



HIV and AIDS Policy

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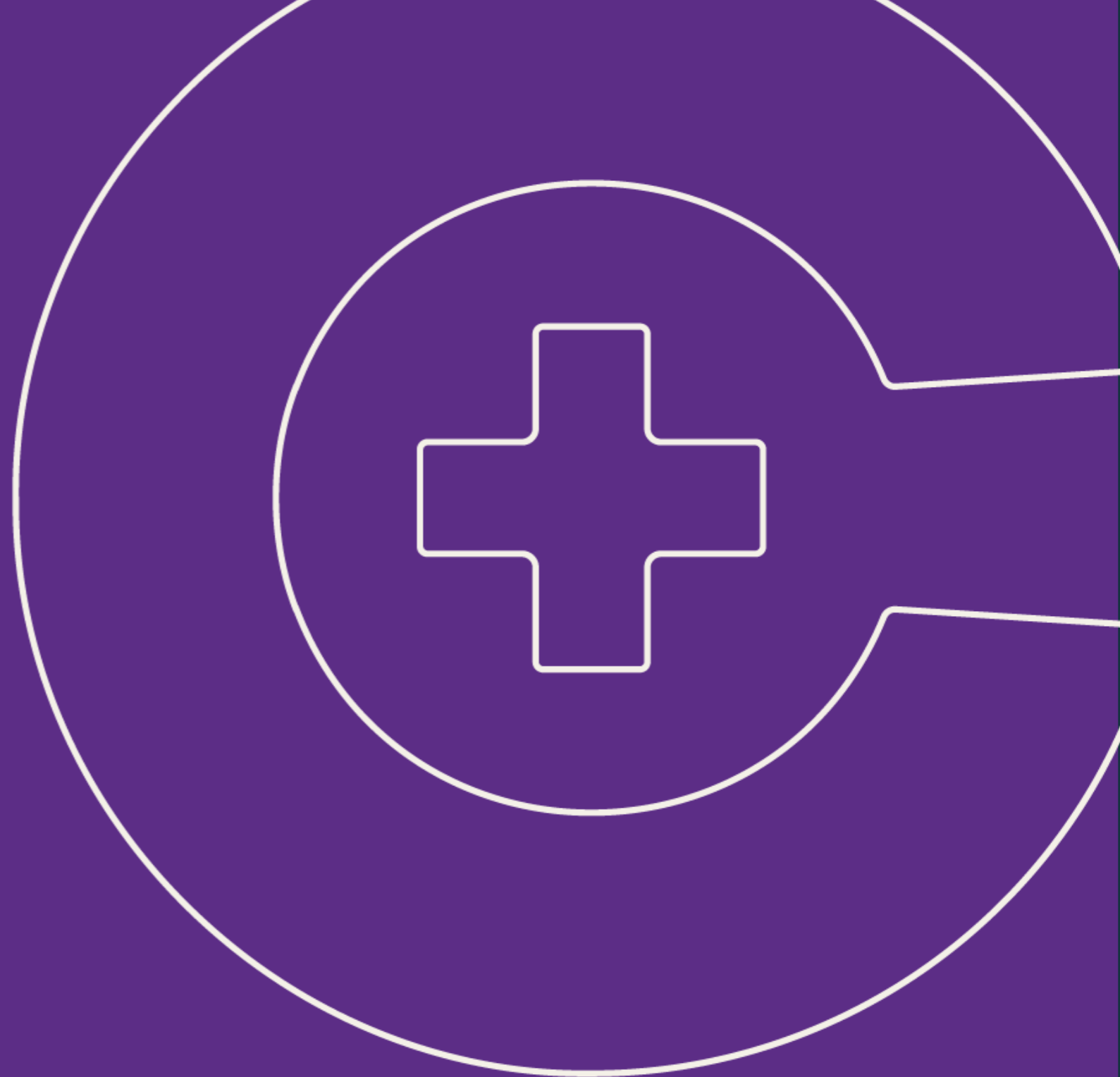
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HIV and AIDS Policy

The following HIV and AIDS policy is based upon solid experiences of HIV and AIDS interventions gathered through members of CKU and their partners, who have been working in this area over the past years.

We hope that the strategy will serve as a tool to all member organisations and their partners to incorporate effective HIV and AIDS activities and strategies in their existing work.

Center for Church-Based Development (CKU) and member organisations are dedicated to engage actively and positively in the prevention of HIV and AIDS and to care for those infected and affected by the disease. CKU and members understand this vital work in the light of Christian values and obligation to care for all human beings and in particular to look out for the vulnerable, poor and expelled.



