EHAIA NEWS

Newsletter of the Ecumenical HIV/AIDS Initiative in Africa

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Contents:

HIV/AIDS: Education is the key

Dr. Christoph Mann, WCC project manager and consultant for HIV/AIDS, minced no words in introducing a press briefing for the Ecumenical HIV/AID Initiative in Africa (EHAIA). "September 11 - HIV/AIDS does it twice every day," Mann said. "It's an everyday disaster not on the agenda of politicians."

Mann and other panelists said that stigma and discrimination remain key factors in the spread of HIV/AIDS. A "web of silence" keeps people who have the disease from seeking treatment, as admitting one has the disease in much of Africa can result in the lost of a job, being kicked out of a congregation, and social ostracism.

Dr. Maake Masange, a professor of practical theology at the University of Pretoria, South Africa, said programmes must "catch new leadership coming in and train them. In Africa, a lot of grassroots people will follow what the leader will say."

From: www.oikoumene.org/News-repository
WCC Central Committee Meeting 2005
16-22 February, Geneva, Switzerland

Greater Participation of People Living with HIV and AIDS

During the last Central Committee Meeting of the World Council of Churches, 16-22 February 2005, in Geneva, Switzerland, a special hearing was held on "Greater Participation of People living with HIV and AIDS (GIPA)". WCC specifically wants to bring networks of PLWAs into formal association with churches at various levels. At this hearing PLWA speakers from different regions of the world were able to bring forth this concern. ***Rev. Japé Heath****, General Secretary of ANERELA (African Network of Religious Leaders living with or personally affected by HIV/AIDS) was on the panel. The following was his statement.*

"AIDS is curable! If you are uncomfortable with that statement then let me put it another way. The syndrome known as AIDS is a condition, which can be reversed. What this means is that we currently know enough about HIV and AIDS, have developed various medications, understand the place of nutrition etc., so that someone who is living with AIDS can have their immunity supported and strengthened to the point that they no longer have either the opportunistic infections or the compromised immunity which is AIDS-defining. This can only be said because HIV and AIDS are not the same thing, the one is a virus, the other a syndrome that CAN develop when a person living with HIV does not receive the necessary care, support, nutrition and medical assistance needed.

If all this is true - and it is, you may very well ask the question: “Why is it that people continue to die of AIDS related illnesses?” The uncomfortable reality is that the majority of people living with HIV and AIDS have many inhibiting factors from making this a reality for them:

1. We are not in possession of this information;
2. We have no access to the medication mentioned;
3. Stigma and discrimination keeps us from accessing information and care;
4. Stigma, discrimination and fear keep us from knowing our HIV status.

Sadly, even though churches have been greatly involved in the care and support of people living with HIV or AIDS, much of the stigma related to HIV and AIDS has also originated from religious communities. As I examine stigma and its origin in relation to HIV and AIDS, it fits an uncomfortable equation: AIDS = SEX = SIN = DEATH. Messages like the ABC have only served to further stigmatise in that they only focus on sex as a means of transmission, and secondly negate the fact that one party's abstinence or faithfulness cannot assume the same from the other. It also does not take into account the necessity to test so as to know your HIV status.

So how can this situation be remedied? My own church, the Anglican Church, and many others have now made statements affirming that HIV is not God's punishment for sin. This is a major step forward, but it is not enough. Even though this has happened there remains a *them and us* syndrome within churches and other religious communities when it comes to dealing with HIV and AIDS.

The only way we can break this, the ONLY WAY, is by churches making the first step to show acceptance and openness, to show that they value people living with HIV. A first brave step in this regard has been taken by the WCC Health and Healing desk, which has entered into partnerships with ANERELA+ and GNP+ to firstly formulate models for Workplace Policies relating to HIV and AIDS, and secondly draw up guidelines for forming partnerships with networks of people living with HIV and AIDS. A third step is to encourage churches into applying the GIPA principle (greater Participation of People living with HIV and AIDS).

If all churches were to adopt this model then a number of this would happen: Firstly, clergy and laity in the various denominations would know that they can be open about their HIV status because their livelihood and employment was being protected and ensured. Secondly, people living with HIV and AIDS would feel that they can be open about their status in churches because churches had chosen not only to work with them, but to seek their council when dealing with policies and programs relating to HIV. It would mean that it is no longer the church doing things for "those people out there", but for us people here.

For so many centuries, in fact since the very establishment of the church we have been living happily with stigma and discrimination in our ranks. Over the years this has taken different forms in different places - stigma and discrimination on the grounds of nationality, race, gender, religion, wealth or poverty, sexuality, and most recently HIV status. HIV affords us a unique opportunity to examine what it is that makes us sit comfortably with stigma and discrimination, and to find ways of eradicating it from the body of Christ once and for all. Put differently, to help the church become a community of inclusion rather than exclusion, a place where all people can feel safe and accepted in the love of Christ."

