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WORLD RELIEF

July 20, 1999

Ms. Sandra Thurman
National AIDS Policy Director
736 Jackson Plaza, NW
Washington, D.C. 20502

Dear Ms. Thurman:

On behalf of Ami Henson and myself, I wanted to thank you for taking time out of your busy schedule to meet with us on July 8, 1999. I certainly enjoyed having the opportunity to talk to you.

I was especially appreciative of your insights and openness regarding HIV/AIDS and the church here in the U.S. I was deeply touched by the obvious care and concern that you bring to your work. As you may have gathered, the AIDS issue is close to my heart and a high priority for World Relief. As such, you and I have many common goals and I believe this is just the beginning of our work together.

If you have any additional thoughts on new programs through the church that World Relief should consider or thoughts on our discussion, I hope you will be in touch with my office or Ami in our Washington office.

I hope we will have other opportunities to meet again and talk. May God give you wisdom and strength in all that you do. May He use you as an instrument of His peace and healing.

With Love and Peace in Christ Jesus,

Clive Calver

Reverend Dr. Clive Calver
President, World Relief Corporation

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Memo

To: Ms. Sandra Thurman
From: Ami P. Henson - World Relief
Date: July 13, 1999
Subject: World Relief HIV/AIDS work

Dear Ms. Thurman,

Thank you so much for taking time to meet with President Calver and I on July 8, 1999. It was wonderful to make a connection since our goals overlap so significantly.

I wanted to give you the following materials that World Relief uses:
1) The *AIDS in Kenya* was produced by MAP International, but includes a chapter by Debbie Dortzbach, the World Relief AIDS Program Specialist, and Nduge Kitti, a Kenyan who is finishing her PhD at Cornell University and doing research for World Relief.
2) The book, Growing Together - A Guide for Parents and Youth, was also printed by MAP International under Debbie Dortzbach's supervision. It is similar to one being produced in Rwanda and is a good example of how the messages of sexuality and AIDS are being contextualized.
3) Materials for churches printed by World Relief.

I hope these are helpful. If you have any questions or comments, please feel free to contact me at (202) 331-0339. I would be happy to hear any updates that you may have.

Sincerely,

Ami P. Henson

Ami P. Henson
National Advocacy Director

AIDS in Kenya

Socioeconomic Impact and Policy Implications

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
AIDSCAP / FAMILY HEALTH INTERNATIONAL

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to this, he had maintained a steady relationship with a young woman for about a year. However, on disclosing his status to her, she abandoned him and Joshua has not had any sexual relationships since. He realises the need to maintain friendships with women and says that he is working on this.

While he has sought HIV counselling from various sources, he feels that his needs have not been met. He refers to his limited experience with HIV/AIDS counsellors as unsatisfactory and unprofessional, and would be interested in better counselling where he would have the opportunity to interact with other professional people like himself who are also living with HIV/AIDS.

Although he has not yet developed AIDS and suffers only mild symptoms related to his HIV infection, Joshua is struggling with the stigma associated with the virus and is careful about revealing his status to anyone in his professional field. He fears that he will lose his job once this condition becomes obvious and is looking for ways to become financially independent to enable him to leave formal employment voluntarily.

Joshua is concerned about his family members who depend on him for economic support, especially his mother. He would like to make sure that his mother has a satisfactory home and is working toward helping her with this.

Earning a comfortable salary of about KSh50,000 a month, Joshua is able to pay for his medical bills that amount to about KSh15,000 for various viral infections of the throat, stomach and feet. He manages a house rent of about KSh3,000 a month and is able to employ a house helper at a low rate of KSh1,000 a month. He helps educate a younger sister paying up to KSh5,000 a month. On top of all this, he is his mother's primary means of support. Because of all these responsibilities, Joshua maintains that he will only disclose his situation after developing full-blown AIDS.

Chapter 8

Christianity and AIDS in Kenya

By Ndunge Kiiti and Debbie Dortzbach

MAP International

Many Kenyans knew Ruth Kasuki. Ruth died of AIDS in March 1993 at the age of 35, but her challenge to the churches will not be forgotten.

Christians comprise 70 to 80 percent of the Kenyan population. The church clearly has an important role to play in the AIDS epidemic. Ten million Kenyans are members of six major Christian denominations—Catholic, Africa Inland Church, Presbyterian, Seventh Day Adventist, Church of the Province of Kenya, and Methodist. The Catholic church is the largest denomination in Kenya with a following of 5.4 million people.

I. The Challenge

Kenneth Kaunda, former President of Zambia, challenged the church to provide moral and spiritual standards against which a nation measures its policies and action: "Never has the church had a more wonderful opportunity to be a relevant and effective spiritual and moral force than it has in these newly establshed states, where persons are hungry for the truth."[75]

[75] Okullu, H. *Church and State*. Nairobi, Kenya: Uzima Press Limited, 1984.

Ruth

"Ruth, what is the one message you would like to communicate to churches in Kenya?" Ruth was asked, eight days before she died of AIDS. As Ruth lay in her bed, struggling to put her thoughts and words together, she responded, "The first thing is that church leaders must understand this thing! And after they have understood this disease, then they must have an interest."

Churches are a grassroots, integral part of community life. Churches promote beliefs that guide behaviour with either an implicit or explicit system of accountability. The church is a community in itself with particular expectations from its members, involving a sense of accountability and caring, leadership and structure. The church is an institution that is capable of educating large numbers of people. In addition, the church responds to the community outside its walls in numerous ways, often seeking to bring reconciliation between God and man and to meet human needs, recognising the inseparable physical and spiritual nature of man.

The church is a healing community, practising healing in many different ways, but most commonly through a sense of caring and a strong belief in hope, both for this life and the life to come. Families affected by HIV/AIDS need the hope and purpose for living that the church can offer. The church can play a more comprehensive role as a healing community to respond effectively to the HIV/AIDS epidemic and make a significant impact on HIV prevention as well. This must happen through looking at the deeper factors contributing to the epidemic, such as the breakdown of family structures, unfaithfulness in marriage, sexual activity among youth, and lack of reverence for the value of life.

Who should be involved? HIV/AIDS programmes must target all cadres of church leaders and laity, women's group leaders, youth and young adults. The church must address the particular needs of women, many of whom are not in high-level leadership roles, but who are often the most regular attendees and contributors to church programmes.

II. The Response

The church in Kenya is very diverse in its beliefs, practices, and structures, making it difficult to generalise about a single response to HIV/AIDS. The common denominator of churches—their concern for spirituality—is a traditional African value deeply ingrained in history, culture, family and custom. Indeed, in African culture, spiritual issues and physical issues are inseparable. The church in Kenya has responded to the AIDS challenge in a number of ways, but two responses have been most characteristic. Churches have sometimes responded with a *helping hand*. Support, both spiritual and physical, has been provided to the affected families. Youth have been challenged to avoid pre-marital sex, and husbands and wives encouraged to remain faithful to each other. On the other hand, some churches have responded with a *closed fist*. One man living with AIDS was asked if he received any help from his church. "No," he responded. "I don't want them to know that I have AIDS because if they knew they would not come near me. I have stopped going to church."

A number of Christian institutions and international agencies working in Kenya have responded positively to the HIV/AIDS challenge. The Christian Health Association of Kenya (CHAK) has numerous training workshops on AIDS awareness, home care, and counselling throughout Kenya, especially through church hospitals. Norwegian Church Aid (NCA) has developed the "Partnership in Community" approach for community education and training using the community itself to design AIDS programmes. In addition, NCA has provided financial and educational support for churches in eastern Kenya. World Vision Kenya has started an extensive AIDS programme in the sprawling Korogocho slum in Nairobi. This programme has grown to reach other slums in the city. World Vision also has effectively encouraged the use of traditional media such as song, dance, music, drama, and poetry to communicate HIV/AIDS messages. The Kenya Catholic Secretariat (KCS), which coordinates health services for the Catholic Church in Kenya, has tried to tackle some of the problems that have come with the HIV/AIDS epidemic.

With its extensive programmes focusing on educational material production and dissemination, home care for people with AIDS and counselling, the KCS has made an impact on may Catholics in Kenya. MAP International, a Christian health and development agency working through churches across Africa, is involved in enabling churches to respond to the AIDS epidemic through networking, ethnographic research on home care and behaviour change among Kenya's churched public, literature development and training of church leaders. Together, these agencies collaborate on a number of efforts, primarily through the Kenya AIDS NGOs Consortium.

III. The Church and Policymaking

At times, the Christian churches react instantly without thought to social policy issues because they fail to understand and relate to the world around them. On the other hand, society may fail to appreciate that church convictions are rooted not simply in tradition, but in deeply held beliefs about God and relationships revealed in the Bible. Persons of faith possess convictions that are rooted in explicit revelation and not current popular thinking or behaviour relating to relationships. Christian groups take stands on social issues by applying the messages from the Bible. Conviction is based upon interpretation of this guidebook, which may even be considered a "policy manual."

Beliefs guide behaviour and form the basis for policymaking. At times, religious groups are adamant about policy and formalise it through statements intended for adoption at all levels. At other times, informal policy discussions encourage church leaders to grapple with issues and suggest guidelines. Both approaches are intended to "proclaim and promote life." A danger exists, however, when informal policy discussions lack accurate information or when formal policies fail to meet human needs. For example, a discussion about the use of the common cup during communion and possible HIV transmission may lead to an inaccurate and divisive conclusion that AIDS can be transmitted

by sharing cups or utensils. Among Christians, it is common to hear uninformed Christians argue that an intact condom has microscopic holes through which HIV may pass. These are examples of false information used in informal discussions of issues leading to policy formation. Policies must never be formed based on false information or presumption. It is imperative that the church affirms truth rather than perpetuates myths about HIV and AIDS.

The high prevalence of HIV/AIDS in Kenya challenges the churches to look at their traditions and ways of thinking and communicating. Discussion about sexuality is not common in Kenya's churches or its homes. Traditional ways of preparing youth for adulthood are disappearing with rapid urbanisation and cultural change. The church is faced with the dilemma of abandoning its traditional and subtle approach to discussing sexuality and moving to boldly address these issues.

"Talking about sex in the church is very difficult because church leaders have not done it before, and sometimes they believe that a holy place should not be made unholy by such talk."[76] How then do religious groups begin to talk about HIV/AIDS and sex and discuss policy issues surrounding AIDS? Too often, issues are not discussed at all and informal policies develop out of suspicion and fear rather than from accurate information, such as clergy refusing to bury persons who have died of AIDS, or failing to provide pastoral care for someone with AIDS or his or her family.

A. Policy Issues

Reflections on HIV/AIDS policy issues and the church must begin with a closer look at commonly held beliefs governing behaviour and forming policy. This section aims to clarify the church's positions on key policy issues such as:

- social and family impact
- behaviour change

[76] Dortzbach, D; Kiiti, N. "Enabling the African Church to Respond Biblically to the AIDS Crisis," Presented at the Stewardship Journal/Villars Committee Conference on Holistic Ministry, 1994.

- youth education
- training and counselling

Policy Issue #1: Social and Family Impact

In Kena, the first schools, hospitals and clinics were all church-related. Through a combination of Christian missions and early colonialism, churches began to have increasing influence over Kenya's families. As this influence increased, churches began to respond to requests to address the human needs of Kenyan families.

