



# Pastoral Action on HIV and AIDS

by Nicta Lubaale

Organization of African Instituted Churches  
and Strategies for Hope Trust





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**by Nicta Lubaale  
edited by Glen Williams**

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Nicta Lubaale  
Glen Williams

## **Acronyms**

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ARV</b>	Antiretroviral
<b>HIV</b>	Human Immunodeficiency Virus
<b>VCT</b>	Voluntary Counselling and Testing



# Preface

## About the CALLED TO CARE toolkit

In many countries throughout the world, churches and individual Christians are responding to Christ's call to 'love your neighbour as yourself' by undertaking community-based activities to address the massive challenges of HIV and AIDS.

In sub-Saharan Africa, churches have often been in the forefront of efforts to reduce the impact of HIV and AIDS. They are demonstrating, in many practical ways, that they feel 'called to care' for those who are infected or affected by the AIDS epidemic. They have, for example, pioneered ways of making basic health care available to people living with HIV, and of providing children orphaned by AIDS with education, social support and health care.

Churches have been much less effective, however, in addressing problems such as HIV prevention, HIV-related stigma, shame and discrimination, and cultural and gender issues associated with high-risk sexual behaviour. Denial of the reality of HIV and AIDS within church communities is also widespread. Moreover, although sex is the main means of HIV transmission in most countries, it is rarely discussed in church circles in an open, non-judgemental way.

Yet churches and other faith-based organisations have enormous potential for empowering individuals and communities with the knowledge, attitudes, skills and strategies they need to deal with issues related to sex, gender and AIDS. Moreover, growing numbers of church leaders have become aware of the need for a much more concerted effort to address the issues raised by the AIDS epidemic in a broader, more comprehensive and open manner.

In order to support this effort, the Strategies for Hope Trust is developing the *Called to Care* toolkit. This consists of a set of practical, action-oriented booklets and guides on issues related to HIV and AIDS for church leaders (both clergy and lay people), especially in sub-Saharan Africa. The *Called to Care* materials are designed to enable pastors, priests, religious sisters and brothers, lay church leaders, and their congregations and communities to:

- ❖ Reflect on and understand the spiritual, theological, ethical, health, social and practical

implications of the HIV epidemic and the Christian call to respond with compassion.

- ❖ Overcome the stigma, silence, discrimination, denial, fear and inertia that inhibit church and community action to address AIDS-related issues more effectively.
- ❖ Guide their congregations and communities through a process of learning and change, leading to practical, church-based actions to help individuals, families and communities reduce the spread of HIV and mitigate the impact of the AIDS epidemic.

The *Called to Care* toolkit consists of printed materials for use with church groups and communities at different levels of awareness and experience in relation to the HIV epidemic. This book, No. 4 in the toolkit, is designed to help train and guide African independent church leaders and members in addressing the pastoral dimensions of the AIDS epidemic.

Other *Called to Care* 'tools' will be developed in the course of the period 2008-2010. These will be on topics such as HIV prevention strategies, living positively with HIV and AIDS, HIV and young people, gender issues, and nutrition and food security for people living with HIV.

The *Called to Care* project is being implemented through a process of international, ecumenical collaboration between churches, faith-based organisations, international church organisations and networks, publishers, distributors and other partners.

We invite you to participate in *Called to Care*, not only by using the contents of the toolkit in your congregation or community, but also by writing to us about your experiences, which we would be pleased to post on the Strategies for Hope website: [www.stratshope.org](http://www.stratshope.org).

Yours in faith and solidarity,

Glen Williams  
Series Editor  
Strategies for Hope Trust





# Foreword

It is over 25 years since the AIDS epidemic emerged. Many initiatives have been designed to respond to the challenges which HIV and AIDS have brought into our lives. Over the years, we have learnt lessons about the role of religious faith in responding to the challenges of the AIDS epidemic.

In the African independent churches (AICs) we value faith as the number one motivating and sustaining factor in our mission work. What we need are tools to help us bring the challenges of HIV and AIDS into our faith structures so that we can allow the Spirit of God to release the creativity in grassroots mission which we, as AICs, have always possessed.

In collaboration with the Strategies for Hope Trust, we have developed a 'pastoral action' handbook (this book) and a 'community action' handbook. These are based on the practical, grassroots mission work of member churches of the Organization of African Instituted Churches (OAIC). They are designed especially for improving the effectiveness of African independent churches in responding to the AIDS epidemic, but they may also be useful to other churches in different parts of the world.

These handbooks are designed to help us use the resourcefulness of our Christian faith and our social structures to care for one another more effectively. They are intended to help us identify the values and practices which act as barriers to addressing these challenges. The books also challenge us to look critically at our shared vulnerability, but especially that of women and girls, who comprise the largest number of people living with HIV in sub-Saharan Africa.

The introduction to each chapter and the practical exercises are presented in simple language, to enable you - whether as pastors, as youth workers, as women's leaders, as choir members, or as other kinds of church leaders - to integrate HIV-related work into your ministry within your church and your community. They also include real life stories of grassroots missionaries - church leaders, children, women volunteers and youth workers - who are involved in HIV-related work.

It is my prayer that we will allow the Spirit of God to motivate us into action, as these handbooks help us to deepen our commitment to positive responses to the many challenges of HIV and AIDS.

The Most Reverend Daniel Okoh,  
General Superintendent, Christ Holy Church International, and  
International Chairman, Organization of African Instituted Churches





# Introduction

This section presents the following information:

**WHO** this handbook is for.

**WHY** this handbook was written.

**WHAT** this handbook is about.

**WHERE and WHEN** this handbook can be used.

**HOW** this handbook can be used most effectively.

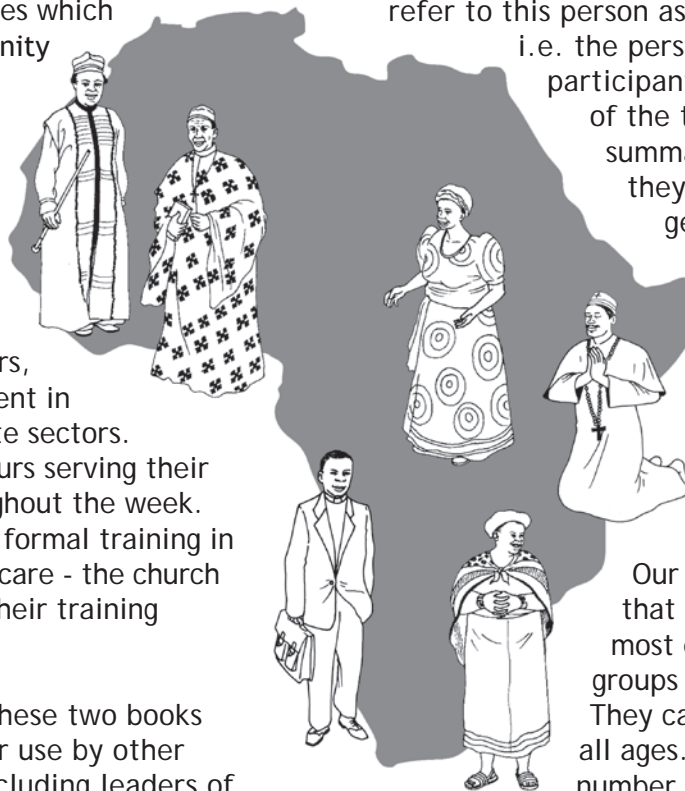
## Who?

This is the first of two handbooks written primarily for leaders and members of African independent or instituted churches (AICs), i.e. churches that are not affiliated to the 'mainstream' churches which first brought Christianity to sub-Saharan Africa.\* AICs are widely distributed throughout sub-Saharan Africa. The pastors of AICs often earn their living from small businesses, as farmers, or through employment in the public and private sectors. They spend many hours serving their congregations throughout the week. Many have had little formal training in theology or pastoral care - the church community itself is their training ground.

As well as pastors, these two books are also intended for use by other church members, including leaders of women's groups and youth clubs, ushers and worship-leaders, Sunday School teachers and Bible study leaders. The books are designed so they can be used by

a person with some experience of training at community level, but they need not have been trained specifically in the use of these books. Throughout each book we refer to this person as the 'facilitator', i.e. the person who guides the participants through the sessions of the training course, summarises the issues they have covered, and generally ensures that the activities are carried out in an orderly way, according to the time schedule, and with the active involvement of all the participants.

Our experience has shown that training courses are most effective in mixed groups of 15 to 60 people. They can involve people of all ages. Depending on the number of participants, the facilitator may have to call upon support from two or more assistants, drawn from the community. In this handbook we will refer to these people as 'co-facilitators'.



\* The second of these two handbooks, entitled *Community Action on HIV and AIDS*, No.5 in the Called to Care toolkit, is designed to help train and guide African independent church leaders and members in addressing the community-based dimensions of the AIDS epidemic.



It is advisable to have one co-facilitator for every 15 participants.

We suggest that the facilitator and co-facilitators should all have a copy of each handbook. They should meet before each session to discuss how they will handle it. They should also meet briefly after each session to review how things went and whether any organisational changes should be made for the next session.

## Why?

These two handbooks have four main purposes:

**First**, to enable our church members and communities to discuss and learn about HIV and AIDS, in the context of their culture and the life of their faith community.

**Second**, to help reduce HIV-related stigma, discrimination and denial within our churches and communities.

**Third**, to demonstrate how, through a programme of carefully planned group learning and practical activities, our churches and communities can successfully address the great challenges of HIV care, support and prevention.

**Fourth**, to support our church leaders in promoting healthy lifestyles and positive attitudes, based upon Biblical values and accurate factual information.

## What?

This handbook draws upon 12 years of experience by the Organization of African Instituted Churches (OAIC) in training church leaders in how to respond to the new challenges of the HIV epidemic. Its contents are of two kinds. First, it contains guidelines for running a training course for churches on 'pastoral action' in response to

HIV and AIDS. By 'pastoral action' we mean activities by pastors and lay church leaders which are aimed at guiding and supporting the members of their faith communities as they face up to the challenges of the HIV epidemic. Such challenges affect church leaders in their beliefs, their forms of worship and their pastoral ministries. This is a topic for which church leaders are generally not well prepared.

Second, it contains the experiences of several leaders of African independent churches who, supported by the OAIC, have responded in particularly innovative ways to the challenges of the AIDS epidemic. These stories are drawn from our member churches in Uganda and Kenya, but they could have come from several other African countries. They are vivid examples of how churches can address and overcome the pastoral challenges posed by the HIV epidemic.

