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*Be kind and compassionate to one another, forgiving each other just as Christ forgave you.*

*Eph 4:32*

## HIV&AIDS and COMMUNITY DEVELOPMENT

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As Christians making a difference in HIV&AIDS, we work towards positive change in the whole of human life - materially, socially and spiritually. This is transformational development. AIDSLink 92 raises issues that are important to many of our readers in this journey. Your contributions and feedback are much appreciated by all. In the next edition of AIDSLink we will discuss *Sexuality and marriage*.

*Diane*

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SIM HIV&AIDS related ministries and HOPE for AIDS

## 1. BIBLICAL FOUNDATIONS: COMMUNITY DEVELOPMENT

Poverty is frequently understood as a deficit, such as the absence of resources, knowledge or access. However this definition is materialistic and fails to address relational issues and the chronic nature of poverty. Bryant Myers (World Vision) speaks of the 'eternalization' of poverty: people are caught in a web of lies and come to believe that poverty is the fault of the poor. Instead the cause of poverty is relationships that don't work for wellbeing. These relationships are with God, the environment, other people and with self. The result is a marring of identity. As people committed to effective HIV&AIDS ministry, we desire to see people recover their true identity (Eph 1:11,12; 2:1-9).

What then is involved in the restoration and healing of these relationships? Once people understand that wellbeing can only be attained through the transformation of our relationship with God, the environment, other people and with self, they can recognize the possibility of real change and that they have something to contribute (Eph 2:10).

Because HIV&AIDS projects are often developed in response to perceived deficits, we need to avoid slipping into the thinking that projects themselves are transformational. Rather it is the relationships with people that are transformational. It is the way the project is done that can be transformational, that is, the process of restoring, building and strengthening relationships, and not the project itself. As we listen to the communities in which we work and to those in leadership of churches and partner organizations, we can learn together and move forward (Eph 4:29-32).

For reflection and discussion:

1. What is your definition of poverty?
2. What is your definition of transformation?
3. In light of the above, what is the biggest challenge facing development workers?

Listen to Bryant Myers perspective on these questions on Food for the Hungry's *Poverty Unlocked: Christian Relief and Development* podcast at:

<http://povertyunlocked.com/2009/09/11/pu-040-walking-with-the-poor-sep-11-2009/>

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## 2. CONTINUUM OF CARE: INDIA

Dr Vandana Kanth, [dr.vandanakanth@gmail.com](mailto:dr.vandanakanth@gmail.com) Director of Community Health & Development at Duncan Hospital, India contributes the following from her experience:

Of India's more than 1 billion inhabitants, an estimated 2.5 million are living with HIV&AIDS giving a prevalence of 0.3% among adults (UNAIDS 2008). Interventions have largely focused on HIV prevention through raising awareness of risk, needle exchange, preventing transmission through blood and blood products, the provision of antiretroviral therapy (ART), training and capacity building, operational research, monitoring, and evaluation.

The current need is to look at HIV&AIDS in its totality, rather than isolated aspects. Although the cost of ART has decreased with local generic production and through advocacy groups lobbying to make government funding available for ART, accessibility to ART remains limited. Stigma and discrimination continue to weaken interventions, especially those targeting high-risk groups. HIV&AIDS needs to be addressed at the community level, with interventions at the primary level (awareness and detection) supported by the secondary level (formal health care).

The following model suggests a process of continuum of care that flows from primary to secondary levels of support for people living with HIV&AIDS (PLWHA).



### Primary level support

- Family: The first support for PLWHA should be the family itself. This is facilitated by counseling and sensitization
- Community: Sensitization of Mukhiya (village heads), elders, self-help groups and religious leaders in rural communities towards HIV&AIDS and stigma. This raises awareness, provides long term emotional, physical and vocational support, and eventually restores a PLWHA to their community
- Home based care: Regular home visits diminish stigma and discrimination, foster relationships and lead to a better understanding of needs and concerns

### Secondary level support

- Crisis care centre: This may be necessary in the initial phase of diagnosis and includes the sensitization and counseling of PLWHA, family and community
- Medical care: This includes ART, the treatment of opportunistic infections and CD4 testing. The positive change in the health of PLWHA moves them from fear and despair to a journey of hope. Health care professionals must be adequately trained and equipped to work sensitively with PLWHA
- Support group meetings: These should be a common forum for PLWHA and their families to share and to voice their concerns and needs

Empowerment and development components should be incorporated at all levels and in all interventions and projects. These address issues such as the under-utilization of government funding and benefits by PLWHA, families and communities for fear of revealing HIV status. Organizations working in HIV&AIDS at both primary and secondary levels should aim to bring hope as well as physical and emotional rehabilitation. This in turn promotes the process of testing and addresses stigma and discrimination. Ensuring a continuum of primary and secondary levels of care and support for PLWHA increases the overall effectiveness of programs.

