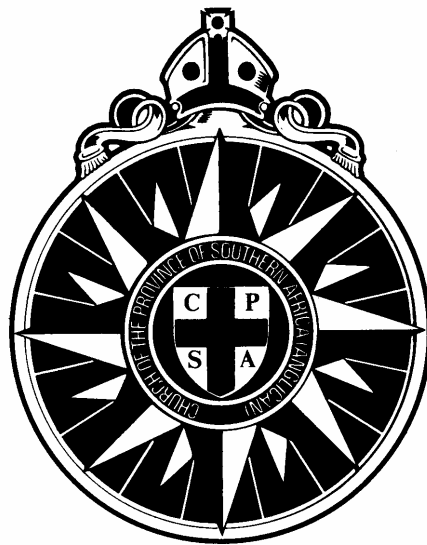


CHURCH OF
THE PROVINCE
OF SOUTHERN AFRICA



HIV/AIDS MINISTRIES
STRATEGIC PLANNING
PROCESS REPORT

STRATEGIC PLAN 2003-2006

Written and developed by 1000 members of the
Church of the Province of Southern Africa

OFFICE OF HIV/AIDS COMMUNITY MINISTRIES AND MISSION

ST. GEORGE'S CATHEDRAL

CAPE TOWN

SOUTH AFRICA

AUGUST 2002

Preface

HIV/AIDS in Southern Africa reached the level of a pandemic in 1994. What is it about a pandemic that sets it apart from other catastrophic human experiences? We seem to be able to accommodate ourselves rather quickly to the losses afflicted in wartime in order to fight on, or to adapt with rapid response and lightening speed when we lose thousands to a natural catastrophe. We can even provide instant video replay of the collapse of the World Trade Centers, a terrorist event, and then immediately begin the recovery effort. A pandemic, however, is different. The losses may be as many or more than any disaster imaginable. But the way humans tend to respond is different, because it is about disease and death and these events take time to manifest and take their toll.

National Instability and Loss

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 age of death may drop precipitously, but may not seem real for a generation or more. Magistrates, Court Justices, bureaucrats, teachers, physicians, hospital workers, administrators, miners, laborers, farmers, mothers and fathers begin to disappear from society, but things seem to be the same. With these losses tax revenues, institutional memories, social stability, and productivity diminish and eventually disappear. For nations struggling with development and redress of past injuries, caught in transformation, such as the nations comprising the Church of the Province of Southern Africa, a pandemic means the potential and actual loss of the promised future. In as much as the future is on loan to us by our children, there is just cause to be concerned about what a pandemic means.

Church is Challenged from within and without

For a church, a pandemic means confronting the relentless progression of a crippling social and spiritual force, and from that place assist people in making spiritual sense of what is often beyond human control. After 20 years of silence, our own worldwide 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. How can we embody the love of Christ when we, too are challenged by increasing numbers of funerals to be performed and increasingly fewer people and even fewer scarce resources to mobilise? Over the next decade it is estimated that as many as three-quarters of a million of our 3.5 million member church 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 AIDS, but what are we to do?

Individual Tragedies are Multiplied

On the level of an individual or family, a pandemic is most different from other human events in the way individuals experience it. For a fifty-year-old grandmother, a pandemic means that two of her five children are already dead, 8 grandchildren need care. Three to five of them will die of the effects of AIDS, too. Who will care for her in her old age? Who will care for these grandchildren when she is no longer able? For a ten-year-old head of household with three younger siblings, HIV/AIDS means that he alone is responsible. Who will pay the school fees? Where will food be found? Who can be turned to for comfort? When he is 14, will he become infected, too? For all individuals now living with HIV in the geography encompassing the Church of the Province of Southern Africa, it is estimated that there are between 10-15 million of us. Who will remember our names when we have died?

Will we be alone?

These are the realities of the HIV/AIDS pandemic: a relentless wave of loss followed seven to ten years later, by another wave. In the meantime, the structures around which we organise our lives – schools, churches, jobs, governments and even families – grow ever weaker and less able to cope. The individual and corporate costs are larger than the human imagination can contain. And we are left to wonder, “Will it just be me, left alone?” To this question, the church does have a response. Our Archbishop Njongonkulu Ndungane has committed us to a mission of hope with these words:

"No one should die alone. No one should care alone. We are all living with AIDS, whether infected or affected. Because AIDS is the new struggle, failing to meet the challenges posed by it means there will be no one left to worship in our churches, attend our schools or take up the challenges of the future. We must act now!"

Missional Direction and Prophetic Witness

Out of this prophetic insight and missional directive for more than a year, Planning Our Response to HIV/AIDS, a strategic planning effort, has been undertaken in the dioceses of the CPSA. In each diocese, with the support of staff from the Office of the Archbishop and with secular facilitation leadership from the POLICY Project of Cape Town, strategic planning activities have been carried out and completed. A plan has been adopted by the diocese in order to ensure that there are local approaches to local concerns. For the first time since the pandemic began, there is a unified plan in the dioceses of CPSA. More than this there is an awakened church, responding to the challenges posed by AIDS. Our commitment is clearly stated by Archbishop Ndungane, *"Even one death from AIDS is one death too many."*

It is in this spirit that this Provincial HIV/AIDS Plan. Forged diocese-by-diocese across the CPSA, this plan is the best of our collective wisdom and our prayerful attention to the movement of the Holy Spirit in our lives and across our churches and nations. Therefore it is presented to the Glory of God on behalf of all our people.

THE VOICES OF OUR PEOPLE

A church led by the people seeking wholeness for themselves. They demonstrate in their lives commitment to family values and morals. They speak with charity and determination on the issues, which face her members, and who encourage an inclusive and empowering way of living under Christ.

Diocese of Grahamstown

The CPSA Planning Process

People the world over look to the churches as unique social institutions charged with explaining and upholding social and spiritual values. The Strategic Planning process documented here begins with a spiritual understanding of the impact of HIV/AIDS, and how we are called to respond to God's people as God's people. There is a difference in the way an NGO or government may respond and understand its mission, though the churches and civil society institutions may be doing the same or similar things to respond to the heartbreak and dysfunction within a community.

The process and the results presented here respect the Anglican Church of Province of Southern Africa (CPSA's) unique calling and way of arriving at decisions. The process was built on the core value that the **community's wisdom about HIV/AIDS is the defining wisdom**, and the **community's response is the legitimate response**. Simply stated, all responses are local (diocesan). Thus the Church of the Province, a partner within the worldwide Anglican Communion, as well as the diocesan structures and the parish churches and congregations—particular institutions within particular communities—are all represented in this document.

History and Chronology of the Strategic Planning Process

Throughout his ministry as Bishop and now as Archbishop, HIV/AIDS has been a concern of our Archbishop and Metropolitan, the Most Reverend Njongonkulu Ndungane. Indeed, along with the combined crises of poverty, international debt and gender inequality, an aggressive response from the Archbishop has been difficult to mount. However, both the Archbishop and the Synod of Bishops have addressed the AIDS question for several years. Meanwhile, across the CPSA individuals have been responding to the real crises and tragedies posed by the rising pandemic for more than a decade.

THE VOICES OF OUR PEOPLE

We are feeling helpless and the need for light and hope.

Diocese of Matlosane

In December 2000, just months after leading a demonstration at the XIIIth International AIDS Conference in Durban, the Archbishop meeting with international faith leaders in Washington, DC, requested support for a new initiative in the CPSA. He was given the promise of support through the US Agency for International Development to develop the capacity within the Province to coordinate and fund AIDS ministries.