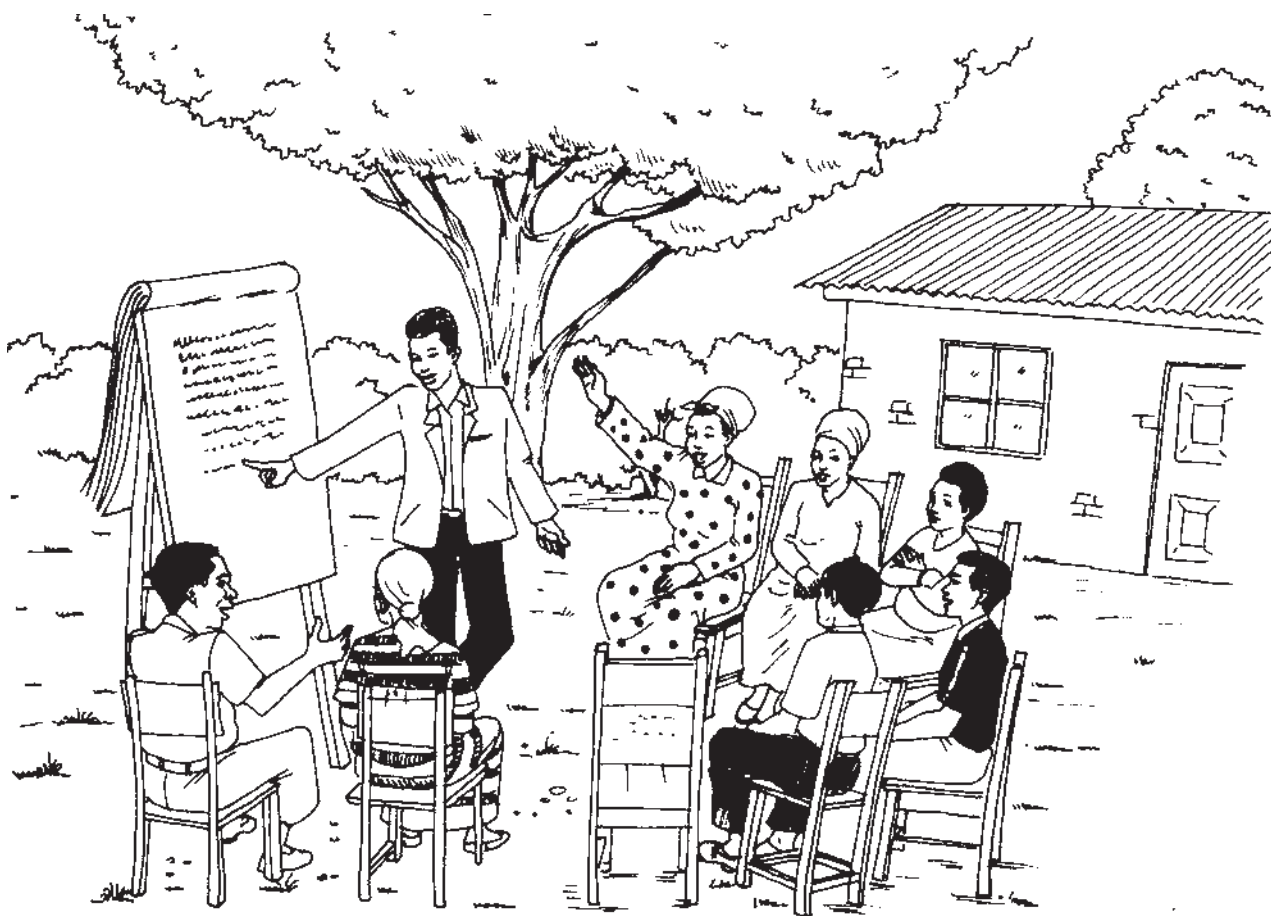
## Where and when?

We envisage that both handbooks will be used to guide training courses held in churches, schools, community buildings or in the open air. The sessions may be held during a continuous period of four or five days for each book, or they may take place on weekends or during the evenings - whenever it is most convenient for the participants.

## How?

This handbook is divided into four chapters, which are sub-divided into a total of nine sessions. Each session should take between 1½ and 2½ hours, depending on the number of participants - the higher the number of participants, the more time is needed to carry out the activities.

You may decide to use one or more training sessions on a one-off basis, without going through each handbook from the start to



**The Called to Care handbooks can be used for training courses in many different settings - including in the open air.**

the end. This can be a valid approach, depending on the experience, background and needs of the group with whom you are running the training course. However, we believe that, in most cases, maximum benefit will be achieved by taking the group through each session, from the start to the end of each handbook. This is because the later sessions in each handbook build upon the information and exercises of the earlier sessions, culminating in plans for particular kinds of action within your local church and community.

The activities in the sessions involve writing some information onto flip chart paper, which is later attached to the wall. However, non-literate persons

should be encouraged to participate in the sessions, especially as they may well be influential members of the local church and community. It is important, therefore, that the facilitator (or co-facilitator) reads back to the whole group whatever has been written on the flip charts.

If some participants want to take notes, tell them they are welcome to do so, but ask them to participate actively in the discussion. If some participants want to do drawings to illustrate their responses, encourage them to do so, using the flip chart.

Remember that some topics may give rise to much discussion and even disagreement.



## PASTORAL ACTION ON HIV AND AIDS

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Sometimes you may have to move the discussion on, even though some participants may still have doubts about whether the information you have provided is correct. In these cases, you could either

arrange to meet with the person(s) concerned later on, or you could promise to check the facts with a health worker before the next session of the training course.



## Chapter One

# HIV and AIDS: the facts

The AIDS epidemic is one of the greatest health and development challenges facing the countries of sub-Saharan Africa. Our churches have not been spared its impact. On the contrary, our congregations are as affected by HIV and AIDS as any other section of society. In some ways, we are affected even more because we feel ourselves, as Christians, called to respond to the needs of those who are hit hardest by the AIDS epidemic. Our concern about HIV and AIDS is an essential and integral part of our Christian ministry.

Many African independent churches are educating their members and communities about HIV and AIDS, and caring for those in their communities most affected by the epidemic. Yet there are still many of our churches that are not yet involved in such ministries. Many of our church members still lack the information and skills they need to make a firm commitment of this kind.

In the first two sessions of the course we shall examine some basic facts about HIV and AIDS, and their significance for various sections of society. We shall fill in some gaps in our knowledge, correct some common misconceptions and shed some light on issues that may still be clouded in uncertainty. In doing so, we shall be better equipped to understand how the AIDS epidemic affects us and how we, as Christians, can respond to the challenges which it brings.

## Session 1:

### Questions and answers - Part 1

🕒 **Aims:** to help participants understand the basic facts about the AIDS epidemic, and how they can avoid becoming infected with HIV.

📄 **Materials required:** flip chart, marker pen and masking tape.

🕒 **Time needed:** 2 hours 30 minutes.

📄 **Description:** a question and answer session, with discussion.

#### Directions:

1. Some days before the start of the course, ask your local church and community leaders what terms in the local language should be used when discussing sensitive sexual issues in the workshop. Such terms would include, for example, sexual intercourse, and the male and female genitals. Try to come to an

informal agreement on which terms to use in the workshop.

2. The first two sessions of the course will cover the basic facts about HIV and AIDS. Some of the information to be presented will lead to discussion and perhaps to controversy. If you feel that it would be preferable for a



competent person from outside your local community to present this information, you might wish to invite a well-trained church leader, or a nurse, a clinical officer or a doctor to do so.

3. Start by sitting in a circle with the participants, so that everyone can see one another and the flip chart, situated next to you. Welcome the participants to the session. If the group does not yet know you, introduce yourself, your co-facilitators and (if present) the specially trained person whom you have invited to this session. If some members of the group do not know one another, ask each member of the group to introduce him- or herself.

4. Ask one of your co-facilitators to start the session with a prayer.

5. Ask the participants to mention at least five hopes, and five fears, which they have for this training course. Make lists of these on a sheet of flip chart paper which

everyone can see. Keep this sheet of paper - you will need it at the end of the course.

6. Explain that in this session you are going to explore some basic facts about HIV and AIDS, and how the members of the group feel about these issues. Mention that you are going to ask them a series of questions, but they can ask you questions too. It's important that you allow the participants to respond to the questions before you come in with information. Write down the correct responses on the flip chart. Praise the responses as much as possible, even if only partially correct. Emphasise that we are all learners, and that you expect to learn as much from this training course as anyone!

7. Ask the questions below. (Alternatively, ask the outside person whom you have invited to do so.) The basic information you need to respond is provided after the question. You should feel free to add to this information if you wish. Write the correct answers onto the flip chart, or ask a co-facilitator to do this for you.

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### QUESTIONS AND ANSWERS:

#### A. WHAT IS HIV?

'**HIV**' stands for **H**uman **I**mmunodeficiency **V**irus. It is the virus which leads to AIDS.

'**Human**' refers to human beings.

'**Immunodeficiency**' means a reduction in the effectiveness of the body's defence system in fighting infections.

A '**virus**' is a very small germ, or micro-organism. HIV is a very delicate virus, which cannot survive outside the body. Compared to many viruses, HIV is not transmitted very easily.



#### B. WHAT IS AIDS?

'**AIDS**' stands for **A**cquired **I**mmune **D**eficiency **S**ndrome. It is the most advanced stage of HIV infection.

'**Acquired**' means something caught from another person.

'**Immune system**' means the body's own defence system.

'**Deficiency**' means a lack of something - in this case the CD4 cells, which are the key fighters of infection in the body's defence system.

'**Syndrome**' means a collection of symptoms of a particular health condition or illness.







### C. HOW DOES HIV AFFECT PEOPLE?

HIV attacks the body's immune system and weakens the capacity of the body to fight off many different kinds of sickness. If our body's immune system is weak, we get ill more often and more seriously, and we recover more slowly from illnesses. People infected with HIV generally develop AIDS several years after becoming infected with HIV. People with AIDS usually die of illnesses such as TB, pneumonia or septicaemia (blood-poisoning).

HIV also affects people psychologically, socially and spiritually. Knowing that one is HIV-positive can lead to feelings of guilt, shame, anger, anxiety, depression or hopelessness. In addition, the premature death of one or both parents can have serious consequences for the health and development of children, who become dependent on aged grandparents or other relatives. Learning that one is HIV-positive may also lead to a spiritual crisis in a person's life.



### D. WHAT DOES IT MEAN TO BE HIV-POSITIVE?



Being 'HIV-positive' means that a person is

carrying HIV in his or her body. However, this person might not yet have AIDS. In fact, they might never develop AIDS, but they will always carry HIV in their body.

### E. HOW DO WE KNOW IF SOMEONE HAS HIV?



We cannot know this from any external signs. Most people living with HIV do not look any different from other people. Only when they reach the stage of AIDS are they likely to develop symptoms such as severe weight loss, a persistent

cough, frequent fevers and sweats, skin rashes or flaky skin. A person living with HIV, although healthy and normal in appearance, can transmit HIV to other people. The only way to know if we have HIV is through a blood test, which shows whether we are HIV-positive or HIV-negative.

### F. IS THERE A VACCINE AGAINST HIV?

No. A great deal of research is being done to develop an HIV vaccine, but such a vaccine does not yet exist.



### G. HOW IS HIV TRANSMITTED?

There are three main ways in which HIV is transmitted:



- ◆ Through unprotected sexual intercourse. A single unprotected act of sexual intercourse is enough to transmit HIV from one person to another.
- ◆ Through blood or blood products. Blood is the most potent medium of transmission of HIV. This can occur through a blood transfusion or via an unsterilised blade or needle.
- ◆ From mother to child. If a pregnant woman is HIV-positive, there is a 15-30% chance that she will transmit HIV to her baby before or during birth.<sup>1</sup> There is also a significant risk that an HIV-positive mother may transmit HIV to her baby through her breast milk.

### H. HOW IS HIV NOT TRANSMITTED?

There are many common misunderstandings on this subject. It is very clear, however, that HIV is NOT spread by mosquitoes or other insects, or







by shaking hands, hugging, or sharing clothes, bed-sheets, towels, eating utensils, bathrooms or toilets with an HIV-infected person. Even vomit, faeces and urine are harmless, as long as they do not contain blood. Neither is HIV spread by kissing, unless both partners have bleeding lips or gums.

### I. IS THERE A CURE FOR HIV INFECTION?

There is no treatment that cures HIV. However:




- ◆ HIV causes people to fall sick from a number of diseases. These can usually be treated with low-cost medications.
- ◆ Since 1995, some new types of medicines called 'antiretroviral drugs' (ARVs) have been developed and are increasingly widely available. These slow down the reproduction of HIV in the body and allow the body's defence system to regain strength. Many people have experienced a tremendous improvement in the quality of

their lives after starting ARV treatment. In countries where ARVs are readily available and affordable, deaths due to AIDS have fallen dramatically.

- ◆ When given to a woman in labour, ARVs greatly reduce the risk of a baby being born with HIV. In many countries, ARVs are available for this purpose from ante-natal clinics.
- ◆ However, ARVs are powerful drugs, and they sometimes have harmful side-effects. In addition, they must be taken every day for the rest of the HIV-positive person's life. Moreover, HIV mutates quickly. Some patients experience treatment failure within a year or two, because the virus develops resistance to the ARV being used. Alternative forms of ARV treatment can usually be prescribed, but these may not always be easily accessible or affordable.
- ◆ Even when patients respond well to treatment with ARVs, they do not eradicate HIV. The virus continues to replicate at low levels and often remains hidden in 'reservoirs' in the body, such as in the brain.

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8. In order to find out what the participants have learned, give a quick overview of the questions and answers you have covered during this first session of the training course. Tell the group that you will be moving on to the second set of Questions and Answers in the next session.

