East - Central Africa Division (ECD) of Seventh-day Adventist (SDA) Church Regional Workshop on HIV/AIDS

Held in Collaboration with
The POLICY Project/Kenya
USAID/Kenya
Adventist Development and Relief Agency International and the Health Ministries Department, General Conference of the SDA Church



November 10–13, 2003 • The Conference Centre • Hilton Hotel, Nairobi Kenya

SEVENTH-DAY ADVENTIST CHURCH

ADRA

USAID

POLICY

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Hilton Hotel, Nairobi Kenya

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ACRONYMS

AANKC	Adventist's AIDS Network Kenyan Chapter
ABC's	Abstinence, Behaviour Change and Condom Use
ADRA	Adventist Development and Relief Agency
ARV	Anti retroviral (drugs)
AY	Adventist Youth
EAU	East African Union
ECD	East-Central Africa Division
FBO	Faith-based organisation
GC	General Conference of Seventh-day Adventist Church
GIPA	Greater involvement of people with AIDS
HBC	Home-based care
HfH	Hope for humanity
IEC	Information, education and communication
IGA	Income generating activities
KAAVOG	Kingeero Adventist HIV and AIDS Volunteer Group
MORCAO	Mother's Rural Care for AIDS Orphans
NACC	National AIDS Control Council
NECAT	North East Congo Union Attached Territory
NGO	Non-governmental organisation
OVC	Orphans and vulnerable children
PLWHA	People living with HIV and AIDS
PMTCT	Prevention of mother-to-child transmission
SDA	Seventh-day Adventist
USAID	United States Agency for International Development
VCT	Voluntary counselling and testing







FOREWORD

From the 10th to the 13th of November the East-Central Africa Division (ECD) of Seventh-day Adventist Church (SDA) brought over 150 participants together from five continents, including 19 People Living With HIV and AIDS (PLWHA) and caregivers from the 10 union territories and attached fields plus leadership from the world Church, to put forward a united front in the battle against the spread and suffering caused by HIV and AIDS.

The workshop was very successful in sensitizing the church leadership and other participants to HIV and AIDS issues that need to be addressed in the ECD. All the participants identified priority actions and made policy recommendations for the church Executive Committee (EC) to consider. Each of the Unions within the ECD drafted follow-up action plans with details of specific activities planned over the next two years. Finally the participants come out with a declaration of commitment drafted for recommendation to the ECD leadership.



ACKNOWLEDGEMENTS



The organizers of this HIV and AIDS workshop want to sincerely thank the following organizations and individuals who have greatly contributed to the success of this workshop:

First of all, a special thank you to those PLWHA who joined us and shared their experiences to sensitize us.

Thank you also to the Kenya government representatives who attended the workshop and who made the opening and closing speeches during the workshop.

Dr. Paulsen, President, General Conference of Seventh-day Adventist Church (GC) and Mrs. Paulsen did us a great honour by attending this workshop. Their presence here makes the statement that HIV/AIDS is an issue that concerns the whole Church. We wish to thank them for their undivided support.

This workshop was held in collaboration with POLICY Project Kenya under the leadership of Angeline Siparo, the Kenya Country Representative. She has expressed a desire to work with the ECD of the SDA Church and we welcome her involvement and thank her for her support. In addition, we would like to thank the POLICY team who provided workshop logistical support.

Likewise, we wish to thank the United States Agency for International Development (USAID) in Kenya for its financial contribution for the logistics of the workshop and for sending Mr. Warren Buckingham to speak to us as a representative for USAID and the CORE Project.

Thank you to the ECD leadership in Nairobi, particularly, Elder G. Mbwana, President, ECD of SDA church, and his team for hosting, supporting, and helping organize the workshop.

Elder Charles Sandefur, President of the Adventist Development and Relief Agency (ADRA) International and his team deserve thanks for the key role they played in organizing the workshop including conceptualization, liaising with POLICY Project, providing matching funds, and technically supporting the ECD in the design and implementation of the workshop.

We would also like to acknowledge and thank the following who contributed to the success of the workshop: Dr. Allan Handysides, Director, Health Ministries Department of the GC; Dr. Lester Wright, working with the New York State Department of Correctional Services; Dr. Baraka Muganda, Director, Youth Ministries Department of the GC; Drs. Karen and Ron Flowers, Co-Directors of the Family Ministries Department of the GC; Pastor Ray Debrewski, Director, Communication Department of the GC and team including Samual Misiani of Adventist World Radio; and the Union Presidents throughout the ECD territories who attended the workshop and reported on the HIV and AIDS situation among SDA church members in their respective countries.

Numerous speakers from different institutions including Dr. Peter Okaalet, Director of MAP International's Regional Office for Africa in Nairobi; Mr. Goran Hansen, Director of ADRA Regional Office in Johannesburg; Dr. Gary Hopkins, Professor at Loma Linda University in California; Pastor Maitland DiPinto, Director of North American Division of SDA church, Hope for Humanity Office; and all others whose contribution was immense.

The workshop wouldn't have been a success without the moderators and full participation of all the delegates and their eagerness to explore some difficult issues both in groups and in plenary sessions.

And finally, special thanks to the Nairobi Seventh-day Adventists Church choir of Makongeni, directed by June Ogola, who entertained us throughout the workshop.

WORKSHOP STRUCTURE



The workshop facilitators were Melanie Judge, Project Manager, POLICY Project, South Africa and Dr. Mike Negerie, Regional Technical Manager for Health, ADRA Africa Regional Office, Johannesburg, South Africa. The workshop rapporteur was Dorothy Southern, a consultant supported by POLICY Project, Kenya Country Office.

The workshop objectives were to:

- Sensitize Church leaders and reduce fear/ denial/stigma associated with HIV/AIDS.
- Institute an effective response to the HIV/ AIDS epidemic through full participation of Church leaders at multiple levels.
- Establish enabling policies and/or programs that address HIV/AIDS pandemic in the division territory.

The expected outcomes of the workshop were that:

- Church leaders would be sensitized and mobilized for action.
- A supportive environment for effective HIV/AIDS programming (i.e. Home-based care) would be created.
- Appropriate and enabling policies & strategies for prevention and control of HIV/AIDS would be conceptualized.



The evaluation of the workshop consisted of direct feedback using an end of the day PowerPoint Roundup; an evaluation box that asked participants to express both the good and bad aspects of each day's proceedings and an end-of-the-workshop questionnaire. The results of the evaluation are presented at the end of this report (p. 74).

The workshop was a combination of guest speaker presentations during plenary sessions and break-out sessions for participatory group reflection, discussion, recommendations and action planning.

The topics covered during plenary sessions were all relevant to the SDA Church and its fight against HIV and AIDS in the ECD. At various times there were question and answer sessions following a guest speaker's presentation.



The participatory group work focused on 10 topics and consisted of both reflections on the real situation in the Church communities, and action as to how we want things to change. The groups each made recommendations or gave possible solutions that could help the Church address the identified issues and challenges. The last group activity was preparing specific action plans by country unions and attached fields/conferences.

Parallel meetings

During the workshop several special interest groups were meeting in the evening hours or at lunch time to take advantage of the wide variety of knowledge and interests that the participants brought together.

A dedicated group of participants was committed to move toward action and worked together to develop a declaration of commitment. This group, facilitated by Dr. Mike Negerie, included:

Mr. Believe Dhilwayo (PLWHA, Zimbabwe)

Ms. Nuwimana Theresie (PLWHA, Rwanda)

Dr. Ron Mataya (Medical perspective, Malawi)

Ms. Tankiso Litseli (Social perspective, South Africa)

Ms. Judith Musvotsi (Educational perspective, Zimbabwe)

Ms. Elvinah Ong'ésa (Spiritual perspective, Kenya)

After several days of deliberations the group presented the draft to all the workshop participants who modified and approved it in a plenary session. This Nairobi Declaration 2003 was then sent to the ECD executive committee who accepted it as a statement of commitment to fight the HIV and AIDS epidemic in their Churches.

The Nairobi Declaration 2003

"We, who attended the East – Central African Division (ECD) of Seventh-day Adventist (SDA) Church Regional Workshop on HIV/AIDS, are very concerned about the increasing nature of the pandemic in our region. HIV/AIDS threatens the very stability and development of our Church and its institutions. HIV positive Adventists have to live not only with the pain and harm brought about by the disease, but also with rejection, discrimination, misunderstanding, and loss of trust from fellow church members and the community at large. As the pandemic has unfolded, it has exposed weaknesses in our understanding of the Church's theology and ministry thereby contributing both actively and passively to the spread of the virus. The tendency to exclude others, misinterpretation of the scriptures and the theology of sin has been instrumental in promoting stigma, exclusion and suffering of People Living With HIV and AIDS (PLWHA).

Given the extreme nature of the emergency situation we acknowledge our responsibility to our Church members and the community. It is our mandate to engage in multiple Christian responses to the HIV/AIDS problem, and call upon our people to unite in prayer and action asking God to guide us in loving and caring ministries. We realize that we have the source of power to move the mountains because we have faith in God. We have Love - a powerful tool for service. We are committed to be the Heart, the Feet, and the Hands of Christ in responding to this call.

We, as members of the Seventh-day Adventist Church, will work with the leaders of the Church to commit ourselves to:

- Developing relevant policies at all levels of Church governance that respects rights, promotes dignity, and ensures care and support for people living with and affected by HIV/AIDS.
- Initiate fundraising by ECD together with partners such as ADRA, governments, NGO's, UN Global Funds, etc. for prevention and care and support programmes in the local Churches and communities.
- Ensuring that PLWHA are supported and involved in activities of the Church as resource persons in education, training, prevention, care and support, advocacy, theological reflection, and other programs.
- Building the capacity of our members, especially youth, and our leaders to understand key issues in HIV/AIDS in order to better support the community, particularly in breaking the silence on sex and sexuality, overcoming stigma, enhancing awareness, prevention, counselling and testing, care giving, worship and preaching, improving economic support, and networking.











- Partnering and networking with other faith and non-faith-based groups such as NGOs, institutions of higher learning, governments, research bodies, and community groups to maximize resources and benefits of HIV/AIDS programming in accordance with the GC policy.
- Challenging the traditional gender roles and power relations within our institutions, communities and families that adversely contribute to the disempowerment of women, and the spread of HIV/AIDS.
- Examining and addressing negative cultural/traditional practices that spread HIV, and work to change them positively.

We commend our partners who have helped in our efforts to combat the disease. We are heartened to see a growing involvement of PLWHA, non-government organizations, governments, donors, Churches, and other voluntary organizations. We realize that the problem of HIV/AIDS is not just a medical one, but is also spiritual, social, cultural, economic, and psychological. Thus, our response will be holistic and complete. The challenge is the Church's!

"…I tell you the truth, whatever you do for one of the least of these brothers of mine, you did for me." Matthew 25:40.

Another group were the PLWHA who initiated the Adventist AIDS Network—Kenyan Chapter (AANKC). The objectives of the AANKC are to identify critical issues for people living with HIV/AIDS, work toward empowerment and share experiences.

The AANKC elected committee included:

Guide Technical Adviser—Dr. Wilfred O. Mobegi

Interest Co-ordinator—Rose Otaye

Secretary/Asst. Co-ordinator—James Kinuthia Chege

Treasurer—Robert Odiango

Care Giver/Counsellor—John Mokandi Gisemba

Chief Mobiliser—Alic Onyango

Member Representatives—Faith Karimi, Dorothy Akinyi, Elizabeth Wanjiki, Nancy Bonareri, Mercy Wanjine

Recommendations from the newly formed AANKC included:

Need for building the capacity of committee members (UNICEF has made a commitment for training)

Kenyan Conferences and Fields are encouraged to empower their pastors on language, attitude and skills

Adventist PLWHA pastors and members are encouraged to seek the counsel of the Lord and should stop tribal cultural practices that encourage stigma and discrimination

The ANNKC should work closely with its technical adviser and conference medical directors as per their constitution stipulation to open lines of communication and create referral lines and a support network

The ANNKC should formulate and adopt policies for the ECD including creating a health plan for antiretroviral (ARV) drug therapy.

