



EHAIA NEWS



Newsletter of the Ecumenical HIV/AIDS Initiative in Africa

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Editorial

The plan of Action adopted during a consultation of church leaders in Nairobi a year ago was made operational by a follow-up group in Geneva in February 2002. The result is the Ecumenical HIV/AIDS Initiative in Africa (EHAIA). It has been developed under the roof of the World Council of Churches (WCC) over the past nine months as an organizational structure to help implement the Plan of Action.

This newsletter intends to inform readers about how the plan is proceeding and what churches and other organizations can expect from it. It goes to the participants of the Nairobi consultation, WCC member churches and ecumenical organizations in Africa, and some other persons and organizations who have expressed interest in EHAIA.

This issue is mostly a presentation of the history, the purpose, and the structure of EHAIA. We hope that future issues will turn out to be a platform for lively exchange of practical and spiritual experiences in the fight against HIV/AIDS, a source of information about resources available to churches, and a regular reporting channel for EHAIA activities and plans.

Please do not hesitate to write to the editor (cma@wcc-coe.org), if you have general comments about EHAIA or contributions to the newsletter. If you need specific information or would like to cooperate with EHAIA activities, write to your regional coordinator (see last page for names and addresses).

Christoph E. Mann

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EHAIA: A Model for Mutuality in Ecumenical Partnership

by Rev. Sam Kobia
Director,
Special Representative
of the General Secretary for Africa

When the idea of the ecumenical HIV/AIDS initiative was mooted at the Heads of Agencies Network (HOAN) meeting of April 2001, it was not immediately apparent that a new model of ecumenical cooperation was being born. The three key partners - the African churches, the northern ecumenical agencies and the World Council of Churches (WCC) – were fully involved up to and including the implementation of the Plan of Action. All three participated in the conceptualization, formulation, planning and

implementation of EHAIA. A number of insights were gained in the process that are critical to the deepening of ecumenical partnership in the twenty-first century.

1. Mutuality in Partnership

It is now clear that the concept of giver/receiver in the development domain is ethically unsound, and new language of discernment, and new models of relationships must be found. That is because if proximity to resources is defined in terms of power, then it is not possible to develop relationships based on mutuality. The EHAIA process provided a model which affirms the dignity of all the partners, including the African churches and eventually the persons infected and affected by HIV/AIDS. The planning committee was inclusive of African churches through the All African Conference of Churches (AACC) and representatives of faith communities in Africa.

Perhaps the affirmation of dignity was best evident in the November 2001 Global Consultation on Ecumenical Response to HIV/AIDS in Africa, in Nairobi. More than any other category of participants, it was people living with HIV/AIDS who most deeply impacted the discourse and outcome of the consultation.

“It is now common knowledge that in HIV/AIDS, it is not the condition itself that hurts most (because many other diseases and conditions lead to serious suffering and death), but the stigma and the possibility of rejection and discrimination, misunderstanding and loss of trust that HIV-positive people have to deal with.”

Without those words of Canon Gideon Byamugisha of the Anglican Church of Uganda, or the African churches' plea, "Now...talk to them freely about this disease," the consultation and the subsequent

Plan of Action would have suffered great ethical deficits.

Moreover, the EHAIA process helped the ecumenical movement to come to the realization of mutual vulnerability when it comes to partnership in facing the challenges of HIV/AIDS. The Nairobi consultation confessed that "we cannot speak of 'them' and 'us' when it comes to HIV/AIDS - the pain and fear of this disease have touched us all... We must no longer speak of 'victims' in terms that diminish the courage, dignity and gifts of people living with HIV/AIDS."

Such ethical discernment could and should be extended to cover other areas of ecumenical partnership, whether in the fight against poverty, conflict resolution, or political diaconia.

2. Complementarity in Ecumenical Work

It is needless to emphasize that due to different gifts, strengths and mandates, ecumenical organizations should complement each other's roles. The EHAIA process best illustrates the need for such cooperation. EHAIA taught us how, in concerting our efforts and resources, we are all the richer in furthering our service to humanity. We also learned that by being open to cooperate on equal terms, the gifts of others transform our fears into courage and turn our weaknesses into strengths. The outcomes of the process gave us the confidence to state with conviction that by working together, our "activities become more effective, efficient and sustainable as a result of greater coordination, better networking, strengthened communication, and also improved mechanisms for working together, building on each other's experience and success, and avoiding unnecessary duplication of effort."

These are deep insights which could be applied in other ecumenical endeavors and initiatives. The challenge is to work out mechanisms through which such experiences could be shared more broadly.

3. Values Approach

The Plan of Action proposed a comprehensive and integrated programme. It covers care-giving, counselling, education and training, and advocacy. But the dimension which makes the programme unique is the values approach.