HIV/AIDS is now challenging the ability of families to cope, and the ability of church institutions to continue to respond to the human needs of Kenyan families. Religious groups across Kenya are responding to the physical needs of families with AIDS. Some examples include: home-based care programmes established through CHAK and the Seventh Day Adventist Church in Kendu Bay; church-based hospital care in places like Chogoria of the Presbyterian Church of East Africa, and Kijabe Medical Centre of the African Inland Church; home care and counselling through the Eastern Deanery AIDS Relief Programme of the Catholic Church in Nairobi; orphan care for HIV-positive children through Nyumbani; and Crescent Medical Aid clinics in poor urban centres.

As the epidemic evolves and Kenyans face the impending reality of one million children orphaned by AIDS and nearly two million people infected with HIV by the year 2005, the church is in the unique position to offer true community-based assistance. Indeed, it will take a great sacrifice of time, energy and finances to assist widows and orphans, care for the sick and strengthen the family in the face of great demands.

Policy Issue #2: Behaviour Change

The church in Kenya believes that God created sex to bring fulfillment and enrichment between one husband and one wife. Christians believe that sex was the first commandment given to man, "Be fruitful and multiply" (Genesis 1:28). An

entire book in the Bible, the Song of Solomon, is about married love and love making. Sex is to be celebrated within marriage. Repeatedly, the church warns against sex apart from marriage because it violates God's law, "You shall not commit adultery" (Deuteronomy 20:14). The family is to be protected and nurtured, the husband and wife relationship preserved for each other. The Kenyan church then is careful to frame statements and policies around the preservation of the family and a sexual union within marriage. Regardless of denomination or ecclesiastical position, churches in Kenya unite around this theme.

What about the reality that faithfulness and abstinence are not widely practiced in Kenya? Marital infidelity is of great concern to church leaders and AIDS prevention experts alike. Dr. Mary Bassett from the University of Zimbabwe addressed the IX International Conference on AIDS in Berlin in a plenary meeting stating:

> Modern "multi-partnering" carries little long term commitment or financial responsibility and has become a feature of life for all men. In a 1987 study of Harare factory workers, we found that married men, whether living with a wife or not, were actually more likely to pay for sex than single men. The same study showed that four-fifths of married men had girlfriends in addition to their wives. True, there are men who have sex only with their wives and men who are single and celibate; they are however, the minority. Not surprisingly, this configuration of sexual relationships has led to sexually transmitted diseases becoming rampant.

Faithfulness in marriage is a policy of the church. When couples are married by a pastor or priest, a vow is taken before the congregation to commit to faithfulness. Some churches in Kenya developed Family Life Education Programmes through the assistance of the National Council of Churches in Kenya (NCCK) to encourage abstinence before marriage and faithfulness within marriage. These programmes help enrich marriages by fostering open communication between husbands and wives, understanding a spouse's needs and deepening love and commitment to each other.

The church maintains that God's plan for marriage: protects children from abandonment, protects the sanctity of sex, protects the family and society from the devastation of AIDS. The church aggressively participates in AIDS control by encouraging a commitment to faithfulness in marriage.

Some churches express strong statements about the condom. The Catholic Church, for example, opposes the use or promotion of condoms. Some Catholics devote themselves to counselling couples where one is infected and the other is not, to express a sacrificial love through abstinence. Other Catholics wrestle with tradition and stated official policies of the church, and offer information on condoms to discordant couples for their own informed choice. Catholics and other church bodies oppose offering condoms to youth who are not married. While such opposition to condoms may reduce sex outside of marriage, there is also tremendous concern, especially by those outside the churches, that such opposition to condoms may condemn youth who are sexually active to suffer unwanted pregnancies, HIV/AIDS and/or other STDs.

Some church leaders counsel the use of condoms for married couples only. Very few church leaders would sanction condom use indiscriminately, believing that condom use outside marriage violates God's purpose for marriage. *Helpers for a Healing Community: A Pastoral Counselling Manual for Pastors*, a guide developed through workshops with pastors from a variety of Kenyan denominations, recommends that pastors become more acquainted with facts and attitudes about condoms. It advises that the pastor-counsellor talks with both partners about how to protect an uninfected spouse.

Policy Issue #3: Youth education

While church leaders were presenting their recommendations for sex education of youth at a church leader policy workshop in November 1994, the Kenyan press announced

We believe that prevention of AIDS is best promoted in God's ideal of fidelity and faithfulness in monogamous marriage and sexual abstinence before marriage. We recognise that we can fall short of God's ideal and suffer consequences. When physical life can be preserved in the midst of circumstances, we recognise that condoms may reduce risk, but we believe that the promotion of condoms as the primary prevention of AIDS falls short of God's idea for the sanctity and joy of sexual fulfillment in marriage.

The Declaration of the All Africa Church and AIDS Consultation held in Kampala, 1994, with participation from 28 countries and multiple denominations throughout Africa.

that the Ministry of Education was supporting a family life education curriculum in primary schools. The headlines brought an immediate negative response from churches and parents with one newspaper announcing, "Uproar over Sex Education Plan." The paper reported that church leaders objected to sex education that was not value-based. Religious groups have blocked similar proposals by the Ministry in the past. Yet churches have been slow to respond with their own programmes. The Ministry of Education has sought to respond to the fact that 10,000 young women drop out of school annually as a result of pregnancy. What happens to these young women and their infants? There is room for both secular and religious authorities to address these young women and their sexual partners, many of whom are older men seeking younger girls not yet infected by HIV. These same authorities must deal with the fact that one girl in 20 in Africa is HIV-infected in the 10-14 age group[77], and that nearly two-thirds of HIV infections in Africa occur in youth age 24 and younger[78].

"It is vital that children receive the information and skills to protect themselves from HIV before they become sexually

[77] WHO Press, June 11, 1994.

[78] Global AIDSNEWS, 1994, No. 3.

active," says Dorothy Blake, the Global Programme on AIDS Director of External Coordination and Mobilisation.

While some church leaders criticised the Ministry of Education's Family Life Education Curriculum, other church leaders met at the AIDS policy workshop and tried to tackle some of these difficult issues. They recommended, "that churches join in a united task force to influence the government to strengthen moral family life education syllabi in schools and that churches reevaluate their own youth programmes and activities to relate to the real issues that youth are facing."

There is a growing understanding within the churches that youth are sexually active and that parents must be more involved in understanding their children and communicating effectively with them regarding sexual issues. A Kenyan survey of 312 oung people (12-24 years old) who regularly attend church revealed that 64 percent of boys are sexually active, with 30 percent of boys reporting that they have already had more than five partners.[79] That same survey revealed that nearly all young people knew about AIDS (predominantly through the radio), but that condom use remained low (about 30 percent) and that 43 percent of these young people believe that they have a "good" to "moderate" chance of getting AIDS.

The Methodist Church in Kenya became active relatively early in the epidemic, by launching an "Education for Life" programme as a pilot in 1987. The programme's purpose is "to help parents by means of teaching, discussing together and sharing together to take up their responsibility of giving counsel to their children and grandchildren, so as to mold them into responsible adulthood." Objectives for youth include: a) increased ability to communicate ideas, beliefs, and feelings with peers and parents; b) responsible sexual behaviour; c) decrease in teenage pregnancies; d) decrease in trial marriages; e) more realistic expectations of marriage;

[79] Kiiti, Ndunge; Dortzbach, D.; Guturo, F.; Wangai, A. "AIDS Prevention and Kenya's Churched Youth: An Assessment of Knowledge, Attitudes and Sexual Practices," Presented at the Third USAID HIV/AIDS Prevention Conference, Washington D.C., August 21-24, 1995.

> **"Our youth are in the crossroads of change and** many times are lost in the middle without parental guidance on morality, sex, and marriage. Education is viewed as society's answers, but schools are not necessarily providing guidance on values and moral decision making....Should the church be silent about AIDS and fail to act? Could the church's *lack* of involvement in AIDS in our communities be sin?"
>
> One Kenyan pastor in the Africa Inland Church (Mumo, 1995)

f) avoidance of sexually transmitted diseases; g) demonstrated ability to live within their financial means; and h) decrease in use of drugs. The pilot project was so successful that the denomination has decided to adopt it in regions throughout the country.

Policy Issue #4: Training and Counselling

In Mombasa, the Church of the Province of Kenya has tried to address the rapid spread of HIV/AIDS in its community. Church leaders came together for a series of workshops in 1993 to determine appropriate church interventions. An initial group of 90 pastors discussed the church's role in helping to prevent adultery, improve physical hygiene, avoid sexually transmitted diseases, and teach youth about sex through choir groups, drama, and development groups. For the first time, they addressed issues surrounding sex in a session entitled, "Issues Which are Difficult to Discuss" and began to grapple with "secret" things between generations, children, in-laws, and husbands and wives. They decided to begin by using proverbs to communicate in indirect but clear, culturally acceptable ways, and to use simple language to communicate about sex. They agreed to work to strengthen families, and to enable women to become more involved.

The church leaders re-united after four months to report that 66 parishes had initiated church-wide gatherings to discuss the problem of HIV/AIDS in their churches. They found tremendous interest among their members and realised that

the epidemic provided a ministry for health and healing in the community that they had not previously considered. The pastors commissioned leaders to attend a second workshop for more in-depth training on pastoral counselling in HIV/AIDS.

Through a process of self-discovery about the responsibility of the church and the role churches could play in HIV/AIDS prevention and care, the pastors began to see the extent of the problem, and began to search for effective ways to address the issues within their cultures and spiritual beliefs. They no longer saw local hospitals or the media as the primary care providers, counsellors, or educators in HIV/AIDS. They began to see that simply passing along information about HIV/AIDS will not stop high-risk behaviour. The pastors realised that it is not offensive to God to speak openly about sex, but that preaching alone was not enough to bring about behaviour change.

B. Religious Networks

With funerals for young adults occurring weekly in churches, the AIDS issue could no longer be ignored. An ecumenical conference on AIDS in 1994 produced a dialog about the church's role in HIV/AIDS prevention and care. As a follow-up to the conference, a steering committee started meeting regularly to strategise on next steps. An urgent call was made to the highest level church leadership in every major denominaton in Kenya to attend a second workshop to discuss HIV/AIDS issues relating to church issues and responses. Forty church leaders, including women leaders, bishops, pastors, seminary educators, priests and church communicators, identified the following issues for continued discussion relating to church policy and HIV/AIDS: 1) changes in sexual behaviour and values, 2) integration of faith with life issues, 3) sex education for youth, 4) advocacy for affected families, 5) counselling and training, 6) dealing with traditions, and 7) volunteer participation. The workshop provided a forum for discussing these issues and for making policy.

Photo: MAP International

A recurrent theme throughout the workshop was that the church was a powerful influence in the community, with existing structures to effectively put policies and programmes into place. However, church leadership often lacks vision and knowledge on the one hand or feels overwhelmed by the human need and lack of resources on the other. One participant remarked, "When I see the soaring number of AIDS orphans in Kenya, I think my home is just not big enough! Can we start small, even with just one little child?"

The church in Kenya supports an ecclesiastical network, the Kenya Christian AIDS Network (Kenya CAN) to facilitate the sharing of information, pool resources, exchange programme ideas and present a common voice on HIV/AIDS. Stemming from the first conference, a steering committee of different major denominations developed a position statement which was adopted at the second church leadership workshop held in November 1994. Kenya *CAN* demonstrates the policy commitment that networks promote together in order to share knowledge and provide support to accomplish big tasks together. As one participant at the workshop expressed it, "If you want to lift an elephant, you don't just go to the trunk or tail, but you require a *harambee* to lift the trunk, tail, and body together." Kenya *CAN*'s statement

of purpose, agreed upon by all major denominations in Kenya states:

> We are a group of church leaders and Christian organisations in Kenya. We recognise that the AIDS challenge is the church's challenge—a challenge to live out the compassion of Christ and meet the needs of the whole person. We are committed to a ministry of Christian hope, reconciliation, and healing in our congregations and communities through prevention, education, and care for persons and families. AIDS is with us. We must act now![80]

Another church movement is occurring in army camps and barracks. The Kenya Army Chaplains invited all major denominations and religions to share concerns about HIV/AIDS with the army leadership in a series of ongoing presentations.