Activities in 2004 will include activities revolving around Information, Education and Communication (IEC) home-based care (HBC), psychosocial services and activities and ongoing training.

PLENARY SPEAKERS FOR DAY 1

Monday, November 10, 2003

Objective 1: Sensitisation to Reduce Fear/Denial/Stigma Associated With HIV/AIDS

Devotion and Welcoming Remarks

Speaker: Pastor Geoffrey Mbwana, Executive Director, ECD of SDA Church, Nairobi, Kenya

Pastor Mbwana welcomed the delegates to the ECD Regional workshop on HIV/AIDS of the SDA Church and remarked that it was taking place in the first year of the regional office's operation in Nairobi. He proclaimed that this workshop was a turning point in responding to the current situation and urged the participants over the next four days to develop a framework to guide the Church in its role to address HIV and AIDS, including prevention and care and support strategies.

He presented some statistics that revealed out of the ten countries in the ECD territories fours of the countries were among the first ten most affected countries in Africa and in the world. Kenya leads with over 2.5 million people infected, Ethiopia with 2.1 million people, Tanzania with 1.5 million people and the Democratic Republic of Congo with 1.3 million people infected. Pastor Mbwana said that it was apparent that the Church cannot sit back and ignore the realities and treat HIV positive and PLWHA as lepers. He said we need to take up our role to:

- Provide hope, courage, and healing
- Work with God to confront the evils of the pandemic
- Save the lives of many who are suffering and dying
- Provide spiritual guidance and counsel
- Bring salvation to human kind
- Share and use the knowledge that God has allowed through science to come to us in the fight against AIDS

Workshop Opening Remarks

Speaker: Pastor Charles Sandefur, President, ADRA International, Silver Spring, MD, USA

Pastor Sandefur said he was introduced to the world of AIDS over twenty one years ago and since that time he has buried people, married people and baptised HIV+ babies. He said he has seen the entire spectrum of AIDS and speculated that most of the delegates of this workshop have been affected by AIDS too.

Pastor Sandefur posed the following question: What is AIDS? Is it a disease? An epidemic? A pandemic? Have we, as Seventh-day Adventists who are people of the Word and who love the Word of God, run out of words to describe what is happening? He stressed that we were not at this workshop to be inspired, but to act differently…to act as transforming agents. This is a 'work' shop and we need to act with 'verve and nerve' and the courage of our convictions to wrestle with fundamental concepts of how to deal with the situation.

A Few Words From The Donors

Speaker: Ms. Angeline Y. Siparo, Kenya Country Representative of POLICY Project, Nairobi, Kenya

Angeline Siparo asked the participants to look at the banner in front of the conference room. 'What do you see?' People holding hands in partnership. She said that during this workshop the delegates would get inspiration and knowledge from the diversity and experience among each other and that this would create networking and partnership opportunities. Ms. Siparo said the



"HIV/AIDS is not asking anything new of the religious community, rather AIDS is confronting us with the necessity of becoming more fully the kind of people we have been called to be."

Author unknown, AIDS Brief for Professionals: Religious Leaders



"Speak truth to Power"







Church has enormous power to influence a broad range of populations with a broad range of services. In partnership with development agencies and multi-lateral organisations the Church can support people who otherwise might not be reached.

Ms. Siparo then posed a challenge to the group remarking that inspiration and knowledge don't necessarily translate into action. She asked participants if they were committed to tackling the issue when they returned to their homes and offices. What would your reaction be if a friend told you they had cancer? Now, what if they said "I am HIV+'. Would you react in the same way? Churches here in Kenya don't usually speak about AIDS. Nobody in Kenya dies of AIDS; they die from cancer, brain tumours, TB or from short illnesses. It is considered shameful to die from AIDS. Sometimes it is hardest to find acceptance from those closest to you. This is the beginning of stigma and this is where we have to start working toward change.

Speaker: Mr. Warren Buckingham, Representative for USAID and CORE Project, Nairobi, Kenya

Mr. Buckingham said he was glad to be able to address the delegates of this workshop as for well over 10 years he has counted Adventists as partners in prayer and work. He said he was wearing three hats during this visit:

- As the proud representative of USAID, an agency that has been strengthening partnerships with Faith-based organisations (FBOs) since the beginning of the pandemic, including the CORE Initiative.
- As a PLWHA who knows how privileged he is to have a job that provides health care and to be a man whose rights are protected.
- As a person of faith who is living with AIDS through faith.

Mr. Buckingham said that the Seventh-day Adventists were committed to health as no other FBO is, but that women do not have a high enough profile in the Church's fight against AIDS. He gave a short dedication to a dynamic and eloquent Roman Catholic women Church leader in Zambia, Brigitte Syamalevwe, who insisted that AIDS sufferers should not go to the back of the Church…the Rosa Parks of AIDS… and called for a moment of silence in respect for her.

He asked everyone to examine their conscience. Stigma and discrimination need to be defeated before anything else can happen. The Abuja Declaration was signed 5 years ago and as yet no government has delivered on its commitments. Mr. Buckingham emphasised the call and the claim that God has on each individual of the Church and pleaded with the delegates that it was the last call; the call of the prophets to speak truth to Power and insist on a solution.

Adventist Youth and HIV and AIDS: A Global Perspective

Speaker: Dr. Baraka Muganda, Director, Youth Ministries Department, the GC of SDA Church, Silver Spring, MD, USA

Dr. Baraka set the scene for the workshop raising broad HIV/AIDS challenges for Adventist youth around the globe with a particular focus on the ECD. He said that today's young people living with AIDS in Africa are not the X generation, but the AIDS generation. The HIV epidemic remains a closed coffin to adults and to young people themselves. In sub-Saharan Africa more than one out of every five people is HIV positive. Such numbers underscore the urgency to address HIV and AIDS. The banner says that the SDA is finally answering the call…better late than never. The task of addressing the issues of youth is essential including:

- Youth clubs for ages from 6 to 15
- Revisit school and Church curricula…the issue of AIDS must be taught
- Create a special HIV and AIDS department in the Church
- Vocational training for orphans and vulnerable children (OVC)
- Address the issue of poverty

Dr. Baraka left the delegates with the message that there is still hope. African adults must uphold their morality and be role models that help the congregations hold on to the Church. We do not need to spend time trying to prove what, where or why…we need to take action!

Overview of the HIV and AIDS Situation in East and Central Africa

Speaker: Dr. Lester Wright, Deputy Commissioner/Chief Medical Officer, New York State, Department of Correctional Services, Albany, New York

Dr. Lester Wright started his talk by asking for a show of hands. Who knows someone:

- Who is HIV positive?
- Who has conducted a funeral for someone who died of AIDS?
- Who is HIV positive in your congregation?

If you do, you really don't need me to tell you what the situation is. If you don't ...shame on you!! You are too isolated from what is happening in your country. That isolation could take one of two forms: you really don't know very many people and those you know are very protected OR you don't know enough about the people around you to know what they are experiencing. In either case, you are not making a connection with people who are hurting and need your care and concern.

Dr. Wright posed the question of why we are having a workshop on HIV/AIDS when other diseases are killing so many people and suggested it was because:

- AIDS is relatively new so we haven't had time to be complacent
- Other diseases don't kill
- Some diseases hit old people, but HIV hits young people
- Time, money and effort has been spent on these young people to lead the country, be teachers, lead the Church…now they are dying at their peak

He further questioned how the Church will respond to the Lord's Word in the face of civil disruption or to challenges faced by specific countries? There are stories that stretch the

"The HIV epidemic remains a closed coffin"







imagination of how much individuals suffer and sacrifice. However, there are success stories, in Uganda for example, where governments have woken up to the realization that admitting there is a problem and involving all sectors, including the Church, is the first step. We are not going to be talking this week about being overwhelmed by HIV and AIDS. We are going to be talking about the opportunities to represent our God, to minister to God's children and our brothers and sisters who need our caring.

HIV and AIDS Situation among Church Members in East and Central Africa: Findings of an Assessment by ADRA International

Speaker: Dr. Ron Mataya, Director, Health Department, ADRA International, **Silver Spring**, MD, USA and **Ms. Audrey Bonne**, Acting Director, Planning Department, ADRA Somalia, Nairobi, Kenya

Dr. Ron Mataya reported on the ADRA/ECD HIV and AIDS Rapid Assessment to document the extent to which the SDA Church and its membership were impacted by the epidemic within selected countries. A team composed of two ADRA staff from Somalia and South Africa, plus Dr. Mike Negerie used focus groups to collect qualitative data.

The groups targeted for data collection included Church leaders and members, SDA educational and medical institutions, other NGOs and Church groups.

The key findings of the study were:

- The majority of Church members have felt the extent of the HIV and AIDS epidemic
- Gossip is the main source of how we know who has HIV/AIDS
- Significant loss of membership and tithe returns
- Level of stigma is unbelievable high
- Level of awareness on transmission is very low
- Limited Church-initiated programmes and support
- Condoms are highly condemned and this position is non negotiable.
- Screening and testing for HIV opposed
- Church has not developed any activities or assistance plans for PLWHA
- Church leaders and parents are not prepared to tackle the issues, but youth feel free to share sexual experience and discuss problems with other.
- Lack of human, material and capital resources including training, capacity building, material acquisition, curriculum development particularly on sex education for youth, visionary leadership, and resources acquisition to support orphans and PLWHA.

The findings relating to Church membership and HIV and AIDS showed that it is difficult to get Church member to openly speak about HIV and AIDS and its impact on Adventists. Other points of interest were:

- Despite noted differences in socio-economic standards between member living in urban and rural areas, the impact of HIV and AIDS appears to be uniform
- Many orphan and vulnerable children (OVC) are in the Church and schools supported by relatives or guardians
- The Church is hampered by lack of vision and resources...individuals are engaged in meaningful initiatives, but not collectively by the Church



- Problem of stigma is so serious that some PLWHA decided to stop coming to Church relocated, pondered suicide, or actually committed it.
- The no-speak policy on condoms and/or condoning the prevalent notion that condoms are made for marketing purposes by factories in the west for economic purposes is common. In fact, the Church advises discordant couples not to get married. If a person is HIV positive through blood or its products, a certificate of evidence is required before marriage.
- HIV and AIDS education is rare and if done from the pulpit it is based on suspicion, fear and religiosity rather than reason, conviction and revelation.

Study findings related to educational institutions and HIV and AIDS included:

- Teachers are not aware of students engaging in sexual activity to earn money for tuition
- Counselling and guidance to help students prevent initial problems are almost non-existent
- Teachers see their role as channels for information, disciplinarian, facilitation of outreach activities and networking with professional who can provide counselling and guidance to students.
- Students express need for awareness programmes...they hunger for information.
- Adventist schools leave out the C, or the condom section, in the ABC's of prevention
- Counselling and testing services are not available on campuses
- There is severe limit of funding support for many OVC

The HIV and AIDS situation threaten the stability and development of the Adventist Church and its associated medical and educational institutions in this division. The Church is riddled with stigma against those infected with HIV and AIDS and so much time and effort is spent of debates surrounding condoms. Given the extreme nature of the emergency situation in which Adventist find themselves in and the responsibility the Church to its members, the Church needs to change its approach and response mechanism including:

- Develop a curriculum and adopt it…the SDA has one and it needs to be adapted and adopted by our ECD institutions
- Address the issues of condoms within the context of our beliefs…we are not condoms pushers, but there are other people who might choose another lifestyle and they need to be protected
- The Church needs to change its response mechanisms appropriately

Angelic's story

In 2001 Angelic, a Rwandan mother of six children fell ill during her last pregnancy. After visiting her doctor she found out she was HIV positive. Her husband died that same day. How to survive became the only question in her life. She was lucky enough to have a small house and a brother to look after her and the children, but he died in 2002. After that some of her kids could not go to school because she could not afford the school fees. Now she survives on handouts from friends. Besides one sister, who also is HIV+, no other family member is alive due to the genocide in 1994. When Angelic was asked, 'What has the Church done for you?' she said the pastor gave her 10$ for the burial. Angelic says she would like money to pay for food and schooling for her children. She would also like to have a little shop so she could provide for her children. Her last comment was, ''My biggest fear, as a PLWHA, is that I will die, sooner than later, and then who will take care of my children?"