We share common Christian values

CKU members are involved in development work all over the world and partner with organisations and churches, which share common Christian values, which influence and shape the work. These values should also guide and shape the work concerning HIV and AIDS. Based on these values, three fundamental values regarding HIV and AIDS work can be identified:

1. All human beings are created in the image of God and should thus be treated with respect regardless of social-, cultural-, religious- or political affiliation. Because of the uniqueness of each individual, HIV and AIDS infected humans

are of no exception and have the right to be treated equally and with respect.

2. God created us as sexual human beings and this sexuality is to be celebrated, enjoyed and treated responsibly. The church therefore needs to talk positively about sexuality instead of ignoring the reality around sexual behaviour as if sex does not happen. A holistic approach also includes sexual wellbeing and guidance, in which we are called to behave responsibly to one another and to ourselves.

3. All Christians have been given the

responsibility to care for people around them. This also entails the responsibility to work against structures and institutions that may oppress or exclude people, to give correct information and to advocate for inclusion and justice both inside and outside the church. In many cultures, sexuality including HIV and AIDS has been a taboo, and often the church has been affected by this taboo and remained silent or even worked to establish and confirm the taboo, leaving people behind without proper knowledge about sexuality and leaving HIV and AIDS infected people behind with no support.

How the Churches have responded to HIV and AIDS

The churches all over the world have been through a series of paradigm shifts in the last two decades of battling with HIV and AIDS. This is in particular true for the churches in Sub-Saharan, which is the most affected area. At the beginning of the epidemic the churches in general regarded the issue of HIV and AIDS as a problem relating to the homosexual community, sex workers and others involved in behaviours and practices deemed unacceptable according to their teaching and conviction, and not as a problem within the churches themselves. This was a phase of a lot of rejection, stigmatisation and condemnation by and from within the churches. The phase which followed was ushered in by the realisation that a number of its own members with credibility and integrity within the churches started to die in the late 1980s. The churches responded with denial that HIV and AIDS could be

affecting them and preferred in many instances to explain the causes of death as relating to other causes rather than to HIV and AIDS. As reality started to grip harder, the churches had no choice but to explain this seemingly mysterious epidemic to their audience, which was seeking answers from God. The churches in this phase responded in two ways. One, it took a firmer and more defensive stance in the early 1990s, stating that AIDS was clearly sin related and people needed to be delivered from it. The churches often appeared as exponents for a condemnatory behaviour. Two, the churches responded to the secular responses by criticizing prevention strategies, specifically the safe sex messages, rather than providing credible alternatives. This further distanced the churches from being constructive actors at the time when they were most needed.

The next paradigm shift plunged the churches into internal differences of opinion in the mid 1990s. As more people within the churches including the clergy continued to die, a group of theologians, church leaders and denominations emerged, who called for a redefining of the church's mission and ministry in the light of HIV and AIDS in order to present a more compassionate approach and response to the epidemic. These were generally looked upon as extreme liberals who became quite unpopular within some churches. The late 1990s ushered in a completely new and rather surprising dispensation, not so much for the churches as for governments and the donor community, who had for long observed and seen the churches as anti-HIV and AIDS programmes. There was a mushrooming across Africa of small Christian projects and programmes, mainly church-based,

responding to the epidemic. No doubt, the escalating attention on this epidemic along with increasing donor funds being earmarked for HIV and AIDS interventions also encouraged the churches to respond to the epidemic. As the epidemic has continued into the new decade unabated, its impact has equally gripped the churches, confronting them with this unprecedented reality of sickness and death. The churches and Christian organizations have been forced to take up the challenge and intensify their efforts to respond towards HIV and AIDS - however late in the fight. The churches have lagged behind in areas where they should have played a leading role especially in the area of curbing the spread of the pandemic through innovative prevention strategies.



Comparative Advantages

The following comparative advantages have been identified for partners and churches involved in HIV and AIDS work supported by CKU:

- Many churches have traditionally been involved in health work and education, which are important experiences and components to bring into HIV and AIDS work.
- The churches often have good networks, which enable effective spread of information about HIV and AIDS prevention, -care and -treatment. Most churches have women and youth groups operating locally, regionally, nationally and internationally. Many churches also have men groups, which can be a unique network to reach men as well with HIV and AIDS education. Networks are also built between many churches in South and across church denominations, which enable sharing of best practices.
- The churches are regularly in direct contact with people during the weekly services and group meetings, and this is an ideal way to share information among literate and less educated people.
- The churches can shape morals and values within the societies. The churches and particularly the church leaders represent a certain authority and have

thereby the opportunity to influence people to change behaviours and values. Christian teaching and values go far beyond sexual abstinence outside marriage and include issues such as sexuality, relationships, family and community. Based on Christian teaching, the churches can also raise awareness of the rights of all people to be treated with respect.

