



# Community Action on HIV and AIDS

by Nicta Lubaale

Organization of African Instituted Churches  
and Strategies for Hope Trust





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**edited by Glen Williams, with Sheila Kulubya**

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and Strategies for Hope Trust**



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# **Community Action on HIV and AIDS**

## **Contents**

Acknowledgements .....	4
Preface: About the <i>Called to Care</i> toolkit .....	5
Foreword by the Most Reverend Daniel Okoh .....	6
Introduction: .....	7
<b>Chapter 1: Reducing our vulnerability to HIV</b> .....	11
Session 1: Who is most vulnerable to HIV and why? .....	13
Session 2: Power and powerlessness .....	16
<b>Chapter 2: Our traditions</b> .....	19
Session 1: Examining our traditional practices .....	20
Session 2: Transforming our traditions .....	23
<b>Chapter 3: Our responsibility to protect the weak</b> .....	25
Session 1: Challenging injustice - Part 1 .....	26
Session 2: Challenging injustice - Part 2 .....	29
<b>Chapter 4: The resources we need</b> .....	33
Session 1: Counting our blessings .....	34
Session 2: Mobilising resources through networking .....	37
<b>Chapter 5: Turning our commitments into action</b> .....	39
Session 1: Planning together for action .....	39
Session 2: Looking backwards and forwards .....	44
Session 3: Reaching out .....	45
References .....	48
The <i>Called to Care</i> toolkit .....	48



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Nicta Lubaale  
Glen Williams

## Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
HIV	Human Immunodeficiency Virus
VCT	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. 5 in the toolkit, is designed to help train and guide African independent church leaders and members in addressing aspects of the AIDS epidemic that are closely related to attitudes, traditions and behaviour within the wider community.

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 to 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 and a 'community action' handbook (this book). 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.



**Worship in an African independent church in Central Kenya.**

## Who?

This is the second 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

\* The first of these two handbooks, entitled *Pastoral Action on HIV and AIDS*, No. 4 in the Called to Care toolkit, is designed to help train and guide African independent church leaders and members in addressing the pastoral dimensions of the AIDS epidemic.



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'. 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 of these two handbooks. 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 'community action' in response to HIV and AIDS. By 'community action' we mean activities by churches which are aimed at addressing social, cultural and economic factors related to the HIV epidemic at community level. This is a topic for which pastors and lay church leaders are generally not well prepared.

Second, it contains the experiences of African independent churches who, supported by the OAIC, have responded in particularly innovative ways to the challenges of the AIDS epidemic at community level. 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 challenges posed by the HIV epidemic to our communities.

## 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



**Training sessions can be held in the open air, or in churches, schools and community buildings.**

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 five chapters, which are sub-divided into a total of 11 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

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. 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

# Reducing our vulnerability to HIV

The founders of the African independent churches (AICs) understood that human beings develop and grow to full maturity only in relationship with the communities they live in. For this reason they opposed models of development that focus on the progress of the individual at the expense of the community. For the same reason they also confronted spiritual evils, such as witchcraft, which divide people and keep them in fear and bondage.

**The founders of African independent churches confronted spiritual evils, such as witchcraft.**



The acute vulnerability of African communities to HIV now calls us, as African church leaders, to re-examine our mission. We need to ask ourselves which issues we have not dealt with adequately while spreading the gospel of Christ. Are these the same issues which have opened the door to the spread of HIV throughout our communities? Have we sometimes supported values and attitudes which ignore or damage the weaker members of our society?

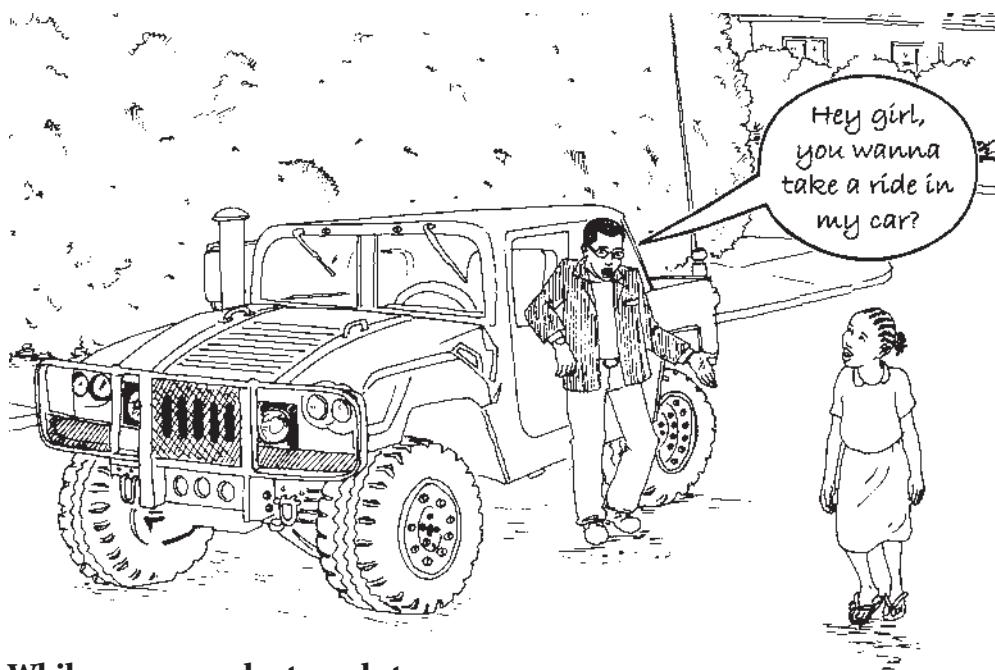
We believe in the liberating power of the gospel of Christ, who promised: *“You will know the truth, and the truth will set you free.”* (John 8:32) We therefore need to understand and challenge the state of vulnerability which has allowed HIV to spread throughout our communities. This also means that we need to examine our own values and attitudes, which may actually be denying others the right to live in dignity. In



doing so, we shall be helping to bring our communities closer to the truth, which will make us truly free.

Our pastoral role also requires us to understand and deal with issues of power and powerlessness in our communities, in particular:

- What we do with our bodies can put ourselves and our sexual partner or partners at risk.
- Many people in our midst struggle to meet their basic needs, but others have the resources to buy sex. This endangers their own health and that of their sexual partners.
- The fact that most material wealth is in the hands of men means that women and girls are disadvantaged economically and are often forced into high-risk sexual activity - both within and outside of marriage. This is not only potentially dangerous for their health but an affront to their dignity as human beings.
- Our cultural norms often give certain people - usually men - great power in the way they relate to others, including their sexual behaviour.



**While many people struggle to meet their basic needs, others have the resources to buy sex.**

We are now challenged to examine how we, as Christians in sub-Saharan Africa, have dealt with - or ignored - the issue of power and powerlessness in the process of preaching the gospel of our Lord Jesus Christ. The devastating impact of the AIDS epidemic on the people of sub-Saharan Africa, where the Church is already hugely influential and still growing fast in numbers, demands that we should reflect on whether our understanding of the gospel has fully taken account of the social and economic realities of people's daily lives.





## Session 1:

# Who is most vulnerable to HIV and why?

🎯 **Aim:** to deepen our understanding of who in our community is most likely to be infected or affected by HIV, and why.

▷ **Materials required:** flip chart and four marker pens.

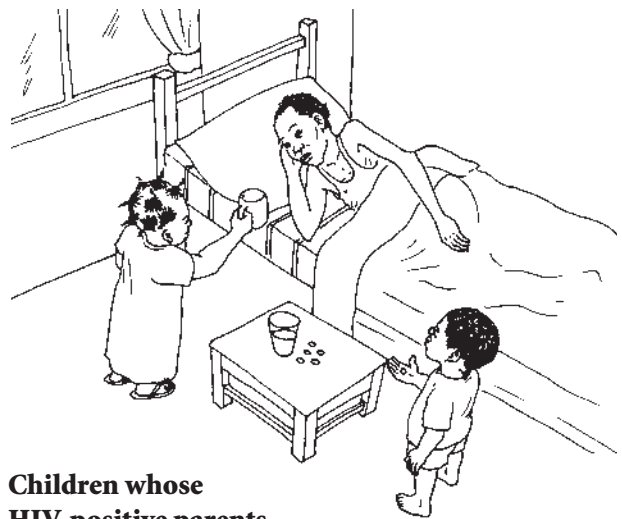
🕒 **Time needed:** 2 hours.

### Introduction (30 minutes):

1. Start by explaining that this is the first session of a new course that aims to build upon the Pastoral Action course which we have already completed. It will consist of 11 sessions, each lasting 1½ to 2½ hours. We shall be discussing how we, as a church, can engage more effectively with sections of our community to address the challenges of HIV prevention, and the care and support of people affected by HIV and AIDS.

2. Ask about five people to express their hopes and fears for this training course, and write the responses on two sheets of flip chart paper. Keep these sheets of paper - you will need them in Chapter Five, Session 2, Activity 1 (page 44) of this course.

3. Explain that today we are going to discuss which groups in the community are most vulnerable to HIV - in other words, most likely to become infected with the virus. Brainstorm about this for a few minutes, without writing down the suggestions from the participants. Refer back to the information in Chapter 1, Session 2, of the *Called to Care Pastoral Action on HIV and AIDS* handbook. Emphasise that the age group most infected with HIV is 15 - 49 year-olds, i.e. the section of the population most likely to be sexually active. In sub-Saharan Africa, however, girls generally become infected with HIV at a younger age than boys; HIV infection is higher among African women than African men. Make sure that the vulnerability of newborn babies to HIV infection is mentioned: if the mother does not take antiretroviral drugs during childbirth, her baby has a 15-30% chance of being born infected with HIV.<sup>1</sup>



**Children whose HIV-positive parents are often ill have their lives disrupted.**

4. Ask which groups in the population are most likely to be affected by HIV; in other words, to have their lives disrupted by the virus even though they themselves are not HIV-positive. Emphasise that these include children whose HIV-positive parents are often ill and unable to support them, and children who have lost one or both parents to AIDS.

5. Summarise the discussion by pointing out that all age groups and sections of society, both male and female, are at some risk of HIV infection. Some groups of the population, however, are more vulnerable to HIV than others.



### ACTIVITY:

#### Understanding and acting out our vulnerability

 **Time needed:** 1 hour 30 minutes.

☐ **Description:** group discussion; plenary report-back.

#### Directions:

1. Break the group into four groups of younger women, younger men, older women and older men. Each group should be led by a co-facilitator with whom you have discussed the session beforehand.

