

September 2009

HIV&AIDS & HEALTHY FAMILIES

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A father to the fatherless, a defender of widows, is God in his holy dwelling. God sets the lonely in families. Ps 68:5,6

While some studies highlight the resilience of families faced by HIV&AIDS, others report an erosion of family structures and cohesion in high-prevalence contexts. AIDSLink 84 will challenge you to think more deeply about promoting healthy families.

Thank you for your continued input into our AIDSLink community through feedback and suggested resources. It is greatly appreciated by all.

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1. BIBLICAL FOUNDATIONS: HEALTHY FAMILIES

Many families and communities are weakened by the simultaneous challenges of disease, poverty, diverse inequalities, food insecurity, and natural and human disaster. In such environments, HIV&AIDS thrives, but so does God at work through his people.

God is a defender of the powerless, vulnerable, poor, and broken. Their plight matters to God. He provides for the lonely and desolate, and protects widows and orphans who live in situations lacking human help. He 'sets them in families' (Ps 68:5,6; 146:9). Family is the primary place where the capacity for love and intimacy with God and other human beings is developed. Families care best for children. When discussing the Old Testament model for family, Christopher Wright (2004) in *Old Testament Ethics for the People of God* (p.355) challenges us to ensure that families have a central social significance and value in the community (rather than being statistical pawns of the state machine), that families enjoy a degree of economic independent viability based on equitable sharing, and that every family have the opportunity of hearing the message of divine redemption in all its fullness with the freedom to respond and live it out through succeeding generations.

Solutions to HIV&AIDS also involve strengthening marriages. This requires frank discussions about sex within the marriage context (as difficult as that may be culturally), confronting temptation, dealing with broken trust, fractured relationships, and accountability. Cultivating a healthy marriage is like cultivating a healthy and fruitful garden—it takes time and energy. Healthy marriages need to be celebrated.

For reflection and discussion:

Read Psalm 10:12-18. Take a moment to consider the following questions in the light of initiatives with which you are most familiar at the local level.

1. How does God encourage and defend the fatherless and the oppressed (Ps.10:17,18)?
2. In what ways is it possible to:
 - a. Reinforce families' capacities to provide long-term care, as the basis of a sustainable response to children affected by HIV&AIDS?
 - b. Strengthen community action in support of children affected by AIDS and design interventions with local participation and ownership?
 - c. Implement family-centred services that integrate health, education, and social support?
 - d. Provide benefits to families and children based on need, not on HIV or orphan status?
 - e. Direct HIV prevention to redress the social and economic inequalities that particularly increase girls' and women's vulnerability?

2. STRENGTHENING FOSTER FAMILIES IN COMMUNITY

According to a 2009 Report by the Joint Learning Initiative on Children and HIV&AIDS, approximately 95% of all children directly affected by HIV&AIDS, including those who have lost parents, continue to live with their extended families. Children of HIV-positive parents face significant vulnerabilities long before their parents die.

Rachel Fredlund, social worker and director of *Lulisandla Kumntwana* in Kwa Zulu Natal, South Africa together with project staff, contribute their experience of strengthening foster families in community. For questions or further information contact: rachel@mseleni.co.za

Lulisandla Kumntwana (LK) meaning “*Reach Out to the Child*” is a fostering agency which places orphans in foster care. Most are kinship placements formalizing existing living arrangements. This gives the child protection under the Child Care Act & enables foster parents to access South African government foster child grants. LK has an active program of supervising the placements, checking the child’s progress, and foster parent training.

In South Africa, there is a strong belief that “orphans cannot be cared for”, and that no matter hard you try, orphans will be unresponsive, undisciplined, rebellious and ungrateful. It is common to think that young people use their “rights” as an excuse for disrespectful behaviour and resisting discipline.

