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Mission as '*being with*' in the context of the COVID-19 pandemic in South Africa

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This research investigated the impact measures (such as lockdowns) used to combat the spread of the coronavirus disease of 2019 (COVID-19) have on the church's mission. When people face travel and assembly restrictions, the church as a community of witnesses testifying and participating in Christ's work risks is being neutralised, and its presence weakened. What then does mission as '*being with*' look like in these situations? Is faithful presence something one can turn on and off at will depending on the situation? If faithful presence was no more, what then was the impact of such absence on the church's mission? These questions underscore the relevance of this research which sought to ascertain the impact the COVID-19 pandemic lockdown had on the church's mission. The crucial area this research sought to explore are the lessons from the COVID-19 lockdown that will help the church prepare for future pandemics which scientists say are inevitable. The research made use of a qualitative interview method to discover the meaning of '*being with*' in the context of the COVID-19 lockdown. The results revealed six attributes of a missional church. Based on these attributes, the research recommends a seven-step process to prepare the church for possible future pandemics.

Contribution: This research has provided the church with an opportunity to shift from being 'inward-looking' to a church that is community focused, a church that prepares, trains and equips its adherents for the work of ministry in their own communities such that the work of ministry continues with or without gatherings.

Keywords: COVID-19; mission; *being with*; lockdown; Fourth Industrial Revolution (4IR).

Introduction

This research needs to be seen in the context of the basic ministerial obligations inherent in the Christian tradition 'to visit the sick, to console the mourners, to attend to the dead, to dower the bride, to escort one's guests to afford them support in all their necessities' (Maimonides, cited in Loewenthal 1997:173). Caring for the ill, poor or anyone in need is given priority in Scripture. Specifically, with regard to illness, James 5:14, Matthew 10:8, Galatians 6:2 and Romans 12:13 are the main Scriptures that speak specifically to the Christian obligation to attend to the unwell and take care of those who are not able to fend for themselves. However, the Bible places some boundaries on these injunctions. Leviticus 13 in the Old Testament stipulates that persons affected by contagious diseases were to be removed from the public space and placed in isolation for a certain period until they are healed. Such persons were considered unclean until pronounced by a priest to be clean (cf. Conti & Gensini 2007:174). Leviticus 22:4 specifically refers to a leper (a derogatory term that whenever used is meant to hurt those suffering from disease) as someone unclean and not worthy to partake in sacred functions. In the New Testament, Luke 17:12 recalls the ten lepers who kept a distance from where Jesus and the crowds were because they were forbidden by law to be among the people for fear of infecting others (cf. Gensini, Yacoub & Conti 2004:258). How far then should the church stretch itself in serving and saving lives, not only as law-abiding people and institutions respectful of government lockdown regulations, but also as a movement of sent and sending disciples whose moral obligation is to act against injustice, inequality, greed, corruption, xenophobia and all kinds of suffering, including illness and near-death situations?

As an approach to mission, faithful presence places strong emphasis on face-to-face engagements and communal life (James 2016:20). It emphasises '*being with*' and '*working with*' instead of '*being for*' and '*working for*' (Wells 2017:10–12). It means creating time and space to be actively and directly involved in communal life, living in the place, not above it and loving neighbours from within, instead of from a distance. It is about knowing what it means to be rooted in a particular place and context at a particular time (James 2016:20). Genuine love and care cannot be practiced from a distance; it happens up close and personal. God's love as a model of how to love, is not

love from a distance, but love in a person-to-person way (Billings 2004:188). Old age homes, as an example, exist for the aged and their families who are no longer able to provide adequate personal care – old age homes fill this void. Hospices too, take care of those whose families neither have the know-how, nor time or resources, to provide the required personal care. What then happens when communal life is disrupted by a deadly pandemic; when freedom of movement is taken away and people can no longer move around as they wish; when there is a shortage of willing and capable people to deal with issues other than 'medical' that affect communal life; when faith communities cannot assembly and churches can only stream their worship services directly to people's digital devices and homes? What does mission as *being with* look like in these situations?

