Cordaid Aids Award

This Church is Hiv/Aids Friendly
Introduction - Dear all,
Let’s get outside our buildings...
There is no place for lip service in the pandemic
Fertile ground in the lion’s mouth
“Listen, young people in your church are sexually active and not protected”
“Sometimes I have to cover myself when I visit people”
‘Community mobilization starts with small contributions like a handful of rice’
Hiv is an illness that can be managed, like diabetes
Funding is still focused on top-down approaches
One day, another John Paul II will come to say ‘sorry’
Everything starts with open talk: step up, go to your church leaders!
When the struggle becomes a show
Tackling the taboo of sexuality at the heart of the Church
Donor requirements often feel like sugar-coated enslavement
“We can’t change what has happened, but we can change our mind about it”
As Church, we fail to sell our product
“The church of Bas-Congo is Hiv-positive”
The ‘one size fits all syndrome’ seems to be the rule
The first hiv screening centre in Senegal: anonymous and free
‘Professionalism and the Catholic family feeling do not always go hand in hand’
Fighting against tabloidization
Colophon
Dear all,

During meetings that I assisted in the last years I was surprised by the sometimes defensive attitude of faith based organisation working in the field of aids. One of the issues often mentioned is that little access of faith based organization: to big funds like the Global Fund. This despite the fact that in some countries faith based organisations deliver 40-50% of the health services and the Catholic church takes 25% of the prevention and care programmes for its account; a vital stake in the global fight against aids.

In the fight against aids the condom plays a major role. We all remember the reactions after the declaration of the pope on his way to Cameroun this year when he stated that ‘the use of condoms could endanger public health and increase the problem of hiv/Aids.’ Several EU states openly criticized the Pope Benedict for being ‘extremely harmful to the poorest of the poor and making matters worse.’

Discussions about aids continue stabbing on the role of the condom. Especially for religious organizations, this is a big issue. Without wishing to undermine the condom discussions, Cordaid wanted to broaden the aids discussions and also emphasize the positive role religious organizations played and continue playing in Care and support.

That’s why we created the Cordaid Aids Award around the theme of religious leadership in the fight against aids. Cordaid issued therefore a prize of €20,000, for the person or organisation which, from his or her religious background shows leadership, courage, initiative, creativity, integrity and personal sacrifice in the fight against aids.

We were happily surprised by the entries, the ideas, the great personal commitment and the leadership in the struggle against the pandemic. That’s why we decided to share the many different approaches, lessons, dilemmas and innovative actions with others. In this booklet you will find a selection of participants who were nominated for the first Cordaid Aids Award 2008. You can learn from their moving experiences. You can network, if you want. We added the addresses.

Because of so many positive reactions, Cordaid wants to continue with the award in the coming years. We will do so on different themes like leadership on home based care, using aids money to reinforce health systems or other topics relevant in the fight against aids. Follow our website www.cordaid.nl and www.cordaidpartners.com to have the most recent update on the next contest.

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Let’s get outside our buildings…

The submissions for the 2008 AIDS Award for faith based leadership from fifteen different countries contain a richness of practice based information on the many aspects of the fight against AIDS. Hence the publication of this booklet, through which Cordaid would like to share this richness as broadly as possible.

Leadership
Since the award was about faith based leadership you will of course read many inspiring examples of personal and courageous leadership like Mrs. Dao Phuong Thanh from Vietnam, one of our two winners this year, who dared to fight back against the discrimination inflicted on her by her own community. Or the story of Ricky Anywar Richard, who used his child soldier experiences in the Lord Resistance Army (LRA) as motivation to found child focused Friends of Orphans (FRO). But it is equally about the lack of leadership by those who are in leadership positions. There is a great need for leaders in churches to create a space for themselves where issues of stigma and denial would be openly and frankly discussed.

Scope
The scope of the AIDS work of Churches and faith based organisations is often ignored. The stories demonstrate the enormous amount of work that is done. Not only in terms of the number of people reached out to, but also with people affected in places where the world seems to end. Not surprisingly the majority of the AIDS-work of churches and faith based organizations is done by women. As was stated in one of the stories “Religious women and Catholic nurses spearhead the Church’s response to AIDS on our continent. Take them out of the equation, and the Church’s response to AIDS would largely collapse.”
Theology and conscience
A theology in times of AIDS is also referred to in different contributions. How to match often conservative theological thinking with a social struggle that is in the forefront of society. So read about Father Joseph Mpinganjira, the former Secretary General of the Episcopal Conference of Malawi, who shares some of his reflections in Mexico City, at the Ecumenical Pre-Conference on AIDS in 2008. He stresses the importance of conscience and being able to make informed choices. “Conscience is the ultimate moral rule. …Faced with a moral choice, conscience can make either a right judgement in accordance with reason and the divine law or, on the contrary an erroneous judgement that departs from them. Nevertheless, a human being must always obey the certain judgement of his conscience. This has been true before HIV and AIDS came and will be true after the pandemic has gone…”

Women and men
Women do not only bear the burden of the AIDS pandemic, caring for their own sick family members as well as for neighbours. They also are more vulnerable than men. A young girl's life is made worse by cultural beliefs and traditions. The frequently chanted mantra of 'Abstinence, Being faithful and using a Condom' is not as simple as ABC. Girls have little choice even if they want to be faithful, abstain or ensure that men use condoms. Different strategies that enhance women's possibilities to choose are shared in this booklet.

What then about men?
When dealing with sensitive matters such as sexual and gender-based violence, incest, gender inequality, sex workers, disempowerment of children and women and harmful cultural practices there is the example of EHAIA that adopted contextual bible study methodology on bible texts that are traditionally ignored or omitted as basis of regular sermons and Christian teachings. Contextual bible study methodology is highly interactive and it creates safe spaces where participants can talk freely about life experiences and their situation in life without compromising their confidentiality. One significant outcome of this methodology is that men have started to ask tough questions about their sexuality, masculinities and attitudes and behavior that lead to sexual and gender violence against children and women. The methodology is changing the common practice of turning gender theological discourse to women’s issues and empowerment of children and women. Men are demanding to be included in all efforts that seek for solutions to end the pandemic and other social injustices.

Strategy
Much is said about effective AIDS responses, both strategically and practically. The importance of collaboration, since no one organisation can solve the AIDS pandemic on its own, is highlighted, but also, for example, the Salvation Army's strategy to - bottom-up - support, link and strengthen community initiatives. “We have to get outside of our buildings, beyond our carefully-planned programmes, and into real life with people. We must participate in suffering, and resist the temptation to offer superficial solutions that ease our conscience but do very little to deal with the root issues. Strategy is not so much to teach and prescribe behavior, as to ask questions that provoke reflection and decision-making. This is often quite different to other Christian organizations who - out of a well-intentioned sense of mercy and compassion - choose a more provisionist, interventionist approach.”

A sugar coated enslavement?
In this regard it is not surprising to read the criticism by many of the submitters on the way funding agencies are operating in the fight against AIDS: “The AIDS response is still driven by the preference of funding agencies who often assume they know better than local people who are active in their own local setting. Funding is still focused on linear, external interventions and top-down approaches, with very low proportions of funding supporting the process of facilitating locally-determined action”, or “sometimes the reporting requirements are out of all proportion to the funding received. “It is a form of sugar-coated enslavement.”

Asking the most...
The struggle against AIDS is energy- and time-consuming, full of dilemmas, asking the best and the most of everyone who cares. But we also learn from the entries that innovation sometimes can be simple. Think of Fikelela in South Africa, one of the two winners this year who started putting boards with clear messages on the doors of churches. 'This church is HIV/AIDS friendly.' We all know that, there is a long story of acting, struggling, confronting and caring behind such a board on the wall. But the 'simple' signal itself tells the story of acceptance and inclusion. It can change the world of the millions of people infected and affected by the pandemic.
There is no place for lip service in the pandemic

Ecumenical hiv and aids Initiative in Africa (EHAIA)

EHAIA was launched in 2002, as a ministry of the World Council of Churches (WCC) in Geneva. It works with regional coordinators and theology consultants in Angola, Zimbabwe, Kenya, Congo and Togo. The overarching goal is the creation of ‘hiv and aids Competent Churches’, mainly by publishing theological resources and conducting workshops for leaders from all kind of religions: Catholics, Jews, traditionalists, Pentecostals, members of African Initiated Churches, Muslims and followers of the Baha’I Faith.

EHAIA has challenged churches in Africa to pursue activities like working with men’s and children’s groups. It also works together with the African Network of Religious Leaders living with hiv and aids. To challenge gender inequality and gender-based violence in Africa EHAIA has forged a partnership with the Circle of Concerned African Women. In seven years, EHAIA has trained more than 20,000 church related resource persons from all over sub-Saharan Africa.
EHAIA started up after a number of dedicated Christians in Africa and in the global church carefully examined how churches and Christians were responding - or not - to the global HIV pandemic crisis in Africa.

Rev. Dr. Nyambura J. Njoroge, program coordinator in Geneva:
“We saw that there were many fault lines in theology and ethics. And we missed healing and liberating liturgical messages, especially in sermons and songs. And don’t forget the denial of the reality of HIV and AIDS within churches: although sex is the main means of HIV transmission in sub-Saharan Africa, it was rarely discussed in churches and seminaries in open and non-judgmental ways. Yet it was acknowledged that churches and seminaries have enormous potential for providing lasting solutions, together with others in society.”

