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Theological Education in the HIV/AIDS Struggle

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In the twenty-three years of the struggle against HIV/AIDS, it has become increasingly evident that theological education is central for the effective involvement of faith-based organizations (henceforth FBOs). As one who is actively involved in building the capacity of churches and theological institutions in Africa in this area, I do not seek to offer final/absolute answers, but to share some ideas on:

- Reasons for theological education in the HIV/AIDS struggle
- Proponents of HIV/AIDS theological reflection
- Characteristics of a theology of the HIV/AIDS
- Modes of HIV/AIDS theological delivery
- EHAIA project and theological education
- Some challenges

I. Why Theological Education in the HIV/AIDS Struggle

The HIV/AIDS epidemic has highlighted the limitations of current human knowledge, institutions and structures, and called for a much intensified search for other and better ways of facing the epidemic. It was not only the scientific/medical knowledge that was challenged and shown to be limited. Rather, just about all human departments and institutions have been tested in the face of a new disease-- one that has turned out to be highly infectious, incurable and to a large extent terminal. The cultural, social, political and economic structures and institutions and their accompanying bodies of knowledge have been affected and shown to be limited and limiting. The individual, the family, communities, countries and continents have not been spared. People have been affected mentally, spiritually, physically, socially and economically. Worse, the HIV/AIDS epidemic has fomented stigma and discrimination and thrived on social injustice, thus exposing the most marginalized members of society to further vulnerability.

Similarly, the area of spirituality and faith has been challenged. The affected and the people living with HIV/AIDS (PLWHA) began to ask: Does God allow such suffering? Does God hear our cries for healing? Can God heal us? Where does this epidemic come from? Did God send this epidemic? Does God care for PLWHA and their families? FBOs were challenged to answer new theological questions, but they were not necessarily equipped to deal with them adequately. The early response, therefore, associated the epidemic with God's punishment of immorality. In some instances, the response was indifference, silence, condemnation and inadequacy to act or speak. FBO's institutional structures and some of their teachings fuelled the vulnerability of some groups, such as women, children and people of different sexual orientation. Further, many articulate faith leaders' response to HIV/AIDS is restricted to the limited and limiting framework of sexual morality, with emphasis on the individual's responsibility, overlooking the fact that this epidemic functions through social injustice. Unfortunately, this approach identifies PLWHA and the most vulnerable members of society with immorality and fuels stigma. Many faith leaders were and are also locked in the unfortunate, explosive, sensitive and, I should add, senseless debate on condom use.

Clearly, an effective contribution of FBOs to the struggle against HIV/AIDS still calls for new theological reflection and frameworks--ones which address the above questions and which

would move faith communities from silence, indifference, condemnation, and a narrow focus on sexual morality, to a theology and acts of compassion, grace, justice and life. For effective involvement of FBOs in the HIV/AIDS struggle, theological reflection and re-education is needed: Who and where is God in this epidemic? What is the appropriate Christology? How do we re-read the scriptures? How do we do mission? What is ethical and how should it be measured? How do we deal with social injustice? How do we care for the affected and address the causes of HIV AIDS? What does it mean to be human in the HIV/AIDS era?

II. Proponents of HIV/AIDS Theological Reflection

But who should be doing HIV/AIDS theological reflection and re-education? Is it theological educators, religious leaders, faith communities, PLWHA, families, or the most affected people? The answer is all of the above and more. Since HIV/AIDS is a global crisis, which has infected 40 million people, claimed 22 million lives and orphaned 15 million children, worldwide; since it functions through poverty, gender inequalities, racism, human rights violations, child abuse, civil wars, international trade injustice, stigma, sexual and ethnic discrimination - theological reflection and education should be at local, national and global levels. It should be carried out at family, church, community and theological institutional levels.

Methodologically, such theological education should work hand in glove with PLWHA as agents of the HIV/AIDS struggle. It should also work with the most vulnerable groups such as the poor, women, children, youth, blacks and homosexuals, to propound a theology of life, compassion, grace and justice. It should empower individuals, religious leaders and faith communities to face up to their current perspectives and to be willing to learn anew. A theology of HIV/AIDS struggle must be born from communities that are willing to learn anew, to think differently, to search consistently and to apply the most effective theological strategies for counteracting all the faces of the HIV/AIDS epidemic. It should be context- bound, socially and factually informed, not only by what <u>should</u> work, but on what actually <u>does</u> work. It should be a theology of liberation and one which empowers communities to work for the same.