This then brings us to the core focus of this research that, in a sense, is two-fold, in that on the one hand it investigates the church's missional presence with regard to the physical aspects of the lockdown, and, on the other hand, it investigates the church's presence with regard to the psychological effects of isolation and confinement households and societies experienced during lockdowns.

Posel, Oyenubi and Kollamparambil (2021:6) studied how job loss and job furlough affected the mental health of South Africans during the COVID-19 pandemic. Their findings revealed massive economic fallout from the pandemic – 30% of the workforce lost their jobs and a further 12% furloughed in the 1st month following the lockdown. This would have a severe mental and emotional impact on those affected and their families, including their standing in society. Thus, responses to the pandemic needed to address not only the physical aspects (provision of food, medication and shelter) but also mental health aspects (emotional support and counselling).

There was concern also for those who contracted the coronavirus and were subsequently placed in isolation at home, or in hospitals and other venues, with no visitation allowed, even by their close family members. Further concern was for bereaved families who endured difficult moments without friends, co-workers, neighbours and faith communities who were unable to extend the usual support they often provide during deaths and funerals. Even on the eve of a funeral, which traditionally is an important event in South Africa, night vigils were not allowed under lockdown rules, and no more than 50 people could attend funerals. If faithful presence requires a direct and active involvement in communal life, in a particular place and context, at a particular time, then the church's mission can never be complete until it encompasses this social dimension of mission, no matter how difficult and challenging contexts turn out to be. In times of difficulty, when faced with a crisis, we rely on others to provide support, whether material (money, food or clothing) or emotional (someone there just to listen and show compassion). Stone et al. (2004:407) express that, in these moments, all we may need is the feeling of safety and the knowledge that we are loved and cared for.

Those who have experienced such beautiful moments of love and care have a first-hand experience and knowledge of what the church is and can essentially be (Marynovych 2015:55). This is precisely what the gospel says in Matthew 11:28, calling on all those who are weary and burdened for genuine relief. Thus, the presence of the church during a major incident is a living testimony of Christ's ministry of *being with* those in need who are crying out for genuine love.

Mission as *being with* requires the church to be present and to be felt by the people in neighbourhoods beyond the walls of the church building. Disseminating useful information about the pandemic and how society can protect itself and prevent further spread; making church buildings available for public health services such as temporary hospitals, quarantine centres and the provision of counselling services and advice to those in need are just some examples of how a missional church can remain relevant, meaningful and with society during difficult lockdown periods. But '*being with*' means more than the mere provision of facilities and services. It means *being with* the people in their moments, feeling the pain together, working together towards a common purpose, celebrating successes together and taking collective accountability for failures and omissions in a particular context. McManus (2005) noted:

> The presence of the Church provides an important testimony to the ongoing work of the Spirit through all aspects of human life, points to the fact that even through disasters we are upheld by God. (p. 10)

In a meta-analysis, Yang et al. (2020) examined the prevalence of comorbidities in patients with COVID-19. The presence of underlying diseases, such as high blood pressure and heart and vascular diseases, were found to be risk factors for severe cases when compared to non-severe cases (Yang et al. 2020). Similarly, the United States Centres for Disease Control and Prevention (CDC) reported that older people (65 years and older) and people of any age whose immunity was compromised because of a variety of comorbidities, poor management of these comorbidities and poor health behaviours were more at risk of severe illness (CDC 2020). But Africa, with its vast limitations, was in a different state altogether. Having the world's youngest population, and almost 26 million of its people living with HIV/AIDS and 58 million children having stunted growth because of malnutrition (World Health Organisation [WHO] Africa 2020), the expectation was that younger people in Africa would perish at a much faster rate than people of any age anywhere in the world. That this did not happen confounded many, including scientists across the globe.

For South Africa, with approximately 55.5% (30.3 million people) of the population living in poverty at the national upper poverty line (~ZAR 992), and a total of 13.8 million people (25%) experiencing food poverty (World Bank Group 2020), the situation was equally disturbing. About 4.3 million of the workforce is unemployed, and 17.6 million people are recipients of social grants (Statistics South Africa [StatsSA] 2020a). Of the total population, only 9.4million are covered by a medical aid scheme, meaning that about 47.2 million people

rely on public health facilities (Medical Brief 2018). With a population of over 58 million and a total nursing manpower of 284 837, equating to 206 people per qualified nurse (South African Nursing Council [SANC] 2020), and about 27 432 doctors (17 802 general practitioners [GPs] and 9630 specialists), translating to 2861 people per GP in the public sector and 2723 people per GP in the private sector (Econex 2010), South Africa's health system is severely stretched and under-resourced. This means that national, provincial and local government structures and institutions on their own could not cope with the crisis without active participation by business, civil society and the church.