9.  Ask one of the participants to read Psalm 27:1 and 11-14, and invite a participant to close the session with a prayer.

10. Meet with your co-facilitators to review how the session went.



## Session 2:

### Questions and answers - Part 2

- ⦿ **Aims:** to help participants understand the basic facts about the AIDS epidemic, and how they can avoid becoming infected with HIV.
- ▷ **Materials required:** flip chart paper and marker pen; one slip of paper for each participant - 25% of them marked with '+', and 75% marked with '-'.
  - 🕒 **Time needed:** 2 hours 30 minutes.
- **Description:** the TASO Game (20 minutes), followed by a question and answer session, with discussion.

#### Directions:

1. Sit in a circle with the participants, so that everyone can see one another and the flip chart, situated next to you. Welcome the participants to the session. If some members of the group do not yet know one another, ask each member of the group to introduce him- or herself.

2. Ask one of the participants to start the session with a prayer.

3. Explain that in this session you are going to continue to explore some basic facts about HIV and AIDS, and how the members of the group feel about these issues. But first you are going to play the TASO Game (see box, page 16), which is to demonstrate how quickly HIV can spread. It will also help us to revise some of the points we covered in the first session.



**In the TASO game, participants greet one another by shaking hands.**



### The TASO Game<sup>2</sup>

1. Ask each participant to choose one slip of paper (folded) marked either '+' or '-'. Take one for yourself, but make sure it is one marked '+'. Emphasise that no-one should look at their slips of paper until you tell them to do so.
  2. Ask the participants to move around, shaking hands with one another. Do this yourself too. After everyone has shaken hands with four or five people, stop the activity and ask everyone to look at their slip of paper. Ask all those (including yourself) who have a '+' on their paper to come forward. Explain that this game is *pretending* that these people have HIV.
  3. Ask those who shook hands with any of those who have '+' on their paper to come forward. Explain that the game is *pretending* that these people are at high risk of having been infected with HIV - either through semen, vaginal fluid or blood. (It is not possible, however, for HIV to spread through a handshake.)
  4. Now look to see who is left. They might not have been exposed to HIV today, but in the past they might have had intimate contact with those who are now 'HIV+'. They are therefore at some risk of having been infected with HIV.
  5. Finally ask:  
How many people were originally 'infected with HIV'? (Answer: one in four.)  
How many people were 'infected' by the end of the exercise? (Answer: around three in four.)  
What does this tell us about the potential spread of HIV in our community?
- Note: at least 15 people are needed to play this game effectively.

4. After playing the TASO Game, move on to **QUESTIONS AND ANSWERS** as follows:

#### A. WHO IS MOST LIKELY TO BE INFECTED WITH HIV?

People of all ages can be infected with HIV. The virus does not discriminate between the sexes, or people of different skin colour, or people of different economic or social class. Some population groups, however, are more likely to be infected than others.



- ◆ People between the ages of 15 and 49 account for 94% of all people infected with HIV throughout the world.<sup>3</sup>
- ◆ Nearly two-thirds (63%) of all persons infected with HIV worldwide are living in sub-Saharan Africa.<sup>4</sup>
- ◆ In sub-Saharan Africa, women and girls account for almost 60% of all people infected with HIV.<sup>5</sup>
- ◆ African women become infected with HIV at a much earlier age than men. In South Africa, for example, young women (15-24 years) are four times more likely to be infected with HIV than are young men; in 2005, HIV prevalence among young women in South Africa was 17%, compared with 4.4% among young men.<sup>6</sup>



## B. WHY ARE MORE AFRICAN WOMEN THAN MEN BEING INFECTED WITH HIV?

- ◆ African women are at least twice as likely to contract HIV through sex with infected men than vice versa. This is partly because gender inequalities, economic factors and long-standing cultural traditions make it difficult for women to refuse sex or to insist on condom use, even when they know or believe their sexual partners to be HIV-positive. In addition, women are biologically more vulnerable to HIV. A woman's genitals are a relatively wide, soft, exposed area, and therefore more vulnerable to germs than a man's penis. Moreover, young women can experience more genital tearing during sex.
- ◆ It is *not* the case that African women are more sexually promiscuous than men. Studies in several African countries have shown that about two-thirds of women living with HIV have had only one lifetime partner. So most of these women became infected with HIV through unprotected sex with their only sexual partner. Also, 79% of these women had abstained from sex until the age of 17.<sup>7</sup>

## C. HOW CAN HIV INFECTION BE PREVENTED?

HIV infection can be prevented by avoiding contact with the blood, vaginal fluid or semen of an HIV-positive person. The main ways in which the sexual transmission of HIV can be prevented are:



- ◆ Celibacy, i.e. never having sex with anyone. This is undoubtedly the most effective method of avoiding HIV infection. Most people, however, will not wish to practise celibacy for the whole of their lives.

- ◆ Abstinence, i.e. avoiding sex for certain periods of time. This is also a very good method of avoiding exposure to HIV through sex. All of us practise abstinence at various times of our lives, e.g. before marriage, when one's husband or wife is ill, or when spouses are separated for a period of time (e.g. for work-related reasons).
- ◆ Mutual faithfulness, i.e. having sex with only one person. This form of sex is safe only if both partners have been tested for HIV and found to be negative, and they both avoid behaviour likely to lead to HIV infection after being tested.
- ◆ Using condoms. This is a very reliable method, as long as a new condom is used correctly with every act of sexual intercourse. Although HIV is a very small virus, it cannot pass through the wall of a condom. There are now female condoms, as well as male condoms, available. If one or both partners has not been tested for HIV, a condom should be used during sexual intercourse.

The transmission of HIV through blood infected with HIV can be avoided by not sharing needles, tooth-brushes or anything that can damage the skin and draw blood such as tattooing, ear-piercing, or sharing razor blades or knives for circumcision. It is also vitally important to avoid blood transfusions in hospitals unless the donor's blood has been screened to detect HIV.

The chances of HIV being transmitted from mother to baby can be greatly reduced by giving antiretroviral drugs to both mother and baby before and after birth. As far as infant feeding is concerned, the World Health Organization (WHO) recommends that, where replacement feeding is "acceptable, feasible, affordable, sustainable and safe", breastfeeding by HIV-positive mothers should be avoided. Where these conditions do not exist, WHO recommends that HIV-infected women should breastfeed exclusively for the first six months of life.<sup>8</sup>



5. This session requires intense concentration over a fairly long period of time, so we suggest

that you now introduce this 'energiser' to get people moving around and laughing.

### ENERGISER: Touch Something Blue<sup>9</sup>

⌘ Ask everyone to stand up. Explain that you will call out to everyone to find something which they should all touch.

⌘ Call out 'Touch something blue!' and everyone should run to touch a blue object, e.g. someone's shirt or trousers. Then call out 'Touch your toes!',

'Touch someone's ear', 'Touch that chair over there!'.

⌘ Ask other people to join in with their own suggestions.

⌘ After about five minutes, stop the game and invite everyone to resume their seats or places on the floor.



**The Touch Something Blue game gives participants a few minutes to relax.**



### D. WHAT IS VOLUNTARY COUNSELLING AND TESTING (VCT)?

**‘Voluntary’** means doing something of one’s own free will.

**‘Counselling’** before an HIV test is to explain what the test is about; counselling

after the test is to give the result and (if positive) to provide the HIV-person with follow-up psychological support.

In HIV **‘testing’**, a person’s blood is taken and analysed for the presence of HIV antibodies, which indicate that the person has HIV in his or her body.

appropriate medical treatment, including antiretroviral therapy, if available (see Session 1, Question I, page 14).

- ◆ It enables couples to support each other emotionally, to make informed plans for the future, and to practise safer sexual behaviour, e.g. non-penetrative sex and condom use.
- ◆ It enables couples to make informed decisions about whether to have children, and to minimise the risks of passing HIV on to their children.
- ◆ If a pregnant woman knows she is HIV-positive, she can take special drugs to greatly minimise the chances of passing HIV on to her baby during childbirth.

### E. WHAT IS THE ‘WINDOW PERIOD’ IN HIV TESTING?



After HIV enters a person’s body, it can take up to three months before an HIV test gives a positive result. (This is because the human body needs time to develop antibodies to fight HIV, and the test detects these antibodies, not HIV itself.) The period between infection and the emergence of antibodies is known as the **‘window period’**. It means that, even if our first HIV test is negative, we need to have a second test three months later to confirm whether we are still negative.

### G. WHAT ARE THE POSSIBLE DRAWBACKS OF VCT?



Knowing one’s HIV-positive status can have negative consequences, for example:

- ◆ If appropriate counselling, medical care and other support are not available, it can lead to depression.
- ◆ It may be difficult to decide who to tell about one’s HIV-positive status. If family members, relatives, community members and health staff are not well informed about HIV and AIDS, disclosure of one’s HIV-positive status can lead to stigmatisation, discrimination, rejection, physical violence and abandonment.

### F. WHAT ARE THE BENEFITS OF VCT?

Knowing one’s HIV-positive status is potentially beneficial because:



- ◆ It enables one to take better care of oneself and remain healthy for longer.
- ◆ It enables health staff to prescribe

### H. WHAT CAN BE DONE TO MAXIMISE THE BENEFITS OF VCT?



- ◆ Health staff need to receive good information and proper training.






## PASTORAL ACTION ON HIV AND AIDS

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- ◆ Health services need to have access to appropriate medicines, including antiretroviral drugs.
  - ◆ The whole community needs to learn about HIV and AIDS, and how to support people living with HIV.
- 

6. Give a quick overview of the questions and answers you have covered during this second session of the training course. Tell the group that in the next session you will be moving on to discussing how we interpret sickness, healing and HIV through our Christian faith.

7.  Ask one of the participants to read John 8:31-32, and invite another participant to close the session with a prayer.

8. Meet with your co-facilitators to review how the session went.





## Chapter Two

# Our spiritual understanding of sickness, healing and the AIDS epidemic

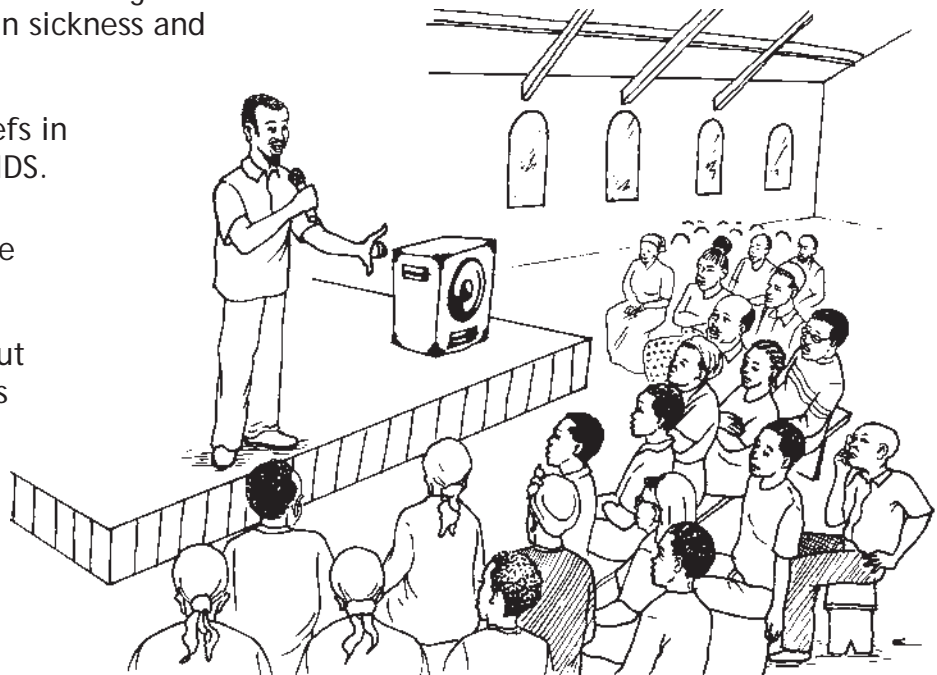
In the next two sessions we shall examine how we interpret HIV and AIDS through our spiritual understanding of sickness and healing. In our African independent churches, the way people understand the things that affect us in life is generally not communicated in written form. Rather, it is passed on through sermons, songs, testimonies and the day-to-day conversations of church members within their own communities. In this way, we communicate the gospel of Christ in the various situations where we live and work.