2. A member of each group should now read out one of the following stories, according to which is appropriate for their age and gender:

#### MARGARET

(FOR THE YOUNGER WOMEN'S GROUP)

A regular church-goer and a member of her church's youth group, 21 year-old Margaret is a student at a teacher training college. She has not yet had sex.

"People say you are a fool if you don't have sex. Or they say you are lying. Once, when I told a friend I had not had sex, she said I was only pretending to be a virgin. I didn't want to argue with her so I just said we should be ourselves.

"People also spread false information about sex. One friend told me that if you're a virgin when you get married, you'll have complications when giving birth. But then another friend told me that isn't true.

"Men offer gifts to girls in exchange for sex. There's a student who has offered me a mobile phone if I agree to go to his room. He keeps saying how beautiful I am and how much he likes me. He even says if I'm afraid of getting pregnant we can use a condom. I have always refused so far."

#### SIMON

(FOR THE YOUNGER MEN'S GROUP)

Eighteen year-old Simon is in Senior 6 at a church secondary school, about 80 kilometres from his parents' home. A regular church-goer, he is also a top student and plans to study Economics at university. But Simon is also tormented by the fact that he has not yet had sex. Until recently this never bothered him. But now, whenever he trains with the football team, his friends tease him for still being a virgin.

"My friends say I'm a fool for not having sex. They say that someone of my age should be an expert in it."

#### VERONICA

(FOR THE OLDER WOMEN'S GROUP)

A loyal and committed member of her church, Veronica never misses a Sunday service and also attends prayer meetings during the week. She and her husband have five children and live in a small town, where he works as a motor mechanic. They quarrel a lot, especially after her husband has been drinking beer with his friends in local bars.

Whenever he returns home late, smelling of alcohol, she asks him where he has been, suspecting that he has been sleeping with other women. This makes him angry and he beats her. Once she asked him to use a condom while having sex with her, which made him even angrier. "Do you think I'm a prostitute, that you ask me to use a condom?" he yelled at her, and beat her even harder.

Veronica now feels that she is in a terrible dilemma. She is sure that she is at great risk of contracting HIV through unprotected sex with her husband. Yet if she questions his sexual behaviour, he will only get angry and beat her. So for the time being, she just keeps quiet.



## WINSTON

### (FOR THE OLDER MEN'S GROUP)

Winston owns a popular bar and conference centre in a large town. At home, Winston provides his family with a good standard of living. His wife always has plenty of money to buy food and other household items, and his five children all attend good boarding schools. Although not a regular church-goer himself, he approves of his wife and children attending church.

He makes a point of employing as many young women as possible. The main requirements are that his staff should be attractive, and be willing to have sex with Winston. Anyone who refuses, or insists on using a condom, is sacked.

"A cock has many hens," he says. "You can't be a man and stick with just one woman. I can afford to have many girlfriends. I'm able to do that because I have the money."

3. Each group then discusses the following questions:

### YOUNGER WOMEN

#### (Margaret's story)

- Think about Margaret's story and relate it to what you are going through as a young woman.
- Mention some of the things which our peers and older people say which put pressure on us to get involved in sexual activity.
- How is this understanding of sex putting young women at risk of HIV infection?
- What can we do to overcome the advances of men who come with money?
- What steps do we, as young women, take to support one another?
- Give practical suggestions for what the church should do to help young women deal with the risk of HIV infection.

### OLDER WOMEN

#### (Veronica's story)

- Think about what Veronica is going through. Mention the issues that are of great concern to you in this story.
- What are our fears as women who are faced with the challenges of HIV and AIDS?
- What steps can we take to deal with the risks of HIV infection which we face?
- Give practical suggestions for how the church can be more effective in helping women to deal with the risks of HIV infection which they face.

### YOUNGER MEN

#### (Simon's story)

- What are Simon's major challenges?
- What information is circulating in our community about sex?
- What should the church do to provide the right information about HIV and sex?
- How can we as young people build peer support groups which we can use to provide the right information about HIV and sex for our age groups?

### OLDER MEN

#### (Winston's story)

- Take time to think about Winston's behaviour. Do we as men ever think about our vulnerability to HIV infection?
- How many people are at risk of HIV infection because of Winston's behaviour?
- How do we (as men) use money to have multiple sexual partners?
- How is such behaviour putting men and their sexual partners at the risk of HIV infection?
- What practical steps should we take to change our behaviour or that of our peers?
- How can the church mobilise and support men to take responsibility in relation to HIV and AIDS?




4. The groups should then reconvene in a plenary session. Start the session with an energiser, e.g. a chorus or song. Someone then reads out the stories, followed by answers to the questions. The facilitator then asks everyone to reflect silently for a few minutes on the following questions:

- (a) What expectations do people in our community have of our age and gender group in relation to our sexual behaviour?
- (b) To what extent do we - the members of our age and gender group - accept these

expectations? Do we always behave accordingly?

5. Tell the group that in the next session we shall be discussing the theme of power within our community.

6.  Ask one of the participants to read Matthew 5:14, and invite another participant to close the meeting with a prayer.

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

## Session 2:

# Power and powerlessness

🎯 **Aim:** to propose changes in our community that can reduce our vulnerability to HIV.

▶ **Materials required:** flip chart paper and four marker pens.

🕒 **Time needed:** 2 hours.

### Introduction (10 minutes):

1. Start by asking a representative of each of the four age and gender groups to summarise their discussions from the previous session, which depicted how they are vulnerable to HIV and AIDS.
2. Explain that, in this session, each group will come up with suggestions for ways in which their vulnerability to HIV and AIDS could be reduced. These suggestions might involve changes in the way people use their power within the family and in the wider community.

### ACTIVITY:

#### Reducing our vulnerability

🕒 **Time needed:** 1 hour 50 minutes.

☐ **Description:** group discussions; plenary report-back and discussion.

#### Directions:

1. Break up into the same four groups of older women, older men, younger women, and younger men. Each group should be led

by the same co-facilitator as in the previous session.

2. Each co-facilitator should remind the group of the discussions they had in the previous session. The groups should then develop responses to the following questions:

- (a) What changes should occur in the other three groups to reduce our vulnerability to HIV and AIDS?





**Reducing our vulnerability to HIV often depends on other age and gender groups changing their attitudes and behaviour.**


- (b) What changes should occur within our own group to reduce our vulnerability to HIV and AIDS?
- (c) What should the church do to support these changes?
- (d) Who in the church should take the initiative to bring about these changes?
- (e) What will be our first steps to bring about these changes?

Write down these responses on a piece of flip chart paper.

3. Bring the four groups back together again, and ask a member of each group to present

their responses to the above questions. Allow up to 10 minutes for discussion after each presentation.

4. Summarise what the four groups have achieved in this session, and mention that in the next session we shall address the question of how to organise ourselves to deal with the issues related to our vulnerability to HIV and AIDS.

5.  Ask one of the participants to read Romans 15:1-2, and invite another participant to close the meeting with a prayer.

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







## Chapter Two

# Our traditions

Our traditions are part and parcel of our cultures. Different ethnic groups and communities have their own particular ways of handling events such as marriage, remarriage, childbirth, death, transition to adulthood, planting, harvesting and building a house.

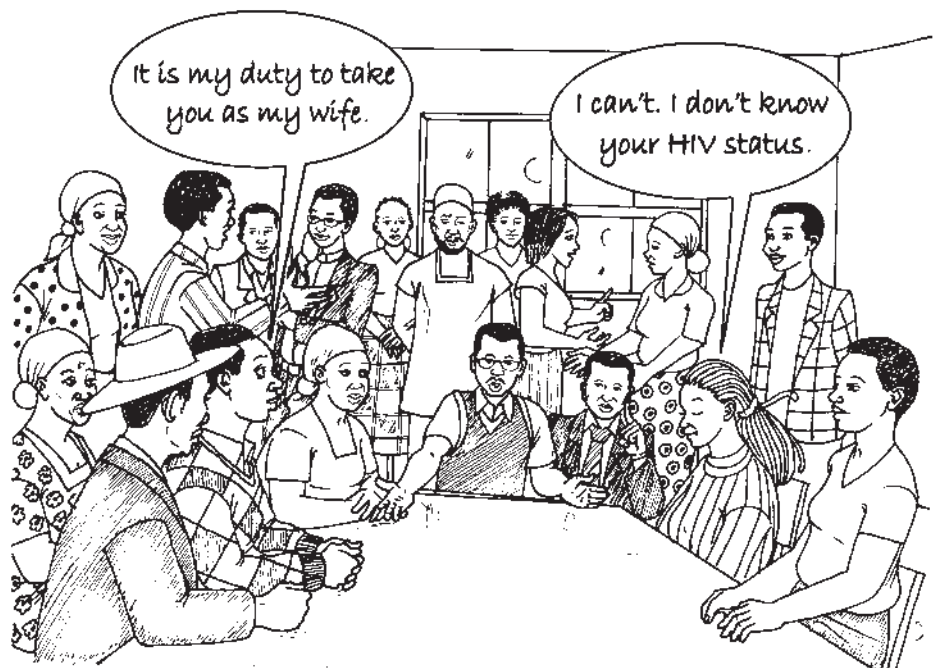
In many cases these practices are also linked to receiving rewards and blessings, or to being punished or even cursed. In other words, if you agree to carry out a particular ritual, you and your family will be rewarded with health, prosperity and a good life. If you refuse, however, you and your family will be threatened with curses and attacks by evil spirits, and you will lose your standing in the community.

Some of these traditional practices involve sex or using sharp instruments to cut the skin. They therefore carry a significant risk of transmitting HIV.

It is never easy to modify traditions which have been passed down from one generation to the next since time immemorial. Indeed, some community leaders have complained that people 'from outside' are using AIDS as an excuse to attack their traditions, thereby weakening the cohesion of their communities.

As Africans, we should continue to celebrate what gives life to our communities. However, we also need to challenge ourselves and confront the values which we have always propagated for the sake of maintaining traditions, even though some of these traditions are a source of pain, suffering and misery.

Through our churches and other community institutions, we have the opportunity to bring about positive changes so that we can fulfil the gospel of our Lord Jesus Christ, who says that *"I have come in order that you might have life - life in all its fullness"*. (John 10:10)



**Traditional practices, such as widow inheritance, may contribute to the spread of HIV.**



## Session 1:

# Examining our traditional practices

🕒 **Aim:** to identify and deal with traditional practices which may make people vulnerable to HIV.