Biblical branch of the true vine
“EHAIA is like the biblical branch of the true vine that is expected to bear fruits, fruits that will last (John 15). For us, to liken EHAIA to a branch of the true vine is a humble reminder that Christians and churches are called to participate in God’s mission by taking their cue from the life and ministry of Jesus Christ (Luke 4) as we live out the gospel message. Certainly, many Christians fail repeatedly and often spectacularly (as the pandemic has revealed) to live by the ethical norms, standards and injunctions found in the gospels. Repeatedly, people living with HIV find that name stigma, discrimination, fear of rejection, loss of trust and judgmental messages is what hurts most, much more than the condition itself.”

EHAIA has put great emphasis on biblical, theological, pastoral, liturgical and ethical reflection (theological discourse). “We try to facilitate an encounter with God that will lead to listening with love, repentance, transformation and spiritual growth and action. We want to put Christian faith into social engagement and practice and to bear fruits that will last. It is not enough to create an HIV-free world, important as that is, but rather people should have the opportunity to enjoy life in its abundance - the ultimate goal of life.”

Appropriate language on sexuality
“Our approach also requires that we bring our skills, disciplines, gifts and provide institutional and home spaces for learning, to liberate the world from the shackles of HIV and AIDS, to heal our broken relationships and ourselves. We want to facilitate HIV and AIDS competent churches. In other words, in the context of the pandemic there is no place for lip-service and business-as-usual ways of engaging in the mission of God to the world.”

In all training, staff have made it common practice that among the participants and resource persons are people living with HIV. “The trainers go into great length to encourage appropriate language speaking about human sexuality and teaching about responsible sexual behavior among different age groups, in families and churches.”

Tough questions
When dealing with sensitive matters such as sexual and gender-based-violence, incest, gender inequality, sex workers, the disempowerment of children and women and harmful cultural practices, EHAIA has adopted a contextual study methodology based on Bible texts that are traditionally ignored as the basis for regular sermons and Christian teachings. “The study creates safe spaces where participants can talk freely about life experiences. The methodology is also used with children to teach them about sexual abuse. Amazingly, men have started to ask tough questions about their sexuality, masculinity and behavior that leads to sexual and gender violence against children and women. The methodology is changing the common practice of turning gender-based theological discourse to women’s issues and the empowerment of children and women.”

“You know, Africans are known for their resilience and stubborn faith and hope. Even when despair knocks at the door, many people living with HIV and even those most affected have taught us that giving up is just not an option.”
Fertile ground in the lion’s mouth

Kataliko Actions pour l’Afrique (KAF) - Bukavu - Congo

The KAF is a public utility foundation created in 2001 and inspired by Catholic pastoral work and the teachings of Mgr. Emmanuel Kataliko, the archbishop of Bukavu from 2001 to 2005. At present, the foundation has observer status on the African Commission on Human and Peoples’ Rights. Since its foundation, the KAF has been committed to the fight against hiv and aids.

While it is said that ‘everything starting anything is difficult’, not everything begins under the same circumstances. When Barbara Bulambo-Marthaler, a Swiss Protestant, and Ambroise Bulambo, a Congolese Catholic, founded the KAF on 20 August 2001, the east of the Congo was in the grip of civil war. The KAF was born in the height of the armed conflict in the Great Lakes region.

It could be said that for a foundation established to fight aids, the eastern Congo of 2001 was both the lion’s mouth and fertile and grateful ground for its efforts. What did armed conflict mean? Ambroise Bulambo explains: “The civil war led to an increase in cases of hiv/aids transmission due to the free and uncontrolled movement of militias and national armies from other countries in the region. Women and girls were systematically raped, as were men and boys. The movement of large numbers of people led to an excessive increase in promiscuity and sexual violence. This was true both among those displaced by the war in the forest and those in urban centres.”
Escape slavery
What is the strategy of the KAF? An integrated, holistic approach that addresses several fronts at the same time. Ambroise Bulambo: “Providing information on and awareness of all aspects of the transmission of the virus, screening and psychosocial care for people living with hiv and aids are our main activities. We use workshops, meetings and radio broadcasts to get our message across to miners, military camps, prisoners, displaced persons, men and women. A message that emphasises abstinence, fidelity and the use of condoms is one way of fighting the disease, but not the only one.”

“Women are also given help to escape slavery and sexual violence in the form of microloans, which allow them to become more economically independent. Vulnerable women are given help to organise themselves into support groups and, where necessary, free legal assistance.”

“Traditional healers and practitioners of circumcision and initiations are provided with information and awareness of the transmission of the virus. Often, the use of razor blades in traditional tattooing practices is dangerous. And, of course, women and men are encouraged to use condoms. But this is not easy. Here, condoms are more expensive than food and their cost are often beyond people’s means”.

Collaboration between religions
Collaboration is indispensable in order to effectively inculcate the message of prevention, according to Ambroise Bulambo. “Collaboration between Catholics, Protestants, other churches and atheists, and between the North and the South. ngo’s from the North have sufficient scientific knowledge and methods in relation to hiv/aids but in the South, we have knowledge of the terrain, where the consequences of the disease are greatest. We know the people, the families, the clans and the communities affected. We are part of their culture, this community. We invite them to be screened and to understand our prevention message.”

Convincing the bishops
What are the most pressing challenges at present? Ambroise Bulambo: “Obtaining the funds to finance our activities. And convincing the Catholic bishops to accept our presence in the field and cooperate with us in our fight against aids. Finally, there are structures to fight aids on a national and governmental level that organise discussions and activities that do not include us. This is simply because the KAF leadership is not of their political, regional or ethnic persuasion.”

Some figures
Since 2002, the KAF has:
• Offered free screening to more than 48,000 people;
• Provided information to more than 100,000 people on the transmission of aids: mothers who work in the mines, school and university students, security forces;
• Provided legal assistance to more than 1,500 people: farmers, women who work in the mines, prostitutes, women who have been raped and prisoners.

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“Listen, young people in your church are sexually active and not protected”

Fikelela aids Project - Cape Town - South Africa

Fikelela means ‘Reach out!’ So this is the name of the hiv/aids outreach programme of the Anglican Church in Cape Town, South Africa. Fikelela was founded in 2000 to provide an active Christian response to the hiv/aids pandemic in South Africa. Fikelela aims to mobilise the Anglican community to make a sustained positive contribution to the reduction of new hiv infections and to drive hiv/aids education and care in partnership with others. It does so in many different ways: Fikelela runs a short term residential orphans programme, where children are nursed back to health. It also supports five churches within the Diocese that are running community based orphan care, supporting grandmothers and other care givers.

The Care for people living with hiv programme of Fikelela supports 49 churches in the Diocese of Cape Town (44 have hiv task teams) in their broad support and care programmes for people living with aids.

Moreover, Fikelela has developed a confirmation course called Survivor Africa, conducting research on the sexual activity of Anglican youth. Fikelela developed a church based peer education programme ‘Agents of Change’, which trains peer educators and facilitators who go back into their church/community to run 20 sessions of a lifeskills programme for youth. Fikelela won the Cordaid aids Award for its efforts in combating stigma both inside churches and out. It challenges churches to become ‘hiv friendly churches’ and place clear signals on the door.

Rachel Mash, programme coordinator:
“Fikelela has challenged churches to become ‘hiv friendly’. The Fikelela team has undertaken training and preaching in churches to challenge the judgmentalism which is often such a barrier. They then encouraged churches to place a board in church saying ‘This church is hiv/aids friendly’. Most congregations in the Diocese then formed an hiv/aids task team to bring issues of hiv & aids into the church. This may involve organising World aids Day services, having speakers who are living with hiv speak to the congregation, observing International Candlelight Memorial Sunday, running VCT etc. On World aids Day 2007 a ‘walk for witness’ was held through the streets, culminating in a service at a stadium. Approximately 3,500 people participated.
Two bishops publicly went for testing, which led to a flow of people following in their footsteps. We have a lot of support from our bishops which is a big help, they speak out publicly about issues. We have put a lot of energy into developing church-based hiv task teams, rather than trying to do all the work from a central organization. This means that we have a lot of volunteers in each community. We learned a lot from the Grail Movement - they helped us with the initial strategic planning process, they encouraged the idea of task teams. We also learned from Rev. Gideon Byamugisha: he was the first Anglican priest to disclose his status (in Uganda) and we invited him in 2002 to a conference we organized. This helped us to really get going.

Many churches around the diocese now have a sign that says ‘Our church is hiv/aids friendly’. What does this mean in practice? “Bishop Garth of the diocese states that it should not just be that the church declares itself hiv/aids friendly. Everyone in the church is involved hands-on in practical activities to support those affected and infected. hiv/aids friendly does not only mean talking about hiv/aids during sermons, nor does it mean that the responsibility of action is put solely on the task teams but that the whole church is mobilized. This is translated into practice through a wide variety of activities, each church responding in a way that is appropriate for their community. Activities range from making food parcels, offering home-based care and spiritual support, linking up with the hiv ward in a children’s hospital to offer support, visiting patients in a hospice and providing a home for orphaned children and much more. Fikelela works as an initiator and broker by providing technical support and offering suggestions for practical activities which a parish can undertake.”

Making clergy understand
Fikelela conducted research into the sexual activity of Anglican youth, it was a wake-up call for clergy to realise that a large percentage of their youth is sexually active and many youngsters are not using protection.

“The research really helped a lot because we could go to the priests and say: listen, here are the facts about the young people in your churches, they are sexually active and not using protection. It opened all the doors for us to do prevention work in the churches, and the clergy all understand now why we need to include the condom message as well as abstinence. This research can be viewed on www.fikelela.org.za (Research section). It was also published in the South African Medical Journal.”

