



Church of the Province of Southern Africa HIV/AIDS Ministries



From Boksburg to Canterbury:
Steps to putting HIV/AIDS
on the Anglican map



With thanks

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BACKGROUND TO THE HIV/AIDS MINISTRIES STRATEGIC PLAN

understanding the impact of hiv/aids

HIV/AIDS in Southern Africa reached the level of a pandemic in 1994.

Here are some statistics to consider:

- ✿ In sub-Saharan Africa more than 30 million people are currently infected by HIV/AIDS;
- ✿ Every day in Africa 1500 more persons become HIV-positive;
- ✿ Every minute of the day another child dies from AIDS;
- ✿ The life expectancy of Africans is set to reach one of the lowest levels ever. By 2005, most Africans will die before they reach their 48th birthday. By comparison, the average life expectancy in South America is 67 years;
- ✿ In South Africa alone, half of the 15-year-olds today will not reach their 25th birthday because they will die from AIDS.

For a nation, a pandemic means facing the serious risk of the loss of two productive generations, and with them, the slow but inexorable erosion of the fabric that knits together stable societies and nations. The average life expectancy may drop precipitously, but might not seem real for a generation or more.

Teachers, nurses, miners, farmers, doctors, mothers and fathers begin to disappear from society. With this loss, community memories, social stability and productivity diminish and eventually disappear. For nations struggling with development – as many within

the Church of the Province of Southern Africa (CPSA) are – a pandemic means the potential and actual loss of the promised future.

For the church, a pandemic means confronting the relentless progression of a crippling social and spiritual force and from that place assisting people in making sense of what is often beyond human control. After 20 years of silence, the Anglican Communion has declared, "HIV/AIDS is not a punishment from God."

Nonetheless, we are still challenged to interpret the will of God when so many have died of a preventable sexually transmitted infection. Over the next decade it is estimated that as many as one and a half million of our 10 million baptised church members will die from the effects of AIDS. How many families will be destroyed? How many churches will withstand this massive assault of death? Our church has HIV/AIDS, but what are we to do?

In response to this crisis, in March 2001, Archbishop of Cape Town and Metropolitan, the Most Reverend Njongonkulu Ndungane, was given the mandate to develop a communion-wide understanding of the scope of the HIV/AIDS pandemic in Africa.

His first task was to bring together the leadership of the African churches through the Council of Anglican Provinces in Africa (CAPA) to determine the breadth and scope of this pandemic, as well as the potential responses to be made. The All Africa Anglican Conference on HIV/AIDS was held in Boksburg, South Africa, in August 2001.





ENROLLING TO A VISION

The All Africa Anglican Conference on HIV/AIDS

The All Africa Anglican Conference on HIV/AIDS was held in Boksburg, South Africa, in August 2001. The participants included representatives from 12 African Anglican provinces and more than 33 African nations, several archbishops from across Africa, a core of hosts, volunteers and staff from the Church of the Province of Southern Africa, leadership from the worldwide Anglican Communion, together with donors and observers from international non-governmental organisations and pharmaceutical companies.

The main objective of the conference was to engage the Anglican Communion in a process of strategic planning to guide its response to HIV/AIDS in sub-Saharan Africa. The conference also aimed to provide delegates with a model of planning that they could adapt and use at parish, diocese or provincial level.

What happened?

Over the course of four days, participants:

- ✳ Created a vision statement, "We, the Anglican Communion across Africa, pledge ourselves to the promise that future generations will be born and live in a world free from HIV/AIDS";
- ✳ Developed, enacted and documented a strategic planning process, *Planning our Response to HIV/AIDS – A Step by Step Guide to HIV/AIDS Planning for the Anglican Communion*;

- ✳ Agreed on six focal areas of concern that would guide the planning process, namely leadership, care, prevention, counselling, pastoral care, and death and dying;
- ✳ Identified three at-risk or vulnerable populations of particular concern, namely women, children orphaned by AIDS and people living with HIV/AIDS;



- ✳ Set a template for strategic planning that could be used throughout Africa and would be available for use across the worldwide Anglican Communion;

- ✳ Formulated policies that would guide the worldwide Anglican Communion's

response to the HIV/AIDS pandemic.



OUR VISION, OUR HOPE THE FIRST STEP

ALL AFRICA ANGLICAN AIDS PLANNING FRAMEWORK

1. Vision

We, the Anglican Communion across Africa, pledge ourselves to the promise that future generations will be born and live in a world free from AIDS.

2. God's call to transformation

We are living with AIDS. As the body of Christ, confronted by a disaster unprecedented in human history, we share the pain of all who suffer as a result of AIDS. Faced by this crisis, we hear God's call to be transformed.

We confess our sins of judgement, ignorance, silence, indifference and denial.

Repenting of our sin, we commit ourselves to:

- ✿ Breaking the silence in order to end all new infections;
- ✿ Educating ourselves at every level within the church;
- ✿ Confronting poverty, conflict and gender inequalities;
- ✿ Ending stigma and judgement; and
- ✿ Holding ourselves accountable before God and the world.

Only then can we live out the Good News of the all-embracing love of Christ.



3. Our mission

Our mission is to respect the dignity of all people by:

- ✿ Securing the human rights of those infected by HIV/AIDS, and giving unconditional support;
- ✿ Improving the health and prolonging the lives of infected people;
- ✿ Accompanying the dying, those who mourn and those who live on;
- ✿ Celebrating life;
 - ✿ Nurturing community; and
 - ✿ Advocating for justice.

We acknowledge that we cannot do this alone. We are sustained by the love of God and emboldened by the Holy Spirit. We are inspired by the compassionate efforts of the faithful in attending to those affected by HIV/AIDS. We accept the responsibility of our leadership. We invite the wider community into

creative, life-giving partnership.

4. Our commission in the context of AIDS

We believe we are created, in the image of God, as physical and spiritual beings. We are created to be in relationship to God, the community and ourselves. We believe that we are given the freedom to make choices, to love, to celebrate, to live in dignity and to delight in God's creation.