▶ **Materials required:** flip chart and four marker pens.

🕒 **Time needed:** 2 hours.

### Introduction (15 minutes):

1. Start with one or two songs and a prayer.
2. Ask two or three participants to share with us what they have learned from the previous session.
3. Explain that in this session we shall be discussing the traditions that are part of our lives. We shall be looking, in particular, at whether any of these traditions might make us more vulnerable to HIV infection.

### ACTIVITY 1:

#### Our rituals and traditions (1)

🕒 **Time needed:** 1 hour.

□ **Description:** plenary discussion.

#### Directions:

1. With your co-facilitator(s) read the following four stories a few days before this session, and translate them into the local language which people use in the community where the workshop will be taking place. You can involve the co-facilitators in translating the stories. The language used should be suitable for all participants to understand.
2. Start by explaining to the group that all of us are affected in various ways by the traditions which we have inherited from our forebears, and which we generally try to uphold. Mention to the participants that we will use four stories to help us to reflect on what goes on in our families and communities, especially soon after death.
3. Ask your co-facilitators to read the four stories out loud to the whole group.

#### MARY

Mary is a leader in an African independent church in a village in Western Kenya. She was diagnosed HIV-positive in 2001, after the death of her husband in a road traffic accident. Her husband had been a school teacher and a pastor in the church.

"In our culture, 40 days after the death of your husband, his relatives bring you another man to marry. So they did that, but I refused. First, because I didn't want to bring AIDS into another family. For me, living positively means not spreading the virus, not adding AIDS to AIDS. And second, I told them that I didn't need another husband. I still had my husband's Bible, which would guide me through the rest of my life. His relatives kept talking until midnight. They said that if I refused to be 'inherited' I would soon be counting the graves of my children. I said that, whatever happened, Jesus would be there helping me.

"Since then my husband's family has deserted me. Whenever I need help from my brothers-in-law, they don't come. I even had one son who was getting married, a Christian wedding, and I had to arrange everything myself, with my bishop and church members."



### RUTH

A widow with five children, Ruth belongs to a Pentecostal Church. She lives in a village near Kisumu, in Western Kenya. She is a member of a group of widows and orphans, formed by her church.

"After my husband died, his relatives brought me a cousin whom I was supposed to marry. He was already married, with two children. I said I wouldn't marry him unless he went for voluntary counselling and testing, and tested HIV-negative. But he refused to be tested, so I haven't married him.

"The man and my husband's family were very angry with me. They took away the land where my husband and I would have built a house. Now I stay with my children in a rented house. My husband's family don't visit me or support my children. If I had some land and enough money, I would build a house anyway, although this is against the tradition of our people."

### MUSANA

Musana is a married man, aged in his late 40s. He has a small farm in Western Kenya. He and his wife have four children of their own. They also look after five children from his late brother, whose widow lives with them.

After repeated bouts of illness over several months, Musana went to a hospital and requested an HIV test. He was not surprised when the result was positive.

"I must have contracted HIV from my brother's wife," he says. "I had to inherit her after my brother died. That was the decision of the clan elders. I thought I was doing what tradition demanded of me by marrying her, but now I have HIV. This means that I can't work like before, and the whole family suffers. I'm also afraid that I might have passed HIV on to my first wife."

### MAGDALENE

Magdalene belongs to God's Last Appeal Church and lives in a village in Western Kenya. Her husband died 14 years ago, leaving her with four small children. After he died she went for voluntary counselling and tested HIV-positive.

"Five years after my husband died I married his brother, who was still single at the time. I knew I was HIV-positive so I told him that the clinic advised us to use condoms, and he agreed to that. We always used condoms and I did not become pregnant. After a couple of years he took another wife and moved away from here to live with her. Now he visits me only every few months, but he supports my children to attend school and contributes something towards our household expenses. I also have a small business selling second-hand clothes."

4. Ask the participants to comment on the issues of vulnerability and powerlessness that are reflected in the four stories. Write the comments on a flip chart.

5. Ask the participants to think about Ruth and Magdalene's stories. Both women are expected to depend on their late husbands' clans for survival. Ask the participants to give practical suggestions on how the church and communities can protect people, especially women, who are in such situations. Write the suggestions on a flip chart.

6. Ask the participants to share how the Christian faith can be a resource for people who are vulnerable.



### ACTIVITY 2:

#### Our rituals and traditions (2)

 **Time needed:** 45 minutes.

☐ **Description:** group discussions and role play; plenary discussion.

#### Directions:

1. Start by requesting one participant to lead the group in a chorus or song. Inform the participants that they are going to work in small groups.

2. Divide the participants into four groups, according to age and gender: young women, young men, older women, and older men, each led by a co-facilitator. Each group should appoint someone to record the main points of their discussion on a sheet of flip chart paper.

3. Each group should then respond to the following questions:

(a) What are the rituals and traditions in our community or ethnic group which require a person to have sex with someone who is not his or her lawful wife or husband?


(b) What rituals are performed which involve using a razor blade or knife on a person's skin or body parts?

(c) How can some of these rituals make people more vulnerable to HIV?

(d) Choose one traditional custom that puts people at risk of HIV as the basis for a short (5 minutes maximum) role play. Decide on the story, select the actors and practise the action.

4. Bring the groups together and ask each to perform their role play. Allow a maximum of 5 minutes for each performance, followed by 5 minutes discussion.

5. Summarise the role plays and discussions.

6.  Ask one of the participants to read Matthew 15:3: *"Jesus replied: 'And why do you break the command of God for the sake of your tradition?'"* Then invite another participant to close the meeting with a prayer.

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



**Some rituals, such as male circumcision, involve using sharp instruments to cut the skin. If shared with other people, these instruments can transmit HIV through blood.**





## Session 2:

# Transforming our traditions

🕒 **Aim:** to explore ways of dealing with traditional practices which may make us vulnerable to HIV.

📏 **Materials required:** flip chart, masking tape and four marker pens.

🕒 **Time needed:** 2 hours.

### Introduction (15 minutes):

1. Some days before the session, invite two respected older people (one man and one woman) to come and talk about the changes in traditional practices which they have witnessed in their lifetimes within the local community.
2. Welcome the participants to the session. Ask two or three people to summarise what we did in the previous session.
3. Explain that today's session is about how some of our traditional practices may have to change to make us less vulnerable to HIV and AIDS. This is likely to result in a lot of discussion, which could become a bit heated at times. But let us listen to one another with respect.

### ACTIVITY 1:

#### Our changing traditions

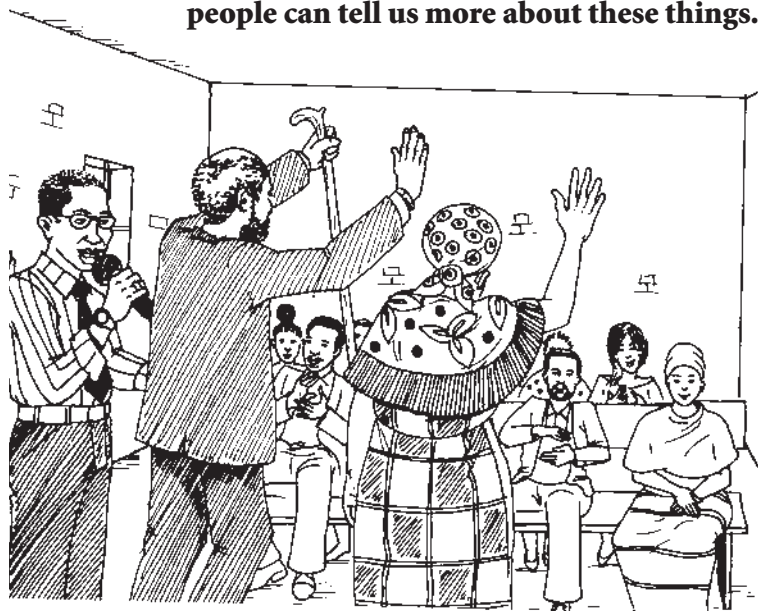
🕒 **Time needed:** 45 minutes.

📋 **Description:** question-and-answer in plenary session.

#### Directions:

1. Explain that the aim of this activity is to help us understand how and why the traditions of our community have been changing over time.
2. Introduce the two older people, and explain that they are going to tell us about the changes which have occurred in their communities during the past 100 years or so. For example, what was expected of their grandparents when they were married, compared with today's generation?
3. Divide the participants into two groups - women in one, men in the other.

**Customs and traditions evolve with time. Older people can tell us more about these things.**



The participants may now ask questions of the older person in their group about the traditions that have changed in the community during the past 100 years. Write down these points on the flip chart.



4. Bring the two groups together again and ask someone from each group to read out the points on their flip chart. Draw the conclusion that our traditions are not set in stone. We might

not notice it at the time, but our traditions do change in response to external factors, such as new technology, or to threats to our health and welfare, or to Christian teachings.

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### ACTIVITY 2:

#### Changing what hurts us

 **Time needed:** 1 hour.

☐ **Description:** group discussion and role play; plenary discussion.

#### Directions:

1. Divide the participants up into their usual four groups, according to age and gender, each led by a co-facilitator.

2. The co-facilitator should bring the sheet of flip chart paper which lists the factors that make members of their group vulnerable to HIV (Chapter 1, Session 1). Ask whether any of these factors are linked to traditional practices. If so, which individuals or institutions are responsible for continuing these practices? What changes would your group like to see made in these practices?


3. Ask what you would like your church leaders, or other community leaders (e.g. clan leaders and elders, elected officials), to do about these practices.

4. Prepare a role play on how a particular traditional practice is making members of

your age group vulnerable to HIV. Act out how you would like it to be changed, and how the church and other institutions in your community could help to bring this about. Prepare a short statement of the exact changes which you would like to happen.

5. Bring the four groups together. Ask each to act out their role play, and then to read out their statement. Each role play should last for a maximum of 5 minutes, followed by 5 minutes of discussion.

6. Finish the session by summarising what has been discussed and the suggestions which have been made. Congratulate the participants on (hopefully!) having treated one another with respect during discussions of these sensitive issues. Mention that in the next session we shall be looking at how to mobilise ourselves to take action on the issues we have discussed today.

7.  Ask one of the participants to read Romans 15:7, and invite another participant to close the meeting with a prayer.

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





## Chapter Three

# Our responsibility to protect the weak

The AIDS epidemic has left many families and individuals in a very weak and vulnerable situation. The economic and social effects of the epidemic include loss of land and property, early marriages, child labour, sexual exploitation and many other abuses of people's human rights. These problems may have existed in our communities before the emergence of HIV and AIDS. There is no doubt, however, that the high death toll of the epidemic has greatly magnified their impact on our communities.

