equally brutal military repression. Unlike Guatemala, the main enemy for the indigenous peasants of the highlands seems to have been the guerrillas, in the form of the Shining Path movement. Where others fled or submitted, the evangelicals filled the peasant patrols. In their armed action, they saw themselves as fighting against the anti-Christ himself. As López concludes, ‘while the fighters of Shining Path were ready to ‘offer themselves’ without reservation for ‘the party’ and for ‘President Gonzalo’ [leader of Shining Path], the evangelicals were ready to die fearlessly for Jesus Christ and their faith. When Shining Path tried to control the personal and collective life of the peasants, including their religious practices, it came up against a rival power which told it they could not ‘serve two masters’. This rival power provided the strength needed both to resist Shining Path indoctrination and violence and to organize and fight against the enemy.

**Political efficacy is often closely tied to evangelical unity**

**Worship and politics**

Vázquez on Mexico shows how worship practices may contribute to political awareness and the development of attitudes and skills potentially transferable into the political realm. Vázquez says that ‘it is in prayers that one perceives the way that political expectations are expressed before God and the congregation’. Vázquez feels that the type of church (by which he means not just doctrine but also organizational and worship patterns) has a greater influence on political postures than the socio-economic factors which differentiate evangelical churches from each other. With regard to the ‘neo-pentecostal’ churches, Vázquez calls attention to the role of prayer seen as an essential political function which is the greatest contribution these believers feel they can make to Mexico. The link between politics and supposedly essential ritual functions is extremely old. What is new is the democratization of this, as a task open to anyone who has the vision to embrace it, regardless of social, economic or educational standing, and even independent of clerical approval. Vázquez points to a series of ways in which evangelical church practices develop attitudes and abilities which are translatable into political life. He stresses that, ‘eager to share their faith, they . . . build relationships beyond the local community and learn to ‘structure coherent and convincing ideas and to communicate directly with individuals and with larger groups, as well as to participate in discussions . . . in the defence and dissemination of their faith’. This reminds us that the evangelical concept of voluntarism and the right and duty to propagate the faith, to convince and to publicize, bears more than a resemblance to Habermas’ concept of the public sphere and communicative action. The massive daily practice of convincing, at the grassroots level, even by evangelical groups which are not internally democratic, may be vital for the quality of democracy possible in the public sphere. At the same time, Vázquez rightly warns us that these potentialities are often left without effect, because some believers, ‘enchanted with their condition as evangelicals, see no further than their own congregation’.

**The Role of Faith Based Organizations in the Fight against HIV and AIDS in Africa**

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**Keywords:** HIV/AIDS, Africa

In every community - from the smallest, most remote village, to the largest urban centres, there is an institution that is always present. It can muster tremendous human resources; it has an infrastructure in place; it is truly ‘grass-roots’; and it can influence behaviour, politics, and social justice. In fact, in many instances it has changed the course of human events. I am refer-
ring to faith based institutions in general and the church in particular.

The church was too often an obstacle in the fight

As a 1995 UNICEF report notes, faith based organizations can play an important role in development practice:

Religion plays a central, integrating role in social and cultural life in most developing countries . . . there are many more religious leaders than health workers. They are in closer and regular contact with all age groups in society and their voice is highly respected. In traditional communities, religious leaders are often more influential than local government officials or secular community leaders.1

With the expected launching next January of a certificate and post-graduate degree in Pastoral Care and HIV/AIDS, offered by St. Paul’s Theological College (Limuru, Kenya) and Oxford Centre for Mission Studies and validated by the University of Wales, reflection on the effectiveness of faith based efforts to care for those affected by HIV/AIDS is particularly appropriate. This article explores the role of faith based organizations in addressing HIV/AIDS in Africa. As the AIDS pandemic spread in Africa, it exposed fault lines that ran to the heart of our theology, ethics, and actions. The church was too often an obstacle in the fight. We looked the other way when customs and traditions flew in the face of Christian teaching, created unnecessary factions over the use of condoms, called people living with AIDS sinners, and often ostracized rather than embraced them. Christian leaders were loathe to discuss issues of sex and death within our families, communities, and the pulpit. In many cases, we increased rather than ameliorated the suffering and separation of the ill and the dying.

