

June 2008

Gideon said ... *My clan is the weakest in Manasseh, and I am the least in my family.* The Lord answered, *"I will be with you ..."*

Judges 6:16,17

HIV&AIDS and VOLUNTEERS

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Volunteers are the backbone of most HIV&AIDS initiatives. They give sacrificially of themselves to serve not only those who are friends and family but others who are often marginalised due to stigma and discrimination. This AIDSLink recognizes the valuable contribution that volunteers make but also looks at some of the tough issues. We'd love to hear from volunteers themselves and leaders of teams of volunteers. What are the lessons you are learning?

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SIM HIV&AIDS related ministries and HOPE for AIDS

1. BIBLICAL FOUNDATIONS: VOLUNTEERS FACING AN IMPOSSIBLE TASK

Read the story of Gideon and his 'volunteers' in Judges 6-7.

The background (6:1-13), is that God's people find themselves in terrible circumstances. This is not because of any one individual; rather the nation as a whole needs to get right with God. Everyone is affected by the tragedy. How would you describe the effect of the HIV&AIDS epidemic on your nation?

- A. God and the first 'volunteer' in this story, Gideon (6:12-16).
 - a. How does God see Gideon (6:12, 14)?
 - b. In contrast, how does Gideon see things (6:13, 15)?
 - c. What is God's response to Gideon's inadequacy (6:16)?
 - d. What happens as a consequence of Gideon's increasing faith & obedience:
 - Step 1 (6:24)?
 - Step 2 (6:27)?
 - Step 3 (7:19-25)?
- B. Gideon's 'volunteers' (7:1-8a).
 - a. What concerns God here (7:2)?
 - b. How does God respond (7:3,7)?
 - c. What sort of people are these volunteers?
 - d. Realistically, how much sense does God's plan make to us?
- C. The mission facing Gideon seems impossible; the resources are few; the leader is a 'nobody.' Yet this nobody, Gideon, and his bunch of 300 'volunteers' are able to bring about a wonderful victory - God is with them (6:16)

What parallels do you see:

 - a. between Israel's initial circumstances and your own as you face HIV&AIDS?
 - b. between you as leader and your own leadership ability?
 - c. between Gideon's few volunteers and minimal resources, and your situation?

What can you learn from this story of 301 volunteers to help you and your own team of volunteers?

2. WORKING with VOLUNTEERS: A CHECK LIST

The concept of a 'volunteer' varies greatly between countries and settings. Open up discussion with your team on:

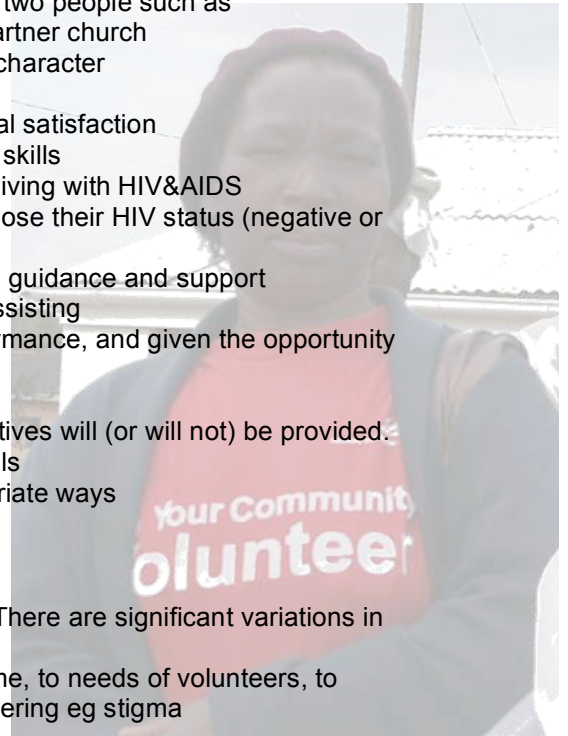
1. How is a 'volunteer' defined in your context?
2. What motivates volunteers? Give examples of incentives that are appropriate and inappropriate.
3. Are there any legal requirements that must be adhered to when working with volunteers?
4. What are the main threats to volunteerism?
5. To what extent are the following recommendations (collated from grass roots SIM related HIV&AIDS programs) operating in your context?

a. Volunteers in HIV&AIDS related ministries and projects should:

- o Share the vision and core values of the implementing organization
- o Be interviewed prior to commencing their position by at least two people such as representatives from the paid staff, governing board, or partner church
- o Be selected using clearly defined selection criteria including character
- o Be recorded in a volunteer registration system
- o Have clearly defined responsibilities which give them personal satisfaction
- o Be in positions which take into account their motivations and skills
- o Represent a range of diverse backgrounds including people living with HIV&AIDS
- o Not be placed in situations where they feel pressured to disclose their HIV status (negative or positive)
- o Have a supervisor who is responsible for providing them with guidance and support
- o Be encouraged to attend funerals of those they have been assisting
- o Be regularly reviewed, provided with feedback on their performance, and given the opportunity to renew (or otherwise) their volunteer status
- o Be included in policy and procedural guidelines
- o Have clear guidelines on what financial entitlements or incentives will (or will not) be provided. For example, training, reimbursement of travel costs, meals
- o Have their contribution to the vision acknowledged in appropriate ways

b. Leadership of HIV&AIDS related ministries and projects should:

- o Recognize that "volunteer culture" exists, and foster this
- o Define what is a "volunteer" according to each context. There are significant variations in expectations
- o Be sensitive to what each volunteer is able to offer eg time, to needs of volunteers, to debriefing, and to any negative consequences of volunteering eg stigma
- o Address sustainability issues from the beginning
- o Build in local ownership through church involvement in the selection of volunteers and clients
- o Encourage a gender balance of volunteers in any program
- o Train more volunteers than are necessary and at many different levels within the community
- o Develop strong links with local health services
- o Ensure that confidentiality measures are adhered to
- o Develop promotional material on the program
- o Celebrate when volunteers find other, often paid, positions using skills gained through volunteering



3. VOUNTEERISM, EQUIPPING THE CHURCH, and HOPE FOR AIDS, KENYA

Dr Bob Carter in Kenya writes:

"Above all other institutions, the Church is uniquely situated to bring true transformation into communities being devastated by AIDS. The church is everywhere in Kenya, it is respected and influential, and its members permeate the communities. For much of its work in the communities, it depends on volunteers that are motivated by the Church's vision for ministry. It is this spirit of volunteerism, commitment to vision and community presence that makes the Church such an increasingly valuable partner in Kenya even to secular agencies wanting to facilitate progress in reducing the impact of AIDS.

SIM's HOPE for AIDS program in Kenya is also depending on this spirit of volunteerism and commitment to vision as it implements a project called "Church to Community Mobilization." Our motto is, "Equip the Church; Transform the Community", and equipping the church is what this project is all about. Project efforts are focused on three primary activities: 1) AIDS awareness-raising and

mobilization of the Church; 2) equipping and strengthening the Church in the skills and capacities needed to plan, implement and sustain effective community programs; and 3) networking churches with other churches and with like-minded organizations. Along with this we are incorporating an element of prayer and a culture of dependency on God throughout all parts of our program. In the process, we also hope to see churches in the same community establish constructive relationships based on cooperation rather than competition. When the separate parts of Christ's body are all working together in the power of the Gospel, then that Body will finally bring true transformation to individuals, families and communities. This, we believe, is the ultimate "hope for AIDS."

Recently we began training our first group of 23 "capacity-building facilitators." These are volunteers who after training will then return to their churches or church-run community programs, do capacity assessments and then work with us to develop the needed capacities that are lacking or in need of strengthening in their churches/programs. In late July we will begin training volunteer AIDS Educators to facilitate AIDS awareness and mobilization amongst the various churches and denominations, particularly in the rural areas where AIDS awareness has largely failed to penetrate. We are also working to establish an ecumenical consortium of churches that will function as a network uniting Kenyan churches and Christian organizations involved in AIDS-related community ministries. Hopefully this will foster collaboration, exchange of ideas and lessons learned, dialogue, and the recognition that in spite of our differences we all belong to the same Body of Christ.

This is an ambitious undertaking, but one whose time has come. We look forward to the day when we will be seeing individuals, families and communities infected and affected by HIV/AIDS having their hope restored and being radically transformed through the collaborative ministry efforts of vision-driven volunteers (including PLWHAs) representing all denominations in their respective communities.

For further networking and information on this program contact kenya.hopeforaids@sim.org

4. PREVENTING CARER BURNOUT

"*Preventing carer burnout*" (2007) is a UNAIDS Best Practice Collection case study of the Inter-Mission Care and Rehabilitation Society (IMCARES) Mumbai, India.