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“Sometimes I have to cover myself when I visit people”

Dao Phuong Thanh - The Milk Flower Group - Vietnam

The Socialist Republic of Vietnam is a densely populated country of 84.4 million people. Vietnam’s hiv-epidemic is still in the concentrated phase, with the highest prevalence amongst most-at-risk populations, which include injecting drug users, female sex workers and homosexuals. Currently, there is an estimated 293,000 adults living with hiv.

Stigma and discrimination is the biggest challenge for positive people in Vietnam. It keeps those most in need from accessing prevention services, care, treatment and support (psychosocial, financial, legal). In Vietnam hiv is traditionally associated with so-called social evil activities, like gambling, drug addiction and sex work. Hiv positive people struggle with high health costs, difficulties in finding a job and they feel isolated from their friends and family. Not surprisingly, often they choose not to disclose their hiv status. Self-help groups in Vietnam are very important, these provide an opportunity for them to be open, to share experiences with others and to understand more about treatment. The Milk Flower group is a group for and by people living with hiv in Dong Da district in Hanoi. Currently the group has around 52 members, who regularly participate. The leader of the group is one of the two winners of the Cordaid Aids Award 2008.

Combating aids and the aggressive stigma that goes along with it in the heart of hiv stricken communities, is one thing. Fighting denial, prejudice and the taboos of aids and sexuality within the church is another. But using faith as an inspiration and the church as a partner in the struggle against aids in a communist country known for its religious restrictions is yet another challenge. A triple challenge thus, in Vietnam: dealing with forms of state control, with prejudice and church conservatism and with the social aggression towards anything or anyone associated with aids.
Dao Phuong Thanh Why and how did Dao Phuong Thanh start? What obstacles does she meet, how does she overcome them?
“I started with some friends of my brother, who by that time had already died from aids. This was in 2004. During his illness we experienced how important it was to share grief and difficulties. To be just there for one another. After my brother’s death we wanted to be able to share this kind of support with other people living with hiv and aids, and we started the Milk Flower Group. In the self help groups we talked about feeling lonely, about not having anyone to share what you are going through. This is how it got started.”

‘Social evils’
“I am a protestant and my faith is a source of inspiration to help others and fight aids as well as stigma and to overcome the grief of living with aids myself. But faith is also making the aids work more difficult. The protestant belief is not very common in Vietnam and local authorities don’t like missionary work. Adding to this the sensitive issue of aids which in Vietnam is associated with the so-called ‘social evils’ of drugs use, sex work and men having sex with men, you can understand why the church has difficulties in addressing the hiv and aids issue. The Hanoi protestant church used to have projects combating the aids stigma and discrimination, but it proved too difficult. However, the church is very supportive of the Milk Flower Group, and by working with us they play an active role in aids prevention and fighting stigma. The Hanoi Church helps us by providing meeting halls, by talking about aids in youth and adult bible groups, with hiv positive members, by visiting sick members of the Milk Flower Group. And by organising funerals. It may sound strange, but most important to us is that all Milk Flower members, suffering from aids, are treated equal like all other protestant church members. That we can be baptized if we want to, participate in all church activities. This is what the Hanoi Church does.”

“Some people think we protestants are abnormal, helping other people even in the middle of the night. It’s not easy being a protestant in Hanoi. Once I ended a speech about hiv with ‘God bless you all’. Afterwards many companies refused to invite me for a long time. Whenever I work with government or party agencies, I never mention God or my belief.”

“We started as a small group, but we have grown and we have learned from international ngo’s. They have given us technical training, they have allowed us to improve our self-help group management and our organisational skills, facilitation and presentation skills. We have learned from other self help groups, even though most groups fighting aids in Vietnam are reluctant to work together. Sometimes we can even access small funding. But most of what we learn we learn by doing it ourselves.”

Cut off
“In many ways we are thrown on our own resources. Most members of the Milk Flower Group do not speak English. We are cut off from the international debate on aids, from research, from the latest news. Sometimes we are invited by international ngo’s to meetings and conferences. But we were never able to attend them, we cannot meet financial or other requirements. Sometimes we receive summarised reports afterwards. Sometimes new information in the aids struggle receives us. Like the recent news about a medicinal plant that might help hiv positive people. It was discovered in Laos. This gives hope and maybe one of us will be able to travel to Laos

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one day. Knowing that people, researchers, willing people and aids activists are fighting aids elsewhere in the world, feels like a support.”

What would Thanh recommend to others who want to take up the fight against aids in their own churches and communities in Vietnam?: “Phew! First, it takes personal commitment, devotion and often sacrifice. But for the protestant church as a whole: it needs to get a better understanding and more knowledge about hiv and aids, before they can do anything. Some key persons and leaders know, but this knowledge needs to be more widespread. It’s not only the Church as an institute that needs to be informed, but religious communities, the members.

“I would also recommend building up good relationships with local authorities. In a one party system it is important to have the authorities on your side, otherwise you are simply forbidden to carry out activities. And before starting a self-help group like ours, all members need to have accepted their own status and feel confident enough to talk about their own status, before helping others to talk about theirs. All this takes a lot of time.”

Dao Phuong Thanh’s main challenges and recommendations for hiv/aids self-help groups in Vietnam: Strong and massive stigma and discrimination: once they disclose their status, people feel extremely isolated and excluded. The main reason for this: lack of information on hiv and aids within the communities. Thanh: “Disclosing your own status and talking openly about it is the start. But it remains one of the biggest challenges for others to do so. People know me, they know my status. Sometimes, when I visit the people which want to support, I have to cover my face, because those I visit do not wish their family to know that they meet with me. I cover my face for them, but I do believe that hiv is no reason for anyone to be ashamed of her- or himself.”

Difficulty of working with volunteers: most Milk Flower members support each other as well as other people living with hiv and aids outside the group. They all have to earn money, and cannot put all of their time in voluntary work. Thanh: “As a leader it makes me feel sad to see members leave the group because of a lack of money. My credo is that even without funding we can still be there for one another.”

Finally, it’s very difficult for self-help groups to get a legal status and almost impossible to meet the requirements for funding. Funding is almost always arranged through third parties.
Community mobilization first!

“People living with HIV/AIDS need peaceful rehabilitation in their own community first. This is much more important than finding temporary relief. Community members are the immediate contact persons, more influential in the lives of others than any NGO can be. SSH took different approaches to shattering stigma and denial, like counseling, performing cultural events that consisted of dramas, songs, street plays, folklores and organizing campaign activities in the community.”

Dumb box collection

“Community mobilization starts with small contributions like a handful of rice in a dumb box collection. And also, every member of the SSH staff voluntarily fosters a child for better development. To ensure sustainability we find it important to utilize locally available support services through creating bonds between people living with HIV/AIDS and well-wishers, government departments and other local NGO’s. So we enable the community to better understand HIV/AIDS-related issues. On the other hand, we try to support people living with AIDS to be self-sustaining without fully depending on us.”

Misquoted

Neutrality is not too easy in India. “When we invite religious or political leaders to an integration or coordination meeting, we are often misquoted as being ‘closer’ to those religious or political parties than to others. There is a lot of jealousy. Other NGO’s sometimes care more for their own benefits than for supporting the ‘cause’ of such meetings.

Insurance coverage

“There are a lot of hot issues at the moment. For example, we still feel there is no voice raised for insurance coverage for people living with HIV/AIDS. And second line ARV treatment is so far available only in Chennai and Mumbai. But this service needs to be extended to different parts of India.”

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HIV is an illness that can be managed, like diabetes.

Centro Orientamento Educativo (COE)

The Centro Orientamento Educativo (COE) is an Italian association of Christian volunteers who provide training in Italy and other countries. The COE’s international voluntary service works towards a more humane and social society, a society characterised by greater solidarity. COE personnel commit to providing a voluntary service, whether for a given period or for life.
One of these Christian volunteers is Ernesta Barbieri (‘Tina’). Her first experience helping the poor was in 1966.

“hiv is an illness that can be managed, like diabetes” Since 2004, Tina Barbieri has been the coordinator of a programme to prevent mother-to-child transmission of hiv (PTME Plus) in Yaoundé, Cameroon. Under the programme, pregnant women receive screening and other services, while those with hiv receive nevirapine to prevent mother-to-child transmission. Tina works at a Catholic health centre run by the COE.

As part of the effort to prevent mother-to-child transmission, Tina seeks to collaborate with all relevant authorities of the Church, the State and the research community: the Organisation Catholique de la Santé du Cameroun, the Bureau des Activités Socio-Caritative, the Diocesan Health Service, the Ministry for Health, the National aids Committee and the Pasteur Centre. As a result of this collaboration, the PTME Plus programme guarantees access for screened women to long-term anti-retroviral therapy that significantly reduces mother-to-child transmission. Children born hiv-positive and the partners of women who give birth to these children also have access to ARV treatments.

Clara Carluzzo, COE project manager and Tina’s colleague, explains. “The PTME Plus programme in Yaoundé provides care for the whole family, allowing mutual assistance and, in doing so, helping combat stigmatisation.”

Comic strips
“People with hiv must come to terms with the fact that they have the virus, and have someone in their family or circle of friends with whom they can share their secret: someone who can accompany them in this quest, in their journey. At the centre, we offer hiv-positive individuals the same services as other patients; no services are reserved exclusively for those who are hiv positive. Women with hiv meet at the centre to discuss and exchange solutions and problems with the team at the centre.”

