissemination of accurate information about the truths of the risks and benefits of COVID-19 vaccine in order to save life.

8.4.5.2 Cultural and Religious beliefs

Mbiti, (1969: 1) argues: *“Africans are notoriously religious, and each people has its own religious system with a set of beliefs and practices. Religion permeates into all the departments of life so fully that it is not easy or possible always to isolate it”*. Zimbabwe is essentially a religious country, and some religious leaders in the church spoke widely against the vaccines fuelled vaccine hesitancy.

There are indigenous churches in Zimbabwe that reject modern medicine and advise their followers not to visit the hospital since healing can only come from prayers. Maternal death rates in Zimbabwe are probably rising because adherents of the strictest of the expanding Apostolic Church factions there must exclusively reject conventional treatment in favor of prayer and faith-based healing. Even in the most extreme circumstances of illness or damage, members of the Johanne Marange Apostolic sect formally refuse all medical treatment. They believe that only God is able to heal, and that they can only do so because of their faith in him. This ultraconservative sect is one of an estimated 160 apostolic sects in Zimbabwe that believe in faith healing. The strictest of these sects require their members to seek healing via prayer and faith and completely reject conventional medicine. Even children are denied immunisations, trend government health officials say is spreading as the sects attract new members. Church teachings of this kind exacerbated vaccine hesitancy in Zimbabwe, exposing the lives of many COVID-19 cases. Such church teachings increased vaccine reluctance in Zimbabwe, thereby exposing the lives of many COVID-19 pandemic.

Some progress has been made, the Johanne Marange sect now allows children to be immunized, but still there’s an element of guilt among parents who seek even that basic medical care. *“After immunization, they take the children back into the shrine and pray for forgiveness on behalf of the children, because they consider seeking medical treatment a sin,”* (Kanengoni, 2017).

It has also been observed that the vaccine has occasionally been criticized from the pulpit in mainline churches. These and other rumors, misunderstandings, and misconceptions concerning the origins of SARS-CoV-2 and the risks associated with the immunizations have

been widely disseminated on various social media platforms. Churches have been at the forefront of the drive to advocate vaccination, but some people found it difficult to be vaccinated, especially after seeing that local church leaders were not taking the lead in this area. While publicly encouraging members to get vaccinated, some pastors in the ELCZ-CD did not receive their own vaccinations. In order to guarantee the safety of their consumers, public employees were required to become vaccinated; nevertheless, some individuals who were still unsure about the vaccines obtained COVID-19 vaccination certificates covertly without getting shots themselves. This led to the nationwide incarceration of multiple hospital administrators (The Herald, 2020). The study's theoretical frameworks, which emphasised caring and well-being in the face of COVID-19 pandemic lockdown regulations, ran counter to the religious belief systems that forbade vaccination for a safe life.

8.5 Burials and funerals

The Karanga people in Mberengwa immediately inform both immediate and extended family members of a deceased person's passing. Neighbors and the community are also informed; attendance is mandatory. This shows that death affects the entire family as well as the community, and it also strengthens the bonds between people (Hove, 2020). The research paper claims that in response to the rise in coronavirus infections and subsequent mortality, the Zimbabwean government set a 30-person restriction for mourners at funerals and burials (The Herald 2021a). In addition, official decrees mandated that all dead bodies, regardless of the cause for death, be buried as soon as possible in accordance with stringent health precautions, without a body-view, and with a small group of attendants standing four meters away from the cemetery (SI 77 of 2020).

Two funerals that the researcher attended spring to mind are those of two well-known and respected gentlemen, one of whom was a school head and the other a university lecturer. The bodies were taken immediately from the funeral parlor straight to the graves without a body viewing and without passing through their homes despite being buried in the rural areas. Burial church services were hurried with the clergy permitted ten minutes to perform a service that typically lasts more than an hour. However, for centuries in Zimbabwe, rituals like night vigil and viewing of the body have been norm and are regarded

as a dignified way to bid farewell to the loved ones. The Karanga people's belief in life after death is demonstrated by the manner in which the body is prepared for burial, placed in the grave, and the objects placed there (Mhaka 2014). These practices were however not permitted under the COVID-19 protocol. Scientific observations of the spread of COVID-19 pandemic shows that burial rituals and funerals are considered to be among super spreader of the deadly coronavirus.

Managing the problem of community members who still insisted on seeing the body before burial was one of the challenges faced by pastors with COVID-19 limits. The custom of cleaning, dressing, and gathering around the body of a loved one prior to burial was an essential part of the grieving process for a large number of Zimbabweans. Notably, some family members believed that covering the corpse with plastic was inappropriate. Medical professionals, however, argue that in order to prevent the disease from spreading, dead bodies—that is, those of persons who died with COVID—should be wrapped in plastic. In African ontology, death is considered a natural shift from the visible to the invisible since a person's spirit, or essence, goes to live in the world of their spirit ancestors (King, 2013). Zimbabwe view death as part of a sequence of cultural rites and rites of passage that connect the living and the dead. The new laws also made grieving process and closure more difficult. A component of the African *Ubuntu* worldview, which embraces the dead as well as the living, is dignified burial (Baloyi, 2014).

The tried-and-true communal grieving recovery process was undermined by the COVID-19 burial regulations. Moyo (2015) dismantled his pastoral care paradigm, which concentrated on in-person gatherings of empathy, compassion, kindness, care, and love, due to the COVID-19 lockdown protocols. Similarly, the COVID-19 funeral rules contradicted Martin Luther's notion of neighborliness, which urged Christians to assist their neighbors unconditionally because "love is by its own nature eager to serve; Christ was the personification of the divine love towards the neighbor" (Luther's writings, 43). Furthermore, the traditional Karanga social care ideology of *ukama* used in this research study—which bonds people within the context of family, extended family, totem-sharing, marriage, and other relationships—was eliminated by COVID-19 funeral regulations.

intermarriage structure and community (Hungwe and Ndofirepi, 2021: 114). It destroyed the indigenous *Karanga* philosophy of *humwe* ²⁹.

It is important for churches to utilise their platforms to raise awareness about the impact of COVID-19 on people's health. Prior to the funeral, religious leaders may ask for a guest list for the funeral. It is advisable to invite churchgoers and supporters to take part in the funeral ceremonies via the various online channels. This would make it easier for churches to follow government regulations in the effort to stop the virus from spreading.

8.6 Final conclusions

Even though infection rates had sharply declined and the virus's potency had dropped as a result of the Government's aggressive vaccination effort and the innate immunity of those who had already survived the infection, the COVID-19 pandemic remained a health concern by the time this study came to a conclusion. By the time this study came to its conclusion, Zimbabwe recorded 265 848 confirmed cases, 5 723 fatalities, and 13 935 112 vaccines administered (WHO, 2023). The COVID-19 pandemic caused an unprecedented negative impact on all facets of human life, socioeconomic sphere, disrupted the country's progress toward the Sustainable Development Goals (SDGs) and the national Vision 2030 aimed at achieving an upper middle-class society by 2030.

As for religious activities within the church, Lutheran Christians in the Central Diocese have always gathered together to break bread and drink from the same cup, as a coping mechanism of the church, the lockdown restrictions killed and destroyed that tried and tested pastoral care of presence that predominated in the ELCZ-CD for fellowship and solidarity of the church. One cannot be a Christian in solitude, there is strength in numbers, that no one has ever achieved success on their own, and that you need other people to encourage and support you. In times of hardship like that posed by the COVID-19 pandemic, Christians found support, encouragement and solace in face-to-face gatherings and physical interactions. This is in contrast to the COVID-19 pandemic lockdown measures, which

²⁹ This is a *Karanga* word which means oneness, togetherness, or collaboration. *Humwe* (oneness) is a collective process whereby individuals put together their resources to support one another to achieve their common goals. The old *Karanga* community discouraged individualism and value togetherness and cooperation (Muyambo, 2017).

forbade in-person meetings, which have historically served as the foundation for Christian worship. The burden on the religious community was made worse by the inability to attend church services, which have been and are crucial for psycho-social support, and the difficulties pastors encountered in delivering pastoral care during the COVID-19 lockdown. The findings of this research revealed that pastors used technology to digitally connect with their congregations via live-streaming church services on various digital platforms, including Facebook, YouTube, WhatsApp, and SMS, to name a few. Worship services could be accessed and enjoyed by members of the congregation from the comforts of their homes thanks to technology. As a result, the COVID-19 lockdown taught pastors how to be adaptable and accommodating while leading under difficult situations. In order to close the gap between the rich and the poor, the rural and the urban, the difficulty was how to be inclusive in providing for the rural poor who could not buy cellphones, PCs, or laptops and still had network and connectivity issues. To close the information gap mentioned earlier this study has addressed the situation and worked to get the church ready for pandemics and other similar catastrophic catastrophes in the future. The goal of this study was to provide insights and recommendations that will guide the ELCZ-CD develop strategies future practices of pastoral care and support in local communities during pandemic outbreak and lockdown restrictions.