The involvement of Kenya's church with the HIV/AIDS movement will have far-reaching effects as churches stretch beyond national borders to other countries in Africa and throughout the world. This movement powerfully demonstrates the ability of very diverse church bodies to unite around a common enemy—AIDS, and take up the collective challenge to work together.

IV. Conclusions and Recommendations for Church Policy

Harambee, a Kiswahili word meaning "togetherness," has for years expressed the spirit and commitment to action of certain aspects of the Kenyan culture. As the *harambee* spirit has always been a part of Kenya, it has also been a part of Kenya's churches. The HIV/AIDS epidemic, more than any other challenge, calls for the togetherness, the unity of the church, if it is to have an impact. The following recommendations can strengthen the responses of the churches to the epidemic:

[80] Press release (signed by representatives of all major denominations) published in Kenya's major newspapers following the church leadership workshop on AIDS, November 1994.

- Religious groups need to build policy from what is true, not what is presumption.
- The unity of networks provide churches with a focus on common denominators in dealing with HIV/AIDS without having to seek a consensus in all areas of doctrine, belief or practice.
- The strength of the churches as healing communities needs to be fully articulated and utilised. By looking at the deeper contributing factors to the epidemic (such as the breakdown of family structures, unfaithfulness in marriage, premarital sexual activity, a lack of reverence for the value of life, and protection of life), the churches will provide insights into how the healing aspects of religion can reach beyond the epidemic itself.
- The church needs to identify the various strategies by which sex education for youth can be promoted in the family or integrated into educational programmes. Churches can sponsor seminars and workshops for couples and families on marriage and family enrichment. Training in pastoral counselling for families affected by HIV/AIDS can be added to seminary curricula.
- The church needs to network closely with the Ministry of Health, NGOs and other individuals in their communities to share its unique contribution to HIV/AIDS prevention and care.

Millions of dollars are being spent and the brightest of minds are struggling to control HIV/AIDS. At the IX International Conference on AIDS, Michael Merson, the former director of WHO's Global Programme on AIDS, stated, "AIDS must not be allowed to join the list of problems that the world has learned to live with because the powerful lost interest and the powerless had no choice." In the church, the powerful and powerless are joined with a mission to serve each other and the world. The resources of the churches stretch far beyond the most comprehensive HIV/AIDS programme budget. The church is endowed with the tools to address the global health crisis of the century, not with power or science

but with truth and love in the power of God. The church has existing infrastructures for social, personal, and family networks. The church embodies a sense of community and can marshal resources, share common values, goals, and purposes. The AIDS challenge *is* the church's challenge.

Case Study
Ann

Ann, a 37-year-old mother of four children, has found it extremely difficult to disclose her HIV status to anyone other than her husband of 19 years. She believes he is the source of her infection. Being the stronger of the two, and having taken the news of her seropositivity more calmly and ably in 1992, she is now busy trying to support her husband who has become totally devastated by the news. Ann is a devoted Christian and a deacon in her local church community.

The last born of eight children, Ann had 12 years of formal education. Unable to afford further education, she secured clerical work with a local firm. While working as a filing clerk, she met her husband and was married shortly thereafter. Her husband immediately moved to Nairobi to seek employment, leaving Ann in their matrimonial home with two young children. He would return once a month to bring money home to his family. As time passed, Ann observed that her husband was becoming irregular in his home visits and each time they had sexual contact, she contracted an STD. She resolved to join her husband in the city as her marriage was becoming strained. At first, her husband disapproved of the idea, giving the excuse that the children would not be able to attend school in the city. Ann was not discouraged and saw this opportunity as a last chance to save her marriage. In the city, she was able to find schools for her children with the help of her husband.

However, her fears regarding her husband's infidelity were confirmed after receiving several threats from a woan who claimed that Ann had taken her position.

Ann was first tested for HIV in 1992 at the Special Treatment Centre (STC) in Nairobi where she sought treatment for a urinary tract infection. She was not told that the blood drawn would be screened for the AIDS virus. When she was told of her seropositivity a week later, her first reaction was to ignore this news. It was only later that she told her husband and requested that he too should be tested. When her husband also tested positive, Ann decided to accept this status without a struggle.

Reflecting on this turn of events, Ann, who had remained

faithful to her husband throughout their marriage, believed she might have been infected either by her husband, who had proved to be unfaithful, or through a tubal ligation operation she had in 1988.

Feeling very guilty and remorseful for having probably infected his wife, Ann's husband was now ready to support any decision she made. That is how they sought counselling. Ann eventually took a position as a counsellor herself at an AIDS hospice day care facility where she is still working today. With a monthly allowance of KSh5,000 from the hospice, she is able to feed her family. Her husband has not been able to secure long-term employment.

Surprisingly, Ann and her husband have become very close as a result of this infection. They realise the need to work together in order to support their children and help them secure a good education and a bright future. After counselling, they resolved to use condoms. They had used condoms intermittently in the past to prevent unwanted pregnancies.

In the past two years, Ann and her husband have experienced flu-like symptoms and bouts of diarrhoea. Ann has suffered from herpes zoster, fevers, and heavy bleeding during her menstruation since being diagnosed with HIV.

Being highly religious, Ann gets her spiritual strength from her firm belief in God. She finds it extremely difficult, however, to reconcile her HIV status and her role in the church, as transmission is largely believed to be sexual and therefore immoral. She fears rejection from the church community once they discover her HIV status.

Ann is keenly aware of the ignorance on the part of the churchgoing community surrounding AIDS and its transmission. She fears that even after receiving education, which is badly needed, they would still criticise her and her husband and brand them as sinners.

Ann is currently immersed in her work as a counsellor for PWAs and finds fulfillment in helping others deal with their crisis. She often finds herself dissatisfied when she is not able to help others feel better. Most of the PWAs coming to the hospice are very poor and need food, medical attention for pain relief and much psychological support. Ann and her colleagues are only able to offer minimum support through counselling.

Chapter 9

The Law and HIV/AIDS in Kenya

By A.D.O. Rachier*

*Oraro & Rachier Advocates

I. Background

Reaction to the outbreak of HIV/AIDS often has been highly emotional. The uninformed and often malicious response to the epidemic has been termed the third epidemic, along with the biologic epidemic of IV and the medical crisis of AIDS.[81] Such reaction is not new—as history has recorded similar responses when other epidemics and plagues have spread. As much in panic as in an attempt to stem the spread of HIV/AIDS, governments and organisations have instituted measures that are an affront to human rights and the law. Examples include: breaches of confidentiality with respect to people with AIDS, refusals to issue insurance policies to those infected with HIV and people with AIDS, and discrimination in places of employment and in educational institutions. These and other responses to HIV/AIDS have either militated against the law

[81] *The 3rd Epidemic: Repercussions of the Fear of AIDS*. London: Panos Institute, 1990.

AIDS – Mobilizing the Church

"Jesus drank from the gourd of the woman at the well and then offered her living water. How can we do less to those living and dying with AIDS in our world?"
— *Debbie Dortzbach, HIV/AIDS program specialist*

Most people know that AIDS is caused by the Human Immunodeficiency Virus (HIV), that there is no known cure, and that it is most often fatal. But did you know?

- 33.4 million people are living with this virus and 95 percent live in developing countries.
- Of the 2.5 million people who died of AIDS last year, more than half of them were women and children.
- By the year 2010, 41 million children will be orphaned by AIDS.

Why would the church choose to get involved in such a hopeless task?

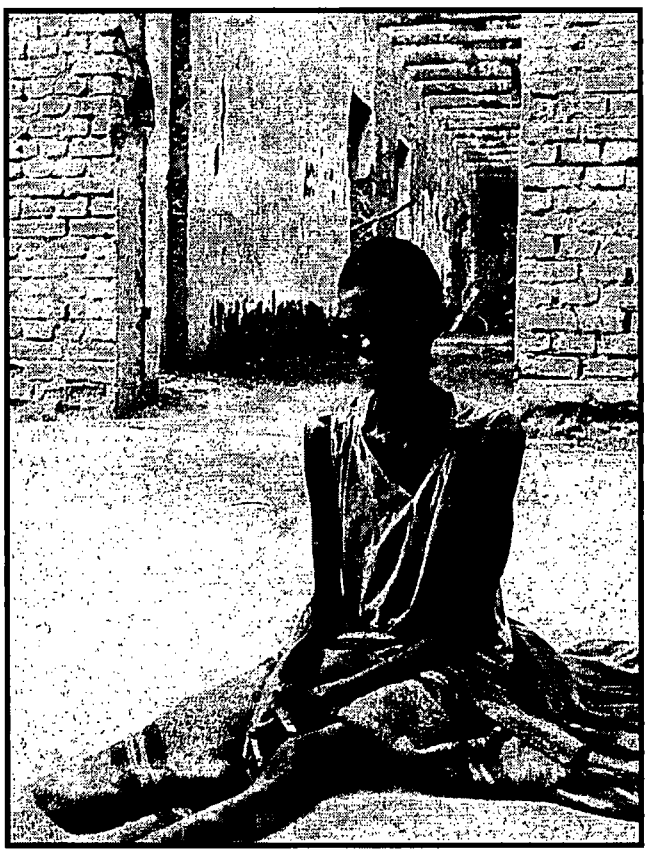
The church offers the best vehicle for transforming the lifestyles of people and should lead the way in ministering to those affected by AIDS, modeling Christ's care for the poor, the outcast and the dying.

What can the church do about the AIDS crisis ?

The church can raise awareness about AIDS, teach the values of abstinence and fidelity, comfort the sick with the hope of salvation through Christ Jesus, and model His compassion in caring for them.

What does this program hope to accomplish?

World Relief hopes to prevent new cases of HIV/AIDS by mobilizing and equipping the local church to provide AIDS awareness and education programs (with a focus on youth), counseling services, and training in home care for the families of the sick and dying.



"I was sick, and you looked after me. . . ." Matt 24:36

Where is this program being implemented?

Our first regional priority is Africa south of the Sahara, where 21 million people are living with HIV. In Rwanda and Mozambique, World Relief has launched Mobilizing for Life, the first in a global program for AIDS and the church. World Relief has an on-going AIDS/HIV ministry in Haiti providing education and counseling through local evangelical churches.