III. Characteristics of HIV/AIDS Theology-

What should be the characteristics of HIV/AIDS theology? It should seek to enable faith communities effectively to counteract the spread of the infection; to provide quality care; to counteract stigma and discrimination; to advocate for accessible and affordable treatment as well as to reduce the impact of epidemic. Since the epidemic claims many lives, remains incurable, foments stigma and discrimination, and functions through social evils, its theology must seek to underline the sacredness of life, healing, compassion, prophecy and justice. It must be a gender- and class-sensitive theology. It must be a theology that engages and empowers PLWHA, affected communities, faith leaders and communities to act in solidarity and in the service of God's creation. Since religious leaders have often been silent, indifferent and incapable of discussing sexual issues, it must be a theology that breaks the silence, openly discusses sexuality and moves the community to right action. It must equally be a theology that underlines the human dignity of all and empowers all individuals to live out their full humanity in the society and their communities.

IV. Mode of Delivery

How should a theology of the struggle against HIV/AIDS be delivered? The space and mode of delivery should be diverse. It should be liturgical (in prayers, songs, sermons, rituals of worship), thus allowing communities openly and corporately to confess their failures, to re-imagine new relationships, to break the silence and the stigma as well as create spaces and communities of faith that are transformed, healing, welcoming and HIV/AIDS-active. It should be a theology that is delivered in the words of PLWHA testimonies, sermons, papers and prayers. It should be group-specific - propounded and delivered amongst PLWHA, women's groups, youth groups, men's groups and religious leaders' meetings. It should be delivered in posters, charts, art works, videos, films, drama, dance and story forms. It should equally be a theology that is discussed, propounded and delivered in the academic lecture halls of theological institutions---in well-researched papers, publications and theological conferences, to train students and ministers educationally equipped to serve in an HIV/AIDS- ravaged world. Its mode of delivery calls for a socially engaged theological scholar, who reads and does theology with her/his students or other scholars,

and also with the affected and infected communities. Clearly, the mode of delivery calls for creative imagination, wide interaction and dialogue of different groups and perspectives.

V. EHAIA & Capacity-Building in HIV/AIDS Theological Education

Towards this end, the Ecumenical HIV/AIDS Initiative in Africa has a programme for theological training. It focuses on training theological educators to mainstream HIV/AIDS in their programme; and training church leaders on a theology of compassion, gender issues and producing relevant literature (see the bibliography). So far, at least 468 theological educators have been trained from all over the continent of Africa; 110 church leaders from central and southern Africa have been trained in a theology of compassion and gender issues. Relevant literature has been produced to provide theological lecturers and church leaders with relevant theological frameworks.

VI. Some Challenges

Theological education in the HIV/AIDS struggle raises a number of challenges. First, it is important to acknowledge the importance of learning - learning about HIV/AIDS facts; learning to answer new questions in new ways, rather than simply reproducing old answers that are not necessarily effective in counteracting HIV/AIDS; learning to speak about human sexuality openly and positively. Second, at a structural level, religious governing bodies should ensure that they have relevant policies to inform right thinking and action; to see PLWHA as agents of the struggle and empower them to do this; to authorize the re-writing and use of new liturgy and the mainstreaming of HIV/AIDS in theological programmes. Production of group-specific and user-friendly materials for faith communities needs to be authorized by governing bodies. Third, faith leaders and communities need to be capable of undertaking social and prophetic analysis to deal with HIV/AIDS and to break the stigma. Fourth, theological educators are challenged to be contextual, as well as socially engaged, to work more closely with PLWHA and their faith communities than they have done in the past and to produce relevant literature for their students and faith communities. The fight against HIV/AIDS also calls for international networking and collaboration in the production of relevant theological education and training. Lastly, "in a world where 21 million people have died of HIV/AIDS in 21 years and 40 million are infected, we [theological educators] have to realize that *our highest call is to become prophets of life*" (Dube 2003a: 43).

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Scaling up psychosocial support in Botswana

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Background

This article intends to highlight the Regional Psychosocial Support Initiative (REPSSI) in Botswana, share lessons learned in addressing the psychosocial needs of children affected by HIV/AIDS, and explore how these can be used to scale up interventions with national partners working on orphans and vulnerable children (OVC)-related issues, especially faith-based organizations (FBOs).

The HIV/AIDS epidemic has affected many families, including both breadwinners and children, in Botswana. To date, the country has 40, 000 children without parents, many because of HIV/AIDS. Many more children live in households where parents, uncles, aunts and other care-givers are chronically sick due to AIDS. A national programme of care for orphans has the participation and involvement of

several stakeholders including children, community-based organizations (CBOs), non-governmental organizations (NGOs), the private sector, FBOs, UN and donor agencies.

