



TOWARDS AN HIV AND AIDS COMPETENT CHURCH

an ecumenical
handbook for
defining hiv and
aids competency

**A joint publication by the CUAHA network and
Tumaini University Iringa University College**

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**A joint publication by the CUAHA network and Tumaini
University, Iringa University College**

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FOREWORD

CUAHA (Churches United Against HIV & AIDS in Eastern and Southern Africa) is a network that was initiated as an appeal from churches of various denominations seeking to find a common voice to share their concern and heart for reaching out to everyone in our world of HIV and AIDS.

Since its inception in 2002, CUAHA has developed into a vibrant ecumenical network representing churches and faith-based organizations cooperating to face HIV and AIDS in their communities. The network includes over 40 churches and organizations of Anglican, Catholic, Lutheran, Methodist, Orthodox and Pentecostal denominations in Finland and 13 African countries (Angola, Botswana, Ethiopia, Kenya, Malawi, Namibia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe).

CUAHA's goal is to build the capacity of its partners to be/become HIV and AIDS competent.

The CUAHA network was made possible by the development cooperation funding for non-governmental organizations provided by the Ministry for Foreign Affairs of Finland.

In this era of HIV and AIDS, there are numerous networks and organizations that have focused on addressing issues on HIV and AIDS, including measuring their own capacity to operate. CUAHA has recognized that there are gaps in finding appropriate and relevant methods that churches can use to evaluate their own competency in issues relating to HIV and AIDS.

The book has been in progress for numerous years to ensure that it has received adequate input and revision by the experts who are committed and focused on being HIV and AIDS competent from among our

CUAHA members and other partners. These include, but are not limited to, MAP International, EHAIA, INERELA, ANERELA, and others who were involved in the 2008 International AIDS Conference in Mexico.

On behalf of all our CUAHA members, I sincerely convey my gratitude and heart-felt thanks to the team of authors who compiled this book.

This book is CUAHA's contribution to the global discourse on HIV and AIDS. The central ethos of CUAHA is best captured in the following words: "Joint action creates hope. Hope creates joint action!"

We are convinced that through determined and strategic joint efforts, the ecumenical family can take its next big steps towards 'being HIV and AIDS competent'.

Sincerely,

Birgitta Rantakari
CUAHA Chairperson

FOREWORD

Religious leaders hold an important position in African societies, regardless of what religion or denomination they belong to. Their message is heard, sought after and appreciated. Their role has never been restricted to religion or spirituality as such, but has covered all aspects of human life including relationships, health, culture, sexuality, and values. Religious leaders have always functioned as appreciated counsellors.

This role and appreciation naturally means responsibility. How well are Christian leaders – pastors, evangelists, lay leaders and others – equipped to counsel in matters of HIV and AIDS? The earliest responses often reflect a non-constructive attitude, which has not honoured the most elementary Christian message of love, mercy and forgiveness. It has, on the contrary, brought isolation, devastation and rejection to many infected people.

HIV and AIDS is a predominantly sexually transmitted disease. Due to that fact, it has many times put church leaders in "dis-ease / un-ease": how to talk about sex and issues related to sexuality openly, what would be the right teaching on it, is it proper to break the taboo of not talking about sex openly? This handbook aims at building an HIV and AIDS competent church through its leaders. It claims that there are no such issues that the church and its leaders should not address. It claims that church leaders should be in the first frontier to bring liberating messages to all people, to empower them, and erase the stigma and shame which are associated with HIV and AIDS. Instead of causing stigma, the church has to function actively and purposefully to take the side of the infected and sick. Church leaders should build true competence in this matter.

This book is a valid, sound, and practical toolkit for every church leader. It includes chapters on facts about HIV and AIDS, sexuality, prevention, stigma, advocacy, empowerment, leadership, healing, liturgy and sacraments, counseling, testing, networking and caring. Throughout the book, there are sections where a reader can check his/her competence in the aforementioned topics. It is an excellent resource for theological training at Tumaini University Iringa College, as well as for HIV and AIDS related outreach projects carried out by the college.

All churches and Christian communities, which together make a living, wounded body of Christ on earth, have been entrusted a unique position to demonstrate the holy message of salvation, fullness of life, beauty and goodness of God's creation and his love towards mankind, as well as love for one another. It is a challenge for every church leader to make these spiritual gifts a tangible, concrete reality to all, regardless of their HIV status. In Christ, disease does not create boundaries. In Christ, His abundant blessing can even take the form of an incurable disease.

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DISCLAIMER:

The competency definitions appearing in the general section of the book and at the beginning of each article have been approved by the members of the network. The opinions and theological interpretations in the articles represent the views of the author(s).

ACRONYMS

AIDS	Acquired immunodeficiency syndrome
ARV	Antiretroviral drugs
CUAHA	Churches United Against HIV and AIDS in Southern and Eastern Africa
EHAIA	Ecumenical HIV and AIDS initiative in Africa
FBO	Faith Based Organization
HIV	Human immunodeficiency virus
STD	Sexually Transmitted Disease
UNAIDS	Joint United Nations Programme on HIV/AIDS
VTC	Voluntary Testing and Counseling

