



## – AIDSLink #53 – Faith based organizations in action

“For I know the plans I have for you,” declares the Lord, “plans to prosper you and not to harm you, plans to give you a hope and a future.” Jer 29:11

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Issue #53 looks at contributions that faith based HIV & AIDS initiatives are making. The World Health Organization estimates that one in five organizations engaged in AIDS programming is faith based. Christian Health Associations in Africa, working in collaboration with ministries of health, provide 30-48% of national health care in Lesotho, Zimbabwe, Tanzania, Liberia, Kenya and Zambia (UNAIDS 2006:215). Please take a moment to share faith based contributions in your setting – email me at [international.aids-consultant@sim.org](mailto:international.aids-consultant@sim.org) If you are unable to access a particular resource, I can send this to you on CD.

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SIM AIDS Related Ministries and HOPE for AIDS

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### **1. FBOs giving a future and a hope**

Read Jeremiah 29:4-7, the Lord’s words to his people in exile in Babylon. They are discouraged by all the suffering they have been through, they are marginalized by the people around them, and they desperately want to believe they will soon be free to return to ‘normal’ life. Jeremiah brings the sobering news that it will be a long seventy years before their restoration – the adults will not live to see this happen. This however is not an excuse for inaction. They must take active steps to move beyond survival mode, make the most of the situation, and to flourish as families and as a community.

Even if a “vaccine” were found today for HIV & AIDS, the pandemic would continue to bring heartache and tragedy into people’s lives for long into the future. Peter Piot, Executive Director of the Joint United Nations Programme on HIV and AIDS (2005) said, “The world must accept the exceptionalism of AIDS. There is simply no precedent in the history for such a crisis. And please let’s not have an illusion that in a few years, one fine day the world will return to what it was before AIDS. No, AIDS has simply rewritten the rules.” Jeremiah tells the exiles to seek the peace and prosperity of Babylon. Paul encourages us to “not become weary in doing good, for at the proper time we will reap a harvest if we do not give up. Therefore, as we have opportunity, let us do good to all people, especially to those who belong to the family of believers” (Gal 6:9,10)

For Discussion:

1. What effect would the words of Jeremiah and Paul have had on the listeners? Note that their words of instruction are plural indicating the importance of acting as a united community. What factors foster and constrain community responses in your setting?
2. What are some appropriate ways that you are able to “seek the peace and prosperity” of where you are living?

## **2. The implications of the HIV & AIDS context for theological education**

Dr. Steve Hardy, SIM Advisor for Theological Education contributes the following on the implications of the HIV & AIDS context for theological education. For further discussions on theological education contact Steve at: [stevehardy@telkomsa.net](mailto:stevehardy@telkomsa.net)

“Effective pastoral training equips people for ministries within a specific context. Those who pastor well have been trained to discover the realities of the people that they serve. Their prayers are for specific needs, and their sermons offer teaching and advice for specific problems.

For much of sub-Saharan Africa, HIV-AIDS is the context. Churches are assuming new economic, social and even political roles as they care for those affected by HIV-AIDS. It is not uncommon for pastors to conduct multiple AIDS-related funerals every month. Besides offering the words of eternal life to those who are dying, church communities may become “extended family” to those who have lost parents, siblings, aunts and uncles. God’s people may be the primary source of practical compassionate care to those rejected by their family members. The church may assume the role of advocate for those who lose rights or property when someone dies of AIDS.

Mobilizing and training local church members to respond compassionately to those affected by HIV-AIDS is an important task for church leadership, just as it is important to teach the members of God’s body to live in godly ways that will keep them from being infected by HIV-AIDS.

Giving leadership to this kind of church requires new skills, perhaps even new paradigms of ministry, for those who serve as pastors. Training leaders in an environment of HIV-AIDS involves more than adding a course on HIV-AIDS to the curriculum. Developing effective training means rethinking the entire curriculum. Pastoral care and counseling will be given to those affected by HIV-AIDS. Evangelism or church planting will be done among people whose life expectancy is short. Church ministry will be to families affected by HIV-AIDS. And training for godly living has immediate implications for the health and long-term survival of young and old alike!”