Global Assessment and Strategy Session on Faith Communities Accessing Resources to Respond to HIV/AIDS

Ecumenical Institute of Bossey, Geneva, Switzerland, 18-20 January 2005

By Christoph E. Mann

The title of this meeting is so complicated, there has to be a simpler one. So personally I called it: **Why does the big AIDS money never reach the churches?**

Faith-based organisations (FBOs) are providing a considerable share of services in response to the HIV and AIDS epidemic. Big donors such as Global Fund, PEPFAR, World Bank and some industrial or private foundations have indicated, on numerous occasions, their interest in collaboration. In sub-Saharan Africa churches reach into the remotest slums and underprivileged areas; whatever the political condition, FBOs enjoy the confidence of people more than any other institutions of society. Like no other organisation they have a regular audience on Sundays and other religious days. So why is it that the big AIDS money and the

FBOs are coming together so slowly and rarely? For example, only 5 % of the Global Fund Rounds 2 to 4 went to FBOs, which is absolutely disproportionate considering the role they play in the health systems of sub-Saharan Africa and elsewhere.

It is for this reason that the World Council of Churches (Health and Healing Programme and EHAIA), Caritas Internationalis, Ecumenical Advocacy Alliance, German Institute for Medical Mission (Difaem) and Norwegian Church Aid took the initiative to organise a small consultation to look into this question. Forty participants came from all over the world – not only to represent their own organisations, but to reflect on the experiences and capacities of faith-based organisations from the grassroots to the international level. Over 20 FBOs were directly represented; two positive people's networks - Global Network of People Living with HIV/AIDS (GNP+) and International Community of Women Living with HIV and AIDS (ICW) were represented at the highest level; representatives of UN Agencies such as WHO, UNAIDS, UNICEF attended; World Bank, the UK Department for International Development, (DFID), and the Global Fund to Fight Aids, Tuberculosis and Malaria also sent high level staff. (For the last two groups the meeting used the term "development partners" as a more appropriate word than "donors".)

The results of a survey conducted by Difaem in preparation for the Conference were presented. They identifying obstacles related specifically to obtaining funding sources. Other studies were reported and seven case studies demonstrated specific contextual problems as well as recurring issues.

Through analysis of the inputs the participants identified problems in four areas:

1. *Capacity problems:*
   The lack of expertise and lack of human and financial resources for preparing proposals. The lack of accountability and governance structure was recognised particularly by the development partners. It was agreed that there are large faith-based organisations, that have the capacity and expertise to apply for major grants on behalf of local partners – although not all funding processes allow for such intermediaries.

2. *Issues and policies between FBOs and development partners:*
   (a) It was perceived that there is a lack of understanding among development partners and some governments as to the full spectrum of FBOs involvement, strengths, and resources in HIV and AIDS response. The fact that development partners prefer to fund governments may deny or limit FBO access to funds. The lack of coordination among development partners leads to an increase in the number and complexity of requirements that recipients are required to fulfil. Many development partners only administer large grants, which are out of the range of many FBOs. Complicated and bureaucratic application processes create obstacles, sometimes preventing organisations from applying in the first place.
   (b) Within the faith-based community a number of barriers were identified, including: FBOs are often not involved in but work in parallel to national networks/ national strategies. FBOs often are less involved in advocacy/public relations to make their work visible. Many FBOs still struggle with speaking openly about HIV and AIDS and how to respond to and include those affected in their ministries and communities.
   (c) Development partners and FBOs also recognised that shifting priorities and resources by development partners does not contribute to sustainability, especially with regard to treatment projects.
   (d) The participants from UN organisations and development partners had an opportunity to inform the Conference of their internal policy issues and experience. They noted that a number of the organisations are now engaged in "faith literacy" among their staff to improve understanding and build better relation. FBOs should support these efforts.

3. *Networking and Interactions:*
   The consultation noted that many successful applications for funding are coming from FBOs which are part of larger networks, including other NGOs, government structures and development partners. Relations with national funding structures are extremely problematic in some countries. Case studies highlighted repeated instances of no response or feedback from partners.

For future work, development partners reminded FBOs that the first question cannot be "How do we access resources?" Instead, it should be "What is our strategy for scaling up our response to HIV and AIDS?" In this process, the identification of partners at local and national levels is vital. A long-term strategic plan may facilitate more successful applications.

The following points were considered relevant to improve the present situation.