Even before the global AIDS epidemic, we had always relied upon our spiritual knowledge to explain the world around us. In order to deal effectively with the complex issues of HIV and AIDS - and the people affected by the epidemic - we shall need to:

- ▣ Examine the spiritual knowledge we have always used to explain sickness and healing, and
- ▣ Articulate these beliefs in relation to HIV and AIDS.

This will require us to be open about:

- ◆ What we believe about suffering and sickness
- ◆ How we interpret the Bible in the light of the AIDS epidemic
- ◆ The impact of the AIDS epidemic on individuals, families and communities.



**In African independent churches communication is mainly verbal, rather than in written form.**



## Session 1:

# What do we believe?

🎯 **Aim:** to examine our spiritual understanding of HIV and AIDS.

▶ **Materials required:** flip chart, marker pens, masking tape; Bible.

🕒 **Time needed:** 2 hours.

### ACTIVITY 1:

#### Sickness, healing and the love of Christ

🕒 **Time needed:** 1 hour.

□ **Description:** small group discussions, followed by sharing with the whole group.

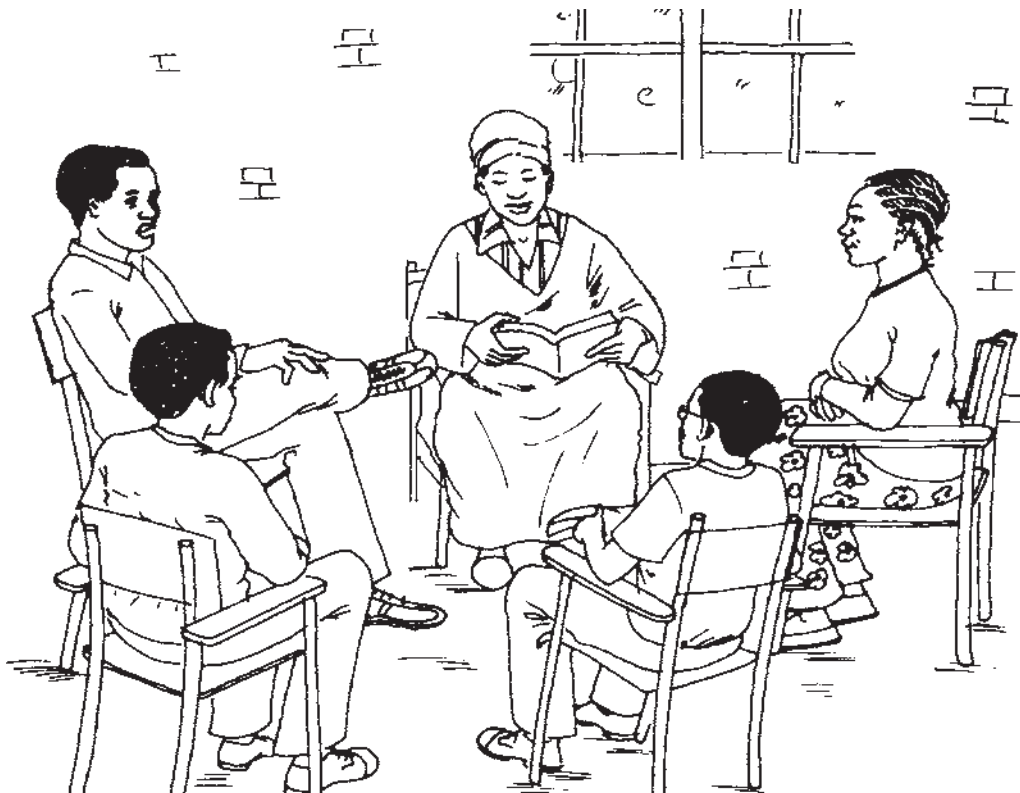
#### Directions:

1. Explain that in the next two sessions we shall be using the Bible to help us understand HIV and AIDS from our spiritual perspective. Make it clear that the participants are free to

ask questions about things they are uncertain or concerned about.

2. Now break into small groups of 5 to 15 persons, each led by a co-facilitator with whom you have already discussed this session beforehand. 📖 Each group should begin by reading the verses of John 9:1-2: *“As Jesus was walking along, he saw a man who had been born blind. His disciples asked him, ‘Teacher, whose sin caused him to be born blind? Was it his own or his parents’ sin?’”*

Do not discuss these verses yet, but ask the group to bear them in mind during the



**Small discussion groups are an important part of the training course.**



discussion which the group is about to have.

3. Explain that, although HIV did not exist when the Bible was compiled, we can still find guidance in the Bible for our individual and community responses to sickness and the AIDS epidemic. Ask the participants the following questions:

- ❖ Which parts of the Bible have you been using to help you understand the implications of HIV and AIDS?
- ❖ What have you heard other people say about AIDS and the Bible?

Write the responses down on a sheet of flip chart paper. Mention that recording people's responses like this does not mean that everyone agrees that they are correct. It is simply a way of keeping a record of what has been discussed. But it should also help us to come to a better understanding of the light which the Scriptures can shed on the subject of HIV and AIDS.

4. After about 20 minutes, bring all the groups together again. Stand in a circle and sing a chorus together.

5. Ask a member of each group to read out their responses. Invite other participants to make any comments or to ask any questions they wish.

6. Ask the groups to suggest which of these responses reflect the love of Christ. Make a list of these.

7. Make another list of any responses which do not reflect the love of Christ. Ask the group whether or not these responses are correct interpretations of the Gospel of Jesus Christ. (Note: the intention here is not to question the authority of Scripture itself, but of our interpretations, which might not always be correct.)

8. Summarise what we have learned during this activity.

## ACTIVITY 2:

### 'If you were the one'



**Time needed:** 1 hour.

- ☐ **Description:** role plays, followed by discussions in the full group, and considering the experience of a church in Uganda.

### Directions:

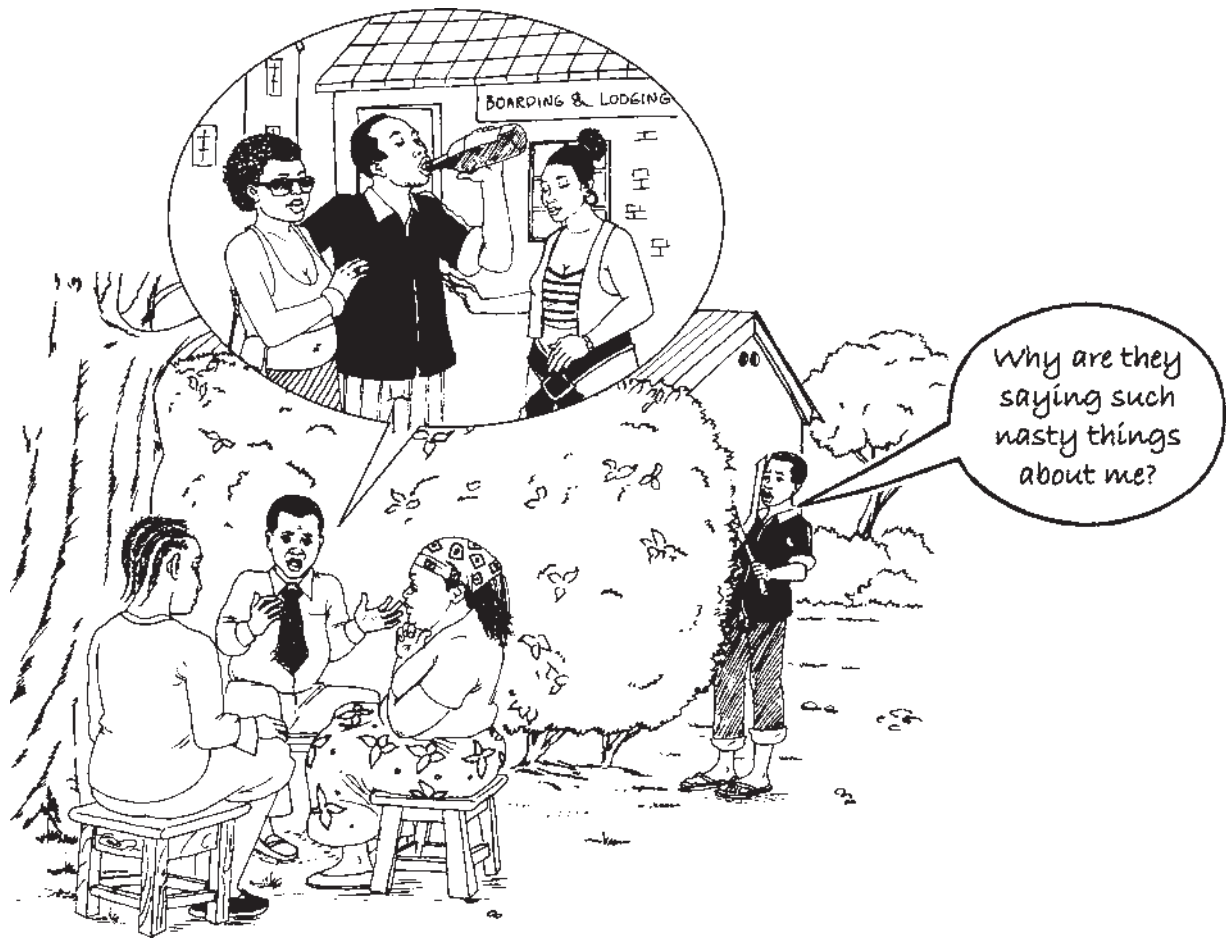
1. For this activity you will need two groups of four people to perform two role plays. You should meet before the session and brief them on the role plays they are to perform, so they can practise their roles beforehand.

2. In the first role play, Pastor Jeremiah and two members of the congregation talk about 'John', another member of the congregation, whom they believe to be HIV-positive because of his supposedly

promiscuous lifestyle. They say he has brought the problem upon himself, so has only himself to blame. (In fact, John is neither HIV-positive nor promiscuous, but he is suffering from TB, so he looks thin and unwell.) Unknown to them, however, John overhears them. They then notice his presence and react in a shocked and embarrassed way.

3. Ask for the first role play to be performed. Then invite members of the audience to respond to the following questions:

- ❖ Why did Pastor Jeremiah and the two congregation members feel embarrassed when they noticed that John could hear what they were saying?
- ❖ How do you think John felt?
- ❖ Why do you think Pastor Jeremiah and the two congregation members talked about




John in such a negative way? (Keep probing until the participants mention things like 'lack of information', 'fear of the unknown', 'fear of AIDS', 'interpretation of AIDS as God's punishment of sinners'.)

4. In the second role play, Pastor Phillip and two elders of the congregation discuss the situation of 'Alice', a church member who is living with HIV and has requested permission to tell the rest of the congregation about her HIV-positive status. They discuss her case with sympathy and understanding. Alice overhears them. They then notice her presence, and invite her to join them and to discuss her request.

5. Ask for the second role play to be performed. Then ask someone to describe and comment on the differences between the two role plays. Now try to explore the differences between the first and the

second pastor and the members of the first and the second congregation. Ask what has to happen for members of a church congregation to be as well informed and supportive as the members of the second congregation.

6. Now remind the participants of the Scriptural passage (John 9:1-2), in which Jesus' disciples automatically assumed that, because a man was blind, either he or his parents must have sinned. Relate this misconception to the commonly held view that HIV-positive people have to repent because they have sinned in some way, e.g. through sexual promiscuity. Ask whether repentance of sins is really necessary for everyone living with HIV.

7. Ask the participants how the church can advise and help people who may have made mistakes and who are HIV-positive.  Read



John 8:1-11. What can we learn from this passage about our own attitude to people who are regarded by society as sinners?




Read also Romans 3:23-24.

8. The Centre for Evangelism, an African independent church in Iganga, in Eastern Uganda, has been addressing these issues for several years. Pastor Paul Lubaale describes their experience (see box below). Ask a participant to read Pastor Paul's story,

and invite comments from everyone in the group.