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## 3. PICTURES AND SONG IN COMMUNITY HEALTH EDUCATION: MALAWI

Robyn, community health educator at the southern shore of Lake Malawi contributes the following from her experience working in village health promotion. For further information write to: [rmh2718@gmail.com](mailto:rmh2718@gmail.com)

We are using pictures and song in our program to provide basic health education with the aim of empowering people to make healthy choices for themselves and their families. We are encouraging them to put what they learn into practice, and equipping them to pass on health messages to others. One of the ways they do this is by preparing songs containing health teaching.

Most of our people are oral learners, and our aim is to make these health messages appropriate, easily understood, practical and simple to pass on. Health education is in the local language. All participants receive a photocopied pictorial handout for each session which they use to pass on what they have learnt to others. As mentioned, they also transmit health teaching in song form.

Contact with villages is through existing village faith based groups. Two representatives per village from up to five villages are given two health messages every third week in a half-day training session. In the intervening weeks they pass on these health messages to their respective groups. Where faith based groups are isolated, health education is given to a group of about 15 people in that village. Participants are chosen by their communities for their ability to pass on learning to others.

Our program is a series of 10 sessions with basic illness prevention messages including cleanliness, covering and separating, early intervention and strengthening the body so it can better resist disease. The session having the most impact is on using water to treat and prevent illness. The program has been enthusiastically received and a number of people are so keen to pass on the messages that they have started new groups in other villages.

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#### 4. VIOLENCE AGAINST CHILDREN

None of us is immune from the ugly issues of violence and abuse. *From Commitment to Action: What Religious Communities can do to Eliminate Violence against Children* (2010) produced by UNICEF is written from an inter-faith perspective to promote community discussion. It is available online (2.2MB) at: [www.unicef.org/media/files/What\\_Religious\\_Communities\\_can\\_do\\_to\\_Eliminate\\_Violence\\_against\\_Children\\_\\_%28UNICEF\\_Religions\\_for\\_Peace\\_Guide%29.pdf](http://www.unicef.org/media/files/What_Religious_Communities_can_do_to_Eliminate_Violence_against_Children__%28UNICEF_Religions_for_Peace_Guide%29.pdf)

The guide is intended to: provide a general overview of the nature and scope of violence against children that can be used for informational and educational purposes; highlight the positive roles that religious communities can and do play in advocating for and contributing to the protection of children from violence; stress the benefits of coordination and collaboration in promoting children's rights; and guide discussion, planning and action around child protection issues within religious communities and in larger social settings. Questions for reflection and discussion at the end of each chapter and suggestions for action are particularly thought provoking. For example, consider how violence impacts children's spiritual development.

Does your HIV&AIDS program have a child protection policy? If so, are you willing to share this with others? Please email a copy to [international.aids-consultant@sim.org](mailto:international.aids-consultant@sim.org)

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#### 5. HOLISTIC MISSION AND AIDS

*Holistic mission and AIDS: The challenge of our time to world evangelization* is a Lausanne Occasional Paper produced by the Lausanne Holistic Mission Study Group for the 2004 Lausanne Movement Forum for World Evangelization, Pattaya. [www.lausanne.org/all-documents/aids.html](http://www.lausanne.org/all-documents/aids.html)

The 3rd Lausanne Congress "Cape Town 2010" being held next October is providing a useful focal point to continue discussion on this topic. In the lead up to this event, you can nurture integral mission and contribute in 2 ways: (1) a Facebook group discussing HIV, the Lausanne movement and world evangelization, and (2) the Lausanne Global Conversation. The latter is a series of online discussions with many themes relevant to HIV. Accessible at: <http://conversation.lausanne.org>