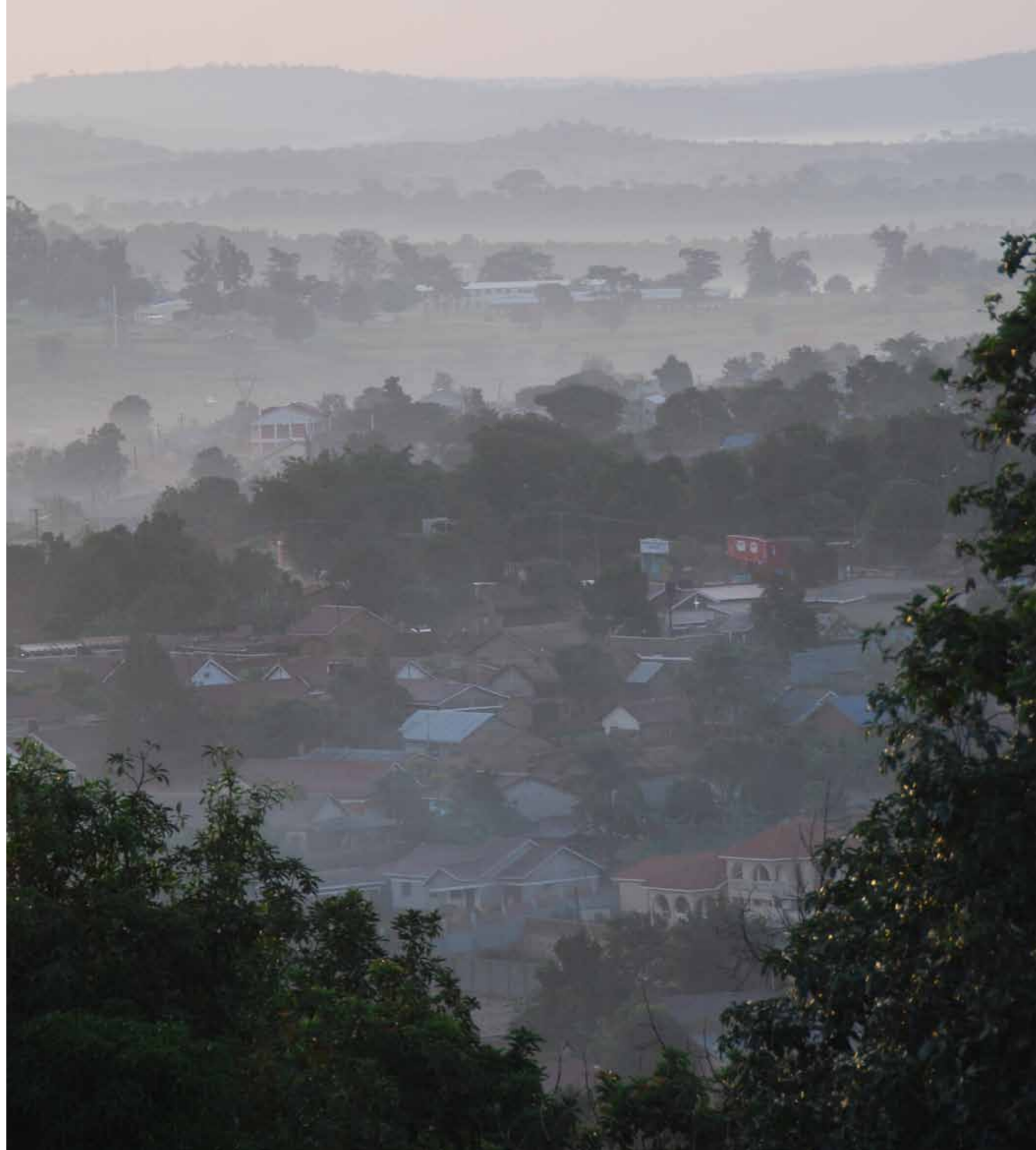
GLOSSARY

ASYMPTOMATIC	Without symptoms. For example, an asymptomatic infection is an infection with no symptoms.
BODILY FLUIDS	Fluids that are found in human body. They can be excreted or secreted. Here it refers especially to fluids that can and cannot be vectors for human immunodeficiency virus (HIV).
MUCUOUS	The membrane lining various canals and cavities of membrane the body.
OPPORTUNISTIC	Infections that take advantage of weakness in the immune defenses are called opportunistic.
INFECTION	The growth of a parasitic organism within the body. (A parasitic organism is one that lives on or in another organism and draws its nourishment from it.) ¹
PREVALENCE	The number of cases of a disease existing in a given population at a specific period of time (period prevalence) or at a particular moment in time (point prevalence) ²
SAFER SEX	Practicing sex in a way that significantly reduces the risk of catching a sexually transmitted disease.
SEROSTATUS	Status with respect to being seropositive or seronegative for a particular antibody <HIV serostatus> ³
SYMPTOM	Any subjective evidence of disease.

1 As defined by MedTerms (<http://www.medterms.com/script/main/art.asp?articlekey=12923>)

2 As defined by MediLexicon (<http://www.medilexicon.com/medicaldictionary.php?t=72024>)

3 As defined by Merriam-Webster (<http://www.merriam-webster.com/medical/serostatus>)



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HIV AND AIDS COMPETENCE

Introduction to AIDS Competence among Faith Based Organizations

Rev. Hannu Happonen, Dr. Järvinen, Dr. Virtanen

Faith-Based Organizations are in a unique position in Africa to address HIV and AIDS. For example, they attract large crowds, meet regularly, and have been active in health and education sectors. Traditionally, religious leaders have not only dealt with the spiritual needs of the people, but have also served as counsellors, psychologists, sociologists, healers, and so on. Therefore, churches and church leaders have a prominent role in African societies. Seventy per cent of the world's population identify themselves as members of a faith community. It places communities of faith in a privileged position to influence people's behaviour and attitudes, even in relation to the HIV pandemic.⁴

However, with regard to the HIV pandemic, the churches' response has not always been constructive. Some churches have encouraged people into action, created awareness, established Voluntary Testing and Counselling Centres (VTC), and brought hope. Others, in turn, have contributed to the stigma and shame, added to the suffering, tampered with the legal rights and judged those living with HIV and AIDS. It has been observed: "the response of the churches has been inadequate and has, in some cases, even made the problem worse."⁵

Churches United Against HIV and AIDS (CUAHA) is an ecumenical network. It is a unique network in that it has brought Catholic, Pentecostal, Orthodox, Lutheran, Methodist, Anglican, and Coptic churches together to address HIV and AIDS. Among other things, it has worked for a number of years to build

the competency of its members to address HIV and AIDS. It has defined theologies around HIV and AIDS, implemented pilot projects, established country teams, advocated for people living with HIV, looked for platforms and forums for people living with HIV to express the authentic opinions, and many other things. As experience was gained and the partners continued to become more involved in the response, the need to define an HIV and AIDS competent church became evident.

Many organizations and institutions have worked on a definition of an HIV and AIDS competent church.⁶ As the CUAHA network discussed and mapped out the different tools for its partner organizations to use, it was noted that a tool which would be easy to use at the parish level to train local church leaders and volunteers was difficult to find. Sometimes the subject of HIV and AIDS is approached in a way that is unappealing, and causes a negative reaction among the leaders of faith-based organizations. This may lead to inaction.

Therefore, the CUAHA network decided to start working on an ecumenically agreeable definition of an HIV and AIDS competent church. The language that is used is purposely "theological." The idea was to develop a handbook that the leaders of faith-based organizations could understand and with which they would feel comfortable. ■



Terminology

It has been debated whether it is more appropriate to use the term "HIV competence" or "AIDS competence." For the purposes of this handbook, the CUAHA partners felt that using one or the other term would be too limiting or too specific. Churches should not only be competent in dealing with the final stage of HIV infection, but also with HIV.⁷ It is obvious that in the

text of this handbook a sentence or a question may refer to HIV or AIDS, or at times, to both. Therefore, in this document the term "HIV and AIDS competency" is used. ■

4 UNAIDS, Religion and Aids. Website accessed on 26.7.2009 (<http://www.unaids.org/en/Partnerships/Civil+society/religionAndAids.asp>)
5 World Council of Churches (1997), Facing AIDS: The Challenge, the Churches' Response. Geneva: WCC Publications, p. 5
6 For more information, see <http://www.aidscompetence.org> or <http://aids-competence.blogspot.com>

7 "HIV is used, unless specifically referring to AIDS. Examples include people living with HIV, the HIV epidemic, HIV prevalence, HIV prevention, HIV testing, HIV-related disease; AIDS diagnosis, children made vulnerable by AIDS, children orphaned by AIDS, the AIDS response. Both HIV epidemic and AIDS epidemic are acceptable." UNAIDS (2007). UNAIDS' Terminology Guidelines. Geneva: UNAIDS, p. 5.

Definition of HIV and AIDS Competence

Competency is defined in various ways.⁸ CUAHA suggests that an HIV and AIDS Competent church:

- 1 UNDERSTANDS THE HIV AND AIDS CHALLENGE AT HAND;
- 2 HAS THE ABILITY AND CORRESPONDING SKILLS RELATED TO HIV AND AIDS; AND,
- 3 IS ABLE TO RESPOND TO THE PANDEMIC.

⁸ Competence is the ability to successfully respond to a situation or task. When an individual or group is "competent" they have the corresponding skills that are required and correspond to meet the challenge at hand (translated by the editors). Ruohotie P. & Honka J. 2003. Ammatillinen huipputaaminen. Kompetenssitutkimusten avaama näkökulma, sen kehittämiseen ja johtamiseen. Hämeenlinna: Hämeen ammattikokeakoulu. See also, Ruohotie P. 2006. Key Qualifications in Work and Education. In Ruohotie, P. & Mclean, R. (Eds.) Communication and Learning in the Multicultural World. Saarijärvi: Saarijärven Offset Oy.; Ellström, P-E. 2001. The Many Meanings of Occupational Competence and Qualification. In Nijhof, J. & Streumer, J. (Eds.) Key Qualifications in Work and Education. Dordrecht: Kluwer Academic Publishers.; Kanfer, R. & Ackerman, p. 2005. Work Competence. A Person-Oriented Perspective. In J. Elliot & C.S. Dweck. (Eds.) Handbook of Competence and Motivation. New York: The Guildford Press, p. 240-256.



AN HIV AND AIDS COMPETENT CHURCH UNDERSTANDS THE CHALLENGE AT HAND

HIV and AIDS affects everyone in today's African society, including the church. Churches should understand that HIV and AIDS is a complex issue that relates to a number of factors such as poverty, socio-economic status, gender, sexual ethics, and culture. Churches must be ready to challenge their own way of thinking, listen to experts, and learn from people living with HIV. For example, many churches propagate the message that marital faithfulness protects spouses from HIV infection. Yet in some countries, married couples are the group at greatest risk for new infections.

Churches must also understand their role and unique position in responding to this challenge. They often enjoy a prominent status in society; have significant human and financial resources at their disposal and a large network that can help disseminate sound information to masses of people.

AN HIV AND AIDS COMPETENT CHURCH HAS THE ABILITY AND CORRESPONDING SKILLS RELATED TO HIV AND AIDS

Ability relates, among other things, to knowledge. Knowing the facts is the foundation on which a sound response can be built. It is crucial, for example, to know the modes of transmission, general impact of HIV and AIDS, and methods of prevention. If the knowledge foundation is faulty, whatever is built on it will be flawed as well. Within churches, one can find persons who proclaim unsound HIV and AIDS messages because they have inaccurate information. An HIV and AIDS competent church will acquire and propagate accurate information.