South Africa reported its first positive case of COVID-19 on 05 March 2020, and by 15 March the number had risen to 61, prompting the country's president, Mr. Cyril Ramaphosa, to declare a national state of disaster and several measures to contain the spread of the virus. Still by 23 March, positive cases had risen to 402, further prompting the president to declare a 21-day national lockdown from midnight 26 March to 16 April 2020. Under the *Disaster Management Act, No. 57 of 2002* (Republic of South Africa [RSA] 2002), a series of regulations to contain the spread of the disease were promulgated. These included restricting the movement of people and goods; practicing social distancing; dissemination of information; closing the country's borders; shutting down non-essential social and economic activities; restricting gatherings to 50 individuals; prohibiting the sale of alcohol, tobacco and other non-essentials and tracing all those who had been in contact with an infected person. Although successful to a certain extent, the lockdown strategy came at a huge cost to some communities and the country at large. There were unparalleled levels of hunger as people who relied on casual jobs, like vehicle guarding in parking areas, or garden maintenance and waste pickers in residential homes, could no longer generate the much-needed daily income for their survival. Those who depend on selling fruit, vegetables and cooked food on street corners and pavements also suffered. School-going children who depend on government's feeding schemes in schools suffered as classroom schooling was not allowed during the lockdown period. The disruption of the supply chain meant that some of the people's daily needs could not be met. Additionally, their confinement to their homes meant a surge in gender-based violence (GBV) and mental challenges as a result of being denied freedom to participate in social activities, for example, gyms that were forced close (ENCA 2020; Sang et al. 2021).

In the face of these adversities, Preuss and Seabright (2020) wrote:

> The use of interventions [non-pharmaceutical] is hotly debated and calls for an end to restrictions have recently become louder. The discussion is often illustrated as one weighing up between money and lives …Imposing a lockdown may reduce the death toll from the epidemic but can also have an opposing effect by increasing the risk of suicides and domestic violence. (p. 7)

Under the aforementioned *Disaster Management Act*, financial, human and other resources directed towards the resolution of the disaster (Labuschaigne 2020:24; Labuschaigne & Stanton 2020a) may be released to support the national campaign. Thus, during his address to the nation on 23 March 2020, the president announced the deployment of the South African National Defence Force (SANDF) to support the South African Police Service (SAPS) in enforcing the lockdown regulations (Labuschaigne & Staunton 2020a). But with only about 143 000 police officers (RSA, South African Government 2021), giving South Africa a police to population ratio of 1:413 and about 37 000 army personnel (RSA, Department of Defence 2021), enforcing compliance in a country of 60 million people, 46.3% of which live in rural areas, spread across nine provinces over an area of 1.2 million km^2, is a monumental task. This situation was exacerbated by the poor living conditions of most South Africans, especially those in informal settlements and rural areas, found themselves in. In these areas, social distancing is a near impossibility because of uncontrollable overcrowding and a lack of effective law enforcement. Regular handwashing is a difficult task because of the economic impact of joblessness (cf. Labuschaigne & Staunton 2020b). These situations have brought to the fore those aspects of social life that government can influence but cannot control, which then call for civil society and the church in particular to begin to play active roles in aiding the sick and suffering, serving the common good, something governments cannot achieve on their own. The purpose of the church is not to attract people to a congregation so they can worship together at set times; instead, the main purpose is to serve and save lives by preparing and supporting its people for the work of ministry in their communities.

