

February 2009

*Blessed are those whose ways are blameless, who walk according to the law of the Lord... who keep his statutes and seek him with all their heart.*  
Ps 119:1,2

### LIVING WITH HIV&AIDS

1. Biblical foundations: Ministering with integrity
2. Home truths: Facing the facts on children, AIDS and poverty
3. The role of task forces/committees in church-based HIV&AIDS responses: Zimbabwe
4. Palliative care in resource-limited settings
5. A community guide to environmental health
6. Food security and healthy eating
7. Making it known – Awards
8. Tip of the Month – Monitoring & evaluation: Log frames and results-based management

Exceptional work is being done across many disciplines in under-resourced communities living with HIV&AIDS around the world. AIDSLink78 captures important being lessons learned in working with children, mobilizing churches, implementing palliative care, and environmental health including food security. Coming up we will address treatment including ARVs, and income generating activities. Send your contributions on these topics to: [international.aids-consultant@sim.org](mailto:international.aids-consultant@sim.org)

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SIM HIV&AIDS related ministries and HOPE for AIDS

## 1. BIBLICAL FOUNDATIONS: MINISTERING WITH INTEGRITY

HIV&AIDS has permeated the very fabric of family and community. It is woven into many of our relationships and activities, though often as a barely visible thread. We can easily slip into habits, routines and roles associated with HIV ministry, such as providing care for the sick, working with youth in prevention, maintaining budgets, and working with church and community leaders, yet fail to ask some of the deeper questions. Who are we? Who am I? What is our/my motive for ministry? Am I a person of integrity? Do I/we proactively demonstrate grace? This is a life-long challenge.

Lack of integrity may be hidden for a time but inevitably the fabric of life and ministry will unravel. Though King David was a great man in many ways (1 Samuel 18:12-16; 2 Samuel 6:17-19; 8:15), his later life was plagued with the consequences of failures in the area of personal integrity (2 Samuel 11 & 12). His actions fostered unhealthy favoritism, created mistrust, encouraged injustice, and allowed others to repeat David's deeds without fear (2 Samuel 13 & 14). David was immobilized by his past, contributing to a military coup led by his own son. Many died and God's glory was trampled in the dirt.

Integrity is something that cannot be maintained alone. Not only does it require personal determination and commitment, integrity needs strength and courage. Read Psalm 119. God knows we are weak; he both calls us to integrity, and offers us the resources we need. Notice throughout Psalm 119 how David as a leader of people and projects explicitly acknowledges that he needs God's help - it does not come naturally! See for example: *Keep me from deceitful ways* (v.29); *Teach me your knowledge and good judgment* (v.66); *Give me understanding and I will keep your law* (v.34); *Turn my heart toward your statutes and not toward self gain* (v.36); and *I have hidden your word in my heart so that I might not sin against you* (v.11). David learned these lessons about the importance of integrity through bitter experiences in life; God wants us to learn from David.

For reflection and discussion:

1. In what ways does the current world economic crisis raise questions of integrity in your context?
2. How is integrity demonstrated through: a) the HIV&AIDS related program or activities with which you are most closely associated; b) the monitoring and evaluation you have in place; c) your relationships with PLWHA, local communities and local authority structures; and d) in your personal and family life? How could this be improved?
3. Consider Ps 119:105 *Your word is a lamp to my feet and a light for my path*. In what ways is this true for you and your team? Which particular Biblical passages are particularly helpful at the moment in illuminating the way ahead?

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## 2. HOME TRUTHS: FACING FACTS ON CHILDREN, AIDS & POVERTY

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*Home Truths: Facing the Facts on Children, AIDS, and Poverty* is a report released 10 February, 2009 by The Joint Learning Initiative on Children and HIV/AIDS – a two-year, independent alliance of researchers, implementers, policy-makers, activists and people living with HIV. Among the 80 page report's key findings:

- Families care best for children and are critical to an effective AIDS response. Yet, families and communities in the most severely affected regions bear some 90% of the financial costs of caring for children, with little or no assistance from governments
- Despite recent increases in funding, resource levels in hard-hit countries remain far below what is required to deliver comprehensive services for children and families affected by HIV/AIDS on a national scale. The design and implementation of current programs means that external funding frequently fails to reach local communities
- Organized community responses in many sub-Saharan Africa countries are key to protecting children and families from the worst effects of the epidemic. These initiatives have immense value – for example, the contribution of volunteers from faith-based organizations was estimated in 2006 to be worth over US\$ 5 billion annually – but they often lack the necessary skills, support, and knowledge to maximize their effectiveness
- Relatively low-cost poverty alleviation efforts are essential to reducing the debilitating impact of the epidemic on children and families.