In March 2001, his fellow Archbishops and the Archbishop of Canterbury tasked the Archbishop of Cape Town, with the additional responsibility of developing a Communion wide understanding of the scope of the AIDS pandemic in Africa. A report back to the Primate's Meeting in April 2002 was expected, including the outline of a plan to respond to the expanding crisis. The Archbishop's first task was to convene the leadership of the African Churches through the Council of Anglican Provinces in Africa (CAPA) to determine the breadth and scope as well as the potential responses to be made in the midst of this pandemic.

The All Africa Anglican Conference on HIV/AIDS was held in Boksburg, South Africa on August 2001. The participants included representatives from 12 African Anglican provinces and more than 33 African nations, several archbishop from across Africa, a core of hosts, volunteers and staff from the CPSA, Anglican Communion leadership from the worldwide Communion, plus donors and observers from international non-governmental organisations and pharmaceutical companies. Over the course of four days the participants:

- Crafted a vision statement;
- Developed and enacted a Strategic Planning process and documented that process;
- Agreed on 6 focal areas of concern that would guide the planning process;

THE VOICES OF OUR PEOPLE

The church has hid itself behind a safe barrier of denial and purity.

Diocese of Johannesburg

- Identified three at-risk or vulnerable populations of particular concern: women, orphans 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; and
- Formulated policies that would guide the worldwide Anglican Communion's response to the HIV/AIDS pandemic.

The initial points of the All Africa Anglican framework that emerged from the Boksburg process appear as follows:

1. 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 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 judgment, 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 judgment
- Holding ourselves accountable before God and the world

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

THE VOICES OF OUR PEOPLE

We need to make a difference.

Diocese of Lesotho

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
- ❑ 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 stigma as sin and work for its end.

THE VOICES OF OUR PEOPLE

Where the sick are not discriminated against, but healed spiritually and cared for.

Diocese of Lesotho

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:

Leadership

Care

Prevention

Counselling

Pastoral Care

Death and Dying

Initial Outcomes of the Process at Boksburg

Remarkably, within hours of the close of the All Africa Conference, the Archbishops attending the Council of Anglican Provinces in Africa (CAPA) meeting ratified the planning process and template. The day after the All Africa Anglican Conference ended, the planning process was presented to the international diplomatic and donor community gathered in Pretoria. So urgent was the task that the proceedings document of the conference was published as a ready-to-use planning manual, *Planning Our Response to AIDS: A Step-by-Step Guide to HIV/AIDS Planning for the Anglican Communion*. It provided a template for planning an AIDS ministry response to the expanding crisis. It appeared in print and on the worldwide web only 90 days after the conference ended.

In October 2001, the Provincial Standing Committee and the Synod of Bishops took up consideration of the Strategic Planning process and embraced the six focal concerns. The Standing Committee made and adopted resolutions about how the CPSA would respond to HIV/AIDS (The full texts of these resolutions appear in the *Appendix*).

THE VOICES OF OUR PEOPLE

Life skills must include sexuality education for youth and adults.

Diocese of Johannesburg

Provincial Office of HIV/AIDS Community Ministry and Mission

Beginning in May 2001, Archbishop Ndungane appointed a Provincial Canon Missioner for HIV/AIDS, the Reverend Ted Karpf. In October 2001, the Provincial Standing Committee created the Provincial Office of HIV/AIDS Community Ministries and Mission as part of the Office of the Archbishop. The Office was funded with support grants from the Episcopal Relief and Development (ECUSA); St. John's Episcopal Church – Lafayette Square in Washington, DC, companions in the Episcopal Church (USA) Diocese of Washington; UNAIDS; US Agency for International Development (USAID) and Christian Aid of the United Kingdom.

Strategic Planning Process across the CPSA

Within this first year, the primary task for the Office and staff has been to lead strategic planning efforts in the dioceses of the Province (following the resolution of the Provincial Standing Committee - see *Appendix*). Since mid-November 2001, nearly every diocese has participated in planning activities, setting and adopting its own strategic plan for meeting the challenges of the HIV/AIDS pandemic. A team of facilitators, lay and clergy, has led representatives of the clergy and laity in each diocesan community in the step-by-step participatory process. This process ensured that each diocese, examining its own region, would use the identical tool and its six focus areas/concerns to shape its own unique response to the challenges posed by HIV/AIDS, thus providing consistency across the CPSA.

The results of the process are summarized in the analysis of the objectives, found in the *Appendix*. The plans have focused on diocesan and parochial concerns, responses and responsibilities.

THE VOICES OF OUR PEOPLE

We are being trapped in a never-ending cycle of AIDS.

Diocese of Matlosane

All plans have been characterized by local, community-driven solutions. However, as the process evolved across the CPSA some activities emerged which lent themselves to broader solutions, based at the Provincial or worldwide communion level. Additionally, other concerns became a part of this plan. They arose either from their absence or lack of specificity in diocesan plans, but the from the global awareness that these issues or concerns did exist in the world of HIV/AIDS. The summary of these concerns is included in this report to Synod and will require action of the entire Synod. In August 2002, a Provincial Strategic Plan was sent to each diocese for consideration. The Plan addresses Provincial-wide concerns, leaving each diocese the freedom to determine what aspects of its diocesan plan will be implemented, and what support might be expected from the Province.

Worldwide Communion Responds

The response to the Strategic Planning process and the early results it is producing across Africa has been striking. In April 2002, after reporting to his fellow Archbishops, Archbishop 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 responding to this catastrophe. The response was so strong, though, that for the first time since this 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.

Canterbury, 16 April 2002

THE VOICES OF OUR PEOPLE

The focus of the church is seen to be on spiritual health, rather than physical health.

Diocese of Johannesburg

The Primates also commended to the Communion the six focal concerns regarding HIV/AIDS, which had been defined by the All Africa Anglican Conference.

It endorsed the planning framework to 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 all affected with the disease.

Provincial Plan Developed

Therefore, what follows in our CPSA recommendations hold us accountable, not only to those living with HIV/AIDS, but to each other, the Anglican Church Provinces of Africa and to the worldwide Anglican Communion. We must give witness to the fact that all of our ministries are ultimately accountable to God, but at the same time, affirm that many or most of our responses to this extraordinary pandemic are local. Our response and concerns will take place in our chapels and parishes. Occasionally, they will be best coordinated or developed at the Provincial level.

This Provincial Strategic Plan highlights those concerns, which are cross-cutting or shared in common, that can best be implemented by the Province, either because of financial impact or the level of Provincial need. These issues arose so consistently from diocese-to-diocese that they have emerged as being large enough in scope to be a Province-wide concerns. In the case of workplace issues, which arose out of the resolutions process in the Provincial Standing Committee, it appears to be too large even to consider within a diocese, but demands the attention of the entire Province. The Provincial concerns are as follows:

- HIV-specific pastoral care education for clergy and lay leadership;
- Coordination for HIV/AIDS programming and development within each diocese;
- AIDS-specific leadership development within each diocese and congregation;

THE VOICES OF OUR PEOPLE

Church which is caring and supported spiritually, mentally and physically.

Diocese of Lesotho

- the expansion or development of community/parish-based responses for orphaned children;
- the development of appropriate and effective workplace programmes, which ensure the rights of those living with AIDS including: church workers, clergy and lay leaders (*Appendix – PSC Resolutions*);
- the development of age-appropriate, culturally -sensitive materials for sexuality education in the church;
- the study and ongoing discussion of issues and policies or guidelines surrounding death and dying and cost-effective disposition of the bodily remains of our loved ones (*Appendix – PSC Resolutions*), and
- the study and ongoing discussion of issues and policies or guidelines surrounding care and support for orphaned children within our church.