## **3. FBOs – a sustainable model for effective community care**

Jean Webster, Zimbabwe Orphans through Extended Hands (ZOE), presented the following model as a poster at the XI International AIDS Conference. The aim of ZOE is to mobilize and strengthen the church in Zimbabwe to respond to the physical, social, spiritual, mental and material needs of orphans, helping them to continue to live where possible in their own homes and to empower them for “life”. For further details contact Jean at: [zimjean@yahoo.co.uk](mailto:zimjean@yahoo.co.uk)

Issue: Every child has value – 1.3 million children in Zimbabwe are orphans. With the loss of the person who was often the one source of committed love, the orphan child will be vulnerable to any show of false love and abuse, which in turn can lead to HIV and AIDS.

Programme: Since 1993 ZOE has been mobilising churches in Zimbabwe by envisioning the leaders who then challenge and release volunteers from their congregations. These volunteers are trained, envisioned and mobilised to visit and care for Orphans and Vulnerable Children (OVCs) and their carers. The volunteers are also trained in basic counselling for a child-centred psychosocial programme involving children’s clubs based at the churches. ZOE’s work also involves facilitating the setting up of micro-enterprise projects at the family level.

Observations: In Zimbabwe, the Church is established in, and recognised by, the community. The Church has an ethos for caring and has multiple human resources, including young people who can be peers to mentor and befriend OVCs. The carers are truly volunteers – being unpaid avoids jealousy and conflict. The volunteer spirit has been the key to scaling up the programme.

Conclusion: The programme is concerned with holistic orphan care in the community and this model could be easily adapted for other situations and replicated among other faith groups.

A case study of ZOE is included in: *Envisioning, Equipping and Mobilising Churches for Action: Four Case Studies*, 2005 Tearfund (441KB) available at:

<http://tilz.tearfund.org/webdocs/Tilz/Topics/Church/Church%20Review%20Case%20Studies.pdf>

## **4. The ABC approach to preventing the sexual transmission of HIV**

“The ABC Approach to Prevention the Sexual Transmission of HIV”, an initiative of Christians Connecting for International Health (CCIH) and Medical Service Corporation International, addresses common questions and answers on this controversial issue. CCIH uses the term “ABCplus” to focus on the individual behaviors of A (abstinence), B (faithfulness) and C (condom use) that influence HIV transmission, while recognizing that additional factors such as poverty, gender inequity, and sexual violence also impact HIV transmission and prevention. Through a clear, concise review of relevant data, it presents compelling evidence of the power of the ABC approach to dramatically reduce the sexual transmission of HIV. Dr. Edward Green and Allison Herling state, “Our intention in this document is not to defend any particular set of letters as a “magic bullet” for HIV prevention, but rather to present the evidence for the effectiveness of an HIV prevention approach that includes a major focus on individual behaviors that eliminate or reduce the risk of HIV infection. “ It is available for downloading (2.4MB) at [www.ccih.org/resources/ABCApproach\\_CCIH\\_080306.pdf](http://www.ccih.org/resources/ABCApproach_CCIH_080306.pdf)

CCIH’s online library of resources “HIV Prevention and Health Behavior (or ABCplus)” includes news, articles, journal articles and other research, and curricula and other programming tools. It is available at: [www.ccih.org/resources/ABCplus/](http://www.ccih.org/resources/ABCplus/)

## **5. Together bringing hope – questions of collaboration**

The following contribution is submitted by Dr. Perry Jansen, Partners in Hope, Malawi. The complete article is available on request.

“I did not have the privilege of attending the international AIDS conference in Toronto, Canada last month, but I got some feedback from a Malawian pastor friend of mine who did attend. He was very encouraged by the faith-based pre-meeting, but was struck by the absence of focus on issues of ‘faith’ in the primary sessions. So what should the role of the Church be in the international fight against HIV/AIDS? What should our relationship be with ‘secular’ organizations that truly wield most of the power and money in this epidemic?

1. Acknowledge that international, national and local governing bodies have been granted authority over us by God (Romans 13:1-7).
2. There can be a tremendous strategic advantage in having your plans and strategies align with those of international coordinating organizations and the government of country in which you work. Understanding their priorities and strategies, and communicating how our plans support them, will go a long way in enabling the Church’s HIV/AIDS work to be successful.
3. A concerted effort by all ‘stakeholders’ is likely to be the most successful. There is a saying that ‘alone you can go fast, but together we can go far’. Working alongside international secular partners, national and local government, other church denominations, and even other faiths need not compromise our theology, our work, or our walk. It can actually create opportunities for us to fulfill our role as ‘salt and light’ in the world (Matt 5:13-15).