Thus, the church as a community of witness in Christ's work cannot be 'relegated' to an observer status while state monopoly enjoys exclusive rights and responsibility for public welfare policies and programmes. The church has an obligation to participate proactively and constructively in political debates and policy making in a manner that prepares the church for the ministerial and pastoral needs of the community, both physical and spiritual, thereby creating confidence in communities that the church is prepared and ready for the challenge whenever and wherever it occurs. When preparing itself for such a challenge, the church needs to accept that some of its own (clergy and laity) will be exposed and infected, become ill or die, temporarily weakening the church as an institution; but the church as a movement cannot turn a blind eye on this responsibility. Proper planning encompassing everyone in the church is important so that ministering to the needy is not left to individuals but becomes a collective effort involving the clergy, laity and all structures and levels of the church. If the church is to continue to save and serve people in communities, it has no option but to adapt and change.

Research method and design

The following questions helped to focus the study:

- 'If *being with* is "the heart of mission" and the telos of all our action, as Wells (2015:25) asserts, what does it look like for the church to *be with* – to embody faithful presence – in its locality, when *being with* as a form of social presence is prohibited?'

- 'What does it mean to *be with* when almost all forms of social contact are reduced to remote, digital, and online platforms?'
- 'Is faithful presence in absentia a possibility? If so, what shape and form does it take? If not, what are the implications for the church's mission?'
- 'Since COVID-19 has changed the way we engage with one another and the world around us, whilst the church's mission of making disciples and caring for one another remains unchanged, what resources does the church need for the mission of *being with* to be authentic?'

This study made use of a qualitative interview method to discover the meaning of mission as '*being with*' in the context of the COVID-19 lockdown in South Africa. The interview process involved asking individual participants questions about the phenomenon. To set the boundaries for the sample universe, church leaders from across the South African Christian spectrum, and leaders and representatives of non-governmental organisations (NGOs) were selected for the interviews. In the end, nine interviews were conducted (five church leaders and four NGO representatives, two of whom doubled up as church leaders in their other roles). The choice of nine participants was not predetermined but arrived at when the researcher realised that no new information was coming to the fore and that data saturation had been reached. The contact details of potential interview respondents were obtained from online databases belonging to a variety of churches (denominations). An additional contact list was obtained directly from the South African Council of Churches (SACC). All interviews were conducted by the researcher via Zoom. The Zoom platform was selected for its ease of compliance with COVID-19 safety guidelines, as it does not require travel and face-to-face meetings.

The research utilised *criterion sampling*, a purposive sampling strategy that requires the researcher to predetermine the criteria each participant must possess to be included in the sample. Such an approach enables the researcher to narrow his or her focus on those participants from whom the information extracted is both in-depth and generalisable to a wider population (Creswell 1998:118). The criterion for this research is that study participants participate in mission either as mission practitioners (belonging to a church) or as mission beneficiaries (belonging to a NGO, Faith Based organisation, or Non-Profit organisation.

Data collection and analysis

Data were collected through interviews with selected church leaders and NGO representatives. The starting interview questions were as follows:

Church leaders as mission practitioners:
The church's mission of making disciples and caring for one another has not changed, but COVID-19 has changed the way we engage with one another and with the world around us. Faced with this situation:

- How did the church practice presence, connection and participation in a world characterised by lockdowns, social distancing and quarantines among other measures aimed at controlling the spread of COVID-19?
- What mission programmes (or ways of doing mission) was the church unable to perform during the COVID-19 lockdown period and what was the impact of this on the church's mission?
- What new mission initiatives (or ways of doing mission) did the church introduce during the COVID-19 lockdown period and how were these executed?
- What lesson could be learnt from the COVID-19 lockdown that will prepare the church for future outbreaks?

Civil society (NGOs) as mission beneficiaries:
The church's mission of making disciples and caring for one another has not changed, but COVID-19 has changed the way we engage with one another and with the world around us. Faced with this situation:

- What is and/or was your experience of the church's presence, connection and participation during the COVID-19 lockdown?
- What did the church do well during the lockdown periods?
- What could have been done better?
- Are there any lessons we could learn from the COVID-19 lockdown that can assist the church to fulfil its mission better in future lockdowns?

The interviews were audio recorded after first obtaining permission from the participants to do so and transcribed immediately after each interview. The transcripts were then analysed using Braun and Clarke's (2006) thematic analysis to investigate how the participants experienced the impact the COVID-19 lockdown has had on the church's mission. Six themes emerged from the data analysis, which are presented further below as the characteristics/attributes of a missional church. Where sources of additional information were referenced or recommended by the participants, these were consulted and used in the interpretation to understand the phenomenon.