Over the next three years 2003-2006, these and other programme initiatives will issue from the strategic planning activities of the CPSA.

Conservation of limited resources has also driven the process of discernment in order that our responses be cost-effective and reasoned. Additionally, because we are serving a vast number within our Church, we have sought to develop these Provincial Strategic responses in such ways that our potential donors can achieve the maximum amount of effectiveness and reach for the resources which are being sought.

THE VOICES OF OUR PEOPLE

We want a caring welcoming church where everybody is loved irrespective of his/her HIV status; where information is easily accessible, and where orphans are included as part of the family.

Diocese of Lesotho

Resources and funds are currently being applied for to empower each diocese to stimulate coordination for AIDS ministry concerns and implement at least one model ministry project. Within the next twelve months (10/2002 – 10/2003) we hope to demonstrate to the world and to the people of our parishes and communities that we can live into the mission imperative framed by our Archbishop, namely, "*No one should care alone. No one should die alone. For we are all living with AIDS.*"

The most important outcome of the Strategic Planning process is the fact that was experienced and embraced by all who shared in the process: **the community is ultimately responsible** for its response to HIV/AIDS. The community names its issues, generates its responses and takes the responsibility for implementation. This process of accepting responsibility is mirrored at every level, from the parish, to the diocese, to the Province, to the Council of Anglican Provinces in Africa (CAPA), and to the worldwide Anglican Communion. With these considerations in mind we present the following.

THE VOICES OF OUR PEOPLE

AIDS must be seen in larger context of South African life. It means looking at gender issues, especially access to health care; economic issues, transport, poverty. It means that people need to have the basic needs of life met first – food, clean water, shelter and physical support.

Diocese of Highveld

The Provincial Programme for Responding to HIV/AIDS 2002-2005

The six identified concerns in which the Province is able to respond to the HIV/AIDS pandemic includes: Leadership, Care, Prevention, Counseling, Pastoral Care, and Death and Dying.

Underlying each of these concerns, is the contextual issue of stigma. Stigma, as we have seen, heard and felt across the Province, is tearing whole communities apart with its accompanying fear and discrimination. It would appear that virulence of stigma is spreading HIV infection as much as any other human activity.

Throughout the strategic planning process there were constant reports of families treating their own HIV-infected members as pariah. We also heard about children being abandoned in the streets when it is found that either they or their parents are HIV+. We have seen those who refuse to be tested for HIV because of the fear of what may follow in terms of community rejection. It is abundantly clear that even the denial of the virus' existence is a form of stigma.

Out of this milieu of fear and denial it is clear that the Church as an agent of reconciliation and healing has the moral imperative to heal the wounds of stigma and prevent further discrimination and hopelessness. By announcing the Good News of God in Christ and the reconciling power of God in community it is possible to open our churches to the whole community as beacons of hope and support.

THE VOICES OF OUR PEOPLE

Those who are living with HIV feel negatively labeled, that they are not being heard and have to bear anger and hatred from others. People feel frightened and confused, there is much despair, hopeless and injustice. On the other hand there is sympathy, compassion and love.

Diocese of Swaziland

In addressing the six focal concerns below, it is imperative that we take every opportunity to reduce stigma and discrimination through each of the identified activities. Only by taking seriously the reality of stigma and our role within it, can we actually make a difference as those charged with the task of creating communities of hope and partnerships for life.

What follows are the critical crosscutting concerns emerging from the CPSA Strategic Planning process. It is both the intention and purpose of the Office for HIV/AIDS Community Ministries and Mission that these concerns be addressed, monitored and funded through the Office over the next three years (2003-2006).

LEADERSHIP

Because leadership within each parish and diocese is critical to combating HIV/AIDS at the local level, there is an abundantly clear message in all of the strategic plans that leadership must be in place immediately. It is imperative that every parish has an **appointed person to coordinate HIV/AIDS response from the parish.**

At the diocesan level, there is a critical need for **committees or task forces to be formed to develop and coordinate activities** enumerated in each of the diocesan strategic plans. An **AIDS Coordinator should be appointed in each diocese** in order to ensure effective committee and diocesan response to the challenges of the pandemic.

THE VOICES OF OUR PEOPLE

There is not commitment on the part of leadership. There is a deep fear of losing members if sex and sensitive issues are discussed.

Diocese of Matlosane

Making it happen:

The Office of HIV/AIDS Community Ministries and Mission should fund up to 50% (R50,000 - based on a budget of R100,000) of the initial expenses for each of the 23 dioceses so that there is an AIDS Coordinator in each one beginning by March 2003. A total of R1.15 million per year should be allocated from Provincial Office of HIV/AIDS Community Ministries and Mission budget each year through 2006.

A **Provincial HIV/AIDS Committee** will be needed to coordinate activities at the Provincial level and to ensure ongoing support for AIDS-related programming. This Committee will be appointed by the Archbishop by March 2003. It would have an annual budget of R150,000 to ensure that activities are implemented and monitored.

C A R E – At Home

The Wellness Management for Care curriculum, developed by the Reverend Jean Underwood, a Nursing sister and former executive director and founder of the House of the Resurrection in Port Elizabeth, is being implemented in October 2002 at a **Train the Trainer** Course for two trainers from each diocese of the Province. The course will enable Mother's Union (MU) and Anglican Women's Fellowship (AWF) members to **expand their ministry of care and support for the ill** by helping them identify critical issues of wellness management and teaching these skills to the carers in the home.

THE VOICES OF OUR PEOPLE

Watching people disintegrate... their bodies fading away, creates sadness, fear and sorrow.

Diocese of Bloemfontein

Where illness is discovered in the home, there is appalling ignorance of how to help and care.

Diocese of Bloemfontein

Additionally, the curriculum will also focus on **stigma reduction and day-to-day practical management of wellness** in the midst of illness. Participants will gain needed insights and information about HIV/AIDS in order to assist those who are infected and affected. Over the next 18 months, it is expected that 400 women and trainers will be trained within each diocese. For the next 18 months (2003-2004) it is expected that local community wellness management training will be developed at the diocesan level, parish to parish.

Making it happen:

Pursuant to requests from the Mothers Union (MU) and Anglican Women's Fellowship (AWF) at Provincial Standing Committee, the Office of HIV/AIDS Community Ministries and Mission raised the needed funding of *R1.8 million* to implement the recommendation of the Standing Committee in October 2001.

Exactly one year after it was first proposed, October 2002, a Train-the-Trainer course will be offered as the first of 21 training sessions to be held in 20 dioceses. In each diocese 20 members of MU and AWF will be trained. This approach will utilise and enable the leadership of 90,000 women across the CPSA, to care and support those living with AIDS, and will extend the reach of many at the congregational level.

THE VOICES OF OUR PEOPLE

Men from mines released from work when infected. The are put out; widowers most bread winners die.

Diocese of Lesotho

Sad at the bleak future for young people.

Diocese of Umzimvubu

CARE - ORPHANED CHILDREN

Throughout the Strategic Planning process across the Province, there was a good deal of concern and conversation expressed about orphaned children, which arose, primarily, as an issue of CARE. Difficulties regarding how the church will take a more effective role in reducing poverty and balancing gender inequality, both issues that will affect how orphaned children are dealt with, mitigate against effective long-term solutions. The following recommendation is reflective of the concern across the Province.

With an estimated 1 million orphans at-large in the Province today, and estimates ranging as high as 3 million within the decade, raising a “*generation without AIDS*” appears to be rather difficult. Few effective long-term solutions to meeting this challenge are being proposed at this time.