"Comfort of a loving God when your time is near"



Government and Churches: Partnership In The Fight Against HIV and AIDS

Speaker: Dr. Mary Wangai, Representative for the Honourable Mrs. Charity Ngilu, The Minister of Health, Republic of Kenya

Dr. Mary Wangai gave the apologies from the National AIDS Control Council (NACC), the Minister of Health, Honourable Mrs. Charity Ngilu and the Director of Medical Services. She told the delegates that the Kenyan statistics tell a story of high mortality and high morbidity with TB gaining ground as the largest opportunistic infection. In Kenya there is now a 'Total War against HIV and AIDS'. She remarked on the paradigm shift in attitudes and action from Church leaders and said that the Kenya government is interested in partnerships with Churches and FBOs. She urged the Church to use the powerful tool of religion and challenged them to help the government fight against HIV and AIDS.

Dr. Wangai said the government is counting on the Church to teach the correct use of the ABC prevention strategies (Abstinence, Behaviour Change and Condom Use). She urged that youth are taught to abstain from sex and given negotiation skills to help them postpone sexual debut. The government also sees Voluntary Counselling and Testing (VCT) as an appropriate strategy for prevention and care and support and can provide technical support and equipment to centres. The Kenya government will also give antiretroviral (ARV) drugs to over 30 provincial hospitals as the Kenyan life expectancy is now only 46 years old. Kendu Bay Adventist Hospital in South Nyanza Province was cited as an example and is now benefiting from ARV drugs, but this is as an adjunct, not as a prime prevention strategy. Work also needs to be done in connection with ARV counselling adherence regimes to avoid the resistance of viral strains.

Focus on Key HIV and AIDS, Human Sexuality, And Family Issues Facing The Church

Speaker: Dr. Lester Wright, Deputy Commissioner/Chief Medical Officer, New York State, Department of Correctional Services, Albany, New York

Dr. Wright asked three questions for the delegates to ponder:

1. Why do we keep our distance from caring for those who are HIV positive or who have AIDS?

- If we spend our time and effort and some money on HIV and AIDS it will be a distraction from 'the real work of the Church' or converting people for the Church's growth? But unless we are bringing people to decisions about God that lead to good deeds conversions mean nothing.

- If we get known for associating with people with 'bad behaviour' that will give the Adventists a bad name.

  But didn't Jesus associate with sinners and have a bad name?

- If we are going to tackle the issue of HIV infection and transmission patterns we will have to talk about sex! We will have to focus on sex beyond just saying

  'No' and we might have to talk about condoms. But we can't just go back to preaching the gospel and watching the children of God die.

- If we violate the norms of the Church's ruling class, or the older men in Church, we may cause a conflict between the Churches policies and the real needs of people, reserving care and concern only for those we perceive are like us.

  But aren't we supposed to love others to the same degree we love ourselves?

- If we care for people with HIV and AIDS isn't this an acceptance of the consequence of doing and being evil? Don't people just reap what they sow? But our job is not to judge and assure consequences of poor life-style choices. Our job is to represent God's will and encourage others to know him.
- If we care for people with HIV and AIDS it will put us at personal risk of becoming infected too. But the risk to care givers is very low as HIV can only be transmitted by sexual activity, contact with blood products and being born to a HIV+ mother.

2. What does the Church have to offer that differs from other organisations?

The Church can:
Demonstrate the value of an individual by indicting our respect for every child of God and raising that person's self-esteem

Demonstrate the principle of 'disinterested benevolence' or doing for others because they need our help, not for any other reason

Demonstrate a focus on caring for the whole person including cure, healing and comfort of a loving God when the time is near and, most importantly, prevention.

3. Who can the Church partner with to care about HIV/AIDS in our communities?

The Adventist denomination is not large enough or rich enough to do all that needs to be done. Neither is any other organisation, not even any government. And we certainly can't afford to duplicate efforts and waste valuable resources. But we don't need to do it all ourselves because we can do it by partnering with other agencies, faith-based organisations (FBOs) and non-governmental organisations (NGOs).





Story of Lily

In the dry fields in the village of East Kagen, Kenya, Beatrice Nanjala showed her 9 year old daughter Lily, how to harvest maize and sorghum. She instructed Lilly, a thin girl with arms as willowy as the stalks in the fields, to use both hands to lift the bulky wooden farming tool and pound the cluster of dense flowers into seeds.

She taught Lily how to build and repair mud huts. They fetched water from about two miles away. They poured it into chunks of dirt. They churned. Slowly, her mother packed the hulking mounds of mud onto the roof and walls.

Then one day in June, when Nanjala's knees were weak, when her stomach was swirling, and her body was feverish with AIDS, she showed Lilly her last lesson: how to dig a grave.

With the help of Lily's brothers they scooped the dirt out of the red earth before sunset. The siblings buried their mother a week later. And the next month, they dug a smaller grave for their little sister Mary, 17 months of age. Now Lily is in charge of the house. The children have been redecorating their house by drawing with chalk on the clay walls. They have drawn pictures of flowers and written maths problem from textbook and phrases from Bible workbooks. Written on that wall is the question, 'Where is Jesus?"

(Adapted from Washington Post National Weekly Edition. 2003)

"Pastors are not presidents"





What it means to live with HIV and AIDS: Testimonials from four PLWHA

Speakers: Mr. Believe Dhliwayo, Ms. Rose Otaye, Ms. Nuwimana Theresie, Mr. Robert Ondiango

The first speaker was **Mr. Believe Dhliwayo**, from the Zimbabwe Adventist Aids Network. He first asked the delegates,"'Why are you so scared, so quiet, when near PLHWA? The leaders of the Church should be the shepherds, not the wolves! Pastors are not presidents. They should be helping the individuals in their congregations.

He then talked about discrimination and stigma by saying that 'active' discrimination comes in the form of a favour. He said PLWHA don't want signs of sympathy, they want empathy and empowerment. His challenge was: I am HIV positive. Are you still my friend? Would you wear this T-shirt to break down stigma and discrimination?

In the Church, stigma and discrimination of PLWHA takes the form of:

- A curse from God
- A punishment for sinning
- It means you are a moving grave
- It means you are a disgrace to the Church
- You didn't listen to your parent's teachings well
- It means the worst that cannot be said

The dilemma comes when people need the Church when they find out they are HIV positive and the Church neglects them. The role of the Church should be to:

- Adopt and put into practice the Greater Involvement of People with AIDS (GIPA) Principle (See Appendix 2 p. 72)
- Create an effective, efficient HIV & AIDS Church policy document that can be a guide for implementing strategies and interventions
- Create referral lines to access other health service providers
- Intensify treatment literacy within the Church
- Provide IEC on HIV & AIDS in the Church
- Mobilize all the vulnerable groups and work with them to address their felt needs
- Stop lip service and start acting now!

How can this role be realised? Some responses and solutions suggested were to:

- Document existing experiences and build on lessons learned
- Create a more enabling & supportive environment
- Understand the needs and concerns of the private sector and address them adequately
- Train and provide ongoing support for PLWHA
- Train and orientate organizations
- Build partnerships with existing structures in the Church
- Utilize the passion amongst PLWHA

- Mainstreaming HIV & AIDS into Church programmes
- Create a special budget in the Church for HIV and AIDS activities.

The second speaker was **Rose Otaye**, a dynamic person who told a story of her stigmatisation for supposedly bringing HIV into her husband's family. Subsequently she was expected to engage in the harmful practice of wife inheritance, as practiced by some ethnic groups in Western Kenya. When she refused to take part in this traditional ceremony the family took all her belongings and she was left alone, without a home or source of income. Her tale of discrimination, rejection and punishment by her entire family was shocking for most of the delegates. However, she says she now lives her life in order to shame the devil. By living positively she is overcoming opportunistic infections that might slow her down. She volunteers for the National AIDS Control Council and receives ARV drug therapy from KEMRI. The message she came to give to the leaders of the SDA Church is:

- A mother with AIDS …is still a mother.
- A child with AIDS …is still a child
- A leader with AIDS …is still a leader.

The third speaker was **Ms. Theresie Nuwimana**, an active member of the SDA Family Life Ministry in Rwanda. She said that harmful cultural practices common to youth led her to become HIV positive. Now she believes that youth must be targeted with both information about HIV and AIDS and also ways of prevention.

Ms. Numimana said that everyone, whether HIV positive or negative, needs to break the silence within the Church. In the Church the virus has become a weapon; diseases which are not HIV related are being termed as AIDS; some pastors use HIV as a curse. This is the work of the devil. She asked how some people could say that HIV+ children are not innocent just because of their births? How can we condemn widows who are HIV+ because of their husbands? These people need love and acceptance from the Church and not stigma. This is the time when they need the love of God. Church leaders need to respond now. If they don't they are not serving God.

The fourth speaker was **Mr. Robert Ondiango** who began his presentation by saying he was coming to open up the coffin of the SDA's HIV positive congregation. He told the delegates about his difficult experiences with physical symptoms before being tested for HIV and then his reaction when he found out he was positive. He said,"' For a time I didn't know what to do…then I realized that I wasn't the first or the last person to be in this position. I started fighting stigma by exposing my status. In Church some people looked at me like a walking ghost. Others distanced themselves from me. As time went on it became easier due to the fact that the pastor and elders counselled me. I then realized that God had a purpose for my life. Some people in the Church gave me the love I needed."

Mr. Ondiango said that testimonials like these help reduce stigma. These talks help to sensitize people to AIDS. He requested the Church community to help PLWHA to help themselves, by giving them assistance and support in the form of motherly love, medicines, including antiretroviral (ARV) drug therapies and financial assistance to buy the ARV therapy.

In closing he urged the Church leaders and members not to call PLWHA victims. We are human beings and we need respect for our human rights. We have all fallen short of the glory of God, but life is sweet and the only way to live is by serving God.





"Inclusiveness is to the Church as fire is to burning"



Christian Love and Compassion towards People Infected/Affected by HIV and AIDS

Speaker: Dr. Allan Handysides, Director, Health Ministries Department, GC of SDA, Silver Springs, MD, USA

Dr. Allan Handysides called the presentations from the four people living with HIV and AIDS a real wake up call. He said that if any delegates left the workshop and did nothing then they themselves would have AIDS or Acute Intellectual Dishonesty Syndrome. Love and compassion are not corporate response. The gift of ourselves is important, not writing out a check. This means individual responses measure the "Quality of Mercy".

How are the HIV and AIDS crises a global emergency?

- The numbers dead, dying and infected daily
- It impacts and threatens everybody
- The projected impact still to come is devastating
- Stigma and discrimination are undermining an appropriate response
- Changes such as empowering women are major cultural challenges
- Access to medicine is a major obstacle
- Debt reduction for developing countries is imperative as poverty is "the babysitter to HIV"
- No government can handle this alone

This means everybody must act! But why don't we act today?

In 1998 The World Council of Churches met in Harare and a survey was carried out. Delegates were asked a series of questions and these same questions were asked again in India. The same questions were put to the delegates at the Nairobi workshop. The tallied results of positive responses were expressed as:

HIV/AIDS Workshop Delegates' Survey Questions	ECD HIV/AIDS workshop, Nairobi, 2003	World Council of Church HIV/AIDS workshop, Harare, 1998.
	Yes reponses	Yes responses
As a Church leader do you support your members with HIV/AIDS?	66%	48%
Will your Church respond to those whose sexual orientation is different?	16%	30%
Do you support human rights issues raised by HIV/AIDS?	69%	45%
Do you consider HIV/AIDS a punishment from God?	3%	68%
Do you use the Church to teach the youth about sex and drugs?	72%	25%

Dr. Handysides said it has been inferred, as stated by the late Kabanda and Brigitte Syamalevwe of Zambia, and probably very truly that "Americans do not really feel and share in the burden of AIDS weighing down the Church and communities in Africa". But the problem is many Church members in Africa do not either. We are all guilty of denial, discrimination and stigmatization. The essence of the Church:

- Requires the inclusion of all
- Inclusiveness is not discretional, optional, useful or theologically correct

Dr. Handysides closed by saying our love must be universal and cross all barriers. He gave the example of Mother Theresa who fifty years ago found an abandoned destitute and dying woman on the streets of Calcutta who was being consumed by rats and ants. Mother Theresa took her to the hospital but they would not admit her. Thus began her ministry to the poor. What about you? What about me? When are we getting started?