Focussing on the psychosocial needs of HIV/AIDS-affected children, REPSSI recently joined this platform as more efforts are required to address the needs.

Government policy has the following objectives:

- Assessing and registering all orphans and vulnerable children through participation of NGOs and CBOs.
- Reviewing programmes and policies to cover the needs of children and families affected by HIV/AIDS.
- Supporting CBO initiatives financially and technically, and promoting community and family-based care programmes for orphans.
- Providing social welfare services to orphans and vulnerable children and care-givers to include feeding, clothing and uniform grants as well as transportation and funeral services, court intervention on issues related to child custody, abuse, and adoption and inheritance disputes.
- Allocating a national budget for educational, health and shelter needs of needy children (STPA 1999).

Psychosocial response

The protection and care of children affected by HIV/AIDS requires both material and emotional support. Most programmes, both government and NGO, emphasize tangible assistance such as food, clothing and medical care, and do little to address the fear, anxiety, grief and distress provoked by HIV/AIDS situations. It is therefore important to strengthen initiatives geared to promoting psychosocial support. It is also important to work with different players to ensure that this component is given as much visibility as other forms of intervention.

The Regional Psychosocial Initiative- REPSSI

This agency is committed to working at regional, national and local levels to support efforts to provide psychosocial intervention for all affected children. It recognizes that FBOs in Gaborone, and Botswana as a whole, are challenged to respond to the rights and needs of children affected by AIDS in a ***holistic*** manner. Such an approach entails

- **Physical needs:** things - like the right to food, shelter and clothing - that usually require money. The responsibility to fulfill these needs lies with the family, the community and, ultimately, the state.
- **Emotional needs:** involving the right to guidance, care and love, self-esteem, security, a sense of belonging, and self-expression.
- **Mental needs:** these include the rights to education and mentor-ship, which are fulfilled by parents, guardians and the state.
- **Social needs**: these have to do with a sense of belonging, making friends, community ties, acceptance, identity and acknowledgement from peers through interaction. Probably, the key to this is the right of children to play.
- **Spiritual needs:** these refer to the child's need for security and comfort through belief in a higher being. Such security creates hope for the future and, often, a "connected-ness" with the deceased.

REPSSI and current PSS efforts in Botswana

SAPPSI is a consortium project made up of four churches: the Nazarene, Salvation Army, Roman Catholic and the Anglican Church of Mogoditshane. The project began in 2001 and is funded by UNICEF and REPSSI. It was designed mainly to

- Raise awareness on how to fulfill the rights of children affected by AIDS and OVC, and how to meet their emotional, physical, spiritual, mental and social needs in Gaborone.
- Increase safety nets for the affected children.
- Enhance the technical and institutional capacity of the four FBOs in the provision of psychosocial support (PSS) to children affected by HIV/AIDS.

REPSSI mobilized the technical and financial resources essential to the overall progress of the project and its success to date. Core PSS interventions included kids clubs, life skill camps, volunteer training and public awareness campaigns. Children and families affected by HIV/AIDS had an opportunity to benefit from direct outreach activities provided through each intervention as described below.

Establishment and implementation of kids' clubs

Each church started kids' clubs run on weekly basis. They provide psychosocial support

through drama, music, games and story-telling around the themes of death and coping with HIV/AIDS, child abuse and rights. Between 1,200 to 2,600 children per annum attend each of the clubs. Youth facilitators are trained to oversee the overall implementation of the events.

- *Life skill camps*

These are designed to equip OVC with skills which their parents could provide were they alive or not too sick to do so. The camps are held during school holidays to attract both school and non-school-going OVC. So far, over 650 children have participated over two years. The activities cover team-building, group and individual counselling, talks on HIV/AIDS, personal hygiene, child abuse, explaining where to obtain assistance regarding grief and mourning, and bereavement counselling.

- *Training of volunteers*

The project so far has developed a pool of 90 trained youth volunteers who support the general implementation of the PSS programme through their respective churches. They make home visits, follow up child-headed households, and are involved in public awareness campaigns. Keeping contact with care-givers, guardians and parents to monitor the impact of kids' clubs on children's lives also forms part of their family support schedule. This interaction yields positive feedback where care-givers support kids' clubs and encourage children to attend. The volunteers do much to mobilize and educate the community to play a visible role in addressing OVC's psychosocial needs.