Skills that correspond to HIV and AIDS are also important since an unskilled response can do more harm than good. For example, to respond professionally

to the pandemic, the churches need to have good communication, management, leadership, and exegetical skills.

The church believes that the Bible is the authoritative source in matters of faith and conduct. Therefore, it needs to develop abilities and skills that enable it to apply biblical teachings and principles in the context of HIV and AIDS. Even though HIV and AIDS are not spoken about in the Bible, the essential principles to respond are there. The foundation for response is the great commandment: love God and love your neighbour. Love for God and neighbour compels one to act.

AN HIV AND AIDS COMPETENT CHURCH RESPONDS TO THE PANDEMIC

When there is understanding, positive disposition, and skills related to HIV and AIDS, it should lead to a response. The church's response can be manifold. For example, it can mobilize people to counsel, care, and advocate for the marginalized. Churches can preach, teach, and discuss HIV and AIDS. It plays a key role in reducing stigma and discrimination.

The church's response includes an implemented HIV and AIDS policy. The policy contains principles and a clear framework for proper action. It gives a mandate for responding. The church's policy should be monitored and the responsibility to monitor the implementation of the plan should be clearly assigned.

While it is important that churches respond to HIV and AIDS, they must remember that they are not responding alone. Rather, the response should be a collective effort. Government agencies and other institutions and organizations should be consulted and taken into account when responses are planned and implemented. ■



Aspects of the CUAHA Definition of HIV and AIDS Competence

In order to develop into an HIV and AIDS competent organization, an organization needs to take stock of where it is and where it aims to be. This handbook is intended to help an organization understand HIV and AIDS competence in the context of faith-based organizations and offer ideas for assessing its current status. The definition helps to mirror what is being done and identify areas that could be improved. Furthermore, the aspects of CUAHA HIV and AIDS com-

petence definition can be used as a tool in planning, training, activities, and responses. It encourages churches to network, share best practices, establish partnerships, and cooperate with other organizations.

The CUAHA network identified 13 key aspects that constitute HIV and AIDS competency in a faith-based organizational context.

Why involve the church?

Why should issues related to HIV and AIDS be addressed in religious institutions and by religious leaders? These matters affect everyone in our societies and need to be addressed. UNICEF and UNAIDS have pointed out that “Religious leaders are in the unique position of being able to alter the course of the epidemic”⁹ and that “there is undoubtedly still untapped potential within faith-based communities to contribute to the AIDS response.”¹⁰ For example, religious leaders can:

- shape social values;
- increase public knowledge and influence opinion;
- support enlightened attitudes, opinions, policies and laws;
- redirect resources for spiritual and social care and raise funds for prevention, care and support; and,
- promote action from the grass roots up to the international level.

Pastors and church leaders have a ready audience. If church leaders see the importance and relevance of speaking and educating people about HIV and AIDS, they do not need to search for a receptive audience. There are no additional costs to educate members who come to the church on Sundays and during the week. In some African communities, people do not have access to a counsellor, psychologist, family planning counsellor, or a medical professional. In such circumstances, people have been turning to religious leaders for help. Bishop Felton May has pointed out: “Churches cannot conquer AIDS alone, but it will not happen without us.”¹¹

FOUNDATIONAL ASPECTS

1. Facts
2. Sexuality

STRATEGICAL (RESPONSE) ASPECTS

3. Prevention
4. Stigma
5. Advocacy
6. Empowerment
7. Leadership
8. Healing

ECCLESIASTICAL ASPECTS

9. Liturgy and Sacraments
10. Counselling
11. Testing
12. Networking
13. Caring

Once these aspects of competency were identified, the network formulated “CUAHA Competence Statements.” Each statement expresses the important issues that churches and faith-based organizations should take into consideration in relation to that aspect. ■

9 UNICEF (2003), What Religious Leaders Can do About HIV/AIDS. New York: UNICEF, p. 9..

10 UNAIDS (2006), Report on the global AIDS epidemic. Geneva: UNAIDS, p. 215.

11 United Methodist Newscope, The (2002), Bishop Calls on UMC to Fight War on AIDS. Volume 30, Number 10/March 8, 2002. Tennessee: Newscope, p. 1.

HIV and AIDS Competence Statements



FOUNDATIONAL ASPECTS

1. Facts

The HIV and AIDS response must rest on facts. Understanding the modes of HIV transmission, the impact of HIV and AIDS, and methods of prevention are essential in containing the spread of the virus. The church addresses cultural practices and religious beliefs that relate to HIV and AIDS.

2. Sexuality

God created sex. Sex is a natural and positive thing. HIV is primarily spread through sexual contact. The church promotes safer sexual practices. The church deals openly and frankly with the issue.

STRATEGICAL (RESPONSE) ASPECTS

3. Prevention

Ethical and moral issues are at the heart of the church. In its ethical and moral teaching, the church takes into account that factors such as poverty, socio-economic status, gender, culture, etc. increase the vulnerability to infection. The church provides knowledge about the best methods of preventing the transmission of HIV.

4. Stigma

HIV infection is a medical condition. AIDS is not a plague sent by God. The body of Christ (the church) has HIV positive members. HIV positive persons are fully integrated into the church. The church does not stigmatize, discriminate or violate human rights.

5. Advocacy

The church acts for and with those infected and affected. They have the right to live a life of dignity. HIV infection may lead to vulnerability. The church should seek ways and provide means for vulnerable people and groups to defend their rights.

6. Empowerment

Churches should be empowered to address HIV and AIDS related issues. Empowerment relates to motivation, ability to identify and solve problems, utilization of available resources, and multiplication of intervention efforts. Training, education, cooperation, and networking are key means of empowerment.

7. Leadership

Church leaders speak openly and empathetically about HIV and AIDS. The leaders participate in HIV and AIDS activities. A person's HIV status is not a hindrance for full integration into church leadership. The church leaders allocate resources to HIV and AIDS ministry. The leaders ensure that there is an implemented HIV and AIDS policy.

8. Healing

A HIV and AIDS competent church believes in divine healing. Healing is understood holistically. Medicine is a part of healing. Healing is tied to the will of God. Falling ill is not the result of unbelief.

ECCLESIASTICAL ASPECTS

9. Liturgy & sacraments

HIV and AIDS are in the church. The church is an excellent platform for addressing HIV and AIDS. The church includes HIV and AIDS related topics in sermons, prayers, teaching, and education. HIV positive people are entitled to participate in liturgies, sacraments and ordinances of the church.

10. Counselling

The church is a caring community bringing hope and unconditional acceptance. The church plays an active role in HIV and AIDS counselling. The workers are adequately equipped to deal with issues related to HIV and AIDS.

11. Testing

The church encourages voluntary HIV testing. Church workers are strongly encouraged to be tested and speak for the importance of testing. The church promotes access to testing.

12. Networking

No one church can respond to AIDS alone. The response is a concerted effort. The church harmonizes its response with other stakeholders. Churches share their proficiency and learn from the experience of others.

13. Caring

The church takes an active role in caring. Care is provided unconditionally. Caring is not used for proselytizing but is faith in action. Caring ministry is multi-dimensional including nutrition, support, treatment, counselling, advocacy, and empowerment.

1. FACTS

Dr. Peter Okaalet

With

Rev. Hannu Happonen

CUAHA STATEMENT ON FACTS

The HIV and AIDS response must rest on facts. Understanding the modes of HIV transmission, the impact of HIV and AIDS, and methods of prevention are essential in containing the spread of the virus. The church addresses cultural practices and religious beliefs that relate to HIV and AIDS.

SCRIPTURE READING

As he went along, he saw a man blind from birth. His disciples asked him, "Rabbi, who sinned, this man or his parents, that he was born blind?" "Neither this man nor his parents sinned," said Jesus, "but this happened so that the works of God might be displayed in him. As long as it is day, we must do the works of him who sent me. Night is coming, when no one can work. While I am in the world, I am the light of the world." Having said this, he spit on the ground, made some mud with the saliva, and put it on the man's eyes. "Go," he told him, "wash in the Pool of Siloam" (this word means "Sent"). So the man went and washed, and came home seeing. (John 9.1–7)

Jesus was walking with his disciples. On the way, they met a blind man. He had been blind from his birth. For some unexplained reason, the disciples held that his blindness was caused either by the sin of the man himself or his parents. Jesus told them that his sickness has nothing to do with sin. On the contrary, his sickness was to display the work of God in his life.