Fundamental to the programme is an ethical tissue which binds all those programmatic actions into one integral whole. The values that affirm the dignity and humanity of HIV/AIDS-positive people greatly informed us when formulating the programme. The approach taken recognizes the inviolability of the human dignity of every individual person irrespective of their station in life or physical condition.

The values approach to an ecumenical response to HIV/AIDS in Africa is a major breakthrough for the church and Christians. The approach motivated the church leaders present at the Nairobi Consultation to "acknowledge that we have - however unwittingly - contributed both actively and passively to the spread of the virus... This has undermined the effectiveness of care, education and prevention efforts and inflicted additional suffering of people with HIV or AIDS." More testimony such as this should be encouraged as the EHAIA gets underway.

As the programme matures, efforts should be made to go beyond acknowledgement to confession. Ways should be found to facilitate the church to enter into a social covenant with people living with HIV/AIDS; the former confessing denial and stigmatization and the latter extending forgiveness. This is important lest people forget the wrongs they have done; similarly, the victims learn to live with their traumatic hurts. It is through such confession and forgiveness that relationships are built as the perpetrators and victims set each other free.

Again, this approach could be extended to other areas of church ministries where we might have failed to live up to our calling to stand against injustices, in Africa and elsewhere in the world. It is encouraging to note that some churches both in South Africa and in Europe have established processes for confessing wrongs done during the Apartheid era.

4. The Challenge Ahead

In implementing the EHAIA programme, care must be taken to ensure that all the partners of the *troika* (churches and ecumenical and church-related organizations in Africa; ecumenical and church-related organizations in Europe and North America; and the WCC) are fully involved, each playing their complementary role. Each of the partners should maintain and even deepen their commitment. They are expected to have faith in the process and confidence in the outcome. That also means each should be included and *feel* included in the consultative processes that lead to decisions vital to the success of the EHAIA process.

The mechanisms for ensuring such inclusiveness are already in place: a representative international reference group, sub-regional advisory groups and the global co-ordination office in Geneva. A year's experience of how these interact with each other should be evaluated so as to deal with any weak link. Similarly, a review of the organizational structure will be undertaken to reflect the recent structural changes in the World Council of Churches.

However, it should be emphasized that the success of the EHAIA model is not dependent so much on mechanisms and structure as on the spirit and mutual trust of the partners. That must be jealously guarded at any cost.

EHAIA Objectives

Overall Goal

A transformed and life-giving church, embodying and thus proclaiming the abundant life to which we are called, and capable of meeting the many challenges presented by the epidemic. For the churches, the most powerful contribution in combating HIV transmission is the eradication of stigma and discrimination: a key that will open the door for all those who dream of a viable and achievable way of living with HIV/AIDS and preventing the spread of the virus.

Objectives

1. The teaching and practice of churches indicate clearly that “stigma and discrimination against PLWHA is sin and against the will of God”.
2. Churches and ecumenical partners have a full understanding of the severity of the HIV/AIDS pandemic in Africa.
3. Churches in Africa reach out and respond to collaborative efforts in the field of HIV/AIDS.
4. Churches find their role in prevention of HIV/AIDS, taking into consideration pastoral, cultural and gender issues.
5. Churches use their resources and structures to provide care, counseling and support for those affected.

The Services of EHAIA – Its Mandate or: What Churches Can Expect of EHAIA

by Christoph E. Mann

The Plan of Action is a tri-partite undertaking between African churches, churches in the North and WCC to fight HIV/AIDS. EHAIA is the attempt to implement it. To do

so, northern churches and development agencies have committed themselves to support a small institutional structure to assist the efforts of African churches and related groups.

Its backbone are four regional coordinators in Central, Eastern, Southern and Western Africa, each working from a small office with an administrative assistant and a consultant for HIV/AIDS in Theological Training and Mission (see names and addresses on the last page). Orientation and guidance for the work of the coordinators are provided by four Regional Reference Groups, who meet once or twice a year. They are composed of ten persons, who are practitioners and leaders in the fight against HIV/AIDS in the region. These Regional Groups send a representative to the International Reference Group, which meets once a year to set the policies of EHAIA (see names and institutions below).

At its first meeting from September 2 – 4, 2002, the International Reference Group formulated objectives for EHAIA (see box left). A church which has achieved these objectives can be considered an “AIDS-competent church”. It is the mandate of the groups and persons just mentioned to help churches in this struggle.

What can churches and NGOs expect from EHAIA? There is no doubt that the real work for the benefit of persons affected by HIV/AIDS will remain with the churches and groups in the communities – after all, one coordinator for 10 to 15 countries in a region is not much. But EHAIA wants to be a place of resource-sharing and networking for those churches which want to take up the fight. If there are questions like:

- How can I get home-based training for the parishes and communities?
- Where can the pastors/priests/ministers find liturgy examples or exegetic comments for preparing services, funerals, marriages?
- How can my church deal with HIV/AIDS in her youth groups?