“The truth helps lessen stigmatisation. At information meetings in the community, at parish meetings and at schools, people are told that hiv is a chronic illness that can now be managed, like diabetes…Comic strips have even been made that communicate this message to young children, as well as to adults who cannot read.”

“The aim is for all hiv-positive women to be able to independently manage their lives and their family, and for them to feel stronger than the virus.”

“The treatment and care we offer include all preventive measures to each person, in accordance with their moral beliefs, as well as condoms. It is up to individuals to make their own choice.”

“One of the greatest difficulties is helping hiv-positive children understand what they have, their condition, their illness, to live with it and not to enter into conflict with him or herself, their mother, their family, etc.”

We must...
“To do our work even more effectively, research into vaccination must be stepped up and access provided to resistance tests in order to develop protocols that are more appropriate for each person with hiv. Psychosocial services must be expanded nationwide to provide support to people living with hiv and aids. Finally, ARV treatment must be available for free to anyone, anywhere in the country. Only under these conditions will we be able to achieve the aim of a mother-to-child transmission rate of 0%.”

Some figures
Since its inception in 2002, the PTME Plus programme in Yaoundé has achieved the following results (among others):

- 22,748 prenatal consultations;
- An ARV adherence rate of 89%;
- 88% of women agree to the screening test;
- The percentage of women whose hiv status is unknown and who give birth is in decline (down from 44% in 2004 to 12.6% in 2008);
- Data on the rate of transmission to babies show that in the first half of 2008, hiv was passed on to 0% of babies

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Funding is still focused on top-down approaches

Salvation Army Regional Facilitation Team - Cape Town - South Africa

The Salvation Army Africa Regional Facilitation Team offers consultancy, facilitation and technical support to The Salvation Army country teams and their partners across 18 countries in Africa. They have coordinating offices in Cape Town and Nairobi, and are responsible to The Salvation Army International Headquarters in London. In fact, the Facilitation Team (SAAR(f)T) is a strategy for learning and linking. The teams stimulate, support and strengthen local responses. They draw others into these responses to witness, participate and learn. Communities are encouraged to transfer their experience - a mentoring approach to leadership development. Policy makers are often deliberately included as team members in Facilitation Teams - The reflection after each visit - ‘what strengths did we see?’, ‘what did we learn?’, ‘how do we need to change’? - leads to direct application for policy and organizational change. SAAR(f)T has actively supported the facilitation of thousands of local community responses, accompanied by the local church.
Don’t teach and prescribe

“We believe that there is inherent strength in people to act. And so, the accompanying organizational behavior is not based on the presumption of weakness or deficiency that would naturally lead to providing information or commodities. Instead, facilitation teams respond to invitations expressed by local people to support, to stimulate, to learn, to accompany, to encourage and motivate. Strategy is not so much teaching and prescribing behavior as asking questions that provoke reflection and decision-making. This is often quite different to other Christian organizations, which - out of a well-intentioned sense of mercy and compassion-choose an interventionist approach. If care is expressed by presence, for example neighbors being with each other, instead of provision, collective decisions are made for action and implemented. Care in the home can rapidly lead to change in the neighborhood if sensitively facilitated.

For us that means:
• Prioritizing presence with people in their space, not ours. Being slow to move immediately to provision and services. Building authentic relationships (as equals).
• Responding to invitations to visit people in their homes. Following the relationship and conversation, not pre-empting action. Letting the families and communities lead.
• Finding ways to generate conversation internally - within the church membership - to talk about concern, vision, risk and vulnerability.
• Always including. Having our eyes open to see capacity in people, and constantly expanding the circle of those who are participating in response.
• Not waiting for everyone in the Church to have the vision for response to aids. Starting with the willing, and being ready to be led often by those outside the building/fellowship.
• Being disciplined, and humble, in the process of reflecting and learning. What are we learning? How should we act differently?
• Being supportive, not judgmental. Encouraging, not prescribing. Facilitating, not teaching. Connecting people who are responding with others who want to respond.”

People know...

“Our teams seek to stimulate local conversation - in homes, and between households. There is a false assumption in the health/development sector that people in communities are ignorant as to what is happening around them, and directly affecting them. Our experience has been that people know. They know that neighbors are unwell. They know that children are at risk. They are anxious for their own wellbeing. Home visits are the entry-point for private, intimate, discrete conversation. But neighbors in adjacent homes are often watching while a team visits a household, and inquisitive to know the reason for the visit. Or interested in being visited themselves. Stigma decreases because people include themselves in the conversation, and begin to talk together about their shared concern. Denial decreases because people talk with each other about communal risk and vulnerability in an environment that has become safe and supportive. It is, in fact, more frequently the case that stigma and denial are perpetuated by organizations who attempt to protect secrecy, and effectively isolate individuals from their neighbours.

Compartmentalisation of action
The global economic crisis is obviously a threat to sustainable resourcing of responses. In the broader picture, there is still the reality of donor-directed interventions. Response is still driven by the preference of funders who often assume they know better than local people who are active in their own local setting. Funding is still focused on linear, external interventions and top-down approaches, with very low proportions of funding supporting the process of facilitating locally-determined action. Compartmentalisation of action - care, prevention, treatment, health systems - rather than integrated response that links care with prevention in specific geographic locations continues to be a singular threat to achieving scale, scope and depth of response for change. We have to get outside of our buildings, and beyond our carefully-planned programs, and into real life with people. We must participate in suffering, and resist the temptation to offer superficial solutions that ease our conscience but do very little to deal with the root issues. Our motivation must remain linked to our very personal sense of pain and loss. For us, the impetus for our work is Faith, and the conviction that the love of God compels us to be with the people. The voices of responding communities are still missing in the international arena. There are cases in Thailand, China and across Africa that have shown dramatic reduction in hiv/aids transmission, based on community-led responses, but these cases are strangely absent in international discussion.”

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One day, another John Paul II will come to say ‘sorry’

Episcopal Conference of Malawi - Malawi

Joseph Mpinganjira was Secretary General of the Episcopal Conference of Malawi from 2005 - 2008. Before this Fr. Joseph worked as Judicial Vicar of the Diocese of Lilongwe from 2000-2005. He is now on a sabbatical, taking management courses at the University of Cape Town.

In 2008, Fr. Joseph shared some reflections from his personal experiences in Malawi to the Ecumenical Pre-Conference on aids, in Mexico City.

“There is another reality the church ought to face. The response to the epidemic has sometimes been compromised with moral issues. When it comes to the pastoral response to this crisis the church ought to come to terms with reality. The fight against hiv and aids should be approached as a whole, namely, the care, the treatment as well as information on prevention, so that people can come up with well-informed decisions…

“The truth of the matter is that hiv and aids have not brought about a sense of immorality, but rather have highlighted existing moral challenges within our society. The crisis has highlighted cultural practises that churches ought to address… Conscience is the ultimate moral rule. …Faced with a moral choice, conscience can either make a right judgement in accordance with reason and the divine law or, on the contrary, an erroneous judgement that departs from them. Nevertheless, a human being must always obey the certain judgement of his conscience. This was true before hiv and aids came and will be true after the pandemic has gone…”
You seem to be quite unique as a pastor and church leader saying that Conscience is the highest moral authority? “I believe that there are so many pastors who are not just aware of the principle but are rather convinced of the principle. But sadly, most pastors are reluctant to proclaim it regarding hiv and aids, considering the consequences if they do so. We would rather maintain the status quo than compromise our positions. As I mentioned in my presentation in Mexico, there is no way we can change this no matter which position we have. The point that if we cannot remove the pain and suffering of the people we are to serve, the least we can do is not to add an ounce of pain to their conscience.”

Down to earth
“I miss a down-to-earth discussion. The bible says: “The Word was made flesh”. Jesus came down to earth. Let us not make the mistake of reversing the situation by ‘Making the flesh a word’. We cannot afford to face the pandemic with mere theories. Let us look at hiv and aids in terms of prevention, treatment and care and use all the information and the resources that are available widely, productively, correctly and honestly. There are still places today where Pastors are seen as the Bible itself, namely, that their word is taken as gospel truth. In such circumstances (and of course always) consider what our Good Lord Jesus Christ would say or do. There are so many stories that we read in the Bible’s New Testament that show us the way. Why not go even to the extent of “breaking the law” if that is for the sake of someone “having life to the full”!

We ought to get down and walk with the so many brothers and sisters that are suffering because of hiv and aids and those taking care of them just as our Master did. It is only by focusing on what He did that we will be able to interpret His Word correctly.”

Stigma and denial? “I have tried to dwell on the simple stories of Jesus to address our daily experiences. As part of World aids Day, in December 2004, working at the Cathedral Parish, I asked members of the hiv and aids Awareness Team to put up posters with different aids-related messages.

One of the posters, hanging right in front of the church, next to the tabernacle, read, “aids has taken my brother, sister, mother, father, friends”. Some parishioners complained that the poster was disturbing them when focusing on prayer. I was happy to hear such a reaction: Disturbed! Jesus disturbed most of his listeners too. Got the message? Shocking messages can bring awareness and promote the spirit of responsibility. Here is a great need for leaders in churches to create a space for themselves where issues of stigma and denial would be openly and frankly discussed.”