Unfortunately, we find similar thinking in the context of HIV and AIDS. We may be interested in how a person became infected because in our minds we want to pass moral judgment on them. Have they "sinned" and thus are HIV positive? Why is it that we do not ask first that how we can help? How we can support the person? Could God be glorified in this situation?

WHAT IS HIV?

The letters H, I, and V (HIV) are an acronym¹² for Human Immunodeficiency Virus. It is "human" because the virus causes sickness only in people; "immunodeficiency" because the immune system normally protects a person from becoming weak; "virus" be-

cause HIV is a small living thing which causes illness in people.

When the virus enters into a person, it affects the immune system and starts multiplying. The resulting

¹² A word formed from the first letters of the words that make up the name of something.

3. PREVENTION

Rev. Hannu Happonen

CUAHA STATEMENT ON PREVENTION

Ethical and moral issues are at the heart of the church. In its ethical and moral teaching the church takes into account that factors such as poverty, socio-economic status, gender, culture, etc. increase the vulnerability to infection. The church provides knowledge about the best methods of preventing the transmission of HIV.

SCRIPTURE READING

Designate a place outside the camp where you can go to relieve yourself. As part of your equipment have something to dig with, and when you relieve yourself, dig a hole and cover up your excrement. For the LORD your God moves about in your camp to protect you and to deliver your enemies to you. Your camp must be holy, so that he will not see among you anything indecent and turn away from you. (Deuteronomy 23.12–14)

While wandering in the wilderness, God was interested in the welfare of his people. He promised to protect them and to deliver them from harm. It was not only God who did all the work; the Israelites were also responsible to follow the instructions God gave them. God gave his people information on how they could prevent various ailments that would come from an unsanitary environment. It was not God who protected the Israelites from disease, but he gave them the instructions on how they could protect themselves.

There is a saying that “prevention is better than cure.” Prevention is important because there is no cure for HIV infection. The world is being consumed by a disease that is preventable. Prevention is the most cost-effective way to bring HIV and AIDS under control and to save lives. However, while prevention methods work, prevention is not working. HIV is still spreading and people are becoming infected. People may learn the essential facts but they do not practice what they learn. They do not do what they know. Prevention involves hearing the message and putting it into practice.

CORRECT AND RELIABLE INFORMATION ON PREVENTION

Some of the prevalent teachings of the church are simplistic, if not misleading. For example, churches have fiercely promoted the AB (Abstain and Be Faithful) or ABC-method (Abstain, Be Faithful, Use Condom) of prevention. It means that if one abstains

from sex, is faithful to one partner, and if one cannot abstain from sex, then one should use condoms. However, one can be faithful and still be infected with HIV. The AB and ABC teaching touch only infections through sexual contact. Yet, the virus can be transmitted through other means, such as blood transfusion. The new prevention models emphasize safer practices and are more comprehensive.¹⁷

¹⁷ For example the SAVE (Safer practices, Available medication, Voluntary testing and counselling, and Empowerment).



BIBLICAL ETHICS FOR PREVENTION

The church is involved in ethical and moral issues. For the church to be competent in HIV and AIDS, its response must be based on correct values. The foundational ethic for the church is the great commandment: love God and love your neighbour. They cannot be separated from each other. Once a person experiences God's love, they will reciprocate it to others. "We love because he first loved us" (1 John 4.19). "Christ's love compels us" (2 Corinthians 5.14) to act. Love compels one to act with respect and to seek justice. When seeking the best way of prevention, these ethical principles should determine the best course of action.

One Sunday morning, I was ready to preach a sermon in a small structure made of papyrus mats and tarpaulins donated by the UN. I would be addressing a small group of believers that were part of the approximately 2 million Internally Displaced Persons (IDPs) who were gathering in this temporary structure in the relative "safety" of the town. 94% of the population of northern Uganda has been displaced because of the 20 year old war. They were crammed into over 200 IDP camps, some with a population density of 1,700 people per hectare. At the height of the insurgency, people were killed every day as a result of violence and the conditions in the camps. People were facing the constant and immediate threat of assault, murder, rape, defilement, mutila-

tion, torture, and forced labour (some abducted children told me stories of serving as "trailers" – they were forced to trek through the wilderness carrying heavy loads acting as lorry trailers for the rebels). Around 25,000 children had been kidnapped and forced to kill, maim, commit unspeakable atrocities, or forced to serve as sex slaves. Almost all of the people in the north were living in absolute poverty (on less than \$1.00 USD per day).

One beautiful young woman, a church member came and shared her heart-breaking story with us. When the rebels came, they were forced to move into the IDP camps. Her husband disappeared and she was left with two children. She told us that soon their money and food had run out and there was nothing left to sell. She was unemployed and had no means of earning a living. On the way to church that Sunday, a soldier approached her and asked to have sex in exchange for money. She asked us for advice: "What should I do? If I sleep with him, my children will eat tomorrow. If I do not, my children might die within a few days. I know I should not have sex with him, but if I refuse, what will happen to my children? Again, if I have sex with him, I may become infected with HIV and die within ten years from AIDS. Which is better: for my children to die next week or for me to do what I can to provide for them? My children would not know how I got the food for them, but they will know that they are starving and have nothing to eat. What should I do?"

ETHICAL CONSIDERATIONS

This lady was bold enough to share her dilemma with us. What about those many other church members and people in the IDP community, living in absolute poverty, who are too ashamed to share their predicament with us and others? How many others are forced into survival sex? Is it better to choose life or death? If she did have sex with the soldier, would she be choosing the lesser of two evils? Is the end justifying the means? Is it a case of "doing evil so that good may result"? To what lengths should a person go to stay alive? What about the circumstances that are beyond her control that have driven her into this unfathomable situation? Can anything be done about them?

FACTORS THAT INCREASE VULNERABILITY TO HIV INFECTION

When the HIV and AIDS competent church responds to the pandemic, it takes into consideration that there are factors that increase the vulnerability to infection. The humanitarian crisis brought on by armed conflicts, such as the loss of homes, incomes, families and social support, also puts women and girls in positions where they have to engage in 'survival sex.' Women may be forced to exchange sex in order to secure their own or their families' lives and livelihoods, escape to safety, and gain access to food, shelter or services. There are other factors such as poverty, socio-economic status, gender, and culture that need

to be addressed in order to lessen the vulnerability of people to HIV infection.

METHODS OF PREVENTION

The church needs to provide knowledge about the best methods of preventing the transmission of HIV. The two basic methods of prevention are:

- 1 Preventing those who are not infected from becoming infected;
- 2 Preventing those who are infected from infecting others (positive prevention).

There are only three known ways in which HIV could be spread from one person to another:

- 1 Sexual intercourse with a HIV positive person;
- 2 From infected mother to child; and,
- 3 Blood containing HIV.

The HIV and AIDS competent church will address all three of these issues and empower people to avoid infection. All relevant information and methods need to be provided for people to make personal ethical choices. ■

5. ADVOCACY

Dr. Juha Virtanen

CUAHA STATEMENT ON ADVOCACY

The church acts for and with those infected and affected. They have the right to live a life of dignity. HIV infection may lead to vulnerability. The church should seek ways and provide means for vulnerable people and groups to defend their rights.

SCRIPTURE READING

Learn to do right! Seek justice, encourage the oppressed. Defend the cause of the fatherless, plead the case of the widow. (Isaiah 1.17)

Religious leaders are central figures in African communities. They are perceived not only as advisers in spiritual matters but are also turned to when seeking answers to questions about everyday life. At best, they serve as the cornerstones of the community – as psychologists, sociologists, educators, family planning counsellors, and theologians. When a religious leader speaks, people listen. He or she enjoys a unique position in defending the rights of the most vulnerable.

THE ROLE OF THE CHURCH IN ADVOCACY

A part of the mission of an HIV competent church is to be a voice for the rights of the weak and discriminated (Matt 3.23-28). The church endeavours to live actively among the people living with HIV and AIDS and seeks to understand the conditions under which they are forced to live. A competent church is able to challenge its own way of thinking. It is only by listening to people living with HIV that it is able to communicate and deliver the right message. Advocacy is based on the comprehensive understanding of the living conditions of people living with HIV. Poverty, the state of women, attitudes towards the children, and harmful cultural practices should be considered while the church addresses HIV and AIDS. The plight of women,

widows, orphans, children, prisoners, and refugees and other vulnerable groups should be at the top of the church's advocacy agenda. The demand for psycho-social counselling from religious leaders is increasing as the HIV-pandemic has multiplied the stress of people in Sub-Saharan Africa.

