



## AIDSLink #66 – Tools for understanding HIV

“For the people worked with all their heart.” Neh 4:6

January 2008

Let me encourage you to keep on identifying and documenting responses to HIV&AIDS that are effective in your settings. Sharing information with the wider world about what the faith community is doing is important for us all to keep at the cutting edge. Future AIDSLinks will be looking specifically at treatment & living longer-the implications; education; gender issues; and youth. I look forward to your contributions – feedback, lessons learned from your work, questions for general discussion, events, training opportunities, and resource materials.

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SIM AIDS related ministries and HOPE for AIDS

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### **1. Don't work harder, work smarter**

A big challenge as we face a new year or a new phase in our life's journey is the expectation to do more. The pressure is on to increase our activities, to give extra time, and to produce more results. This can be especially so if we have leadership responsibilities. A big challenge then is to be in a place where we can hear what God has to say about our priorities and the direction reflected by our day-to-day activities (see Psalm 46:10).

Nehemiah is an example of a leader who both listens to the voice of God and is flexible in the face of obstacles. Read Nehemiah 4. They have built the wall to half its height, but the obstacles are increasing: opposition (vv.1-5,11-12; ch.6), energy levels (v.10), and community problems (ch.5). Nehemiah prays AND takes practical steps to address the tactics of the opposition (v.9). He encourages his teams of workers with the words “Remember the Lord . . . and fight for your people . . . Our God will fight for us!” (vv.14,20). These were comforting words of hope needed when circumstances were uncertain with little hope for the future.

Nehemiah could have used his position to push his people to work harder. They would have quickly collapsed. However Nehemiah went beyond just words or burdensome expectations. Instead of heaping additional unrealistic responsibilities for both work and security onto everyone, he reassigned their “job descriptions.” Now some stood guard, some were carrying weapons in one hand and a weapon in the other, and some were building (vv.16-18). He also set up a warning system given the imminent danger faced by the community (vv.19,20).

Now the people were confident that God was guiding them, through his presence and wisdom. This was an empowering process in which the welfare of the whole community was secured. They were not working harder, they were working smarter. The task progressed, and the individuals learned more about being God's people in the world.

For reflection:

1. What does Nehemiah 4 teach us about the importance of strategic thinking?
2. “The people worked with all their heart” (Neh 4:6). What motivates people to work with all their heart in your setting? To what extent is this sustainable?
3. Instead of working harder in 2008, can you work smarter? How?
4. What lessons can you learn from Nehemiah as a leader? How can you apply these in your daily work?

## 2. New data on global HIV&AIDS

The UNAIDS' "2007 AIDS epidemic update" reporting developments in the global AIDS epidemic is available in English (1.6MB), French (1.4MB) and Spanish (1.7MB) from:

[www.unaids.org/en/KnowledgeCentre/HIVData/EpiUpdate/EpiUpdArchive/2007default.asp](http://www.unaids.org/en/KnowledgeCentre/HIVData/EpiUpdate/EpiUpdArchive/2007default.asp)

The new report reflects improved and expanded epidemiological data and analyses that present a better understanding of the global epidemic. These new data and advances in methodology have resulted in substantial revisions from previous estimates. The latest estimates cannot be compared directly with estimates published in previous years.

New data show global HIV prevalence—the percentage of people living with HIV—has leveled off and that the number of new infections has fallen, in part as a result of the impact of HIV programs. However, in 2007 33.2 million [30.6 – 36.1 million] were estimated to be living with HIV, 2.5 million [1.8 – 4.1 million] people became newly infected and 2.1 million [1.9 – 2.4 million] people died of AIDS.

There were an estimated 1.7 million [1.4 – 2.4 million] new HIV infections in sub-Saharan Africa in 2007—a significant reduction since 2001. However, the region remains the most severely affected. An estimated 22.5 million [20.9 – 24.3 million] people living with HIV, or 68% of the global total, are in sub-Saharan Africa. Eight countries in this region now account for almost one-third of all new HIV infections and AIDS deaths globally: Botswana, Lesotho, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe (p.15). South Africa is the country with the greatest number of infections in the world (p.16).