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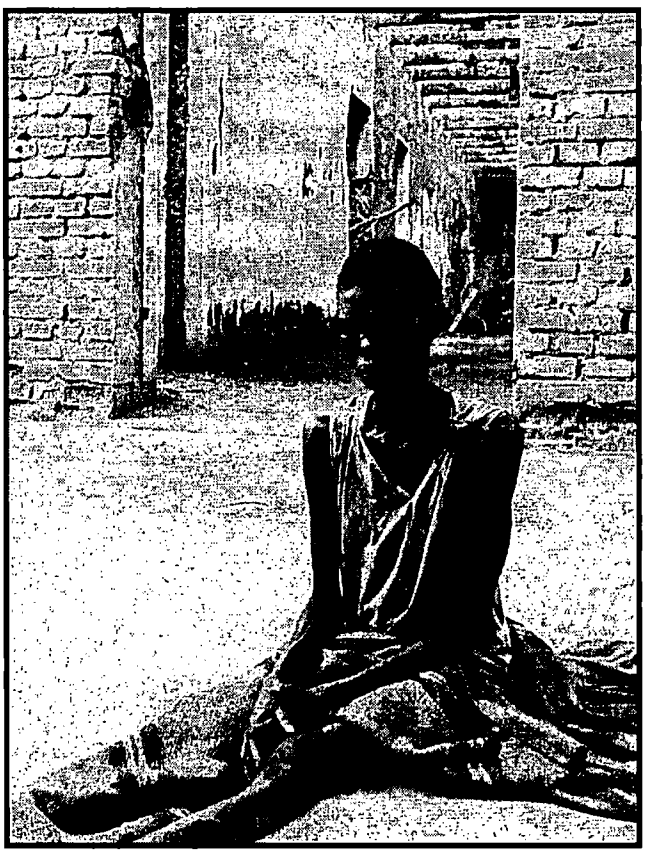

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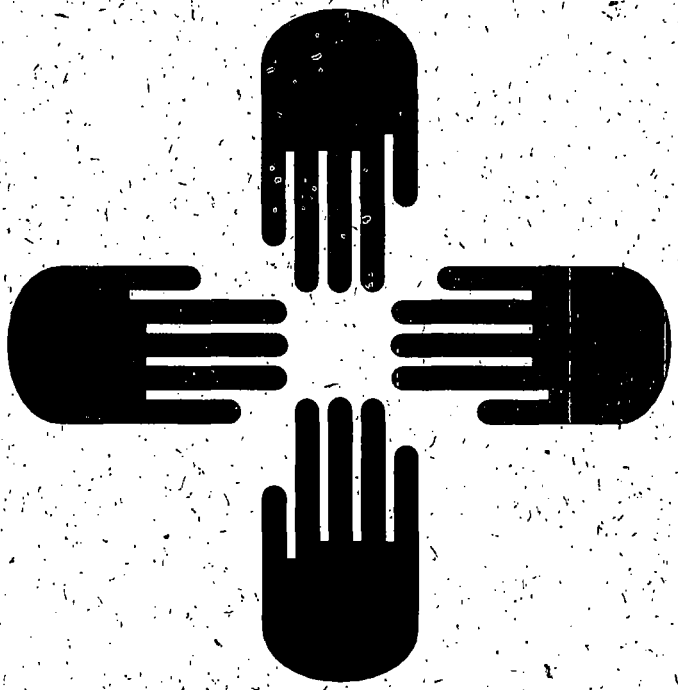

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XIII International AIDS Conference
July 9-14, 2000

HIV/AIDS and the African Church

WHAT: Africa's vast church network is Africa's greatest hope for combating AIDS.

WHERE: For the first time, the International AIDS Conference will be held in Africa, where 70 percent of the world's HIV-infected people reside.

WHO: Attendees at the XIII International AIDS Conference will include:

Debbie Dortzbach, World Relief's HIV/AIDS Program Director, one of the world's leading developers of African, church-based HIV/AIDS programs.

Stella Kasirye, World Relief's Malawi Representative, one of the early mobilizers of Ugandan churches in the fight against AIDS.

Emmanuel Ngoga, World Relief's HIV/AIDS Program Manager in Rwanda, site of World Relief's largest church-based AIDS program.

Laura van Vuuren, World Relief Microenterprise Development Programs. Van Vuuren develops HIV/AIDS curriculum for World Relief's internationally recognized microcredit programs.

Contents of This Press Kit Include:

- Press release outlining why Africa's local church network is Africa's greatest hope against AIDS
- Press release on unique home-care manual
- Key Contacts - HIV/AIDS and the African Church
- Quotes from Church Leaders and Health Officials
- World Relief and Churches Together - A summary of their AIDS work in Africa
- Uganda - A Case Study
- *Mobilizing for Life*, a newsletter about church-based AIDS work in Rwanda

For further information or to arrange interviews, contact Linda Keys in the U.S. at (630) 665-0236, ext. 202, lkeys@wr.org, or Vicky Calver in Nairobi at (254-2) 882-148, vickyc@wr.org.

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HIV/AIDS and the African Church

Key Contacts

Debbie Dortzbach, Director of HIV/AIDS Programs, World Relief
Dortzbach is one of the world's leading developers of church-based AIDS initiatives in Africa and was recognized at the XI International Conference on AIDS in Vancouver in 1996 for her ground-breaking work. A resident of Nairobi for more than 20 years, Dortzbach spearheads World Relief's HIV/AIDS initiatives with African churches. World Relief recently published one of the first manuals for Africans who are providing care in their homes for those living and dying with AIDS.

In Kenya. Phone: (254-2) 882-148, E-mail: debdortzbach@wr.org.

Clive Calver, President, World Relief
While usually seen on *Nightline*, CNN, or *NBC Nightly News* providing perspective to Americans on Africa's natural disasters, Calver views AIDS as Africa's greatest disaster. Encouraging the church in Africa and challenging the church in the U.S. in AIDS ministry has been a top priority for Calver since becoming president of World Relief in 1997.

In U.S. Contact through Linda Keys, Phone: (630) 665-0236, ext. 202, E-mail: lkeys@wr.org.

Stella Kasirye, Malawi Country Representative, World Relief
Uganda is the only African country to date that has seen a reverse in its HIV infection rate. Kasirye, who lost immediate family members to AIDS, was involved in the turnaround. Kasirye educated and mobilized the churches, as part of Uganda's AIDS Control Program, to take a greater role in addressing the epidemic. Today, the church in her native Uganda is recognized as a key and powerful force in the fight against AIDS and not as a critical observer as was the case at first.

Kasirye coordinated the startup of World Relief's HIV/AIDS work with churches in Rwanda and is now overseeing the development of church-based HIV/AIDS work in Malawi.

In Malawi. Phone: (265) 730-373, Cell: (265) 831-875, E-mail: skasirye@hotmail.com

Emmanuel Ngoga, HIV/AIDS Program Manager in Rwanda, World Relief
Ngoga, of Rwanda, worked with the National AIDS Control Program in Rwanda for three years doing pre- and post-HIV test counseling and follow-up counseling. Ngoga left this well-paying job to manage World Relief's church-based HIV/AIDS program in Rwanda because he felt he could have a greater impact working with churches on their AIDS care and prevention ministries.

Ngoga is currently overseeing World Relief's three-year, $462,000 program that equips churches to establish sustainable HIV/AIDS prevention and home care programs for youth.

In Rwanda. Phone: (250) 84664, E-mail: wr_rwanda@worldrelief.org.

Laura van Vuuren, Microenterprise Development Programs, World Relief
Van Vuuren's work with HIV/AIDS began in 1992 in Malawi and Swaziland, where she was enabling churches to identify and fund their own community development work. Recognizing that people were dying of AIDS around her, her passion became helping churches address the escalating crisis in their midst. Today she develops curriculum on HIV/AIDS for World Relief's internationally recognized microcredit programs, which operate in highly infected areas. Microcredit programs provide women with sources of income to alleviate pressure they feel to provide sexual favors for income.

In the U.S. Phone: (630) 665-0235, ext. 161, E-mail: lvanvuuren@wr.org.

Church leaders

Rev. Dr. David Zac Niringiye, Regional Secretary for International Fellowship of Evangelical Students, Uganda
A native Ugandan resident, Niringiye is one of the most outspoken advocates and motivators for church involvement with HIV/AIDS ministries. A sought-after speaker, Niringiye mobilizes Christian leaders, clergy, students and Christian professionals across English and Portuguese-speaking Africa into effective ministries.

In Uganda. Phone: (256) 41-540028, E-mail: ifesepsa@infocom.co.ug or davidzac@imul.com

Rev. Gideon Byamugisha, HIV/AIDS Program, The Anglican Church, Namirembe Diocese, Uganda
Byamugisha is living with AIDS as an Anglican priest. The former bishop of his diocese, the late Miseari Kauma, was one of the first influential Ugandan church leaders to put action behind his words about AIDS. Today, Byamugisha leads the diocese's growing AIDS ministry that covers prevention, care and support. Church associations throughout English-speaking Africa are inspired by his commitment to and work with church-based HIV/AIDS ministries.

In Uganda. Phone: (256) 41-270-708, Cell phone: (256) 77504157, Fax: (256) 41-270-708

Other church leaders
Emmanuel Kolini, Archbishop of the Anglican Church of Rwanda
Phone: (250) 76-340, Phone/fax: (250) 73-213

Rev. Augustine Musophole, Presbyterian Church, Malawi, General Secretary, Malawi Council of Churches
Phone: (265) 783499, E-mail: mipingo@malawi.net

Government/Health Officials

Dr. Innocent Ntaganira, Director of the National AIDS Control Program, Rwanda
Phone: (250) 784-71

Dan Odallo, UNAIDS, Pretoria, South Africa
Phone: (27) 12-338-5080 E-mail: dodallo@un.org.za

For further information, contact World Relief at:
In the U.S., Linda Keys at (630) 665-0236, ext. 202, lkeys@wr.org
In Nairobi, Vicky Calver at (254-2) 882-148, vickyc@wr.org

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HIV/AIDS and the African Church

Quotes from Church Leaders and Health Officials

What's Unique about the Church's Role in the Fight Against AIDS?

"Churches have special messages on both prevention and care which are complementary to other secular approaches being used, and they also reach a vulnerable target audience of children and youth. In terms of prevention, churches advocate comfortably for sex within marriage and faithfulness to your partner. These are extremely important messages and should be offered as complementary to the use of condoms when the ideal is not achievable."
- Sandra Anderson, UNAIDS, Pretoria, South Africa

"We need to realize that the church is a natural community structure. AIDS work done by the church is sustainable and successful because the faith motivation of those involved is stronger than their social or political motivation. In times of darkness and discouragement, it is the faith motivation that encourages one to go on."
- Dr. Maria Mercedes Rossi, Catholic Diocese of Ndola, Zambia

"My understanding is that when people are dying, it is the task of the church to show mercy and to care for the sick and dying, and for those left behind."
- Dr. Clive Calver, President, World Relief

"Jesus taught us that we must love our neighbor as ourselves. The church can say, 'Well, we are fine. *It is well with my soul.*' But Jesus teaches us that it is not enough for it to be well with your soul. We must care about how it is with someone else's soul. So in that sense the church has the philosophy for getting involved with the destitute and dying. I believe that the church, more so than the government, has what it takes to be there for the long haul for those who are affected [with AIDS].
- Rev. Moss Ntlha, General Secretary, The Evangelical Alliance of South Africa

"Based on our understanding of Christianity, all sick people should be visited."
- Rev. Vedaste Nzisabira, Pentecostal Church, Cyangugu, Rwanda

The church brings three areas of uniqueness to the fight against AIDS. The church has the mandate, the history and tradition of care, and the resources for providing compassion and hope. Through its religious belief, it is mandated to be involved. Through its history, it brings hope to a hopeless situation. AIDS is an opportunity for the church to practice those unique values and characteristics that are absent from the secular world."
- Rev. Gideon Byamugisha, The Anglican Church, Namirembe Diocese, Uganda

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"Another uniqueness that the church brings to the AIDS problem is the role it can play in addressing discrimination against people with AIDS and the stigma attached to those with AIDS. When church leaders accept one with AIDS among themselves, they set a powerful example for their parishioners. The actions of the church leaders often carry more influence than leaders outside the church can in a community."
- Rev. Gideon Byamugisha (who is living with AIDS), The Anglican Church, Namirembe Diocese, Uganda