Therefore it may be prudent for the Office of HIV/AIDS Community Ministries and Mission and the leadership of the Province, committed to the welfare of children and families, to spend some time researching and discerning the best approaches for the CPSA.

A number of foundations and international donors, along with many in the CPSA, are equally concerned about how our children will be sustained for the long term. Therefore, the CPSA will **study and develop pilot projects reflecting the variety of ways congregations and dioceses may most effectively minister to orphaned children**. The study should be included in recommended Guidelines for Anglican Parishes to be reported to Standing Committee by 2003. Pilot projects should be implemented by 2004 and reported to the Provincial Synod in 2005.

THE VOICES OF OUR PEOPLE

What we say doesn't change people, actions do.

Diocese of Johannesburg

There is great pain about children without parents.

Diocese of Christ the King

Making it happen:

A study team should include: children and youth advocates; Social Welfare representatives from government; learners and educators; medical and public health professionals; Provincial church leaders, such as members of the Mothers Union, Bernard Mizeki and Anglican Women's Fellowship, and an appointee of the Archbishop to represent the Office of HIV/AIDS Community Ministries and Mission. The report and Guidelines should be printed in several languages and published by July 2004.

Funding for the study will begin immediately with advance funding of up to R25,000 from the HIV line item of the 2002 Provincial budget. The overall project, including pilot projects is estimated to cost not more than R350,000 in 2003, and R450,000 in 2004.

P R E V E N T I O N

HIV is a sexually transmitted infection (STI). In order to protect one's self from infection and reduce the spread of disease, each person should know what this disease is and how to prevent its spread. Thus, there is a **critical need for our people to be "comfortable" and "factual" in their conversation about sexuality and human sexual behaviour.**

A number of sexuality curriculae are in circulation within the CPSA and across the Anglican Communion in Africa. Youth ministry professionals, theological educators, trainers and interested **adults and youth should be identified and recruited to form an *ad hoc* committee about Sexuality Education and HIV Prevention.**

THE VOICES OF OUR PEOPLE

We are horrified by the myths stating that sex with a virgin or old age pensioner will cure AIDS; and we hear the claims that AIDS can be cured by sangomas, hydrogen peroxide and battery acid.

Diocese of Port Elizabeth

Obvious co-factors, like poverty, drug and alcohol abuse, gender inequality and violence, as well as, traditional cultural beliefs and values should be discussed when developing this curriculum.

Making it happen:

A trial edition of a CPSA Curriculum should be available to parishes by the close of 2003, and be ready for presentation to the Provincial Standing Committee by 2004 for circulation and use by 2005. This curriculum, which will cost about R250,000 to develop and reproduce for the entire Province, should be developed from across the Province and approved by the Provincial AIDS Committee, which will oversee the process of development.

C O U N S E L L I N G

Knowing one's HIV antibody status is still the most efficient and cost-effective means of empowering people to make ethical and moral choices about sexual activity. It is also the gateway to care. Appropriate public disclosure of post-test status can boost effectiveness of stigma-reduction programmes. Because some dioceses are located in countries and communities in which there is little or no cost-free testing for HIV, it is crucial for the faith community to **seriously consider offering Voluntary Counselling and Testing (VCT) services.**

In order to offer this level of services, a parish or diocese will have to **work closely with South African Provincial Health Ministries or Health Ministries within the nations of the CPSA.** Long-term philanthropic or public health funding mechanisms will have to be found where government is either unable or unwilling to offer free testing.

THE VOICES OF OUR PEOPLE

The infected don't talk, thus they are not getting support and the community doesn't get involved.

Diocese of Johannesburg

Counsellors and health care professionals will have to be recruited, trained and monitored in order to offer cost-effective confidential services, which will protect the parish as well as the client to be tested. Ongoing supports, as well as health care access will have to be ensured in order to offer the most effective means possible of living with or without HIV. However, the benefit to congregants and community members as well as opportunities for community-based education and information may mitigate against the difficulties of offering such support.

Making it happen:

Therefore, the Office of HIV/AIDS Community Ministries and Mission proposes to develop a pilot project in a particularly needy part of the CPSA during the next three years and report outcomes to the Provincial Synod in 2005, with regular reports to Provincial Standing Committee during the interim. The estimated cost for each pilot is up to R750,000, which includes testing supplies, training for counselors and on-going support for the physical location as a testing site.

P A S T O R A L C A R E

The HIV/AIDS pandemic, sweeping across the CPSA, is requiring clergy and laity to bring a level of pastoral care and leadership never before needed in the life of the church. Pastoral Care and Leadership Development Training for clergy and lay leaders is critical.

THE VOICES OF OUR PEOPLE

We hear true denial of communities who can say, 'it cannot happen to me' and the judgments expressed as they have it brought it upon themselves.

Diocese of Port Elizabeth

We feel a sense of questioning God; of being lost, helpless disappointed in the face of it all. We feel a sense of betrayal on the part of society.

Diocese of Kimberly and Kuruman

To that end, it is the commitment of the Office of HIV/AIDS Community Ministries and Mission to support the leadership across the Province through the **development of training programmes** to be held in Diocesan Schools for Clergy and Diocesan Lay Leader Academies. The faculty should include trainers in pastoral care, death and dying, sexuality and basic HIV/AIDS information.

The 5-day training workshops should be held in each diocese during 2003 and 2004. In order to educate all of the clergy, the training should be organised by each diocesan bishop using a standardised curriculum and faculty across the Province. The training should be held as **clergy school**, thereby ensuring that the maximum number of clergy are present for the training. The course should be interactive and multilingual allowing for maximum input within each diocese.

Because it is clear that without corresponding lay leadership, clergy will be less willing to be pro-active on AIDS education issues, therefore it is essential that **Lay Leadership Training Academies** also be undertaken on a Provincial basis. Utilizing similar instructional modules as well as similar faculty, the Lay Leadership Training Academies should be offered close in time to those offered to the clergy within a diocese, perhaps on successive weeks. In this way, a critical number of organizational and opinion leaders will be reached within a reasonably short period of time and ongoing community planning activities can be implemented quickly.

THE VOICES OF OUR PEOPLE

Many are confused about HIV/AIDS. Many want to know, but do not!

Diocese of Lesotho

The likelihood of HIV infection increases when youth leave the rural areas.

Diocese of Umzimvubu

Making it happen:

The Provincial Office has already begun efforts to identify and apply for funding from international donors. The Provincial cost is estimated at *R1.5million* for faculty, travel, accommodation and curriculum development.

Each diocese would be expected to organise housing, meals and transportation for the participants. Curriculum design and faculty development should begin at the conclusion of Provincial Synod.

The Provincial HIV/AIDS Committee should oversee this activity. Faculty, within the Province, should be identified by the Committee in order to facilitate rapid implementation.

DEATH AND DYING

It has been estimated that as many as 750,000 AIDS-related deaths may occur among CPSA members during the next 8-10 years. Therefore it is critical that CPSA **develop Christian guidelines for disposition of human remains**. Cemeteries across the Province are filling up faster than anyone could have predicted. Costs for funerals are skyrocketing.

Families are mortgaging their children's futures to provide acceptable funerals. Additionally, the **CPSA must consider and define the impact of cultural and spiritual traditions** on our people, and **develop appropriate tools to enable our clergy and laity to respond** to the impending emotional, spiritual and economic impact of death on such a large scale.

THE VOICES OF OUR PEOPLE

People die because they have no faith; they lose hope and hide their status.