9. Summarise what we have discussed and learned during this activity.

10.  Ask one of the participants to read Matthew 7:1-6, and invite a participant to close the session with a prayer.

11. Meet with your co-facilitators to review how the session went.

### Pastor Paul Lubaale, Iganga district, Uganda

"I'm a founding member of the Centre for Evangelism, which started in 1975. At that time all Pentecostal churches were banned in Uganda so we led a kind of underground existence. But after Idi Amin was overthrown in 1979 we had freedom of worship and we have grown steadily. We now have nearly 10,000 members in 65 congregations in Eastern Uganda.

"When AIDS came in the mid-1980s we didn't know what it was. People thought it was witchcraft or evil spirits at work. People were dying and leaving orphans. There was a lot of stigma, discrimination and neglect of people with HIV. As a church, all we could do then was pray. We had no skills or knowledge of how we could respond. But in 1996 the Organization of African Instituted Churches ran the first training on HIV and AIDS, which we attended.

"In 1999 we decided to merge HIV activities with our normal Christian ministry. At first there was some stigma about talking about sex and AIDS in church, but the need was great so we went ahead. But we were careful about the language we used. For example, we would not use the word 'penis' - we would say 'the man's private parts'.



"There have been some harmful myths and misconceptions about AIDS in the Pentecostal churches. Some pastors even tell those who are saved, or born again, that HIV has no impact on their lives. That's a terrible thing to say. Some people refuse to go for a blood test because they believe that the Holy Spirit will destroy the virus. Some who have tested HIV-positive refuse to take their drugs because they believe they have been healed through faith. I wouldn't say that God cannot heal someone of AIDS, but I would rather recommend that someone should go for treatment and pray to God for healing. Yet while we can pray for somebody, he may still die. I believe that it's within God himself to heal or not."





## Session 2:

# HIV, AIDS and healing

🕒 **Aim:** to explore our spiritual understanding of suffering and healing in the context of the AIDS epidemic.

▶ **Materials required:** flip chart, marker pens, masking tape; Bible.

🕒 **Time needed:** 2 hours.

### ACTIVITY 1:

#### Dealing with sickness through faith

🕒 **Time needed:** 1 hour 15 minutes.

□ **Description:** plenary discussion.

#### Directions:

1. Explain that this is an open discussion to explore our understanding of our faith in relation to sickness, especially AIDS. Emphasise the fact that, as members of African independent churches, our understanding of sickness and wellbeing goes beyond the purely medical. Mention that many of us believe that sickness, suffering or misfortune are caused by demons or evil spirits which attack individuals and communities. We deal with these spirits through expelling or driving them away from the individuals or communities affected.

2. Encourage the participants to think about their experiences of healing that involve expelling demons by asking the following questions:

- ❖ What is your experience of healing through deliverance or expelling demons?
- ❖ What types of illness can be dealt with in this way?
- ❖ What does 'ministering healing' involve?
- ❖ Have you had experience in which someone dealt with AIDS as an evil spirit? If so, please share with the group.

Write down the responses on a sheet of flip chart paper. Read out the responses and ask the other participants for their comments.

3. If the responses involve factual errors, correct these by referring to the basic facts about HIV and AIDS in Chapter 1 of this handbook.

4. Explain that there are dangers in relying *entirely* on prayer and exorcism to deal with HIV and AIDS in our communities. Ask the group to give examples of such dangers and write their answers on a flip chart. It may be necessary to encourage the participants to share their thoughts and experiences. If the participants don't themselves come up with answers, ask the questions in another way and give an example from the following bulleted issues below. As they share or mention their answers, write them on the flip chart.

- **Fasting:** if people living with HIV fast for long periods, it can have a negative impact on their health because their immune system is already in a potentially vulnerable condition.
- **Voluntary counselling and testing:** some pastors do not encourage members of their congregations to go for HIV testing. If such members are HIV-positive, and do not know it, they will not get the help they need.
- **Antiretroviral drugs:** some pastors recommend that members of their churches do not need to take these drugs because they believe that when you have faith in God you do not need medical treatment.



God can always heal, but it is irresponsible to deny people the drugs that are one way by which God brings his healing.

5. The African Divine Church, an African independent church in Western Kenya, has been dealing with these issues for several years. Pastor Jotham Odari describes

their experiences (see box, page 28). Ask a participant to read out Pastor Odari's story and invite the participants to make comments.

6. If the group seems in need of an 'energiser' at this point, you could play this game.

### ENERGISER: Simon Says

- ⌘ Explain that the participants should follow the facilitator's instructions whenever he or she starts by saying 'Simon says...'
- ⌘ If the facilitator does not say 'Simon says', no-one should follow the instruction.
- ⌘ Start by saying 'Simon says "Clap hands"', and the participants follow.
- ⌘ Speed up the instructions, saying 'Simon says' first.
- ⌘ Then give an instruction without saying 'Simon says' first. The participants who follow the instruction have to drop out of the game.
- ⌘ Continue for about 5 minutes, or until all the participants but one have been eliminated.



Simon says "Stand on one foot".





### Jotham Odari, pastor and trainer, African Divine Church, Vihiga, Kenya

"I work as a pastor and a trainer, but I also do some farming and I have a small shop. A few years ago, before I was trained in HIV and AIDS, I used to think that being HIV-positive was a result of being disobedient to God. I got that from the sermons of older pastors, who used to preach that if you didn't follow God's will you would get an incurable disease as a punishment. In the churches there was very little understanding of how HIV can get into your body. People just thought that if you had HIV or AIDS, you must have indulged in adultery.

"The OAIC gave me training in HIV and AIDS in 2002, and after that I attended more training workshops and seminars. Now I can help other people to understand HIV and AIDS - how the virus can get into the body, how we can live with it, and how it progresses to AIDS. Whenever I train people I give them the basic facts about HIV and AIDS, but as a pastor I also try to give them hope. If they test HIV-positive, they can still live positively with the virus. If we just told people they are HIV-positive because they are bad people, they'd have nothing to hope for.

"In my church, the African Divine Church, we also support HIV-positive people and widows by giving them funds for small businesses and farming. And we have a programme to give food and clothing to orphans and other vulnerable children, most of whom are affected in one way or another by the AIDS epidemic. Also, whenever our clergy, our youth and our women's leaders come together, we take that opportunity to train them in HIV and AIDS and to give them some hope for the future.

"Another way of giving hope is through spiritual healing, which is not the same as physical healing in the sense of removing



HIV from our bodies. I've never heard of any HIV-positive person who was prayed for by a pastor and the virus has gone away. As a pastor, I cannot tell you to stop taking your medicine. We do know that, if we pray for someone who is HIV-positive, they feel better afterwards through spiritual healing. But we also know that the virus has not gone away. We can be healed spiritually, but the virus is still there so we must keep taking our medicine.

"It's the same with fasting. As a good pastor, you cannot encourage an HIV-positive person to fast for long - maybe for a day, but no more. They need good nutrition, especially if they're on antiretroviral drugs. You can't tell someone with HIV to stop eating and drinking because they need to talk with God.

"In our church we pray for people who are sick or who have problems. We also have a small drum which we beat as we sing and do our worship. Sometimes, when people come to a pastor to be prayed for, he'll take that small drum and beat it to chase away Satan, who is the cause of their sickness or their problem. Many people believe that, if you are HIV-positive, it means that Satan has come into your midst. So as the pastor prays and beats the drum, he chases Satan away and drives out the sickness. But I still believe that, even if you chase Satan away, the virus is still in your body."



## ACTIVITY 2:

### Taking responsibility to give the right information on treatment



**Time needed:** 45 minutes.



**Description:** small groups and plenary discussions.

#### Directions:

1. Explain that this discussion will be helping us to correct messages which discourage people from seeking medical treatment. The last activity helped us understand treatment in relation to what we believe in the area of healing. This particular activity helps us to identify any other type of information or opinion circulating in our church and community which could hinder people in seeking effective treatment.

2. Break the participants into small groups. Each group addresses the following issues:

(a) Ask each participant to tell us about information or opinions circulating in our community that could either motivate or hinder people in seeking medical treatment. Write these points down on a flip chart.


(b) Guide the participants to identify the points which could hinder people from seeking treatment. Indicate these points, e.g. with a different colour of marker pen.

(c) Ask the participants to mention practical ways to correct the wrong information or opinions on medical treatment which could be circulating in their communities.

3. Invite the groups back to the plenary and request each group to share their findings on the information circulating in the community.

4. Request the group to agree on the practical steps they are going to implement individually and collectively to give the right information on treatment.

5. Summarise what we have discussed and where we have reached. Tell the group that in the next session everyone should come prepared to do a lot of singing.

6.  Ask one of the participants to read Psalm 139:23-24, and invite a participant to close the session with a prayer.

7. Meet with your co-facilitators to review how the session went.





## Chapter 3

# Our songs and testimonies

We have a long and proud tradition in the African independent churches of composing songs (or 'choruses') that are sung as part of our worship and also in our daily lives. These songs are rarely written down - often we have no church hymn books - but people learn them quickly when they hear them sung, and they spread from one congregation to another.

Through these songs we praise God and celebrate life. We also tell God about our hopes, needs and fears. Many of our church songs have been composed to sensitise our congregations to the ever-present menace of HIV.

Public testimonies are another key part of worship in many African independent churches. We often use testimonies as a spontaneous way of explaining how our faith enables us to deal with many different challenges - including those associated with HIV - in our lives.

**Testimonies are an important part of worship in African independent churches.**



In the songs we sing and in the testimonies we give during our worship, we can touch the lives of others affected by HIV and AIDS. We can reinforce feelings of shame, fear and uncertainty, or we can bring positive messages of hope and love. We can promote secrecy and denial, or we can encourage positive living with HIV in our communities.



## Session 1:

# The songs we sing

🕒 **Aim:** to examine the messages in our church songs and their possible impact on other people.

📄 **Materials required:** flip chart, marker pens, masking tape; individual exercise books and pens.

🕒 **Time needed:** 2 hours.

### ACTIVITY 1:

#### Why do we sing?

🕒 **Time needed:** 45 minutes.

□ **Description:** plenary discussion, which will help us to explore the importance of songs in our daily lives and our church worship.

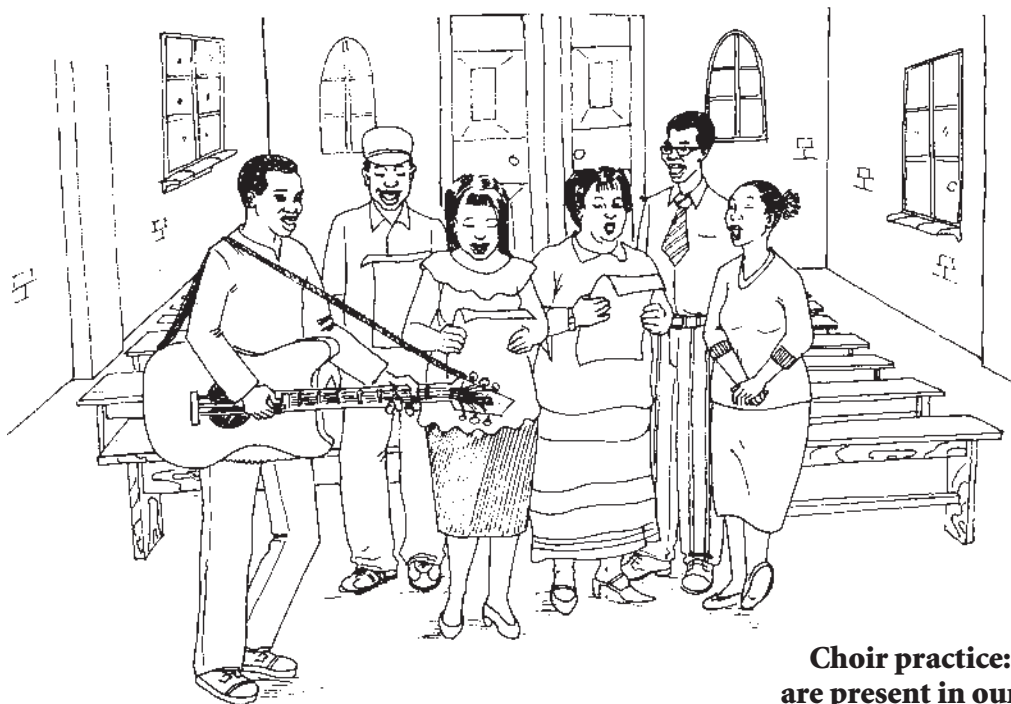
#### Directions:

1. Ask a few people to share what they learned in the last session, and whether it has affected their lives in any way. If necessary, add to what they have shared or correct any misconceptions about sickness, healing and HIV in relation to our faith. Ask the participants to pray for any members of

the group who have been going through especially difficult circumstances.