We believe that suffering and death are neither punishment from God nor the end



of life and that we are called to an eternal union with God.

Stigma is a denial that we are created in the image of God. It destroys self-esteem, decimates families, disrupts communities and annihilates hope for future generations. We commit in all our efforts — personal and corporate, programmatic and liturgical — to confront it as sin and work for its end.

Given who we are, and who we are called to be by God, we have defined and embraced a six-fold commission of ministry in response to AIDS.

These six calls in our commission are:

4.1 Prevention

The church's commitment to prevention recognises that all life is sacred. Because we love our children, we speak and act to protect them from infection. Sex is a gift from God. We are accountable to God and one another for our sexual behaviour. Christian communities have a special responsibility and capacity for encouraging and supporting loving, just, honest relationships.

4.2 Pastoral care

Pastoral care supports spiritual growth with the aim of sustaining whole and holy relationships with God, each other and our community. This is achieved by affirming the dignity and worth of each human being and making clear the claim of God in our lives.

4.3 Counselling

Christian counselling equips people to live

into God's invitation to wholeness, freed of the burdens of the past, and capable of moving in freedom towards the perfection promised in Christ's example with confidence and determination.

4.4 Care

In caring for all who suffer, we fulfil God's purpose by restoring dignity and purpose to people's lives. Christian care, therefore, seeks the fullness of life, in the context of the community, by the restoration of body, mind and spirit.

4.5 Death and dying

Death is a rite of passage in our spiritual journey and into eternal life.

The call of all Christians is to uphold the dying by our love, as well as those who live on and those who mourn. While death brings suffering and loss, our faith can make it a time of enhanced relationship and growth for individuals and communities. We are a resurrection people and our relationship with God does not end with the death of physical bodies.

4.6 Leadership

All authority is accountable before God. All people of the church are stewards of God's creation. We have a unique responsibility to speak truth to power, to act without fear, and to embody Christian values of love, compassion and justice.



5. Our Response

5.1 Prevention

Out of love for our children, one another and our communities, we commit to speak openly and with moral authority about responsible sexual behaviour, and to support one another, embracing and adopting behaviours that avoid the transmission of HIV.

5.2 Pastoral care

As the embodiment of the merciful Christ in a suffering world, we commit to equip our clergy and laity to support all people, especially those living with HIV/AIDS, in life-sustaining relationships with their God and their community.

5.3 Counselling

We commit to promote voluntary counselling and testing for HIV/AIDS by our own examples and as a ministry of the church. We call for the establishment of support groups and other counselling services for those who are orphaned, ill, afraid, dying or bereaved.

5.4 Care

We commit to being central to networks of community support, to meet the health care and basic needs of those who are orphaned, ill or excluded due to HIV/AIDS, freeing them to productive life as long as their health permits.

5.5 Death and dying

As death transforms the body, AIDS calls us to transform those traditions and practices, by which we care for the dying and honour our dead, that consume scarce resources and contribute to denial.

We commit to:

- ✳ Training the church to provide holistic care for the dying and prepare families for living on;
- ✳ Offering rituals that honour the dead and promote the well-being of those who survive;
- ✳ Training the clergy to counsel and protect the rights of those who survive, especially women and children.



5.6 Leadership

Silence permits inaction and is the breeding ground of stigma. We call for bold, compassionate community and institutional leadership at every level, to prevent infection and care for the ill and dying. We invite similar leadership by government, and all sections of society and international partners.

Because leadership must address power, culture and morality, we call on our government leaders to be accountable for health expenditures and to declare an HIV/AIDS state of emergency, in order to combat AIDS and mobilise resources. We further declare that all people have the right to health, which includes access to basic health care.



KEY LEARNINGS FROM THE ALL AFRICA ANGLICAN CONFERENCE ON HIV/AIDS

✿ Recruit the right audience

Think carefully about whom to invite. This is especially important if the conference or gathering is to serve as a kick-off point for an initiative. You need to be absolutely sure to invite – and get – the right people to carry the initiative forward. Although inviting church hierarchy is useful when it comes to drawing up policy and securing leadership participation, it may not give you the necessary insight into what is happening within the community. So, having a spread across all levels of leadership is critical.

✿ Form appropriate partnerships for future collaboration

Analyse whom your stakeholders or natural partners are and collaborate with them wherever possible. In addition to funders, the Department of Health was invited to the conference. In some instances, representatives from the Department of Health also participated in local planning events. This helped make the links between the work of the church and those of the health services offered in the community.

✿ Include People Living with HIV/AIDS (PLHAs)

The participation of PLHAs is very important. This is especially helpful if they already have a relationship with the church and the necessary insight into the pandemic. The facilitation team also included people living openly with HIV/AIDS, which was essential.



✿ Get leadership buy-in

For an initiative to work, you need the commitment of leadership at every level.

It's worth getting a skilled or experienced facilitator to help leaders "unpack" their experiences and find out what they are saying about HIV/AIDS. The facilitator needs to be skilled in work-

ing with people who are perceived to be powerful and who may have fixed ideas about HIV/AIDS. Before going out into the field, you need to ensure that the leaders' vision is informed and consistent.

✿ Identify your core values

It's important to ask, "What values do we as a faith intrinsically support?" And, once you've answered that question, you need to move on to ask, "What are the connections between HIV/AIDS and that core value?"

If, for example, your core ideology is to make everybody feel welcome in your parish, then you need to understand how



to make your parish a welcoming place for PLHAs. Or, if upholding human rights is important to your church, you need to unpack that further and find the links between that value and HIV/AIDS. Once you've understood what your core values are, these will become your action points. And, once you've understood what you need to action, it will enable you identify your natural partners to help you get started.

✿ **Keep your planning focused on issues**

Make sure the issues you raise are relevant and be aware of the context you're working in. The six core subject areas of leadership, care, prevention, counselling, pastoral care, and death and dying were very relevant to the Anglican Communion. Due to cultural, economic and social situations, however, there may be a great difference in the way these issues can be addressed in different settings.

✿ **Design the structure of the conference carefully**

Having two separate tracks – comprising funders and partners on the one hand and people from the Anglican Communion on the other – worked very well and meant both tracks could go through the planning process without influencing the other's agenda.