EMPOWERING WOMEN AND ADVOCACY

In many African countries, women are very vulnerable. Vulnerability is a result of a number of factors. For example, due to cultural reasons women have little or no say in how sex is practised. Some churches may promote theology that suppresses women and hinders them from expressing themselves in family and marital matters. In addition, too often women





6. EMPOWERMENT

Dr. Tomi Järvinen

CUAHA STATEMENT ON EMPOWERMENT

Churches should be empowered to address HIV and AIDS related issues. Empowerment relates to motivation, ability to identify and solve problems, utilization of available resources, and multiplication of intervention efforts. Training, education, cooperation, and networking are key means of empowerment.

SCRIPTURE READING

Meanwhile, the Philistine, with his shield bearer in front of him, kept coming closer to David. He looked David over and saw that he was little more than a boy, glowing with health and handsome, and he despised him. He said to David, "Am I a dog, that you come at me with sticks?" And the Philistine cursed David by his gods

Reaching into his bag and taking out a stone, he slung it and struck the Philistine on the forehead. The stone sank into his forehead, and he fell facedown on the ground.

So David triumphed over the Philistine with a sling and a stone; without a sword in his hand he struck down the Philistine and killed him. (1 Samuel 17.39–51)

EMPOWERMENT IS ABOUT WHAT WE HAVE, NOT ABOUT WHAT WE DON'T

The Bible is a treasury of great stories. The story of young David going against the seasoned warrior Goliath is one of them. The task David, a young shepherd, faced seemed impossible. Yet, he managed to overcome the fight that seemed impossible. In the battle, he did not use the most sophisticated armour of his day. He chose to use weapons that he had and knew how to use. When David faced the mighty Goliath, he had nothing but a staff, sling, and a stone.

Empowerment is about putting into practice what we have and know. As churches and leaders of churches

and related organizations, we have a lot that can be used to halt the spread of HIV and to relieve its consequences. Churches have, among other things, people, networks, influence, and financial resources. It is time to make the best use of them.

AN EXAMPLE OF EMPOWERMENT

Having worked for more than 12 years with people living with HIV and AIDS, I have felt many times that the task is overwhelming. The emotional pain, scarce resources, complex medical issues, and the multiple effects of HIV and AIDS combined seem to create a mental Goliath that is difficult to tackle. Yet, there are

people who face the Goliath, survive and, more than that, live life to the fullest. One of them is Peter. He lives less than a hundred kilometres from Nairobi, the Kenyan capital. Having lost his wife and struggling to provide for his children, he had come to the point of losing hope. At that time, my wife and her Kenyan co-worker met him. They counselled him, trained him, and provided him with a small incentive to start a business. He developed a simple business plan and gave it a try. Today, Peter is, as he puts it himself, a “triple” businessman. He runs a community phone, shoe shine, and kiosk business. The children are back in school and he is proud of what he is doing.

THE TWO SIDES OF EMPOWERMENT

The story of Peter and emerging research suggest that empowerment has two sides to it. It relates to our emotions, motivation, and the way we think about ourselves and the world around us. Secondly, it relates to the social relationships we have and to the environment we live in. The former factors can be called internal factors and the latter external. It seems that both aspects are crucial to empowerment. For example, a person may be talented, intelligent, motivated, and skilled for a task, but the environment may not be supportive. As a result, the person will fail in his or her task or achieve less than expected. On the other hand, the environment can be enabling, but the person is not motivated and therefore fails. Peter was lucky. He had a desire to change his condition. All he needed was a little encouragement, information, and a small financial boost. In his case, the external and internal factors were in place.

EMPOWERMENT AND ORGANIZATIONS

Organizations either catalyze or hinder empowerment. It is widely believed that traditional, policy oriented, hierarchic, and rigid organizations hinder

empowerment. Traditional organizations tend to emphasize tradition at the expense of innovation and relevancy, sticking to their old ways of doing things. Their past easily becomes more important than their future. A disempowering organization tries desperately to regulate all aspects of its mission and activities. Its desire to manage and control easily suffocates innovation and turns passion into routine. As organizations grow and establish themselves, hierarchies tend to form. Such development is natural. However, hierarchies may create a problem if they become more important than the purpose they serve. Rigidity is the result of a number of factors including those discussed above. Rigid organizations find it hard to adapt to new situations. They do not attempt to work proactively or change their operational environment.

Empowered organizations seek new ways to address problems. They do not settle for things as they are. They innovate new ways to look at things, envision a better state of affairs and take steps to strive for something better. At times, the steps are unorthodox, risky, and pioneering. Empowered organizations train, encourage, and challenge their people to enable them to reach their full potential. Empowered organizations have clear goals and strategies to reach them. The workforce is encouraged to think for themselves and they find fulfilment in achieving something together.

Churches and other Faith-Based Organizations' state of empowerment is tested by HIV and AIDS. Faced by challenges brought by HIV and AIDS, disempowered organizations shrink under their turtle shells and put on their defensive armour. They push the issues related to HIV and AIDS aside or address them only if they have to. An empowered church or religious organization sees the presence of HIV positive people and the consequences of AIDS as an opportunity to serve people and minister to them holistically. They rethink their theology, ministries, services, teaching, and response to the environment in the light of the



pandemic. To an empowered FBO, HIV and AIDS is not a threat but an opportunity to develop, grow, and influence positively.

EMPOWERMENT AND LEADERSHIP

Leaders have a crucial role in empowerment. The current research on leadership suggests that it is about influencing people through a relationship. Church leaders and leaders in religious organizations should influence people to act on HIV and AIDS. Several leaders have managed to organize rallies, workshops, and other beneficial activities that relate to HIV and AIDS. However, empowering leadership goes beyond short-term influence. An empowering leader aims to evoke long-term commitment among the people within his or her sphere of influence. HIV and AIDS will remain an issue in the church, and the world at large, for years to come. Empowering leaders allocate human and financial resources to HIV and AIDS related activities. They ensure that churches and organizations have written policies to follow in HIV and AIDS activities.

Although the emphasis in leadership studies shifts every now and then, one aspect has remained unchallenged. The greatest way to influence people is to set an example. Exemplary church leaders integrate people with HIV into church activities. People living with HIV can serve in any position in the church. Leaders do not tolerate stigmatization to any degree. Rather, they work with HIV positive people to ensure that they are accepted unconditionally and encourage others to do the same.

EMPOWERMENT AND FAITH-BASED ORGANIZATIONS

Faith-Based Organizations are unique in terms of empowerment. They are unique since they have a basic philosophy or theology that promotes philanthropy, love for people. Philanthropy, solidarity, love for one's neighbour, or whatever term one wants to use, are at the core of Christianity. The church holds every human being to be a creation of God. Therefore, each person is valuable. This belief is at the core of Christian theology and thought. If properly understood and applied, it feeds a long-term commitment to address the needs of people.

Churches and related organizations form a network that is not artificially created to address issues related to HIV and AIDS. People living with HIV need counselling, information, support, and unconditional acceptance. In many ways, the churches and other faith-based organizations are in a better position to provide all this than many other organizations. Counselling is a core ministry of the church and unconditional acceptance should be at the core of its theology. Pulpits, Sunday Schools, small groups, and other regular activities of the church provide a unique platform for sharing information. The churches and faith-based organizations have the prerequisites of empowerment: information, theology, philosophy, people, platforms, networks, leadership, and a recognized position in the society. It is time to draw from these resources and put them into action. ■

It is quite amazing that some religious communities and leaders are eager to stigmatize people living with HIV and AIDS, but not, for example, people who have other sexually transmitted diseases. In some religious communities, the misunderstanding that God or the Devil causes AIDS resulted in judgmental practices, denial and stigmatization.

POSITIVE CHURCH LEADERSHIP

Religious leaders should learn from the South African struggle against apartheid. Progressive religious leaders assumed a prophetic role and played a significant part in bringing apartheid to its end. They articulated the theological basis, on which the churches opposed apartheid and declared it a sin against humanity. Committed church leaders inspired communities to identify themselves with the church. People admired leaders who made the church a caring and healing community. As a result, the church was able to mobilize its members and communities, cool down destructive tempers, comfort the distressed and bring hope to the hopeless. The church spoke for the discriminated and the dehumanized.

Biblical history teaches that God loves and cares for his creation unconditionally. Whenever man made or natural disasters threatened peace and the well-being of God's people, he appointed leaders to deal with the issue. In the Old Testament, they were the Patriarchs, Prophets, Kings, and Judges. For example, Moses freed the people of God from slavery. On the other hand, when the latter kings of Judea failed to listen to God, the nation was taken into Babylonian exile.