Many foster parents are struggling and LK aims to develop parenting skills through half-day workshops for those caring for orphans, whether formally placed in their care or not. Given that LK covers a large geographical area, carers attend one of the monthly workshops annually. Coordinators encourage foster parents to attend, and follow up training. Average attendance is about 50, with an occasional workshop over 100. The training program includes, prayer, time for sharing and:

- Biblical principles
- How the program functions in the community
- Emotional development of children: normal development, need for routine, special needs of children in foster care, grief reactions
- Guiding a child: discipline, educational needs
- Spiritual development
- Physical development: health, hygiene, medication, sleep, diet
- Financial and legal aspects: children’s rights, child abuse, using the grant, legal responsibilities of foster parents, importance of supervision, and grant renewal



As a result, foster parents are:

- Better able to listen, give advice, and talk through problems rather than giving up or resorting to physical punishment. Relationships improve
- Giving value to banking a portion of the foster child grant each month for vocational and ongoing education, and willing to show coordinators the child’s bank book
- Less secretive and defensive about grants, and less resentful of the visits by foster coordinators
- More likely to take the child to a clinic when needed, thus reducing days absent from school
- More prepared to report abuse and seek medical and emotional help for the child
- More likely to renew the foster care order after two years, as required legally

The key component of every workshop is the group sharing of experiences and problems in which they learn from each other. Foster parents often comment on how helpful they find addressing children’s rights and responsibilities as well as issues such as abuse. Many foster parents have responded to topics on discipline and spiritual growth taught by the pastoral coordinators, recognizing that they need God’s help and committing themselves to start afresh.

3. VALUE BASED EDUCATION + TODAY FOR TOMORROW

1. S. Samraj, Executive Director of the Christian AIDS National Alliance (CANA) in India recommends CANA’s *Value Based Education (VBE) Curriculum* for classes 7, 8, 9 and 11. The aim is to provide sex education to the youth based on seven core principles: peer pressure; self-esteem; body & puberty; friendship; good & bad impact of media; purpose of life; abstinence, choices and HIV&AIDS.

Also available from CANA is their Child Protection Policy. For more information: www.cana-india.org

2. School children sit riveted as their peers perform unrehearsed sketches of everyday village life, portraying abuse and infidelity with their ruinous outcomes. The facial expressions of this young generation reveal an all-too-familiar understanding of the scenarios being enacted. These children are taking part in *Nhasi Zve Mangwana* (Today for Tomorrow), a comprehensive three year program which is part of HOPE for AIDS Zimbabwe carried out in partnership with the United Baptist Church (UBC) in schools and churches.

The program targets children under 12 years. It is interactive, taught by volunteers, and includes sports, games, drama, life skills and Bible teaching. The first arm of the program is church-based, encouraging children to live holy lives and to support their peers in the context of HIV. The second is community-based and aims to reach children with the love of Christ and encourage their development in all aspects of their lives. Thirty four topics are covered each year over three school terms. They include:



Year 1: Life is a journey, dreams for my future, relationships, working together, I am special, goals, rights, families, friends, peer pressure, role models, communication, character, good decisions, daily difficulties, special sex, HIV&AIDS, safety and child abuse, caring for those living with HIV&AIDS, someone I love has died, and orphan issues

Year 2: Setting and achieving goals, living with hope, respecting others dealing with disability, cultural values, friendships, peer pressure, communication, divorce and separation up, our bodies, commitment, sex, self-control, abuse and rape, dealing with death and loss, and character

Year 3: Character counts, HIV&AIDS prevention, the man or woman you want to be, communication and listening, being a family, attitude, friends, serving our community, commitment, sex – God’s design, the Lordship of Christ, saying ‘No’, and virgin pride

For further information including a comprehensive table of contents, contact: Mr Caiphos Ngarivhume at: cngarivhume@hfazimbabwe.com or Rev Chris Maphosa chris.maphosa@hfazimbabwe.com

4. TALKING TO CHILDREN ABOUT SEX

In a recent discussion with married couples at a church in Namibia on how parents can talk to their kids about sex in culturally appropriate ways, the overwhelming response was that they don’t want to even say the proper names of their sexual organs in front of their children. They fear that children will repeat the words in shameful ways. In Namibia, as in many cultures, names of the sexual organs are considered swear words. Talking about sexual intercourse is forbidden (‘taboo’).