The Lausanne Covenant (1974) [www.lausanne.org/covenant](http://www.lausanne.org/covenant) is one of the most influential documents in modern Evangelical Christianity. It came out of the 1974 International Congress on World Evangelization in Lausanne, Switzerland, from which it takes its name. Of particular relevance is the Covenant's expression of Christian social responsibility. It states:

We affirm that God is both the Creator and the Judge of all people. We therefore should share his concern for justice and reconciliation throughout human society and for the liberation of men and women from every kind of oppression. Because men and women are made in the image of God, every person, regardless of race, religion, colour, culture, class, sex or age, has an intrinsic dignity because of which he or she should be respected and served, not exploited. Here too we express penitence both for our neglect and for having sometimes regarded evangelism

and social concern as mutually exclusive. Although reconciliation with other people is not reconciliation with God, nor is social action evangelism, nor is political liberation salvation, nevertheless we affirm that evangelism and socio-political involvement are both part of our Christian duty. For both are necessary expressions of our doctrines of God and man, our love for our neighbour and our obedience to Jesus Christ. The message of salvation implies also a message of judgment upon every form of alienation, oppression and discrimination, and we should not be afraid to denounce evil and injustice wherever they exist. When people receive Christ they are born again into his kingdom and must seek not only to exhibit but also to spread its righteousness in the midst of an unrighteous world. The salvation we claim should be transforming us in the totality of our personal and social responsibilities. Faith without works is dead (Acts 17:26,31; Gen. 18:25; Isa. 1:17; Psa. 45:7; Gen. 1:26,27; Jas. 3:9; Lev. 19:18; Luke 6:27,35; Jas. 2:14-26; Joh. 3:3,5; Matt. 5:20; 6:33; II Cor. 3:18; Jas. 2:20).

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## 6. LET'S BUILD OUR LIVES, LET'S RESTORE OUR LAND

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*Let's Build Our Lives* by Dr Daniel Fountain uses a story of a group of twelve people working together for a better community in order to guide church leaders through the process of beginning a community development program. The book contains useful technical information along with appropriate teaching methods: ideally a small group reads each chapter together then discusses the application questions. Another book by Fountain called *Let's Restore Our Land* has been written for the African context to facilitate discussion around the problems of land and forests, soil improvement and food production. It uses simple English and frequent illustrations to discuss crop rotation, mulching, penning animals, growing trees, firewood and more. These books are available to purchase at <http://echobooks.org>

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## 7. MAKING IT KNOWN – TRAINING IN MICROFINANCE & MICROENTERPRISE

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The Chalmers Center for Economic Development at Covenant College (USA) trains *churches to help the poor to help themselves*. Training is available for pastors, deacons/lay leaders, missionaries, and ministry staff. It is delivered through web-deployed distance learning courses, self-study courses, and week-long training institutes held around the world. The Center offers a series of three distance courses on conducting Christian microfinance and microenterprise. The initial course, Foundations and Principles of Holistic Ministry (International Ministry Track) teaches appropriate goals and strategies for conducting Christian economic development in poor communities. See: [www.chalmers.org/tracks/int\\_track.php](http://www.chalmers.org/tracks/int_track.php)

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## 8. TIPS IN DOCUMENTATION & COMMUNICATION – TEN SEED TECHNIQUE

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The *Ten Seed Technique* developed by Ravi Jayakaran (2002) is a simple but useful way to help generate discussion and probe more deeply into a variety of community issues. It can be effective with both literate and oral groups and can help to ensure that a focus group discussion does not just turn into a question and answer session. The group is given ten seeds (whatever is available but coloured ones ensure better visibility) that represent the entire population under study. They are then asked to group the seeds according to the question for discussion e.g. how many of your children wash their hands after using the latrine? Or, how many people use the latrine at night? Or, how easy is it for you to contact the agencies working in your area? They can then be asked why they have grouped them in this way, if everyone agrees, and to describe the characteristics of each group. Further exploration can be conducted by asking the participants other questions using the seeds e.g. what other types of latrines do people use, and how many use each type? Even more information can be sought on what the different groups do using the seeds as a way to visualize the issue. For a detailed explanation of this see: [www.rcpla.org/pdf%20download/Ten%20seed.pdf](http://www.rcpla.org/pdf%20download/Ten%20seed.pdf)



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