Many churches, community groups and other organisations have worked hard to address the various impacts of the AIDS epidemic on people's lives, for example, by providing food and other support to widows and orphans. But too few churches and community organisations are involved, and their impact is not yet felt sufficiently widely. In addition, there is a need for more churches - especially at congregation level - to support those who have suffered injustice because of AIDS-related issues.

**Many churches provide food and other support to widows, orphans and other people affected by the AIDS epidemic.**



First, however, we need to reflect on the norms and values we hold in relation to those in our communities who are in a weak and vulnerable situation - especially widows and orphans. Many of us have made efforts to protect the weak against those who wish to exploit and abuse them. Some of us, however, have turned a blind eye to situations where the weak in our communities have been exploited and abused. We might, for example, have refused to become involved when relatives or other people have taken away the land and property of widows and orphans. We might have been involved in



depriving widows and orphans of their land and property. Or we might have failed to protect vulnerable children from sexual abuse or economic exploitation.

We need to confront our own values and ask ourselves: what would our Lord Jesus Christ expect from us in these situations?

This chapter is aimed at helping us to:

- ⦿ Identify the major challenges, related to HIV and AIDS, which weak and vulnerable people in our communities are facing.
- ⦿ Define the roles which churches can and should play in protecting the weak in relation to the AIDS epidemic.
- ⦿ Take practical action to protect and support people - especially widows and orphans - who are in danger of, for example, losing their property or suffering abuse because of their vulnerability, which is heightened by the AIDS epidemic.

## Session 1:

### Challenging injustice - Part 1

⦿ **Aim:** to identify ways in which we, as a Christian community, can deal with some of the injustices suffered by people whose vulnerability has been increased by the AIDS epidemic.

▷ **Materials required:** Bible, flip chart, masking tape and marker pens.

🕒 **Time needed:** 2 hours.

#### Introduction (5 minutes):

1. Ask two or three participants to summarise what we discussed in the previous session.
2. Explain that in this session we are going to read and discuss the real-life stories of two girls whose vulnerability to sexual abuse has been increased by the AIDS epidemic.

#### ACTIVITY 1:

##### Sexual abuse

🕒 **Time needed:** 45 minutes.

□ **Description:** plenary discussion.

#### Directions:

1. Ask your co-facilitator to read out loud the two stories (opposite) to the group.
2. Ask the participants for their comments on

the problems which Jessica and Alice face. What factors underlie their problems? How are they related to the spread of HIV?

3. Ask the participants to relate these two stories to what happens in their communities.

4. Ask the participants to identify the challenges which Pastor Muchiri faces as he tries to help Jessica and Alice, and to suggest ways to overcome these challenges.



### JESSICA

Jessica is a young teenager in a village in Central Kenya, where she lives with her mother. Her father died a few years ago. When Jessica was 11, she was washing clothes in an isolated spot when an Army officer who lived nearby tried to seduce her. She rejected his advances, but the man picked her up and carried her off to his house, where he raped her.

The following morning Jessica went to Pastor Muchiri's home and told him what had happened. After listening to Jessica's story, the pastor accompanied her to the local Police, where she made a statement about the incident.

The Police then brought the Army officer in for questioning, but failed to bring charges against him. The Army officer is still living in the village and has threatened to kill Pastor Muchiri if he pursues the case.

### ALICE

Alice was only five when her mother died, leaving her and her three year-old brother orphaned in a village in Central Kenya. They went to live with their grandmother, who was almost blind and practically unable to look after them. Some months later Alice came to Pastor Muchiri with a serious complaint:

"She told me that a member of our church - someone whom I trusted very much - was coming to her to have sex, and afterwards he would give her money or food from his shop. This man had a wife, who was also a member of the church, and I knew how much she would be hurt if she found out about her husband's behaviour.

"For me, this was a case of rape. But I realised that if I took the matter to court and tried to have the man convicted, it could break up the family. So I called a meeting of the church committee to discuss how to solve this problem without the wife finding out. We sent a member of the committee to speak to the man about his behaviour, and to let him know that it would not be tolerated in the church. After that the man just left the village and has not come back. I took the girl to hospital, where she was medically examined, and fortunately she was not infected with HIV or anything else.

"Later, the man's wife somehow came to know about her husband's behaviour, but there was nothing she could do so she has just kept quiet about it. I started a process of counselling the girl about her ordeal, and she was able to attend school. She has also been assisted by the women's group which our church started."


## ACTIVITY 2:

### Injustice and 'pure religion' in the era of AIDS

 **Time needed:** 1 hour 10 minutes.

☐ **Description:** plenary, then small group discussions; report back to plenary group.

#### Description:

1. Ask one participant to lead the group in a chorus or song.  Ask someone else to read out aloud Isaiah 58:6: *"The kind of fasting I want is this: remove the chains of oppression and the yoke of injustice, and let the oppressed go free."*

 Ask another participant to read James 1:27: *"What God the Father considers to*

*be pure religion is this: to take care of widows and orphans in their suffering and to keep oneself from being corrupted by the world."*



2. Explain that the Bible challenges the kind of religion which ignores the injustices that go on all around us. Ask the participants to mention injustices associated with widows, children and the AIDS epidemic. (Probe until you receive answers such as sexual abuse and violence, and property rights of women and children.) Stress that these are issues which require pastoral action in the community. Today we are going to address these issues and come up with practical ways of addressing them.

3. Ask the participants to divide up into the same four groups as usual: young women, young men, older women, and older men.

4. Each group leader now asks the following questions:

(a) Which injustices in relation to HIV and AIDS affect the age and gender group to which you belong? Draw a picture on a

sheet of flip chart paper of how this kind of injustice happens.

(b) Which injustices in relation to HIV and AIDS affect children? Choose one issue only, and draw a picture on a sheet of flip chart paper of how this kind of injustice happens.

(c) How can the church play a role in supporting and protecting the members of your group in relation to this injustice? Write or draw your suggestions on your flip chart.

(d) How can the church support and protect children who suffer from this particular injustice? Write or draw your suggestions on your flip chart.

5. Invite the four groups to meet in a plenary session again. Ask a representative from each group to attach the flip chart sheets to the wall. While they are doing this, lead the other participants in a song.



**The 'chains of oppression' mentioned in Isaiah 58:6 can take the form of relatives taking property from orphans.**




**Notes for facilitator:** While discussing point 4 (above), bear in mind that:

- We may need to challenge ourselves and to make changes in our own lives.
- The ‘oppression’ could be the ways in which our families or clans treat widows and orphans, e.g. in relation to property rights, or sexual exploitation.
- The ‘oppression’ could also be government policies which fail to meet the needs of HIV-positive people, widows and orphans. Or the ‘oppression’ could come from a person within our own community whom we would not suspect of carrying out sexual abuse or exploitation.

A representative from each group gives explanations and responds to questions.

7. Ask a co-facilitator to summarise all the suggestions for church actions on a single sheet of flip chart paper. (There may be some overlap, especially with the suggestions about what the church can do to support children.) While he or she is doing this, invite the participants to make their final comments.

8. Ask someone in the group to summarise what you have done in Activity 1 and Activity 2 today. Tell the group that in the next session we shall be having further discussions on ways of addressing injustices arising from the AIDS epidemic.

9.  Ask one of the participants to read Luke 10:30-37, and invite another participant to close the meeting with a prayer.

6. Now ask the participants to move to view each group’s flip chart sheets in turn.

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

## Session 2:

### Challenging injustice - Part 2

🎯 **Aim:** to identify ways in which we, as a Christian community, can deal with some of the injustices suffered by people whose vulnerability has been increased by the AIDS epidemic.

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

🕒 **Time needed:** 2 hours.

#### Introduction (5 minutes):

1. Ask two or three participants to summarise what we discussed in the previous session.
2. Explain that in this session we are going to consider the real-life stories of an orphan and a widow whose lives have been greatly affected by the AIDS epidemic.





### ACTIVITY 1:

#### Who is there for me?



**Time needed:** 1 hour 10 minutes.




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

#### Directions:

1. A few days before the session, ask five participants to prepare to act out a story about a 14 year-old girl, Sandra, and her younger brother, who have lost both parents to AIDS. They have inherited some land, but an aunt comes and claims it and rents it out to other

people. Sandra becomes increasingly frantic as she tries to feed and support her younger brother. Meanwhile, two of Sandra's relatives happily go about their normal lives, completely unconcerned about the fate of Sandra and her brother. Ask for the role play to be performed, without any words being spoken.

2. Now read out Sandra's story (see box, below).

3.  Read out also Isaiah 1:17: *"Learn to do right! Seek justice, rebuke the oppressor. Defend the cause of the fatherless, plead the case of the widow."*

### Sandra

Fourteen year-old Sandra lives with her younger brother in a village in Eastern Uganda. Their father died in 2002 and their mother in 2004. The children now live alone in the family home. They belong to the Centre for Evangelism church.

"At first, life was very difficult for us. We had no food and depended on handouts from neighbours. On some days, we would only eat mangoes and jackfruit. Although our parents had left us land, we could not use it because one of my Dad's sisters had hired out all the 10 acres to outsiders who were using it to grow food. They were paying her 30,000 shillings per acre.

"Fortunately, our church found out about our problem and they helped us to sort it out. The church leaders contacted the family members and clan leaders, and they were able to persuade our aunt to return to us half of the land to allow us to grow our own food. The church also gave us maize, bean seeds and cassava cuttings to start us off growing food. Today, we grow all our food and sell off some to pay for other essentials that we need at home.



"The church pays our school fees and provides us with scholastic materials. Early this year, they gave us a goat, which has given birth to four young ones. We hope to rear more goats and to sell off some in future to get money to cater for our needs. We would like also to buy a cow so as to be able to sell milk, which would give us even more money. Right now, our future is not as bleak as it seemed after Mum died. We know that there are people out there who care for us and who are ready to help us out in case of a problem."





Tell the participants that you will return to this text later on.

4. Ask the participants to say what messages came through from the role play about Sandra's relatives and her church.

5. Ask the person playing the role of Sandra to explain what messages she was trying to communicate to the audience.

6. Ask the participants to say whether they know of any other orphaned children who have had an experience similar to Sandra's. Enquire whether the local church leaders took any action to support them, and whether this was successful.