If the Church is indeed doing good things in Africa, why are they not being highlighted in these international meetings? Opinions regarding discrimination and politics aside, many of us cannot even quantify and report what we are doing, much less measure and report the impact that we are having. While our traditional donors, churches and individuals, are happy with a picture and quarterly newsletters, the international community wants to see ‘proof’. Most church members working in AIDS do so out of compassion for the individuals that they are assisting and have no training, or even interest, in ‘documenting’ activities and outcomes.

The challenge for Christian organizations active in the fight against HIV/AIDS is to harness the spirit and compassion of the Church and faith-based initiatives and integrate accepted practices of measurement and reporting in a way which does not distract from our primary work. The ministries of many international missions, NGOs and of AIDS Link are to assist us in this ‘balancing act’. Make sure that you are ‘plugged in’ because ‘Together We Can Make a Difference’.

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Information on Partners in Malawi can be found at: [www.partnersinmalawi.com](http://www.partnersinmalawi.com)

## 6. Making it known – newsletters & journals

a. SIM Canada's new monthly newsletter "Indaba" aims to raise the skills, knowledge and voices of those who are involved in community development work. "Indaba" is a Zulu word meaning "a discussion amongst tribes". Indaba will seek to reflect the lessons being learned, and enable the exchange of experiences and stories. To subscribe contact Reyn Lauer [rlauer@sim.ca](mailto:rlauer@sim.ca) for an e-mail or hard copy edition

b. "Crossnetwork" is a free online journal of Christian healthcare in mission available at: <http://crossnetwork.org/> Papers on HIV & AIDS are most welcome. The contact editor is Dr Peter Yorgin, [pyorgin@yahoo.com](mailto:pyorgin@yahoo.com)

c. The Health InterNetwork Access to Research Initiative (HINARI) launched in 2002 provides free or low-cost online access to 2,900 major journals in biomedical and related social sciences to local, non-profit institutions in developing countries. InterNetwork aims to strengthen public health services by providing public health workers, researchers and policy makers with access to high quality, relevant and timely health information via Internet. Potential users are required to register online with WHO at the HINARI website. Access to eligible organizations in Phase 1 countries is free. The 69 countries in Phase 1 generally have an annual GNP per capita of US\$1000 or less. Eligible categories of institutions include national universities, research institutes, teaching hospitals, government offices and national medical libraries. For more information visit <http://www.who.int/hinari> or email the HINARI Team at [hinari@who.int](mailto:hinari@who.int)

## 7. Tip of the Month – photography for problem solving

Most people prefer oral and visual communication to text-based materials. Photographs and drawings can be used effectively to help tell a story with three to ten pictures, and without any text. The images illustrate problem situations, and situations where the problem is resolved. The facilitator asks what people see in the images and uses this to stimulate discussion, compare points of view and develop consensus on a given issue. The images can be drawn, printed or glued on paper or cloth. The same process can be used by making a series/set of cards from those photographs or drawings and distributing the cards around the group, each trying to identify the image and commenting on the situation.

Cheap cameras can be given to people asking them to photograph problematic situations they have to cope with and solutions they would like to see adopted and multiplied. An exhibition is made and discussions are conducted to identify strategies for action. Similarly, photographs can be used with a discussion where people put forth their points of view with the help of their pictures, or to present a "before" and an "after" situation. These are powerful tools in the context of home visits, where they can be used to ask people what they see in the pictures and how they feel about the situation. They can open up discussion on sensitive issues including with children.

For more ideas, the online book "*Involving the Community: A Guide to Participatory Development Communication*" (2004) is available in English & French for downloading in sections at: [www.idrc.ca/en/ev-52226-201-1-DO\\_TOPIC.html](http://www.idrc.ca/en/ev-52226-201-1-DO_TOPIC.html)

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Championing HIV & AIDS ministries and helping partners respond more effectively to growing epidemics in Africa, Asia, and South America

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