8.7 Limitations of the study

The limitations of the research were that, although the study showed that the COVID-19 lockdown periods had fundamentally disrupted regular pastoral care practices and drastically altered the traditional church practices, it did not look at how the church was seen and experienced by those who observed it such as the poor and suffering majority. The study was carried out under stringent COVID-19 lockdown guidelines, which precluded in-person focus groups and in-depth interviews. The researcher used telephone interviews as a solution to this problem; research indicates that the advantages of these types of interviews are comparable to those of traditional in-person interviews (Matsungu and Choppers, 2020).

The research did not look into the existential experiences of pastoral caregivers within the entire Lutheran Church in Zimbabwe, nor did it explore the experiences of Lutheran pastors in the surrounding nations which could have enhanced the ELCZ-CD experiences. Further,

the study did not investigate the experiences of pastoral caregivers from other church decimations within the Midlands Province of Zimbabwe. The idea that a part is representative of the total is supported by this study. Additionally, there was not much easily accessible literature about the church, the COVID-19 pandemic, or the pastoral care given to the members' needs while the area was under COVID-19 pandemic lockdown.

8.8 Recommendations

This study is the first of its kind to bring to light an empirical study with interviews on the lived realities of the COVID-19 pandemic lockdown and pastoral caregivers in the ELCZ-CD. The researcher consulted a variety of sources on the impact of the COVID-19 pandemic, connecting the study to other epidemics and pandemics in human history. The objective of this empirical research study was to investigate the opportunities and challenges that the COVID-19 pandemic lockdown restrictions presented to the church's pastoral care ministry. Additionally, the study aimed to examine lessons learned that could help the ELCZ-CD develop preparedness strategies for future pandemics. The study's conclusions demonstrated how pastoral caregivers in the ELCZ-CD employed technology to communicate with their followers online via live-streaming church services on a variety of social media sites, such as Facebook, YouTube, WhatsApp, and SMS, to mention a few. Through technology, members and non-members of the congregation virtually participated in worship services from the comforts of their homes. In view of the study's noted limitations, further research projects can be pursued in the following areas:

- I. Further research on the impact of the COVID-19 pandemic with interviews conducted among the ELCZ across the three diocese and members of other local denominations.
- II. Given that this was a qualitative investigation, a quantitative strategy with the participation of clergy and laity is required.
- III. Since this was a qualitative inquiry, there is a need to take a quantitative approach, bringing on board both the clergy and the laity across the rural parishes.
- IV. Further research is needed appropriate technology for the ELCZ-CD to enhance its internet ministry.

- V. Given the severe economic hardships brought on by the COVID-19 pandemic lockdown, a study on strategies for addressing the issue of eradicating poverty in the ELCZ-CD is necessary.
- VI. More research is required to comprehend how COVID-19 vaccination reluctance changes over time. Studies should be carried out on a regular basis to evaluate the time-sensitive component of vaccination hesitancy among those who rejected the vaccine or were doubtful of it, given that the COVID-19 vaccine is currently available in the nation and is already being administered.

REFERENCES

Primary sources

Interviews

Focus-group discussions

Group 1: Number of participants 7. Composed of: Hospital and High School Chaplains, mode of Communication: WhatsApp group chat. Date: 12 February 2020.

Group 2: Pastors in charge from Urban and Mission Stations, number of participants: 9, mode of Communication: WhatsApp group chat. Date: 14 February 2020

Group 3: Pastors in charge from rural parishes, 10 participants, and mode of Communication: WhatsApp group chat. Date: 16 February 2020

Group 4: Pastors in charge from rural parishes, 7 participants, and mode of Communication: WhatsApp group chat. Date: 18 February 2020.

Group 5: Pastors in charge from rural parishes, 9 participants: mode of Communication: WhatsApp group chat. Date: 20 February 2020

Group 6: Pastors in charge from rural parishes, 10 participants: mode of Communication: WhatsApp group chat. Date: 16 February 2020.

Group 7: Pastors in charge from urban parishes and Hospital chaplains, 11 participants: Mode of Communication: WhatsApp group chat. 16 February 2020.

Group 8: High school chaplains and Pastors in charge from rural parishes, 7 participants: Discussion was through WhatsApp group chat. Date: 16 February 2020.

SECONDARY SOURCES

Books, journal articles, minutes, thesis and dissertations

- Abdullah, B. (2020). "COVID-19 pandemic: A new chapter in the history of infectious Disease". In *Oman Medical Journal*. Volume 35, Number 2: e123. Do1 10.5001/omj.2020.41
- Abdel, R. W. 1959. (Editor). *Luther's Works Volume 36. Word and Sacrament*. Philadelphia: Fortress Press.
- Affiku, M.E. (2015). *A Pastoral critique of the Evangelical Reformed Church of Christ (ERCC) methods of Bereavement counseling; Retrieving the Eggon indigenous Awhiku concept of bereavement management, School of Religion, Philosophy and Classics*. Unpublished PhD Thesis: University of KwaZulu-Natal. Pietermaritzburg.
- Ariel, K. Mayer and Shah, R. (2020). *The impact of COVID-19 on the family dynamics in economically vulnerable households*. Harris School of Public Policy Studies, University of Chicago: online
- Balakrishnan R. Das S. (2020). *How do firms reorganize to implement digital transformation?* Strategic Change, 29(5), 531–541. 10.1002/jsc.2362
- Baloyi, G. T. (2011). *Factors influencing resilience in men after divorce: Exploring pastoral method of care to an African situation*. Unpublished PhD Thesis; University of Pretoria. South Africa
- Bate, Oml, Stuart C., (2012). "A theological model of healing to inform an authentic healing Ministry". *Journal of Theology for Southern Africa* 144 (2012): 69-91).
- Bell, J. (2012). *Doing your research project: A guide for first-time researchers in education and social science*. Milton Keynes: Open University Press.
- Beauchamp, T and Childress, J., 2009. *Principles of Biomedical Ethics*. New York: Oxford University Press.
- Bhebe, N. 1999. *ZAPU and ZANU Guerrilla Warfare and the ELCZ*. Gweru: Mambo Press.
- Bourdillon, M.F.C, 1998. *The Shona people*. (Revised Edition). Gweru: Mambo Press.
- Brister C.W, 1977. *Pastoral care in the church*. San Francisco: Harper and Row.

- Bless C. & Higson-Smith, C. (2010). *Fundamentals of social research methods, an African perspective*. (3rd Ed.). Lansdowne, South Africa: Juta.
- Bryman, A. 2010. *Social Research Methods*. Oxford: Oxford University Press.
- Carmichael, A. G. (2006). *Infectious Disease and Human Agency: A historical overview*.
<http://www.pas.va/content/dam/academia/pdf/8v106/sv106-carmichael.Pdf>.
 (Accessed: 21 May 2020).
- Catherine Soanes/Argus Stevenson, eds., *Oxford Dictionary of English*, 2nd edition, New York (Oxford University Press) 2005, 101; Maurice White, ed., *Oxford Dictionary and Thesaurus. Of Current English*, New York (Oxford University Press) 2007, 56
- Centers for Disease Control and Prevention (CDC), 2020, People with certain medical conditions. Center for Disease Control and Prevention, Washington, DC.
- Chimuka, T. A. (2001). *Ethics among the Shona, Zambezia*. Vol. 28.No. 1 en pp 23-38.
- Chitumba, W. (2013). "University Education for Personhood through Ubuntu philosophy". In InternationalJournalofAsianSocialScience.<http://web.com/journaldetail.phpid=5007>.
 (Accessed 12 April, 2021).
- Chitungo, I., Dzinamarira, T., Tungwarara, N., Chimene, M., Mukwenha, S., Kunonga, E., (2022). *COVID-19 Responses in Zimbabwe: The Need for a paradigm shift*. Online.
 (Accessed: 30 November 2022)
- Clebsch. W.A & C.R Jaekel. (1983). *Pastoral care from a historical perspective*. London: Prentice-Hall, Inc.
- Chinyoka, K. (2013). *Psychological Effects of Poverty on the academic performance of the girl-child in Zimbabwe*. Ph.D. Thesis, Pretoria: UNISA.
- Clinebell, H. 1984. *Basic Types of Pastoral Care and Counseling: Resources for the Ministry of Healing and Growth*. Nashville: Abingdon Press.
- Collins English Dictionary*. (1994. San Francisco: Harper Collins Publishers.
- Constitution of Zimbabwe., 2013. *Constitution of Zimbabwe. Amendment (No. 20) Act 2013*. Harare: Fidelity Printers and Refiners.
- Constitution of Zimbabwe., 2013. *Constitution of Zimbabwe*. Article 77. Harare: Fidelity Printers and Refiners.
- Conrad, CR. & Serlin, RC. 2012. *The Sage handbook of research in education: Engaging ideas and enriching enquiry*. Thousand Oaks, CA: SAGE Publications.