Ethical considerations

Ethics is an important factor to consider, especially when conducting research with human participants. The researcher kept this at the forefront of his agenda throughout the interviews and data collection process. Furthermore, permission was obtained to conduct this study from the University's Faculty of Theology and Religious Studies Research Committee.

Results

The primary objective of the research was to investigate the church's missional presence during the COVID-19 lockdown; in other words, what mission as '*being with*' means when mission practitioners (the church) and mission beneficiaries

(those who are witnessed) face travel and assembly restrictions as well as social distancing restrictions. The study answered four research questions:

RQ1: *'If being with is "the heart of mission" and the telos of all our action, what does it look like for the church to be with – to embody faithful presence – in its locality when being with as a form of social presence is prohibited?'*

The results indicate that during the first 5 weeks of the March 2020 lockdown in South Africa, presence was difficult, especially for pastors, as they could not visit people physically.

'The church lost several pastors who succumbed to the pandemic in their line of duty particularly when it came to officiating at funerals. In the main, the ministry of presence was done telephonically and people in communities seemed to have understood the situation.'

The church was still able to care for one another even though physical presence was not possible. The theological justification of such 'online presence' takes a cue from the Apostle Paul who, in his days, could not be physically present in all congregations, and thus he wrote letters encouraging them to continue ministering the gospel even in his physical absence. In the present day and time, technology has replaced letters, and communication via online channels has been made much quicker, better and more effective.

RQ2: *'What does it mean to "be with" when almost all forms of social contact are reduced to remote, digital, and online platforms?'*

The results indicate that during the lockdown period the church had to resort to social media and online platforms to reach out to those in need. Respondent 9 said:

'so amazingly, social media was a great help, and we might think that a lot of under-resourced people do not have access to social media but you will be surprised at the level of access that exists because of smart phones and technology, so we put it out on social media that we were there.'

Technology served well where pastors and church leaders used platforms like WhatsApp and other low-data usage platforms to communicate, to serve and to have an impact on people's lives. The challenge, however, had to do with connectivity coupled with energy disruptions [power outage because of load-shedding]. For instance, some churches, particularly in the deep rural areas where there is no fibre, presence was difficult because it had to be virtual and online. The other challenge was that it is almost impossible to show or feel compassion via online platforms, hence the human born need for physical presence and togetherness. However, as an interim measure during lockdown periods, online presence served reasonably well, especially during the time of funerals, which could not be conducted online. The research concluded that the hybrid expression of ministry is thus the way forward for the foreseeable future, especially in the Third World and developing countries, where full migration to online and digital is not imminent. The challenge for the church is to

envision the form and shape of such hybridism and to start working on it now.

RQ3: *'Is faithful presence in absentia a possibility? If so, what shape and form does it take? If not, what are the implications for the church's mission?'*

The results indicate that **networks work better than individuals.** Communities that built local relationships before the pandemic had a head start. For those who had to start from scratch it was not impossible, but much harder. The results of the study indicate that:

- 'Relationships are important; being part of the body is everything; if you are isolated from the community or are building your own little kingdom somewhere, you will stay behind' (Respondent 6). The local churches that did not know their community, that did not know the people in the local clinic, the people in the local police station, the ward councillor and which did not have partnerships before COVID-19, struggled at the onset of the pandemic. Conversely, the local churches that were community focused, and that had already built partnerships and relationships with the above-mentioned entities long before the outbreak of the pandemic, had a head start.
- The church in the middle of a lockdown cannot rely on streamed worship services to people's homes, via digital devices, as an indicator of its presence. Advancing the kingdom gospel is above and beyond the digital streaming of worship services – sick people must be visited, prayed for and encouraged; mourners must be supported and consoled; the dead must be attended to and buried; the hungry must be fed and the naked and homeless provided with clothing and shelter. However, the situation in South Africa is different. South Africa is a two-world country; there are communities in deep rural areas and in informal settlements in urban areas, where individuals can do nothing online or digitally, where everything must be physical because these areas lack Internet connectivity or their inhabitants are so poor that they cannot afford the data prices and have no computers or Internet-enabled mobile devices. Thus, the church needs to prepare its disciples for the task of preaching the gospel in these communities, using their skills and network of relationships to be of service to men, women and children in all their needs. Christian men and women do this in their ordinary daily activities where they live, where they work, where they shop, and where they play or socialise. They do this in their daily engagements as Christians in-between church gatherings.