"In some areas, churches have been the leaders in educating youth and in providing care, often when the rest of society turned its back. Creative approaches relevant to the local culture are often generated from loving, caring congregations, e.g. a Catholic parish in Uganda has a nursery full of plants that help to treat the common ailments found with AIDS, such as diarrhoea, thrush, skin infections and herpes zoster. Church members can collect the plants and eventually grow some of their own medicines in their own gardens."
- Sandra Anderson, UNAIDS, Pretoria, South Africa

"Only the church can approach AIDS with hope. Not only do African churches have the local presence and moral authority to address behavioral issues, but they have a unique message of hope to offer to people living with AIDS."
- Dr. Clive Calver, President of World Relief

Church has Moral Authority and Network

"The church is an important institution. They live with the population, they interact with the population, they have the moral authority. So we think that the church can play an important role in this country in terms of preventing the spread of HIV."
- Dr. Innocent Ntaganira, Director of the National AIDS Control Program, Rwanda

"If every church, every Sunday could have a message on HIV/AIDS, it would have an important impact because most of the population is Christian."
- Dr. Innocent Ntaganira, Director of the National AIDS Control Program, Rwanda

"An important advantage of the church is that it has access to so many people. If it takes the burden to educate, it can be done easily and in a short period of time."
- Rev. Gahungu Bunini, Acting General Secretary, Evangelical Alliance in Rwanda

"Churches already have networks of people and networks with other churches."
- Sandra Anderson, UNAIDS, Pretoria, South Africa

Rev. Gahungu Bunini explains that the government has been running a national educational campaign, that includes promoting condoms, on billboards and over the radio. "But the church has a unique role in that it has not just come [into existence] because of AIDS. It can command people to refrain from sexual immorality and thus, prevent AIDS. ....The methods of the government are okay, but they need to be supplemented by the activities of the church to cover that which is not covered by the government."
- Rev. Gahungu Bunini, Acting General Secretary, Evangelical Alliance in Rwanda

"It's the church's mission to promote morality and self-control. In this, church leaders have been failing. When we fail [in our personal lives], we don't have the moral authority."
-The Archbishop of the Anglican Church of Rwanda, Emmanuel Kolini

"The church has access to people. The church can pray, give spiritual support and even tell them death is not the end of it!"
-Rev. Amos Mukiza, Anglican Church of Rwanda, Cyangugu Diocese

"We the church leaders...together made a commitment to join hands with the government in the fight against HIV/AIDS. We acknowledge that we have the belief systems, moral authority and local presence necessary for effectiveness in HIV/AIDS prevention and care....We need training, guidance, and advocacy to change belief to action and apathy to compassion."
- Public statement made in 1998 to Rwandan government by approximately 50 church leaders.

A Message of Hope

"The church attends both to the heart and the body. The church has the potential to give a person hope. And even if he dies, there is hope to live. That is the basis of the gospel."
-Rev. Gahungu Bunini, Acting General Secretary, Evangelical Alliance in Rwanda

"The unique message we have is that physical death is not the end of life. ....We know there is a resurrection. There is assurance for them."
-The Archbishop of the Anglican Church of Rwanda, Emmanuel Kolini

"I would have committed suicide if I had not accepted Christ."
- Immaculate Nyiramande, age 30, Rwanda, who became infected when she was repeatedly raped during Rwanda's genocide.

"Now I know God....Now I am less depressed. I pray and find comfort in Him."
-Immaculate Mukalwaza, Rwanda, who contracted HIV when raped during the Rwanda genocide.

The Response of African Churches is Changing

"Leaders now realize that they must make every effort to fight this global pandemic. If the church sleeps instead of attacking the problem, it will become nothing but an empty building, with all its people lost."
- Jean Ndahayo, Baptist Union Lay Counselor, Cyangugu, Rwanda

"It (AIDS) was first looked upon as a problem that only concerned the heathen and ungodly.
- Rev. Gahungu Bunini, Acting General Secretary, Evangelical Alliance in Rwanda

"It has not been long since the church saw the necessity to address AIDS. They thought it was something to be treated by the government....They saw it as something outside of the church."
- Rev. Gahungu Bunini, Acting General Secretary, Evangelical Alliance in Rwanda

A seminar was organized for churches across Rwanda. "At that time, it was discovered that many members of the congregations were suffering of AIDS."
- Rev. Gahungu Bunini, Acting General Secretary, Evangelical Alliance in Rwanda

"Previously, church leaders didn't understand the problem, so they felt the church could do nothing about it."
- Godwin Rwandpamira, Free Methodist Church evangelist, Rwanda

"Before [World Relief's] training, the philosophy was that AIDS was divine punishment, mainly for prostitutes. With the training we began to see how AIDS affects the church. We learned how AIDS was acquired. There has definitely been a change of attitude."
-Rev. Bernard Kanyamahaga, Pentecostal Church, Cyangugu, Rwanda

"Traditionally, it has been taboo for the Rwandan church to talk about sex. I don't feel we should be bound by culture, especially since it's a major problem....It's difficult because people related AIDS with sex."
- Simon Sibomana, Presbyterian Church of Rwanda

"Given the culture, it's taboo to talk about sexual relations....[Church leaders also] assumed members of the congregation would behave morally. They never expected that outside the church, they would behave like anybody else. They thought those in the house of God were safe."
-Rev. Rugubira Theophile, Bethsaida Ministries, Rwanda

And Finally

"Outside of governments, the church in a country represents the potentially strongest indigenous community which could make a real difference. As World Relief, we are committed to empowering the church to do what without our help would be impossible, and someone has got to do something before it is too late."
- Dr. Clive Calver, President, World Relief

"We've got to empower the African churches to run programs of care and prevention. AIDS care and prevention have to be done together because it's only by doing the first that the right is earned to do the second. And we've got to provide the resources so that they can accomplish this."
- Dr. Clive Calver, President, World Relief

For further information, contact World Relief at:
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In Nairobi, Vicky Calver at (254-2) 882-148, vickyc@wr.org

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HIV/AIDS and the African Church

One Woman's Experience in Kigali, Rwanda

Jon Warren/World Relief

When Anastasie Iyakaremye's husband died of AIDS in 1997, Anastasie was left with their three young children and three teenage orphans from her husband's first marriage. She was also left with his $294 debt. As a result, her electricity was cut off and her children are in and out of school.

After her husband's death, many men began to stop by Anastasie's home, hoping they could lure her into having sex. The financial temptations must have been great, but Anastasie explains her reasons for resisting.

"Now that my husband had died and I knew the cause of his death, I didn't want to be a cause of anyone else's death. So I thought it was important to find Christians."

She became involved with Bethsaida Ministry, a Christian support group for HIV-infected women in Kigali.

"It was very encouraging to meet with [this group] and share our problems together. Praying is the most important thing."

Anastasie has noticed a difference in her spirit. "There was a change," she relates. "The genocide left lots of wounds in my heart. I was not forgiving. I had lots of hatred for the people who killed my people. Now I see that people are God's creation, and I can forgive."

She even found herself forgiving her husband for infecting her. "Before [fully giving myself to God and his ways], I was very bitter. I wasn't happy with [my husband]. I had not been able to forgive him. After I was saved, I realized I needed to forgive him, knowing that what he did was done in ignorance. I have forgiven him, and I don't hold a grudge."

For further information, or photos of Anastasie, contact:
In the U.S., Linda Keys at (630) 665-0236, ext. 202, lkeys@wr.org
In Nairobi, Vicky Calver at (254-2) 882-148, vickyc@wr.org

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HIV/AIDS and the African Church

UGANDA — A CASE STUDY

By Stella Kasirye

When talking about encouraging trends in the fight against AIDS, Uganda is the country usually mentioned. Seventeen years after AIDS was first identified in Uganda, the country is beginning to see a decline in new HIV infections. It has, however, been a long journey and it is only the beginning. Almost every family in Uganda has lost a family member, close relative or friend to AIDS. The question I often get asked is, "What did it take for Uganda to get where it is today?"

The answer is that it took all the sectors of society to come together and realize that AIDS was everyone's problem. Uganda's president, His Excellency Yoweri Kaguta Museveni, put his weight behind the campaign that took on a multi-sectoral approach to contain the epidemic. Today in Uganda, AIDS is talked about at home, at school, in the church, at the work place, in the hospital. There is more than talk. There are programs to help young people handle the pressures that expose them to the risk of getting AIDS. Those sick with AIDS are being cared for at home. Several organizations are supporting the children orphaned from AIDS. Counseling for the infected and affected is more accessible than it was 10 years ago. The media is instrumental in constantly reminding the people not to get complacent. It is no wonder therefore that Uganda has registered a change in the trend of the epidemic. This was vividly illustrated to me on a recent visit I made to a place I worked in 1990, while I worked with Uganda's National AIDS Control Program (NCAP). This particular location would have on average three funerals per day in the same village in 1990. Ten years later, when I returned for two days, there was no sign of a single funeral in the area. While the trend has changed, the effects of AIDS are still with the nation and will continue to be a challenge. In some ways the fight has just begun.

So where was the church in all of this? Not long after he was elected, President Museveni held a meeting with the church leaders. The church leaders congratulated the president on the progress in economic development but asked what he was doing about the moral degradation in the nation that was resulting in diseases such as AIDS. The president's response was that it was for that reason he had called them together. It was their responsibility.

I remember representing NACP at a bishops' conference in 1990 where the Anglican bishops were debating whether AIDS was an issue the church should be engaged with. There were differing opinions but the majority were leaning towards the judgmental side. One voice that seemed to rise above the rest was that of the late Miseari Kauma, Anglican Bishop of Namirembe Diocese. Bishop Kauma was one of the first influential Ugandan church leaders to take a stand about AIDS in the direction of taking action. Today the diocese he led so ably has a growing AIDS ministry that covers prevention, care and support. One particularly significant program offered by the diocese is classes to help parents talk to their children and spouses about sexual issues. The ministries in Namirembe Diocese are unique in that they are headed by an Anglican priest, Gideon Byamugisha, who lives with AIDS himself.

— more —

Early in the epidemic, a missionary doctor working with Mulago Hopsital, Dr. Richard Goodgame, wrote a pamphlet to address many of the questions about AIDS that were arising from his work. This pamphlet, entitled "Medical Science Answers Five Questions About AIDS and God's Word Answers Five Questions About AIDS," became one of the first educational tools used by the church to address the problem of AIDS.

Several more churches then rose to the challenge to do something about AIDS. Among them was Kampala Baptist Church, which started a ministry to people living with AIDS. Through this ministry, many people with AIDS have found renewed hope for living, employment and new relationships of support.

The Catholic Church in Kamwokya took on the responsibility of helping young women come out of prostitution and into different ways of earning an income. Sister Miriam Duggan left the security of her convent to live where these women lived so she could help them better. Today when you talk about the role of the church in AIDS in Uganda, her name will be there. She also helped set up Youth Alive Clubs in Catholic churches to teach young people about the power God makes available to change lives. These clubs have spread to many parts of Africa and are a powerful tool used by the church to teach young people about AIDS and support them in their struggle to change behavior.

Uganda's First Lady, Janet Museveni, founded a ministry for young people to teach them about AIDS from a Christian perspective. The ministry has grown into the Uganda Youth Forum and brings together over 5,000 young people and their parents annually to talk about issues that predispose young people to AIDS. These are but a few examples.

Today in Uganda the church is recognized as a key and powerful force in the fight against AIDS and not a critical observer as was the case at first. I have seen the ministry of many churches become transformed due to involvement in AIDS work. Pre-marital counseling has grown to new levels and few pastors will wed a couple that has not done an HIV test. For some this is considered abuse of human rights — but not to pastors who were tired of wedding couples and burying them two years after the wedding because of AIDS. Youth ministries have become more relevant in addressing the needs of young people. Child care and support ministries have developed in churches to take care of the children orphaned mainly due to AIDS.