- Where can bishops exchange their problems, if possible in an ecumenical setting?
- What sources of funds are available and how can I submit a qualified proposal?

These and similar questions should receive an answer from EHAIA coordinators. They will respond at least with advice.

But they have also given themselves a 2003 work plan in their effort to reach the EHAIA objectives. These activities offer direct support to build up common action in the communities and organize training, retreats and workshops. (For information, contact your regional coordinator.) In future years, the various stakeholders within the

church will also be able to influence the programme and focus of the regional work especially through the members of the Regional Reference Group.

The Nairobi consultation was convinced that churches have many untapped resources. It is EHAIA's duty to help mobilize these as well as additional ones from outside. HIV/AIDS is on the international agenda, and churches should make the best possible use of the opportunities offered by the UN system, big foundations, development arms of northern governments and, of course, their traditional donors.

The International Reference Group:

Dr. Rachel Baggaley, Christian Aid, London; Rev. Canon Gideon Byamugisha, World Vision, Kampala; Mr. Knut Christiansen, Norwegian Church Aid, Oslo; Ms. Linda Hartke, Ecumenical Advocacy Alliance, Geneva; Mr. Helmut Hess, Bread for the World, Stuttgart; Dr. Frits v. d. Hoeven (Chairman), MCS, Utrecht; Mr. Paddy Kearney, Diakonika Council of Churches, Durban; Ato Melaku Kifle, AACC, Nairobi; Dr. Manoj Kurian (ex-officio), WCC, Geneva; Dr. Christoph Mann, (secretary) WCC, Geneva; Ms. Marion Morgan, Christian Health Association of Sierra Leone, Freetown; Ms. Elizabeth Okoth, YWCA-Kenya, Nairobi; Ms. Rebecca Waugh, Church World Service, New York.

Note: Four members, one from each Regional Reference Group, are still to be elected.

What can churches do? – An opinion

by Christoph E. Mann

Since becoming project manager of EHAIA last April, I have had opportunities to visit church activities in Africa in the field of HIV/AIDS. Certainly this was not a representative sample of projects. Still, as somebody who has been in development work in four of the five continents and has thus been affected by the evolving epidemic, I would like to share some of the observations made with the eyes of a newcomer to the churches' HIV/AIDS involvement:

1. The churches' influence on people is sometimes overestimated, especially so by outsiders such as governments, secular NGOs or international organizations. If it were as great as some assume, we would not have an HIV/AIDS epidemic, because at

least all Christians would be abstinent until marriage and then faithful to their wives. But as the Plan of Action states, AIDS is in the church. Nevertheless, in many countries, churches do have the confidence of the people more than other institutions and they are more present in more places than any other institution. They remain if the health system breaks down, if schools are closed, if the government disappears due to social unrest or its own weakness. Under these circumstances, the faith and mission of churches should make many of them much more active in helping each Christian to proclaim life over death even in the face of HIV/AIDS – and this in very practical terms.

2. Physical assets of churches can be used more intensely with little or no cost involved: there are buildings, which can be opened for meetings of caretakers, trainings

etc. Church halls and compounds may give space to orphan daycare centers that relieve the strain of the few adults in care taking families.

3. Human resources also can be mobilized without or little additional cost. E.g., the church talks anyhow to a vast number of people during Sunday services and weekly church group meetings. HIV and the conditions and traditions contributing to its spread can be discussed there regularly. Once persons living with HIV/AIDS (PLWHA) no longer fear stigma and are accepted in the church, they too can be a valuable resource. Finally no other civil society group can mobilize as many volunteers as churches do.

4. Local alliances with other stakeholders will need some input. But often this input is available from the allies. For example, setting up a prevention campaign covering a whole district or country would require ecumenical cooperation in that area and alliances with the government or private sector and the media, which have their own resources in terms of equipment, facilities and staff.

5. Longer-term national programmes have been started by some churches. These do take inputs and quality management. Currently, there are good chances to find the funds and the training for them, because

major donors are available outside the traditional partner spectrum of churches. These donors have a mandate to fight AIDS, and many know that they can not fulfill their task without church participation in reaching out to people. Nobody else can mobilize the amount of goodwill, commitment and the numbers of volunteers necessary for the work ahead. So the time is right to seek alliances. This will take an effort by churches to leave the trodden path and engage or train staff that can fulfill modern project management requirements. Many ordinary projects of a group of activists may be too small to be considered by big funders, so churches have to pool their plans - a task for Christian health associations (on the more medical and caretaking side) and church councils (on the prevention and behaviour change side). As a start, it may well be worthwhile to find out how the few churches who got access to the Global Fund did it, or what the channels are through which USAID is disbursing money in a given country.

EHAIA will try to assist to find the know-how for monetary and non-monetary resource mobilization. But the churches must be committed to the Plan of Action of Nairobi 2001 or their own denominational HIV/AIDS policy document.

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