Diocese of St. John

Across the Province, each diocese identified the **seriousness and scope of apprehension about death and dying**, and expressed **deep concern about costs and customs**. Because this matter has arisen across the Province and been echoed across Africa and within the worldwide Communion, it is a matter which demands response from the Province immediately. Theologians, clergy, scholars, social anthropologists, funeral directors and lay leaders must be engaged in discerning a way forward.

Making it happen:

The Provincial Standing Committee, in October 2001, recommended that the Committee on Religion and Culture undertake the task of establishing Christian guidelines for matters relating to death and dying. It is also clear that there is need for study on cost estimates for funerals, cultural traditions about death and disposal of human remains, and publishing and distribution of guidelines for the CPSA needed very quickly. Additionally, the Primates of Africa and the worldwide Anglican Communion have called for the establishment of guidelines to enable families and survivors to manage the costs and customs associated with death.

Therefore, the Office of HIV/AIDS is seeking funding of up to *R750,000* from a variety of donors concerned about these issues. A grant application has been made to do a study on the actual costs associated with the funerals. Additionally, *R250,000* in funding is being sought from several international donors to assist the Committee on Religion and Culture with this task before the close of 2003.

THE VOICES OF OUR PEOPLE

People are grieving, especially over the young people who are dying.

Diocese of Bloemfontein

Ending Stigma and Discrimination in the Workplace – A Global Concern

What follows is a global concern, which affects how we will **reduce stigma** and **end discrimination**. The workplace is the most vulnerable place for stigma and discrimination. The Church, it appears, is often one of the most risk-filled when it comes to disclosure of HIV status and support for church employees, including clergy.

Because it was first introduced at the Provincial Standing Committee, it did not receive adequate representation in the objectives proposed by the dioceses. Perhaps it is the complexity of the problems or the need to see it cast in a larger sphere of influence as to why this was so under-represented. It is hard to say. Nonetheless, a resolution from the Provincial Standing Committee indicated that attention to this matter was needed. Therefore, it is included in the Plan as follows.

A I D S I N T H E W O R K P L A C E

With calls for Voluntary Counselling and Testing (VCT) of and by clergy and lay leaders of our church, the question arises “What happens when a church employee, volunteer or clergy is found to be HIV+?” This question, unfortunately, is being worked out in a case-by-case way, which has led to overt discrimination or “prudent silence” and cover-up. These actions are stigmatising and hence a “sin”. As a Church we must give witness to the fact that AIDS is no different than any other catastrophic illness, which can befall clergy and lay persons. Therefore, **policies should be in place across the CPSA**, which identify processes and procedures to be followed in the face of accidental injury or long-term illness.

THE VOICES OF OUR PEOPLE

Admiration for people living with AIDS because of their courage and bravery.

Diocese of St. John

Making it happen:

The Office of HIV/Community Ministries and Mission, working with the Synod of Bishops, will assist in developing workplace policy for HIV/AIDS and catastrophic illness. The resources of the AIDS Law Project of South Africa and the POLICY Project will be made available for training and seminars toward developing a comprehensive policy.

The total cost of developing and publishing the Policy will not exceed *R100,000*. Funds are being sought in through several organisations including trade unions, religious charities and private donors.

Office of HIV/AIDS Community Ministries and Mission – Making it Happen

Throughout this document, the Office of HIV/AIDS Community Ministries and Mission is charged with the task of “Making it Happen”. This Office is the focal point within the Office of the Archbishop charged with meeting both the worldwide Communion and CAPA demands on the time of the Archbishop, in his capacity of being the leading voice on AIDS in the Communion. Additionally, the Office must also support and coordinate Provincial level AIDS ministry programmes arising from the Strategic Plan, as well as from Provincial Standing Committee and Synod of Bishops meetings between Provincial Synods. Therefore, it is critical to describe the operations and future needs of the Office as it meets the challenges ahead.

THE VOICES OF OUR PEOPLE

Church is silent on HIV/AIDS due to lack of understanding and fear.

Diocese of Matlosane

Structural Considerations

During the next three years, the Provincial Office of HIV/AIDS Community Ministries and Mission will undertake to support the Province in the following ways.

- I. Financial planning and fund development
- II. Policy development
- III. Training coordination
- IV. Monitoring and evaluation

The Office functions as part of the Office of the Archbishop of Cape Town and Metropolitan of the Church of the Province of Southern Africa. The Office is partially staffed with Provincial Canon Missioner, who is currently being supported by a grant from the United States Agency for International Development (USAID). It is currently being organised and administered by the Reverend Canon Ted Karpf, who was seconded from the Episcopal Church in the United States of America and the Diocese of Washington (DC), and appointed in May 2001, by the Archbishop. Canon Karpf is primarily focused on building capacity within the CPSA to fund, plan, and coordinating activities responding to the HIV/AIDS pandemic. The funding from USAID for Canon Karpf is expected to continue to June 2004.

Over the next three years, the Office intends to be involved in the issue areas of pastoral care for infected and affected, leadership cultivation and pastoral care support, development of appropriate responses to orphaned children, HIV/AIDS prevention, HIV care and wellness management, public policy and funding development.

As part of capacity building, the function and issue areas developed through the Office may be divided into portfolios carried by several persons within the Province over the next year (2003), if funding can be found.

THE VOICES OF OUR PEOPLE

There is guilt, why is this happening? What have we done?

Diocese of Umzimvubu

In this way, leaders of the Province can develop broader and more detailed responses to the concerns within the Province. Coordination of these tasks will be performed within the Office of HIV/AIDS Community Ministries and Mission in order to maintain continuity and focus.

All financial records will be managed by the Provincial Trust Board and subject to the scrutiny of auditors and accountants in order to maintain transparency and accountability across the Province and within the worldwide Anglican Communion.

THE VOICES OF OUR PEOPLE

People are searching for help, not knowing where to go.

Diocese of Matlosane

We need to make a difference.

Diocese of Lesotho

Appendix

- ☐ Analysis of Objectives by Concern and Clustering

- ☐ Provincial Standing Committee Resolutions on AIDS

- ☐ Primate's Statement

- ☐ Provincial Synod Resolution

Diocesan Abbreviations

KK	Kimberley and Kuruman
StM	St. Mark the Evangelist
Job	Johannesburg
Nam	Namibia
Grg	George
StJ	St. John
Zlu	Zululand
Prt	Pretoria
Mtl	Matlosane (Klerksdorp)
Les	Lesotho
CTK	Christ the King
Hvl	The Highveld
Ntl	Natal
Swz	Swaziland
Umz	Umzimvubu
Pel	Port Elizabeth
Leb	Lebombo
Nia	Niassa
Grh	Grahamstown
CT	Cape Town
Ang	Angola
Blm	Bloemfontein

Analysis of Objectives by Concern and Clustering

Analysis of Objectives by Concern and Clustering

Leadership

All Authority is accountable to God. All people of the church are stewards of God's creation. We have a unique responsibility to speak the truth to power, to act without fear, and embody Christian values of love, compassion and justice. (Our Vision, Our Hope – Commission)

AIDS Coordination/Structural Issues

KK	Establish Diocesan AIDS Committee and parish coordinators
StM	Establish structures in the diocese (HIV/AIDS coordinators) to facilitate and support AIDS activities
Zlu	Monitor and oversee those programs
Job	Diocesan AIDS Task Forces to monitor, coordinate, inform and sustain diocesan AIDS coordinator
Nam	Diocesan AIDS Coordinator to organize and sustain activities
StJ	Develop church leadership via new Diocesan policy
Grg	Establish a formal infrastructure to drive the AIDS project
Job	Non-duplicative AIDS services, work with civil society and government AIDS action team
KK	Inform educate and communicate-HIV AIDS team and coordinator
StJ	Support them with Diocesan policy on HIV/AIDS
Zlu	Appoint diocesan AIDS Coordinator