Galileo’s of our day
“Distribution of millions of condoms is not the solution to the hiv and aids pandemic. Using a condom is part of the solution. One of the biggest challenges at the moment is that we have a disintegrated moral leadership at all levels. I know of some leaders, unfortunately very few, who have spoken out honestly and courageously on the ABC in the light of hiv and aids. Faced with the realities brought about by the pandemic in their communities, these few leaders are taking what I call “the Jesus policy” with the question: what would Jesus do faced with a person/or in such a situation? Unfortunately, these leaders are being regarded as Galileos of our day by the Church.”

An endless struggle?
“My deep conviction on the principle that Conscience is the highest moral authority tells me that one day another John Paul II will come to say “sorry” on behalf of the church for some of the mistakes that we, as a church, are making today. Just as he did after what the Church did to Galileo.”
Everything starts with open talk: step up, go to your church leaders!

Mosamaria Aids Ministry - South Africa

“Hiv is not a punishment from God. Thirty people die every single day completely unnecessarily here in Free State, because of a government moratorium on ARV treatment. Is God to blame for this moratorium?” Trudie Harrison

The Mosamaria Aids Ministry started in 2003 as an initiative by the Anglican Church in the diocese of the Free State (South Africa). In its efforts to curb the spread of hiv, it works with people of all religious denominations, and supports all people who live with hiv regardless of race, colour or creed. The range of Mosamaria activities and projects is impressive: from organising support groups for orphans and vulnerable children, to running homestead vegetable gardens in townships, and training church leaders, to implementing voluntary confidential counselling and testing programmes...It easily combines bible study and prayer, with counselling, education, playing games, traditional dancing and voluntary testing.

Mosamaria has a non-medical site in the centre of Bloemfontein, and a mobile service which goes out daily and where people feel comfortable about having an hiv test. Over 1400 people are tested a month. This empowers them to take control over their lives, health and sexual practices.

Open talk, correct knowledge and truthful life decisions, these are key elements in anything the Mosamaria Aids Ministry does or initiates. So let's listen to the open talk of Mosamaria coordinator Trudie Harrison herself...

Learn, learn, learn

“Many church related organizations in South Africa only care for their own members. We don’t. Hiv crosses all boundaries, so everything we do is based on all hiv/aids needs expressed by the communities. We learn foremost from people living with aids themselves. They want to know how the virus works in their bodies. They want emotional, psychological, social and religious support so that they can live comfortably with the virus in their own communities. They want to be able to access ARV therapy. They want to be treated with dignity and confidentiality at clinics and hospitals. This is what we learn, and we act accordingly. And we continue to learn everyday, in workshops at schools, in churches, institutions of learning and most of all from the support group meetings of people living with aids.”

So if you want to get something started...

“One of the first step in fighting stigma and ignorance is to talk in an open and frank way in the heart of the community itself and the church is exactly that. This is also how Mosamaria started, by teaching church leaders about the facts of the disease and
the real needs of people. And by mobilising them to talk openly about the sensitive subject, about sexuality, about risk. This provides a safe haven for people affected by hiv and aids and helps them to feel free to seek support and advice. The centres we opened, the garden projects and support groups, they all started from there, from open talk. So if you want to get something started in the fight against hiv/aids, step up, go to your church leaders and call meetings about the impact hiv is making on members of the church, their families and communities. And you can do this in businesses, schools, social clubs, universities...Learn others never to be judgemental. You cannot build a relationship of trust and be judgemental."

"It's painful to see that those who judge and point fingers are those who are ignorant. And they are ignorant simply because they haven't even tested for hiv yet themselves, and are still living in the dark. Whereas those who know their status and are dealing with it, are the shining examples of the community."

"We also work with the ‘fringe’ apostolic churches, who have many traditional healers as members. They often preach they can heal people from hiv and aids with dangerous alternative remedies and who just make a living out of this. Yet we work with them, we ask them to give the emotional and spiritual support people need to live positively. And we ask them to refer their clients for Vcct and ART, for physical treatment."

More debate please!
"What is really needed right now, is more debate around the massive problem of tuberculosis (TB) for people living with aids. TB is the greatest killer of people with aids here. And I would like to have more debates and forums where we can share and learn form successes in other places and countries. MSF (Doctors without Borders) has a great hiv/aids and TB in poor communities in Lesotho. How come we don't apply it?"

"For years there was no government debate on aids in South Africa. Policy decisions were tantamount to genocide, poor people couldn’t access ART and died by the thousands. Now with the new Minister of Health, we have hope. But the battle for ART is not over. Here in Free State we have a terrible crisis, as the Provincial Government put a moratorium on any new clients being initiated to ARV therapy since November 2008. An estimated 30 people die every day because of this. Unnecessarily."

"Many people have come to us in a moribund state and have been restored to living full lives. I have seen many children making incredible progress in dealing with dreadful losses. We are boosted by them. Yet many have been lost. Sometimes I need to switch myself off from the enormous suffering. To relax I work in my garden."

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When the struggle becomes a show

Chaîne des Foyers Saint Nicodème - Sidamour - Cameroon

The social circus: A recreational way of ending death and breaking the silence

In order to persuade the most hostile and stubborn sectors of the population, extraordinary and unexpected measures are sometimes required. Aids, and ignorance in relation to the disease in particular, create such an environment. In Cameroon, the Chaîne des Foyers Saint Nicodème has come up with an extraordinary and unexpected way to combat the spread of aids: the circus.
Something different
Daniel Yoghowa explains: “The Chaîne des Foyers Saint Nicodème is an hiv committee. We work with young people on an ongoing basis, and it has been found that among young people ordinary methods of raising awareness, such as interviews, the distribution of condoms, voluntary screening, etc. are not enough. Something different had to be done, something that is both recreational and informative. It was out of this need that the idea of a social circus as a means to combat aids was born.”
“The first show took place at an intersection in front of a large audience, even though the show was private. Later, our shows were made open to the general public. Now, everyone comes to see us: Christians, Muslims, men, women, the young, the not-so-young, etc.”

Banana
“The show contains all of the circus arts (juggling, balancing acts, human pyramids) while at the same time addressing all aspects of aids, including those considered taboo. On occasion, some negotiation is required in order not to shock the audience too much and to get a message across when it is more difficult to do so. One example of this was when we performed in the east of the country, in the Muslim area. On that occasion, a banana was used instead of an artificial penis to demonstrate how to put on a condom.”
“Shows are given by young people with extensive training in social circus, all of whom come from the very underprivileged classes. Some are artists who previously lived in the street.”

Lorry drivers
“We would like to expand the shows to include all of the main stop points for lorry drivers in all of the main centres in Cameroon, in order to better reach those who spread the disease, whether out of ignorance or with intent.”

“Our show is called Sidamour. Each edition, each show, is a project in itself. First of all, we must negotiate with administrative, traditional and religious authorities in the city or village for permission to put on the show. Then, we must travel with the troupe and set up and, brochures informing the public of the show and of aids are distributed in the suburbs on the eve of the show. Two hours before the event, the artists and actors form a procession along the main streets of the city and move towards the site that has already been fitted out. Then, once the audience has arrived, local personalities and everyone present is welcomed and a survey is conducted on the extent of awareness of the disease. This is followed by the main event: the show itself, which shows all aspects of aids and sexually transmitted diseases and advocates fidelity, abstinence and the use of condoms but scares neither religious leaders nor personalities in the community. It also demands access to anti-viral treatments and screening tests for all; such treatments and screening must no longer be a privilege. After the show, there is a discussion with the audience and leaflets and condoms are given out.”

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Tackling the taboo of sexuality at the heart of the Church

Vigilance, Ouagadougou, Burkina Faso

Vigilance was established in 1996 as an AIDS association within Burkina Faso’s Christian community. In 2002, the association acquired NGO status. Vigilance has commenced some ten projects and plans of action aimed at awareness, the provision of care and lobbying. These plans are aimed at church leaders, women, young people, widows and orphans affected by AIDS in Christian and non-Christian communities.

In 1996, Nikiema Koulica Michel, a Burkinabe priest, answered what he felt was a calling from the AIDS virus and his faith. He surrounded himself with individuals with goodwill and from diverse areas of expertise, such as doctors, psychologists,
financiers and administrators. These individuals came together to form Vigilance. Compassion or judgement? Priest Kouliga reminds us of the early years: “Vigilance was created out of a need to address the ravages of aids, which do not respect national borders. At the time, aids was seen within Burkina Faso’s Christian community as a punishment from God, a punishment for homosexuals, adulterers and fornicators, etc. In short, it was seen as a disease of rebels against religious ethics. The belief that ‘they got what they deserved’ was common at the time. The grace and compassion of God became more distant and less relevant, and judgement became more common. This conception had to be overcome soon, as no one is safe from the pandemic.”

Priest Kouliga was one of the first at the heart of the Church to tackle the subject of sexuality. As confirmed by TearFund’s Mbairoodbbee Njegollmi, “Vigilance is a pioneer. In the Christian community, it is the first national body to enter into the debate surrounding the taboo associated with sexuality and hiv/aids. If we now have in virtually every church in Burkina Faso an internal structure to fight aids, it is no exaggeration to say that this is due to Vigilance.” One of the publications used by Vigilance is its education and awareness programmes called ‘Managing sexuality’, which was written by the Vigilance Executive Secretary himself.

Aids: All hands on deck!

Priest Kouliga attaches great importance to the exchange and multiplication of good practices in the fight against aids; hence his decision to create Vigilance structure in Côte d’Ivoire. Vigilance Burkina has also established collaboration with aids-related ngo’s in Uganda, Benin, Mali, Cameroon and Guinea.

Priest Kouliga has been called on by Organisation Mobilisation to meet up with the boats Logos II and Doulos in western and central Africa and the onboard aids conference centre.