1. *Capacity:*
   - Assess and develop tools for monitoring and evaluation.
   - Encourage UN agencies and development partners, particularly at country level, to provide appropriate technical assistance.
   - Encourage development partners to simplify application procedures and reconsider support for human resource development.
   - Link FBOs with resources and expertise with smaller FBOs for guidance or joint applications.
2. *Partner and FBO policies and issues:*
   - Assist and expand efforts on "faith literacy" on the part of UN agencies, development partners and governments.
   - Encourage FBOs to become involved in national policy frameworks by increasing advocacy and joining or creating national platforms and alliances.
3. *Networking and Interaction:*
   - Promote greater involvement of people living with HIV and AIDS within FBOs.
   - Strengthen faith-based coordination and cooperation at country level and advocate for full participation in Country Coordinating Mechanisms.
   - Encourage UN organisations and development partners to identify "focal points" within their organisations at national, regional and international levels, to better link with FBOs.
   - Disseminate information on funding opportunities and processes.

For immediate action, the organising committee of the consultation was charged to follow up on the recommendations, particularly in forming task forces or lead agencies for a number of recommendations. Consultation participants also committed themselves to follow up on one or more of the recommendations.

Having started this article by expressing a personal view I may also close it this way: During the International AIDS Conference in Bangkok and in the limelight of world-wide publicity I found the language of the big donors much more conciliatory than in the small group in Bossey. At Bossey, the message was clear that the big donors are not willing to adapt their rules to provide easier access to funds according to FBOs' special ways of operation. It seems that it is "take it or leave it". In my mind the question remains whether the big donors actually mean what they say when they talk about the absolute necessity to co-operate with FBOs in the fight against HIV. For the time being, if FBOs want to obtain the funds that would allow them to make full use of their unique assets, they will have to build capacity, form alliances and demand their rights as part of the civil society.

The full report and related documents are available at www.e-alliance.ch

Widows Conference, organised by Springs Ministries, Kisumu, Kenya, December 2004

By Usha Jesudasan

> ***"The culture of the women of Africa is one of inferiority. An African woman does not count. If her husband does not like her, he will marry another. And if she doesn't please him after a while, he will marry another. ... The African woman is also the property of the community in which she lives. She really has no say in who will inherit her. She has to accept, or lose all. And for many women, crazed by grief and loss and the pain of nursing a sick husband till the end, this is a traumatic and terrible time. They are very vulnerable. ... They have to choose between poverty and a life of struggle, and by choosing an easier life most of them also choose death, because eventually AIDS gets them."***
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> *Asenath, a Kenyan writer*

In June 1999, I had written an article for *Contact*, a health magazine of the World Council of Churches on *"Dying in Dignity."* It is a personal account of my husband's death. My husband Kumar was a young doctor working with the Leprosy Mission in India. He

died of liver failure caused by Hepatitis B. Several months after I had written the article, I received a warm and caring letter from a young lady in Kenya offering her condolences. We began to correspond and I learnt that Margaret Auma ran a programme for AIDS widows in Kisumu, Kenya called SPRINGS MINISTRIES. Margaret had also read my books, *"I will lie down in Peace"* and *"When winter comes."* After a few months of correspondence she wrote that she was having a retreat for some of the widows and invited me to be a guest speaker at their annual get-together in Kisumu later that year in 2000.

Margaret particularly wanted me to lead a series of Bible studies on *Widows of the Bible*. Although a widow myself, I had never looked at women from the Bible in this way, and so preparing for the get-together was a time of inner strengthening and soul searching for myself. Since then I have made three trips. The last one was in December 2004.

The people in Kisumu are predominantly of the Luo tribe. The Luo also practice widow inheritance. When a husband dies, one of his brothers or cousins marries the widow. This tradition guaranteed that the children and all the husband's property and worldly goods would remain in the late husband's clan - after all, the husband's family had paid a large dowry for the woman - it also ensured that the widow and her children were provided for. When the guardian /inheritor takes the widow, sexual intercourse is believed to "cleanse" her of the devils of death. A woman who refuses to take a guardian brings down *chira* - ill fortune - on the entire clan. There are homes where all the males have died because of this widow inheritance. Thus Kisumu has many widows and orphans and many women and children who are infected with the HI-virus.

The December 2004 Widows Conference brought about 200 widows from different provinces in Kenya and from Uganda, Tanzania, and Zambia and visitors from the USA. This visit was a very sad time for me as I noticed that many of the women I had met during my previous visits had died of AIDS. The women at this conference were much older than the ones at previous meetings. Many of them were grandmothers, now saddled with the responsibility of raising their grandchildren. There was an air of helplessness and hopelessness about them. Some had travelled all night and left children behind with neighbours. There faces look drawn and dark with exhaustion.

The day began with a time of praise and worship and welcome. The songs of the women of Africa are songs of thanksgiving and hope, sung with great courage and solidarity with one another. But there are also songs of unbearable sadness and pain, especially the pain of loss. The Ugandans sang with their characteristic yodels and the rhythmic shaking of their shoulders and hips. The Kenyans clapped their hands and danced with graceful movements of the feet.