- Chitando, E. (2009). *Troubled But Not Destroyed African Theology in Dialogue with HIV and AIDS. EHAIA Series*. Available at. <http://publications.oikoumene.org> (Accessed: 20/06/2020).
- Creswell J.W. (2010). *Research Design: Qualitative, Quantitative and mixed Methods Approaches*. Fifth Edition. Thousand Oaks, Sage Publications.
- Cunningham, A. (2008). *Epidemics and Doomsday Scenario. Historically Speaking*, Volume 9, Number 7 of 2008, pp. 29-31.
- Dawson, C. 2002. *Practical research methods: A user-friendly guide to mastering research techniques and projects*. United Kingdom: Cromwell Press.
- Delyser, D and Sui D. (2014). *Crossing the Qualitative-Quantitative Chasm III. Enduring methods open Geography, participatory research, and the fourth paradigm*. *Progress in Human Geography* 38 (2) 294- 307.
- Denzin, N.K, and Lincoln, Y.S. (Eds) (1994). *Handbook of qualitative research*. CA: Sage Publications. Inc. <https://psycnet.apa.org/record/1994-98625-000> Accessed: 14/02/2022.
- Domaradzki, J. (2022). “We are also here”- Spiritual care practitioners’ experiences of COVID-19 pandemic: A qualitative study from Poland. *Journal of Religion and Health*. <https://doi.org/10.1007/S10943-02/-01492-3>. (Accessed: 05 February 2023).
- Dugassa, B. F. (2020). “What can we learn from the past deadly pandemics and prepare to curb COVID-19? The case in Oromia Regional State in Ethiopia”. *American Journal of Public Health Research*. 2020, Vol. 8, No.2, 67-74. . (Accessed: 20 October, 2021).
- Durrheim, K., 2006. Research design. Terre Blanche, M, Kevin Durrheim, K and Plainter, D (Eds.) *Research in Practice: Applied methods for the Social Sciences*. Cape Town: UCT Press. pp. 33-59.
- Dzinamtira, T. (2021). “When culture, tradition and public health clash”: A paradigm shift urgently needed to stem the spread of COVID-19 in Zimbabwe; *The South African Medical Journal* 111 (4), 279. <https://doi.org/10.7196/SAMJ.2021.V111i4.15637> . (Accessed: 15 February 2022).
- Dzobo, M., Chitungo, I, and Dzinamarira, T. (2020). *COVID-19: a perspective for lifting lockdown in Zimbabwe*. *Pan Afri. Med* 2020:35:13 (Supplement 2).

- Engunjobi, J. P. (2020). "The perception of COVID-19 as a Fear Factor in the preparation for the pandemic aftermath". In *Research Gate*. Do1: 10.13140/RG.2.2.14933.17125.
- Foromati, (2013). *Stigmatization of people living with HIV and AIDS by healthcare at work at a tertiary hospital in KwaZulu-Natal, South Africa: A cross-sectional descriptive study*. Vol. 4. Supplement 1
- Henning, E. Van Ransburg, W., and Smith, B. (2004). *Finding your way in qualitative Research*. Pretoria: Van Shaik Publications.
- Hofstee, E. (2013). *Constructing a good Dissertation*. Sandston: Epe.
- Holm, S. (2009). "Practicing the ministry of presence in Chaplaincy": *Journal of Christian Education* 52 (3) 29-42. Available at: <https://doi.org/10.1177/002196570905200305>. (Accessed: 20 February, 2020).
- Hove, R. (2022). The pastoral presence in absence: Challenges and opportunities of pastoral care in the context of the Global Coronavirus pandemic. *Pharos Journal of Theology*. ISSN 2414-3324 Online. Volume 103-(2022).<https://doi.org/10.46222/pharosjot.10319> (Accessed: 27 October 2022).
- Hume, W.E. (1981). *Pastoral Care and Counseling*. Minneapolis: Augsburg Publishing House.
- Hungwe, J.P and Ndofirepi, A.P (2021). Centering Ukama Ethnic (Relatedness) in the COVID-19 Pandemic. *International Journal of Higher Education*. Volume 10, No 5; 2021: <http://ijhe.com>. (Accessed: 26 December 2022).
- Gelfand, M. (1981). *The Genuine Shona*. Gweru: Mambo Press.
- Glewwe, P., Ilias, N. , and Kremer, M. (2010). "Teacher Incentives." *American Economic Journal: Applied Economics*, 2(3): 205–27.
- Gneezy, U., Meier, S., and Rey-Beil, P. (2011). When and why incentives (Don't) work to modify Behavior. *Journal of Economic perspectives*. Volum.25, Number 4, pgs: 191-210.
- Goffman, E. (1963). *Stigma: Notes on the Management of Spoiled Identity*. New York: Simon & Schuster.
- Goheen, M.W., (2000). 'As the Father has sent me, I am sending you: Lesslie Newbigin's missionary ecclesiology', *International Review of Mission* 91(36), 351-352.
- Goodman, B., (2020). Faith in a time of crisis. *American Psychological Association*
- Ghebreyesus, T. A. (2020). *World Health Organization Director General's Media Briefing on*

COVID-19 Pandemic 11 March 2020.

Ghebreyesus, T. A. (2020). "Overcoming COVID-19" In WHO's COVID-19 strategy. Update. Accessed 07/03/2022.

Guba, A. G, and Lincoln. (1998). Competing paradigms in qualitative research (in NK Denzin and Lincoln (editor). *The landscape of qualitative research*). London: Sage Publications.

Guild, S., 1992, 'The Ministry of presence: A biblical view', *Leaven* 2(2), a3.

Gunda, M. (2020). *The essentials of the Christian faith: Lessons from the COVID-19 and the Future of the faith*. Zimbabwe Council of Churches learning platform.

Herald (2020). Breaking News: 21 days of Lockdown to start Monday. *Herald Newspaper*.

International Amnesty. (2020). "SADC: Restrictive COVID-19 Regulations presenting Concerning Ramification for the Enjoyment of Human Rights including Livelihoods. In an Open letter to the Southern African Development Community (SADC). pp. 1-7.

Herald (2021a). *Desperate measures for desperate times*. 20 January 2021.

<https://www.herald.co.zw> Accessed: 15/06/2021

Imhoff, R. and Lamberty, P. (2020). A Bioweapon or a hoax? The link between distinct conspiracy beliefs about the Coronavirus disease (COVID-19) outbreak and pandemic behavior.

International Amnesty. (2020). "SADC: Restrictive COVID-19 Regulations presenting Concerning Ramification for the Enjoyment of Human Rights including Livelihoods. In an Open letter to the Southern African Development Community (SADC). pp. 1-7.

Ikeke, M. O. (2015). Ukama ethic as an African Environmental ethics. *International Journal of Theology and Reformed Tradition*, (7), 202-211.

Johns Hopkins University of Medicine,(2022), *Coronavirus resource Centre*, viewed 29 August 2022, from <https://coronavirus.jhu.edu/map.html> . Accessed 02/08/2023.

Kagoro, B.T. (2020). Covid-19. Zimbabwe Council of Churches. (ZCC E-Learning Series. 15 April 2020).