- The churches use theological concepts, which can bring comfort and hope to those affected by HIV and AIDS, e.g. concepts of forgiveness and eternal life. Also, the churches represent to many believers a kind of family, in which they can feel comforted and loved.
- The churches are motivated to speak on behalf of the marginalised and vulnerable people. They have a prophetic and testifying role to play and have the potentials to call for justice by promoting equal rights for all people. Churches have played a very important and testifying role in particular HIV and AIDS care. In countries where the church is a minority it has been able to function as substitute families for HIV and AIDS infected people already rejected by their own relatives and friends.
- The churches have a strong base of committed volunteers. The true heart and soul of the Christian community is at the grass root level. From the reading of



the Gospels' accounts of Jesus' actions and teaching, many Christians believe that they have an obligation to give special care and attention to the poor and marginalised in society.

- Many churches in South have long lasting partnerships with churches in North. A partnership which is built on mutual respect and trust and where a willingness to listen and to learn from each other is present, makes an ideal framework in which dialogue on sensitive issues such as HIV and AIDS can take place.
- The churches are present at all levels in society including the poor and most remote areas, where international and national agencies often cannot reach. They are deeply rooted in the local community and enjoy respect and legitimacy,

which make them obvious and sustainable entry points to the communities.

- The churches and Christian organisations represent a large number of people except in countries where churches are in a minority like in the Middle East countries and India. The large representation of people gives the churches great potential for carrying significant political influence and power whether at the global, regional, national or local level. Their position can be used to mobilise public support around specific HIV and AIDS campaigns to reduce stigmatisation or to increase fair access to treatment. They can also contribute with a voice and with watchful eyes in the process of defining and shaping policies and implementing public responses to HIV and AIDS.



Approaches

HIV and AIDS should not be considered as an issue reserved to health projects only but as an issue important to consider in all projects. CKU will strive to ensure that members and partners in one way or another consider to mainstream HIV and AIDS into all activities and projects.

CKU understands HIV and AIDS not only as a health issue, but also as a development, a gender, a social and an economic issue. In order to effectively promote changes, CKU will take into account underlying concepts of gender, sexuality, culture and power relations, which main-

tain and reinforce the spread of AIDS, when supporting HIV and AIDS interventions.

HIV and AIDS and poverty are closely interrelated, as poverty often exposes people to infection due to involvement in sex-work for survival, migrant employment, lack of capacity or means to use preventive means. HIV and AIDS can on the other hand lead affected household into poverty.

CKU and members furthermore acknowledge that each person has the right to receive correct information about all means available to protect themselves

and their partners from HIV infection including abstinence among unmarried people, faithfulness in marital relationships and the use of condoms. It is further acknowledged that each person has the right to decide which practice to follow, based on correct information sharing, individual values and life situation. In addition, if a church or a partner is unable to teach about and/or distribute condoms for what ever reason, CKU urges that they work together with another organisation to ensure that condoms are available for those, who might choose this option.

Gender

Women in general are more vulnerable to infection for several reasons. They often lack the power within relationships to abstain from sex or to demand that their partner uses protection when they have sex. From a socio-cultural perspective, women are more at risk in contracting HIV because of gender inequality, discrimination and the subordination of women.

Silence hides the numerous episodes of sexual abuse and violence against women. This lack of response extends from community level including the church through to low enforcement agents and the courts.

Part of women's vulnerability stem from biological factors such as higher concentration of HIV in semen than in vaginal fluid and a bigger surface of the mucous membrane for women compared to men, which make them more prone to infection. Economically and legally,

women enjoy fewer rights than men, for example access to basic education, which gives them few chances to be exposed to HIV and AIDS education. Women have more difficult access to property and inheritance, which reinforces poverty potentially leading to prostitution. Furthermore women are often those carrying the greatest burden being care takers of children, the sick and the orphans. Men often keep their secrets about their HIV-status to themselves, which increases the risk of spreading the virus. Thus projects must address and challenge men's attitudes and sexual behaviours as well.

It is essential that men and boys become more actively involved in combating the HIV epidemic in one way or another to secure and support the protection of women's rights. For further input on gender-sensitive approach, please see CKU's gender strategy.



Context

CKU wishes to target all people with HIV and AIDS interventions, but finds it important to make priority to those target groups, that are most at risk in a given context. Types of HIV and AIDS interventions and target groups should be chosen according to the context.

In high prevalence countries such as Sub-Saharan countries young people between 15-24 years accounts for about 40% of all new infections. Almost 61% of adults living with HIV are women and about 76% of young people aged 15-24 living with HIV are females. HIV and AIDS interventions should rightly address these target groups. Particular in high prevalence countries, an increasing num-

ber of children are infected and orphans constitute a serious problem. It is important to be aware of and include this target group.

In low prevalence countries, HIV and AIDS interventions are more strategically addressed towards risk groups such as injecting drug users, sex workers, prisoners, truck drivers and migrants.