AIDS Education and Training Issues

StM	To equip clergy to provide support – educate clergy in a clergy school – removing fear and making people aware
Prt	Provide education training and opportunity for clergy to learn about HIV/AIDS freely in the church
Blm	Bold and efficient leaders to speak out and challenge cultural boundaries

Mtl	Inform and educate congregations to eliminate fear, stigma and ignorance and become AIDS-friendly Churches
Blm	Communications training for church leadership at all levels to discuss AIDS
Prt	Strengthen youth leadership to take responsible actions
Mtl	Give our clergy freedom to talk about sex, educate and inform them to teach about sexuality and HIV
CTK	Training program for leaders
Les	Speak the truth about HIV/AIDS and support people in spite of status through training and leadership development and sexuality
Nam	Clergy and lay training workshops
PEI	Education and training; ecumenical, non-competitive, empower laity
Umz	Run an HIV/AIDS leadership training program
StJ	Provide education and training to clergy
Swz	Educate leaders to provide motivation by public testing for HIV
CTK	Secure Diocesan Council support for training programmes
Ntl	Mentoring programmes
Swz	To reduce fear, ignorance and stigma, the HIV/AIDS Committee will conduct intensive training on HIV/AIDS for clergy and laity who will train others
Umz	Training-of-trainers
CTK	Train leaders, particularly clergy

AIDS Friendly Churches and Support Structures for the Community

Swz	Make the church AIDS-friendly
Grg	AIDS-friendly Church policy/implementation
KK	Be the church in world with fresh models and unearth qualities to get clear about our calling to HIV work
Les	HIV support groups in the community partnership
KK	Break down intercultural barriers
PEI	Make speaking freely about sexuality safe
Grh	Inclusive, empowering commitments
Umz	Seek appropriate funding to support PWA's in parishes

Swz	Constitute prayer groups
StJ	Establish network of parish-level Advice Centres with trained personnel
Zlu	Empower and involve our communities and institutional leaders in HIV/AIDS programming

Care

In caring for all who suffer, we fulfill 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 restoration of body, mind and spirit. (Our Vision, Our Hope – Commission)

Home-based care – Training and Support

StJ	Facilitate the establishment of HBC projects by informing clergy and congregants about the importance, necessity and benefits of home-based care
StM	Equip parish and chapelry members to ministers to those affected – education in caregiving and support for care
Blm	Train carers in home-based care in order to extend support and care
Prt	Community care programme with home visits, community gardens and ongoing training for carers
Job	Ensure proper levels of care within a communities-parish AIDS committees
StM	Provide home-based care for PLWAs
CT	Provide care through home-based care
Nam	Development of 40 member Home-based care team
Ntl	Establish and train parish-level pastoral care teams to be alongside people infected/affected by HIV/AIDS
Job	HIV/AIDS outreach group for home-based care
Umz	Provide necessary home-based care for the already sick; maximize use of resources by transparent, good management and accountability; provide education, training and support for HBC providers
Swz	Train more people to provide care

Support for Orphaned Children

Mtl	Orphaned children cared for in appropriate and nurturing way – government partnership
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Blm	Network with children's advocacy and service organisations and identify needs and gaps in services
Mt.	Orphan-fostering and care creating church environment that is open, supportive and friendly
Les	Fostering parenting and sheltering system in church and eradicate fear, rejection and stigma to support orphans and sick
Nam	Church engaged with Church Alliance for Orphans for self help activity
Zlu	Provide for care of orphans (recruit foster parents)
Blm	Minister to orphans and those who care for them
Swz	Support care for orphans
Grg	Identify basic local needs, provide for needs of sick and survivors, identify gaps in local programming; assign volunteers to fill gaps
CT	Support and develop foster care programmes
CTK	Child and mother support, hospices, more training to provide care and love; provide emotional and financial support for orphans; education, training, publicity
Blm	Develop skills for care and support of orphans
StM	Provide care and support, especially for orphans and

Atmosphere of the Church toward Caring

Les	Provide HIV information in the church to uphold a caring, loving, welcoming, atmosphere
Mtl	Church will form committed partnership with Health Ministry and community organisations
KK	Speed up delivery and care by establishing support groups, educate clergy and laity about care
PEI	Church and government ensure that all receive needed care; AIDS is NOT a punishment from God
Mtl	Eradicate stigma, Church members will be trained to accept people living with AIDS and build partnerships with them
CTK	Recruit and train congregants to provide care; AIDS coordinators; Support and assist the dying and family members – food, shelter, Bibles/prayer books; funds

Zlu	Encourage and improve the care of people infected with HIV/AIDS; and to provide resources for the sick and dying
Swz	Educate community about AIDS; provide caring facilities for the infected/dying, encourage people to be active in addressing the issues of HIV/AIDS in the church and the broader community
Prt	Form support groups for HIV+ persons
Job	Loving and supportive community AIDS friendly parishes by creating diocesan model
Job	Care for carers programme

Prevention

The Church's commitment to prevention recognizes 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 to one another for our sexual behaviour. Christian communities have a special responsibility and capacity for encouraging and supporting loving, just and honest relationships. (Our Vision, Our Hope – Commission)

Call for Prevention and Mobilisation

Prt	Using appropriate material and speaking about AIDS in church
Job	Mobilise lay and ordained leadership for prevention and stigma reduction
KK	Invite people living with AIDS to address congregations
Les	Educate and training members of church about sexual matters, HIV spread and prevention
Grg	Teach all citizens responsible prevention practices
KK	Reach congregations through seminars, workshops, Bible Studies and teachings
Blm	Release church from unhealthy tradition, discrimination and prejudice
Grh	Offer training on HIV/AIDS to all leaders in the church
CTK	Education on HIV/AIDS for all church members with special training for leaders
Zlu	Improve knowledge and awareness of HIV/AIDS in churches and communities; provide environment conducive to learning
Grg	Illiterate people must receive same information as literate people
Umz	Create a society free from AIDS by teaching the responsibility and accountability for AIDS and preach about HIV/AIDS
Swz	Revisit Swazi tradition and use our inherent tradition to update practices and procedures (hold conferences)
StJ	Empower clergy and congregations by educating them about HIV/AIDS, including use of condoms

Special Calling by Youth

CT	Pilot and develop youth curriculum for use in every parish
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Mtl	Empower youth by teaching church to talk and speak the truth about sex and HIV in a supportive culture working with people living with AIDS
Grg	Develop youth prevention activities
Umz	Concentrate on training of youth

How we get there in Civil Society

PEI	Systems of authority (church or state) will encourage "passing it on": open communication about sexuality, HIV/AIDS, death and dying becomes normative at home, in school, in community
StM	Develop Christian networks of partnerships so that more people can be reached
Prt	Partnering with other organisations creating youth friendly services in communities
StJ	Use skills within our congregations and form partnerships with other counseling and caring organizations working in HIV
Job	Establish working relationship with NGOs and CBOs and those working on sexuality, children and domestic abuse
Les	Work with government churches and NGOs to setup training, workshops and seminars

How we get there in Church

Mtl	Create an open and caring environment develop clergy skills so that they can talk about HIV prevention in bold and caring ways
Grh	Create church as haven for open discussion of sexuality issues, marriage counseling
Blm	Church must talk openly about sexual matters and AIDS prevention including safer sex
Grg	Support family function/family values
CTK	Prayer groups, cell groups; life skills
Les	Pray for people with AIDS every Sunday