Margaret had asked me to lead the sessions with Bible studies that looked at Women of Destiny – examples of women from the Bible. We looked at the lives of Mary, the mother of Jesus, Esther and Mary Magdalene. The Bible studies helped the women to identify themselves and their situations with these women from the Bible.

Together we also explored what grief and loss meant to each one of us. Some had, until this point, never openly expressed their sadness and their loss. This opportunity to share their stories allowed them the luxury of delving into the depths of their hearts to discover the sources of their pain. This experience of sharing and listening brought much healing to many women. As we shared our fears and revealed our deepest needs to each other, warmth, gentleness and humour flowed between us forging a bond of togetherness and a wonderful sense of belonging, a joyous feeling of moving from loneliness to togetherness.

The ice in their hearts had been broken. During the three days we had we shared our grief, our ways of coping, our faith, our explanations and insights into the mystery of pain and suffering. The women spoke of the pain and difficulties they faced having to live with HIV and sickness in one or other of their family members. They spoke about the problems of being single-handed caregivers. We spoke about hope, faith and the final acceptance of sickness and death that often brings healing and peace to tortured souls. We shared our persisting uncertainties and unanswered questions. We cried and held each other's hand. We gave our confused and painful feelings words and found that words brought much healing and comfort.

Periodically, during the conference, the women would get up and sing, when someone shared a sad story it would be a song that said, "Oh Lord, give this sister strength." And when someone shared a story of hope, it was a wonderful song of thanksgiving, complete with tambourines, claps and the energetic dance that conveyed to all what a mighty God we have.

We also looked at the various aspects of loneliness and shared ways of easing it. At first it seemed to the women that there was very little in their lives that offered hope and comfort. We learnt not to reject our brokenness, but looked at ways of using it to enrich our lives and relationships. The idea of " a wounded healer" was very new to them. Slowly they began to see ways in which they could bring healing to others through their own experiences.

The stories of many of the women showed that change is nearly impossible on one's own. One needs a strong support system, a community that cares, upholds and encourages every new step the woman takes, and Springs Ministries provides just that. It identifies new widows and first helps them deal with the pain of grief and loss. Then through counselling they are encouraged to defy the tradition of widow inheritance and are encouraged to be independent. Springs Ministries also helps them find a new identity for themselves and gives vocational training to help them be financially independent. Health education is also given to enable the women to look after themselves and their children if they are also infected with the HIV virus. And finally it helps them to prepare themselves for their own deaths.

The widows who are under the care of Springs Ministries are more emancipated. HIV and AIDS has suddenly confronted them, forcing them to look at their lives, the way they live, what's really important to them, the kind of legacy they want to leave behind. They see no other way of living that does not encompass change. They see the need to look after themselves, their children and their families in a responsible and organised way. The women are no longer available for casual sex in bars and clubs. They will no longer allow themselves to be taken as another wife. Springs Ministries offers them a new pattern for survival, a pattern that enables them to live their lives to the fullest, with a determination not to give in to the ravages caused by HIV and AIDS.

New EHAIA posts in Africa:

You will find the following two positions advertised on the WCC website:
http://wcc-coe.org/wcc/news/jobs.html

EHAIA is seeking a **Lusophone HIV/AIDS Coordinator** to work out of one of the Portuguese speaking countries of Africa to assist churches in the five Lusohone countries of Africa to become "AIDS competent". Along with four Regional EHAIA Coordinators and two Theology Consultants s/he will promote awareness of churches about the seriousness of the epidemic, promote constructive attitudinal changes in the churches, mobilize churches and communities to effective action in prevention and care towards their commitments in the Plan of Action of Nairobi 2001 and the Covenant Document of Yaoundé 2003. Means of implementation will be conferences and workshops for church stakeholders, bilateral assistance to churches wishing to develop own HIV policies or obtain special training for their employees and members, and promote suitable publications and training material in Portuguese and major languages of the respective countries.

EHAIA is seeking a **Consultant for HIV/AIDS in Theological Training and Mission in Africa** to continue the process of mainstreaming HIV into the curricula of Theological training institutions started by the first Theology Consultant of EHAIA, and to assist regional coordinators in their efforts to promote the AIDS competence of African churches through seminars, workshops and trainings. Working methods will be national Training of Trainers (participatory contextual curriculum development with professors and lecturers of various theological disciplines), inputs into meetings of EHAIA Regional Coordinators, and publication of suitable material.

Kindly read the brief descriptions and inform persons you know may be qualified and interested. The application form should be addressed to the office of Human Resources at WCC by 10 April: chm@wcc-coe.org

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