In Asia, the estimated number of people living with HIV in Vietnam has more than doubled between 2000 and 2005 and Indonesia has the fastest growing epidemic. Although the proportion of people living with HIV is lower than previously estimates, India's epidemic continues to affect large numbers of people. Prevalence trends in India vary greatly between states and regions. In China, most people living with HIV are in Henan, Guangdong, Guangxi, Xinjiang and Yunnan provinces. In Thailand, 43% of new infections were among women, the majority of whom probably acquired HIV from their husbands or partners (p.21).

While the global prevalence of HIV infection—the percentage of people infected with HIV— has leveled off, the total number of people living with HIV is increasing because of ongoing acquisition of HIV infection, combined with longer survival times, in a continuously growing general population.

Global HIV incidence—the number of new HIV infections per year—is now estimated to have peaked in the late 1990s at over 3 million [2.4 – 5.1 million] new infections per year, and is estimated in 2007 to be 2.5 million [1.8 – 4.1 million] new infections, an average of more than 6 800 new infections each day. This reflects natural trends in the epidemic, as well as the result of HIV prevention efforts.

Determining real time trends in HIV prevalence (and in particular the impact of prevention programs on HIV incidence) ideally requires longitudinal studies of large numbers of people. Given the practical difficulties of conducting such studies, a proxy measure has been proposed (HIV prevalence in young women aged 15-24 attending antenatal clinics). HIV infections in these women are likely to be relatively recently acquired, influenced less by mortality and antiretroviral treatment than trends in adult or all-age prevalence. A review of the most recent available information of HIV prevalence among young pregnant women (15-24yrs) shows significant declines since 200/2001 in Kenya, Cote d'Ivoire, Malawi, Zimbabwe and rural parts of Botswana. Statistically non-significant declines have occurred in both rural and urban areas of Burkina Faso, Namibia, and Swaziland. There was no evidence of decline in Mozambique, South Africa, or in Zambia (p.12).

## 3. Stories for children that model hope

*"Fiction and Non-fiction With HIV Themes: a Review of the Key Reader Series"* from Shuter and Shooter, Pietermaritzburg, South Africa.

Reviewer LeaAnne Hardy, author of juvenile and adult has lived in six countries on four continents fiction (see her website at [www.leannehardy.net](http://www.leannehardy.net)). Currently focusing on literature for children affected by HIV and AIDS, she writes:

HIV/AIDS is defining a whole generation that has lost parents, siblings, relatives, friends and, too often, been infected themselves. While children need to be taught the facts, stories reaffirm that teaching by showing those facts in action in real-life situations. Stories can model hope, while taking seriously the pain children have experienced.

Reading is a basic skill for academic success and future economic success in the modern world. It is a skill that needs practice. We hear complaints that Africa is not a reading culture, but how will it become a reading culture if the books available to read are culturally irrelevant? Preparing children of this generation to cope with their own future requires a literature in which they can see themselves, the world they know, and their world as it could be.

The Key Reader Series from Shuter and Shooter includes 28 books, four on each of seven reading levels. Each set of four includes one non-fiction title and three stories, all with HIV-related themes. The stories are lively and inviting. Only a few are self-consciously didactic. Attractive, full color illustrations show children from a variety of racial backgrounds with Africans predominant. Most stories on the lower reading levels (which are shorter) would work well for reading aloud. All are good discussion starters and include brief exercises that could be done independently or in a group. Individual prices are accessible.

The series was designed for use in schools and so has no specifically religious content, but abstinence is supported as the most effective way of preventing the spread of HIV.

Included in this series is *Beads and Braids* by LeAnne Hardy, illustrated by Arnold Birungi for children ages 9-13 years. Lindiwe wants her mother to go on touching her forever, but her mother is sick, and it is her angry cousin Grace who finishes braiding Lindiwe's hair. Only when the two girls share their pain and grief can they make peace and work together for their family.

Sales information is available from Shuter and Shooter sales coordinators: Tiny Naicker [tiny@shuters.co.za](mailto:tiny@shuters.co.za) and Robert Mavundla [robert@shuters.co.za](mailto:robert@shuters.co.za)