The story of the Ugandan Church pilgrimage in AIDS work is long and cannot all be told here. But as Sister Miriam Duggan says, "AIDS is an opportunity for the church to be the body of Christ to a hurting world."

Stella Kasirye, is a native of Uganda who has lost immediate family members to AIDS. She served on Uganda's AIDS Control Program from 1989 to 1992, and with International Fellowship of Evangelical Students from 1992 to 1995, educating and mobilizing Ugandan churches to take a greater role in addressing the epidemic. Today Kasirye is World Relief's Malawi Country Representative, again helping churches develop their own compassionate response to HIV/AIDS in Malawi.

For further information, contact World Relief, in the U.S., Linda Keys at (630) 665-0236, ext. 202, or lkeys@wr.org, or, in Nairobi, Kenya, Vicky Calver at (254-2) 882-148 or vickyc@wr.org.

Mobilizing for Life

A publication of World Relief Rwanda

May 2000

Pastors with Attitudes: about HIV/AIDS

World Relief Rwanda's USAID-funded Mobilizing for Life program was developed in response to a nationwide 11.1% infection rate as well as a lack of involvement and direction on the part of the churches. Signed in June 1999, it is being implemented in three prefectures of Rwanda: Kigali Ville, Cyangugu and Ruhengeri, with the following objectives:

1. To create tools and a supportive environment for church-based development of AIDS-related youth ministries.
2. To enable churches to develop church-based AIDS-related youth ministries.
3. To sustain HIV/AIDS-related ministries in Rwanda.

WRR's commitment dates from 1997 when we sponsored the first gathering in Rwanda of 50 church leaders from different denominations to discuss HIV/AIDS.

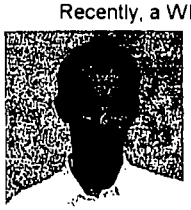
Project Manager Emmanuel Ngoga describes the attitude back then. "We realized the church was not conversant with what was going on as far as AIDS was concerned. They weren't doing anything. In fact they were...criticizing those who had been affected."

"With the training we began to see how AIDS affects the church... There has definitely been a change of attitude."

From left: Pastor Bernard, Pastor Védaste, evangelist Juvénal, Pastor Théo.

In 1998, WRR carried out an analysis of the church in Rwanda, called "Attitudes, Actions and Opportunities for AIDS Prevention and Care," which became the baseline study for the Mobilizing for Life project. Under the 'Mobilizing' project, World Relief began training pastors and lay workers in Cyangugu prefecture in September 1999. The training combined HIV/AIDS awareness training and counseling skills to enable the church to counsel those infected with the virus. In Cyangugu 44 pastors and lay workers have completed the course.

Recently, a WRR team interviewed 11 local pastors, evangelists, youth leaders and lay counselors who had participated in the training to ascertain their views on the program and on the current status of the HIV/AIDS issue in their church and community.



WRR AIDS Program Manager Emmanuel Ngoga

Godwin Rwampamira, an evangelist with the Free Methodist Church, expressed the views of many of the pastors when he said, "Previously [prior to the WRR project] church leaders didn't understand the problem, so they felt the church could do nothing about it." The training convinced Rwampamira that HIV/AIDS awareness was essential. However, it involved discussing sex, a subject with which the church was uncomfortable. He had to persuade authorities. "If pastors were convinced of the extent of the problem, then we could have access to all church members."

In the 1998 Attitudes study, the majority of those surveyed admitted that they did not know what caused HIV/AIDS. Pentecostal Pastor Bernard Kanyamahanga explained how the training altered this. "Before training, the philosophy was that AIDS was divine punishment, mainly for prostitutes. With the training we began to see how AIDS affects the church. We learned how AIDS was acquired. There has definitely been a change of attitude."

Following the WRR course, Cyangugu churches of almost all denominations began awareness training among their membership, often addressing youth groups, men and women separately so that people would feel more comfortable discussing sex, a subject very much taboo in Rwandan culture.

Rev. Amos Mukiza's Episcopal Church trained 48 trainers from 9 churches who have spread the AIDS message to 20,875 members in 78 churches. Manasse Mudinga, a Restoration

From the Top: Regional Pastors Support the Message

World Relief recently interviewed regional representatives of denominations in Cyangugu. We began by asking them what changes, if any, they had noticed in their churches in behavior and attitude toward HIV/AIDS since training began in September 2000.

Pastor Théobald Muhire, Regional Secretary of ADEPR, said "Before the WR program, no one understood the problem—in fact they weren't even aware of the existence of HIV/AIDS." He has seen this attitude change considerably. "Now they realize the power of the disease and have information on prevention."

Behavior Change

Innocent Ndatsinze, Regional Pastor of Maranatha Church, also sees the principal change as being one of increased awareness. "Realizing the dangerous consequences of going against God's will is causing people to change behavior," he believes. "Previously, we had only heard of HIV/AIDS on the radio," he remembers. He tells that Maranatha pastors, had been preaching against adultery, but not specifically discussing HIV/AIDS. Now

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Pastors Changing Minds

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Church evangelist, told how at first his church thought that AIDS mainly affected non-Christians. "Originally the idea was to speak to those outside but as a result of the WRR training we realized that the problem is also for church members. The WRR trainers are clearly Christians, so we understood the issue as they presented it." Leaders from his denomination visited all their area churches to convey the seriousness of HIV/AIDS and to inform people that in large part it was sexually transmitted. "Now people understand the problem of AIDS even though it wasn't clear before," Mudinga concluded. "We distributed materials and the congregations asked us to come back. They asked for copies of [the educational anti-AIDS brochure in Kinyarwanda] *Edward the Elephant*, so that everyone can speak accurately to their children, families and friends. Everyone must talk about this disease."

The Right Direction

Under the energetic leadership of Rev. Amos, participants in the WRR training established in January a local committee to implement and coordinate anti-AIDS initiatives in the prefecture.

Théobald Nahayo, Committee President, explained that plans include providing more counseling and awareness

Théobald Nahayo (left) and Pastor Lazaro Byamungu report on the HIV/AIDS situation in their churches in Cyangugu prefecture.

training. While churches are in agreement about the need to do this, it is a new area for them and so they are carefully planning how best to use their limited financial resources to best effect.

Our first 'condom'

When non-Christians hear of church involvement with AIDS prevention, they often relate it to the stance the church has taken against the use of condoms. What opinion do the pastors have on this issue now?

Pastor Amos puts it succinctly, saying "Our first 'condom' is the Word of God. That is our protection. That has never changed." The pastors say that awareness about condoms is for the state, not for the church. But they have no wish to cause conflict with the state. Nahayo sums up the policy: "We don't promote condom awareness but neither do we condemn this."

Indeed there are cases where the church supports condom use, such as for an infected person wishing to avoid infecting his/her spouse. Amos adds, "Also, we understand there are Christians who are too weak to abstain. We can't condone their actions but we don't condemn use of condoms if they are going to commit adultery anyway."

The Stigma of Infection

Still, to change attitudes takes time and is an ongoing process. Pastor Kanyamahanga notes that "People are still not ready to come forward, but there has definitely been a change of attitude."

Stigma still exists about the disease, and even affects those who may not have the virus. Pastor Védaste Nzisabira works in the rural areas of Kagano and Gatari. He has seen cases where, because a person was sick for a while, neighbors concluded that he had AIDS. "This resulted in rejection," said Nzisabira. The person might lose all psychosocial and material support just when he needs it most, and it wouldn't return until he was fully recovered. When pastors began awareness training, they showed that not all of these illnesses were AIDS.

Such stigma still prevents AIDS victims from being open about the disease. Consequently, bearing in mind that more than one in nine Rwandans are infected, and even considering that a lifestyle consistent with Christian teaching (such as abstinence from sex outside of marriage) will decrease risk, relatively few have come forward to declare they have the virus.

Nzisabira, of the Pentecostal church, believes that "Based on our understanding of Christianity, all sick people should be visited." Thus, Nzisabira's church has established a support system for the sick, to take them to hospital as necessary and to help with medical bills. "Poverty is a problem because transportation and hospital stays cost money that these people simply don't have." The Pentecostal church encourages relatives to care for the sick at home where possible, instead of shunning them because of stigma. "We have brought together families to care for their own," the pastor says.

A further reason that the church has not identified many HIV/AIDS victims among its members, according to Pastor Amos, is the lack of access to testing facilities. The nearest testing centers to Cyangugu are Kibogora and Kigali. Each journey is a two-day round trip costing at least 2,400 FRW for transportation plus about 1,000 FRW for the test (a total of about US$9). Even those who suspect they are positive find it too costly to get tested. However, it appears that testing will soon be available at the Cyangugu clinic.

"Up to now, World Relief is the only donor who has stepped forward to help our churches here. It's been very positive."

Rev. Amos points out the implications of this for the church. "When people can be tested locally, many will learn that they are positive and this will require that the church act," he emphasizes. "We will need a care program, medicines, psychosocial support. There will be genuine needs that we will have to help meet."

Counseling for Hope

From the point of view of psychological and spiritual support at least, these graduates of WRR's counseling training are prepared. Even though few people say that they have the AIDS virus, several of the trainees have been counseling clients, many of whom show signs of being infected. Some never recover from minor illnesses. Two have told only their counselors that they are HIV positive. Théobald Nahayo counsels one client whose wife died of AIDS, although she never spoke about this outside her marriage. The client, who has not been tested but suspects he has the virus, has friends to care for him. "He questions what will happen to his children when he dies, as they will be orphaned and the family home is not in good condition," Nahayo recounts. The church helps the family with whatever material needs it can, and through prayer. "He has told me that he is very glad to have a counselor," says Nahayo.

Following the awareness training, leaders of the Restoration church provided counseling training, based on the WRR course, to some 100 people in all parishes. "It helped people learn how they might approach those infected with the virus and showed them that HIV/AIDS is a disease that anyone can get, including church members," added Mudinga.

Lazaro feels that it is a question of hope, and a person's self-worth. "The [WRR] counseling training was very useful. It was good to learn that people should not lose hope. Before the training, we thought that sick people [HIV/AIDS victims] had no hope, and their friends and neighbors felt the same about them. Care was a problem because, as the person was seen to have no role in society, any resources given him seemed to be wasted. But now there has been a great change in attitude. Even a sick person, with counseling, can have hope. He can be HIV positive, but still take responsibility for his family. He can plan for his family's future and look after himself so as to continue to help his family. We have witnessed people who, although they are terminally ill, work hard for the church, lead activities. This also sows respect for their courage among friends and neighbors."

"Without hope," Amos explains, "an infected person goes off the rails and neighbors abandon him so he's alone. The church is preventing this situation by promoting awareness. We don't abandon the sick any more, whether they are church members or not. We do what we can for them."

Jean Ndahayo, Baptist Union Lay Counselor, has also seen notable progress. He says the church "has accepted that those infected are part of the body of the church and as such should not be rejected." Rwampamira says pastors now see that AIDS affects their membership. "Leaders now realize that they must make every effort to fight this global pandemic. If the church sleeps instead of attacking the problem, it will become nothing but an empty building, with all its people lost."

To what do they attribute this change of attitude? Everyone speaks at once. "It is absolutely the WRR training," says Pastor Bernard. Rwampamira concurs: "The WRR training has been very important." "Cyane, cyane," say others. Very, very.

Rev. Amos echoes their words. "There was nothing here before this program. The church knew nothing of the problem and was doing nothing." Gatarayiha agrees. "World Relief is the only donor who has stepped forward to help our churches here," he says, emphatically. "It's been very positive."