CKU recognises the importance of open dialogue with the involved partner organisations regarding this strategy. Differences in context and culture should always be taken into consideration when it comes to the practical implementation of the three fundamental values of church based HIV and AIDS work.



Service Delivery

CKU works with an approach where service delivery, capacity building and advocacy are inter-related components. This approach complies with the overall strategy of CKU's development work and is also the framework for support to HIV and AIDS interventions. In order to promote changes, various services must be available. CKU does not usually support running expenses of hospitals such as laboratory equipment, testing kits and gloves. However, if relevant in a given project, some services and equipment may be provided. Also upgrading of health institutions e.g. to accommodate voluntary counselling and testing (VCT) or reproductive health services may be supported. Nutritious food is essential for the health of people living with HIV and a healthy appearance is of great importance to the quality of their lives. In some cases, CKU can support nutritious food besides training in nutritious and balanced diets and in establishing vegetable gardens.

Capacity Building

CKU will work to strengthen the role of the churches in the fight against HIV in recognition of the important and valuable inputs they can offer. CKU will support a strategic capacity building, where individuals are targeted providing they are influential within the community or within institutions (e.g. health or education) or churches and can act as change agents inside and outside the church:

- Key leaders within the church include the pastor and other religious leaders, whom the village congregations confide in regarding their miseries and difficulties, and HIV and AIDS is no exception to this.
- The deacons or the evangelists are those often responsible for the baptism and confirmation classes for young people, and life skills and sexual education could potentially be included in such classes.

- Volunteers within the churches are common, as voluntary participation in Christian social services among people with needs is encouraged by the biblical teaching. For this reason, churches have great potential of recruiting volunteers among women, men and youth, who may already have experience in leadership through leading bible study groups, and who may have many contacts to the wider society in villages and rural areas.

CKU can also support capacity building of key persons within health- and educational institutions often run and owned by the churches. Teachers, headmasters and health workers all have the potential to become agents of change through training as well. Ideally, the social work is coordinated and linked to the wider community including community leaders, traditional healers, religious leaders, traditional birth attendants and village health workers, who are great assets and influential

persons to include and invest in.

It should be aimed to involve people living with HIV (PLWH) to ensure that programmes are in line with the needs of the target group, and employment of HIV infected volunteers and personnel is an essential step of empowering the PLWH in the process. By involving PLWH, stigmatisation can be reduced by putting a "face to the disease" and demystifying the issue as well as reinforcing prevention. At the organisational level CKU wishes to support development of HIV policies such as code of conducts and strategies considering HIV at the working place.



Advocacy

Stigmatisation of people infected and affected by HIV and AIDS constitutes a major problem in many communities. The sense of shame which is associated with HIV and AIDS is one of the important setbacks that prevent the efforts in combating the spread of HIV. It prevents people from getting tested and to disclose their status to their family and accessing treatment, and it deprives affected families from a social life. Addressing the problems of stigmatisation and discrimination against PLWH can be seen as a prerequisite for effectively addressing the HIV epidemic.

Advocacy to promote the rights of HIV infected and affected is therefore seen as an important component to reduce stigmatisation and discrimination. In this regard, it is important to influence the development of policies within the churches to secure the right to e.g. marriage and employment when tested HIV positive. In addition, advocacy also includes the right not to be tested e.g. as a condition for employment.

Advocating on behalf of and with PLWH also includes increased access to and responsible management of ARV therapy in all areas, treatment of opportunistic diseases as well as nutritious support. CKU experiences show that more Christians engage in the fight against HIV and AIDS, if they have been motivated by other Christians (peer approach). Thus establishing and strengthening of Christian AIDS networks can be a suitable approach to use when aiming to motivate churches in the fight against HIV and AIDS. Such networks can also work as a platform for sharing of new models for

combating HIV and AIDS, which can be used in other places.

Advocacy may also take place on policy level in order to promote improved national and global distribution of resources which favours the poor, and influence national strategies and policies that uphold the rights of people affected by HIV and AIDS. The churches can also address root causes by influencing the implementation of rights and policies e.g. to protect women against sexual abuse and harmful practices.

Networking

CKU will encourage networking and cooperation between various projects and partners to assist each other, complement each other, and develop activities together. In order to achieve a significant impact in the communities, a coordinated response must be established. It is important to link up with already existing structures and organisations to synergize efforts and to avoid duplication of existing work.

It is also important to share experiences and best practices in order to learn from each other. Pan African Christian AIDS Network (PACANet) is an example of a regional network in Africa, which facilitates exchange of experiences across Africa and supports the establishing of national Christian AIDS Networks. CKU will through networks assess and promote the development of innovative tools and intervention methodologies for both HIV and AIDS prevention and systems for care and support.



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