✿ **Make information and the planning process accessible**

One of the challenges was to get participants to identify with the six core areas.

This was successfully done through the use of story. Story telling is a creative way of putting across key issues and sentiments. Keeping the planning process as simple as possible is crucial to ensuring that people can participate fully.

✿ **Find a good model you can follow for effective implementation**

If other departments or sectors have successfully rolled out projects (for example, tackling socio-political issues such as hunger or gender-based violence), see if you could learn from that, or collaborate and join an HIV/AIDS project onto a similar process.

✿ **Ensure rigorous follow-up**

For planning to make an impact and be implemented, you need to detail who will do what and by when so there is a clear sense of urgency and collective commitment. You need to structure regular report-backs. This is both supportive and directive, and emphasises the need for accountability (both to leadership and to the community) and the kinds of partnerships that make things happen. People need to make good their recommendations and know they go into their parishes with a stamp of approval.





BUILDING UPWARDS FROM THE GROUND

Diocesan strategic planning workshops

To carry forward the energy generated at the All Africa Anglican Conference on HIV/AIDS, the Anglican AIDS Desk, in conjunction with the POLICY Project (a South African-based capacity building project funded by USAID), undertook a series of planning workshops across Southern Africa.

The main aim of these diocesan-level workshops was to enable laity and clergy in each diocese to develop a strategic plan to inform their response to HIV/AIDS while covering the six focus areas of leadership, care, prevention, counselling, pastoral care, and death and dying. In this way, the vision statement formed at the All Africa Anglican Conference provided the guiding framework for the diocesan strategic planning process.

The guide in the training workshops was the planning manual, *Planning our Response to HIV/AIDS – A Step by Step Guide to HIV/AIDS Planning for the Anglican Communion*, which was developed following the conference.

Guided by the manual, the planning process includes five steps:

Step 1: Situational analysis

This step lays the foundation for the planning process and considers what is known and what has been witnessed about the HIV/AIDS pandemic within the church and broader community.

At regular intervals, participants were asked what they had seen/heard/felt about HIV/AIDS. This made the planning environment very personal, as participants were encouraged to refer back to their experiences and communities.

One of the valuable ways to give a face to the pandemic is to ask participants to think of four children they know (see Story 2: *Think of four children* on page 19). They are then asked to write down their names,

or to keep these names foremost in their minds. They are told that one of these children has just died from AIDS. They are asked to record how this feels. They are then told that another is infected and is HIV-positive. Again they are asked, "How does this feel?"

Finally they are told that be-

fore the planning session is over, another child will become HIV-positive. They are asked to record their feelings and share these briefly with the group.

The use of story also helped set the scene and ensured participants tackled the issues of HIV/AIDS in a less abstract way.

The focus in this step is on sharing and documenting models of current (and best) practice within the church. This helps create a clearer understanding of the local HIV/AIDS context.

Step 2: Identifying issues, solutions and options

During this step participants explore how





HIV/AIDS issues are interrelated and what the impacts are on the community. They also use a process of problem identification and solution seeking to realistically consider the range of possible strategies to address these issues.

Through the use of story, which is a metaphor for problem analysis, the group is led through an exercise of problem identification and problem solving. In this exercise the group is encouraged to explore why certain issues exist around HIV/AIDS. This helps them look beyond the immediate issues and symptoms of the problem, and go rather to the heart of the problem so they can focus on addressing the broader, underlying issues that shape the community's experiences.

Step 3: Making strategic choices

This stage involves applying strategic thinking to the decisions about which course of action should be taken by the church.

Here the advantages and disadvantages of the strategies identified in Step 2 are weighed against each other. Decisions are then made about which resolution is the most appropriate for future church HIV/AIDS activities.

During this step, we emphasised the vision statement that was issued at the All Africa Anglican Conference. In that statement, leadership, care, prevention, counselling, pastoral care, and death and dying were identified as the building blocks of the Anglican response, and it was important to plan strategically around these six areas. By focusing on these six areas, it also

meant that far-flung parishes were united in a common vision for tackling HIV/AIDS.

Step 4: Developing objectives and activities

Objectives and activities are developed to guide the church's future HIV/AIDS programmes or interventions.

Attention is given to outlining roles and responsibilities, resources and partners, for implementing each aspect of the future HIV/AIDS strategic plan.

Step 5: Monitoring and evaluation

During this step, participants consider how they might measure the impact of proposed HIV/AIDS interventions, monitor their progress and determine which aspects of the programme were successful or not.

Speaking the language of the church

The planning process was guided by the language of the church and included the use of story, worship, scripture and liturgy. It was important that the vision statement remained the pivotal point around which planning took place, and that the six pillars of leadership, care, prevention, counselling, pastoral care, and death and dying were key focus areas.



The power of story

Because a story is a story, and you may tell it as your imagination and your being and your environment dictate; and if your story grows wings and becomes the property of others, you may not hold it back. One day it will return to you, enriched by new details and with a new voice. The particular characteristic of old tales is illustrated in the traditional conclusion of the Ashanti narrator:

"This is my story which I have related, if it be sweet or if it be not sweet, take some elsewhere and let some come back to me."

Nelson Mandela from the foreword of *Madiba Magic – Nelson Mandela's Favourite Stories for Children*

✿ Stories were a key part of the planning process and we used them to contextualise HIV/AIDS and to give it a face and a reality. People really responded to the stories we told, and it also facilitated them sharing their own experiences and even disclosing their HIV status. One of stories we used very successfully was called *It rained that day*.

Participants were asked to take on a particular character and read the part out aloud. They were also encouraged to personalise the language to make it more real for them.

✿ Religion often plays itself out in the form of story and a lot of the stories could link to a theological moment. Take Luke

4:16-30, for instance. This is the story of Jesus claiming his authority in the synagogue quoting the words of the Isaiah scroll (chapter 61:1-3). The use of this particular passage is critical in that it is acknowledged that the people have so far developed their skills of discernment and vision. However, the community may not appreciate what they have done.