Poverty is "the babysitter to HIV"

Evening Reception Programme

Hosts: Dr. Fesaha Tsegaye, Director, Health Ministries Department, ECD of SDA Church, Nairobi, Kenya; and Pastor Geoffrey Mbwana, Executive Director, ECD of SDA Church, Nairobi, Kenya

Opening Prayer: Pastor Charles Sandefur, President, ADRA International, Silver Spring, MD, USA

Guest of Honour: Dr. Patrick Orege, Director, National AIDS Control Council of Kenya

Closing Remarks and Prayer: Pastor Blasious Ruguri, Executive Secretary, ECD of SDA Church in Nairobi, Kenya.



After the choral prelude and special songs by the Nairobi Seventh-day Adventists Church choir of Makongeni, Pastor Sandefur gave the opening prayer. Pastor Mbwana then welcomed all the delegates and guests and introduced the guest of honour, Dr. Patrick Orege, the Director of the Kenya National AIDS Control Council.



Speech by Dr. P. Orege, Director, NACC

'HIV/AIDS was declared a national disaster in 1999 and the government created the National AIDS Control Council (NACC). One of its first tasks was to formulate the Kenya National Strategic Plan. The strategic plan was formed to implement a multi-sectoral approach involving government, public, private, civil society along with FBOs. There are 5 priority areas in the Kenya National HIV/AIDS Strategic Plan including:

1. Prevention and Advocacy
2. Treatment and Support
3. Mitigation of Social and Economic Impact





4. Monitoring, Evaluation and Research

5. Management and Coordination

What is the role of FBOs? There are many ways for the government to partner with FBOs within the strategic plan. Let's start with advocacy. At the end of 2003 the Kenyan population is approximately 30 million. You can reach 2/3 of Kenyans every week.

About 40% of the hospital beds are supported by FBOs so they play an important role in treatment and care for PLWHA. This is important support that the government needs and also need to scale-up services including voluntary counselling and testing (VCT) and ARV drug therapy.

Another important area is the Kenyan orphans. There are approximately 1.2 million orphans who need to be taken care of. This includes food, education and medical care. The Kenyan government needs a faith-based organisation to come in and take care of the existing orphans, and their numbers will rise.

You can not win the war against HIV and AIDS without stopping stigma and discrimination.

Another area where the Church can partner with the government is to get rid of stigma and discrimination. If this is tackled correctly, the infection rate will decrease.

Another challenge is monitoring and evaluation. With 40% of our funds going to FBOs we expect them to build the capacity of the small implementing organisations so they can monitor and evaluate their activities and therefore contribute to the research efforts in the country. These smaller organisations need capacity built in other areas and the FBOs have the necessary knowledge and skills to pass along to their not-so-strong counterparts.

With the ABC's the FBOs can change the rate of HIV infection if we do it appropriately and take into account the dynamic culture of the population. HIV is human-to-human transmission. There is no vector, as there is in Malaria transmission, i.e., the mosquito. Research surveys have shown that the majority of Kenyan people know how HIV is transmitted. If the rate of infection is rising because people's behaviour isn't changing, we must do more. We want our children to live in an AIDS free society.'

After all the guests had eaten dinner and were enjoying their desert, Pastor Ruguri made the closing remarks for this evening session by saying that HIV is the largest challenge in this age. We are now living in the new 'dark ages' with the fight for our planet, both physically and spiritually, being launched by the forces of evil. The clock is ticking, but most of us are still asleep. We must be ever vigilant against the moral decline of our social values. He then recounted an amusing story from his school days to illustrate different ways of dealing with gigantic and complex emergency situations by coming up with unique solutions.

Finally, in the closing prayer Pastor Rugari said faith-based organisations need to read between the lines to figure out what statement God is making about the HIV and AIDS situation. Is the Church going to pass the test of how to employ the strategies that are necessary? God is speaking to the Church today and we need to begin answering the questions of how the Church will manage this crisis.

PLENARY SPEAKERS FOR DAY 2







Tuesday, November 11, 2003

Objective 2: ECD's Response to the HIV/AIDS Epidemic

> Who else, beyond yourselves, is so well-placed to lead? Who else has such a network of voices at the grass-roots level? Who else has access to all communities once a week, every week, across the continent? Who else officiates at the millions of funerals of those who die of AIDS-related illnesses, and better understands the consequences for children and families? Who else works on a daily basis with faith-based, community-based organizations? In the midst of this wanton, ravaging pandemic, it is truly like an act of Divine intervention that you should be physically present everywhere, all the time."
>
> Ambassador Stephen Lewis, UN Special Representative on HIV/AIDS in Africa, Opening of the first Africa Assembly of Senior Religious Leaders, June 2002, Nairobi, Kenya

Devotion

Speaker: Dr. Allan Handysides, Director, Health Ministries Department, GC of SDA Church, Silver Springs, MD, USA

Dr. Allan Handysides told the delegates that 'They are all around us'. They are people who are suffering from stigma, denial, discrimination and their products of hatred, malice, evil, fear, poverty and inappropriate behaviours. We need resiliency so we can keep our head above water. Is there a plan to combat HIV and AIDS? Yes, the plan is to love one another by using the SWAT TEAM!

S = say you love them

W = write it

A = act it, do something

T = Touch them

T= time

E= empathy

A=Appreciative

M= me/myself

If the SDA could only be known as a caring Church, over 60,000 Churches could be turned into support centres. Everything starts here! Your relationship with Jesus, your self worth, your outreach for others, your leadership ability and your impact on society. Just Do It!

General Question and Answer Session

Q. What are the challenges facing PLWHA? What should we do?

A. On a personal level some of the challenges are:

- Going through difficult moments and circumstances. Wondering and despairing if I am dying or what did I do wrong Lord? Feeling isolated from family members.
- Fewer resources because of change of lifestyle and work.
- More stress, more opportunistic infections and less endurance.





- More stigma, discrimination and so much fear.
- What everyone should do is to fight stigma and discrimination at the personal, family, community, national and international levels.

Q. Where do we put research in this situation that can help us understand where we are and where we are going?

A. The research is two-fold using both qualitative and quantitative methods, but we don't need to reinvent the wheel. Need to come out of the denial phase and see how much HIV is in our communities using quantitative data collection to give us numbers/ statistics. We need to find out what works in behaviour change practices and to explore bonding and relationships using qualitative methods like focus groups.

Q. Can the virus move through a condom?

A. Latex condoms are 99.9% non-porous. However, there are some faulty ones of lower standards.

Q. What is the SDA Church policy on condoms?

A. The SDA Church has nothing against condoms, but does have something against immoral behaviour. Using the example of a tightrope walker, you never know if you might fall so it is best to use a safety net with that activity. If someone insists in inappropriate behaviour, then they should protect themselves using condoms for a 98% protection rate. To have any other policy is to be a collaborator in the downfall of our youth. You will be an accomplice to this scourge. Please don't speak in the name of the Church unless you read what the Church has to say. What I said has been voted into the Church during the general session.

Q. In Mr. Believe Dhliwayo's presentation he wore a T-shirt saying I am HIV positive. Can I be your friend? He urged all people to wear it. Are all the people wearing it really HIV positive?

A. The role of the T-shirt is an advocacy statement. It doesn't matter if the person wearing it is really HIV positive or not. It is just another way to de-stigmatise HIV and AIDS.

Q. Why doesn't the Church use the media to teach the world about all aspects of HIV and AIDS?

A. The media is a powerful tool that the SDA Church uses. For example, in South Africa there is a 7 series video about HIV and AIDS. The Adventist World Radio has 5 minutes daily devoted to health in over 15 languages. There is even a programme to use FM stations to do training on youth groups so that they can become peer leaders with clubs, etc. Right now media at the local Church level is in focus.

Q. What do we do if the Church hierarchy does not reflect reality? How do you hold people accountable to the stand taken by the Church?

A. Who is the constituency of the conference? Who nominates? We elect our leadership. If the leadership is not doing their appropriate job then you must vote them out.

Experiences and Lessons Learned from ECD's Response to the HIV/AIDS Epidemic Speakers

1. Dr. Fesaha Tsegaye, Director, Health Ministries Department, ECD of SDA Church, Nairobi, Kenya reported that the newly reorganised division has a total population of 230 million people with 2.2 million Adventists. The projection of PLWHA for 2005 is 55 million rising to 110 million by the year 2030. The ECD president has committed himself to fight stigma & discrimination as his priority but understands that the depth and breadth of HIV/AIDS in Africa presents enormous challenges. We want all the leaders present here to make the commitment to do like wise.

There are seven key areas to the ECD's response to HIV and AIDS:

1. Leadership
2. Prevention
3. Care
4. Voluntary Counselling and Testing
5. Pastoral Care
6. Death and Dying
7. Networking (Africa HIV/AIDS Office, AWR, ADRA, NGOs)

There are seven ways our Church could be involved:

1. Education for behavioural change in all Churches, schools, and homes
2. Peer education in the school or Church for example Pathfinder's 'Why Wait' programme for youth
3. Church as counselling centre
4. Church operated orphanage
5. Home based care program (Church, hospitals)
6. Income generating projects for widows, teenage girls, street kids, etc
7. Care to the affected and infected

In response to the HIV and AIDS challenge the ECD:

- Appointed ECD HIV/AIDS Commission at the division level-November 2002
- Formulated the ECD HIV/AIDS guidelines
- Developed and adopted a HIV and AIDS strategic plan in May 2003
- Appointed HIV and AIDS IEC sub-committee to prepare appropriate materials for the Church
- Developed a master plan for interdepartmental action/multiple approach in the churches

The interdepartmental collaboration included the following activities:

- Youth/Children ministries developed HIV/AIDS awareness curriculum for children aged 5-14 in the Church.
- The education and health departments worked together on school health program
- Created the 'Herald' magazine for health topics each quarter, plus regular presentation in ECD web site
- Agreed to work on blue print with Women's Ministry to tackle cultural issues and be a resource centre
- Utilized PLWHA as resource persons in all Family Life meetings

The ECD believes in a multiple, multi-sectoral and multi-disciplined approach will work in our Church and we want these relationships to be the experience of the union's, conferences/fields, institutions of education and health and for departmental leaders in the local Churches.

We have not utilized our mighty army of 2.2 million church members properly and our activities are not adequately financed. However, our vision for an HIV/AIDS Ministry is that our future







"Wherefore also we pray always for you, that our God would count you WORTHY of this CALLING, and fulfil all the good pleasure of his goodness, and the work of FAITH with POWER." (2 Thess. 1:11)



generations will be born and live in a world free from HIV/AIDS. We must raise our voices to call for an end to silence of stigma, denial, discrimination and fear.