The full report (2MB) as well as a summary (272KB) are available in English, French and Portuguese at: [www.jlica.org/resources/publications.php](http://www.jlica.org/resources/publications.php)

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## 3. THE ROLE OF TASK FORCES IN CHURCH BASED HIV&AIDS RESPONSES – THE ZIMBABWEAN EXPERIENCE

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Caiphos Ngarivhume writes on the strategic role of task forces/committees in Zimbabwean churches. For further information e-mail: [cngarivhume@hfazimbabwe.com](mailto:cngarivhume@hfazimbabwe.com)

“The United Baptist Church of Zimbabwe (UBC) and SIM signed a memorandum of understanding in 2004 to reach out to people affected and infected by HIV. The first question asked was “How shall we organize ourselves to do this ministry?” Task forces/committees were formed at national, district and local church levels to steer the work.

A. The Hope for AIDS Zimbabwe Committee: the Hope for AIDS Zimbabwe Program Manager, the SIM Director for Zimbabwe, and 2 other representatives from UBC and the SIM with expertise in HIV/AIDS ministries. This task force/committee has overall oversight of the ministry, approves the project activities, reviews and evaluates the activities, budgets, and gives guidance to the Program Manager.

B. United Baptist Church Task Forces/Committees: These were formed at national, district and local church levels. Members are people of known for their integrity and active involvement in the HIV/AIDS issues and are willing to volunteer in at least one of the HOPE for AIDS projects.

Functions of the Task Forces/Committees:

1. Participate in recruiting new volunteers. Volunteers are the back bone of our ministries and reach those affected and infected in their communities. Each year the task force/ committee volunteers actively encourage other church members to join them, spreading the load and filling in for those that leave for varying reasons.
2. Ensure that genuine and deserving beneficiaries are selected for assistance. Volunteer care givers submit names of deserving cases to the task force/committee which considers the cases and prioritises them before forwarding them to the HOPE for AIDS officer responsible for the particular project. This ensures transparency by avoiding favouritism, nepotism, tribalism and the like. The committees also oversee the distribution of the dispersed in communities.
3. Carry out fund raising activities at each levels of the church to encourage giving to the ministry and raising awareness of the churches' role to minister to people affected and infected by HIV.



4. Teach church members on HIV&AIDS especially at regional gatherings when the committees are allocated time on the program for this purpose. This may involve addressing stigma and discrimination, HIV&AIDS in the church, dealing with human suffering, prevention of HIV and mobilising the church. The task forces/committees look for professionals with expertise from local hospitals and other centres to help them where necessary.

It is our observation that we need the task forces/committees and we cannot do the work without them. We praise the Lord that He always supplies the right number and quality of task force/committee members for His purposes.

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## 4. PALLIATIVE CARE IN RESOURCE LIMITED SETTINGS

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Palliative care, according to WHO, is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Communities and health workers can be overwhelmed by palliative care needs that they do not feel equipped to meet.

The *Palliative Care Toolkit: Improving care from the roots up in resource-limited settings* (2008) by Charlie Bond, Vicky Lavy, and Ruth Wooldridge includes a focus on HIV. The authors have extensive experience in Malawi, Kenya, Sierra Leone, China and India. They write to empower health workers to integrate palliative care into the work they are doing by grafting the missing elements of care onto what is already in place. It takes a 'can-do' approach, showing that basic palliative care can be delivered within existing community and health structures by people without specialist training, and that other members of the community can also be involved. The symptom control guide gives advice for volunteers and carers as well as information on drug treatments. Communication skills and psychological and spiritual support are addressed, with attention paid to the special needs of children. A set of tools to be used in the field includes forms for patient records and data collection, advocacy material, teaching aids and a basic drug list.

Download (5.3MB) from: [www.helpthehospices.org.uk/EasySiteWeb/GatewayLink.aspx?allid=6147](http://www.helpthehospices.org.uk/EasySiteWeb/GatewayLink.aspx?allid=6147)

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## 5. A COMMUNITY GUIDE TO ENVIRONMENTAL HEALTH

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*A Community Guide to Environmental Health* (2008) by Jeff Conant and Pam Fadem is a 640 page simply written and heavily illustrated Hesperian book designed so that people with little formal education can understand, apply and share health information. Developed collaboratively with health workers and community members from around the world, it addresses the underlying social, political, and economic causes of poor health and suggests ways groups can organize to improve health conditions in their communities.

Of particular interest is the issue of food security (addressed in chapter 12). Lack of food security and poor nutrition can hasten the progress of AIDS-related illnesses and make it difficult for patients to adhere to ARVs or benefit from treatment. There is a need to make information on nutrition and ART widely available. Food security means that everyone has enough safe and nutritious food all year round to lead an active and healthy life. It also means food is produced and distributed in ways that promote a healthy environment, community self-reliance, and enough good food for every person and community. Available (15Mb) at: [www.hesperian.info/assets/EHB/EnviroBook4DL.pdf](http://www.hesperian.info/assets/EHB/EnviroBook4DL.pdf)

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## 6. FOOD SECURITY and HEALTHY EATING

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*Food Security* (2001) (1.6MB) and *Healthy Eating* (2003) (1MB) produced by Tearfund provide practical information about techniques for food preservation and storage, pest control, grain banks and increases awareness of the benefits of maintaining genetic variability and traditional crop varieties. These are part of the PILLARS series designed for use in small community groups such as youth groups, church groups, women's groups, farmer groups and literacy groups. They combine reading with listening, talking and acting, to reinforce learning and to make the information accessible to people with different learning preferences, and little educational background.