7. Close by summarising what we have covered during this activity. Then bring in an energiser, or a chorus.

## ACTIVITY 2:

### Using the law

 **Time needed:** 45 minutes.

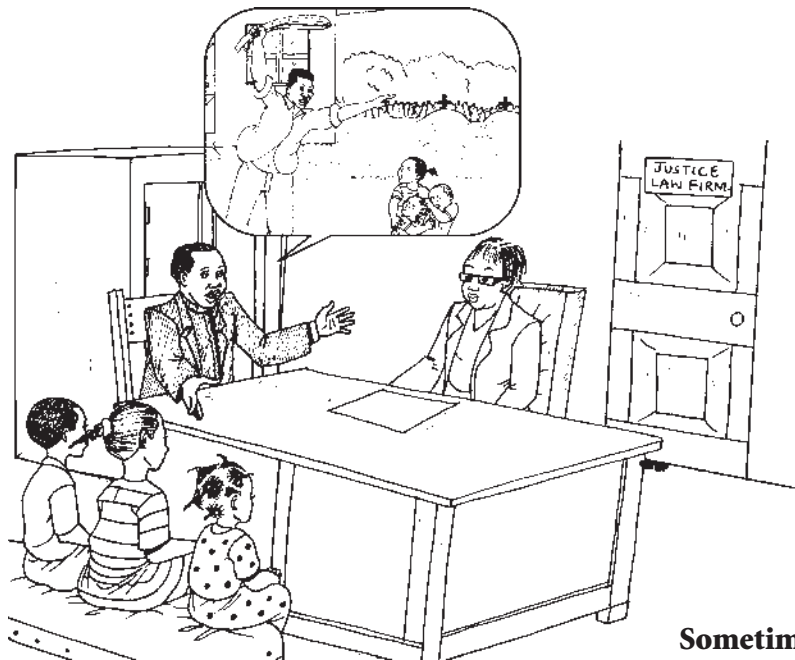
☐ **Description:** plenary discussion.

### Directions:

1. Mention to the group that we are going to deal with protecting the rights of the weak through legal means.

2. Mention the case of Miria Obbo, whose husband's relatives tried to take her house and land after his death (see *Called to Care* no. 4, *Pastoral Action on HIV and AIDS* p. 40). Read the following excerpt from Miria's story:

"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."



**Sometimes  
'defending the fatherless'  
may mean seeking legal assistance for orphans.**

3. Ask the participants to share the lessons that emerge from Miria's story in relation to defending the people who are threatened with loss of property, or any other form of abuse, because of the way the AIDS epidemic has affected them. Note their statements on the flip chart.


4. Ask the participants to give some examples of similar situations which they know about. What (if any) legal action was taken and what were the outcomes?



5. Ask the participants to mention the government departments and other organisations which they can work with to defend the weak. Note the organisations on the flip chart.

6. Ask someone in the group to summarise what you have done in Activity 1 and Activity 2. Tell the group that in the next session we shall be discussing how to mobilise the

resources we need to deal more effectively with issues related to vulnerability, HIV and AIDS.

7.  Ask one of the participants to read Exodus 22:22-23, and invite another participant to close the meeting with a prayer.

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



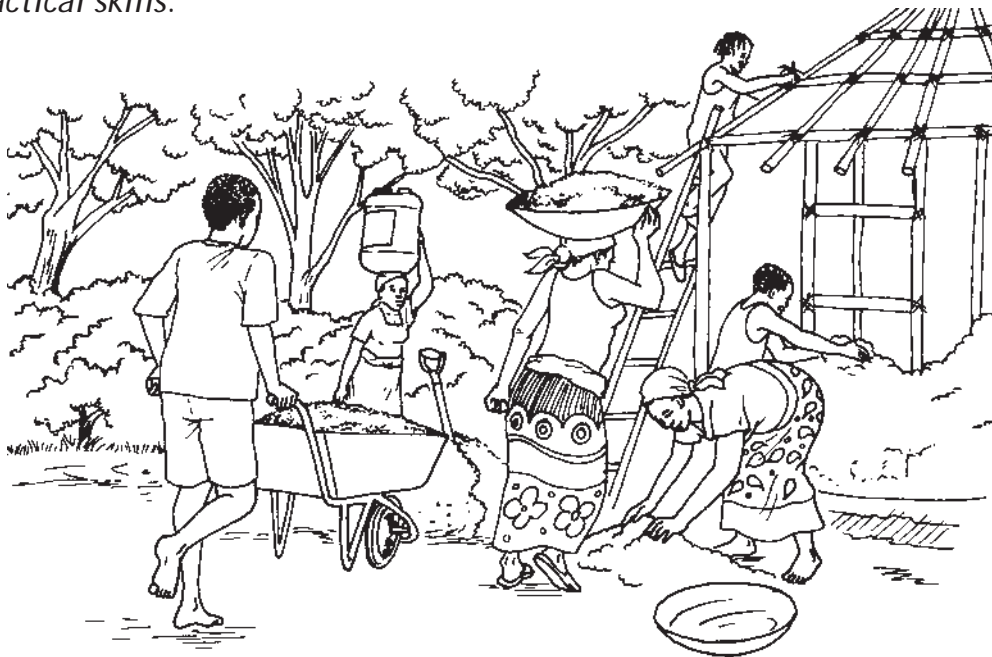
## Chapter Four

# The resources we need

The AIDS epidemic is a global problem, requiring a huge commitment of resources at global level. But it is also a local problem, in which locally available resources are crucially important. Having decided to work together, as a church community, to respond to the challenges of HIV and AIDS, how do we get the resources we need?

Our experience of working with African independent churches on HIV and AIDS issues has taught us many lessons. One of the most important is that successful church-based initiatives usually start by using whatever local resources are available, and only then seeking external resources to fill the remaining gaps. Those groups that believe they need external funding in order to start their activities rarely get off the ground. Even if they do succeed in obtaining external support, they generally collapse when the external funding comes to an end (which it always does).

In this chapter we shall explore how we can fully utilise the resources of our own community to enable us to implement the activities we want to carry out. These resources can be of many kinds. They can be in the form of money, but they can also consist of food, clothing, land, buildings, transport, plants and seeds, information and - perhaps the most important and valuable resources of all - people's *time, commitment* and *practical skills*.



**People's time, commitment and practical skills are amongst the most valuable resources which our communities possess.**



We need to consider how, in our everyday lives and in times of special need, we have always provided one another with mutual support through the church and through the community. We need to build upon what we are already doing to support one another.

In addition, we need to link our efforts to the work of other organisations that aim to provide services to the community. Many of these are government agencies and departments, but others are non-governmental organisations of many different kinds.

As we develop our plans for action within our churches and communities, we need to clarify what exactly we want to do and how we should organise ourselves. In the course of this chapter, we shall make reference to *Making it Happen*, No. 2 in the Called to Care toolkit, which provides guidance on how to plan and implement such activities.

## Session 1:

# Counting our blessings

🎯 **Aim:** to identify the resources we have that can be used to implement HIV- and AIDS-related activities within the community.

▶ **Materials required:** flip chart and four marker pens.

🕒 **Time needed:** 1 hour 30 minutes.

### Introduction (10 minutes):

1. Ask the group to sing a song, e.g. one that they composed after the exercise in Chapter 3, Session 1 of Called to Care No. 4, *Pastoral Action on HIV and AIDS*.
2. Ask a few participants to summarise what they have done in the past two sessions, and how they feel about the plans they have drawn up for action on issues related to HIV and AIDS in their community.
3. Explain that this session is about really appreciating the value of what we can do for, or offer to, one another.

### ACTIVITY:

#### Valuing what we give

🕒 **Time needed:** 1 hour 20 minutes.

☐ **Description:** small group discussions and plenary discussion.

### Directions:

1. Explain to the participants that we shall start by reading the story of Deo (opposite), a

voluntary church worker in Eastern Uganda. This story will help us to think about what resources we have in our communities and how we can use these more effectively to support one another in HIV care, support and prevention.

2. Divide the participants into their usual four groups, according to age and gender.

3. Ask the participants to respond to the following questions:



## Deo, the church volunteer

"I joined the ministry of the Christian Worship Centre here in Budweghe in August 2000. I work as a gospel minister with the youth and I assist the pastor when he's not around.

"I'm 27 and still single. I live with my four younger brothers and one sister. We are all orphans. I support them by growing maize, potatoes and upland rice. I also keep some poultry and two pigs, and I have a small banana plantation. But I don't own the land where we are staying. It belongs to my uncle in Kampala.

"I work with a team of church youth to support the widows and orphans, and elderly people. I share the word of God with them and I help them however I can. For example, I put them in touch with TASO and other NGOs. If they are sick or if they want to be tested for HIV, I take them on my bicycle to Iganga [about 6 kilometres].

"I finished Senior 4 and I can use a computer. I've attended some OAIC workshops in Iganga. Now I know how to keep accounts and how to write a project proposal. I'm using those skills to help a group of widows in Iganga. Because they haven't been to secondary school, they asked me to be the secretary of their group. So I keep their accounts and do reports on their meetings. I've also written a project proposal for them and I've submitted it to the local MP.

"We help the widows and elderly people to grow cassava so they can have some food security. The OAIC gave us 3,000 cassava cuttings, which I brought from their office by bicycle and distributed in the village. We also check that people have planted the seedlings and are looking after them



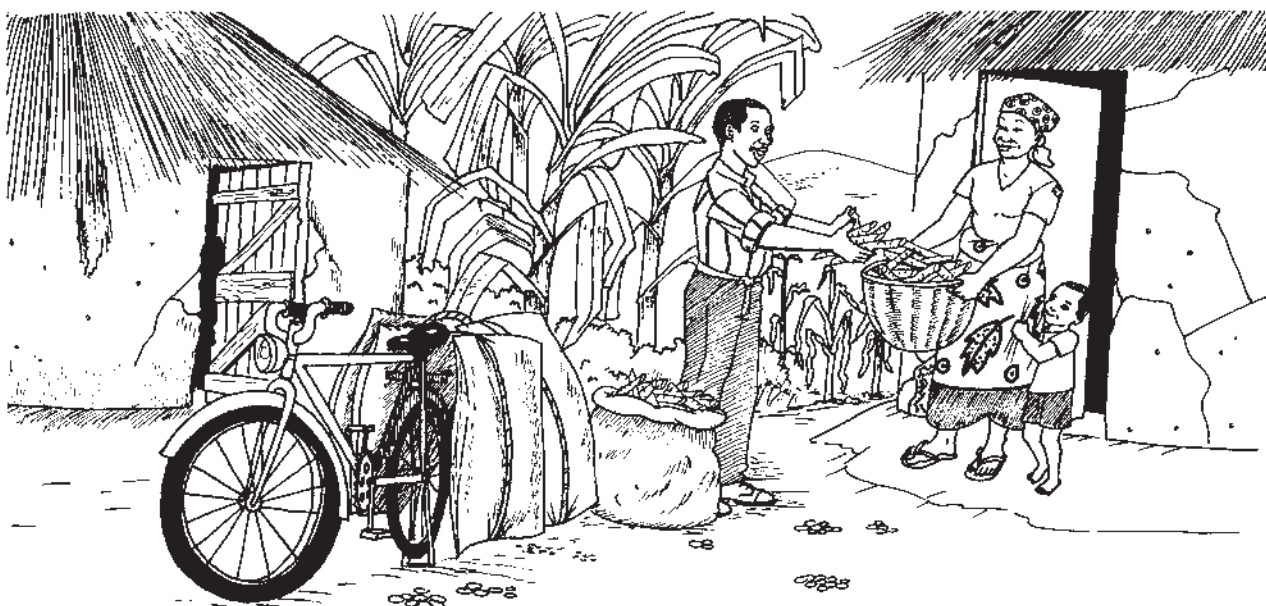
properly. Some of the elderly people are a bit weak so we have to help them.