2. Pastor Paul M. Muasya, Executive Director, East Africa Union of SDA Church, Nairobi, Kenya told us that the East Africa Union (EAU) of SDA Church in Kenya is:

- Developing youth training manuals for 10 to 15 year-olds in collaboration with ADRA and Pathfinder for HIV and AIDS prevention
- Working with ADRA in education in 6 secondary schools in Kenya
- Building capacity for the Women Ministries Department
- Supporting 120 HIV positive widows and orphans in community projects through counselling and seminars funded by ARDA Australia
- Assisting over 200 students affected by HIV and AIDS with bursaries through ADRA
- Supporting over 20,000 people with food in Nyamira and Rachounyo District through the Life Initiative Project funded by USAID
- Developing HIV and AIDS camp meeting teaching materials used for 5-day meetings throughout the EAU.
- Doing a situational analysis at local Church level with the task force
- Taking care of PLWHA at Kendu Bay Adventist Hospital HBC and counselling project (900 since 1992)
- Running the Mother's Rural Care for AIDS Orphans (MORCAO), a family based care scheme in East Karachounyo Division.
- Reaching 3,500 Church members, including PLWHA and OVC, at Bosongo community health outreach services
- Funding the Nyalodwep project for widows and orphans in Central Nyanza through the field
- Leading the Kingeero Adventist HIV and AIDS volunteer group (KAAVOG), an FBO with 24 members

What is the EAU of SDA Church doing elsewhere? Activities accomplished up to June 2003 include:

- 24 members attended a workshop for the HIV and AIDS EAU fields and conferences committee
- Sensitisation of pastors, elders and women ministry leaders reached 1,368 members
- 1,200 Churches have formed HIV and AIDS committees
- TOT training for 1,706 youths and 264 teachers and chaplains from Church sponsored primary and secondary schools
- 14, 126 parents and older age groups trained in HIV and AIDS education by the TOTS
- 638 HIV and AIDS committees trained at local Church level of which 123 are actively giving reports
- Formation of 44 action groups and 17 youth clubs
- Capacity building training of 478 youth action group members
- 89,720 youths reached by TOTs in Churches and schools with 140 participating in VCT of

which 20 were positive.

- 25 women and 5 key actors trained on HBC and counselling of PLWHA

Future plans include:

- Advocating for OVC, widows and PLWHA
- Supporting and caring for OVC, widows and PLWHA
- Addressing socio-cultural activities that enhance the spread of HIV
- Starting income-generating activities for OVC, widows and PLWHA
- Capacity building for Church leaders, youth leaders, pastors and teachers
- Creating HIV and AIDS awareness at all levels in the Church, school and workplace
- Encouraging Church members to know their HIV status
- Continuing with policy and strategic plan for the SDA Church in the EAU
- Opening Prevention of Mother to Child Transmission (PMTCT) and VCT centres in each health facility
- Training health workers and pastors in counselling about HIV and AIDS
- Encouraging fund-raising activities for Churches to assist HIV and AIDS activities
- Networking with the SDA Churches, FBOs, NACCs, and NASCOP
- Empowering parents, teachers and Church leaders on sex education

3. Pastor Benjamin Brown, President, Ethiopian Union of SDA Church, Addis Ababa, Ethiopia said ADRA Sweden is doing some wonderful work in southern Ethiopia with community based peer education, first with Church members and then with the wider community for a knock-on approach. Ms. Darla Lee Ann works in western Ethiopia in a Youth Peer-Education Project. This is a Church and hospital based programme providing a 5-day training for SDA youth in basic reproductive health with a focus on HIV and AIDS. During this training 3 representatives, themselves a high-risk unschooled and unemployed group aged 15 -30 years old, formulate a project proposal to establish an anti-AIDS club in their home district. The first 24 (of the 65 trainers) have trained more than 10,000 persons, working as volunteers with 100 birr ($12.50) start-up funds. Another project is a witnessing programme run by Pastor Agegnehu, the Health Director. This project uses healthful living material translated into local language that teaches about the environment, harmful drugs and HIV and AIDS.

4. Pastor B. Bina, President, Tanzania Union of SDA Church, Arusha, Tanzania said the need in Tanzania for a response to HIV and AIDS is real and urgent. He outlined the statistical data and the resulting economic, health and social burdens on the nation. In response the Tanzania Union is addressing the primary prevention of HIV with awareness seminars in public events, youth meetings, camp meetings, Church meetings and in primary and secondary schools and colleges. There are also HIV counselling sessions for pre-marital couples and maternal and child health clinics scattered throughout the country.

Future plans include:

- Scaling up of primary prevention including training all pastors in counselling, upgrading clinics into counselling and testing centres, increasing the number of awareness seminars in all Church and out-of-Church meetings and promoting HIV voluntary pre-testing to all Church members.









- Mobilizing all local Churches to assist the infected individuals and the affected families both economically and spiritually
- Networking with both local and international partners responding to the HIV and AIDS crisis to combine efforts to help PLWHA live a better life with hope
- Starting orphanages in all areas where there is a need
- Starting home based care for PLWHA

5. Pastor J. Wani, President, Uganda Union of SDA Church, Kampala, Uganda said Uganda is now seen as a success story. The national prevalence has been reduced from 30% in 1986 to 6.1% in 2001 and sustained that level throughout 2002/03.

The achievements of the Uganda Union have been to:

- Set up an HIV and AIDS desk to co-ordinate programmes nation- wide to sensitise Church leaders and their families
- Submitted programmes and plans to ADRA Uganda and NACC for possible funding
- Worked together with FBOs, NGOs and the Ugandan government to access funds from lead agencies for the treatment and care of HIV and AIDS, Malaria and TB
- Contributed to writing and editing of the Presidential Initiative on AIDS to the youth and schools
- Contributed to the prevention and mitigation of HIV and AIDS through Ishaka Hospital, Adventist Medical Centre and other units
- Encouraged the SDA pastors to advise members on blood screening of couples intending to marry and sensitise members to VCT services at camp meetings and seminars

6. Pastor Amon Rugelinyange, President, Rwanda Union of SDA Church, Kigali, Rwanda said Rwanda has been affected by war, famine and the genocide of 1994 but HIV and AIDS has also dealt a severe blow to the country. The Rwanda Union has formed a national level commission to take care of both the direct victims and the orphans left behind. Many people are involved in teaching Rwandese how to fight HIV and AIDS. This includes:

- Health Ministry Department
- Preachers
- Teachers
- Youth Department
- Women's Ministry Department

The plan to enable Adventists to win the war against HIV and AIDS is to:

- Do away with stigma
- Love the sinner, but hate the sin
- Revive the spirituality of the Church members who are PLWHA.

7. Pastor U. Habingabwa, President, Burundi Association of SDA Churches, Bujumbura, Burundi said Burundi faces two challenges: War and AIDS. Since the first national strategic plan was designed in 1987 until the most recent in 2002-2006, the government has been pursuing four major objectives:

1. Research for epidemiological data to guide the preventive activities

2. The establishment of programs for the prevention of the spread of HIV
3. Clinical and psychosocial management of infected people
4. Reduction of the impact of HIV infection on the individuals, families and the community.

The role of the Church through its traditional partner ADRA, has been:

- Running a Health Centre in Bujumbura with VCT services
- Providing HBC to PLWHA with referral services for those chronically ill
- Training affected segments of the society in income generating activities (IGAs)
- Providing psychosocial support to PLWHA
- Establishing an HIV/AIDS Commission in July 2003
- Organising a nationwide workshop for Church leaders

The following recommendations for each field emerged following a workshop facilitated by the Health Ministry Director:

- Establish an HIV/AIDS commission to coordinate HIV/AIDS related activities in the area of its operations
- Mobilise and organise a nationwide workshop for all pastors to sensitize them to the need to get involved in the fight against HIV/AIDS
- Train all pastors as counsellors in their respective Churches
- Elect/appoint HIV/AIDS coordinators in all Churches nationwide
- Produce a contextualized and easy-to-use training manual to be used in all Churches
- Include HIV/AIDS messages in our major programs
- Establish support groups in our Church as a 'HOPE TEAM'
- Mobilize and sensitize the Adventist Youth (AY) in HIV/AIDS prevention

8. Pastor August de Clarc Ngalamulume, President, West Congo Union of SDA Church, Kinshasa, Democratic Republic of Congo (DRC) reported that the major difficulties in this Union are ignorance on the part of the population, fear and stigma, which all hinder the population from using VCT services.

The Church has established an HIV/AIDS Commissions at all levels in order to mobilize and sensitize Church members to have more compassion, respect and love for PLWHA. By doing so, it will help these people confront the disease with courage and hope that will lead to a positive living.

9. Pastor Heber Mascarenhas, President, East Congo Union of SDA Church, Lubumbashi, DRC started his presentation by expressing his concern about the lack of knowledge about HIV and AIDS. No one is sure just how many people in the congregation are HIV positive as there are no valid statistics. The church now has organised a health day dedicated to HIV and AIDS awareness to raise the knowledge of how HIV is transmitted and how to protect themselves.

In the future this Union will:

- Encourage members to use the VCT services
- Teach abstinence for young people and faithfulness for married couples.











10. Pastor Musasya Makulambizia, President, North East Congo Union Attached Territory (NECAT) of SDA Church, Goma, DRC began his presentation by remarking that, like the Southern Sector of the East Congo Union, one of the major problems is ignorance. The results of a survey carried out by Lukanga University with 3000 respondents from the Church, 75% were ignorant of transmission patterns, 10% had false knowledge, 25% were in denial and 50% of the youth were sexually active.

In the future this Union will:

- Publish a local Church policy
- Train 20 pastors and laymen
- Sensitise and train Church members
- Create VCT services with pre and post testing counselling
- Recommend that all youth use VCT services before marriage
- Survey all Church members for knowledge and practice
- Create an HIV and AIDS school curriculum
- Tackle poverty as a development issue
- Fight negative social and cultural issues

HIV/AIDS: are we intoxicated with viral etiology?

Dr. Peter Landless, Executive Director, International Commission for Prevention of Alcoholism (ICPA), Silver Spring, MD, USA; and Associate Director of Health Ministries Department, GC of SDA Church, Silver Spring, MD, USA

Dr. Peter Landless introduced the International Commission for Prevention of Alcoholism (ICPA) and told the delegates its purpose is to:

- Further the scientific study of intoxicating substances and effects
- Maintain contacts with supporting organizations and individuals
- Organize world congresses to investigate alcoholism and drug dependencies
- Enlighten public opinion and government regarding problems of alcoholism and drugs
- To promote and train in advocacy skills
- Foster worldwide educational programs for prevention through media

The ICPA is non-political, non-sectarian and has representatives in 180 countries. It is comprised of many national committees that encompass all faiths. It is primary a prevention and advocacy organization and employs education, motivation, legislation and policy, spiritual strategies.

Globally, half of the new HIV infections are among young people, aged 15 to 24 years (ratio of female to male being 3:2; and in some countries 5:1!). Although HIV is most commonly transmitted sexually, needle-sharing is a means of infection in drug users. Alcohol use directly and indirectly modifies these behaviours. People who use alcohol and recreational drugs are more likely to contract HIV and people with HIV are more likely to continue alcohol use after becoming infected, and during their treatment (where treatment is available).

HIV prevention programs for youth (15 to 24 year olds) should target alcohol consumption, drug use and sexual behaviour because:

Incidence of binge drinking peaks between 18 and 24

Risky sexual practices among adolescents correlate with alcohol consumption

Hepatitis C and HIV often contracted within 2 years of alcohol dependence

Do alcohol and drugs affect the Seventh-day Adventist Church? Yes, despite surveys done since the late 1980's, we remain in the congregational closet and in denominational denial. What should we do? Prevention is the cure and strategies include:

- Acknowledge the issues: tobacco, alcohol, drugs, risky sex
- Create, sustain and emphasize relationships
- Education
- Advocacy

What Does the Seventh-day Adventist Church Commit to do about Hiv/Aids epidemic?

Speakers: Professor M. Mutinga, Field Secretary, ECD of SDA Church, Nairobi, Kenya

Professor Mutinga said that the ECD Administration, the Commission and the Health Ministries department of ECD regard this epidemic as one of their top priorities. He said they would focus on the prevention-care continuum and the leadership commitments since this is crucial in the fight against HIV/AIDS epidemic.