Counseling

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 toward the perfection promised in Christ's example with confidence and determination. (Our Vision, Our Hope – Commission)

VCT and Support Structures

StM	Develop counseling skills – VCT workshops and linkages
Prt	Training and mentoring for clergy and laity to be counselors
KK	Create AIDS friendly churches and VCT offerings
Prt	Caring church that encourages people to be tested and share status without fear of discrimination
Job	Provide VCT and support through diagnosis to death
Mtl	Create place where people feel accepted and safe, offer VCT
KK	Organise laity and clergy to be equipped for VCT and ongoing counseling training and support
Swz	Set up counselling centre within the diocese
StM	Capacity building for VCT – clergy and laity undergo VCT voluntarily
Les	Promote people's safety and security in God's love, offer VCT in church
StJ	Use education and VCT to reduce the stigma and fear that leads people to avoid learning their HIV status and fail to disclose it
CTK	Train counselors in parishes where there is over 20% sero-prevalence
Grg	Establish freely-available, local counseling and testing facilities
PE	Train counselors, establish facilities, normalise VCT
Ntl	Establish an Anglican-based training centre for counsellors
Grh	Offer routine VCT services at Church, hosting meetings to discuss HIV status and its meaning and safe behaviors to maintain negative status
CTK	Train clergy/lay leadership, offer VCT once a year in the church
Ntl	Enable trainer-counselors to become pro-active in their communities
CTK	Urge leaders, wardens and clergy to be tested annually;
Swz	Promote VCT by establishing support groups/counselling in church
Zlu	Train more parishioners as AIDS counsellors

StJ	Train volunteer counsellors and offer VCT
Umz	Train volunteers to provide VCT
Swz	Recruit and train counsellors from church members
CTK	Form support groups

Community Analysis and Needs Assessment

Prt	Community needs assessment and develop support network
Job	Avoid duplication and missed opportunities network to find out what is available and from whom and offer testing where necessary
Blm	Form a counselling network using community resources
Swz	Sensitize community leaders

AIDS Community Support in Church

StJ	Remove stigma, denial and fear surrounding HIV/AIDS in the church, community and beyond
Umz	Create healing ministry focused on healing body, mind, soul
Blm	Train counsellors—clergy and laity—to offer safety, comfort and support
Umz	Provide healing services and mobilize prayer
StJ	Train people in authentic spirituality that addresses sexuality, responsibility, accountability, behavior and our response to PLWA
Mtl	Educate congregations about HIV and sexuality to combat fear
Les	Enable, empower parents and youth to talk about HIV and sexuality
CTK	Preach monthly about AIDS

Pastoral Care

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

Pastoral Care Training and Development

Prt	Empower congregation and clergy in skills and knowledge of ministry and pastoral care
Job	Inform and educate clergy and laity about HIV/AIDS and promote sexuality education to support pastoral care
Mtl	Equip church leaders with deeper knowledge of HIV /AIDS to speak knowledgeably and positively and educate our members
Blm	Pastoral care training which supports care for infected and affected people
Mtl	Promote culture that is understanding and accepting life skills education and HIV education in Church
KK	Teach about HIV/AIDS sexual behaviour, support and caregiving
Les	Pastoral care training and education
SWZ	Organize lay and clergy pastoral care teams
Grg	Pastoral care manual for standardised approach to support clerical confidence and competence
Ntl	Educate clergy on impact of HIV/AIDS on spirituality and pastoral care; clergy then provide pastoral care to affected people
Grh	Introduce integrated, inter-denominational pastoral care programmes that support affected/infected
Umz	Revive UBUNTU to respond to AIDS appropriately
CTK	Train clergy, youth leaders, brotherhood to understand sexuality and support their people to understand it
Zlu	Hold ten HIV/AIDS training workshops for clergy and members of the church; motivate youth to participate in HIV/AIDS programmes
Umz	Use Christian pastoral care to empower people of the church to help each other live with HIV/AIDS

Prt	Demystify HIV by sermons with sexuality education and AIDS awareness campaigns
Umz	Well-trained church leaders to confront the epidemic
Swz	Train clergy and lay ministers to speak openly on sexuality and HIV/AIDS issues
StJ	To reduce prejudice and stigmatization and change judgmental attitudes we will launch a parish leadership education and training campaign that supports pastoral care

AIDS and the Culture of the Church

StM	Break the silence due to stigma so that church can be more caring
KK	Encourage people living with AIDS to share experiences in the Church to develop a caring and supportive and accepting Church
Les	Prayer services and Bible study for those infected and affected
CT	Make every parish an AIDS friendly parish
PEI	Open dialogue, all faiths, those infected/affected by HIV/AIDS require same support, resources, nurturing as those with all other diseases/conditions
Blm	Church provides resources, not only spiritually, but physically where care and support happen
StJ	Promote breaking the silence by embarking on a campaign of amassing and distributing educational materials on human sexuality
Job	Promote AIDS friendly and caring Church through preaching, prayer, special services, AIDS friendly signs, support groups.
Grh	Create community-wide support encourage clergy to attend inter-denominational meetings on HIV/AIDS
Blm	Provide a network of care and assessment of need

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. (Our Vision, Our Hope – Commission)

Facing our Customs and Traditions and Counting the Cost

PEI	A Church that openly accepts death, is not afraid to challenge social/cultural expectations, provides physical, emotional and spiritual presence to dying and their families
CTK	Research and gather information about funeral arrangements and customs and their costs
Umz	Awareness programmes, theology of death and dying, reduction of stigma; evangelism, healing ministry, physical care
Prt	Train clergy and laity to provide support to the dying and survivors
Job	Death preparation ministry-preaching, manual, referrals, family support system
Job	Burial customs - assess and evaluate and make recommendations
Mtl	Empower church to face reality of death in order to break the silence
Prt	Create a dialogue in church and community for low cost burial system
KK	Provide more information about Christian burials, cremations and burial society to help people make informed decisions
Les	Reduce high cost of funerals, educate church about Christian burials and establish burial society to keep costs low
CT	Examine the cost of burials
Grg	Every family will be able to afford funerals
Swz	Support the dying and those who mourn via curriculum development, training, provide assistance with legal support; alleviate fear and sadness about death and dying
Mtl	Reduce culture of expensive funerals, educate and inform church about Christian customs of about death and affordable funerals

Swz Change approaches to funerals (costs, cremation, role of church).

Caring and Supportive Church

KK Support bereaved families by recruitment of people to be trained as caregivers and counselors

StM Establish ministry of care for spiritual and physical support

Zlu Encourage the use of memory boxes for families

BIm Equip church to face the reality of death and dying through training and information

Zlu Ensure that terminally ill and families are well cared for and prepared spiritually for death

Ntl Church participate in care of terminally ill and their dependents (burial, widows and orphans, child-headed homes)

Grg Loved ones of the dying will receive fullest support

CT Create safe and healing space for dying persons and bereaved families

Les Reduce deaths and develop income generating self-help projects

Provincial Standing Committee Resolutions on AIDS

AIDS MINISTRY – THE PROVINCIAL RESPONSE

Whereas the Provincial Standing Committee is deeply concerned about the unfolding human tragedy experienced in the HIV pandemic, and

Whereas the caring individuals, congregations and dioceses of the CPSA have been engaged in a variety of HIV-related ministries for the past decade, and

Whereas there are significant gaps in information about AIDS-related ministries and programmes currently implemented across the CPSA, and a critical need for enhanced communication, and

Whereas there are significant fiscal, emotional and spiritual costs associated with current social practices around death: its rituals and customs.