"We strongly believe that orphans, widows and people living with HIV are entitled to access support from government departments. So we are working with the Department of Agriculture, which supplied us with piglets and building materials to construct a shed for them. We also have a poultry farming project using local breeds.

"I always carry my small Bible with me. Sometimes I'll be going around the village and someone will come up and say 'I have a problem'. Then I try to encourage them through sharing the Word of God and praying with them. I tell the widows to give a deaf ear to those who say they are about to die. I have seen God working miracles when I pray for the sick. But we also help them, for example, by distributing malaria tablets.

"I also visit secondary schools and talk with the students about HIV. They always welcome me. They say I'm a living example that a young man can survive without getting involved in sex. I pray that some day I'll get a lady who is God-fearing and faithful to marry."





**Church programmes can help vulnerable people improve their food security, for example, by planting cassava cuttings.**

- (a) What things do we regularly give to others?
- (b) What services do we regularly offer to others?
- (c) How do other people help us in times of particular need, e.g. the sickness or death of a family member?
- (d) How do these gifts contribute to our wellbeing - as givers as well as receivers?


Write the responses on the sheet of flip chart paper.

4. Ask the participants to come back into their original circle. A spokesperson reads out their responses; allow each group a maximum of 5 minutes to respond to questions.

5. Ask the participants to brainstorm on how they can use these forms of mutual help to support one another in reducing our vulnerability to HIV and in coping with the impact of AIDS upon the lives of our families.

Summarise these ideas in a maximum of seven statements.

6. Wrap up the session by affirming that, despite all the difficulties surrounding us, we can still find the human and material resources to support one another. This support cannot always be quantified in financial terms, so we tend to undervalue it. We need to 'count our blessings', i.e. learn to appreciate the many forms of mutual support, at the personal level, which enable us to cope with very difficult challenges in our daily lives, including our vulnerability to HIV and the impact of AIDS on our families and communities. We need to bear this in mind as we approach the next session, when we shall look at how we can access more resources by linking up with the organisations that can help us.

7.  Ask one of the participants to read 2 Corinthians 8:13-15, and invite another participant to close the meeting with a prayer.

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





## Session 2:

# Mobilising resources through networking

- ☉ **Aim:** to appreciate the importance of joining hands with other organisations that can help us respond to the challenges of HIV and AIDS.
- ▷ **Materials required:** flip chart and four marker pens; a supply of pebbles, sticks, ash, soil, leaves or grass (or string, bottle caps, glasses, pieces of card, etc) for all four groups.
- 🕒 **Time needed:** 2 hours.

### Introduction (20 minutes):

1. Ask the participants what they learned from the previous session about 'counting our blessings', and how other people can help us respond to the challenges of HIV and AIDS in our communities.
2. Explain that in this session we shall identify which other organisations can support us. First, each group will construct a map which shows the organisations within and outside our community that can help our particular group in dealing with the challenges of HIV and AIDS. Each group will make a map out of local materials (pebbles, sticks, ash, soil, grass or leaves; or string, bottle caps, glasses, pieces of card, etc) that have been collected beforehand. (See also Called to Care no. 2, *Making it Happen*, page 10.)

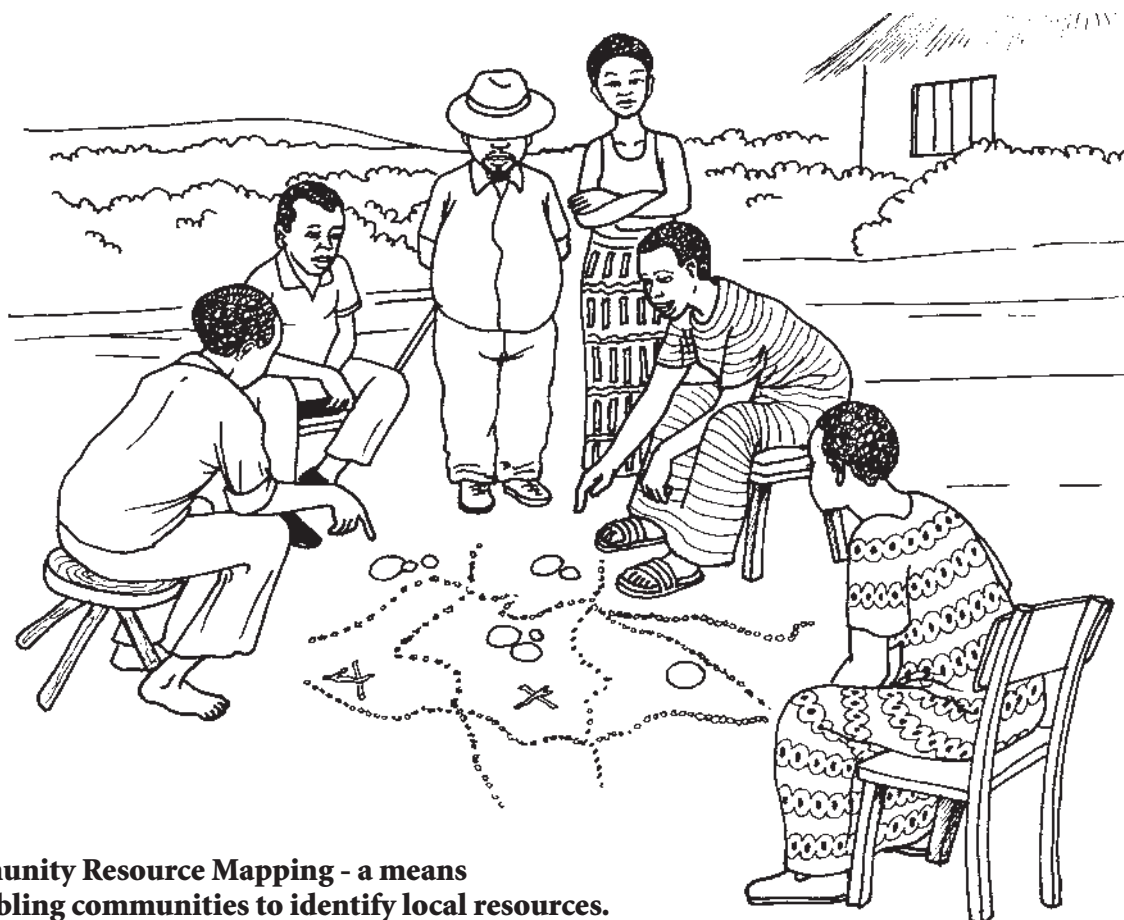
### ACTIVITY:

#### Community resource mapping

- 🕒 **Time needed:** 1 hour 40 minutes.
- ☐ **Description:** group activity, followed by plenary report-back and discussion.

### Directions:


1. Divide the participants into their usual four groups, according to age and gender. The co-facilitator once again explains the task to the group, which should now decide how to compile the map using the local materials. Try to ensure that all group members are involved in the process.
2. The group should start by marking out the boundaries of the community, and features such as roads, rivers and streams. The group members then decide which features to add, e.g. school buildings, churches, health clinics, shops, businesses, and the offices of community groups, NGOs or government departments. They also indicate the roads which lead from the community to other organisations that can assist them in planning and undertaking HIV and AIDS work.
3. Ask the group also to draw up a list, on flip chart paper, of the organisations and the resources or services which can help them in doing HIV and AIDS work. If possible, list the names of the people who should be contacted in each organisation.
4. Now ask one member of the group to draw, on a sheet of flip chart paper, a map of the community resources which the group has compiled on the floor or the ground.
5. Ask all four groups to come together again. Congratulate them on their work. While they are waiting for the maps to be drawn on flip chart paper, sing one or two songs. When all four maps have been put up on the wall, ask a



**Community Resource Mapping - a means of enabling communities to identify local resources.**

member of each group to explain the features which they show, and why they are important for their particular group.

6. Summarise what the community resource maps show us about the resources that are available in, or near, our communities to help us address the challenges of HIV and AIDS.

7.  Ask one of the participants to read 1 Corinthians 12:21-26, and invite another participant to close the meeting with a prayer.

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



## Chapter Five

# Turning our commitments into action

During this training course we have travelled together on a journey of learning. Now the time has come to plan for the future and to turn our commitments into action. We shall begin by considering the different community groups which each participant belongs to, and asking what activities these groups can undertake in three main areas:

- \* Prevention of HIV infection
- \* Care for people living with HIV, and
- \* Support for people affected by HIV and AIDS.

The more we involve people of different ages, gender and status within the community, the more successful our planning and activities will be. When we start planning we shall also identify the resources we need to carry out our plans. Our activities will be successful if we start by raising as many of these resources as we can from amongst ourselves and the local community.

Finally, as we come to the end of this time of learning together, let's celebrate!

## Session 1:

### Planning together for action

- 🕒 **Aim:** to decide how to involve local community and church structures more effectively in HIV care, support and prevention activities.
- ▶ **Materials required:** flip chart, masking tape, four marker pens, and about 6 metres of strong rope.
- 🕒 **Time needed:** 2 hours 30 minutes.