However, while part of the problem to date, we are increasingly part of the solution. Religious-based initiatives, when properly supported and co-ordinated, can be some of the most strategic vehicles through which to slow the spread of HIV and AIDS. This was confirmed at a Global Consultation on the Ecumenical Response to the Challenge of HIV and AIDS in Africa held in Nairobi in November, 2001. In the same month, 580 representatives from 31 African nations representing 70 million members of the Association of Evangelicals in Africa met in Burkina Faso and together declared that the church must address poverty and HIV/AIDS. The participants left energized and committed for the raging battle. The call to action does not demand a uniform response – but it does demand a resolve to speak openly and honestly about the disease, sexuality and behaviour, and to act practically, compassionately, and non-judgmentally in response to it. To quote one of the plans of action from the conference: ‘It is time to speak the truth. It is time to act only out of love. It is time to overcome fatigue and denial. And it is time to live in hope.’

The church also recognizes that the AIDS pandemic has exposed systemic issues that are, rightly, the domain of the church: violence, gender inequality, poverty, human rights, and social justice. The future holds great promise, building upon what the church has already done in addressing AIDS. Several success stories deserve mention.

Uganda is often cited for the most dramatic reduction in HIV infection rates. It is not mere coincidence that the period when the rates plummeted, 1991–1998, was also marked by involvement of Anglican, Catholic, and Muslim religious organizations. Their messages of fidelity and abstinence echoed the approach strongly favoured by President Museveni. Several studies have documented behaviour change – including reduction of sexual partners, delay of sexual debut, and abstinence. A UNAIDS ‘Best Practices’ study of the Islamic Medical Association of Uganda (IMAU) shows that AIDS prevention activities carried out through religious leaders had significant direct impact. As behaviour continued to change and HIV infection rates declined, several other religious groups became involved under the co-ordination of the Ministry of Health AIDS prevention activities, funded by the World Bank. Dr Edward C. Green, consultant of the Synergy Project and Harvard School of Public Health, studied the Uganda model and estimated that in 1995 over 2,745 trainers and peer educators as well as 5,629 community volunteers in the Muslim IMAU project alone had reached nearly 200,000 households and had counselled or sensitized over 1 million sexually active people. The Anglican project had reached nearly 3/4 million Ugandans.

In Zambia, the Salvation Army has been on the forefront of HIV and AIDS prevention and control
strategies. They have supported institutional care of people living with HIV and AIDS in Chikankata Hospital. Their programme reflects the continuum of a care model that is essential in the face of this pandemic.

With funding from USAID, through Family Health International, MAP (Medical Assistance Programmes) launched its project, 'Integrated Action Against AIDS with Kenyan Churches' in 1994. MAP has since worked across the denominational spectrum, from pentecostal to Roman Catholic congregations, conducting training in HIV and AIDS prevention and compassionate care ministries. The project incorporated baseline research, material development and dissemination, networking, and policy formation with top-level leaders and grass roots practitioners. It developed a peer education programme, youth-to-youth, training adolescents to counsel their peers in Kenyan churches and schools.

MAP, in partnership with a select number of theological institutions in Kenya, began to develop a curriculum on HIV and AIDS, targeting seminaries and Bible schools in sub-Saharan Africa. The rationale for this project was the simple fact that clergy and church leaders were sadly unprepared to deal with AIDS and its impact on their churches and communities. The first official duty that a young African clergyman, fresh from the seminary or Bible school, would be called upon to perform would most likely be a graveside service for someone who had died of AIDS, not a biblical exegesis from the pulpit.

In 1996 MAP developed a series of curriculum modules addressing the biblical foundations for an HIV and AIDS church initiative, facts about transmission, advice on mobilizing church resources, information about home-based care, and other AIDS-related issues which Christian members should know. In June 2000, MAP, in partnership with the World Council of Churches and UNAIDS, hosted a forum that attracted academic deans, principals, and representatives from 20 theological institutions from 14 countries in east and southern Africa. The outcome was a draft curriculum with a challenge, to adapt it for use in theological institutions. Through a grant from the Episcopal Relief and Development Fund in New York this fall, four Anglican seminaries in Kenya, Uganda, Zambia and South-Africa have accepted the challenge and will be integrating the HIV and AIDS courses into their curriculum.