Available in English, French and Portuguese and downloadable (1MB) at: [www.tearfund.org/tilz](http://www.tearfund.org/tilz)

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## 7. MAKING IT KNOWN – AWARDS

1. *The Courageous Leadership Award* for churches was created to inspire all leaders by honoring churches doing exceptional work bringing assistance to the holistic needs of under-resourced communities affected by AIDS around the world. The award is given to only to local churches with an AIDS program operating for greater than 2 years. It is sponsored by the Willow Creek Association and World Vision. In 2009 there are 3 award categories:

1. Front-Line Churches - located in a geographic area affected by the AIDS pandemic and whose AIDS initiatives are directed to that local area
2. Resourcing Churches under 1,000 - are not located in the middle of the AIDS pandemic, but they release resources to organizations, churches, or individuals working on the front lines. This is for churches with an average weekly worship attendance under 1,000 people
3. Resourcing Churches over 1,000 - as defined above

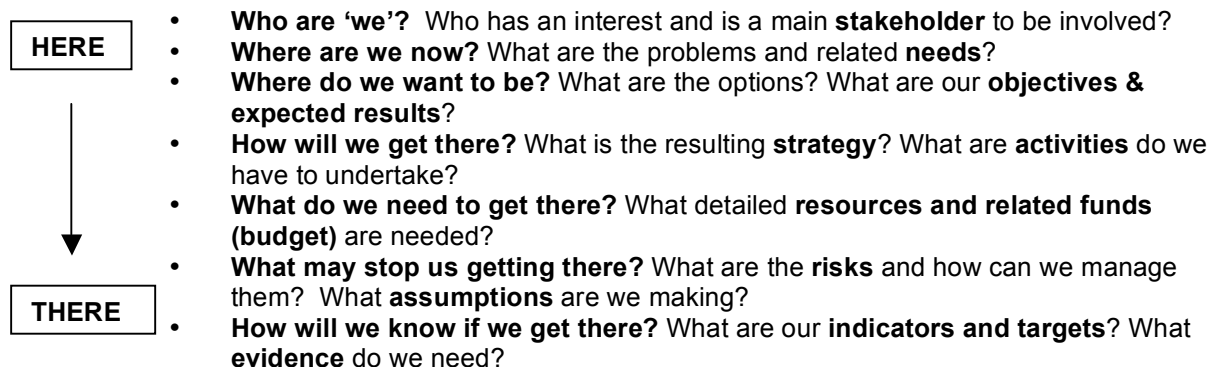
Each winning church will be awarded \$60,000 at "The 2009 Leadership Summit" to be applied to their AIDS budget. Applications must be received by 1 April 2009. To nominate and download application forms visit: [www.courageousleadershipaward.com/index.html](http://www.courageousleadershipaward.com/index.html)

2. AFRICOMNET announces the third annual *Awards for Excellence in HIV&AIDS Strategic Communication in Africa*. Individuals and organizations implementing HIV&AIDS strategies, campaigns and tools that advance the field of strategic communication are eligible to enter. Award categories include: best mass media campaign; best folk media initiative; best multi-channel communication and best HIV&AIDS-related article, series or column. Nomination forms available at: [www.africomnet.org](http://www.africomnet.org) and [infodesk@africomnet.org](mailto:infodesk@africomnet.org) The deadline for nominations is 20 March 2009.

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## 7. TIP of the MONTH – M&E: Log Frames & Results-Based Management

A *Logical Framework* is a table giving a clear and succinct picture of the project goal (impact), purpose (outcomes), outputs and activities, with their respective key indicators and sources of verification. Risks that could affect the project implementation are also identified. A log frame is a reference tool for the whole project cycle, essential in the monitoring and evaluation process, and for on-going reporting and communication between partners. *Results-Based Management* (RBM) is a related management strategy focusing on performance and the achievement of objectives. The internal logic of RBM is based on the cause and effect relationships between inputs, activities and results. The log frame process helps guide the planning of a journey from where we are now to where we want to go, that is:



References (in English and French):

International AIDS Society, *Monitoring & evaluation towards tracking HIV/AIDS response progress*. (2008) [www.iasociety.org/Default.aspx?pageId=289](http://www.iasociety.org/Default.aspx?pageId=289)

CIDA, *Results-based Management in CIDA: An introductory guide to the concepts and principles*. [www.acdi-cida.gc.ca/CIDAWEB/acdicida.nsf/En/EMA-218132656-PPK#5](http://www.acdi-cida.gc.ca/CIDAWEB/acdicida.nsf/En/EMA-218132656-PPK#5)



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