Church leaders and churches are found even in the remotest places of Africa. Yet, HIV and AIDS have struck the African continent most severely. This is striking since Africa as a whole, and especially the church, has both material and human resources to meet the challenges posed by the virus. However, many religious leaders and communities remain si-

lent. A number of church leaders and communities tolerate, and at times even contribute to stigma and judgmental attitude that imposes guilt on many. In many cases, people living with HIV have left or have been forced to leave the church.

God has endowed this world with religious and political leaders. The mission of religious leaders is the proclamation of the good news to all. The mission cannot be fulfilled if the leaders are not present in the lives of those living with or affected by HIV and AIDS. The absence of leadership results in confusion and despair. Faith must be manifested in practice as faith without action is no faith at all.

Paul Mumo Kisau writes: "The world has been devastated by the advent of the HIV and AIDS pandemic and the Church bears the brunt of its menace as it mediates between the dying and the living."²² This is an affirmation that the church truly deals with matters of life and death. The primary mission of the Church is to bring life and sustain it in all its fullness (cf. John 10.10b). HIV and AIDS threaten life. The seriousness of the issue calls for raising and training leaders that are ready to face the challenge.

LOVING AND DETERMINED LEADERSHIP

An HIV and AIDS competent church has focused leadership that unconditionally reaches out to people living with HIV and AIDS. A competent leader listens to people, accepts them unconditionally, and does not turn his/her back on the challenges he/she faces in the present. Competent church leaders associate with and support people living with HIV and AIDS.

Church communities are expected to be modern day 'Noah's arks'. The ark became a home where lives were protected and saved. Noah was the captain who spoke and acted promptly as God commanded (Genesis 6.22). He obeyed God and made no excuses of not having enough time or resources. He was a father, a husband, and a community leader. Yet, he



took on the God-given boat-building assignment. Noah is an example of a good religious leader. He did not lose his focus. He did not hide behind excuses and the dignity of his religious position. He toiled to save lives. He sacrificed to help others.

THE CHURCH'S MISSION DOES NOT ONLY RELATE TO AFTERLIFE

My personal experience as a Pastor and Bishop in my church is that we are inclined to define the role of the church in God's mission as only saving souls for heavenly life. Yet, we do have a mission to serve those who suffer here and now. The office of leadership in the church entails many things. It is about the willingness of the leaders to protect the distressed and marginalized against abuse by the unscrupulous majority. It is about giving a clear message of unconditional acceptance for people living with HIV and AIDS. It is about publicly challenging cultural practices that hinder communities from taking action. Leaders need to contribute to the halting and eradication of the pandemic instead of adding to its spread.

CHURCH LEADERS SHOULD MEET PEOPLE'S NEEDS HOLISTICALLY

Church leaders should follow Jesus' example of meeting people's needs holistically. Jesus visited villages, preached the Kingdom of God and healed the sick. At times, when the crowd was hungry and tired at the end of the day, he provided them with food. He was moved as people were worried and helpless. When he felt that people were lost like the sheep without a shepherd, he took action. He did not turn his back on the needs of the people. He did not walk away untouched. Rather, he acted and met their needs. Inspired by his example, Church leaders should mobilize people and allocate resources to address HIV and AIDS related issues. They are expected to provide vision and inspiration to the church so that it will not remain indifferent to HIV and AIDS, but will take appropriate action. ■

HEALING AND MEDICATION

At the beginning of the second millennium, many individuals and institutions campaigned and struggled to avail medical treatment for those who are living with HIV. Advertisements in the media caught the attention of people and increased the demand to make medicines affordable and available to people. Unfortunately, the churches were not that active in these efforts. Perhaps the churches felt that HIV medication is not their business.

However, medicine and healthcare are a part of healing. A competent church understands the development of medicines as God's providence. A church leader does not have to be a medical doctor to advise and guide a person living with HIV to find correct medical treatment. A part of holistic healing is achieving an improved physical condition through

medicine. The church should have some basic knowledge of medication relating to HIV and AIDS and know how to access medical help. If at all possible, the church should assist in making medication available to all. For the church staff, the primary question should not be how a person became infected with HIV but are they receiving the proper care.

If a church views the use of medicines as a sign of unbelief or a lack of faith, it points to low competency. For some, divine healing and healing through medicine are seen as mutually exclusive. In the worst case, people who are on antiretroviral drugs are seen as those whom God cannot help due to their unbelief. At times, church workers simply do not know what medication is available and how to access it. ■

Check Your Competence

Agree or disagree with the following statements to check your understanding (See the article on Healing to check your answers).

- 1 God can heal a person living with HIV.
- 2 God can heal a person through the use of medicines and doctors.
- 3 The church should not pray for healing for people who are living with HIV since it creates false hopes.
- 4 The church should send people who are living with HIV to seek medical attention once all other means of treatment and healing have been exhausted.
- 5 When God heals a person, the healing should be medically confirmed.
- 6 The church prays regularly for researchers, doctors, nurses and others who work in the area of HIV and AIDS.
- 7 The church must have medical professionals in order to help a person living with HIV.
- 8 Seeking medical care and usage of ARVs is a sign of unbelief.
- 9 Churches should promise immediate healing to all those who are living with HIV.
- 10 Churches cannot do much to make proper medication available to people living with HIV.



Notes:

9. LITURGY AND SACRAMENTS

Dr. Veikko Munyika

with

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CUAHA STATEMENT ON LITURGY AND SACRAMENTS

HIV and AIDS are in the church. The church is an excellent platform for addressing HIV and AIDS. The church includes HIV and AIDS related topics in sermons, prayers, teaching, and education. HIV positive people are entitled to participate in liturgies, sacraments and ordinances of the church.

SCRIPTURE READING

As he taught, Jesus said, "Watch out for the teachers of the law. They like to walk around in flowing robes and be greeted with respect in the marketplaces, and have the most important seats in the synagogues and the places of honour at banquets. They devour widows' houses and for a show make lengthy prayers. These men will be punished most severely." (Mark 12.38–40)

Will the LORD be pleased with thousands of rams, with ten thousand rivers of oil? Shall I offer my firstborn for my transgression, the fruit of my body for the sin of my soul? He has shown all you people what is good. And what does the LORD require of you? To act justly and to love mercy and to walk humbly with your God. (Micah 6.7–8)

TRUE WORSHIP AND RELIGION

Religion is powerful. Billions of people still turn to religions and religious representatives to make sense of the changing world and seek peace, comfort, and hope. People are turning to religion to make sense of the times we are living in. They also seek to find answers in the context of HIV and AIDS.

Liturgy and sacraments are at the heart of the practice of Christian religion. Their purpose is to mediate God's presence. Within churches there are people

who are living with HIV. At times, they have been denied the chance to participate in liturgies and sacraments.

Biblical religion is a religion of the heart. In the scripture references above, Jesus and the prophet Micah reminded their contemporaries of this fact. Jesus pointed out that people should watch out for religious leaders that perform their duties to satisfy their own selfish desires. Such selfishness took the form of public appearances, taking advantage of widows, and praying lengthy prayers for show.

Micah pointed out that an outward act of sacrifice is futile if it is not accompanied with a life that seeks justice, and demonstrates humility and mercy.

THE ROLE OF LITURGY AND SACRAMENTS IN THE CHURCH

Liturgy and sacraments play an important role in the life of the church. They are vehicles that God uses to direct our minds to Him. Preaching and teaching the Word of God, prayers, reflection, sacraments, music, and other related things can be a source of great comfort and hope. On the other hand, they can be misused to abuse, control, and stigmatize people. Liturgy and sacraments evoke strong feelings, shape attitudes, provoke thought, and invite self-reflection.

STIGMA, DISCRIMINATION, AND EXCLUSION IN THE CONTEXT OF LITURGY AND SACRAMENTS

The church has been accused of promoting judgment rather than justice. It has been accused of being a source of stigma and discrimination rather than healing and comfort. Unfortunately, some of the accusations stem from practices and attitudes that are exemplified in liturgies and the administration of sacraments.

The church must break the silence and address HIV and AIDS, speaking out in the context of liturgy and sacraments. An HIV and AIDS competent church makes HIV and AIDS related teaching and messages a natural part of their services and daily activities. However, the church leadership must ensure that liturgies convey proper information and do not promote stigma or discrimination. People living with HIV should have access to sacraments.