Kanyongo, G.Y. (2005). "Zimbabwe's public education system reforms: Successes and challenges". *International Education Journal*, 2005, 6(1), 65-74.

Kaufmann, T. (2020). Zimbabwe Council of Churches (ZCCE-Learning platform. 26 March 2020).

- Krefting, E. (1995). Qualitative research: The assessment of Trustworthiness. *The American Journal of occupational therapy*, 43(3)1991p.214-2
- Kumar, R. (2011). *Research Methodology: step by step for beginners*. London: Sage Publishers.
- Kuvenga, F., et al (2021). *Comprehensive occupational for health care services in Zimbabwe during the SARS-CoV 2 pandemic*. <https://kubatana.net> Accessed 27/03/2022.
- Kvale, S. (2006). *Interviews: An introduction to qualitative research interviewing*. Thousand Oaks, CA: Sage.
- Lartey, Y.E.(2003). *In living color: An Intercultural Approach to pastoral care and Counseling*. London: Jessica Kingsley Publishers.
- Leedy, P. D. (2010). *Practical research: Planning and design*. New York: McMillan.
- Link, B. G. and Phelan J. C. (2001). "Conceptualizing Stigma." *Annual Review of Sociology*, 27: 363-385. doi: 10.1146/annurev.soc.27.1.363
- Losifedes, T. (2011). *Qualitative methods in immigration studies; a critical realist perspective*. Surrey and Burlington: Ashgate.
- Lull, T. (ed) (2005). *Martin Luther's Basic Theological Writings*. 2nd Edition. Minneapolis: Fortress Press.
- Lutheran World Federation, (2020). *LWF's responses to the coronavirus outbreak. Being a church in times of COVID-19*. Geneva Switzerland, 2020.
- Luther. M 1529. *The Small Catechism*, In, Lull, T.F (ed). *Martin Luther's basic theological writings*, Minneapolis: Augsburg Fortress (pgs. 585-629).
- Machiya, I.T and R. Murisi (2022). *Reconfiguration and adaptation of a church in times of COVID-19 pandemic: A focus on selected churches in Harare and Marondera, Zimbabwe*. *Cogent Arts and Humanities* <https://doi.org/10.1080/23311983.2021.2024338>. Accessed: 30/12/2022.
- Madhibha, S. (2020). *Ministering in the Context of COVID-19*. Methodist Church in Zimbabwe Newsletter. 4th Edition.
- Magezi, V. (2020). *COVID-19 and intimate partner violence in Zimbabwe: Towards being church in situation of Gender-based violence from a public pastoral perspective*. ISSN: online) <http://www.indieskrifting.org.za> Accessed: 10/10/2021.

- Makuvaza, N. (1996). Life sources: Hinduism or ubuntuism: A Zimbabwean indigenous political philosophy. *Zimbabwe Journal of educational research*. Vol.8 No.1
- Marshall, C. and Rossman, G.B. (2011). *Designing qualitative research*. London: Sage.
- Matikiti-Manyere, R and Rambe, P. (2022). The impact of COVID-19 on Tourism Industry: The role of the Fourth Industrial Revolution Technologies in mitigating the impacts. *African Journal of Hospitality, Tourism and leisure*. Volume 2, Issue 3. P. 1173-1187.
- Matseketsa, B. B, Mashssah, B and Manyoni, P. (2017). *Total Heritage Studies*. New Curriculum O-level Heritage studies. Harare: Priority Projects Publishers.
- Mathe, S. M. (2002). *The Evangelical Lutheran Church in Zimbabwe's Input in Religious Education: A case study of the Western Deanery in Religious Education in the Western Deanery in Matabeleland South Province in Zimbabwe since the 1960s*. Pretoria: University of South Africa (Master of Arts Dissertation).
- Mbona, M. (2011). HIV AIDS: An epidemic of "pandemonium" amid denial and stigma by the Roman Catholic, Anglican, and United Methodist Churches in Manicaland, Zimbabwe (1985-2002).
- Merriam, LW. (1998). *Case research education: A qualitative approach*. San Francisco: Jossey-Bassy Publishers.
- Milibari, A. (2020). *Current situation of Coronavirus Disease (COVID-19) Review Article*. Health and Science Journal ISSN1791-809X.
- Mhaka, V. (2010). "Becoming a Christ for your neighbor": exploring Luther's notion of Neighborliness in light of *Ukama and ubuntu* in Zimbabwean Lutheran church. Unpublished Master of Theology Dissertation Pietermaritzburg: University of KwaZulu-Natal.
- Mhondoro, L., 1970. Sharing and Family Unity. Kileff, C and Kileff, P (Eds.) *Shona Customs*. Gwelo: Mambo Press. pp. 78-80.
- Mngomezulu, T. M. (2009). *Sexual practices of married women in rural KwaZulu-Natal: Implications for the women's vulnerability to HIV/AIDS epidemic*. Unpublished Masters Dissertation in Nursing. UKZN. Durban.
- Mouton, J. (2001). *How to succeed in your Master and Doctoral Studies*. Pretoria: Van, Schaick.

- Moyo, H. (2012). Caught Between a Rock and a Hard Place. The Politics of Homosexuality and the Response of the Evangelical Lutheran Church in Zimbabwe (ELCZ). *Journal of Gender and Religion in Africa*, 18(1), 155-167.
- Moyo, H. (2012). *The investigation of the theological implications for the practical pastoral ministry of the Evangelical Lutheran Church in Zimbabwe posed by the political and socio-economic decline in Zimbabwe (1980-2008)* (Doctoral dissertation, University of KwaZulu-Natal, Pietermaritzburg).
- Moyo, H. 2013. Religion and African Indigenous knowledge systems: Healing and communal Reconstruction.
- Moyo, H. (2015). Pastoral Care in a Globalized World (Editor). Pietermaritzburg: Cluster Publications.
- Moyo, H. (2015). The importance of the physicality of the Bible in African Churches. *Journal of theology for Southern Africa*, 153, 128-140.
- Moyo, H. (2016). The Luther Decade on Reformation and Politics: Luther's Situational Pastoral Advice in the Treatise on Temporal Authority and Its Impact on the Pastoral Mission of the Evangelical Lutheran Church in Zimbabwe (ELCZ) in a Context of Political Violence. *SAGE Open*, 6(2), 2158244016636428.
- Moyo, H. (2016). The Traditionalization of Menopause among the Karanga of Zimbabwe and the Shangaan Tsonga of Mozambique in a Context of HIV. *Alternation Journal*, 23(2), 250-265.
- Moyo, H. (2019). The Ritualization of Death and Dying: The Journey from the Living Living to the Living Dead in African Religions. *Death and Dying: An Exercise in Comparative Philosophy of Religion*, 115-124.
- Moyo, H. (2022). Priestly Office/Spirit Mediums/Pastoral Care. *International Handbook of Practical Theology*. Berlin: GmbH, 457.
- Moyo, H. (2023). The Nguni traditional 'religious' thoughts. *Diversifying Philosophy of Religion: Critiques, Methods and Case Studies*, 218.
- Moyo, H. (2022). Zimbabwe at Forty, usukhulile/wakura: Interrogating the ihlazo and Religio-Cultural Violations Endured by Zimbabwean Female 'Illegal' Migrants in South Africa. In *Gendered Spaces, Religion and Migration in Zimbabwe* (pp. 180-201). Routledge.
- Moyo, H (2024). The Evangelical Lutheran Church in Zimbabwe (ELCZ) and the Politics of Zimbabwe: Silence and Critical Solidarity. In Chitando, E., Togarasei, L. and Tarusarira, J. (2024). *Religion-Rigime relations in Zimbabwe: Co-operation and Resistance*. New York: Rout ledge (2024), 48-59.