This PSC:

1. Applauds those efforts to prevent the further spread of AIDS, to comfort the afflicted, to minister to the affected, and to soothe the dying;
2. Applauds the role of the Metropolitan, especially in leading the All Africa Anglican AIDS Conference, and pledges its support to his continuing ministry of raising awareness, galvanizing public opinion and coordinating national and international support;
3. Endorses the All Africa Anglican Planning Framework adopted at Boksburg this year;
4. Supports the completion of CPSA long-term strategic planning efforts of the All Africa Anglican Planning Framework under the direction of the Provincial Canon Missioner by 1 March 2002;

5. Endorses all such efforts under the Office of HIV/AIDS Community Ministries and Mission to improve communication between Provincial and Diocesan Offices and HIV/AIDS Ministries, Task Forces and Committees within the CPSA and the World wide Anglican Communion;
6. Endorses programmes and activities which: end stigma by converting every parish into a welcoming and "AIDS Friendly Congregation", promote life-saving and life extending treatments, and provide counselling and care for those affected;
7. Urges upon all our people responsible sexual behaviour, which includes: knowing one's HIV status and its consequences, and embracing and upholding the Church's traditional teaching on chastity, monogamy and marriage;
8. Strongly supports prevention programmes for adults, children, and youth which are culturally appropriate, age and gender specific, and based in Christian values;
9. Requests that the CPSA Pastoral Commission review and present to Provincial Synod 2002, policies which uphold, support and protect the dignity and livelihood of all those employed or licensed for ministry within the Province who are living with HIV/AIDS; and
10. Respectfully requests the Metropolitan to initiate an exploration, through ecumenical and other appropriate channels, of the reverent disposal of human remains by burial or cremation, funeral costs, and associated customs and rituals, and submit a report to Provincial Synod 2002.

Proposed: Bishop Peter Lee

Seconded: The Very Revd Fred Pitout

Approved

WOMEN'S AND CHILDREN'S RIGHTS AND HIV

Whereas the Provincial Standing Committee is acutely aware of the impact of HIV/AIDS upon women and children, and

Whereas Christians share a deep reverence for life and a commitment by Christians to enhance quality of life, and

Whereas male abuse of women and girls in Southern Africa is a key factor in the transmission of HIV, and

Whereas there are medically-proven safe treatments and interventions available which inhibit and reduce HIV transmission between mothers and newborn children, and

Whereas there are cost effective means to significantly reducing the costs of caring for HIV+ women and their children, and

Whereas the South African Constitution and similar documents in neighboring States insist that citizens have a right to life, which is currently imperiled by neglectful government policies in this regard;

Therefore this PSC:

1. Urges boys and men in Southern Africa to honour the human rights of women and girls, and especially to respect and uphold the rights of women in their reproductive capacities, ensuring that they can always exercise their choice about sexual activity, the use of contraceptives and other disease-reducing methods, and maintain respect for their decisions by any present and/or future sexual partner;
2. Urges governments to make anti-retroviral pharmaceuticals immediately available to victims of rape and incest;

3. Urges governments to make life-saving and disease-preventing pharmaceuticals and infant formulae immediately available to mothers and newborn children significantly to reduce HIV infection and enhance the quality of life of mothers and their children;

4. Urges members of the CPSA to commit ourselves to shelter ministries which maintain children in their homes, and seek foster care to sustain children to maturity.

Proposed: Bishop Peter Lee

Seconded: The Very Revd Fred Pitout

Approved

AIDS STATE OF EMERGENCY

Whereas the South African Constitution entrenches the right to life of its citizens, and parallel documents in neighbouring countries make similar commitments, and

Whereas the government of Namibia has declared a 'state of emergency' over the AIDS pandemic, the Prime Minister of Lesotho on behalf of his government has 'declared war on AIDS', and the King of Swaziland has declared AIDS to be a 'national disaster', and

Whereas there is an urgent need for united and concerted leadership that acknowledges the nature and extent of the HIV/AIDS pandemic, in a way which minimises public denial and complacency;

This Provincial Standing Committee respectfully calls on the Archbishop to consult with the governments of the countries embraced by the CPSA (Angola, Lesotho, Mozambique, Namibia, South Africa and Swaziland) and our partners in the fight against HIV/AIDS, to declare or affirm a 'national emergency on AIDS' on World AIDS Day, 1 December 2001, with a view to focussing our corporate energies accordingly.

Proposed: Bishop Peter Lee

Seconded: The Very Revd Fred Pitout

Approved

MOTHERS' UNION / AWF

Whereas this PSC recognises the ministry of the MU and AWF as detailed in the reports submitted, especially in the area of family life; and

Whereas HIV/AIDS is a pandemic destroying family life;

Therefore this PSC encourages the MU and AWF to join forces in all Dioceses and to:

1. Continue their awareness programmes and the encouragement of voluntary testing;
2. Vigorously take up the programme of home-based care training;
3. Encourage the establishment of counselling centres in all parishes;
4. Encourage Diocesan MU and AWF groups to report to their Bishop and to their Provincial President every six months.

Proposed: Bishop Bethlehem Nopece

Seconded: The Very Revd Les Walker

Approved

Primate's Statement

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 Revd Njongonkulu Ndungane, who was mandated by the Primates in March 2001 to coordinate 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-coordinated and joint action is the only way to address the enormity of this challenge, and express our regret that certain governments continue to criticise 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 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 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

16 April 2002

Provincial Synod Resolution

Resolution Supporting Provincial HIV/AIDS Ministries Programme

Whereas, the Provincial Synod is committed to action in supporting and expanding the Provincial response to the HIV/AIDS pandemic, and

Whereas caring individuals, congregations, parishes and dioceses of the CPSA have been engaged in a variety of HIV-related ministries for the past decade, and

Whereas, the Provincial Office for HIV/AIDS Community Ministries and Mission has completed long-term strategic planning in the dioceses of the Province, using the All Africa Anglican Planning Framework, and

Whereas, the results indicate there are programmes and projects, which demand Province-wide response, coordination and funding,

This Provincial Synod hereby:

1. Continues to uphold and support such leadership efforts of the Metropolitan in leading efforts within the Province, Africa and across the worldwide Anglican Communion, which raise awareness of the HIV/AIDS pandemic and the stigma that it causes, and garner national and international support for all persons living with HIV/AIDS;
2. Endorses the programmes and projects presented under the six focal concerns of Leadership, Care, Prevention, Counselling, Pastoral Care, and Death and Dying;
3. Supports the efforts of the Office of HIV/AIDS Community Ministries and Mission in securing funding for the programmes and projects identified in the Provincial Strategic Plan;

4. Urges the creation of such task forces and committees as may be necessary to institute and advance the Strategic Plan;

5. Re-affirms the resolutions on: AIDS Ministry-The Provincial Response (PSC-10.9), Women's and Children's Rights and HIV (PSC-10.10), and Mother's Union/Anglican Women's Fellowship Response to HIV/AIDS (PSC-10.14), and

6. Urges the adoption of CPSA Workplace policies in each diocese of the CPSA which uphold, support and protect the dignity and livelihood of all those employed for licensed for ministry within the Province who are living with HIV/AIDS, and

7. Extends the appreciation of the CPSA for the work of the Canon Missioner for HIV/AIDS to the Episcopal Church of the United States and the Diocese of Washington for extending such ministry to the Province.

Submitted: 15 July 2002 for consideration by CPSA Provincial Synod 2002