There are few rewards for being an HIV/AIDS visionary or problem-solver, especially in the church when discussing issues of sex and sexuality. Or where stigma and discrimination may be addressed and inappropriately condemned as unchristian. Look at the story of Jesus' claim to the fulfilment of the scripture. He was condemned and nearly killed for it. Reflect with the community, why would this happen? Then read the story again. Now note, Jesus makes this claim for himself, but what about us?

Now turn to Isaiah 61:1-3, the original text from which Jesus quoted. It might be good to have copies of this on the table so that the group could read it out together. There is much more involved and it appears

that Isaiah is addressing the whole community. Thus, the fulfilment of the scripture may be the responsibility of those who accept the Spirit of the Lord in their lives. After some reflection, comments or stories of what this could mean, the leader invites the community to pray in their own tongues and languages, for the coming of the Spirit of power into their lives. This





prayer could be long, but we found it critical to the process to let the Spirit of God move through the room.

We accept our vision and our analysis of what is not working in the communities, thus it is critical for the moment to define itself. The leader prays the Holy Spirit into the community. This means being specific that God is talking to us and through us as witnesses. We are responsible for the implementation of this vision. The careful analysis is ours, and the critical insights are ours. More importantly, the Spirit of the Lord is upon us in this moment of planning and forwards. We have accepted responsibility because we are here and are doing the work. Others may be invited to pray, but be clear that prayer of invocation is present.

✿ Story telling is a really non-academic way of people being able to identify issues. If we asked them, "What are the critical issues your community is facing around HIV/AIDS?" it was a difficult question for them to answer. But if we said, "Let me tell you a story about somebody living in your village. This is her situation, what problems do you think she is facing?" it was easier for them to connect in a very real way and come up with possible interventions.

✿ It's important to make stories generic enough to enable people to see their own story within the bigger one. If you can get people to say, "That's me!" or, "That's my mother," then it allows them to own the impact HIV/AIDS is having on their communities.

Be aware of your environment

Story telling is a powerful tool to create greater understanding, or to get to the underlying problem of a community. But you must be acutely aware of the environment you're in and you may need to adapt the story so that it is appropriate to the local community. Here are some of the examples we uncovered during our months of travelling to different dioceses:

- ✿ The sheep story isn't appropriate in Swaziland, for instance, because only the royal family is allowed to keep sheep. But goats are a perfectly acceptable substitution that the Swazis could relate to.
- ✿ The image of a raging river washing away people's livelihoods wasn't sensitive in Mozambique given the recent floods they've experienced.
- ✿ In another community, after we had asked people to visualise trees as a metaphor, we realised that nobody was responding with much enthusiasm – and then we looked outside. We were working in an area that had absolutely no trees for miles around.

The idea, then, is to stay faithful to the metaphor, but not to the details of the story.



three stories for you to use

story 1

It rained that day

Narrator:

It rained that day, a huge downpour of soaking rain. It symbolised how all of us felt – sad at Bra Madiso's passing. Ma Madiso was saddest of all. None of us would hear his loud voice calling out as we walked past the shop, "Hey, hey any fresh bread today?"

None of us would hear his bass voice singing out the hymns he loved in church. As we stood at the graveside all of us thought of the church bell, the small bell with an old rope that hung down behind the preacher's table. Bra Madiso rang that bell every Sunday. He rang it with strength and conviction, every Sunday, to call us all to church. It was his way of telling the world what he believed.

We all stood quietly, Bra Madiso's bell ringing in our heads, when suddenly young Kihato broke the silence.

Kihato – community health worker:

"You all say it was TB! You all know it wasn't. You all know it was the three-lettered word HIV. How long must we bury people here and say TB, TB, TB, when we all know it was the three words that sound like a bell in our heads – HIV! When are we going to start telling the truth? This thing is here! It is here in our place! If we don't talk, how many more will die? How many more will we bury?"

Narrator:

I was standing right behind her and I heard Ma Madiso draw in a deep and frightened breath. For a moment all of us were frozen by the words of Kihato. Then Father Tom turned on his stern look and began the final hymn. As we walked away we sang and someone else, not Bra Madiso, began to ring the bell.

Man who has HIV/AIDS and is sick and dying:

As Kihato called those words, HIV, I knew they could all see. It was written on me. I take it wherever I go; they see me.

"Here's the thin one with the thin disease," they say, and then they move away from me. They think they can get this thing from me. My sister won't let me use the plates or cups. The cups and plates for me to use are kept on one side. When I go to the clinic I see them watching me and thinking, he is HIV. And when you get there, they give you nothing! I know there are pills that can help, but what do we get – nothing! A painkiller, perhaps.

Now I've come back from the city where I was doing so well: I finished my studies, started a good job, and now this... The city is no place to die: I've come back to my roots, my family. I know that my family will care for me.

I feel small Lindi's hand in mine. What about her? Should I tell her I am dying? How do I tell her? She is so small, what should I say? How do I tell Joel? He is nearly grown and has his own troubles. What do I say to him? He needs to hear from me what I am suffering from. He



hears the talk. It is better if he hears it from me before it takes me away. Eish!

And this dying. Bra Madiso there in his coffin under the ground. What is this death like? Will anyone be with me when I die? Will any of them come to my funeral if they know I died from HIV? I think Kihato is wrong; it is better if they don't all know. It is better if they are just guessing.

Pastor:

This HIV! It follows me everywhere. And we bury them. Yo! We bury them! Sometimes two on Saturday, every Saturday. And it is not the older ones any more. It's babies and young people, mothers and fathers. It's too much!

What do I say at all those funerals? How can I talk about HIV at a funeral? Is there no respect for the dead any more? This HIV. They even want me to talk about it in church – from the pulpit. I must talk about HIV and sex! Pah! I don't know how to do that; I haven't been trained for that kind of work. I don't know enough about it. I am a pastor. I know where I belong: I stood with Bra Madiso; I brought him communion; I performed the Last Rites; I prayed with him and his family; I stood at his grave. That's all part of my ministry.