RQ4: *'Since COVID-19 has changed the way we engage with one another and the world around us, whilst the church's mission of making disciples and caring for one another remains unchanged, what resources does the church need for the mission of being with to be authentic?'*

The results indicate that the **church is not a building, but a people gathered and in-between gatherings.** This finding suggests a certain kind of engagement with people in their home spaces, workspaces, online spaces, digital spaces, information spaces and learning spaces. The challenge for

the church is determining how to be effective with the gospel in these spaces such that the 'church' exists 24 h a day, 7 days a week, in all situations and contexts in-between Sunday gatherings.

Identified characteristics and recommendations

This research identified and confirmed six characteristics of a missional church, namely:

- A missional church creates a culture of collaboration, builds strong and healthy relationships and embraces diversity and inclusion.
- A missional church maintains a holistic presence where people are, in their circumstances, and ensures there is no space where its presence is not felt. Missional presence was found to be key in these spaces: home space, workspace, online space, social space, digital space, conceptual space, navigating space, information space and learning space.
- A missional church advances the kingdom gospel of holistic healing – emotional healing, mental healing, physical healing, spiritual healing and social well-being.
- A missional church always maintains a holistic presence for a holistic healing.
- A missional church worships and serves God; creates communities of faith and obedience; cares for one another as the body of Christ; self-regulates to ensure accountable leadership; drives social agenda; equips and empowers those who are witnessed to self-sustain; builds capacity to serve and is a 'sending and going' church instead of a 'come and see what we do here' church.
- A missional church persistently rethinks and reimages how the future church might look.

Based on these characteristics, the research recommends a seven-step process to prepare the church for the next disaster:

Ecumenical relationships

Each local church must form relationships in forums where religious leaders from different denominations come together and work out issues in societies. It is through these ecumenical relationships that they can help each other and hold one another accountable and enforce existing laws of the land.

Useful partnerships

In times of crisis, no congregation should operate on their own. Congregations are encouraged to form partnerships across denominations and religious affiliations, as well as work with existing community structures and local authorities such as ward councillors, local clinics, local police stations and other NGOs in their localities.

Striving for church unity – speaking with one voice

That there are so many churches in South Africa (local churches, denominations, etc.) not speaking with one voice,

and not driving a united 'missional' agenda, presents a challenge for the church. There is no single body representing all churches. Even structures like the SACC do not represent all churches in South Africa. As a result, churches do not approach government as a single unit with one voice; they are scattered, and governments generally do not take small numbers seriously.

Pew skills audit

It is necessary for the church to have proper skills/talent pool databases containing information about persons, or a group of people, including their skills and potential roles they could play in case of a major disaster. This way, the church will not be found wanting when disasters strike. Instead, the church will have a pool of skilled and qualified personnel who have already indicated their willingness to assist whenever called. Such a list should be created in partnership with other churches and community leaders. When people in communities think of a church, they should not only think of a pastor and members, but that within the church there are economists, scientists, health professionals and so on. Through the pooling of skills, the church will be able to determine with some accuracy what is it that in these ecumenical partnerships the church can do to generate hope among the people amid despair.

Indigent households audit

It is recommended that the church, in consultation with the local municipalities, conducts an indigent households' identification campaign in specific geographic areas where the church is physically present. Where such a list already exists at municipal level, it is important that the church keeps a copy of its own that it refreshes on a regular basis as new entrants are added or old ones are deleted so that when the lockdown hits the country again (in future pandemics or disasters), the church already has a database of who the most vulnerable in the community are.

(Re)Training of pastors and laity

As the church prepares its laity for the work of ministry, training programmes such as *ministering in the context of a pandemic*, or a major disaster, should be carefully considered. How does the church prepare the laity for such an assignment? Equally important are pastoral training programmes. They need to be redesigned to take cognisance of the current era of the Fourth Industrial Revolution (4IR) and the characteristics of the younger generations like the millennials.