Protecting the Youth

World Relief's program particularly targets youth, aiming to help churches educate them to avoid high-risk behavior.

Richard Gatarayiha, ADEPR Youth Leader, is proud to have participated in the seminars. "The training had very positive effects. It made us ambassadors in this field. I talk to the youth and they tell their parents who tell family, friends and others."

"If the church sleeps it will become nothing but an empty building, all its people lost."

When I last spoke with Cyangugu trainees, one woman raised a serious issue. Living and working as she does in a community that hosts a sizeable military camp, she observed that the soldiers have many sexual partners, generally from the community. "They think it is normal," she said, "but there is much sickness." She was particularly disturbed that many of the young girls, even at 12 years old, are sexually active, and she is seeking ways to bring them to the church. "Christians understand that this is poor behavior," she adds. "It is a dangerous disease."

Gatarayiha had earlier noted that, following the 1994 genocide and RPF victory, behavior known as *chanter la victoire* (singing the victory) has been prevalent. It refers to

Lake Kivu at Cyangugu

Regional Representatives Speak Out on AIDS

(Continued from page 1)

that has changed. As a result of World Relief's initiative, and with Pastor Innocent's encouragement, AIDS is more openly and more directly discussed.

Referring to the National AIDS Program (PNLS) and Population Services International, an organization that provides condoms, he states, "Other than PNLS/PSI giving out condoms, WRR is the only organization here that is doing HIV/AIDS awareness training in our churches." Apart from the organization CARITAS, which works through the Catholic church, PNLS reports confirm that World Relief Rwanda is the only organization working directly with churches on this issue.

Several churches have also reached out beyond their members to the general community. The representative of ADEPR who attended the WR training addressed the commune assembly on HIV/AIDS awareness. The village mayor saw that the message needed to reach deeper into his community and has asked the speaker to return to address a wider audience.

"WRR is the only organization here that is doing HIV/AIDS awareness training in our churches."

Maranatha church pastors and counselors have been spreading the HIV/AIDS awareness message in their areas by visiting door to door with families in the neighborhood. The church found this to be a successful outreach method that was well accepted and they will continue to pursue this.

This reported openness, however, does not appear yet to have penetrated so deep as to allow those affected to feel comfortable about announcing that they are HIV positive.

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Pastors and regional representatives together knew of fewer than five people among their several thousand members who acknowledged having the virus, even confidentially to their pastors or counselors.

Lazaro Byamungu, Regional Pastor of the Restoration Church hinted that even if a pastor believes that members have the virus, he may be afraid to suggest this to them fearing their reaction.

"They recognize that, even if the relative may have sinned, God forgives so they should too."

Of the few that have come forward in his UEBR church, Pastor Diogène Hakuzimana says that they now come for counseling with those who participated in the WRR training course. He says "As a result of the training the counselors were able to perceive the illness and inspire confidence in the sick thereby allowing them to come forward and admit to the counselor that they are infected."

ADEPR's Muhire says that the shame of suffering from a sexually transmitted infection is the main reason that victims of the disease are reluctant to speak out, but also that it has no cure. This causes them to fear being abandoned and cut off from social support. And he gives a third reason: that, even with greater awareness, there are still a few who fear they could catch the virus from being in the presence of an infected person. Clearly, it takes time to change attitudes.

How is the church addressing this with its members? The pastors say that they try to lead by following Christ's example of visiting infected people to bring the Word of God, offer His forgiveness, and give practical help to the family. They are convinced that the church must encourage the sick, and help those who are not infected to avoid the virus. They feel strongly that the church has a means to influence HIV/AIDS awareness in the society.

It is certainly having an effect on the acceptance of the disease within families. The regional representatives report that those Christians who have learned that their own family members are infected no longer reject them. Instead they recognize that, even if the relative may have sinned, God forgives so they should too.

Pastors With Attitudes

having a good time to make up for the suffering of the war era, and includes increased transient sexual activity outside of marriage.

A UNAIDS report estimates HIV/AIDS infection rates to be especially high among the military. I wondered if the pastors perceived the high military presence in Cyangugu (a town bordering the Congo) as affecting the HIV/AIDS situation in the area?

"They say the military give them a lot of money to be with them and that this is their only source of income."

Gatarayiha says parents fear that their children will go to live among the soldiers. The fear is justified: Gatarayiha has recently lost five girls from his youth group in this way.

Some pastors have spoken with soldiers in their community. They are told that many are not Christian and so do not view their sexual behavior as sinful. Nahayo tells us "The soldiers understand the problem, but excuse their behavior by saying that theirs is a difficult lifestyle."

Pastors also spoke with some of the young women in the church about this matter. They were all too aware of their principal motive for being with the soldiers. Nahayo reports "They say the military give them a lot of money to be with them and that this is their only source of income." He asked the girls to consider that this money was worth very little compared with the value of their lives. "In fact when I spoke with them some decided to stop this behavior," he notes. But there is still a lot to do. "We have to counsel these young women," he says

"There is a big problem of children who are victims of such behavior," says Amos Mukiza, whose church is discussing the provision of sex education for children with the goal of showing them the consequences of sexual activity. "We would provide examples of safe behavior."

Pastor Jean Ngirinshuti of AEBR (Baptist) Church participated in his church's awareness training. "It is important to acknowlege the immensity of the problem," he says, "and to ensure that the message reaches everybody."

Young and poor women are at high risk of AIDS in Rwanda.

We speak of the handbook for youth leaders and youth, developed by WRR as part of this program and soon to be available. The manual provides situations that the youth will recognize and relate to, with examples of how to avoid risky behavior. While all agreed with the need for such materials, Youth Leader Gatarayiha sees this matter as a concern that should be addressed not only to the youth but also to their parents. "Parents must take responsibility for teaching their children," he says. "We encourage parents to make sure that the youth are not out late in the evenings. We must find practical ways to avoid these dangers."

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JUNE 16, 2000

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U.S. - Linda Keys at (630) 665-0236, ext. 202
Nairobi - Vicky Calver at (254-2) 882-148

AFRICA'S VAST LOCAL CHURCH NETWORK IS AFRICA'S GREATEST HOPE FOR SUCCESSFULLY COMBATING AIDS

The African church is rarely mentioned as a strategic response to Africa's AIDS crisis, but World Relief believes that the church has the greatest potential of all for accomplishing change in the face of this disaster.

WHY does the African church have so much potential?

- It's everywhere. There is a vast network of churches that exists across sub-Saharan Africa.
- It plays a significant role in influencing people's way of thinking and behavior.
- More than any other African organization, the church has the power to push past the cultural taboos that prevent talking about sexuality.
- Its concept of volunteerism provides needed people power to spread the message and provide care for those who are dying.
- Its infrastructure existed before the AIDS epidemic, and it will exist after it.
- Churches have the moral authority to address the spread of AIDS.
- It has always been the church's role to care for the sick and dying.
- Only the church can approach a person dying of AIDS with hope for the future.
- It's not a new role for the church to provide infrastructure for health care. The first hospitals in Africa were run by the church.

HOW does it work?
Except for isolated situations, the African church was not quick to respond to the developing crisis. But that is changing and results are happening quickly. Some of the highlights:

- One of Africa's first published home-care manuals, written for the average African caring for someone with AIDS in their home, was developed this year by World Relief and the churches of Rwanda.

— more —

- In Kauma, Malawi, seven churches are working together to grow food for 50 families caring for AIDS orphans.

- A culturally appropriate AIDS counseling manual for pastors was developed in Kenya by MAP International and has recently been translated and adapted for pastors in Rwanda and Malawi.

- In Cyangugu, Rwanda, 44 pastors and lay leaders received awareness training in November and acquired counseling skills to enable their churches to help those infected with the virus. The training mobilized these churches to quickly begin training others. World Relief's goal is to provide training for church leaders in three areas of Rwanda.

- In Nkhota Kota, Malawi, pastors from four churches attended a series of basic HIV/AIDS counseling workshops in November and then began a visitation and counseling program for those with AIDS. In addition, the four churches have each started income-producing projects, such as community gardens and small businesses to raise money to help meet basic needs of the sick and orphans.

USABLE QUOTES:

"Only the church can approach AIDS with hope. Not only do African churches have the local presence and moral authority to address behavioral issues, but they have a unique message of hope to offer to people living with AIDS." - Dr. Clive Calver, President of World Relief

"They [the church] live with the population, they interact with the population, they have the moral authority. So we think that the church can play an important role in this country in terms of preventing the spread of AIDS." - Dr. Innocent Ntaganira, Director of the National AIDS Control Program, Rwanda

"We need to realize that the church is a natural community structure. AIDS work done by the church is sustainable and successful because the faith motivation of those involved is stronger than their social or political motivation. In times of darkness and discouragement, it is the faith motivation that encourages one to go on." - Dr. Maria Rossi, Catholic Diocese of Ndola, Zambia

"An important advantage of the church is that it has access to so many people. If it takes the burden to educate, it can be done easily and in a short period of time." - Rev. Gahungu Bunini, Acting General Secretary, Evangelical Alliance in Rwanda.

For further examples, an expanded list of useful quotes from church leaders and health officials, or for their contact information, contact:
In the U.S., Linda Keys at (630) 665-0236, ext. 202, lkeys@wr.org.
In Nairobi, contact Vicky Calver at (254-2) 882-148, vickyc@wr.org.

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UNIQUE AIDS HOME-CARE MANUAL PUBLISHED IN AFRICA

WHAT: A unique manual for Africans who are providing care in their homes for those living and dying with AIDS has been published by World Relief and African churches.

While UNAIDS has developed a textbook manual for professional health care workers in home care, this is one of the first known step-by-step care manuals published for the average African.

The target audience for the manual is children between the ages of 10 and 12 years of age, "because tragically, they are often the primary care-givers to those dying of AIDS in their homes in Africa," says Debbie Dortzbach, World Relief's Director of HIV/AIDS Programs, who pioneered the project.

The elderly, who are less literate, are also primary care-givers. The simple language, photos and diagrams in the manual help the less literate care-givers, regardless of their age.

WHY: In many African communities, one tenth to even one third of the sexually active population is dying of AIDS. Hospital beds are not available and people cannot afford them. But the family is there and so is the nearby church with the mandate to care for those who suffer.

"While the church is doing the work — visiting, caring, comforting, they expressed to us their ignorance of good care," says Dortzbach.

"This manual will not mildew on mud floors," Dortzbach adds. "The demand will be overwhelming because the need for home care is overwhelming, and the resources for meeting that need outside the home are nonexistent nearly everywhere."

HOW: World Relief will work through the existing church network to train church volunteers in the practical uses of this simple and easy-to-use manual and how to locate those in their communities who will need the home training they can provide.

WHERE: The manual contains guidelines applicable to all of Africa, but it is specific to Rwanda. It is likely to be adapted for use in Malawi, Mozambique, South Africa and other countries.

For further information, contact Linda Keys in the U.S. at (630) 665-0236, ext. 202, lkeys@wr.org, or in Nairobi, Vicky Calver at (254-2) 882-148, vickyc@wr.org.

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WORLD RELIEF

HIV/AIDS and the African Church

WORLD RELIEF AND CHURCHES TOGETHER
A SUMMARY OF THEIR WORK IN AFRICA

Rwanda

When World Relief sponsored Rwanda's first gathering of 50 church leaders to discuss HIV/AIDS in 1997, few churches were doing anything about it. Most church members surveyed did not know what caused AIDS, even as the national infection rate approached 11 percent. The situation is changing dramatically. "Church leaders now realize that they must make every effort to fight this global pandemic," says Jean Ndahayo, a lay counselor with the Baptist Union in Cyangugu. "If the church sleeps instead of attacking the problem, it will become nothing but an empty building, with all its people lost."