Burnout is not a single event but a process in which everyday stresses and anxieties that are not addressed gradually undermine carers' mental and physical health, so that eventually care giving and personal relationships suffer. Burnout is the final stage in the stress process when everything falls apart. As a medical condition, burnout has no clear definition, but as a psychological condition it has been well defined and is increasingly recognized by people in the caring professions. Burnout has long been identified as a crucial issue in HIV care and support yet there is relatively little known about what measures can be taken to prevent or mitigate it. This document looks at how carer burnout can be avoided. It focuses on the approach used by an evangelical faith-based organization, Inter-Mission Care and Rehabilitation Society (IMCARES), Mumbai, India, to care for their staff and volunteers employed in their programs and as carers in the community. Their strategy and practice may provide useful lessons in caring for carers for both secular and faith-based organizations working with people living with and affected by HIV.

Available in English (711KB) at:

www.unaids.org/en/KnowledgeCentre/Resources/Publications/bestPracticesArchivePage1.asp



5. FAMILY CARE GIVERS' PERSPECTIVES on PROVIDING CARE

"It's like giving birth to the sick person for the second time." *Family caregivers' perspectives on providing care*, Nina Hunter, School of Development Studies, Working Paper No 44, July 2007, University of Kwazulu-Natal

This paper gives caregivers' perspectives on providing care for HIV-positive family members and is a helpful resource for building appropriate and necessary support within HIV&AIDS care programs. The paper focuses on understanding what care provision means to family caregivers and in turn why they provide care. More centrally, it highlights various aspects of the experience of providing care and the effects of care on caregivers' lives. The full document (180KB) is available at: <http://sds.ukzn.ac.za/files/WP44%20-%20web.pdf>

6. MAKING it KNOWN – MICAH NETWORK EVENTS

1. *West Africa Consultation on the Church and Good Governance*: Nigeria, 18-22 August 2008. Registration is now open and the consultation details, including booking process are available at http://en.micahnetwork.org/events/nigeria_consultation_2008

2. *Global HIV Consultation*: Pattaya, Thailand, 21-25 October 2008, Registration for the consultation on "Churches Living with HIV" is now open. For consultation details, flyer and booking form see : http://en.micahnetwork.org/events/global_hiv_consultation_2008

3. *Asia Leadership Seminar*: India, March 2009. The Micah Network Asia Coordinating Group is planning a leadership seminar to be held in New Delhi from 21-24 March 2009. Details to come.

7. TIP of the MONTH – A SECRET in a BOX

The following activity can be used to enable volunteers and community members to realize that they have the best knowledge about their local area.

1. Find a large cardboard box without holes.
2. Place a number of different items in the box that have been found in the local area. These could include a bag of seeds, some stones, a hammer and some nails.
3. Close the box so nobody can see inside.
4. At a meeting with local people, divide participants into four groups and set them each a different method of identifying what is in the box (see below). Start with group A and finish with group D. They must be clear about the details, such as colour, shape and size. Each group should carry out their assigned activity in front of the meeting. They should decide what they think is in the box as a group and share their ideas with everybody.
 - Members of group A are allowed only to walk around the box before deciding what is inside
 - Members of group B are allowed only to pick up the box and smell or shake it
 - Members of group C can blindfold one person who can put their hand in and feel the objects inside without taking them out of the box. The others must not look inside
 - Members of group D are allowed to take out the objects one at a time and describe them
5. Ask participants what happened in the exercise.
 - Why did group A know so little about what was in the box? What helped each of the other groups to understand more about the 'secret'?
 - If the 'secret' in the box is made up of all the important knowledge and resources in the local area, who knows most about the 'secret' and who knows least?

Source: *Mobilizing the Community* (2006) by Isabel Carter, A PILLARS Guide (Tearfund), pp 22-23. Download (1.1MB) at: <http://tilz.tearfund.org/Publications/PILLARS/Mobilising+the+community/>

8. LETTERS to AIDSLINK

AIDSLink 70 posed the questions, "To what extent is complacency about sexual issues evident among young people in your setting?" Alain Soudrain, SIM France writes:

"In France, questions about AIDS in relation to sexual relations are dealt with in a simple manner: Please yourself but cover yourself. This signifies: Have the sexual life that you desire but use a condom. Amuse yourself and have pleasure but don't forget the condom. There are condom distributors all over the place even in certain secondary schools. Information campaigns along these lines are organized through the media and in schools, hospitals and health centres."



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