Yet in all this darkness, there is light. God is everywhere. He is in everything, even right here in our community where there is so much pain and sorrow. This community is rebuilding. We have started soup

kitchens and the distribution of clothes. But we need community planning and services. So much more is needed to rebuild this community. This HIV is a nightmare!

Pregnant woman:

It's HIV, Kihato says, that killed Bra Madiso. HIV! Is that what they will say to me? Every time I feel this child move in me I think, HIV. Is that what they will tell me, "HIV-positive, you and your baby, HIV."

Sis Gloria says it is best to be tested; then they can help the baby. But what if they say HIV? I have heard it is not good to breastfeed, but what will the mothers say if they see me feeding with a bottle. They will know. I know there is medicine that can save the baby, but people

here don't get it. What if they say to me HIV?

What will Rachidi say? Will anyone love me if I am HIV? Will he want to hold me any more, make love to me? Will he blame me? Will he beat me? What will happen to me? Will I die alone? What will we do for food? Tendo eats so much now he is growing, where will I find money to feed three children without a man and his wages? And now there's a new baby on the way.

Will the baby be sick? Will it die soon? It is better not to know. Kihato is wrong. It is better not to talk. If you don't hear the word HIV, you can hope.





Grandmother:

She is right; this HIV is here. And I know who we will be burying next – my grandchild. The one who was going to save us all from poverty. Even now I must hurry, as she might need me, I cannot leave her for too long. How are we going to bury her? Not in a coffin with shining handles like Bra Madiso. Who will pay for the coffin and the burial, and for the tombstone for this girl who promised so much?

Whew! This Kihato, she is right: no-one talks. We are too afraid of this thing that is here with us. She's right – we are all silent now, even me. Me, the one who leads the women, the one who tells the men to let us speak. The one who calls them all to dig the wells and plant the trees. We need to speak. Enough of this weakness now. Kihato needs help; we need to speak and help the people face this HIV.

Child (14) whose parents have died from HIV/AIDS:

I see them all. They are here at the funeral with their parents and we are alone. Not even Bra Madiso to make a joke about the mistress as we hurried past his shop on the way to school. We are alone. They are all here with their parents and we are alone. I want to turn away and go from church. My heart is sore remembering. Remembering when we came to church with parents too.

How is it for our parents lying too in a box like Bra Madiso?

Every day now is a struggle. When the teacher is busy talking, I am worrying about home; food; where I will get the things for school for me and the others. Sometimes the teachers chase me back home because I do not have exercise books and then I get the books, and they want covers. Every day is a struggle to go

through. I wake up, go to school, get chased away and I am never sure of whether we will eat before we sleep. It is hard for me to keep the little ones from fighting when we do get some little food at home. It is hard to be the parent.

And these people here, they pray for you when you are in church, but when we go out from church they will not give us plates to eat

with them. They say they will get this thing from us because our parents died from it. No, Kihato. It is better if people don't know that you died from this thing.

Kihato – community health worker:

Eish! What have I done? I've said it now. What have I done shouting out around the grave? Eish! But I'm right – we need to talk! We need to talk about abstinence, about faithfulness and about condoms. Yes, even condoms in church! I've tried to be polite. We need to talk now! Mothers need to talk to their children and men to





their wives, on the taxis and trains, at school and in church. We have to stop this thing from spreading. Each small word, each small action will help. I love these people and know that if they would talk and listen to each other, together, we can, we can!

Pause.

The narrator begins again.

Narrator:

It rained that day, a huge downpour of soaking rain. It symbolised how all of us felt.

The congregation begins to sing a hymn while he reads the story – his voice slowly fades away.

Written by Glynis Clacherty and based on the stories of the Khululeka group at Ekupholeni Healing Centre in Kathorus, Johannesburg.



story 2

Think of four children

Here is a powerful narrative that Mrs Graça Machel uses when addressing audiences on HIV/AIDS. This is what she has to say:

"I want you to make a shift so that every time you hear a figure or a number, you should imagine a face behind that number. When you hear of the millions infected and affected by HIV/AIDS, when we talk of the disastrous, and growing, situation of child-headed households, I want you to picture the face of a child.

"More than that: if you yourself have a child – or perhaps a grandchild – between the ages of 15 and 25 I want you to think about him or her now. Or think about the children in your church, or in your neighbourhood. How old is that child you see walking to school or attending a youth group? Does he or she fall into this extremely vulnerable age group of 15 to 25?

"If we take this a little further and bring it into this room then, through the course of an hour-long discussion, 12 of us will lose the battle against HIV/AIDS. I do not want to use scare tactics to emphasise the point. But we must make the numbers – the millions and millions we hear so much about – mean something in our own lives. If we think of every statistic as a representation of the life of a person we know and care about, then we will begin to see what kind of commitment and action is required."



story 3

The hole in the fence

The story about the sheep is really simple but it is a metaphor everybody understands. It goes like this:

A community relies on its sheep, but they have an ongoing problem. Every week sheep fall into the river. In response to the problem, the community has established a sheep rescue league and the church has also become involved in trying to save the sheep. The government has also responded by putting up nets to stop the sheep from being washed down the river.



The metaphor is direct – there are many community and government initiatives that have been established to tackle HIV/AIDS, but many of these address the symptoms, rather than the root cause of the problem.

During the story telling, we then encourage the community to take a figurative walk up the river. What they are likely to find is that far upstream, on the opposite side — which makes it difficult for them to see — the river has eroded away the bank and one of the fence stakes has come loose. This creates a small hole that enables the sheep to fall through and into the river.

It's important not to catastrophise the

cause of the problem, nor to lay blame with any person or sector of the community. Rather, erosion has happened and, through nobody's fault, there is a hole in fence. This is all it takes, however, for the

sheep to slip through, fall into the river and drown.