MAP Kenya, works closely with the Ministry of Health and has held a seat on the board of the Kenya AIDS NGO Consortium (KANCO) since its inception. This consortium includes government, faith-based organizations, international organizations, and secular NGOs.

**Partnership is essential for any large programme to be effective**

Working with the Muslim community in Kenya, MAP has made great strides in inter-faith alliances. Radio spots on HIV and AIDS prevention, created by the MAP for the Kenya Broadcasting Corporation, were patterned after Islamic calls to prayer. Discussions have been held with the Imam of the largest mosque in Nairobi. Last October, at the request of the Kenyan National AIDS Control Council, MAP organized an inter-religious conference on the role of faith-based organizations combating HIV and AIDS that included Christians, Muslims, Sikhs, and Hindus. Such examples have a number of common threads: a proactive programme reaching across denominations; strong coordination and effective follow-up; and a partnership among government, secular, and religious sectors.

Partnership is essential for any large programme to be effective. The Uganda model used World Bank funding, government backing, and the networks and training ability of faith-based organizations. MAP's experience in Kenya would never have been possible without the initial funding from USAID's AIDS Control and Prevention (AIDSCAP) Project. MAP was supported by the World Health Organization (WHO) to carry out a home care study. UNAIDS funds much of MAP's conference and networking work. The faith-based initiative offices of USAID and the World Bank offer consulting and networking opportunities. Clearly, bilateral and multilateral agencies are recognizing and responding to the potential offered by partnering with faith-based organizations to combat HIV and AIDS. Archbishop Desmond Tutu, among others, has forcefully called for concerted effort by all to rise up to the challenge posed by HIV and AIDS. He challenged global leaders to look beyond their differences and to join hands in solidarity against the pandemic.
Faith-based organizations are key partners in addressing HIV/AIDS issues. AIDS is not just a medical public health issue; it is also a behavioural issue. MAP International promotes the ABC approach: abstinence until marriage, being faithful in marriage, and condom usage when warranted. To complement this prevention strategy, MAP also emphasizes care and support of people infected and affected by HIV and AIDS, thus addressing the entire continuum of care-prevention, care, and support.

While MAP does not make a judgment for other groups about use of condoms, it does advocate a participatory approach in discussion of the issue. 'Behaviour change' is not synonymous with condom usage. Nor is behaviour the only concern as it represents deeper issues, values and choices. One cannot therefore speak of the behaviour change necessary to combat HIV and AIDS without addressing other issues such as poverty, injustice, exploitation of women, and the need for clean water, housing, and employment.

To illustrate this point, a mother of four in Uganda who can make the equivalent of $3 for having unprotected sex with a client – or $1 if she demands he wears a condom – can hear the message of safe sex all day, but it will not drown out the hungry cries of her children. Narisa, a ten year old in South Africa who is forced to have sex with an HIV-infected man who believes that sex with a virgin will cure him, is an inappropriate target for the 'wait until you are married' talk. And the debt relief, which was the result of efforts by faith based, governmental and other agencies, proved to be one of the most effective strategies in Uganda AIDS success story.

In May 2001, ‘Christian Connections for International Health’ brought together 166 participants from 25 countries to an AIDS, Malaria, TB conference held at the First Presbyterian Church of Arlington, Virginia, USA. The venue was a house of worship, but the participants represented WHO, UNAIDS, USAID, CDC, pharmaceutical representatives, academicians, congressional staff, and secular NGOs, in addition to the faith based organizations represented. In February 2002, another assembly convened by Samaritan’s Purse drew representatives from the same diverse sectors – all focused on AIDS and the broader issues of poverty and human rights.

With both some positive examples of faith-based groups involved in the HIV/AIDS challenge in Africa, and with some challenges from our past failures, what is our role and how shall we proceed to fulfil it at this time? I would like to pose three key questions, and suggest a few answers.

**Religious leaders can influence communities, societies, nation...**

What do we, the faith community, offer the world in the face of the HIV/AIDS pandemic?