#### Introduction (10 minutes):

Ask someone to summarise what we covered in the previous session. Explain that in this session we shall be looking, first, at which church organisations and community-based organisations (CBOs) we are already members of; and second, how these can help us to carry out our plans for community action on matters related to HIV and AIDS. We shall then consider whether any new organisations in the community are needed to help us deal with particular problems.



### ACTIVITY 1:

#### Tugs of war and peace<sup>2</sup>

 **Time needed:** 20 minutes.

☐ **Description:** a game in which everyone pulls on a rope.

#### Directions:

1. Divide the group into two teams. Ask each team to hold opposite ends of a strong rope. Mark a line between the teams, over which each will try to pull the other.

2. Call out '1, 2, 3, Go!' for the team to start pulling on the rope. Let them continue until one team has pulled the other over the line.

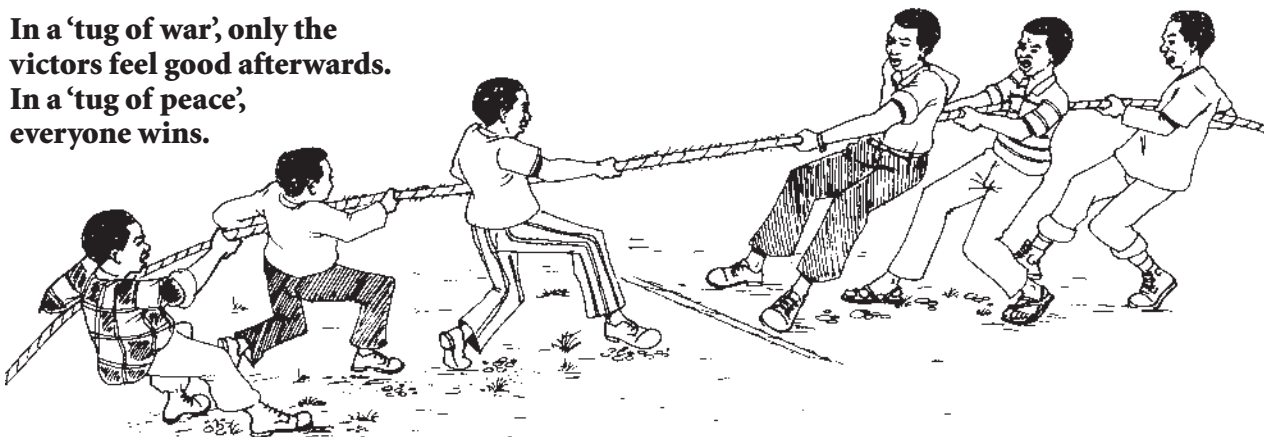
3. Next, ask everyone to sit in a circle. Tie the two ends of the rope together and hand it

to the participants, so they are sitting around the edge of it.

4. Ask all the participants to pull on the rope together, so that they can all stand up in a circle.

5. Ask the audience what this exercise illustrates to them. Explain that the idea is to show how, in a tug of war, only one team can win. The victors feel great, but how do the losers feel? In a tug of peace, everyone benefits and feels good about the result. In the same way, when everyone in the community works together on an issue, they can achieve much more than when only part of the community is involved, and everyone feels happy about the result. This is the approach we need to take to address the challenges of the AIDS epidemic.

**In a 'tug of war', only the victors feel good afterwards.  
In a 'tug of peace', everyone wins.**



### ACTIVITY 2:

#### Who can we work with?

 **Time needed:** 1 hour.

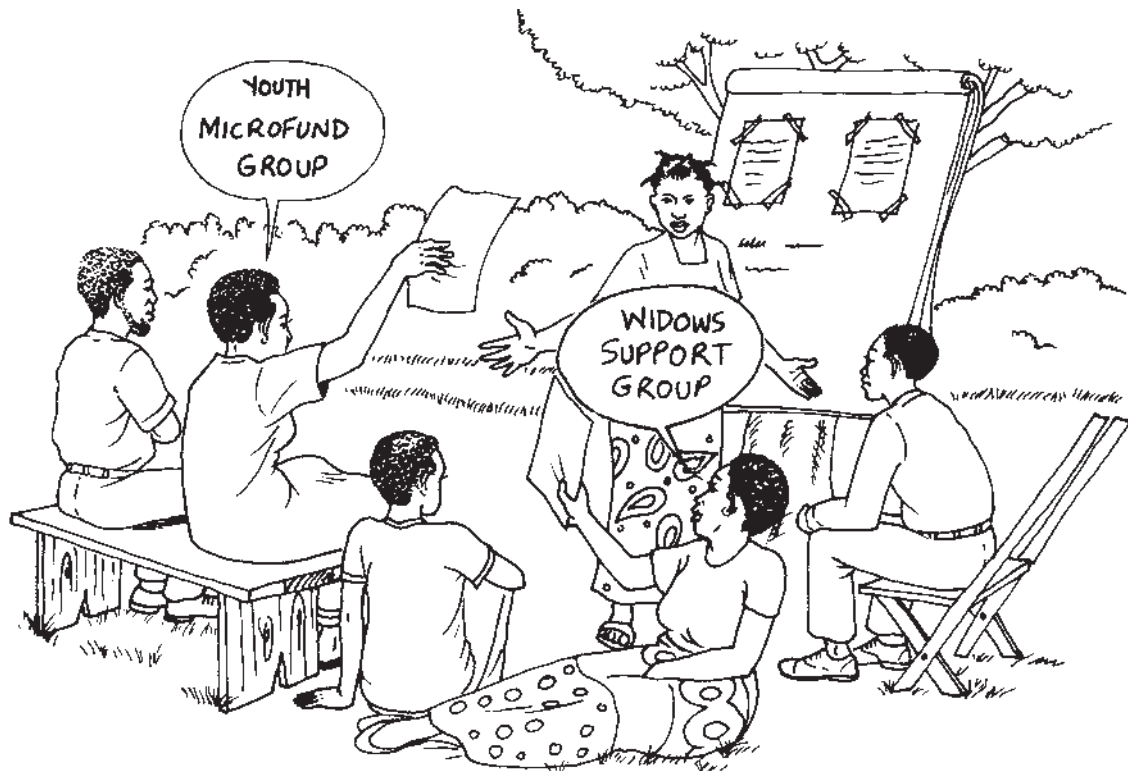
☐ **Description:** plenary discussion; group discussions; report-back to plenary.

#### Directions:

1. Ask the members of the group which community organisations they belong to. These

may include church fellowships, women's groups, youth associations, sports clubs, farmers' groups, drama clubs, prayer groups, family and clan associations, and widows' and orphans' support groups. Write these down in a list on the left-hand side of the flip chart.

2. Then ask which (if any) activities related to HIV and AIDS these organisations are carrying out at the moment. Write these activities down, next to the organisations concerned, on the right-hand side of the



**Members of the group belong to many different community organisations.**

flip chart. Note: it is likely that several organisations will be carrying out only minimal activities, or none at all. Some might even be doing things which make the community more vulnerable to HIV, or which worsen the impact of AIDS on particular groups.

3. Ask people who are already involved in any HIV- and AIDS-related activities to stand up and share their experiences with us.

4. Mention that, although these activities are going on, many people are not yet involved in helping to make our community less vulnerable to HIV and AIDS, and supporting those who are affected in various ways. So we are going to make plans for our group to undertake particular activities to deal with these issues.

5. Break into the same four groups as before: younger women, younger men, older women, and older men, each led by the same co-facilitator. The co-facilitator asks the group to answer the following questions:

- (a) What activities can we carry out to make our age and gender group less vulnerable to HIV and AIDS?
- (b) How can our group give more support to people in our community who are living with HIV?
- (c) What can our group do to provide more support for orphans and other vulnerable children?
- (d) How can we mobilise the members of our age and gender group to become involved in these activities?

Record the suggestions on a sheet of flip chart paper.

6. Bring the four groups together and ask each to report back on their ideas for mobilising the church congregation and the local community for action. Allow 5 minutes for each report and 5 minutes for discussion.



### ACTIVITY 3:

#### Preparing ourselves for outreach



**Time needed:** 1 hour.



**Description:** small group discussions and role plays, followed by performance of role plays and discussion in plenary.

#### Directions:

1. Explain to the participants that we shall start by reading the story of Mawagala AIDS Care (box, opposite), a church-based group in a village of Eastern Uganda which has been severely affected by HIV and AIDS. There are, for example, many widows and child-headed households in the village. These people are working within their church to reach out to other members of the community through activities related to HIV care, support and prevention. This story may help us plan activities for our own community.

2. Divide the participants into the usual four groups, according to age and gender. Ask each group to consider the following questions:

- (a) Of the various organisations which your group listed in Activity 1, which ones are members of your age and gender group involved in?
- (b) What more could these organisations be doing to reduce the vulnerability of our community to HIV and to lessen the impact of AIDS?
- (c) What can we do to bring about these changes?
- (d) What are the obstacles to bringing about these changes? Note: it is likely that lack of funds will be mentioned as an


obstacle, and that the groups may expect the organisers of the training course to provide such funds. Emphasise that, before seeking external funding, it is important for the church community to examine what internal resources - human and material - it already has. (See pp. 22-23 of Called to Care No. 2, *Making it Happen*.)

3. Now prepare a role play in which two members of the group suggest to a church group (e.g. a youth group) or a community organisation (e.g. a football club) that they should start an activity to help prevent the spread of HIV or to support people living with, or affected by, HIV. Two other members of your group should play the roles of the organisation being asked to start the activity.

4. Bring the four groups back into a plenary meeting for report-backs and performance of the role plays. Invite the participants to comment on one another's presentations.

5. Summarise what the groups have discussed and the proposals they have made. Explain that in the next session we shall discuss how to put these ideas into practice.

6. Mention that in the next session we shall be discussing where we have now reached in this training course and what commitments we need to think about making for the future.

7.  Ask one of the participants to read Matthew 25:34-40, and invite another participant to close the meeting with a prayer.

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





## Mawagala AIDS Care

Mawagala AIDS Care is a community support group, formed in 2001 by members of the Centre for Evangelism church near Iganga, in Eastern Uganda. Most of the members are widows and widowers who have lost their spouses to AIDS. Most are also HIV-positive, and are open about their HIV-positive status.

"By setting an example, we believe we can encourage others, especially those who are still in denial or are facing stigma in their family or communities, to take charge of their lives and to live positively," says Fatina Kagoya, the chairperson of the group.

Fatina, a mother of three, whose husband died of AIDS five years ago, said the group works hand-in-hand with other local community-based organisations to provide outreach services including counselling, home visits, and care and support.