Julie Mbaisa, HOPE for AIDS Namibia Coordinator writes, “All the material I’ve read has said, ‘Teach your kids the proper names of their sexual organs’. Is this possible where such taboos still exist? What material is available on how parents talk to their kids about sex in culturally appropriate ways? What are the pros and cons to using nicknames?”

Send your perspective and recommended resources to: Julie at: mbaisas@mweb.com.na and to: international.aids-consultant@sim.org

5. CELEBRATING CHILDREN

The *Celebrating Children* course is designed to equip people to work more effectively with children living in difficult circumstances of loss, trauma and abuse around the world. It has been developed by Viva Network with a consortium of trainers and practitioners for Christians working in childcare in NGO’s and churches. It aims to create a generation of highly trained Christian child development workers. The course contains practical knowledge on child development, protection and theology in an accessible form.

Celebrating Children currently operates in Asia (Cambodia, India, Indonesia, Malaysia, Mongolia, Myanmar, Nepal, Thailand, Philippines) and in Africa (Ethiopia, Kenya, Uganda, Zimbabwe) and over 600 students have completed the course. Workers from child care organizations, churches, schools and development agencies can all benefit greatly from this course.

For further information see: www.celebratingchildretraining.info/

6. MAKING IT KNOWN – WORLD AIDS DAY + PALLIATIVE CARE DAY

1. *World AIDS Day*, 1 December 2009 has the theme 'Universal Access and Human Rights'. This has been chosen to address the critical need to protect human rights and attain access for all to HIV prevention, treatment, care and support. Use this day as a significant occasion to demonstrate your care, concern and commitment by engaging with your community on HIV&AIDS related issues. Do something as simple as wearing a red ribbon, the international symbol of AIDS awareness worn by people all year round and particularly around World AIDS Day. Make your own ... it's easily done - just use some ordinary red ribbon and a safety pin! Give them to your friends.

Further details are available at: www.worldaidscampaign.org/en/Key-events/World-AIDS-Day

2. *World Hospice and Palliative Care Day*, 10 October 2009 is a unified day of action to celebrate and support hospice and palliative care worldwide. This year the theme is Discovering your voice. By enabling people to speak out, the day aims to share the vision of making hospice and palliative care available to all, to raise awareness and understanding of the needs of people living with life-limiting illnesses and to help their families, and to raise funds for palliative care services. For information see: www.worldday.org and www.apca.co.ug

7. TIP of the MONTH – M&E: RISK IN PROJECT MANAGEMENT

Edwin Porter, HOPE for AIDS Program Manager international.hopeforaids@sim.org contributes:

One of the great risks in HIV&AIDS project management is uncertainty of the future. There are many possible project variables, and uncertainty in critical areas such as cash availability keeps managers 'on their toes'. We can't see the future laid out - this is God's domain - so we must prayerfully consider the future to the best of our ability and plan accordingly by bringing all our God-given ideas, desires and hopes together.

Financial resources are almost always a scarce and limiting factor in project management making the budgeting process a crucial aspect in planning. Taken seriously, budgeting can help reduce uncertainty about the future, or at least help you manage it better. The budgeting process should never be a "same as last year" token effort. Budgeting has three major benefits. When you budget, this is a critical point in which to:

- Realistically match the costs of our plans with what is actually possible in terms of raising the required resources. Costs are generally higher than expected!
- Ask, "Are we getting maximum benefit for the resources invested or is there a better, more efficient way?" An intrinsic part of preparing a budget should be an ongoing cost-benefit analysis
- Prepare alternative plans in addition to a preferred plan of action if your budget highlights that income is very uncertain and especially if the overall risk is high or critical

For Action:

Quantify the current risk around your projected project income for the following year by assessing:

1) the impact of the risk, and 2) the probability of the risk occurring. For simplicity, rate each on a 1 to 4 scale. The larger the number, the larger the impact or probability. By using this matrix, a priority can be established. Note that if probability is high, and impact is low, then risk is medium. On the other hand if impact is high, and probability low, it is high priority. A remote chance of a catastrophe warrants more attention than a high chance of a minor problem.

P r o b a b i l i t y	4	Medium	Critical		
	3	RISK			
	2	Low	High		
	1				
		1	2	3	4
		Impact			



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