2. Explain that we are now moving on to another topic, namely, our church songs in relation to HIV and AIDS. Remind the group that the Bible contains a great many songs, e.g. the Psalms of the Old Testament. The New Testament encourages us to use songs in our worship. 📖 Read out Ephesians 5:19: *“Speak to one another with the words of psalms, hymns and spiritual songs; sing hymns and psalms to the Lord with praise in your hearts.”*. Ask the group:

❖ Which spiritual songs do you sing as an individual in your day-to-day life? Ask a few people to demonstrate one of their favourite songs.



**Choir practice: what messages are present in our church songs?**



- ❖ How do you choose which songs to sing?
- ❖ How do the songs we sing during worship help to strengthen our church community?

Write the responses to the above questions on a sheet of flip chart paper.

3. Summarise what you have just discussed with the group before moving on to Activity No. 2.

## ACTIVITY 2:

### What are we singing about HIV and AIDS?



**Time needed:** 1 hour 15 minutes.



**Description:** small group discussions, followed by plenary discussion.

### Directions:

1. Explain that we are going to identify some songs which mention HIV and AIDS - either directly or indirectly. We will break into groups of 5 to 15 people, each led by one of the co-facilitators of the training course.

2. Explain that some other churches have identified some good points in their songs, but also some weaknesses. Read out the story of the Unity Church of Christ (see box, page 34) in Eastern Uganda. They developed the following solutions:

- (a) In some songs, they changed certain words to remove judgemental messages and to introduce positive ones.
- (b) One song, however, had too many negative messages, so they stopped using it in worship.

3. Now break into small groups of 5 to 15 persons each. The group leader asks the members to identify two songs which mention HIV or AIDS. As the leader writes the words down on a sheet of flip chart paper, the other members of the group practise the songs, which might be new to some people.

4. Each group leader now asks the members of the group to pick out words in the songs which are positive and bring hope. The group leader

then highlights these, e.g. by underlining them or drawing a ring around them.

5. The group leaders now ask their groups to pick out words in the songs which are negative, or discouraging, or factually inaccurate. The leader then highlights these - if possible, in a different marker pen colour.


6. Take a sheet with a song that contains one or more negative words or phrases, and invite the group to suggest new words or phrases which are positive and encouraging.

7. Write out the amended song on the flip chart sheet, and invite all the participants to sing it.

8. Now call all the groups back together. Ask the groups to stick their flip chart sheet to the wall, using masking tape. Then invite all the participants to walk around the room, reading the songs on the sheets. One member of each group should stay with its song sheet to explain anything that is unclear to others.

9. Ask the participants how they can convince other members of their congregation to adopt the new words of the song. Suggestions: (a) tell your pastor and your worship committee about today's session; (b) tell your church congregation what has happened in this session, and perform the song (or songs) with the new words.

10. Summarise what you have done in today's session. Tell the group that in the next session we shall be discussing our testimonies.

11.  Ask one of the participants to read Micah 6:8 and invite a participant to close the session with a prayer.

12. Meet with your co-facilitators to review how the session went.





### Samuel Waiswa, pastor, Iganga district, Uganda

"I am a pastor in the Unity Church of Christ. We have about 300 members in 11 congregations in Eastern Uganda.

"Before 1996 we believed that people suffering from HIV or AIDS were facing God's judgement because of their immoral behaviour. That was what we believed and preached through door-to-door evangelism and public rallies. Our key message was that if one does not turn to Christ, he or she will suffer God's judgement in the form of HIV and AIDS.

"In 1996 some of us attended a workshop on AIDS organised by the Organization of African Instituted Churches. When we returned home we brought together our pastors and other church leaders and we discussed a lot of questions to do with AIDS. Finally we decided that we had been following a wrong interpretation of theology and culture.

"We studied the stories of King David's sin and God's merciful intervention (2 Samuel 12:11-13) and of Jesus and the woman caught in adultery (John 8:1-11). We concluded that it is not our responsibility to judge people but to encourage and care for them, and to show God's love for them. We then encouraged our pastors to support the needy - especially widows and orphans, and people living with HIV. We brought them together for nutrition seminars, to help them understand how foods like grain amaranth (see box opposite) and the leaves of the moringa tree can improve their health.

"We encouraged all our pastors to get involved in development work in their communities. In the pentecostal churches we spend a lot of our time preaching and praying. But I believe we also have to care for the needy, because Jesus said 'one day



I will ask, where were you when I was hungry and naked and thirsty?"

"So we organised workshops on AIDS in our congregations. Through discussions and supplying additional information, we have raised the level of knowledge about HIV and AIDS in our church congregations. We also re-examined our church songs. We found that a number of them reinforced judgemental attitudes towards people with HIV. There was one in particular which talked about AIDS as 'God's knife, come to prune sinners, adulterers, the unsaved ones' and so on. We decided to reject that song completely.

"We also decided to make changes to other songs. So we cut out words and phrases like 'immoral people', 'God saved me from AIDS', and 'if you aren't born again you'll go to Hell through AIDS'. We also decided to abandon certain gestures, like using the hands to indicate 'Slim' [AIDS], and coughing to signify being ill with AIDS. We also composed new songs with messages of hope and compassion.

"As a result, there have been many changes in our congregations. Testimonies in church no longer stigmatise people with HIV. Many HIV-positive people have testified about their status in church. More people are going for HIV testing. And people with HIV are now involved in all church activities, like any other person."





## Grain Amaranth

Grain amaranth is an exceptionally nutritious, high-protein crop which requires minimal rainfall and is highly drought-resistant. Its plants produce small seeds which can be used to make flour, porridge and other foods. It can also be 'popped' like popcorn and added to many different foods. There are also vegetable varieties of amaranth, whose leaves can be cooked and eaten as greens.

The amaranth grain contains 16% protein, compared with about 10% for most cereals, and is easily digested, absorbed and retained. Its protein is of extremely high quality, containing a good mix of



essential amino acids, in particular lysine, which helps to boost the immune system. It is therefore of particular value to HIV-positive people. ('ECHO Development Notes', April 2006, Issue 91)

The Unity Church of Christ in Iganga district, in Eastern Uganda, promotes the use of grain amaranth to improve nutrition and food security in local communities. One member of the church has a small shop in the town of Iganga, which sells amaranth seeds and flour to the general public. The church distributes amaranth flour and seeds to individuals and families who are in particular need.

## Session 2: Our testimonies

🕒 **Aim:** to examine the messages contained in our testimonies and their possible impact on other people.

📏 **Materials required:** flip chart, marker pens, masking tape; individual exercise books and pens; Bible.

🕒 **Time needed:** 2 hours.

### ACTIVITY 1:

#### Bible study

🕒 **Time needed:** 45 minutes.

☐ **Description:** Bible reading, followed by plenary discussion.

#### Directions:

1. Remind the participants of the last session, when we discussed our spiritual songs. Ask a few people to share what they

learned in the last session, and whether it has affected their lives in any way.

2. 📖 Ask a member of the group to read aloud Luke 18:9-14.

3. If other people had heard the Pharisee praying, how might they have felt?

4. Why does verse 14 say that the tax collector, not the Pharisee, was right with God?

5. What does this parable tell us about the way we should give our testimonies?



### ACTIVITY 2:

#### Examining our testimonies

 **Time needed:** 1 hour 15 minutes.

☐ **Description:** role play, followed by discussion.

#### Directions:

1. Remind the participants that we live in a world where there is a great deal of pain and suffering. The church should be a place of comfort, healing and support for people suffering difficulties and challenges in their daily lives. Our testimonies can help us to strengthen our faith, so that we can deal with these challenges and face the future with hope.

2. Explain to the participants that pastors and church elders should listen carefully to what people say in their testimonies and consider how others in the congregation could be affected. This applies, for example, to what people might say about HIV and AIDS in their testimonies.

3. Ask one of your co-facilitators to role play a testimony to the whole group. (The co-facilitator will have prepared him- or herself for this beforehand.) He or she will portray someone giving a public testimony in church, thanking God for loving him or her and keeping him or her from HIV, not like the many sick people with AIDS, who should be encouraged to repent.

4. Ask the group to comment on this testimony. For example:

- ❖ What assumptions does it make about how people become HIV-positive?
- ❖ Does it contain any factual inaccuracies? What are they?


- ❖ What does it show about the person making the testimony?
- ❖ What effects might it have on people in the congregation who are HIV-positive, or whose parents or other family members are HIV-positive?
- ❖ How does it relate to the story in Luke 18:9-14?

5. Ask the group to suggest ways in which the testimony could be amended, e.g. through a correct interpretation of Scripture. Write these responses on flip chart paper as well.

6. Now ask the co-facilitator to role play someone giving a positive testimony related to HIV. Ask the participants for comments, and ask also for other examples of testimonies which are encouraging to people living with HIV.

7. Summarise what we have discussed and agreed upon so far. Ask participants to suggest ways in which our ideas could be brought before the whole church congregation, so they become part of our church practice. We could also decide to make proposals to the senior leadership of our church for a policy on AIDS. Write these suggestions on flip chart paper. Try to achieve a consensus amongst all the participants on the best way forward.

8. Tell the group that in the next session we shall be looking at the theme of 'Caring for one another' and how this relates to voluntary counselling and testing for HIV.

9.  Ask one of the participants to read Psalm 103, and invite a participant to close the session with a prayer.

10. Meet with your co-facilitators to review how the session went.



## Chapter 4

# Caring for one another

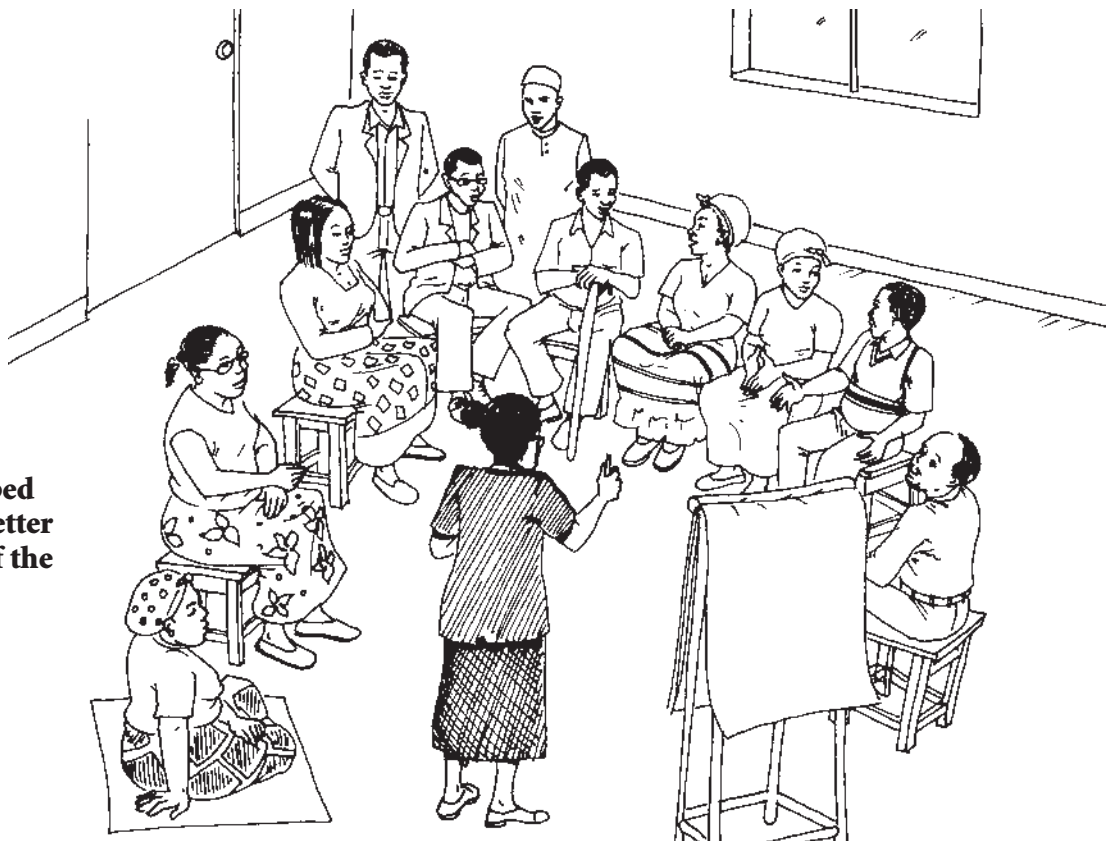
Since we started the first session of this training course, we have walked a journey of discovery and learning together. In the course of this journey, we have looked at our beliefs, attitudes and fears in relation to the ways in which we understand HIV and AIDS.