- A track record – A 2,000 year history of quality care for the sick and the dying. In many African countries, religious organizations provide 30 – 50 per cent of the hospital beds in the country.
- Responsiveness and long-term commitment – Faith based organizations respond quickly to difficult situations, accepting challenges other institutions ignore or quickly abandon when they linger or become unfashionable.
- Integrity – Individuals in America and around the world give more of their philanthropic dollars to religious institutions than to any other group. On the whole, religious groups have a record of fiscal responsibility and a divine mandate to be good stewards of the resources allotted them.
- Access to a wide audience and community involvement.
- Moral authority – Religious leaders can influence communities, societies, nation, and the course of human events.
- Advocacy – Religious institutions champion the poor, the marginalized, the disenfranchised.
- A holistic approach – melding the spiritual, physical, mental and social aspects of health and balance.

How do we, the faith community, construct a new plan of action to address HIV and AIDS?

- We will condemn discrimination and stigmatization and will embrace people living with AIDS.
- We will seek out partners in government, business, and the international community, pooling resources to form the most efficient, effective response to the pandemic.
- We will advocate broadening the discus-
sion of HIV and AIDS to include issues of gender, violence, political inequity, and poverty.

- We will educate ourselves and those under our care – with special emphasis on our new generation of leadership and our youth.
- We will promote effective means of prevention. In doing so, we will support the churches’ historical commitment to faithfulness and abstinence, while allowing latitude for means beyond these that have proven effective in reducing risky behaviour.
- We will commit resources to care and counselling in addition to prevention and education.
- We will challenge culture and traditions, identifying those practices that are antithetical to our teachings and harmful to health, and proposing alternative rites and rituals in place of these harmful practices.

What do we, the faith community, request from governments?

- That they continue to create spaces in which to engage us – be it through formal offices for faith based initiatives, conferences, or informal discussion.
- That they help leverage the tremendous financial resources of the western world to engage the pandemic even more aggressively.
- That they continue to shift resources, like those through the USAID CORE initiative, to grassroots, faith based organizations and institutions in the front lines of the battle which have proven their effectiveness, often with few resources.

Conclusion

Dr Peter Piot of UNAIDS, has said that although AIDS has been an issue for twenty years now, it is a tale that is still in its opening chapters. Because of the long lead-time between infection and manifestation of the symptoms, what we are seeing, especially in Asia and Latin America, may only be the first few chapters in this macabre tale. It is also true, however, that faith based organizations that heretofore have been introduced in a supporting role in these first few chapters in fact will become integral to the story and may well determine the story’s outcome.

Notes

2. The document is available from CCH, 187 Rupert Street, McLean, VA 22010, tel. 703-556-0123 (PIN 903763), fax 703-917-4251, e-mail Martins@aol.com and website 222.cch.org.
4. Quoted in part from the ‘Plan of Action: The ecumenical response to HIV and AIDS in Africa, Kenya, November 2001’, available from EEA, c/o Linda Hartke, Coordinator, Ecumenical Advocacy Alliance, 150 route de Ferney, P.O. Box 2100, CH-1211 Geneva 2, Switzerland. tel. +41-22-791-6141, fax +41-22-710-2387, e-mail lhartke@e-alliance.ch, website www.e-alliance.ch

National Network of Indian Evangelicals for Social Concern

In a historic conference, held at Delhi from January 27-30, 2002, evangelical leaders representing churches and organizations involved in social concerns ministries from all across India decided to form a national network to build a greater cooperation towards increased effectiveness in transformational mission and to address national and regional issues on social concerns. A national body, was then formed, to facilitate the formation of a network. Eighty five delegates representing a wide cross-section of Indian evangelicals in social concerns ministries met at Hamdard university in New Delhi from January 27-30, 2002 to review both the theology and missiology that has shaped Indian evangelicals in social concerns and the methods and approaches. The consultation was also to determine the way forward in the present scenario in the country and to identify challenges for Indian Evangelicals in Social Concern.

The participants were from more than 20 states of India. Fourteen resource persons including Rev. Dr. Vinay K. Samuel, Rev Dr. Ronald J. Sider, Dr. Ken Gnanakan, Rev Dino Touthang, addressed the