EXAMPLES OF ABUSE IN LITURGICAL CONTEXTS

People living with HIV may be stigmatized in the language we use in our liturgy. Some may create an “us”

and “them” mentality – those “others” who are HIV positive and those of “us” who are not. Sometimes people who are living with HIV are not allowed to participate in communion. In some churches, people who want to be married are forced to be tested for HIV and to disclose their status. If they are found to be HIV positive, they cannot be married.

People who seek prayer for healing from HIV infection are burdened by guilt by those praying for them. They are told that they need more faith if they want to be healed. “You are sick because you have sinned” implying that they have gotten what they deserve. If a person has died because of AIDS, a church official may use the occasion to accuse, moralize, and warn the grieving relatives of the “consequences of sin.” The following excerpt reminds us of the sad reality still prevailing in many churches:

*God’s will for us is to be blessed, loved, forgiven, cared for, and protected, and that is the responsibility of the church. When we come to church we want love and acceptance. Instead we are judged, we are reminded that we are sinners, cursed, and some pastors go to the extent of telling us that we will burn in hell. Very few of us are being told that in Christ there is a new beginning, that our past is wiped away.*²⁴

The church should be a place where people feel comfortable sharing their pain. It should be a place where people can cultivate an atmosphere of love and acceptance. It is a place where there are many members living in various circumstances, with many different conditions. The body of Christ is where members share their joys and pains. Each member “should have equal concern for each other” (1 Corinthians 12.25)

HIV AND AIDS COMPETENT LITURGY

A number of small things can be done by the clergy and laity alike to fully integrate people living with



HIV and AIDS into the church’s daily life. Visible signs of support, such as ribbons and posters, displayed in church buildings and expressed during services help to convey a message of acceptance and support to church goers. Supportive and factual messages can easily be carved into church liturgy. Messages, teaching, prayers, music, and drama are just a few examples of liturgical elements that can be, and have been, used to bring comfort, hope, and healing to people living with HIV and AIDS and those who have been affected by HIV and AIDS in some way. People living with HIV and AIDS have emotional, social, physical and spiritual needs. These should be addressed in liturgies.

The HIV and AIDS response and its place in liturgy should be planned. Otherwise the response will not be sustained in the long run. Some of the themes that should be addressed in liturgies and taken into consideration when planning them are:

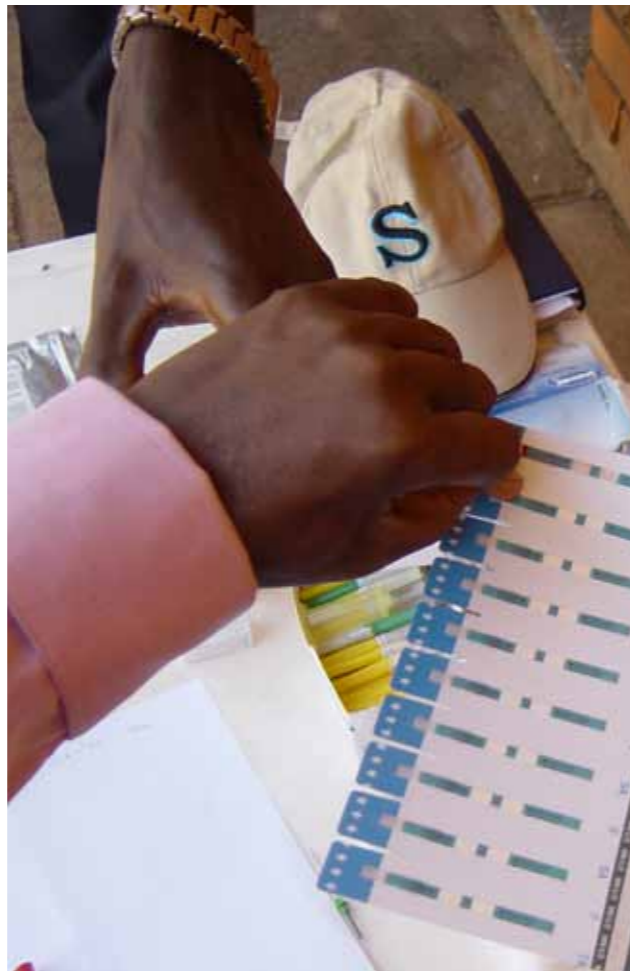
- 1 Proper theological understanding of HIV and AIDS
- 2 Facts (scientific) about HIV and AIDS
- 3 Encouragement for voluntary testing
- 4 Marital counselling of couples
- 5 Access to church activities and sacraments (full inclusion)
- 6 Medical issues (nutrition, home based care)
- 7 Proper use of condoms and theological understanding about it
- 8 Family planning
- 9 Family management
- 10 Human rights
- 11 Mobilization of people to act for and with people living with HIV and AIDS

The purpose of planned integration of HIV and AIDS related themes into liturgy is to create a supportive, open, transparent, and advocating environment. Such a course of action requires bold leadership. Taboos, fears and theological misconceptions are still rampant in the church. Church leaders, be they clergy or laity, need to become positive role models. This means that they must provide space for people living with HIV and AIDS to fearlessly discuss their issues in the churches. People living with HIV and AIDS should not only be passive participants in church, but active contributors to it. They should be free to assume any position in the church.

Competent church leaders visit people living with HIV, associate with them, and advocate for them and with them. Competent church leaders do not limit their messages to speaking about abstinence and the moral implications of HIV and AIDS, but understand the complexity of the issue. Focusing only on abstinence and ethical implications may reinforce stigma and perpetuate the spread of disease.

One must remember that most of the people living with HIV and AIDS have a strong commitment to God and find solace in prayer and reading scripture. A competent church is one where the infected are visited and prayed for. Unfortunately, many of them testify that they do not get prayer from the church. But, since prayer is the core business of the churches, a competent church is one which develops a more systematic approach to ensuring that those who need it are able to access prayer support within regular church services. ■

24 An excerpt from PASCA (2004).



11. TESTING

Rev. Hannu Happonen
with
Dr. Tomi Järvinen and Dr. Juha Virtanen

CUAHA STATEMENT ON TESTING

The church encourages voluntary HIV testing. Church workers are strongly encouraged to be tested and speak for the importance of testing. The church promotes access to testing.

SCRIPTURE READING

“See that you don’t tell this to anyone. But go, show yourself to the priest and offer the sacrifices that Moses commanded for your cleansing, as a testimony to them.” (Mark 1.44; Matthew 8.4; Luke 5.14)

When a church-going Christian discovers that he or she is HIV positive, the news is devastating. The person knows that there is no cure. He or she fears stigmatization. Many Christians living with HIV will also go to the church to seek healing and comfort through prayers. It is sad to see that the church may mislead the person seeking help. Church leaders may be ignorant or have a poor interpretation of the scriptures and give the wrong impression to the person. There are many examples of churches giving false hope of healing to people living with HIV. The person is simply told to have faith and they will be healed. There is no room for medical care and testing.

In the scripture passage above, Jesus subjected a miraculous healing to testing. He respected the “medical” practice of his time. In the same vein, the competent church encourages testing for HIV. HIV testing is one of the most important ways to control and halt the HIV-pandemic. When a person knows his or her status, they then can take measures to avoid infection or infecting others. One of the major reasons for the rapid expansion of the pandemic is that those who do not know their status are unintentionally spreading the virus to others.

VOLUNTARY TESTING AND STIGMA

Voluntary Counselling and Testing (VCT) services must be confidential. Test results must be revealed only to the person being tested. Everything discussed between a counsellor and a client, both pre- and post-test, must be confidential. The decision to make use of voluntary counselling and testing services must

also be voluntary. All clients accessing these services should be offered both pre- and post-test counselling. Clients who test HIV positive must not be discriminated against. Clients should be given access to ongoing prevention, care and support services.

An HIV and AIDS competent church understands that there is a relation between stigma and the

²⁵ UNAIDS distinguishes four types of HIV testing. Voluntary counselling and testing means client-initiated HIV testing to learn HIV status provided through voluntary counselling and testing. Diagnostic HIV testing relates to a case when a person shows signs or symptoms that are consistent with HIV-related disease or AIDS and is consequently tested. This is to aid the health workers in treatment. The third type of testing is called offered HIV testing by health care providers. Health care providers should offer HIV testing to: those being tested or treated for a sexually transmitted disease; pregnant women – in order to offer antiretroviral prevention of parent-to-child transmission; and to those in an area where HIV is prevalent and antiretroviral treatment is available. Finally, mandatory HIV screening for HIV and other blood borne viruses is necessary for blood that is going to be used for transfusion or for manufacture of blood products. It is also required for all procedures involving transfer of bodily fluids or body parts.