- Moyo, H. (2020). *The COVID-19 pandemic. In Zimbabwe Council of Churches (ZCC E-Learning Series, 27 March 2020).*
- Ministry of Health and Child Care (MoHCC) (2021). COVID-19 Vaccination gets attraction. In the Ministry of Health and child care, Zimbabwe. <http://mohcc.gov.zw> Accessed: 13/06/2021.
- Merriam, LW. 1991. Case research education: A qualitative approach. San Francisco: Jossey-Bassy Publishers.
- Muchinguri, O. (2020). This is a punishment to the America's framing the COVID-19 pandemic in Zimbabwe. *The Daily, Sunday Daily News*: 15 June 2020.
- Mukuka, S. K. (2018). A quest for embracing indigenous knowledge systems in United Church of Zambia: pastoral care and the Imbusa. Unpublished PhD Thesis University of KwaZulu-Natal. Pietermaritzburg.
- Murove, F. M. (1999). The Shona concept of Ukama and the process philosophical concept of relatedness, with special reference to the ethical implications of the contemporary Neo-liberal economic practices. (Unpublished PhD Thesis, University of KwaZulu-Natal). Pietermaritzburg.
- Mutsungo, T. M. and Chopera, P. (2020). The effects of the COVID-19-induced lockdown on nutrition, health, and lifestyle patterns among adults in Zimbabwe. University of Zimbabwe Department of Nutritional, Dietetics and Food Sciences: Harare.
- Musinguzi, G. & Asamoah, B. O. (2020): The Science of Social Distancing and Total Lock Down: Does it Work? Whom does it benefit? *Electronic Journal of General Medicine*, 17(6), em230.
- Myambo et al. (2016) Pastoral and Bio-medical Responses to HIV and AIDS by the Lutheran Communion in Southern Africa (LUCSA) Case study of the Thusanang HIV and AIDS project and Manama Hospital in Zimbabwe.
- Muyambo, T., 2017. Indigenous Knowledge Systems: A Haven for Sustainable Economic Growth in Zimbabwe. *Journal of Pan African Studies*, 10(3), pp.172-187.
- Mtata, K. (2021). Reflections on COVID-19 impact in Zimbabwe. Zimbabwe Council of Churches learning platform.
- Mtata, K. (2020). "Shepherding the shepherd: Pastors' welfare in the context of COVID-19". Zimbabwe Council of Churches E-learning platform (15/05/2020).

- Ndofirepi, A. P and Shanyanana, R. N. (2015). Rethinking Ukama in the Context for Children in Africa.
- Nhemachena, A. (2021) COVID-19 and the Eternal Return of Empire? Fast-Tracking Nothing Else But Vaccines? In Nhemachena, A., Kangira, J. & Chiripanhura, B. M (eds) *From #RhodesMustFall Movements to #HumansMustFall Movements: African Liberation Movements in the Age of Transhumanist Geographies of Death*. Bamenda: Langaa RPCIG.
- Nouwen, H.J.M, McNeil, D.P. and Morrison, D.A. 1982. *Compassion: A Reflection on the Christian Life*. London: Darton Longman and Todd Ltd.
- Nürnberg, K. (2005). *Martin Luther's message for us today: A perspective from the South*. Pietermaritzburg: Cluster Publications.
- Nürnberg, K. (2007). *Christ and the Ancestors in a Changing Africa: The Living Dead and the Living God*. Pietermaritzburg: Cluster Publications.
- Oates. E. (1974). *Pastoral counseling*. Philadelphia: The Westminster Press.
- Oliver, P. (2010). *Understanding the Research Process*. Los Angeles: SAGE Publications.
- Oduyoye, M.A. (1995a). Christianity and African culture. *In International Review Mission*. Vol. 84, No. 332/333/April, 1995, pp. 77-90
- Oxford English Dictionary*: online. Available at: <https://www.oed.com/?tl=true>. Accessed: 26/12/2023.
- Patton, M.Q & Cochran, M., 2002. *A guide to using qualitative research methodology*. New York: Medicines Sans Frontiers.
- Pavari, N. (2020). *The role of Apostolic Faith Mission in Zimbabwe in the fight against coronavirus*. <https://semanticscholar.org> Accessed: 20/04/2022.
- Posselt, F. W. T., (1978). *Fact and Fiction*. Bulawayo: Books of Rhodesia
- Pillay, J. (2020). "COVID-19 shows the need to make the church more flexible". In *Transformation*. 37 (4), pp. 266-275.
- Ramose, M.B. (1999). *African Philosophy through Ubuntu*. Harare: Mond Books
- Redding, G. Robertson, D. (2020). *Christianity Today: What is the impact of churches closing because of coronavirus?* Available at: www.themee flea Accessed: 20/11/2020.
- Robinson, O.C., 2014, 'Sampling in interview-based qualitative research: A theoretical

- and practical guide', *Qualitative Research in Psychology* 11, 25-41.
- Taylor Franchise Group. Neumann, L. (2006). *Social Research Methods: Qualitative and Quantitative Approaches*. 6th Edition. Boston: Pearson Education Inc.
- Togarasei, L. (2006). *The prosperity Gospel in African Christianity*.
<https://respoity.globethics.netbetstream/handl/20.500.12424/166479/togarasei.pdf>.
 Accessed: 03/06/2021
- Roussouw, J.P. (2021). *The Implications of Physical Distancing during COVID-19 for Education Researchers*. BCES Conference Books, 2021. Volume 19.
<https://files.eric.ed.gov/fulltext/ED623955.pdf>.
- Rugara, T. (2013). *Wireless revolution and its rural development and its implications: A case for Mberengwa East Ward 2 in Zimbabwe*. Unpublished Masters of Arts Dissertation. Midlands State University. Gweru.
- Rusty, S. N. (2020). *19 Lessons churches are learning because of COVID-19*
- Schwartz, G. (2000). Is there a cure for dependence among Mission-established Churches? *World Mission Associates*. Available on: www.wmausa.org. Accessed 19/11/2022
- Schnase, R. (2007). *Five practices of fruitful congregations*. Nashville: Abingdon Press.
- Sibanda, P. (2014). The dimensions of *Unhu/Ubuntu* Humanism in African Sense: *The Zimbabwean Conception*.
- Shanks, G. (2016). 'Pacific island societies destabilized by infectious diseases', *Journal of Military and Veterans Health* 24, 71-74.
- Siyakwazi, B. J. and Siyakwazi, P.D. F. (2013). *The Dawn of Progressive Teaching and Learning in Teacher Education*. Harare: Booklove Publishers.
- Shepherd, D. (2020). *The impact of COVID-19 in Education-more than in a year of disruption*. Stellenbosch University. South Africa.
- Soderstrom, H. (1984). *God Gave Growth: The History of the Lutheran church, 1903-1980*. Gweru: Mambo Press.
- Soderstrom, H. Bergman, S and Bergman, T. (2003). *The History of the Evangelical Lutheran Church in Zimbabwe 1903-2003*. Uppsala: T.K Printers.
- United Nations, (2015). *Social Development Goals (SDGs)*. <https://sdgs.un.org/goals>
 Accessed on 23/11/2023.
- Shoko, T. (2007). *Karanga Indigenous Religion in Zimbabwe: Health and well-being*.

Aldershot: Ashgate Publishers.

Shiri, J.C. (1986). *My first Decade as the Head of the ELCZ 1975-1985. ELCZ Zimbabwe.*
Unpublished.

Shutte, A. (2001). *Ubuntu, Pietermaritzburg*: Cluster Publications.

Soderstrom, H. (1984). *God Gave Growth: The History of the Lutheran church, 1903-1980.*
Gweru: Mambo Press.

Mavhinga, C. (2020). *Zimbabwe begins lockdown to fight COVID-19.*

<https://www.voanews.com/a/science-health-cornavirus-outbreak-Zimbabwebegins-lockdown-fightcovid-19/6186637.html>. Accessed: 24/10/2021.

Stark, R., 2011, *The triumph of Christianity: How the Jesus movement became the world's largest religion*, Harper Collins.

Swinton, J., and Mowat, H. (2016). *Practical theology and qualitative research*. SCM press, London.

Tappert, T. G. (2000, c1959). *The Augsburg Confession: Translated from the Latin (The Confession of Faith: 2, VIII, 1)*. Philadelphia: Fortress Press.

Tichagwa, K. (2012). *An evaluation of the mushrooming of new "Independent colleges" in Zimbabwe with special emphasis on the education of the urban child, 2000-2009.*
Zimbabwe Journal of Research: Harare: University of Zimbabwe. Vol. 24 (1) 2012 pp. 1013-3445.

Waruta, W.H and Kinoti W.H. (2005). (Ed.). *Pastoral care in African Christianity: Challenging essays in Pastoral care Theology*. Nairobi: Acton Publishers.