Commitments to leadership are to:

- Sensitize the leadership at all levels for their "total commitment" to fight HIV/AIDS epidemic in their region by 2003/04.
- Destigmatise PLWHA in our Church and community at large by 2003/04
- Establish enabling policies and programs to address HIV/AIDS epidemic by the end of 2003/04
- Hold division-wide HIV/AIDS workshop for the Church leadership by 2003/4
- Hold a three days regional conference on HIV/AIDS for the youth leaders at the SDA
- Develop secondary school by 2004.(working together with Education, Youth and Family Life, and Women's ministry, etc)
- Hold regional division-wide workshop on HIV/AIDS for all university administrators, deans of men and women and deans of schools.
- Encourage and appoint HIV/AIDS co-coordinators at all levels of the Church as part of the leadership commitment by 2004/05
- Ensure that there are budget provisions for HIV/AIDS coordinator and the activities.
- Encourage all our Churches becomes PLWHA friendly Churches by 2005 and beyond

Prevention strategies are:

- To sponsor at least 100 Training Sessions in Churches on HIV/AIDS by 2007/2008



"Sight without a Vision"









- To develop family focused program for the local Churches by 2005/06
- To develop SDA schools (both primary and secondary) curricula to contain sex and sexuality by 2004/05
- To develop HIV/AIDS Information, Education and Communication materials for the youth, students, pastors, chaplaincy, etc. by 2004/05
- To train at least 50% our health care staffs on prevention and behavioural change by 2006
- To incorporate HIV/AIDS awareness education in all Church sponsored seminars at all levels by 2003/04
- To equip teachers, chaplaincy, health professionals to use all avenues to fight the HIV/AIDS epidemic in 2007/08

The psycho-social care component includes:

- To encourage all our Churches to start and support home based care programs by 2003/04
- To start hospital based and home based care programs in all our health care institutions by 2004/5
- To develop protocol treatment on HIV/AIDS in all health care institutions in ECD by 2004/05
- To engage AIDS Ministry International to find ways and means to avail the antiretroviral drugs for the hospitals by 2004/05

The VCT targets are:

- To train at least 25% of our Church members on counselling by 2004/05
- To start a counselling centre in most of our Churches by 2005
- To open VCT centres in at least 75% of our clinic and hospitals by 2005
- To provide VCT in at least in 50% of our Churches, by 2005/06
- To open VCT services at all schools and Universities and reach at least 50% of students by 2005/06.
- To train at least 3000 trainers and 2500 peer-educators in ECD by 2007/08

The pastoral care targets are:

- To train at least 50% of our pastors, laity, Church leaders, and chaplains on VCT by 2005/06
- To encourage support groups for PLWHA within the Church by 2004/05
- To develop materials for the Churches on how to establish and manage care centre for orphans 2004/05
- To develop IGA projects for sustainability at each level of the Churches by 2005 and beyond.

The medical-spiritual care components are:

- To organize prayer groups from the Church for its members and the community at large by 2003/04.
- To develop curriculum for pastors, teachers, health professional on death and dying and implement it by 2004/05

Networking strategies within and outside the Church will involve:

- Working closely with AIDS Ministry International-Africa Office

- Networking with all ECD departments on the fight against HIV/AIDS
- Networking with the other two African divisions on HIV/AIDS
- Networking with NGOs, FBOs, governments, etc
- Strengthening our networking with ADRA-Afro Office
- Working closely with Adventist World Radio (AWR)

Question and Answer session for Professor M. Mutinga

Q. How much money is being budgeted for the East-Central Africa Divisions HIV/AIDS Ministries Strategic Planning this strategic plan?

A. The ECD is contributing to the Tri-divisional HIV/AIDS office in South Africa and includes contributions to individual salaries. The ECD has budgeted about 10 – 12 million Kenyan shillings for the strategic plan. However, it is not necessary that we have all the cash at hand. There are some donors who are interested to fund some of the strategic plan activities.

What is the Church's responsibility in response to HIV/AIDS epidemic among the youth: behaviour-based research findings and implication?

Speaker: Dr. Gary Hopkins, Associate Professor of Health Promotion and Education, School of Public Health, Loma Linda University, Loma Linda, CA, USA; Assistant Director, Health Ministries Department, GC of SDA Church, Silver Spring, MD, USA

Dr. Gary Hopkins shared many statistics and suggestions gathered from his research with young people in North America. Many of these appear in It Takes a Church: Every member's guide to keeping young people safe and saved', a book written by Joyce. W. Hopp and himself. He stressed that a multi-faceted programme was necessary to enable behaviour change and highlighted the point that although education is very important it must not stand alone as there is no scientific correlation (relationship) between knowledge and behaviour.

A multi-faceted programme for youth should include the following aspects:

- Education on factual information
- Life skills of self-esteem and decision-making
- Communication skills and practice including rehearsal or negotiation skills
- Activities that occupy young people's time and keep them busy
- Putting people together with kids or mentoring

This last point was suggested to be an important activity that the SDA Church could put into place to make a real difference in youth's behaviour. Commitment to care is the basis for morality and the Church must recognise that changing behaviour is not as easy as giving information. It takes positive action and time to achieve behaviour change.









Let's work together... to give our people a chance to replace suffering with hope; to plan for life, not death!

Kofi Annan, UN Secretary General, at the World Health Assembly, Geneva, May 2001

Wednesday, November 13, 2003

Objective 3: Establishing Enabling Policies and Programs to Address HIV/AIDS Pandemic

Devotion

Speaker: Dr. Jan Paulsen, President, GC of SDA Church, Silver Spring, MD, USA

Dr. Paulsen expressed his pleasure in being able to join the delegates at this workshop. He posed the questions, 'Who is religious? What qualifies a person to be considered religious?' and suggested that it means doing what God accepts as pure and faultless, including looking after orphans and widows, who should be valued just as much as others in our Churches. Both war and AIDS have created the increasing numbers of orphans and widows in our midst. How does the Church respond to their plight? What can the Church do? This job is so huge that no one organisation can respond to it. What is lacking? The will, the vision, the money?

Dr. Paulsen said there are some governments that are making pledges to tackle this challenge to humanity. Nelson Mandela has pledged his prison number as a rallying point for a large concert in aid of PLWHA in South Africa. All the people performing are going to do their very best to focus the attention of the rest of the world on this challenge. Now what are we going to do? We are only a small voice, but we can give a voice to the public that lets them harness the desire for the best in life. Our Church needs to create support groups so that each individual can discover the acceptance and value that all of us have and deserve. If our religion is to be accepted by our father as a pure and faultless religion we need to be able to show we care for the orphans and widows in our midst.

The Contribution of Church Leaders Wives in the Fight Against HIV/AIDS: A Leader's Perspective

Speaker: Mrs. Kari Paulsen, The GC President's Wife, GC of SDA Church, Silver Spring, MD, USA

Mrs. Paulsen used a repetitive question in her address to the delegates. She asked, "How bad is the HIV/AIDS crisis?" So bad that the sons of Africa, including Nelson Mandela and Kofi Annan, are personally pledging themselves to fight against HIV and AIDS. They know that AIDS threatens political stability and could mean the difference between peace and war. The Black Death in Europe in the 14th century was previously the worst destruction of human lives. Over 1/3 of the population died. However, at that time the consequences were positive. The small remaining population took advantage of higher wages and attained better living standards. In Africa the consequences will be different; famine, war…

How bad is the HIV/AIDS crisis? So bad that when AIDS has knocked on your door, you begin to see things personally and with new eyes. So bad that some of you want to change your involvement and your attitude. Mrs. Paulsen said she didn't know what the ABCs of AIDS prevention strategies stood for until her son, married to a Congelese woman, told her. A stands for abstinence, B stands for behaviour change and C stands for condoms.

How bad is the HIV/AIDS crisis? So bad that we must use any cultural and social means available to help PLWHA. Africa is blessed with a special social network and we must encourage and help women to fight against HIV and AIDS in the African family context. Orphanages are not the solution.

How bad is the HIV/AIDS crisis? So bad that we cannot judge our brothers and sisters. PLWHA have contracted HIV in many ways, but the Church needs to help them with this misfortune with a positive attitude. They need our love and understanding.

Question and Answer Session for Dr. and Mrs. Paulsen

Q. Is there any money available to support HIV and AIDS initiatives?

A. General conference money is usually distributed to regions. Only occasionally is money available for cross-cutting issues. We did set up the HIV/AIDS office in Johannesburg, but in the future the money will not come from within the Church.

Q. How does the Johannesburg HIV/AIDS office function and how will it serve all Unions?

A. The idea was for it to be a hub office. Although it will geographically be removed from most Unions that does not mean that it will be removed from the processes. It was created in Johannesburg when the ADRA office was in the same complex. ADRA has been a partner with us for some years in supporting initiatives. The new HIV and AIDS office has easy access to communication systems serving all of Africa and is certainly not isolated from the AIDS situation itself.

Q. If Church money is not available, why not start a fund for programming?

A. Vertical programmes don't work. Successful programmes are ones that are integrated. What needs to happen is to both dedicate specific resources to HIV/AIDS and also mainstream HIV/AIDS into existing strategies and activities.

Q. HIV/AIDS is here to stay. If we only mainstream it into other programmes then it will get lost. We propose that the GC take it on board to create a policy that allows money to be earmarked for HIV AIDS prevention and care and support activities.

A. You must not think of the solution only in monetary terms. By the commitment of the GC in terms of personnel, for example Dr. Giordano at the Johannesburg HIV/AIDS office, the Church has not sidelined HIV/AIDS. It has challenged the community members to work as hard and if they are committed they will not think this is excessive.

Setting the stage for establishing enabling policies and programs to effectively respond to HIV/AIDS pandemic in ECD

Speaker: Dr. Ron Mataya, Director, Health Department, ADRA International, Silver Spring, MD, USA

Dr. Mataya began his presentation on establishing enabling polices by outlining the goals of care including:

1. To prolong life
2. To improve the quality of life and reduce suffering
3. To prevent transmission of HIV to others

He then discussed the lessons learned over the years in trying to establish programmes that effectively respond to the HIV and AIDS pandemic. These lessons are:







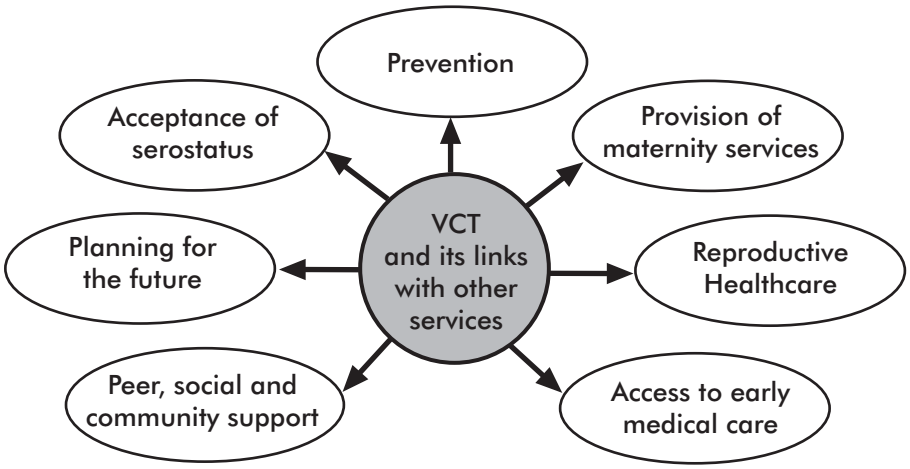




- Highly focused, well-targeted prevention efforts can significantly reduce the rate of HIV transmission
- No single, standardized set of interventions will work in all settings
- Prevention efforts need to be accompanied by care, treatment and support

Dr. Mataya proposed VCT as an entry point for both prevention and care. It is a strategy to change individual risk behaviour among the population and as an opportunity to provide services of support. The following diagram shows the links between VCT and other services.

Voluntary Counseling and Testing as an Entry Point for Prevention and Care



UNAIDS Technical Update. English original, May 2000.

Experience of other churches in effectively responding to HIV/AIDS pandemic from the African context

Speaker: Dr. Peter Okaalet, Senior Director, MAP International, Nairobi, Kenya

Dr. Okaalet said that working with MAP afforded him the opportunity to relate to both health issues and the Church leaders. How did the Church get to where it is today? He suggested the evolution of the Churches response was by condemning apathy, helpless resignation, apprehensive involvement and now wholehearted involvement.

Dr. Okaalet gave examples of global experiences and a variety of local experiences including the Kenya Catholic Secretariat, the Kenya Inter-Religious AIDS Consortium, who have a great advocate and activist in Archbishop Indingi Mwana N'Zeki, the Anglican Church of Kenya and the Methodist Church of Kenya.