Discovering and learning new things together has helped us to develop a better understanding of the AIDS epidemic. It is also helping us to play a more effective role, as a church community, in responding to the many challenges of this epidemic.

The AIDS epidemic is not something 'out there'. It is within our church and our local community. We have a responsibility to care for one another in response to the challenges which it brings into our lives. This means not only showing love for people living with HIV, but also making sure that they are not denied the opportunity to serve in the church because of their HIV-positive status.

But we also have a responsibility to take proper care of ourselves. This means that we need to know whether we ourselves have HIV in our own bodies, even though we might not be aware of it.

**Learning things together has helped us to develop a better understanding of the AIDS epidemic.**





## Session 1:

# Hope through VCT

◎ **Aim:** to help participants understand how Voluntary Counselling and Testing (VCT) for HIV can help us to understand how we can take care of ourselves, and of one another.

▷ **Materials required:** flip chart, marker pens; Bible.

🕒 **Time needed:** 1 hour 30 minutes.

□ **Description:** role play and talk, followed by discussion.

### Directions:

1. Well before this session, arrange for a trained VCT counsellor from a local health facility to come and talk about his or her work during this session.
2. Follow the usual welcoming procedure, including a song and a prayer.
3. Ask three or four participants to describe how what they learned in the last session has influenced their lives since then.
4. A few days before the session, ask a co-facilitator or a participant to prepare to play the role of an imaginary person, 'Susan', who is now wondering whether she should go for an HIV test. She wonders whether, if she goes to hospital for the test, someone she knows will see her and tell others in her village. If the test is positive, should she tell her pastor? If she does so, will the pastor keep the information confidential? Should she tell anyone else in the church? If she does, how will they react? What sort of support will other church members give her?
5. Ask the co-facilitator or participant to act out the role of 'Susan'. Ask the group to comment on Susan's fears about VCT and the possible implications of a positive HIV result.
6. 📖 Ask someone to read out 1 John 4:18: *"There is no fear in love; perfect love drives out all fear."* As pastors and other



**To test or not to test: Susan ponders the options.**

church workers, we aim to create a loving and caring environment which can give people the confidence to go for voluntary counselling and testing. Knowing that, whatever the result of the HIV test, we will be loved and cared for, can help to remove the fear of being tested and being found to be HIV-positive.



7. Now invite the VCT counsellor to talk about his or her work, and to answer questions. If you cannot get a VCT counsellor to come, go back over the questions and answers D to H in Chapter 1, Session 2.

8. Summarise the session by mentioning that the purpose of voluntary counselling and testing is to give us all the knowledge we need to face the challenges of HIV and AIDS in our lives. This is true whether we test positive or negative. And this is how we shall build caring communities. Thank

the visiting VCT counsellor for his or her valuable contribution to the session.

9. Tell the group that in the next session we shall be discussing a sensitive topic which affects all of us, but some much more directly than others.

10. Invite a participant to close the session with a prayer.

11. Meet with your co-facilitators to review how the session went.

## Session 2:

# Respect and responsibility

🕒 **Aim:** to identify ways to increase and improve the involvement of people living with HIV in church ministries.

▶ **Materials required:** flip chart, masking tape, marker pens; Bible.

🕒 **Time needed:** 1 hour 30 minutes.

## ACTIVITY 1:

### Miria's story

🕒 **Time needed:** 40 minutes.

☐ **Description:** role play and discussion.

### Directions:

1. Follow the usual welcoming procedure, concluding with a song and a prayer. Ask three or four participants to describe how what they learned in the last session has influenced their lives since then.

2. A few days before the session, ask a female co-facilitator to practise acting out the role of Miria, an HIV-positive member of a church congregation in Eastern Uganda. She should not read out Miria's story, but pretend to be Miria herself, and tell her story in the

first person. (You can find Miria's story in the box on page 40 of this book.)

3. Explain to the group that your co-facilitator will now act out the role of Miria.

4. Invite the participants to ask 'Miria' questions about how, as an HIV-positive woman, she succeeded in playing an active role in her church. Your co-facilitator should continue to act out the role of Miria.

5. Conclude the activity by mentioning that many people living with HIV do not find it as easy as Miria to play an active role in their church, while being open about their HIV-positive status. Often they are not treated with respect, and few are given positions of responsibility in their church. In the next activity we shall look at possible reasons for this.





### **Miria Obbo\*, widow, Iganga district, Uganda**

"I was the first person to testify in my church that I am HIV-positive," says Miria Obbo, who belongs to the Unity Church of Christ in Iwawu village, just outside the town of Iganga, in Eastern Uganda.

Miria is one of the most active members of her church, taking her turn to carry out duties such as ushering people to their seats, leading services of worship, cooking meals on special occasions, leading Sunday School, cleaning the church building and the compound around it, and visiting the sick in their homes. Every Thursday, she joins in intercessory prayers and also fasts all day.

Miria's husband, who was also HIV-positive, died in October 1998, two years after the church embarked on an HIV awareness programme. Volunteers from the church often visited him during the months before his death.

"I didn't feel any stigma towards us from within the church," says Miria, "but there was some within the community. Some neighbours would say they wished I would follow my husband and die quickly. I decided to testify in church because I wanted to show that people with HIV can live normal lives. I asked the other members of the congregation for their prayers, and they responded very warmly. These days people often say how strong and healthy I look.

"I feel greatly strengthened by my faith in Jesus. And the church has helped us a lot. It was the church that introduced us to grain amaranth [see box, p. 35], which we've been growing and eating every day since 2001. Since then I no longer have chest pains."

Members of the church built Miria's home - young people made mud bricks for the walls, the church bought wood and roofing iron, and also paid tradesmen to carry out



the skilled work. Miria and her children grow maize, beans, sweet potatoes and amaranth on their own land. They produce enough food for their own needs and sell the surplus for cash. The church gives Miria financial support to keep her children at secondary school.

The church also helped Miria and her children stay on their land. After the death of Miria's husband, his relatives exerted pressure on Miria and her children to leave their house and land, and hand it all over to the clan. She took her problem to her pastor, Samuel Waiswa, who tried - unsuccessfully - to mediate with her husband's relatives. He then contacted the Legal Aid Project in Jinja, who wrote a strong letter to Miria's in-laws, threatening them with legal action if they continued to harass her. Since then her husband's relatives have left her and her children in peace.

Miria's favourite Biblical passage is Jeremiah 49:11: "Leave your orphans with me, and I will take care of them. Your widows can depend on me." She believes in spiritual healing through God's will, but she accepts her HIV-positive status:

"I haven't gone to the trouble of being re-tested for HIV. It's not a priority for me. Whether or not I am healed, I still have faith in God."

\* Miria Obbo died of malaria in January 2007. May her soul rest in peace.





## ACTIVITY 2:

### A question of responsibility



**Time needed:** 50 minutes.



**Description:** role play and discussion.

#### Directions:

**1. Role play no. 1:** A few days before the session, ask two of your co-facilitators to prepare to act out a story involving Peter, who is a young, married man and an usher in his church. He greets people when they arrive for worship. Recently he was discharged from hospital, where he had been treated for TB. Now he has heard rumours that some members of the congregation think he is HIV-positive. They want him to stop being an usher because they don't think it's appropriate for an HIV-positive person to do this job. In fact Peter has been tested for HIV and found to be positive, but he has not yet told anyone outside his family about this. He has come to his pastor to ask for advice.

Peter explains that people are accusing him of being HIV-positive. Although this is true, he still wants to continue playing an active

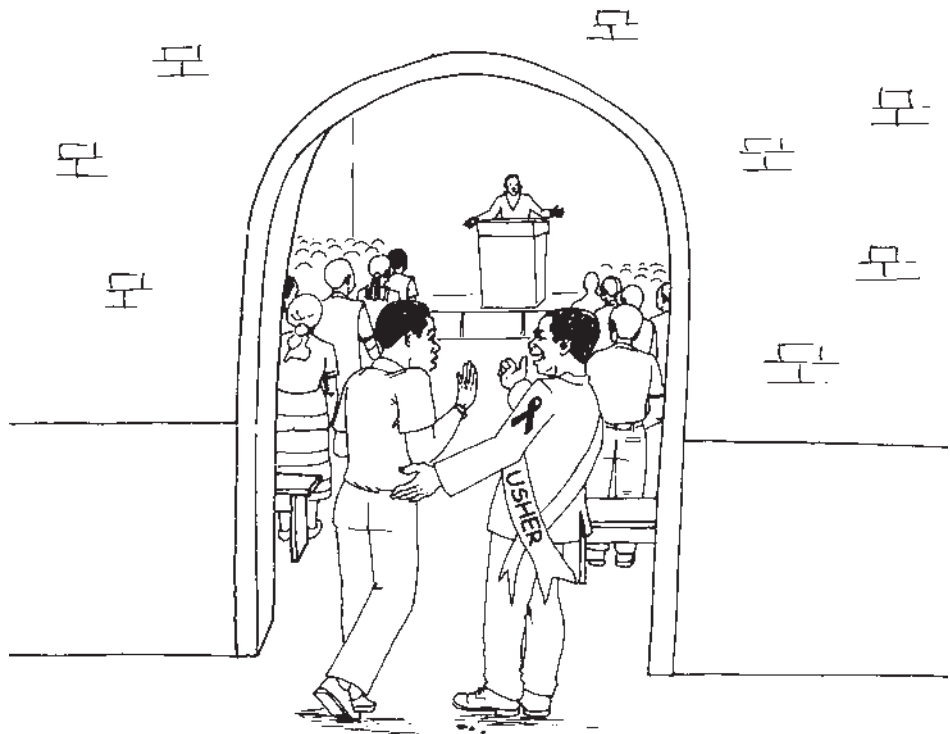
role in the church. His pastor asks him if he has been promiscuous and he says no. He asks how he can convince the other members of the congregation that he should continue to play an active role in the church, such as being an usher. The pastor says that, for the good of the congregation as a whole, Peter should stop being an usher.

**2.** Explain the background to Peter's story (above). Ask your two co-facilitators to act out the role of Peter and his pastor, who are discussing his situation.

**3.** Ask the participants to comment on Peter's story. Make sure the following questions are asked:

- ❖ Why did the pastor ask Peter if he had been promiscuous?
- ❖ Why did some members of the congregation object to being greeted by Peter when arriving at church? Were they right to think in that way?
- ❖ Was the pastor right to suggest that Peter should stop being a church usher? How could the pastor have handled the situation with compassion?

**Members of Peter's church want him to stop being an usher.**





**4. Role play no. 2:** A few days before the session, ask two of your co-facilitators to prepare to act out a story involving a widow called Joy, who has four young children. Recently Joy had a test for HIV and was found to be positive. Joy goes to her pastor and tells him that she wants to give up her role as a Sunday School teacher. She says she feels it is not right for an HIV-positive person to be teaching children and young people about the gospel and also about how they should stay pure and uninfected by HIV. The pastor responds by saying that being HIV-positive should not change her position as a minister of the church. He asks how the church congregation can support her and her children. Joy asks whether she should inform the congregation about her HIV-positive status.