## **5. An update on the AIDS Cube**

SIM USA and e3 Partners were invited to present at the *2007 Global Summit on AIDS and The Church* held at Saddleback, California on November 28-30 to discuss on how their partnership produced the new HIV/AIDS Cube. Bob Blee from SIM and Dan Hitzhusen from e3 Partners explained how in just one year the idea for a HIV/AIDS Cube had gone from initial concept design to the manufacture of over forty thousand pre-production units. In addition, they explained how the pre-production units were field tested in Rwanda, Burundi, Ethiopia and Uganda. As a result of the tests significant changes were made to the Cube. A few pre-production Cubes were available for the conference attendees to review. Minor changes are being made to the Cube and full production will start in early January with general availability by February, 2008. If you are interested in learning more or placing an order, go to [www.e3resources.org](http://www.e3resources.org)

Other highlights included speeches made by Her Excellency, Mrs. Maureen Mwanawasa, First lady of Zambia and Her Excellency, Mrs. Jeannette Kagame of Rwanda. Mrs. Mwanawasa is President of the Organization of African First Ladies Against AIDS (OAFLAA) and Mrs. Kagame is the cofounder of the OAFLAA. Both women addressed the need for all to work in a joint effort to reduce both the spread of HIV and the stigma that HIV and AIDS produce.

Additional information on SIM USA responding to HIV&AIDS is available from John Barnshaw, SIM-USA HIV/AIDS Coordinator [john.barnshaw@sim.org](mailto:john.barnshaw@sim.org) For information on Saddleback's focus on HIV and AIDS see: [www.purposedriven.com/en-US/HIVAIDSCommunity/HIVAIDSCaringCommunity/HIV\\_homepage.htm](http://www.purposedriven.com/en-US/HIVAIDSCommunity/HIVAIDSCaringCommunity/HIV_homepage.htm)

## **6. Making it known – more on core costs + ICASA2008**

1. Calle Almedal, WCC - COE writes in response to last AIDSLink 65 "*Core costs in HIV&AIDS projects - a risky business?*"

There is another way of dealing with core costs:

- identify which costs are recurrent (salaries, electricity etc etc)
- count number of projects and see how much of each core cost is taken by each project (telephone, salaries etc)
- incorporate the % of core costs where possible into project budgets
- incorporate the left overs in all projects

Normally donors will understand that you need core costs and are not negative to pay for a share of them.

2. The deadline for submitting abstracts to *the International Conference on AIDS and Sexually transmitted infections in Africa* (ICASA) 2008 is May 15. ICASA will be held 3-7 December in Dakar, Senegal. The

central theme is “Africa’s Response: Face the facts.” Note that all abstracts must be submitted on-line and maybe in English or French.

For further information keep an eye on the conference website: [www.icasadakar2008.org](http://www.icasadakar2008.org)

## **7. Tip of the Month – Identifying forces in bringing change**

*Force Field Analysis* is a participatory tool for looking at who or what can help bring about change. These are the ‘supporting’ factors. It also looks at who or what may prevent change, that is, ‘resisting’ factors. A force field analysis also looks at the strength of ‘supporting’ and ‘resisting’ factors. Participants may find it difficult to be open about supporting or resisting factors and in particular may not want to identify a person or group who is a resisting factor. Try to build an atmosphere without blame when using this tool, to empower participants to talk openly.

- Explain the purpose of the activity and the difference between ‘supporting’ factors (things that can help bring about change) and ‘restraining’ factors (things that may prevent change from happening).
- Draw the force field as a vertical wavy line. Label the space on the left ‘supporting factors’. Label the space on the right ‘resisting factors’ (see example below).
- Agree the topic to be discussed – for example, anti-stigma action.
- Brainstorm to list all the supporting forces. Draw or write each supporting and resisting factor on a separate card and discuss these
- Rate each driving force according to their strength and importance from 1 to 10
- List all the restraining and rate them as well
- Discuss how each of the most important restraining goals can be reduced and how driving forces can be enhanced.
- Place each card on the force field. Draw a line from the centre of the force field to each factor. The length of the line shows the strength or weakness of each factor. The longer the line, the stronger the factor. The shorter the line, the weaker the factor.
- When the activity is complete, discuss what the force field shows. For example, how can the group build on the supporting factors? What can the group do to overcome the resisting factors? Which resisting factors are within the group’s control? Which factors are outside the group’s control?

For more detailed information on using the Force Field Analysis tool see:

<http://portals.wi.wur.nl/ppme/index.php?page=1119> and Tools Together Now, 2006, p188 by AIDS Alliance available for downloading (250 pages 2.9MB) at: [www.aidsalliance.org/sw36326.asp](http://www.aidsalliance.org/sw36326.asp)

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