To combat the stigma attached to aids, Vigilance holds open prayer meetings that feature accounts and pleas to church leaders in the church. Many people living with hiv and aids participate in these meetings, which have been held in schools and other community venues. Priest Kouliga: “These meetings help people living with hiv and aids let go of the complexes associated with their hiv status. Free of this burden, they also undertake activities in order to meet their essential needs. There are income-generating projects with some thirty individuals with hiv/aids. Some individuals with hiv/aids are employed by Vigilance to perform maintenance.”

“Vigilance provides monthly financial assistance to those who are too vulnerable and too ill to look after themselves.”

Some figures

Vigilance has established twenty regional committees in the provinces of Burkina Faso.

- It has commenced the 2002 plan of action against aids. With the involvement of some twenty denominations, it has organised 18 theatre sessions, 64 film screenings, 62 debates and 35 radio broadcasts;
- Vigilance has provided training to 397 intermediaries and 394 priests and care for 351 orphans and 100 widows;
- Numerous seminars on aids that have brought together leaders from the Muslim, Catholic and Protestant communities, as well as traditional leaders

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Donor requirements often feel like sugar-coated enslavement

Sizanani Outreach Programme (SOP), Nkandla, Kwa Zulu Natal - South Africa

Through the Sizanani Centre the Franciscan Nardini Welfare Programme provides holistic family care to a community devastated by hiv/aids and rural poverty and isolation, in Nkandla, one of Kwa Zulu Natal’s poorest districts. The incidence of hiv/aids is 37 percent, one of the highest in South Africa. The Outreach Programme involves comprehensive home-based care to outlying households, orphans and child-headed households. Grandmothers are supported in caring for children of their offspring who have died of aids. The Sizanani Centre is also a place of safety for 36 children, aids orphans, the abused, sick and abandoned. The Nardinis consider the aids pandemic as a wake-up call to the whole of society to work out how it wants to live as individuals, family, community and society – with what values, principles, ethics, behaviour and mutual care?

Three years ago, Dr. Maria Ellen Lindner, a Franciscan Nardini sister and former hospital medical manager, had to make a daunting choice: keep a well-paid hospital post that contributes substantially to the convent’s aging community – or say ‘yes’ to community hiv/aids work, with temporary funding. ‘Yes’ meant a tough, complex socio-economic landscape defined by extreme poverty, inadequate facilities, the breakdown of family/community structures, violent crime, abuse against women and children, witchcraft murders. And a government in disarray and denial over hiv/aids. Comfort zone, or raw earth? Dr. Lindner jumped in, joined by two other sisters. Core work in a community of about 25,000 households, with 87 percent of the population functionally illiterate, involves testing, ARV treatment, medical services at outlying clinics, prevention work and peer group mentoring at 35 schools, family memory work and bereavement. In a year’s time the sisters travelled more than 200,000 km on service work, mainly on bad roads.

How do you deal with stigma, Dr. Lindner?
“An important breakthrough came through persevering efforts to engage with learners and teachers at one of the biggest Secondary Schools at Nkandla. We had an evening session on sexuality and responsibility with more than 200 girl learners. The interaction, in the presence of the principal, was surprisingly frank, stimulating, honest and empowering. When the session ended there was an equally surprising response in volunteers for testing, with the session finally ending in the early hours of next morning. Later that day SOP staff returned to school, with the test certificates. While parked under a tree, a group of boy learners requested testing - emboldened by the example set by the girls. Then several teachers approached SOP to volunteer
too. The overall outcome was beyond our wildest expectations. Of the 170 we tested only three were hiv positive.

Sheer perseverance; keeping the message and dialogue going, drumming up support from school principals and staff, encouraging SOP staff to know their own status and to help fearful colleagues to do the same; all approaches help to break stigma.

**Your biggest challenge now?**
Now we have to sustain the programme with funders who do not overload skilled staff with complex and burdensome reporting procedures that not only bog the co-ordinator down in paperwork, but also distract her from her main work as a medical specialist with a hectic round of calls to clinics, schools and workshops. This is a common complaint among organisations, but too few openly voice their criticism of this self-defeating bureaucracy. Sometimes the reporting requirements are out of all proportion to the funding received. It is a form of sugar-coated enslavement.

**An endless struggle?**
There are moments when the tears and the weeping are too much. But we have found that in the darkest moments it is possible for spontaneous outbursts of humour at regular and tough debriefing sessions to be good for the programme and good for morale. Appropriate socialising helps complete the cycle of struggle, dying, death and bereavement. Sharing stories that bring hope also lifts the human spirit.

**What suggestions would you make to others?**
Understand the basic implications of hiv/aids and its devastating impact on sub-Saharan Africa, especially in the context of poverty, promiscuity and violence against women and children. Look at your own immediate environment. Hard groundwork should be backed up with good working relationships with service providers, local government and role players. The quality of service provided will determine the quality of response from your local community. There is no quick fix in situations involving hiv/aids – it means a long, hard haul that will demand endurance, patience and determination. It is not a place for hothouse plants. Do not give up when you seem only to be groping in the dark. Consult with advisers, lay passion usually needs supportive professional direction. Keep a record of case histories, with attention to significant details. The facts can tell a story more powerful than a thousand emotive adjectives. These are important tools for effective reporting. There is a great need for open and frank conversations on a holistic and integrated hiv/aids approach that explores the deeper areas of Christian life there we connect faith, spirituality, mystery, conscience and talents in the compassionate service of humanity. The mass media in South Africa tends to marginalise public debate on hiv/aids through its obsession with the condom issue and its ill-disguised support for sexual freedom at all costs. And how I miss the voice of a national government, with all its departments and agencies, and especially those involved in health delivery, that would inspire us.”
“We can’t change what has happened, but we can change our mind about it’

Friends of Orphans - Uganda

“I was abducted at the age of 14 years by the Lord’s Resistance Army (staying in the bush for 2½ years)...We were picked up in front of our powerless family members who were later burned to death in our grass-thatched house while we watched and heard them cry for help...I saw brutality beyond description, I saw torture, rape, killing, abduction and war ...I was so scared, terrified, trembling!”
Ricky Anywar Richard has used his child soldier experiences as the motivation for founding the child-focused Friends of Orphans (FRO), whose mission is to contribute to the empowerment, rehabilitation and reintegration of former child soldiers, abductees, child mothers, orphans and to combat the spread of HIV/AIDS. FRO works in Northern Uganda, in the Pader district.

“I was born into a Christian family. When I was in the bush under captivity I realized that in God we can muscle our way through tough times and emerge stronger. I was tested to see if I could do God’s work through abduction and being forced to be a child soldier where children who through no fault of their own had been shoved into some kind of horrible date with destiny. I endured the pain of loss and the challenge of rebuilding my life. Once we have overcome hardship, there is laughter, hope and love waiting for each of us. That’s what I tell others.

We help survivors to heal and get on with their lives, setting them back on their feet to walk a path of growth and renewal with dignity. We tell the children that they are not alone, they are surrounded by many former child soldiers whose examples and experiences can help to mark the way forward. We tell them that we cannot change what has already happened, but we can change our minds about it. We use Christian values as a reference for moral counselling and mentorship. But we also use games and sports, music and cultural activities as therapy. FRO holds sports competitions, which draws teams from many different IDP camps – this encourages interaction, reintegration, further rehabilitation and engenders a sense of community.

Bottom-up
Friends of Orphans is based within the community and serves our own people. So we know the problems. We work bottom-up: it’s the community who tells us the problems, what they want and how we can best solve problems.

FRO addresses gender violence and harmful cultural practice in relation to HIV/AIDS. We provide home-based care, support and prevention amongst the community of the Pader district.

In our district development partners are divided into clusters. Each NGO is placed as lead agency at the level of a sub-county. Friends of Orphans is in the cluster for HIV/AIDS and human rights protection. We badly need transport in like cars, motorcycles and bicycles to reach out to the community we are serving. The transport would be used to take sick people to and from hospital. We also need a community radio to reach out to the community and create awareness about HIV/AIDS; people would be invited to talk on the radio. We have to talk about poverty, one of the most important reasons for the high spread of HIV/AIDS. The condition of people living and dying due to war and HIV/AIDS in Northern Uganda is so desperate that even the most basic help will bring solace and hope.”

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As Church, we fail to sell our product

Southern African Catholic Bishops' Conference (SACBC) aids Office - South Africa

In 2000, the Southern African Catholic Bishops’ Conference (SACBC) aids Office was founded as part of an initiative by the health, development and education agencies of the SACBC. The aids Office funds and supports over 150 projects in support of aids work in South Africa, Swaziland, Botswana and was formerly involved in Namibia and Lesotho.
SACBC supports diocesan and parish projects based on prevention, care of the sick and dying, orphan care and treatment. It urges the spiritual and pastoral support of people affected by aids and promotes advocacy and access to treatment. Not alone, but mostly with other people of good will, ngo’s, other churches and government departments. SACBC also facilitates training and capacity building in project and financial management.

Through its work, the SACBC aids Office is able to reach out to approximately 144,000 people, living in both urban and rural areas of Southern Africa. The work is guided by its vision and value for human life in society and based on the fact that everyone has the right to enjoy the conditions of social life that are brought about by the quest for the common good.