"We teach people about AIDS, how it's spread, and how to manage it after contracting the virus," explains Fatina.

Because of the stigma attached to AIDS, the group decided to use drama, songs and traditional dance to sensitise the communities about AIDS, combined with biblical teachings. Patrick Baligeya, the coordinator of the group, says they meet once a month to plan their outreach activities before going out into the communities. They usually perform in schools, village squares and at other public functions to raise awareness about AIDS.

At first, their performances were greeted with contempt and insults. Gradually, however, they won acceptance and began to attract crowds wherever they performed.

"At first, people didn't want to listen but we persisted," says Patrick, recalling the group's



difficult beginnings. "We used testimonies, and slowly they began to appreciate the message we were bringing to them."

That message, says Patrick, has saved lives and restored hope and comfort to many people who had given up on living.

"We sensitise them of the need for behavioural change, and to remain faithful. We also encourage them to go and test for HIV so that they can get treatment and assistance," he says.

The group regularly visits people living with AIDS, especially those who are seriously ill or in need of financial assistance. In addition to food, they also distribute essential household items such as basins, soap, paraffin, blankets, and seeds for planting. The group also looks after many orphans, particularly those who have lost both their parents and have no-one to look after them. They pay the children's school tuition fees and also provide scholastic materials such as books, pens, pencils and school bags. They have also initiated income-generating projects for child-headed households.

Most of the group's funds come from church collections on Sundays, supplemented by occasional donations from local NGOs and individual supporters.



## Session 2:

# Looking backwards and forwards

🕒 **Aim:** to assess where we have reached and make commitments for the future.

▶ **Materials required:** flip chart, masking tape and four marker pens.

🕒 **Time needed:** 2 hours.

### Introduction (10 minutes):

1. Ask two or three participants to summarise what we discussed in the previous session.
2. Explain that in this session we are going to do a quick overview of what we have learned through this Community Action training course. We shall then discuss what decisions we might need to make to put into practice what we have learned.

### ACTIVITY 1:

#### How far have we travelled?

🕒 **Time needed:** 30 minutes.

□ **Description:** plenary discussion.

#### Directions:

1. 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 course. Ask four or five participants to what extent their hopes and their fears were realised, and write the responses down on a flip chart.

2. Ask a few participants to say what they will remember most from this course, and

write these responses down on the flip chart. Keep asking until the topics listed include our vulnerability to HIV, injustices associated with HIV and AIDS, the relationships between some of our traditions and HIV, how to mobilise ourselves, and the resources we need to undertake effective actions.

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

4. Thank everyone for their commitment so far, and explain that we are now going to go one step further, namely, by committing ourselves to particular actions and by asking others to consider making similar commitments.

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### ACTIVITY 2:

#### Commitments and requests

🕒 **Time needed:** 1 hour 20 minutes.

□ **Description:** group discussions, followed by plenary report-backs.

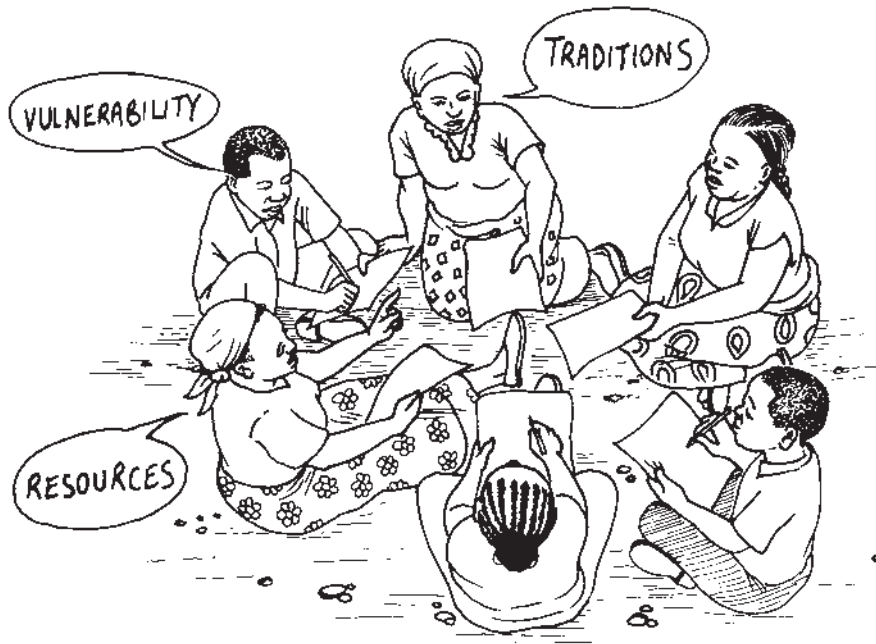
#### Directions:

1. Explain that we are going to divide into the usual four groups according to age and

gender, and that each group will be asked to do just two things in relation to HIV and AIDS within the community:

(a) to agree upon at least three actions which they, as a group, would like to commit themselves to undertake;

(b) to make at least three requests to other sections of the community for actions which they could also undertake to help prevent the



**Start by quickly reviewing the issues covered by this training course.**


spread of HIV and to support those living with HIV or affected by AIDS.

2. Now break up into the four groups. Each group should record their commitments and requests on a sheet of flip chart paper.

3. Bring the four groups together again. Each group should report back on their commitments and requests.

4. Summarise what has been covered and

achieved in this session. Tell the group that in the next session we shall be presenting what we have experienced through these two training courses to others from within our church and community.

5.  Ask one of the participants to read Isaiah 65:17-25, and invite another participant to close the meeting with a prayer.

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

## Session 3: Reaching out

🕒 **Aim:** to celebrate the successful completion of the course, and to inform our own church and other members of the community what we have learned and what we plan to do in future.

▶ **Materials required:** flip chart and four marker pens; food and softdrinks; certificates for participants who completed the whole training course.

🕒 **Time needed:** 2 hours.

**Introduction** (Advance preparation time needed):

You will need to start preparing for this several weeks beforehand, for example, by:

(a) preparing a certificate for everyone who has attended both training courses



- (b) ensuring that key pieces of documentation, e.g. flip chart summaries, songs, drawings and community resource maps are available for display
- (c) inviting a guest-of-honour to present the graduation certificates, deliver a motivational speech and make the closing prayer and blessing
- (d) drawing up a time schedule for the event
- (e) issuing invitations to church members who did not attend the course, members of other churches, community and political leaders, government officials and representatives of local community groups and NGOs
- (f) providing drinks and (if possible) snacks
- (g) arranging for some musical accompaniment, e.g. drums, choir.

### **ACTIVITY 1:** **Achievements and conclusions**



**Time needed:** 1 hour.



**Description:** plenary discussion.

#### **Directions:**

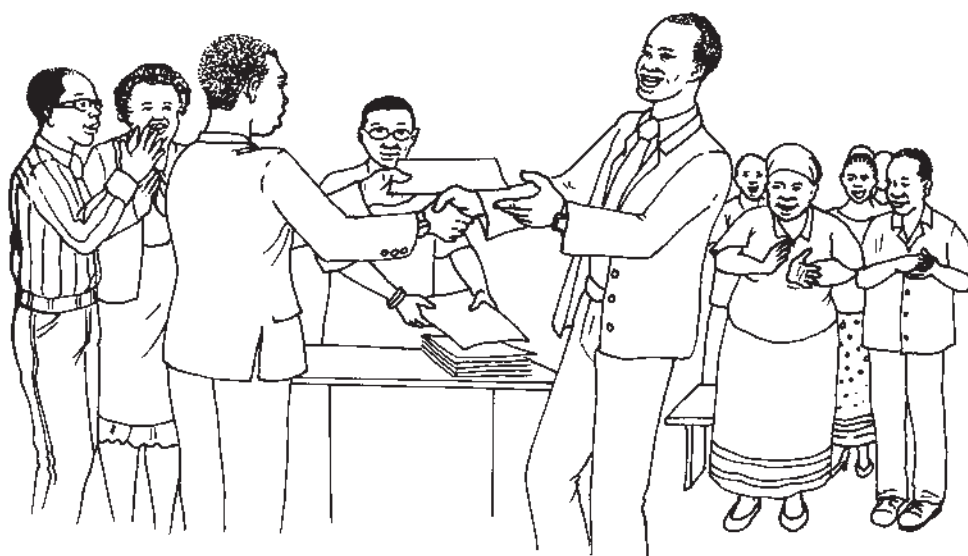
1. Welcome everyone to the session. Explain that this is the final session of the Community Action training course, which was preceded by the Pastoral Action training course, on issues related to HIV and AIDS within our church and our community. We are going to present what we have achieved through these two courses, and where we would like to go from here.

2. Hopes and fears: ask one co-facilitator to summarise the hopes and fears which participants expressed at the start of each course, and how they felt at the end of each course.

3. What we created: ask another co-facilitator to present to the audience the drawings, maps and songs created by the participants; ask two groups to present a role play and to explain its significance to the audience.

4. Commitments and requests: ask the leader of each of the age and gender groups to present their commitments and requests.

**Participants receive their certificates from the guest-of-honour.**



**ACTIVITY 2:****Closing ceremony**

 **Time needed:** 1 hour.

☐ **Description:** speech, presentation of certificates, celebration.

**Directions:**

1. Speech and presentations: ask the guest-of-honour to make a short speech and to

present the certificates to the participants. (Note: the names of the participants should be announced as they are presented with their certificate.)

2. Break for snacks and drinks, accompanied by drumming, singing and dancing.

3. Closing words of thanks to everyone for attending, followed by prayer and blessing.



**Time to celebrate the successful completion of the training course.**





## References

1. WHO, *Breastfeeding and Replacement Feeding Practices in the Context of Mother-to-Child Transmission of HIV* (Geneva: WHO, 2001), 3.
2. Alice Welbourn, *Stepping Stones* (London: ActionAid/Strategies for Hope, 1995), 150.

## 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.

(44 pages; published 2005; ISBN 978-0-9549051-1-8)

### No. 3: TIME TO TALK.

**A guide to family life in the age of AIDS.**

A handbook to enable churches and communities to discuss family life and sex in the context of the global AIDS epidemic.

(44 pages; published 2006; ISBN 978-0-9549051-8-7)

### No. 4: PASTORAL ACTION ON HIV AND AIDS.

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

(48 pages; published 2008; ISBN 978-1-905746-04-0)

### No. 5: COMMUNITY ACTION ON HIV AND AIDS.

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

(48 pages; published 2008; ISBN 978-1-905746-05-7)

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).

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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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