12. NETWORKING

Dr. Tomi Järvinen

CUAHA STATEMENT ON NETWORKING

No one church can respond to AIDS alone. The response is a concerted effort. The church harmonizes its response with other stakeholders. Churches share their proficiency and learn from the experience of others.

SCRIPTURE READING

Now about the collection for the Lord's people: Do what I told the Galatian churches to do. On the first day of every week, each one of you should set aside a sum of money in keeping with your income, saving it up, so that when I come no collections will have to be made. Then, when I arrive, I will give letters of introduction to the men you approve and send them with your gift to Jerusalem. (1 Corinthians 16.1–3)

APOSTLE PAUL – THE APOSTLE OF NETWORKING

We live in an era of individualism. The church worldwide is scattered and is split over minor issues. Some churches and faith-based organizations find it difficult to cooperate, network, share information, and be accountable to others. Unwillingness to network, learn from one another, and collaborate in responding to HIV and AIDS results in overlapping responses, poor coordination, unprofessionalism, and many other harmful consequences.

Apostle Paul was a man of vision, calling, and apostolic mission. He was a great spiritual leader. Yet, he was accountable and sought the advice of fellow apostles. He networked with churches, and shared information about how other churches are doing. He informed them about what he himself was doing or was about to do. Paul was a networker. Jerusalem was the place where the church initiated. Yet, when it faced a crisis, Paul exhorted other churches that were younger and

even needy, to help others. The present church has a lot to learn from Paul's way of establishing networks and to be a servant of others rather than a master.

WHAT IS A NETWORK?

There are a number of definitions for a network. In this context, we define a network as a voluntary structure of individuals and/or organizations that are tied together by a common vision and desire to address HIV and AIDS in a competent and relevant way. The structure of a network is usually loosely defined. An organization, such as a church, can be a part of a number of networks relevant to its mission and vision. An HIV and AIDS relevant church should be a part of a network or networks that address HIV and AIDS issues. It is crucial that churches should not limit their networking to religious, theological, and spiritual aspects of the pandemic. While it is true that the HIV and AIDS pandemic has spiritual and religious implications, they cannot be over-em-



13. CARING

Rev. David Mungai

CUAHA STATEMENT ON CARING

The church takes an active role in caring. Care is provided unconditionally. Caring is not used for proselytizing but is faith in action. Caring ministry is multi-dimensional including nutrition, support, treatment, counselling, advocacy, and empowerment.

SCRIPTURE READING

One day as Jesus was teaching, the Pharisees and teachers of the law from Galilee, Judea and Jerusalem were sitting before him. The power of God was present for Him to heal the sick. Some caring men came with a paralytic person on a mat and tried to take him to the house to lay him before Jesus for healing. They were not able to reach where Jesus was because of the crowd. The men took the sick person to the roof and lowered him right in front of Jesus. When Jesus saw the men's faith, He told the sick person that his sins were forgiven. Jesus healed the man and commanded him to take up his mat and go home. Immediately the healed man stood up, took what he had been lying on and went home praising God. (Luke 5.17-25)

This Bible passage tells of men who provided care and support to a paralytic person who was helpless until he met Jesus. These men had the right attitude and love in caring for others. They had faith and knew that Jesus had the power to heal. The men committed themselves to support the sick person to reach Jesus. They joined efforts and supplemented each other to accomplish the task. Although the place where Jesus was could not be reached easily because of the crowds, they forced their way to the roof and lowered the paralysed man right in front of Jesus. The men achieved their goal. The sick person was healed and he went home praising God.

AN EXAMPLE OF CARING CHURCH

In Kenya, a Full Gospel Church branch is ministering to a community living in a poorly developed rural area. The area is one of the coldest highlands of Kenya along the Aberdare range at 9,000 feet above sea level. The area often experiences frost and has regular cold seasons. The months between June and September are the coldest and child mortality is increased during that time. The elderly struggle to survive and the people living with HIV are especially

prone to catching opportunistic infections during the cold season.

Every year before the cold season, the church, through its lay leaders visit homes that have children who are under two years old, senior citizens, and people living with HIV and AIDS to identify their physical and health needs. In this way, the church helps them to prepare for the cold season ahead. The church then mobilizes local resources and buys warm clothes, blankets, food and firewood to keep

the vulnerable warm throughout the season. In case of any sickness, the church supports the affected to meet the costs of treatment. For five years, the church has continued to provide such a care and support service to the needy, including a family of five persons living with HIV. Many untimely deaths have been avoided and the community has realized and felt the presence of the church.

CARING CHURCH – RELEVANT CHURCH

In Sub-Saharan Africa, where 67% of all people living with HIV globally are found, it is only the caring churches that can be relevant to the communities they serve. Government and private institutions alone cannot address the overwhelming need for services for people living with HIV. The church, as part of the community, must take an active role in caring.

A competent church provides services through a community-based approach which focuses on the causes and effects of HIV and AIDS. This approach is similar to home-based care services. It is care for people living with HIV that is extended from the hospital to the patient's home through family participation and community involvement. The theology of loving and caring is found throughout the Bible. Care should be extended to all regardless of health status, gender, religion, culture, ethnicity, or socio-economic status. The Bible instructs us that love is above all other virtues (Colossians 3.14). A competent church should be able to provide counselling and psycho-spiritual care to the people living with HIV and their family members. Care reduces stress and anxiety and promotes positive living. It also helps people to plan for the future by enabling them to make informed decisions.

The biggest challenge to African churches is still inadequate information on the causes and consequences of the pandemic. For many years, HIV and AIDS has been understood as God's punishment for immorality or associated with witchcraft. It took a long time

before a group of religious leaders accepted the truth of the matter and called for forums to discuss the pandemic. It was not until recently that a few church leaders were motivated to raise HIV and AIDS awareness and speak on behalf of people living with HIV.

The fact is that HIV transmission is preventable and HIV and AIDS can be managed. When a person living with HIV understands the importance of maintaining good health by eating nutritious food, the worry for depletion of the immunity level after being infected by HIV will lessen. The church should have the capabilities and knowledge to educate the communities on prevention and management of HIV and AIDS in a sustainable way.

Since most churches in the Sub-Saharan region cannot have all the required resources to adequately respond to HIV and AIDS, it is advisable that the church forms partnerships and networks to share resources and acquire information. The church is the 'body of Christ' that has many members. All the members have a gift. The various kinds of gifts, talents and abilities provided help to respond to the plight of people through innovative, cost-effective, and relevant ways. Networking and partnerships increase and strengthen an organization's operational capacity through the transfer of skills, experiences and resources. A church that partners with others increases its value and capabilities. For example, if one church is providing counselling and testing services, it can refer the clients to another organization that provides HIV and AIDS treatment or clinical care.

SUMMARY

Caring for the people living with HIV is a core ministry of the church. Regular home visits make people living with HIV feel accepted and included. Churches have finances that can be mobilized and used to access care and medication. Even in the rural areas, food is produced and can be share with people that

cannot labour themselves. The positive example of the church will encourage others to associate with people living with HIV. If the church does not have

the necessary expertise needed in care, it can help to access service providers that have it. ■

Check Your Competence

Agree or disagree with the following statements to check your understanding (See the article on Caring to check your answers).

- 1 The Bible suggests that the church should only care for church members.
- 2 The church should concentrate on the spiritual care of the people living with HIV.
- 3 Since antiretroviral therapy (ARV) is very expensive, the church can do nothing to help people access it.
- 4 Proper nutrition is an exaggerated way to manage HIV and AIDS.
- 5 Home-based care is an insignificant way to address HIV and AIDS.
- 6 A part of caring is to help the people living with HIV and AIDS to plan for the future.
- 7 There are very few networks that will benefit the churches in their caring ministry.
- 8 To be a part of caring ministry one needs to be a highly trained professional.
- 9 A way to care for the people living with HIV and AIDS is to visit them in their homes and associate with them in public.
- 10 The poor rural churches cannot be expected to do anything to care for the people living with HIV.

Notes:

TOWARDS AN HIV AND AIDS COMPETENT CHURCH

an ecumenical handbook
for defining hiv and aids
competency

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