A personal call to make a difference
Sr. Alison Munro, director: “The Catholic Church is willing to get involved in the messiness of life. We and other faith based organizations bring an enormous commitment to the fight against aids. We have few other resources in the grand scheme of things other than an army of people of faith who recognize their own personal call to try and make a difference. For me, it is the faith commitment of people that defines their response to aids as somewhat and somehow different from people who are employed to just do a job. Many of our initiators of the projects did not wait for funding in order to begin, they just responded. This is humbling, and a reflection of true compassion and love in the face of suffering…

Women bear the burden of the pandemic
“Religious women and Catholic nurses spearhead the Church’s response to aids on our continent. Take them out of the equation, and the Church’s response to aids would largely collapse. Women bear the burden of the aids pandemic, caring for their own sick family members as well as for neighbours.”

Reach out to the unreachables
“Our aids Office started out with nothing in 2000, and needed to learn from everyone, especially from other SACBC agencies. By working closely together inside SACBC the aids work was mainstreamed. Members of different agencies still continue to serve on committees of the aids Office. We in turn now sit on the boards of various other agencies, currently including the Anglican hiv and aids Trust. Over time we have been able to form a variety of relationships on an international, national and local level. The aids Office has also gained the respect of the country’s government to collaborate, especially due to its capacity to reach out to groups of people to whom the government was unable or unwilling to provide services. Locally, we have earned the respect of the people we serve and are known for quality health care and other services.

The way we package is not attractive
“My own observation has been that we as a Church are better at caring for the sick and for orphans than we are at doing prevention work among young people. Work with adolescents can be very demanding before one even begins to see results. The outside influences, including those of the media, are very real difficulties. Often the church’s marketing strategies are not well developed and we fail to sell our product, not because it is not a good product, but because the way we package it is not attractive.”

Programs are targeted at children and youths of different ages. The Catholic Institute of Education, which is affiliated to the SACBC, promotes life skills, particularly among primary school children, because if one catches primary school children before they become sexually active there is a better chance of curbing the epidemic. We are finding some evidence now that the rate of prevalence is beginning to drop in youth.”

“The odds were against the Church’s involvement in a treatment program because of the high costs involved, the poor infrastructure, the lack of trained medical personnel, pharmacies and laboratory services at local sites and the inadequate medical expertise available within the Church. Actually, the same kind of problems as the public sector has. Poor infrastructure in our country is a problem, but not as insurmountable as it is often made out to be. Once funding became available, we just began to train personnel on antiretroviral treatment at selected sites. We need to begin where it is possible, with people and in places that are ready. Others may follow later. Public-private partnerships are an option, with the state taking over and continuing what others may have been able to set up.”

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The church of Bas-Congo is Hiv-positive

Communauté Evangélique de Kwango (CEK)
Kinshasa - DRC

As early as 1990, Thomas Matonga Mvwamba, a Congolese priest and theologian, realised the seriousness of this new disease, AIDS. Very soon thereafter, as part of the church himself, he realised that religious leaders must play an active and important role in the fight against HIV and AIDS. This belief prompted the theologian to become an activist, both within the religious and the wider community.

The disease of the immoral

“It was the early 1990s, and AIDS had found fertile ground in my country. With Zaire’s socio-political crisis, which was characterised by pillaging, the war of liberation and the movement of Namibian, Rwandan and Zimbabwean troops, the rural exodus and the migration of men and women towards Angola in search of well-being... poverty and exclusion... despite all of these social and political factors, AIDS was considered a purely medical problem. This narrow, harmful view had to change. Many churches saw AIDS as the disease of shame, the disease of the immoral. Some churches and religious figures still hold this view.”
In September 1990, Thomas Matonga represented his community at the CEK. He actively participated in the training of some thirty religious leaders from the provincial synod on HIV and AIDS. This marked the beginning of his personal struggle. In 2002, he was one of the instigators of the CEK’s AIDS project, which sought to increase the involvement of religious leaders in the fight against the pandemic and the theological analysis of AIDS. This project is still in progress.

Break the shame

However, the work of the CEK covers more than the church or religious community. “On a visit to Uganda, I was struck by the scope of the devastating effects of AIDS, but also by the positive involvement of the government and Christian organisations in fighting the disease. On our return, we organised training for 52 pairs of educators, including teachers, nurses, priests and feminist leaders with one sole objective: to break the silence, sense of shame and taboo surrounding AIDS and to invite and help people talk about AIDS and sexuality. Organisers of extra-curricular activities and educators who received training were given the tools to break this silence and fear. In a society anchored to tradition, such as the Yaka, this was a very difficult and sensitive task, in particular for men and women of the church.”

How can somewhat conservative theological thought be combined with a social struggle more at the avant-garde of society?

By weaving the discussion on AIDS into the very heart of religious education and involving the church in social action. Thomas Matonga: “In 2004, we began to introduce the subject of AIDS into the theology classes of the country’s Bible schools and theologians. In Kwango, this has allowed us to begin discussion with 40 religious leaders, nine of whom are women.”

This analysis in Kwango’s religious community has led to a powerful statement:

- Priests must break the silence and sense of shame surrounding AIDS during their services. At each Sunday service, at least 10 minutes must be dedicated to the topic of AIDS.
- The use of condoms must be encouraged for strident couples as a measure to prevent the spread of AIDS, and for family planning purposes.
- Steps must be taken to combat the stigmatisation, rejection and denial attached to HIV/AIDS. Everyone infected with or affected by HIV suffers from these forms of social aggression.
- Medical care and psychosocial assistance must be promoted for persons living with HIV or affected by AIDS.

That year, the CEK introduced HIV screening programmes to ensure the safety of blood transfusions at nine centres and one hospital and distributed some 10,000 condoms. The name of the training seminar for religious leaders in the Bas-Congo organised by the CEK and the Initiative Oecuménique is very clear: ‘The church of Bas-Congo is HIV positive’.

Father Matonga attaches great importance to the growth of positive initiatives and approaches in the fight against HIV/AIDS. In 2007, he shared his experience with 36 religious leaders from churches in Cabinda, Angola. Thus, the priest who reaped harvests in Uganda and in his own community of Kwango is sowing the seeds of good practice in the fights against in Angola. By publishing his ideas in this book, he is sharing his courage and experience with you.
The ‘one size fits all syndrome’ seems to be the rule

Cameroon Baptist Convention Health Board (CBCHB) - Cameroon

The Chosen Children Program (CCP) is part of the Cameroon Baptist Convention Health Board - aids Care and Prevention Program (CBCHB – ACP). Currently the program takes care of around 1000 orphans in two provinces in the Northwest and Southwest of Cameroon but many more (nearly 3000) are registered. The program supports families who have accepted the burden of taking care of orphans. CCP does not work with orphanages. The aim of the program is for children to meet their emotional needs within their cultural settings.
CCP does not deal directly with the children but works together with registered Family Caregivers. Workshops are organized annually to train caregivers and to learn from each other on subjects like psychological support, hygiene and sanitation, food and nutrition, making a will, property rights of orphans, first aid, home based recreational activities for the integrated growth of children, health care provision, promotion and maintenance for children.

Nkufusai Joseph Fonyuy General Supervisor of CBCHB
“The debate on aids is more political than practical. The ‘one size fits all syndrome’ seems to be the rule. This is unfortunate as each community or society is unique and the plight of its orphans should be handled as such. The real actors, those who are involved in taking care of the orphans, are neglected in most cases and as such what is done for them falls short of their real needs. During the 16th International aids Conference in Toronto, three years ago, children were highlighted as the ‘missing face of the aids pandemic.’ Activists, scientists and medical practitioners push for prevention, care and access to treatment, but all too often they forget about the children. But even more worrying is that within this forgotten group, gender imbalance and discrimination still prevail. A young girl's life is made worse by cultural beliefs and traditions. The frequently chanted mantra of ‘Abstinence, Being faithful and using a Condom’ is not as simple as ABC. Girls have little choice even if they want to be faithful, abstain or ensure that men use condoms.

CCP does not work with orphanages?
“We think orphanages do not meet the emotional needs of the children and there is no room for sustainability. That is why we chose to work with foster parents and with communities to educate them on the plight of orphans. We used cultural norms like the saying in Cameroon that the ‘child belongs to the mother in the womb but when born belongs to everybody’”

Caregiving can be overwhelming...
“Every day the number of orphans is increasing and we have very limited resources to cater for their needs. Who talks about care for caregivers? Most of them are grandmothers and grandfathers. It is true that a burned-out caregiver cannot provide quality care. hiv and aids work is very stressing; especially so for frontline staff. Caregiving is a humanitarian activity and requires personal commitment and sacrifice. Not just any kind of person can work in this program; it takes those who have sympathy and passion for others and also those that have been touched in one way or another. It cannot be carried out for profit because the results cannot be measured in monetary terms. The end results can be seen, for example, in the health of the children, their level of education, well-being and changed status, where some have been able to fend for themselves and for others.”

Stigma and denial
“When we started out we faced serious stigma, especially with the name of the program. At first we called it the Aids Orphan Program. After some time we discovered that many people were not coming up to register children. The coming together of family caregivers helped to solve this problem. With their aid we changed the name from Aids Orphans to “Chosen Children Program”. Then more people came up with children and during meetings they opened up to others. Many have confirmed that they feel at ease after sharing their experiences and challenges with the children with other family caregivers. Some of them used to be very sad - making the children sad too - but happily, this is no longer the case now. By supporting the children indirectly through the family caregiver there is no stigma at the level of health care delivery and at school. For instance, if we were paying school fees directly, the teachers would be aware of this and it could become a source of stigma to the children as the teachers sometimes mention it openly. The biggest worries of people living with hiv/aids relate to their children. If they are assured of support for their children a heavy load is lifted off their minds. It is therefore very important to provide orphans and vulnerable children services as they help both the child and the client.”