Dr. Okaalet recounted that MAP's experiences with HIV and AIDS in Kenya has involved challenges and lesson's learned including the:

- Challenge to Comprehend
- Challenge to Care
- Challenge to Collaborate
- Challenge to Counsel

- Challenge to Change
- Challenge to Commitment
- Challenge to develop/implement AIDS Curricula

Specifically these have included policy and development challenges of:

- Advocacy
- Collaboration
- Dialogue
- Doctrine
- Networking

The HIV/AIDS curriculum that MAP has developed is entitled Choosing Hope and has 8 modules. The courses offered at theological institutions & bible colleges include:

1. Master of Arts / PG Diploma in Pastoral Care and HIV/AIDS, now being implemented at St. Paul's United Theological College, Limuru, Kenya

2. Master of Arts in Pastoral Care & HIV/AIDS coordinated by St Paul's Institute of Life Long Learning "SPILL", a partnership created in March 2001 between St Paul's United Theological College (SPUTC), the Oxford Centre for Mission Studies (OCMS) and MAP International (MAP

Questions and Answer Session with Dr. Peter Okaalet

Q. What is the cost of Master Degree Programme at St. Pauls?

A. About 150,000 /Ksh or about 2,000$. Unfortunately no scholarships are yet available.

Q. Are there any local programmes for students?

A. Lots of work is being done with local students. In Uganda, the Youth Alive group put into place some programmes that are very successful. AIC has developed 'Why Wait?', a programme for youth.

Q. How can we get assistance with curricula for universities that target HIV/AIDS?

A. Why don't we work together in creating a concept paper and writing a proposal for the universities? You are invited to contact me and to come to the MAP office for technical assistance.

Ingathering: Hope for humanity funding opportunities

Speaker: Pastor Maitland DiPinto, Director for Ingathering: Hope for Humanity, North American Division, Washington DC, MD, USA.

Ingathering: Hope for Humanity (HfH), in the North American Division International program, seeks to extend its reach by forming partnerships with other Church entities from the division to the congregational level. This collaboration includes financial inputs to extend the resources HfH can contribute, but also promotes local ownership and the potential for sustainability.

Ingathering: Hope for Humanity will support activities in which the Church ministers to its neighbours, but is particularly interested in building capacity in the Church to serve its community. This is intended to build strong relationships among Church members and between the Church and its surrounding community.







Changing the world…one life at a time…

ADRA's motto



Although AIDS has been an issue for twenty years now, it is a tale that is still in its opening chapters."

Dr. Peter Piot, Executive Director, UNAIDS

Two terms describe the kind of service HfH supports. The first of these is "community", an inclusive term embracing all who come within the Church's sphere of influence. Church members are clearly part of the community: never to become the exclusive beneficiaries of service, but neither to be excluded. The second term is "holistic""– that means service to the whole person by addressing the full range of their needs; material, social and spiritual.

The concept paper (See Appendix 3 p. 73) should clearly demonstrate how the proposed project will:

- Form partnerships that will extend HfH resources
- Build capacity in the Church to expand and continue this type of service
- Minister to an inclusive community
- Minister to the whole person including material, social and spiritual needs.

Role of and support From the ADRA Regional Office for Africa

Speaker: Mr. Goran Hansen, Director, ADRA Africa Regional Office, Randburg, South Africa.

Mr. Goran Hansen presented an extremely moving slide show entitled ADRA's World. It was a compilation of pictures testifying to ADRA's projects all over the globe. Every delegate was touched by displays of the human suffering, and as the presentation ended, Mr. Hansen said that one of the things he has learned never to say is, "I know how you feel."

We, who are from privileged backgrounds, need to show our faith in action. Currently there are 13 ADRA offices who are conducting 19 direct projects in HIV/AIDS. Some are small or others are very big. For example in Malawi there is a $ 1.2 million project. Dr. Mike Negerie and Dr. Giordano in the South Africa office can help. Remember, ADRA's motto is, Changing the world…one life at a time. There is a lot of work to do and the expectation is that the ADRA office will increase the synergy with the Church.

Sexuality education: empowering parents, teachers, and church leadership

Speaker(s): Dr. Ronald Flowers, Co-Director, Family Ministries Department, GC of SDA Church, Silver Spring, MD, USA and **Mrs. Karen Flowers**, Co-Director, Family Ministries Department, GC of SDA Church, Silver Spring, MD, USA

Dr. Ron and Mrs. Karen Flowers started their presentation by sharing a passage from the preface of the curriculum Human Sexuality: Sharing the Wonder of God's Good Gift with Your Children. It states, 'In a world reeling with the harsh realities of the HIV/AIDS pandemic, sexuality education has been elevated for many from important, to a matter of life and death.' The curriculum development process begins with biblical teachings and principles, identifies key concepts and establishes an appropriate sequence for introducing and building on concepts across the lifespan.

Dr. Ron and Mrs. Karen Flowers shared the process of writing and publishing this curriculum that follows some of the goals of Christian Sexuality Education including:

- Provide accurate, developmentally appropriate information
- Dispel myths
- Empower parents as primary, competent and trustworthy sources of information

Mrs. Flowers said that the curriculum framework is based on the premise that the family is the primary and most important setting for teaching about sexuality. Others providing information are secondary partners. This curriculum framework seeks to:

- Increase parents' sense of adequacy
- Increase parents' level of comfort in talking about the subject
- Encourage parents regarding the importance of sexuality education despite the resistance they may get from their children
- Empower individuals to exercise responsibility regarding sexual relationships
- Develop interpersonal skills to assertively communicate personal values and decisions regarding sexuality

The delegates were each presented with a copy of the curriculum and other handouts to peruse.

From wrongs into (human) rights







PLENARY SPEAKERS FOR DAY 4

Thursday, November 13, 2003

The Road Ahead

We may come to the end of our journey only to find that we are exactly at the place where we started, yet we may truly know it for the first time.

Devotion

Speaker: Pastor Charles Sandefur, President, ADRA International, Silver Spring, MD, USA

Pastor Sandefur declared that since this workshop began three days ago, 64, 710 people had contracted HIV. However, not one of those lives has been transformed by what we are doing at his workshop. We are only talking about best practices in AIDS care. We need to take action like the best practitioner, Jesus Chris. Pastor Sandefur went on to tell the story of how one day Jesus changed his itinerary. Instead of going to the temple he changed direction and went to the pool of Bethesda. No one went to Bethesda except the poor, the sick and the dying and no one understood why Jesus would go there to minister to those kind of people. But Jesus had the courage to be misunderstood and to recognise the needs of all.

He then posed a question, "Tomorrow, are you willing to change your itinerary?" Are you willing to go in a different direction and help people that others are afraid to reach out to? If you are, you will have to take the risk of being misunderstood. Pastor Sandefur explained that others might accuse you of being like one of those people you are working with. He said he had been working with PLWHA for 20 years; ministering to them, praying with them, touching them and burying them. At that time in the US many of the AIDS victims were homosexual. People started talking about Pastor Sandefur…maybe he has AIDS? He quietly let everyone know that he was not HIV positive, but was ashamed of himself for being so vulnerable to public opinion. Jesus lived with grace and never tried to change the opinions of people in his community.

Pastor Sandefur asked another question, "How do people change their behaviour?" We have been pondering this question for three days. You change their behaviour by growing in love, grace, compassion and hope. The pain stops here by having people grow and to see the world in a different way. May God give you the courage to change your itinerary, to be misunderstood.

Closing remarks

Speaker(s): Pastor G.G. Mbwana, Executive Director, ECD of SDA Church, Nairobi, Kenya; Honourable **Dr. Mugaje**, Assistant Minister of Home Affairs representing His Excellency, **Mr. Moody Awori**, Vice President of the Republic of Kenya.

Dr. Mbwana reminded that delegates that they had come together because of the increased sensitivity to the HIV and AIDS situation in this region and to confirm that the SDA Church refuses to stand as a spectator as the rest of the world is engaged in alleviating the spread and suffering caused by HIV and AIDS. Now, near the end of the workshop we have come up with a declaration of commitment to action and we have committed ourselves and our Churches, including the Churches in Kenya, to touch the lives of PLWHA with acts of love and compassion.

He introduced the Honourable Dr. Mugaje who gave apologies from H.E. Honourable A.A. Moody Awori, the Vice-President of Kenya and Minister for Home Affairs. He remarked that, although the Vice-President didn't know it, he had sent the right person to address this gathering as Dr. Mugaje is a member of the SDA Church.

Dr. Mugaje read the following message from the Vice-President:

'I have been informed that this workshop has made some very concrete plans for the Seventh-day

Adventist Church to be pro-active in addressing issues crucial to abating the spread of the HIV/AIDS epidemic. It is a known fact that if we do not address the concerns of this disease, we could be faced with a situation where even nations could disappear from this earth. Virtually no home in Kenya today remains untouched by HIV and AIDS. It is for this reason that the NARC government acknowledges the fact that the Church is well-placed in society and has highly qualified personnel such as yourselves to deal with this menace. Based on this awareness, I would like to call upon the Church to live up to its priestly and prophetic role of ensuring that is flock maintains good health as well as spiritual wellbeing. I know the Church has stood throughout history as an agent of social change. Indeed, the Church has been an influential advocate in matters of social justice and human rights. I am also aware that the Seventh-day Adventist Church in Africa has made a significant contribution in the area of health matters, especially in the provision of health facilities to disenfranchised populations. Its commitment to health awareness, health education and health promotion worldwide is commendable and with the appointment of an executive director for the HIV/AIDS office in Africa, we anticipate that the Seventh-day Adventist Church will also be better known in the future as a victorious organisation in the fight against HIV and AIDS and its care for People Living With HIV and AIDS. The government of Kenya will always support you in your efforts to fight this pandemic of HIV and AIDS and other disease that burden our people.

It is now my pleasure to declare the East-Central Africa Division (ECD) of Seventh-day Adventist (SDA) Church Regional Workshop on HIV/AIDS officially closed.'









Reflection, discussion and recommendations

The purpose of the participatory group work, 3 break-out sessions over the course of the workshop, was to come up with policy recommendations that would guide the Church in its future role in the given topic area. The participatory group work focused on 10 topics and consisted of small discussion groups facilitated by moderators.

The specific tasks for the participatory group work were two-fold. First of all, in order to reach such policy recommendations, it was necessary to reflect on the topic under discussion. Reflection referred to 'how things are', i.e., the reality in the Church communities around a given issue, including problem identification and obstacles and challenges.

Secondly, the group members needed to take action. This referred to as 'how things ought to be', i.e., what are we striving for; how do we want things to change? Each group was asked what are the specific recommendations (possible solutions) that will help address the identified issues/challenges?

Day 1 Monday November 10 Group Work Topics

Topic 1: Addressing Stigma/Fear/Denial Due to HIV/AIDS in Our Church

Moderators: Dr. Baraka Muganda, Director, Youth Ministries Department, the GC of SDA Church, Silver Spring, MD. USA; Dr. Oscar Giordano, Director, Tri Divisional HIV/AIDS Office for Africa, SDA Church, Johannesburg, South Africa

Q. How do our communities experience HIV/AIDS stigma/fear and denial?

Q. What are the specific recommendations (possible solutions) that will help us to address these issues/challenges?

Topic 2: The Theology of Suffering in Regards to HIV/AIDS

Moderators: Pastor C. Richli, Deputy Executive Secretary, ECD of SDA Church, Nairobi, Kenya; Pastor E. Musoni, Director, Sabbath School Department, Nairobi, Kenya

Q. What does a theology of suffering mean in a world with HIV/AIDS?

Q. What are the specific recommendations (possible solutions) that will help us to address these issues/challenges?

Topic 3: Spirituality and HIV/AIDS

Moderator: Pastor K. Musema, Deputy Executive Director, ECD of SDA Church, Nairobi, Kenya.

Q. What are the challenges/difficulties HIV/AIDS poses for our understanding of 'spirituality'?

Q. What are the specific recommendations (possible solutions) that will help us to address these issues/challenges?

Day 2 Tuesday November 11 Groups Work Topics

Topic 4: Building Values/Resources to Address AIDS Pandemic in Our Church

Moderators: Dr. Oscar Giordano, Director, Tri Divisional HIV/AIDS Office for Africa, SDA Church, Johannesburg, South Africa; and Dr. Ronald Flowers, Co-Director, Family Ministries Department, GC of SDA Church, Silver Spring, MD, USA

Q. How does HIV/AIDS challenge our values as Christians? What is HIV/AIDS demanding of us in terms of resources (human, financial and material)?