The next step then, is to ask communities to identify where the holes in their "fence" may lie. This story illustrates the difference between an issue and a problem and is only important in that it helps make issues — and the possibility of finding a solution — real for people. This story also helped us get

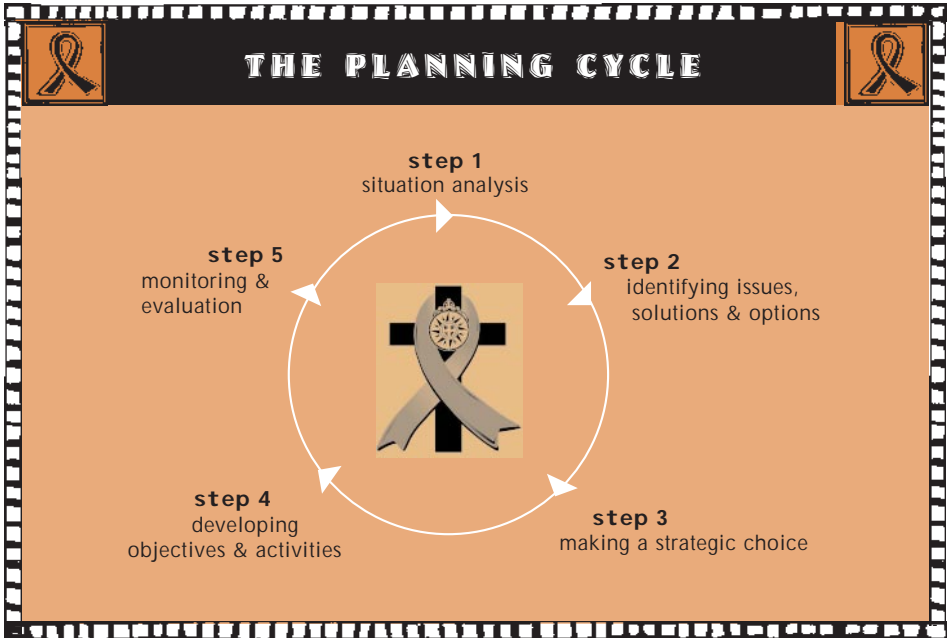
people to question assumptions in their communities. We could ask, "But why is it that x or y problem exists? Where is the hole in your fence?"

Then we could challenge a group and say, "Don't tell me the problem is HIV/AIDS, but rather explain to me how your community got there in the first place."



KEEN TO GET STARTED?

Here's a breakdown of how to run a planning workshop



The purpose of the planning session is to take participants through an experiential and interactive process of skills development. The focus is on HIV/AIDS strategic planning as a tool to strengthen the church's response to HIV/AIDS.

The emphasis is on the process of planning rather than on specific content areas relating to HIV/AIDS. In this way, the planning framework can be applied to a range of

situations and topic areas such as planning to tackle stigma, to develop leadership or to better care for and support those living with HIV/AIDS.



The planning workshop we developed is supported by the manual, *Planning our Response to HIV/AIDS – A Step by Step Guide to*

HIV/AIDS Planning for the Anglican Communion, and takes a day and a half to work through.



Programme breakdown and guiding notes

DAY 1

Session 1: Session 2:

WHERE ARE WE NOW? 09H00-10H30

Completing a situational analysis

Setting the scene of the pandemic using the story Think of four children

Understanding our context by asking what we see/hear/feel about HIV/AIDS

Guiding Notes

- Start with ice-breaker and divide participants into six random groups
Complete the individual see/hear/feel worksheet in the planning manual
Share experiences in small groups and write these up on flipchart
Plenary feed back

Linking our programmes to our reality by making use of the story It rained that day

Guiding Notes

- Ask seven participants to read the different characters in the story
Ask each small group to focus on one character in the story and address the question, What issues raised in the story relate to your community?
Discuss comments in small groups and look for common themes. Use flipchart
Plenary feed back
Give handouts: Our Vision, Primates' Statement, planning cycle

TEA 10H30-11H00

WHERE ARE WE HEADING? 11H00-13H00

Identifying issues, solutions and options

Unpacking current responses - what's missing?

Guiding Notes

- Small groups write on post-its, What's missing in our current response to HIV/AIDS?

Our Vision - the building blocks of our response

Guiding Notes

- Present the six building blocks and Our Vision (the six areas should be used to plan around with the common vision to guide each area)
Groups put their post-its under the six areas

LUNCH 13H00-14H00

- During lunch, ask participants to think about what's missing from the six building block sheets (ie what gaps still need to be considered) and think about which area they would like to work with



Session 3:

WHICH ROUTE DO WE TAKE AND WHY?
14H00-17H00

Making strategic choices



Why plan?

Guiding Notes

- Brainstorm in plenary, “Why plan?”
- Unpacking problems and asking why

Guiding Notes

- Tell story of sheep falling through the hole in the fence
- Overhead of how we state a problem
- Six areas are divided amongst the groups to be discussed
- Small groups asked to come up with two or three problem statements (holes in the fence) for the area they are focusing on



Casting a vision and telling what “ought to be”

Guiding Notes

- Small groups each set a vision statement for their focus area
- Visions are presented to the group

DAY 2

Session 4:

DEVELOPING OBJECTIVES 09H00-10H30

Guiding Notes

- Explain what an objective is using the manual
- Each small group works on developing two or three objectives for their area
- Feed back objectives to plenary



Developing our action plans

Guiding Notes

- Small groups develop activities for each objective



Defining responsibilities and time lines



Obtaining resources and building partnerships

Guiding Notes

- Complete time lines, resources, responsibilities and partnerships (see manual for action plan worksheets)
- Small groups present their action plans to plenary round-robin feed back

TEA 10H30-11H00

Session 5:

WHAT ARE THE NEXT STEPS? 11H00-12H00

- Discussion on resources to support diocesan planning
- Decide on the way forward for diocese
- Endorsement of plan by diocese committee
- Commitments and closing



Key learnings from the diocesan strategic planning workshops

✿ Understand the context and community you're working with

The strategic planning process was informed by the realities facing the communities in which the planning took place. So, each diocese brought different issues to the table, to plan around. In that way, the community decides what the priority issues are and how they can best respond.

✿ Identify supportive leadership and work closely with them

For any transformation process to work successfully you need to find leadership that can support and guide the project. Without this, you're facing an uphill battle.