Disaster management framework for the church (emergency response plan)

The church was slow to react to the COVID-19 crisis. Generally, churches are not geared to think ahead, they only start acting when something goes wrong. The lesson learnt is that the church needs to be proactive, to be a kind of place where you have everything ready so that if
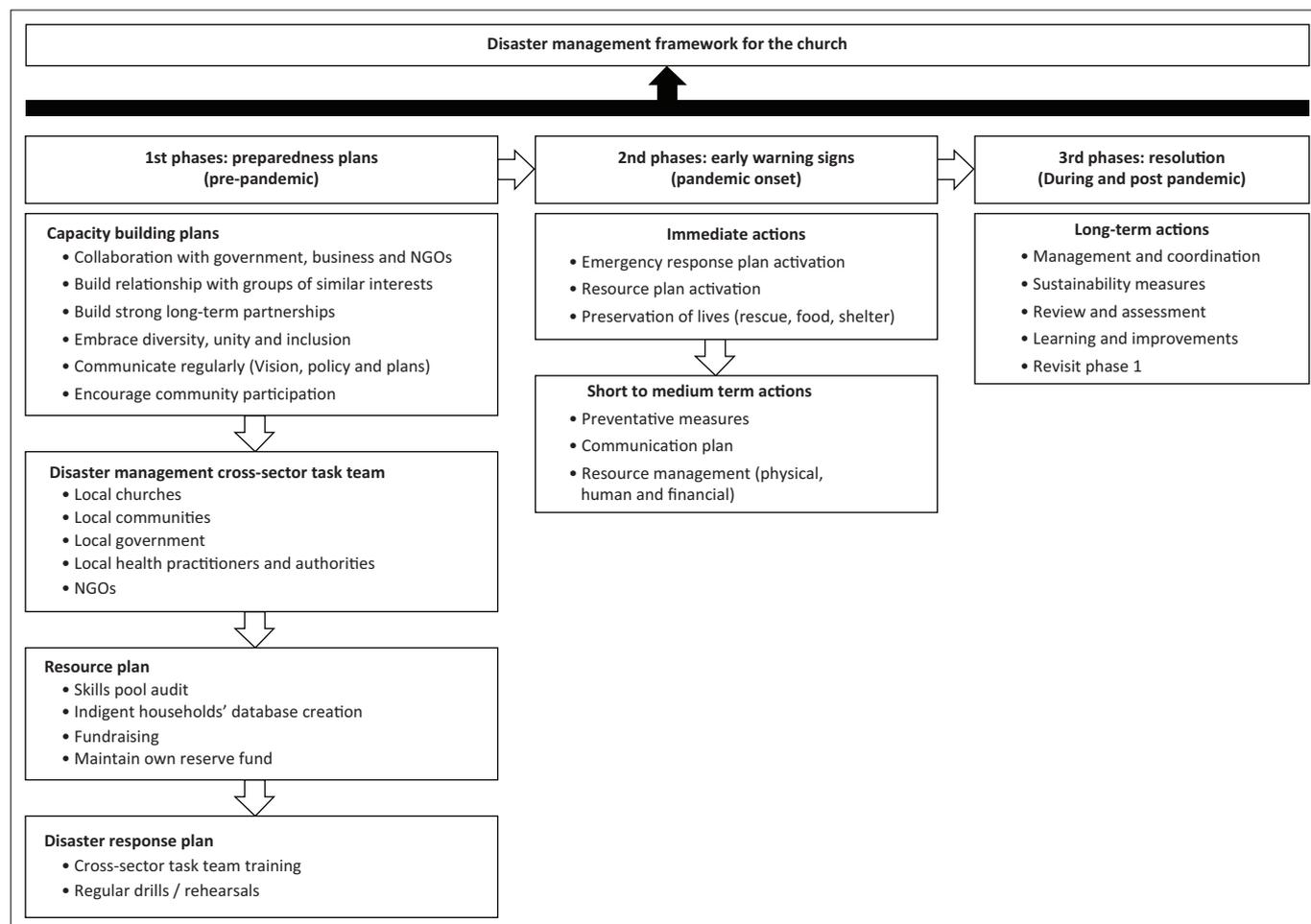
NGO, non-governmental organisations.