Wahyuni, D. (2012). *Research Notes; The Research Design Maze; Understanding paradigms, cases, methods and methodologies*, vol.10. No. 1. 2012. Jamar.

Wakene, S. (2010). *The historical development and practice of self-reliance in the Ethiopian Evangelical Church Mekane Yesus with special reference to the Cebtral Gibe Synod.*
Unpublished, Master of Theology Dissertation.

Wright, C.J.H., (2010). *The mission of God's people: A biblical theology of the church's Mission*. Zondervan, Grand Rapids, Mich.

Woods, N. (2020). *Challenges and opportunities in the post-COVID-19 world. The World Economic Forum*. [http:// www.weforum.org](http://www.weforum.org) Accessed. 27/08/2020.

UNESCO, (2021). *Making every school a health promoting school: Implementing guidance*.

<https://unesco.org/ark://48223/pdf> Accessed: 09/03/2023

Viljoen, J. (2003). "Responsible and Caring for One another, Response to paper by Sir Patricia Fresen", in *Responsibility in a time of AIDS*, ed. Stuart C. Bate (Pietermaritzburg: Cluster, 2003), 70-74, 70.

Yin, R.K. 2012. *Case study research: design and methods*. (7th Ed.) New Delhi: SAGE Publication.

INTERNET SOURCES

Adebayo Ola, A. (2020) Effects of COVID-19 pandemic lockdown of churches in Nigeria on pastoral ministry matters arising. <http://www.doi.org/10.36715/epra4637>
Accessed: 11 June 2020.

Albott, C.S, Wozniak, J.R, McGlinch, B.P, Wall, M.P, Gold. B.S, Vinogradov. S. (2020). Battle Buddies: Rapid development of a psychological resilience intervention for health care workers during the COVID-19 pandemic.

<https://doi.org/10.1213/ANE.0000000000004912> Accessed: 12 March 2021.

Africa Coronavirus alert. www.worldometers.info Accessed: 11 June 2020.

Benza, S., Chirombe, T, Zirima, H and Mwazha, S. (2021). Challenges faced by Christians in Harare during the COVID-19 lockdown. *Zimbabwe Journal of Health Sciences (ZJHS)*, Vol.1 Issue1, December 2021. <http://ahpcz.com.zw>articles>1643108966> PDF.
Accessed: 05/01/2023.

Blake, N. (2020). *Caring for caregivers during the COVID-19 pandemic*. Available at <https://doi.org/10.4037/aacnacc202061> Accessed: 22 February 2021.

Biblical hermeneutics; HTS Theologies Studies/Theological Studies 70(1) <http://dx.doi.org>.
(Accessed: 21 April 2020).

Chamunogwa and Chikanya, N. (2021). The impact of COVID-19 on the social economic Rights livelihood and wellbeing of the large sector of the population in Zimbabwe <https://reliefweb.int/report/zimbabwe/impact-covid-19-socio-economic-rights-> Zimbabwe.
Accessed 16/07/2022.

Chandler, R. E., (2020). *Optimizing safety surveillance for COVID-19 vaccines*. Nat Rev Immunol.;20: 451–452. pmid:32555401View Article PubMed/NCBI Google Scholar.

Chingono, N., (2021). *Half of Zimbabweans fell into extreme poverty during COVID*, viewed 20 August 2021, from <https://www.theguardian.com/globaldevelopment/2021/jun/21/half-of-Zimbabweans-fell-into-extreme-poverty-during-covid>

Chiwenga, C. (2021) (The Standard: 20 November 2020: Online).

Cook, N. (2017), *Zimbabwe: A military-compelled transition?*, 20 August 2021, <https://fas.org/sgp/crs/row/IN10819.pdf>

Coronavirus disease 2019. Available at: <https://kubata.net> Accessed 12/03/2023.

CDCP, (2020). Available at: <https://www.cdc.gov/index.htm> Accessed: 15/07/2021.

Dietrich, Bonhoeffer (1967). Available at: https://www.sanctuarycrc.org/worship_resources/pdf/Bethge%20-%20bonhoeffer%20christology%20-%20union%20sept%201%201967. Pdf
 Accessed: 13/04/2020.

Glenn, D. (2020). *Holy Communion in a COVID-19 world*. www.anglicanstogether.org.
 Accessed 12/11/2021.

Gokova, (1995). Padare/Enkundleni. Available at: www.padare.prg.zw Accessed 22/06/2021

Government Gazette: Statutory Instrument 77 of 2020. Available at: www.veritaszim.net.
 Accessed 12/10/202

Lectionary: Available at: <https://disciples.org/resources/lectionary/what-is-the-lectionary>.
 Accessed: 23 November, 2022.

Kanengoni, T. Associate Reporter (2017). “Apostolic Churches That Refuse Medicine In Zimbabwe Slowly Reconsider Beliefs”. In *Global Press Journal*.
<https://globalpressjournal.com/africa/zimbabwe/apostolic-churches-refuse-medicine-zimbabwe-slowly-reconsider-beliefs/> Accessed: 22/08/2022.

Komesaroff, P., Kerridge, I. & Gilbert, L. (24 March 2020). The US is fast-tracking a coronavirus vaccine, but bypassing safety standards may not be worth the cost
<https://theconversation.com/the-us-is-fast-tracking-a-coronavirus> Accessed: 12/01/2023.

Mabhiza, L. (2021). *High data rates hindering online church services*. Available at:
<https://mbaretimes.com> Accessed: 22/08/2022.

Mahomva, A. (2020). COVID-19 response in Zimbabwe, lessons learnt. <https://apps.who.int>
Accessed: 19/02/2022.

Manungo, R. and Tinashé, R. (2021). The impact of coronavirus lockdown among SDA community members in Masvingo urban Zimbabwe. *East African Journal of Education and social sciences*. Volume 2.p 108-119. <http://doi.org/10.46606/eajess2021>
Accessed: 12/01/2023.

Masunungure, E.& Braton, M. (2018). *Heal the beloved country: Zimbabwe's polarized electorate, Afro-barometer Policy No. 49*, viewed 20 August 2021, from <https://afrobarometer.org/publications/pp49-heal-beloved-country-zimbabwespolarizedelectorate>.

Mavhunga, C. (2021). *Government urges Zimbabweans to accept COVID-19 Vaccine*. VOA News. 13 Feb 2021. <https://www.voanews.com/covid-19-pandemic/government-urges-zimbabweans-accept-covid-19-vaccine> Accessed: 23 November, 2022.

Muchena, O. (2012). *Committee on the Elimination of Discrimination against Women considers report of Zimbabwe*. Available at: <https://www.ohchr.org/en/press-releases/2012/02/> Accessed: 12/07/2022.

Mundagowa PT, Tozivepi SN, Chiyaka ET, Mukora-Mutseyekwa F, Makurumidze R (2022). *Assessment of COVID-19 vaccine hesitancy among Zimbabweans: A rapid national survey*. PLoS ONE 17(4): e0266724. <https://doi.org/10.1371/journal.pone.0266724>

Mugweni, (2012). Available at: <https://www.hopeconference.net/conferences/files/2020-11-18/2020-11-18.pdf>. Accessed: 12/03/2020.

National Association of Non-Governmental Organisations (NANGO) (2020). Available at: www.nangozim.org Accessed: 23/02/2022.

Mundagowa PT, Tozivepi SN, Chiyaka ET, Mukora-Mutseyekwa F, Makurumidze R (2022) *Assessment of COVID-19 vaccine hesitancy among Zimbabweans: A rapid national survey*. PLoS ONE 17(4): e0266724. <https://doi.org/10.1371/journal.pone.0266724>.

New Zimbabwe Daily Metro. *Masvingo Health Worker Dies After Receiving Chinese Vaccine*.

5 March 2021. Available online: <https://www.newzimbabwe.com/masvingo-health-worker-dies-after-receiving-chinese-vaccine> . Accessed on 10 October 2022.

Nkhensani, S. C. and Engunjobi, J. P (2020). The impact of the COVID-19 pandemic lockdown on the community life of religion, Men, and Women in Southern Africa.

<https://www.msm.com/en-us/news/world/report-china-hid-coronavirus-severity-to-hoard-supplies/ar-BB13yha5>. Accessed 20/05/2021.

Rajeev Venkayya. (2020). <https://twitter.com/rvenkayya/status/1337832776465326084>.