✿ Develop accessible tools

We developed the manual, *Planning our Response to HIV/AIDS – A Step by Step Guide to HIV/AIDS Planning for the Anglican Communion*, and piloted it with the target audience to ensure it met their needs. The end product was easy and self-explanatory enough for everybody to pick up and use. Also, the manual could be easily adapted to meet the specific needs of each diocese.

✿ Have a vision

What drove the diocesan planning process was the vision that was carved out collectively at the All Africa Anglican Conference on HIV/AIDS. In faith-based organisations this is particularly critical because the patriarchs of the church are seen as visionaries, and vision plays a very important role in the church. Vision may not be as powerful in a private sector or government environment, but in a faith-based organisation it is very important and it moves people to make shifts in their thinking that may otherwise not have happened.



✿ Don't underestimate the importance of collective statements to support the process

Proclamations such as those from the All Africa Anglican Conference and the Primates' Statement from Canterbury are leadership's commitment through the written word and are very important in informing subsequent actions.

✿ Make use of good facilitators

Skillful facilitation can make or break an undertaking like this. You need people who are experienced enough to manage the different power relations within the church and who have a deep understanding of HIV/AIDS. Facilitators cannot be prescriptive in their facilitation of the plan-



ning process, as the content of the plan must honour and be driven by the needs of the local community.

✿ Start the planning process with the "I"

If you want practical solutions to problems and don't want to run an academic exercise, start with the community's experience around HIV/AIDS. As a participant at an HIV/AIDS workshop it's important to ask, "What do I feel about HIV/AIDS? What have I seen about the disease, and what have I heard?" These questions form the beginning of the situational analysis that provides insight into what the individual and collective meaning around HIV/AIDS is, and this understanding impacts on planning. From this, identifying the priority areas for a particular community's response to HIV/AIDS flowed naturally.

✿ Incorporate the Spirit into your work

Each day began and ended with prayer and song and this was very powerful in uniting people and validating the work they were doing.

✿ Strategic planning should be process rather than product driven

In this way, the plan is shaped by and through the experiences of the local community and the community voice will be

heard. Through the interactive and experiential planning workshop, a plan emerges which reflects the issues and solutions of that community.

✿ Make resources available for travel and accommodation

Taking care of practicalities means participants only have to think about the work at hand.

✿ Look to the field for wisdom and insight

Communities are experiencing grief and loss and they're witnessing what's happening within their churches. This is where the richness of the experience of HIV/AIDS comes from, and this is what you have to listen to because that's where the wisdom lies. And, whatever information you glean from the community, you have to be sure to feed back to the leadership. This needs to be an ongoing dialogue.





TAKING A STAND

Canterbury: The Primates' meeting & statement

Canterbury responds to the African HIV/AIDS crisis

The annual meeting of the Archbishops and Presiding Bishops of the Anglican Communion was held in Canterbury, England, in April 2002, hosted by the Archbishop of Canterbury, the Most Revd and Right Honourable George L Carey. The Archbishop of Canterbury is spiritual leader of the world's 70 million Anglicans.

At the previous annual meeting, held in March 2001, Archbishop Njongonkulu Ndungane was asked by the Primates and the Archbishop of Canterbury to develop a consensus report on the nature and scope of the HIV/AIDS pandemic in sub-Saharan Africa. This plan was to be reported on at the Primates' meeting in Canterbury in 2002.

The All Africa Anglican Conference on HIV/AIDS was held in August 2001 during which a strategic planning programme to develop objectives and strategies for combating HIV/AIDS was presented. In December that year, the Archbishop hosted the AIDS Commission of the Council of Anglican provinces in Africa (CAPA) and committed itself to implementing the strategic planning process across Africa. All 12 Provinces and their Archbishops approved of the All Africa Statement, "Our Vision, Our Hope: The First Step."

The purpose of the Archbishop's Canterbury presentation was to report on progress made and persuade the Anglican leadership of the critical situation caused by the pandemic in Africa, to eliminate stigma and to call for the creation of a global Anglican response to HIV/AIDS.

The reaction to the HIV/AIDS Ministries strategic planning process and the results it produced were striking. In April 2002, after reporting to his fellow Archbishops, Archbishop Njongonkulu Ndungane not only received praise and support from the Primates of the Anglican Communion, but was also re-commissioned to continue leading the worldwide Communion in tackling this catastrophe.



The enormity of the crisis was so apparent that, for the first time since the pandemic began, a global religious body stated, "We raise our voices to call for an end to silence about this disease – the silence of stigma, the silence of

denial, the silence of fear. We confess that the church herself has been complicit in this silence. When we have raised our voices in the past, it has been too often a voice of condemnation. We now wish to make it clear that HIV/AIDS is not a punishment from God. Our Christian faith compels us to accept that all persons, including those who are living with HIV/AIDS, are made in the image of God and are children of God."



The Primates also commended to the Communion the six building blocks of HIV/AIDS, which had been defined by participants at the All Africa Anglican Conference. The Primates also endorsed the planning framework for churches beyond Africa, urging strategic planning and policy development to confront the HIV/AIDS crisis. Finally it called on the whole church to minister among those infected or affected by the disease.

SECRETARY GENERAL OF THE ANGLICAN CONSULTATIVE COUNCIL RESPONDS

The Anglican journey began really in Kanuga when Archbishop Njongonkulu Ndungane from Cape Town and Rev Gideon Byamugisha from Uganda first presented the Primates with HIV/AIDS statistics and called on the church to become actively involved in addressing the pandemic. Up till then, although individual churches had been involved in initiatives aimed at tackling the disease, there was no co-ordinated Anglican HIV/AIDS effort.

At this meeting the Archbishop of Canterbury, together with his fellow Archbishops, tasked Archbishop Ndungane of Cape Town with the responsibility of developing a Communion-wide understanding of the scope of the HIV/AIDS pandemic in Africa and making HIV/AIDS a top priority for the church.