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The first HIV screening centre in Senegal: anonymous and free

Sida Service Catholic aids organisation - Senegal

Established in March 1992, Sida Service has around 500 active members (including some 20 paid staff) in the seven dioceses of Senegal, as well as in Guinea-Bissau and Gambia.
Sida Service is a founding member of the Alliance of Religious and Medical Experts in Response to the aids Epidemic, which brings together Christian and Muslim agents and religious leaders. Sida Service is also a member of the Observation de la Réponse à l'Epidémie in Senegal.

Since its establishment, Sida Service has carried out activities aimed at prevention, free and anonymous hiv screening and the provision of psychosocial and medical care to people living with hiv, as well as orphans and vulnerable children. It organises training and constantly lobbies politicians and religious leaders, in particular leaders of the Catholic Church.

Paul Sagna explains: “We have 23 branches in operation that cover the whole country. At the same time, Sida Service works in close collaboration with the Cardinal Hyacinthe Thiandoum health centre. This centre serves as our national headquarters, and is the first hiv screening centre in Senegal. This service is voluntary, anonymous and free.”

Integrated services
“We have the means, the human resources and the expertise to integrate all services important to people with concerns relating to hiv or aids: listening, orientation, pre- and post-test advice, screening and the provision of psychosocial and medical care. Medical treatment includes the treatment of opportunistic infections, consultations, prescriptions and the provision of ARV. We also provide nutritional, educational and spiritual support.”

Who are the beneficiaries of Sida Service services?
Sagna: “Those most affected and the most vulnerable: young people, children, women, those who live with the virus, jail populations, sex workers and homosexuals. Within the general population there is an infection rate of around 0.7%, but among sex workers and homosexuals the infection rate varies from 20% to 30%. Therefore, Sida Service’s activities are aimed at all of these people in all of these circles.”

Sida Service’s approach has allowed the Catholic Church to capitalise on these actions aimed at fighting aids. Paul Sagna: “Indeed, in October 2008 bishops across Africa adopted a Catholic plan of action to fight aids inspired by the Sida Service model. Even screening regulations and protocols in Senegal are based on Sida Service practices.”

Some figures
• Sida Service has provided information to more than three million young men and women (religious and non-religious) in Senegal.
• Since 2000, it has provided voluntary, anonymous screening to more than 100,000 people.
• Sida Service currently provides care to around 800 people, giving them access to medical, psychosocial, nutritional and educational assistance.
‘Professionalism and the Catholic family feeling do not always go hand in hand’

Caritas-Développement - Congo

For over two years, the Congolese Bishops’ Conference (CENCO) has been consolidating the response of the Catholic Church to the HIV epidemic. An action programme entitled “CENCO Pastoral Guidelines in the struggle against HIV in the DRC” is the product of consultations at the diocesan and provincial level that have specified the nature and scope of problems and defined requirements at a diocese level, as well as priority activities for putting the Pastoral Guidelines into operation. In the steps proposed in this document, people are at the centre of the analysis and at the centre of the response.
These actions place particular emphasis on reinforcing the responses of local communities based on:

- Concern for carriers of HIV and, in particular, those who live with HIV or are affected by the virus;
- Handling the issue of sexuality in a positive manner and the adoption of optimistic, hopeful and charitable attitudes – concern.

The national plan of approach for the Church was presented during a large donor meeting in May 2009 to international and national actors in the battle against aids in order to obtain support and financing. The response was very positive and now it comes down to Caritas Congo to do business with the donors and convert enthusiasm into action.

It was quite exciting during the general meeting of over fifty Congolese bishops in Kinshasa, in spring 2008. The agenda showed a remarkable report concerning AIDS, drafted following extensive discussions in the dioceses concerning the consequences of HIV/AIDS. At the table between the bishops were also parishioners living with AIDS, and, for example, an HIV-positive couple. They wanted to discuss their desire to have children with the bishops. Others told about the discrimination in their parish or about the burn-out of caring family members.

“We wanted to confront the bishops with the people in real life, their dilemmas and the pain,” says Remco van der Veen, team leader of the Sector for Health and Well-being, Central and Western Africa, Cordaid.

“Ultimately the meeting was partially successful. Two days were reserved for the subject and already after three quarters of a day we had to leave because other agenda items suddenly got priority. Completing a two day program in half a day was impossible and so much of the preparation was in vain. Nevertheless, we received the mandate to write a plan of action together with Caritas Congo for the synod of bishops.”

This plan has been drafted now. Together with Caritas Congo and Cordaid there is discussion in all dioceses about what is required at local level to reinforce the role of the church in the battle against AIDS. The plan describes the problems involved with HIV/AIDS, from poverty to stigma, sexual and war violence and the cultural taboos that rob women of their chances and choices. “For these discussions we trained people beforehand in order to continue asking questions and to help shatter shame and stigma.”

During the international donor conference in spring 2009 in Congo the ‘condom-issue’, as Remco van der Veen calls it, was addressed briefly, but fortunately the subject did not dominate the meeting. “So much more is involved in the battle against AIDS and we must not get bogged down in the condom issue, no matter how important it is.”

Open and transparent

In the Democratic Republic of Congo Cordaid is chosen as the ‘main recipient’ of the Global Fund for a number of AIDS activities. This involves a substantial amount of 15 million euros, but this money is intended for an immense country and for a period of 5 years. The activities as described in the plan of action by Caritas fit well into the activities Cordaid is responsible for. In Congo however, it is not yet clear who will receive the money. Over a hundred organisations have declared themselves as candidates at Cordaid. “Global Fund is an international donor and transparency, sound responsibility and above all good results are of pivotal importance. Applicants in Congo currently must meet strict conditions in order to be eligible. We have set up an independent selection committee in Congo, also including people from national AIDS programs, welfare organisations and representatives of AIDS patients. It is a novelty that in Congo donor funds are dealt
The allocation in the autumn of 2009 will not be without a struggle, expects Remco van der Veen. “You see, the Church in Congo starts from the old family feeling with Cordaid. But it will not be like this in the committee later on. Following their application, every organisation must show what it is good at. You have to cooperate, distribute tasks, and present your own plans well. The quality of the services delivered and to be delivered is the focal point. Ultimately, as Cordaid, we want the Church to take over our role as an international organisation. The Church is good at caring, but will not distribute condoms; this, for example, can be done by Cordaid or another organisation. Partnerships are important. In this work we cannot be successful on our own. I see that Cordaid can make the work of the dioceses visible in the eyes of donors, while the lively participation bottom up in the dioceses can bring Cordaid closer to reality. In this way we become meaningful to each other.”

Remco van der Veen hopes that national cooperation within the Catholic Church in Congo is continued. “The question is whether the different parties within the Church show the will and the ability to transcend their mutual competition. If you act nationwide in the battle against aids then you have to yield some of your own power and interests for the common good. Questions such as ‘who controls the money’ or ‘who receives what percentage as reimbursement of costs’ will then go the background and achieving good results for the people will become the focal point. The proof of the pudding is in the eating”, is what the British say. The pudding is ready, but it still has to be eaten in Congo.”
Fighting against tabloidization

JournAids - Malawi

Venturing into aids activism can be a toiling business. And a courageous one. Take Chinyeke Tembo, a prominent Malawian journalist who was fed up with the tabloidization of his trade and the sensationalist coverage of politics in his country.

"Why keep on writing on sensationalist non-issues when journalists around me were dying by the dozen as a result of aids, robbing the country of its top brains in media? The fact that print and electronic media in Malawi hardly covered hiv and aids issues was simply appalling.

Chinyeke decided to fight the disregard of hiv and aids on his own. With the funds he managed to raise he organised some aids reporting workshops for journalists. This was in 2002. Then Zimbabwe, where his first donor organisation was established, slid into economic and social chaos, and Chinyeke had to start all over again.

No office, no staff, no funding
"I set up JAAIDS, the Journalists Association against aids. We started working with begging bowls. Most donors with complicated policies weren't ready to bankroll the organisation. We had no office, no staff or other requirements donors ask before they even consider funding. We were just some willing journalists who started publishing Positive Voices, a newsletter."

Round Table
Positive Voices is a publication that had an impact and the ball started rolling. Within a few years, the Lilongwe Press Club offered office space and other partners started flexing their coffers. At one point JAAIDS was supported to organise a round table discussion on the role of the clergy in fighting hiv and aids in Malawi, including the involvement of the church in advocating the use of condoms. The College of Medicine and the Department of hiv and aids and Nutrition were active participants as well. A couple of willing journalists creating a network of government officials, the Church, doctors, media and other civil society players, around a sensitive issue most officials wish to disregard... not bad!

"Last year we changed our name to JournAIDS-Malawi. Today we work in the areas of gender, hiv and aids, sexual health, human rights and food security. These problems are related and we counter them through advocacy, networking, publishing information, capacity building and civic education."

Most of all, it's about poverty
"In my years of aids activism this one fact always pushed me to work harder: that it's not so much sexuality that causes the spread of the disease, but poverty. Poverty is one of the major factors to the spread hiv and aids. Vulnerable and marginalised people and communities are hit the hardest. This is why we work with them in the first place. It's their voices I listen to, and their stories I write."

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This publication presents the work of the two winners and of a selection of participants who were nominated for the first Cordaid Aids Award 2008. For more information or for a digital version we refer to www.cordaid.nl