Accessed: 10/06/2021.

South Africa Council of Churches (SACC) (2020). Available at: <http://sacc.org.za/wp-content/themes/sacc/assets/docs/SACC2020Highlights.pdf>. Accessed: 23/11/2021.

Swine flu. Available at: <http://en.m.wikipedia.org>. Accessed 22/04/2020.

Tagwirei, K. (2022). The Ministry of Presence in Absence: Pastoring Online in Zimbabwe during the COVID-19 pandemic. *HTS, Theologies Studies/Theological Studies* 78 (4), a 7161 <https://doi.org/10.4102/hts.v76i4.7161> Accessed 01/02/2023.

Witvliet,etal,(2020). <https://journals.sagepub.com/doi/abs/10.1177/0091647120915181>
Accessed: 24/03/2021

Wiysonge C.S., Ndwandwe D., Ryan J., Jaca A., Batouré O., Anya B.-P.M., Cooper S. (2021). *Vaccine hesitancy in the era of COVID-19: Could lessons from the past help in divining the future? Hum. Vaccines Immunother.* 2021;17:1–3. doi: 10.1080/21645515.2021.1893062. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

World Health Organization (WHO) Africa, 2020, *More than 600 confirmed cases of COVID-19 in Africa, viewed 25 January 2021.* <https://www.afro.who.int/news/more-600-confirmed-cases-Covid-19-africa>. Accessed 13/02/2022

Worldometer, (2022) Coronavirus, viewed 20 June 2022, Available at: <https://www.worldometers.info/coronavirus> Accessed 13/03/2023

World Health Organization (2022). Clinical management of COVID-19. Available at: <https://www.who.int/publications-detail-redirect/who-2019-nCoV-clinical-2022-1>
Accessed 14/05/2023.

World vision (2020). *Annual Report*. Available at: <https://www.org/sites/default/files/2021-07-worldvision-international> Accessed 93/07/2021

WHO, (2020). Coronavirus disease (COVID-19) Situation Report-113. <https://www.who.int/docs/default-source/coronavirus/situation-reports/20200512-covid-19-si-rep-113.pdf>. Accessed 12/10/2020.

Unqvasrsky,(2018) The Evolution of Pastoral Care Ministry through the Ages. Available at:
<https://www.researchgate.net/publication/349555635> Accessed: 13/12/2020.

Zhu, H., Wei, L and Niu, P. (2020). The novel coronavirus outbreak in Wuhan, China:
Global Health Research and Policy 5(1) [https://doi10:1186/541256-020-00135-6](https://doi10.1186/541256-020-00135-6)
Accessed: 15/06/2021

APPENDIX A

Ethics certificate



Rev Trust Moyo (215082579)
School Of Rel Phil & Classics
Pietermaritzburg

Dear Rev Trust Moyo,

Original application number: 00021239

Project title: REFLECTIONS ON THE EXPERIENCES OF PASTORAL CAREGIVERS IN THE EVANGELICAL LUTHERAN CHURCH IN ZIMBABWE-CENTRAL DIOCESE DURING THE COVID-19 LOCKDOWN RESTRICTIONS

Exemption from Ethics Review

In response to your application received on _____, your school has indicated that the protocol has been granted **EXEMPTION FROM ETHICS REVIEW**.

Any alteration/s to the exempted research protocol, e.g., Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through an amendment/modification prior to its implementation. The original exemption number must be cited.

For any changes that could result in potential risk, an ethics application including the proposed amendments must be submitted to the relevant UKZN Research Ethics Committee. The original exemption number must be cited.


In case you have further queries, please quote the above reference number.

PLEASE NOTE:

Research data should be securely stored in the discipline/department for a period of 5 years.

I take this opportunity of wishing you everything of the best with your study.

Yours sincerely,


Prof Beatrice Dedaa Okyere-Manu
Academic Leader Research
School Of Rel Phil & Classics

UKZN Research Ethics Office
Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000
Website: <http://research.ukzn.ac.za/Research-Ethics/>

Founding Campuses: ■ Edgewood ■ Howard College ■ Medical School ■ Pietermaritzburg ■ Westville

INSPIRING GREATNESS

APPENDIX B
Informed consent

RESEARCH PARTICIPANT'S INFORMED CONSENT INVITATION LETTER

School of Religion, Philosophy and Classics University of KwaZulu-Natal, Pietermaritzburg, Private Bag X01,
Scottsville 3209,

Republic of South Africa

5 April, 2023

Dear Sir/Madam

I Dean Trust Moyo; Registration Number: 215082579; Mobile phone: +263 774 186 788, Email: trustmoyo25@gmail.com, postal address: Chegato High School P/A Jeka Mberengwa kindly invite you to participate in a research study on the topic: **REFLECTIONS ON THE EXPERIENCES OF PASTORAL CAREGIVERS IN THE EVANGELICAL LUTHERAN CHURCH IN ZIMBABWE-CENTRAL DIOCESE (ELCZ-CD) DURING THE COVID-19 LOCKDOWN RESTRICTIONS**. The research interviews will be conducted by Dean Trust Moyo, a PhD candidate from the University of KwaZulu-Natal School of Religion, Philosophy and Classics. Your decision to participate in this study is voluntary. This study will involve an audiotaped interviews lasting about 40 minutes. The focus group discussions will be conducted between May 2023 and June 2023. In the interviews, you will be asked to share your pastoral care experiences relating to the Coronavirus (COVID-19) pandemic. Follow up focus-group interviews lasting for 20 minutes and any further clarifications will be done through a WhatsApp group platform. The researcher will provide some data bundles so that you do not incur costs. This is a voluntary exercise, you are therefore free not to answer any questions you may consider sensitive or request not to be tape recorded. You are also free to discontinue the interview at any time without consequences.

This research study is risk free, your name will only appear on this consent form and it will immediately be removed from any interview materials. Confidentiality of the audiotapes and notes made during the interviews will be maintained by immediately assigning them an interview code. Direct quotations of what you say in the interviews may be used in written publications of this research study and a pseudo name will be used.

Before you can sign in this form, please ask any question for further clarifications concerning this study. I will always be available to attend to any questions you may have prior to, during, or after the study. Your participation will be highly appreciated. Please note that there is no material or financial benefits for participating in this research study. If need be for further information about this study please contact my supervisor: Professor Herbert Moyo: Contact number: 033 2605574; Cell phone: +27729182432; Email: moyoh@ukzn.ac.za . I hope this information helps you make an informed decision about participation in this research project. If you are willing to participate please sign the declaration on the following page.

Thank you


Herbert Moyo

APPENDIX C

Participant declaration form

I..... (Print Full names) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project. I understand that I am at liberty to withdraw from the project at any time, should I so desire. I hereby provide consent to:

| | | |
|-------------------------------------|-----|----|
| Audio-record my in-depth interview | YES | NO |
| Audio-record focus group discussion | YES | NO |

Signature of participant

Date

APPENDIX D

Request for permission

12 February 2023

The Dean

Mnene Mission

P. Bag 232

Mberengwa

Dear Sir

Re: Application for Permission to carry-out a PhD study in Western

My name is Trust Moyo, a PhD candidate with the University of KwaZulu-Natal; Registration Number: 215082579; Mobile phone: [REDACTED], postal address: Chegato High School P/A Jeka Mberengwa. I am undertaking a research study on the topic: **REFLECTIONS ON THE EXPERIENCES OF PASTORAL CAREGIVERS IN THE EVANGELICAL LUTHERAN CHURCH IN ZIMBABWE-CENTRAL DIOCESE (ELCZ-CD) DURING THE COVID-19 LOCKDOWN RESTRICTIONS**

As part of the research requirement, I will be conducting a research study in parishes under your Deanery. In order to conduct the research study, I hereby request for permission to access the premises and persons under your oversight.

Let me thank you in advance for your special considerations.