On his return to South Africa, Archbishop

Ndungane's first task was to bring together the leadership of the African Churches through the Council of Anglican Provinces in Africa to determine the breadth and scope of the pandemic – as well as the responses to be made. As a result, the All Africa Anglican Conference on HIV/AIDS was held in August 2001 in Boksburg, South Africa. Church leaders from over 33 African nations attended as well as participants from every region of the Anglican Communion.

This conference completely changed the role of the Anglican Communion in response to HIV/AIDS. The statement that came out of Boksburg, "We, the Anglican Communion across Africa, pledge ourselves to the promise that future generations will be born and live in a world free from AIDS," gave the church the mandate it had been seeking and helped support the development of HIV/AIDS desks in each Anglican province in Africa.

What's more, the fact that the issue of stigma was raised and dealt with in a very forthright manner, made it compelling for the church to find ways of incorporating HIV/AIDS into their ministries. The statement, "Stigma is a denial that we are created in the image of God. It destroys self-esteem, decimates families, disrupts communities and annihilates hope for future generations. We commit in all our efforts – personal and corporate, programmatic and liturgical – to confront stigma as sin and work for its end," is very powerful and went some way in addressing the painfully slow progress that the church had made in putting HIV/AIDS on her agenda.



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As a result of the conference, people began to see the urgency of the situation and the dialogue around the disease hasn't stopped.

The Primates' meeting in Canterbury in April 2002 issued a ground-breaking statement that, "HIV/AIDS is not a punishment from God." This was the third stop on the Anglican HIV/AIDS journey and could only have taken place after months of visionary work by committed individuals.

Feedback regarding the position taken by the Anglican Church has been enormous and among faith organisations there is greater awareness of HIV/AIDS than ever before. And there's greater commitment in finding solutions to the problems communities face.

A process like this, however, takes an enormous amount of energy. It's one thing paying lip service to a problem – it's another translating words to action. The fact that this plan was driven by the Anglican Church in South Africa was significant and Archbishop Njongonkulu Ndungane of Cape Town gave this initiative the support it needed to get off the ground. The real engine driving it, however, was Rev Canon Ted Karpf who has invested an enormous amount of energy into the HIV/AIDS effort in Africa.

Because of the commitment on the part of so many people, the Anglican Communion is stronger today because of the vision that

someday in Africa there will be, "a generation free of AIDS".

The Reverend Canon John Peterson,
Secretary General of the Anglican
Consultative Council





Statement of Anglican Primates on HIV/AIDS

We, the Primates of the Anglican Communion, gathered in Canterbury, have received a report from the Council of Anglican Provinces in Africa on the impact of HIV/AIDS on the African continent. The presentation was led by the Archbishop of Cape Town, the Most Reverend Njongonkulu Ndungane, who was mandated by the Primates in March 2001 to co-ordinate a Communion-wide strategy to address this immense global crisis of human suffering.

The HIV/AIDS pandemic affects every region of the world. It is, however, the poor who are hit hardest. It is the poorer nations, already weakened by the burden of debt, who need our support the most. This problem is not localised in one area of the world. It is a problem of increasing seriousness across the Global South, in many countries of Asia and the Pacific, Africa and Latin America. However, we have given particular attention in our commitment to the continent of Africa because it is in African nations that women, men and children are living with and dying from HIV/AIDS in greatest numbers. It is in Africa that the disease's destructive effects on social and economic growth and development are most deeply felt.

We are grateful to Archbishop Ndungane for the leadership he has accepted on our behalf and commend the other African Primates and churches for the direction they have given us. Recognising his strategic position within South Africa and within the Council of Anglican Provinces of Africa, we are pleased to re-mandate the

Archbishop of Cape Town to spearhead our policy development and global strategy.

We raise our voices to call for an end to silence about this disease – the silence of stigma, the silence of denial, the silence of fear. We confess that the church herself has been complicit in this silence. When we have raised our voices in the past, it has been too often a voice of condemnation. We now wish to make it clear that HIV/AIDS is not a punishment from God. Our Christian faith compels us to accept that all persons, including those who are living with HIV/AIDS, are made in the image of God and are children of God.

Our concern over this crisis arises from our ministry as pastors of God's people. We are called to this ministry by our God, the God of love. As pastors we are called to walk with those who are affected by this disease, to offer support and compassion and bring the Christian message of love, forgiveness and hope to the world. We are inspired and guided by the example of our Lord Jesus Christ who ministered to all without fear or discrimination.

We also have a solemn duty to speak a word to the world of the scale of this crisis. We wish to encourage collective action with government and non-governmental organisations, development programmes, health and pharmaceutical agencies and with Christians and people of good will everywhere. We believe that such co-ordinated and joint action is the only way to address the enormity of this challenge, and express our regret that certain governments continue to criticise



TAKING A STAND

those who lead us in this prophetic witness.

We would remind both governments and pharmaceutical companies that it is a basic human right that all who require treatment have access to that treatment. We affirm, therefore, that safe and effective pharmaceutical treatment should be more widely available to alleviate suffering and extend life, and join our voice to the Secretary General of the United Nations in his plea that the profit motive not override the urgent humanitarian need for readily available and cheaper drugs.

We call upon our churches to stand compassionately with those who are living with the disease, those who mourn and those who are dying. We encourage a realistic and Christian approach to funeral practices, so that families are not pauperised by bereavement.

We seek to guide and educate our people in prevention of the disease and encourage Christian teaching which is frank and factual about abstinence and faithfulness. We reaffirm the teaching of the church on marriage and commend the value of this God-given sign of committed and covenantal love.

We are committed to develop a global response to the HIV/AIDS pandemic and encourage a sharing of financial resources through the Anglican Consultative Council to provide assistance to churches seeking to develop strategies and programmes to

address this crisis. We will also seek to facilitate access to international funds which will support such programmes.

We commend the six-fold response to HIV/AIDS which has been agreed by the All Africa Anglican AIDS Planning Framework to churches beyond Africa in their strategic planning and policy development to confront this crisis and minister among all affected with this disease.

We believe that for this task Christians are sustained by the love of God the Father, the work and example of our Lord Jesus Christ and the grace of the Holy Spirit.

Canterbury, April 2002





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