- *Public awareness campaigns*

A crucial feature in psychosocial support programmes, these campaigns help sensitize the community on how to meet the emotional, physical, spiritual, mental and social needs of children affected by HIV/AIDS. Three road shows, attended by over 3000 adults, children and youth, helped raise public awareness of what practical steps and activities churches can undertake to care and protect OVC. The shows are often very entertaining for both young and old. They use music, drama, poems, and games to communicate crucial child care and protection messages in a way that is culturally appropriate and child-friendly.

- *Strategic partnerships*

REPSSI partners include government, UNICEF, BOCAIP, the Mokolodi game reserve, and "Hole in the Wall". The government Social Services Department welcomes strategic initiatives that complement national child counselling programmes. UNICEF has provided a financial subsidy. BOCAIP - an FBO with the largest country-wide structures - facilitated the extension of the service to more affected communities. The Mokolodi game reserve offers its facilities at subsidized cost to host life skill camps. To crown this collective effort, Hall in the Wall is also committed to partial financial support of PSS camping events.

Challenges

FBOs play a crucial role in addressing the needs of families affected by HIV/AIDS, especially their children. Yet their involvement is limited. Some of the reasons are

- Inadequate technical and financial capacity to establish OVC-driven projects.
- Most churches are still spectators and make little contribution to child counselling activities.
- Existing initiatives are mostly in the cities and towns, yet it is in the villages that most children live and require urgent assistance
- Lack of church structures for a coordinated OVC response make it difficult just to estimate how well the FBOs and others are doing.

Scaling up PSS

The current REPSSI-supported PSS capacity of churches provides a solid foundation for expanding these and related activities. The ground is broken, the platform is prepared, and churches in Botswana are eager to be involved, provided proper guidance is collectively put in place. Some strategic options are :

- **Expansion of partnerships with FBOs**

The Botswana government recognizes FBOs as crucial partners in the fight against HIV/AIDS. Based on the SAPSSI experience, most churches could be coached to implement PSS interventions. Active participation of churches could be obtained through the Evangelical Fellowship of Botswana. Kids' clubs, life skill camps and youth volunteer training programmes could reach children across the country wherever church structures exist.

- **Networking and collaboration**

With psychosocial intervention accorded priority by government, there has been a shift of emphasis to OVC programming that is responsive to children's emotional needs. Building on existing structures, REPSSI could help promote exchange of knowledge and sharing of experience.

This will help other FBOs gain the confidence need to provide church-based PSS outreach. Collective collaboration between FBOs themselves, government, and other stakeholders will be enhanced and a care net at the family level broadened.

- **Resource base capacity**

Inadequate technical, financial and organizational capacity often prevents many FBOs from providing OVC programmes that match the magnitude of the psychological impact of HIV/AIDS on children. Links with government, UN agencies, and International donor groups is necessary. With this in mind, REPSSI could expand community-led, church-based psychosocial care initiatives without creating dependence on outside assistance.

- **Child and youth participation**

The Evangelical Fellowship of Botswana has children and youth forums that could carry out PSS-focused interventions. Church leaders are willing to receive technical guidance and support on how to provide church-based PSS intervention that is child-focused, HIV-sensitive and child-led.

- **Coordination and monitoring**

Expanding and replicating PSS, lessons should be learned in part from well-coordinated and -monitored child outreach activities.

Through country-based SAPSSI management, REPSSI staff comprises: the Project Manager, Project Accountant, FBO Coordinators, and an Administrative Secretary, all based in Gaborone, Botswana. Additionally there is a board of directors made up of members from all four participating churches. These are responsible for keeping the project on track according to agreed PSS goals. The Ministry of Local Government and the Social Service Department are also involved.

HIV/AIDS on General Assembly agenda of the All Africa Conference of Churches (AACC)

Report by Dr. Christoph Mann (EHAIA project manager)

The General Assembly of the AACC, its highest body, which meets only about every six years, was convened in Yaounde, Cameroon, from November 22 to 27, 2003. Despite very important issues on the Assembly agenda, such as a new AACC vision, mission, and constitution, nearly one whole day was devoted to HIV/AIDS. EHAIA was heavily involved in the programme as planned by the AACC. Regional coordinators invited resource persons from all parts of Africa, most of them HIV-positive, so that each day, someone openly and positively living with HIV made an authentic contribution to each of the fifteen Bible study groups. EHAIA ran an HIV/AIDS exhibition tent, where we had many good contacts with delegates, who each received a pack of new and old publications for their church. Sam Kobia, then still WCC general secretary-elect, launched four new EHAIA publications in a plenary session (*see below*). There was also a VCT testing facility open all day, where Assembly delegates who did not yet know their status could go for free counselling and testing.