The turn-around became obvious in 1998 during a second gathering of church leaders. The group made a joint commitment to fight AIDS and publicly stated to the government: "We the church leaders...together make a commitment to join hands with the government in the fight against HIV/AIDS. We acknowledge that we have the belief systems, moral authority and local presence necessary for effectiveness in HIV/AIDS prevention and care....We need training, guidance, and advocacy to change belief to action and apathy to compassion."

World Relief and the Rwandan churches then launched a three-year initiative to reduce HIV/AIDS among youth and to care for those affected by HIV/AIDS. The program is funded by World Relief and USAID, but the churches carry out the program at the neighborhood level.

In workshops throughout Rwanda, World Relief is hosting AIDS counseling sessions to train those who have significant roles in shaping attitudes and behavior among the youth. The workshops are enabling pastors to not only improve their HIV/AIDS related counseling skills, but also to lead their congregations in mobilizing HIV/AIDS programs directed toward youth. In Cyangugu, 44 pastors and lay leaders received training in November, and then quickly mobilized to train many others in their area. One participating Anglican priest, Amos Mukiza, trained an additional 48 people from nine churches who have since spread the AIDS message to 20,000 people in 78 churches.

World Relief is also working with the churches to develop the needed educational tools and curriculums. An AIDS counseling manual for pastors, developed for Kenyan churches, was recently translated into Kinyarwanda and adapted for use in Rwanda.

One of Africa's first known published AIDS home-care manuals, written for the average African, was completed in May 2000 by World Relief in partnership with churches, USAID and the Government of Rwanda. The manual was written to help families who are providing care in their homes for those living and dying with AIDS.

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Malawi
Overall, the church in Malawi is at the same place the church in Uganda was 10 years ago: still debating what their role should be, and critical of condom promotion campaigns. World Relief is helping the churches discover that their strength is not in criticizing others but in doing what they do best and letting that speak for itself.

There are encouraging signs. A group of pastors from six churches in the community of Nkhoto Kota indicated to World Relief that most of their members did not know how to approach and help a person with AIDS in the home setting. After a series of basic HIV/AIDS counseling workshops, four of the churches recently began a visitation and counseling program for those with AIDS. In addition, they each started income-producing projects, such as community gardens and small businesses, to raise money to help meet basic needs of the sick and orphans.

In Kauma, Capital City Baptist Church and World Relief are working together with seven churches to grow food for 50 families caring for AIDS orphans.

World Relief recently completed several needed AIDS-training tools for churches, including the translation and adaptation of an African pastoral counseling manual into the Chichewa language. A low-literacy AIDS education flip chart has been developed for the churches to use in teaching their congregations about AIDS and how to care for and support those who are infected and affected by the disease.

One Anglican priest, Francis Kaulanda, of Nkhota Kota, told World Relief that he did not learn how to deal with AIDS in seminary, and when he started running a church parish, it was the greatest challenge he had to face. Beginning in September, African Bible College in Lilongwe will offer a World Relief-facilitated training seminar to help future pastors and lay leaders address AIDS in their midst.

Mozambique
In Mozambique, World Relief has trained a group of seven volunteer pastors in AIDS awareness and counseling, and these pastors are in turn saturating the churches in Chokwe and outlaying areas with teaching. "The response has been overwhelming," says Pastor Naftal Manguele, who leads the group. "They say we are a bit late — that we should've started earlier. But all the churches say, 'Please come back and give us more information on this AIDS.'"

By the time the worst flooding in at least 50 years hit southern Mozambique, the pastors had visited almost all of the churches in the district of Chokwe and taught over 4,500 people about the causes of AIDS and how it can be prevented.

Until October 2000, the major focus in the Chokwe area will continue to be on replanting, surviving, and rebuilding from the flooding. Once people have their homes and farms in order again, they will desire further AIDS education and training will resume.

For further information on these programs or to speak to the principals involved, contact:
In the U.S., Linda Keys at (630) 665-0236, ext. 202, lkeys@wr.org
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things you (probably) didn't know about World Relief.

1 Given the United Nations Habitat Scroll of Honour award for "outstanding contribution...in providing shelter for the world's poor."

2 Helped more than 150,000 people fleeing persecution begin new lives in the USA since 1979. The U.S. Department of State rates the quality of World Relief's refugee care #2 in the country out of the ten agencies authorized to resettle refugees.

3 Pioneered a successful program in Chicago linking churches to homeless families in their communities to get families back on their feet.

4 Successfully puts people back to work in countries emerging from war including Rwanda and Mozambique, even when other experts said it couldn't be done.

5 Founded in 1944 by the National Association of Evangelicals in response to the overwhelming needs in war-torn Europe.

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Other groups do that! It's true. Good ones, too.

So what makes World Relief special?

Several things make us unique. World Relief is the official evangelical voice on hunger and poverty issues. It's official because World Relief belongs to the 49 evangelical denominations that make up the National Association of Evangelicals. That's 43,000 churches!

World Relief's mission is to "work with the church in alleviating human suffering worldwide in the name of Christ."

What's the church got to do with it?

Working with local churches whenever possible means programs are more effective, overhead costs are reduced, and the momentum of successfully transformed lives carries on long after official programs have ended. What's more, local churches know the needs of their communities better than any outsiders.

You help just evangelicals, right?

Wrong. Help is given to those in need regardless of their religious beliefs and with no requirements on religious participation.

What's World Relief good at?

We've got expertise in three areas. Here they are:

Disaster response —

When earthquakes, hurricanes, drought or war cause widespread suffering, World Relief works with local churches to quickly help the most vulnerable victims.

Long-term help —

World Relief equips the poor to meet their own needs. Small business loans mean poor parents can better feed their families. Health programs help moms prevent the illnesses that are killing their children.

Refugee assistance —

Through its nationwide network of churches, World Relief helps victims of persecution rebuild their lives in the USA.

What about the poor here?

Disaster response, long-term help or refugee assistance: it happens overseas and at home as well! From the homeless in Chicago, the urban poor in Atlanta, or to new Americans in Seattle, World Relief helps people put their lives back together.

Why should I trust World Relief?

For 2,000 years, churches have cared for the poor. They know and understand the needs in their communities. Churches founded World Relief over 50 years ago so that by working together, more people can be helped.

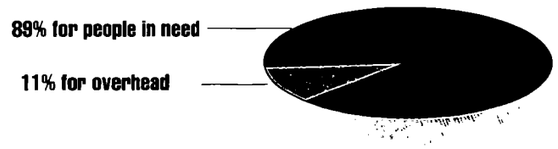
Need more reasons?

World Relief is a charter member of the Evangelical Council for Financial Accountability.

After rigorous evaluations and constant reviews, the U.S. Government entrusts World Relief to carry out results-oriented, poverty-fighting programs around the world on behalf of the American people.

How's the money spent?

World Relief keeps administration and fund raising costs low, so more dollars reach people in need through partner churches and field offices.



Who can talk?

For starters, here are three articulate speakers.

Clive Calver, President of World Relief —

Calver's the chief spokesperson. A superb communicator, Calver was the BBC's number one interview choice for comments on current issues of the day from an evangelical perspective for 14 years. Now he's in the USA, leading the attack on poverty here and around the world.

Arne Bergstrom, Disaster Response & Development Programs —

Bergstrom's the disaster response expert because he's designed and lived through relief efforts in Rwanda, Sudan, southeast Asia, and the USA. He's also expert on programs that help families break free of poverty's grip.

Don Hammond, U.S. & Refugee Programs —

Hammond's a recognized expert in refugee affairs. In fact, a group of 150 private refugee aid agencies selected him as chairman of their refugee affairs committee. *The New York Times* and *Washington Post* are among those who have interviewed him.

To arrange interviews,contact Linda Keys at (630) 665-0236, ext. 202

WORLD RELIEF

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February 5, 1999

Ms. Sandy Thurman
National AIDS Policy Director
736 Jackson Place, NW
Washington, DC 20503

Dear Ms. Thurman,

When I was traveling in the southern Sudan with David Maresh of ABC, I shared with him my deep passion to challenge and enable churches to effectively assist those affected by AIDS/HIV. He strongly recommended that I personally communicate with you and generously offered to mention me to you. During my fourteen years as the Director General of the Evangelical Alliance of the United Kingdom, I was able to mobilize evangelical churches of the UK to address the challenges of HIV/AIDS both at home and in the developing world. Member groups of the Alliance fielded programs of preventative education and care that merged professional excellence and understanding with the powerful forces of compassion and humble service modeled by Jesus Christ.

I now lead World Relief, the relief and development arm of the National Association of Evangelicals in the United States, representing over 43,000 churches in this country. My commitment to AIDS/HIV ministry remains unabated. In the United States, however, I face the challenge of mobilizing churches that often have little understanding of the nature of the AIDS/HIV pandemic and that may have been paralyzed into neglect or polarized into opposition by the rhetoric surrounding this issue. During the time of your grassroots service in Atlanta as well as in your present position, I suspect that you have not always been able to count evangelical churches among your closest allies.

World Relief has been able to make a good start in addressing these issues internationally. "Mobilizing for Life," our AIDS and the Church ministry is headed up by Dr. Meredith Long, our Director of International Health and Ms. Debbie Dortzbach, our AIDS/HIV Program Specialist. These two senior professionals led a twenty-nine month national program in Kenya that successfully mobilized Kenyan churches to address AIDS prevention. This program was honored at the IX International Conference on AIDS in Vancouver in July 1996 as the best NGO program in Africa receiving USAID (AIDSCAP) funding.

Dr. Long and Ms. Dortzbach are not only acknowledged experts in AIDS/HIV education but are able to design and implement AIDS programs with churches that bridge the gaps between the realities of AIDS and religious belief. World Relief's HIV/AIDS interventions create the environment in which churches productively address issues that are often

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divisive and devise AIDS/HIV programs that preserve belief, tolerate differences, and maintain high standards of scientific excellence. World Relief is presently involved in AIDS programs in Rwanda, Mozambique, Malawi, South Africa, Honduras and Haiti.

In addition to our international programs, World Relief is now preparing to challenge evangelical churches among our large constituency in the United States to respond to the AIDS crisis with compassion and understanding. I am taking the lead in articulating a position that may not be understood, at least initially, by all the members of our constituency.

Along with Dr. Long, I would like very much to meet you. The AIDS programs that the Evangelical Alliance was able to mobilize in the United Kingdom were effective because we worked closely with government officials at national and local levels. In our meeting, therefore, I would like to gain a broad understanding of the policy, priorities and programs of the United States government in addressing AIDS/HIV domestically and abroad. I would very much value your perspective on the political forces that are shaping these policies now and how they may change in the future.

Also, I would like glimpse what motivates you and those you represent to combat AIDS/HIV. As I begin to bridge the gulf of misunderstanding between the realities of AIDS/HIV and the constituency of churches that World Relief represents, I anticipate that the first and most enduring span will be personal compassion and concern--those qualities that permit even those who are not always in full accord to gracefully work together for the common good. Carl Roger's observation that "what is most personal is also most universal" is an important principle for those of us committed to bringing people together.

I know that you have just returned from Africa and I am just leaving. If you are willing to meet, please communicate that willingness to my personal assistant, O'Ann Steere (630) 665-0235, ext. 101. On my return I will follow-up with whomever you designate to schedule a meeting at a time that is convenient for you.

Sincerely yours,

Clive

Dr. Clive Calver
President

cc. Dr. Meredith Long
Ms. Debbie Dortzbach
Ms. O'Ann Steere