**5.** Explain the background to Joy's story. Ask your two co-facilitators to act out the story (above).

**6.** Ask the participants to comment on Joy's story. Make sure the following questions are asked:


- ❖ Why did Joy feel that, as an HIV-positive woman, she should no longer teach in

Sunday School? Was she justified in thinking that? Please give the reasons for your opinion.

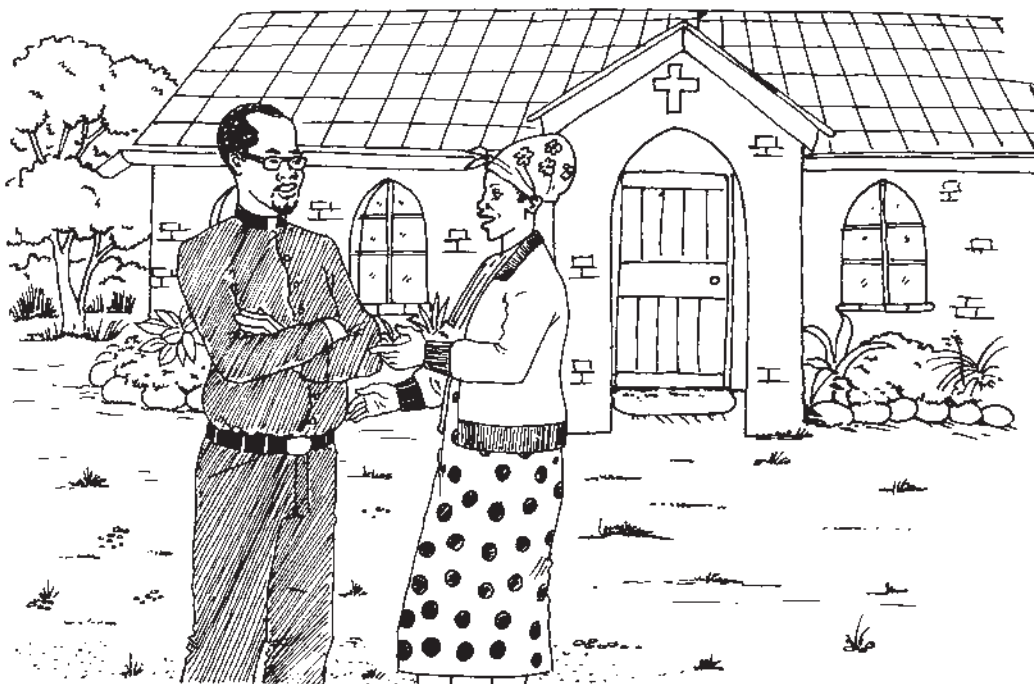
- ❖ How should the pastor have responded to Joy's question about whether or not she should inform the whole church congregation about her HIV-positive status? Please give the reasons for your opinion.
- ❖ What roles do openly HIV-positive people play in our own church congregation?

**7.** Summarise what we have covered in the two Activities.

**8.** Tell the group that next time we shall be discussing how we, as a church congregation, can organise ourselves to take action on some of the ideas we have been discussing in this training course.

**9.**  Ask one of the participants to read Romans 8:31-39, and invite a participant to close the session with a prayer.

**10.** Meet with your co-facilitators to review how the session went.



**Joy talks to her pastor about resigning as a Sunday School teacher.**



## Session 3:

# Mobilising ourselves for pastoral care

🕒 **Aim:** to explore how to mobilise more effectively the resources of the church community to support people affected or infected by HIV and AIDS.

▶ **Materials required:** flip chart, masking tape, marker pens; Bible.

🕒 **Time needed:** 2 hours.

### ACTIVITY 1:

#### Exploring our support structures

🕒 **Time needed:** 30 minutes.

□ **Description:** plenary discussion.

#### Directions:

1. Explain to the participants that we are going to consider how to deal with our pastoral responsibility for caring for one another as we face up to the challenges of HIV and AIDS in our communities. 📖 Stress that this responsibility is rooted in Scripture: in Matthew 25:31-44, for example, Jesus tells us that, whenever we care for the hungry, the thirsty, the homeless and the sick, we are caring for our Lord himself.

2. Say that we are going to start by taking a look at the groups, fellowships and other social structures which we are already using in our churches and communities to support one another in times of birth, sickness, bereavement, celebration and other social occasions.

3. Ask the participants the following questions and write the responses up on a flip chart:

❖ What services do we offer to one another during times of birth, sickness and bereavement?

❖ How do we organise ourselves to provide these services?

❖ To what extent are we using these forms of organisation to provide support to one another in relation to the new challenges of HIV and AIDS?

4. Mention that responding to the needs of people living with or affected by HIV and AIDS demands more from us in terms of our time and resources than other ways of caring for one another. Ask the participants why this is so, and write the responses on the flip chart. (Possible responses include the following: physical pain, emotional upheaval, a sense of abandonment by God, a feeling of being a burden to one's family, a sense of guilt and shame, anxiety about the future of one's children, material needs such as food, clothing and shelter.)

5. Explain that these are great challenges. The government provides medical and social services which people are entitled to claim. Local and international NGOs might also help. But unless we ourselves identify and support the most needy, and build caring communities, we shall not be able to achieve much.

6. Summarise what we have discussed during the Activity, and finish with a song.



### ACTIVITY 2:

#### Meeting the challenges




**Time needed:** 60 minutes.



**Description:** plenary discussion, followed by peer groups, then report-back to plenary.

#### Directions:

1.  Read 1 John 3:16-18: *"This is how we know what love is: Christ gave his life for us. We too, then, ought to give our lives for our brothers and sisters! Rich people who see a brother or sister in need, yet close their hearts against them, cannot claim that they love God. My children, our love should not be just words and talk; it must be true love, which shows itself in action."*

Mention that, as members of the church congregation, we can support one another, and other members of the community, in responding to the physical, emotional and spiritual challenges of the AIDS epidemic. Such mutual caring and support is at the heart of our Christian faith.

2. Read out the story (opposite) of Pastor Paul Lubaale, of the Centre for Evangelism Church in Iganga district, Eastern Uganda, where all the local congregations have formed an AIDS committee.

3. Divide the participants into four groups: young women, young men, older women, and older men. If the numbers are too small to allow this, break into two groups consisting entirely of men or women.

4. Ask each group to respond to the following questions and to write their responses on a sheet of flip chart paper:

❖ What are the major emotional and spiritual challenges faced by people living with or affected by HIV from your age and gender group?

❖ What are the main challenges faced by the children of your community because of the AIDS epidemic?

❖ What steps should the church community take to support these people (including children), and to bring them spiritual and emotional healing?

❖ What actions can your particular age and gender group take to bring comfort and support to the adults and children in our communities who are most affected by the AIDS epidemic?

5. Ask each group to attach their sheet of flip chart paper to the wall and to present their responses and suggestions to the whole group in a final plenary session.

6. Compare the responses and suggestions of the groups with one another. Highlight whatever points they have in common and point out also any significant differences amongst them.





## Pastor Paul Lubaale, Centre for Evangelism, Iganga, Uganda

"We have trained people at congregation level to form AIDS committees. Every one of our congregations has an AIDS committee of about 10 people. They carry out activities like support for widows and orphans, visiting the sick, taking the sick to hospital by bicycle, youth activities and HIV education. All these activities are based on Scripture, especially the story of the Good Samaritan (Luke 10:25-37) and James 1:27, which says: 'What God the Father considers to be pure and genuine religion is this: to take care of orphans and widows in their suffering and to keep oneself from being **corrupted by the world.**'"

"In most of our churches there's a special basket where people can make contributions after the Sunday service to help widows, orphans, the sick, the poor, and the aged and infirm. It goes by various names, for example, 'The Helping Hand'. People donate cash, food and clothing. It's been very helpful to many people.

"One way in which we support widows and orphans is by helping them to keep control of their property and land, which the husband's relatives will often try to take. Sometimes we can do this by talking with the clan leaders. Other times we have to get legal assistance for them.

"The church has taken on the responsibility of speaking out against negative cultural



practices, such as widow inheritance and sexual cleansing, which contribute to the spread of HIV. Our church condemns such practices, and many people's attitudes are changing.

"In doing this work I've learned many things. One is that women are more responsive to issues of life and human suffering than men are. They come up with good suggestions about how to get the work done, and they are more willing to find time to do it. Another thing I've learned is that you can do more work in a community if you start by involving the community leaders, rather than by going straight to the people.

"I've also learned that we can achieve a lot more by working with members of other Christian denominations and with Muslims. And finally, the church is a very good basis for this kind of work because we are already in the community. We're amongst the people and we aren't going to move away."





### ACTIVITY 3:

#### Review of the training course



**Time needed:** 30 minutes.



**Description:** plenary discussion.


#### Directions:

1. Explain that this Pastoral Action training course has now come to an end. Congratulate the participants on having completed it and thank them for their contributions. Explain that we are now going to do a quick review of how the workshop went.
2. Pin onto the wall the flip chart sheets on which you wrote down the participants' hopes and fears at the start of the first session of this workshop. Ask the participants to what extent their hopes and fears were realised.
3. Ask a few participants to say what they will remember most from this workshop, and write these responses down on the flip chart.

4. Ask a few other participants to say how this course has affected their lives, and write these responses down on the flip chart.

5. Explain that a new training course will start soon. It will focus on community action, i.e. how we, as church members, can take action to address the problems caused by HIV and AIDS in our local community.

6. Invite the participants to comment on the organisation of this training course (e.g. time of day, seating arrangements, opportunities for discussion), and whether these could be improved in the next course.

7.  Ask one of the participants to read Hebrews 10:24, and invite a co-facilitator to close the session with a prayer.

8. Meet with your co-facilitators to review how the whole training course went.



**Closing the session with a prayer.**





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## **The CALLED TO CARE toolkit**

The *Called to Care* toolkit currently consists of the following handbooks:

**No. 1: POSITIVE VOICES.**

**Religious leaders living with or personally affected by HIV and AIDS.**

Brings together the experiences of 14 African religious leaders who are either living with HIV, or are personally affected by HIV and AIDS.

*(40 pages; published 2005; ISBN 978-0-9549051-3-2)*

**No. 2: MAKING IT HAPPEN.**

**A guide to help your congregation do HIV/AIDS work.**

A mini-manual to help church leaders establish and manage an HIV project.

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A practical handbook designed to help train and guide African independent church leaders and members in addressing the pastoral dimensions of the AIDS epidemic.

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A practical handbook designed to help train and guide African independent church leaders and members in addressing the community dimensions of the AIDS epidemic.

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These materials are distributed by Teaching-aids at Low Cost (TALC), PO Box 49, St Albans AL1 5TX, UK. Fax: +44/0 1727 846852. Tel.: +44/0 1727 853869.

Email: [info@talcuk.org](mailto:info@talcuk.org)

Alternatively, please visit TALC's website, where these and other Strategies for Hope materials can be ordered online:

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To download all or part of these materials, please visit the Strategies for Hope website:

[www.stratshope.org](http://www.stratshope.org).



The **CALLED TO CARE** toolkit consists of practical, action-oriented handbooks and mini-manuals on issues related to HIV and AIDS, designed for use by church leaders, especially in sub-Saharan Africa. The purpose of the materials is to enable pastors, priests, religious sisters and brothers, lay church leaders and their congregations and communities to:



- ☐ Reflect on and understand the spiritual, theological, ethical, health, social and practical implications of the HIV epidemic and the Christian call to respond with compassion.
- ☐ Overcome the stigma, silence, discrimination, denial, fear and inertia that inhibit church and community action to address issues related to HIV and AIDS more effectively.
- ☐ Guide their congregations and communities through a process of learning and change, leading to practical, church-based actions to help individuals, families and communities reduce the spread of HIV and mitigate the impact of the HIV epidemic.

**CALLED TO CARE** is an initiative of the Strategies for Hope Trust, which produces books and videos that promote effective, community-based strategies of HIV and AIDS care, support and prevention in the developing world, especially in sub-Saharan Africa.

**CALLED TO CARE** is implemented through a process of international, ecumenical cooperation involving churches, other faith-based organisations, international church bodies, publishers, distributors and other partners.

**EDITOR:** Glen Williams

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