On the morning of HIV/AIDS Day, the worship was moving not only due to the HIV-sensitive liturgy and messages of life and hope, but also due to the messengers, who included HIV-positive clergy, and a young man who spoke openly about his status for the first time. Keynote speakers and chairpersons of the afternoon group and plenary sessions were EHAIA Reference Group members, staff (Archbishop Nzimbi, Edouard Yao, Gideon Byamugisha, Musa Dube, Sue Parry, Jacinta Maingi), or people invited by EHAIA to contribute. FEMEC, the national council of churches in Cameroon, not only helped EHAIA tremendously with the logistics, but also hosted the culminating event of the day: a candlelight march through Yaounde and the proclamation of a Covenant Document on HIV/AIDS in the FEMEC meeting hall. With Musa Dube acting as master of ceremonies, sub-groups - such as HIV-positive clergy, HIV-positive people, youth, women, all French- or English-speaking persons - offered a solemn reading of the preamble and the ten covenants.

All agreed that the day went very well. Many called it the most impressive and best organized day of the meeting. Indeed, a good number of participants admitted to never before having seen, let alone talked to HIV-positive people who spoke openly about their status. Others came from churches in which stigmatization and exclusive church practices are the rule, and were happy to hear messages of life and hope. Few openly disagreed with the covenant or the efforts to become a welcoming church to all.

Where are all the big church projects?

A personal comment *from Christoph E. Mann*

Nobody in the church denies that HIV/AIDS is in the church, and that even if it were not, churches must respond to the suffering of the world. But very few quality projects that match the challenge are submitted to big donors by churches. **Why?**

Because nobody is giving money for this? Not at all – there are billions of USD available for HIV/AIDS prevention and care, and to deal with the consequences of the epidemic. Some of the real big sources are The Global Fund, the MAP facility of the World Bank, and USAID. Numerous medium-size donors are there as well, such as foundations, governments and NGOs – these are still big in comparison with traditional church donors. For example, the Global Fund just approved its third round of projects amounting to approximately 600 million USD. At least the same amount will be approved later this year. (Closing date for proposals is April 5; how many churches are preparing requests?)

Because these donors do not want to give money to churches? The opposite is true – they seek the cooperation of faith-based organizations because they know that in many areas, they have unique opportunities to reach the people in the suburbs and in the bush. In my opinion, it is not just coincidence that a Protestant theologian and medical doctor was recently made the Global Fund's director for External Relations.

Because churches feel they do not have the capacity to run huge projects? Maybe, but some of the medium-size and small donors even offer training to build up capacity for planning and managing. In a very decentralized way, churches handle quite a lot of people and money already, especially in the field of health care and charity. A few examples show that church organizations can indeed scale up to be meaningful and professional national players. For example, the Christian Health Association of Zambia has become a principal recipient of Global Fund money in the country, which means that it receives sizeable amounts for its own use and to pass on to other members of the national country coordinating mechanism. And not only that, CHAZ was visited and praised by international authorities during the last World AIDS Day for its superior quality work.

So why aren't there hundreds of country-wide denominational or ecumenical or inter-faith projects to combat HIV, for which churches are particularly suitable?

- **Because churches are afraid of HIV-positive people?**
- **Because churches are morally stigmatizing them?**
- **Because churches shy away from talking sex - this life-creating gift of God?**
- **Because churches can not face the truth for which the Gospel has set them free?**
- **Because it would mean too much loss of power for church leaders if a professional project director handled (and earned) more money than the bishop?**

Have I got it all wrong?

But then, where are all the big projects to help the ailing church hospitals, the orientation-seeking youth, the isolated and stigmatized women who care for the sick, the orphans and impoverished children resulting from HIV? I can see only a few; they give hope, but are only drops in the ocean of the epidemic.

EHAIA staff news:
Our Eastern Africa coordinator, Jacinta Maingi, has a new e-mail address: jmaingi.@wcckenya.org

Prof. Musa Dube has resigned from her full-time EHAIA position as of end 2003 and is now teaching at Scripps College in the USA. She may still work for EHAIA during the coming summer months. A vacancy notice for a Theology Consultant for EHAIA is posted on the WCC website: http://wcc-coe.org/wcc/news/jobs.html Deadline for applications is 29 February 2004.

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