FIGURE 1: Disaster management framework for the church.

there is a pandemic or a major disaster, the response is immediate at the click of a button. The DMF below is recommended by the researcher. The DMF is developed based on themes that emerged from the interviews conducted, the capacity building recommendations. The DMF proposes a three-phase approach any local or global church can adopt to respond better, quicker and more efficiently to disasters, regardless of whether they are man-made or natural.

The three phases of the DMF are described in more detail below:

Phase 1: Preparedness plans

Phase 1 is to ensure that prior to any disaster happening (be it local or a national disaster), any church, local congregation or national church is not found wanting. There are four critical stages in Phase 1:

Stage 1 comprises capacity building plans, where the church embarks on building its own capacity and that of the local community. In this stage, the church ensures that it establishes relationships with government, businesses, local churches, NGOs and, most importantly, local community representatives, and that these relationships are renewed at regular intervals to ensure that they are kept fresh and updated. Even where there are no disasters, the cross-sector team established to safeguard

these relationships should meet at least every quarter to ensure that relationships are sustained.

Stage 2 Each participating entity or structure nominates people to represent it in the local disaster management cross-sector team comprised of local community representatives, other local churches, local government/ward councillors and local health authorities and law makers.

Stage 3 ensures that the cross-sector task team is well resourced with adequate finances. Where this is not possible at this stage, the cross-sector team guarantees that there are plans in place or commitment from donors that should a disaster happen, they will provide material for task teams to execute their work. Not only is training of team members in disaster management important, but also training in managing finances and budgets, planning and communication.

Stage 4 is all about readiness. Disasters strike when no one expects them. Thus, regular rehearsals and refresher courses where necessary, and dry runs or mock practices should be done at least once or twice a year to ensure that the cross-sector team remains equipped and prepared.

Phase 2: Early warning signs

The two stages of Phase 2 in the framework kick in as soon as warning signs of a major disaster are detected.

Stage 1 is all about immediate actions, the preservation of life and provision of essentials such as food and shelter.

Stage 2 is more long term, involving preventative measures, ongoing communication between the cross-sector team, affected communities and funders/donors. Communities likely to be affected are identified, and the impact and severity of the disaster are estimated even though this may be difficult to correctly predict upfront. Databases can be established on the projections from this exercise; this can be done in conjunction with government offices as they most likely already have a record of who is who in the local community. Regarding 'squatter camps' or informal settlements that do not have proper physical addresses and stand numbers, an estimate of the total population will help.

Phase 3: Resolution (during and post disaster)

Phase 3 kicks in post the disaster as communities return to normality. In this stage, a proper stocktake of what went well, what did not go so well, mistakes made and gaps noted is compiled as part of the disaster cross-sector team performance review. Corrective action is instituted, processes are improved and we go back to Phase 1 where the new cycle repeats itself all over again. It is recommended that new faces be brought in with innovative ideas, but also to ensure that the wider population gets to play a part and that the initiative is not monopolised or seen to belong to one group. It is the researcher's view that this framework will go a long way to correct mistakes and omissions seen during the COVID-19 pandemic, while also strengthening the response mechanism of those churches that outperformed even government and NGOs in their handling of the pandemic situation.

Conclusion

At the conclusion of this research, COVID-19 was still ongoing although the infection rates had dropped significantly, and the strength of the virus had weakened because of natural immunity of those previously infected but also as a result of an aggressive vaccination drive by the government. Additionally, South Africa had reported 3.9m cases, 3.8m recoveries and 100.000 deaths. The daily infection rate was hovering at around 1000 cases. The national state of disaster, which had been in place since the onset of the outbreak of the virus (March 2020), was terminated in June 2022. Key lessons learnt are all about preparedness, swift action and collaboration with others in government, business and civil society. Such collaboration should happen cross-denominationally and across different religious communities.

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Competing interests

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Authors' contributions

J.J.K and T.M. contributed to conceptualisation, methodology, and writing of the research article. J.J.K. also acted as supervisor.

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