Yours faithfully

Trust Moyo

APPENDIX E

Permission to conduct a research study



EVANGELICAL LUTHERAN CHURCH IN ZIMBABWE
CENTRAL DIOCESE

581 Prince Street
Zvishavane
0775 298 158
0712 564 218

1894 Zvishavane
0392355173
Bishop direct line 0392355174
Email: elczcentraldiocese@yahoo.com

14 March 2023

TO: PASTORS IN CHARGE, HIGH SCHOOL AND HOSPITAL CHAPLAINS

RE: PERMISSION TO CARRY OUT A RESEARCH STUDY

The above matter refers:

The bearer: Dean Trust Moyo a PhD candidate with the University of KwaZulu-Natal has been granted permission to carry out his research in the Evangelical Lutheran Church-Central Diocese, Western deanery on the topic: **REFLECTIONS ON THE EXPERIENCES OF PASTORAL CAREGIVERS IN THE EVANGELICAL LUTHERAN CHURCH IN ZIMBABWE-CENTRAL DIOCESE (ELCZ-CD) DURING THE COVID-19 LOCKDOWN RESTRICTIONS.** Please assist him wherever possible.

C. Shumba

Dean

ELCZ-Central Diocese, Western Deanery



APPENDIX F

Request for permission

12 February 2023

The Bishop

ELCZ-Central Diocese

581 Prince Street

Zvishavane

Dear Sir

Ref: Application for Permission to carry-out a PhD in the ELCZ-Central Diocese

My name is Trust Moyo, a PhD candidate with the University of KwaZulu-Natal; Registration Number: 215082579; Mobile phone: [REDACTED] postal address: Chegato High School P/A Jeka Mberengwa. I am undertaking a research study on the topic: **REFLECTIONS ON THE EXPERIENCES OF PASTORAL CAREGIVERS IN THE EVANGELICAL LUTHERAN CHURCH IN ZIMBABWE-CENTRAL DIOCESE (ELCZ-CD) DURING THE COVID-19 LOCKDOWN RESTRICTIONS**

As part of the research requirement, I will be conducting a research study in parishes under your jurisdiction. In order to conduct the research study, I hereby request for permission to access the premises and persons under your oversight.

Let me thank you in advance for your special considerations.

Yours faithfully

Trust Moyo

APPENDIX G

Permission to conduct a research study



**EVANGELICAL LUTHERAN CHURCH IN ZIMBABWE
CENTRAL DIOCESE**

581 Prince Street
Zvishavane
0775 298 158
0712 564 218

1894 Zvishavane
0392355173

Bishop direct line: 0392355174
Email: elczcentraldiocese@yahoo.com



16 March 2023

TO: DEANS, PASTORS IN CHARGE, HIGH SCHOOL AND HOSPITAL CHAPLAINS

RE: PERMISSION TO CARRY OUT A RESEARCH STUDY

The above matter refers:

The bearer: Dean Trust Moyo a PhD candidate with the University of KwaZulu-Natal has been granted permission to carry out a research in the Evangelical Lutheran Church-Central Diocese on the topic: **REFLECTIONS ON THE EXPERIENCES OF PASTORAL CAREGIVERS IN THE EVANGELICAL LUTHERAN CHURCH IN ZIMBABWE-CENTRAL DIOCESE (ELCZ-CD) DURING THE COVID-19 LOCKDOWN RESTRICTIONS.** Please assist him wherever possible.

K. Sibanda

Bishop

ELCZ-Central Diocese



APPENDIX H

Request for permission

12 February 2023

The Dean

ELCZ-Eastern Deanery

Masvingo Bible School

P. Bag 204

Mberengwa

Dear Sir

Re: Application for Permission to carry-out a PhD study in Eastern Deanery

My name is Trust Moyo, a PhD candidate with the University of KwaZulu-Natal; Registration Number: 215082579; Mobile phone: [REDACTED] postal address: Chegato High School P/A Jeka Mberengwa. I am undertaking a research study on the topic: **REFLECTIONS ON THE EXPERIENCES OF PASTORAL CAREGIVERS IN THE EVANGELICAL LUTHERAN CHURCH IN ZIMBABWE-CENTRAL DIOCESE (ELCZ-CD) DURING THE COVID-19 LOCKDOWN RESTRICTIONS**

As part of the research requirement, I will be conducting a research study in parishes under your Deanery. In order to conduct the research study, I hereby request for permission to access the premises and persons under your oversight.

Let me thank you in advance for your special considerations.

Yours faithfully

Trust Moyo

APPENDIX I

Permission to conduct a research study



EVANGELICAL LUTHERAN CHURCH IN ZIMBABWE
CENTRAL DIOCESE

581 Prince Street
Zvishavane
0775 298 158
0712 564 218

1894 Zvishavane
0392355173

Bishop direct line: 0392355174
Email: elczcentraldiocese@yahoo.com



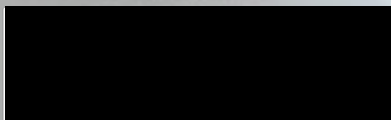
20 March 2023

TO: PASTORS IN CHARGE, HIGH SCHOOL AND HOSPITAL CHAPLAINS

RE: PERMISSION TO CARRY OUT A RESEARCH STUDY

The above matter refers:

The bearer: Dean Trust Moyo a PhD candidate with the University of KwaZulu-Natal has been granted permission to carry out an academic research in the Evangelical Lutheran Church-Central Diocese, Eastern Deanery on the topic: **REFLECTIONS ON THE EXPERIENCES OF PASTORAL CAREGIVERS IN THE EVANGELICAL LUTHERAN CHURCH IN ZIMBABWE-CENTRAL DIOCESE (ELCZ-CD) DURING THE COVID-19 LOCKDOWN RESTRICTIONS.** Please assist him wherever possible.



D. Shumba

Dean

ELCZ-Central Diocese: Eastern Deanery



APPENDIX J

Focus-group discussion guide for pastors in charge

Introduction

My name is Trust Moyo, a Ph.D. candidate from the University of KwaZulu-Natal. This focus-group discussion is purely for academic purposes; all data collected will be protected, and your names will be removed from any interview materials. I am grateful for setting aside your precious time and valuable information which you are going to contribute to the development of this study. Your contributions are greatly appreciated. As indicated in the consent form that accompanied this focus-group guide questions, this is a risk-free voluntary research study, you are free not to answer any questions you may consider sensitive or request not to be tape-recorded. You are also free to discontinue the interview at any time without consequences.

1. Can you briefly share your experiences of the congregants' and communities' responses to news about the approaching COVID-19 pandemic?
2. How did you minister to various concerns and worries of the people as the pandemic continued coming?
3. Can you briefly share your experiences of the COVID-19 lockdown restrictions?
4. What were the challenges posed and opportunities presented by COVID-19 lockdown protocols?
5. How can the ELCZ-CD go digital without compromising Christian ethics?
6. What opportunities are presented by COVID-19 for the ELCZ?
7. What new skills should pastors learn in order to minister without being physically present?
8. How can the ELCZ-CD go digital without necessarily compromising Christian ethics?
9. One of the most affected areas by the national lockdown is that people have not been attending Sunday services hence there have not been offerings and tithes collected; explain the extent of damage to the finances of your parish.
10. What new methods of collecting offerings should the ELCZ embrace?

11 Besides offerings and tithes, what new business models should the Church use?

Thank you for your time and contributions.

APPENDIX K

Focus-group discussion guide for high school chaplains

Introduction

My name is Trust Moyo, a Ph.D. candidate from the University of KwaZulu-Natal. This focus-group discussion is purely for academic purposes; all data collected will be protected, and your names will be removed from any interview materials. I am grateful for setting aside your precious time and valuable information which you are going to contribute to the development of this study. Your contributions are greatly appreciated. As indicated in the consent form that accompanied this focus-group guide questions, this is a risk-free voluntary research study, you are free not to answer any questions you may consider sensitive or request not to be tape-recorded. You are also free to discontinue the interview at any time without consequences.

1. Can you briefly share your experiences of the advent of the COVID-19 pandemic in ELCZ-CD Schools?
2. How did you minister to various concerns of learners and staff members?
3. Can you briefly share your experiences of the impact of the COVID-19 lockdown restrictions in schools?
4. What were the pastoral care concerns of learners and staff members in schools during the COVID-19 lockdown restrictions?
5. What were the challenges posed and opportunities presented by the COVID-19 lockdown?

Thank you for your time and contributions

APPENDIX L

Turnitin Report

REFLECTIONS ON THE EXPERIENCES OF PASTORAL
CAREGIVERS IN THE EVANGELICAL LUTHERAN CHURCH IN
ZIMBABWE-CENTRAL DIOCESE DURING THE COVID-19
LOCKDOWN RESTRICTIONS

ORIGINALITY REPORT

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