Q. What are the specific recommendations (possible solutions) that will help us to address these issues/challenges?

Topic 5: Addressing Gender Issues as they Relate to HIV/AIDS Problems

Moderators: Mrs J. Gashaija, Director, Women's Ministries Department, ECD, Nairobi, Kenya; and Mrs. Karen Flowers, Co-Director, Family Ministries Department, GC of SDA Church, Silver Spring, MD, USA

Q. What are the issues/challenges the Church currently faces in relation to gender and HIV/AIDS?

Q. What are the specific recommendations (possible solutions) that will help us to address these issues/challenges?

Topic 6: Addressing Cultural Issues as they Relate to HIV/AIDS Problems

Moderators: Pastor K. Ndwiga, Director, Stewardship Department, ECD of SDA Church, Nairobi, Kenya; Mrs. Jerusha Muga, Director, Women's Ministries Department, East African Union of SDA Church, Nairobi, Kenya.

Q. What the cultural challenges that HIV/AIDS poses?

Q. What are the specific recommendations (possible solutions) that will help us to address these issues/challenges?

Day 3 Wednesday, November 13 Groups Work Topics

Topic 7: Policies Related to Youth and the Family

Moderators: Dr. H. Kibbuka, Director, Education Department, ECD of SDA Church, Nairobi, Kenya; and Pastor T. Mulumba, Director, Youth Department, ECD of SDA Church, Nairobi, Kenya

Q. What are the key issues facing youth and families in the context of HIV/AIDS?

Q. What are the specific recommendations (possible solutions) that will help us to address these issues/challenges?

Topic 8: Voluntary Testing and Counselling

Moderators: Mrs. E. Ong'esa, Health Ministries Director, EAU, Nairobi, Kenya; and Dr. Peter Landless, Executive Director, International Commission for Prevention of Alcoholism (ICPA), Silver Spring, MD, USA

Q. What are the key issues facing our communities with regard to voluntary counselling and testing?

Q. What are the specific recommendations (possible solutions) that will help us to address these issues/challenges?

Topic 9: AIDS Orphans and Vulnerable Children and Widows

Moderators: Dr. Oscar Giordano, Director, Tri Divisional HIV/AIDS Office for Africa, SDA Church, Johannesburg, South Africa; and Dr George Sanz, WAD Health Ministries Director, Abijan, Ivory Coast.











Q. What are the issues/challenges we face in our communities regarding orphans and vulnerable children and widows?

Q. What are the specific recommendations (possible solutions) that will help us to address these issues/challenges?

Topic 10: Care and Treatment of HIV/AIDS Patients

Moderators: Dr. Ron Mataya, Director, Health Department, ADRA International, Silver Spring, MD, USA; Mr. Philemon Yugi, HIV/AIDS Coordinator, ADRA/Kenya, Nairobi, Kenya

Q. What are the issues/challenges we face in the care and treatment of people living with HIV and AIDS?

Q. What are the specific recommendations (possible solutions) that will help us to address these issues/challenges?

Day 4 Thursday, November 13: Group Work Prioritising

On the first three days of the workshop each group came up with exhaustive lists of issues/challenges in relation to each topic area discussed, as well as policy recommendations. On Day 4 the entire group of delegates was divided into ten groups that revisited the collated lists of reflections and actions from the previous days' group discussions. The final task was to prioritise the issues/challenges and to choose the three most important with their respective recommendations. The final results are given below.

Topic 1: Addressing Fear, Stigma and Denial

Priority Areas for Action	Priority Policy Recommendations
1. Negative Church culture which tends to heap shame on PLWHA with a holier-than-thou' attitude that fails to comprehend the love of God.	1. Educate and train Church leaders and members at all levels to demonstrate true love.
2. Lack of guidelines for Church members to understand the facts about HIV and AIDS in order to interact with PLWHA.	2. Form an HIV/AIDS commission in each administrative unit of the Church.
3. Fear of stigma as Church members perceive HIV and AIDS as shameful and a disgrace to the individual and family.	3. Form Family Life Support Units in all local Churches.

Topic 2: Theology of Suffering

Priority Areas for Action	Priority Policy Recommendations
1. Church treats PLWHA as if they are greater sinners than other Church members.	1. Accept and respect every person regardless of HIV or AIDS status.
2. Church sends unchristian messages by silence and withdrawing from PLWHA.	2. Break the silence and commit our Churches to be centres of healing and support.
3. Church shows uncompassionate behaviour.	3. Offer hope to all by showing and practically demonstrating the love of God.

Topic 3: Spiritually and HIV/AIDS	
Priority Areas for Action	Priority Policy Recommendations
1. Need for spiritual nurturing to give hope and assurance to PLWHA.	1. Involve PLWHA in spiritual programmes.
2. Need for human sexuality education for Church members.	2. Train clergy and laity about HIV and AIDS by developing a biblical human sexuality curriculum.
3. Need comprehensive care and support programmes for the orphans, widows and relatives.	3. Develop appropriate care and support programmes for all PLWHA including orphans, widows and relatives
Topic 4: Building Values/Resources	
Priority Areas for Action	Priority Policy Recommendations
1. Need to accept PLWHA in Church membership.	1. Place an HIV and AIDS officer at each Church level to sit at on the board.
2. Need to reaffirm biblical principles and prevention measures against HIV.	2. Initiate a community spiritual week emphasising HIV education and prevention issues.
3. Need to promote spiritual understanding, care and support within and outside the Church.	3. Collect funds from a 12th Sabbath offering and channel these to the local Church through the General Conference.
Topic 5: Gender	
Priority Areas for Action	Priority Policy Recommendations
1. Lack of information, education and communication on gender and sexuality issues.	1. Identify interested persons in each local Church to build and implement a resource library with appropriate IEC materials regarding gender and sexuality.
2. Misinformation/misunderstanding regarding the nature of male/female relationships from a biblical perspective.	2. Train leaders to conduct marriage enrichment seminars that emphasize partnership/companionship marriages and male/female relationships based on sound biblical teaching.
3. Difficulties created by cultural myths, traditions and practices	3. Assign a division committee to examine cultural traditions and practices in the light of biblical teaching and make recommendation to the Church regarding harmful practices.
Topic 6: Cultural Issues	
Priority Areas for Action	Priority Policy Recommendations
1. Issues dealing with women's rights, dignity and respect.	1. Develop policies that deal with issues violating woman's rights, dignity and respect, i.e., wife inheritance, widow cleansing, property ownership, wife sharing and infertility.









2. Issues dealing with children rights, dignity and respect.	2. Develop policies concerning children's rights including providing human sexuality education and preventing forced child marriages, preferential treatment of boys over girls, initiation ceremonies of female genital mutilation and male circumcism under unsanitary conditions.
3. Issues dealing with myths and taboos.	3. Develop policies to educate Church members and the wider community on HIV and AIDS facts and related issues.
Topic 7: Youth and Family	
Priority Areas for Action	Priority Policy Recommendations
1. Need to communicate reliable information.	1. Develop a curriculum and other IEC materials.
2. Need to take control of decision-making/ behaviour change in the context of culture.	2. Integrate and emphasise positive cultural values and practices in harmony with biblical teachings.
3. Need to recognise poverty as the driving force in choice of lifestyle.	3. Develop and implement programmes for poverty reduction.
Topic 8: VCT	
Priority Areas for Action	Priority Policy Recommendations
1. Need information before testing.	1. Sensitise pastors, elders and all church members on VCT benefits on a quarterly basis.
2. Need training of counsellors.	2. Develop a Christian HIV/AIDS counselling curriculum to be used for all Church counsellors.
3. Need to increase the quantity and quality of VCT sites.	3. Create more stigma free VCT sites including those in Churches, mobile clinics, hospitals and youth friendly centres in collaboration with government and NGOs.
Topic 9: OVC	
Priority Areas for Action	Priority Policy Recommendations
1. Lack of adequate support to OVC and widows in area of human rights and socio-economic support.	1. Promote family-based care for OVC and widows by identifying values and principles to be provided with external support from the Church.
2. High prevalence of child/widow headed households.	2. Promote the formation of advocacy groups to defend OVC and widows rights and to establish OVC and widow funds at all Church levels.

3. Lack of willingness and vision to set up programs to deal with the problems of OVC and widows within and outside the Church.	3. Encourage Church members, in liaison with other organisations, to be involved in establishing day-care centres and vocational training for OVC and widows.
Topic 10: Care and Treatment of PLWHA	
Priority Areas for Action	Priority Policy Recommendations
1. Lack of comprehensive care and support programmes.	1. Train and empower individuals and communities to provide effective care and support for PLWHA.
2. Lack of adequate nutrition.	2. Develop nutritional support programmes.
3. Lack of accessible and available ARV drug therapy	3. Support the identification of alternative HIV/ AIDS therapies including herbs and nutritional supplements.



Participatory Group Work: Action Planning

On Day 4 all of the delegates were introduced to a table format to facilitate the group work process in developing SMART (**S**pecific, **M**easurable, **A**ction Oriented, **R**ealistic, **T**imebound) action plans. The delegates broke up into groups according to their respective unions/ fields/conferences/institutions. The results are shown below.

East-Central Africa Division (REGIONAL PLAN)

ACTIVITIES What are next steps?	TIME When will it happen?	PERSON/STRUCTURE Who will be responsible?	RESOURCES What will you need?	OUTCOMES What results?
Encourage Union to organize similar workshops for other levels of leadership including Youth	2004	Union President	Facilitators Materials Funds – Unions to network with NGOs and governments, PLWHA willing to share experience.	Development of union sustainable HIV/AIDS strategic plans
Encourage the organization and empowerments of PLWHA to form chapters	2004-Ongoing–	Health Ministries Director	Guidance Manual	Remove stigma, fear and denial
Sponsor 100 testing sessions , on HIV/AIDS	2004- 2008	ECD HIV/AIDS Commission	Model curriculum Facilitators, Funds	Increase of knowledge and counsellors
Source affordable and accessible ARV'S, especially for mothers	Ongoing	Health Ministries Director	-HIV/AIDS OFFICE FOR AFRICA Funds-	Reduction of infection for unborn children(reduce MTCT)
Encourage and support home based care initiatives	Ongoing	ECD HIV/AIDS Commission	Funds for kits Guidelines	Feeling of care and belonging by those affected and infected

EAST AFRICAN UNION (EAU)

ACTIVITIES What are next steps?	TIME When will it happen?	PERSON/STRUCTURE Who will be responsible?	RESOURCES What will you need?	OUTCOMES What results?
Develop a curriculum, on HIV/AIDS counselling	June 2004	UEAB, Baraton	Available curriculum framework Human Resource	Produce several Christian counsellors
Establish HIV/AIDS Committees at all levels	May 2005	EAU Executive Director	Human resources	Responsible EAU HIV/AIDS Coordinating Committees
Sensitize and capacity building, mobilize, leaders and members	December 2004	EAU Executive Director EAU Task Force	Human Financial	Informed and destigmatised membership.
Formulate EAU HIV/AIDS guidelines	May 2004	EAU Task Force	Human Financial	Established policy guidelines on HIV/AIDS
Establish EAU PLWHA support chapter	January 2004	EAU HIV/AIDS Task Force	Human Financial	Empowered EAU PLWHA chapter
Establish care and support programs	June 2004	EAU Health Ministry Director	Human Financial	Recognized EAU HIV/AIDS support centres
Establish VCT Centres	June 2005	EAU Health Ministry Director	Human Financial	Active EAU VCT Centres

EAU – CENTRAL KENYA CONFERENCE

ACTIVITIES What are next steps?	TIME When will it happen?	PERSON/STRUCTURE Who will be responsible?	RESOURCES What will you need?	OUTCOMES What results?
Formation of HIV/AIDS Task Force in CKC	Within one week	Health Ministries Director	Time Personnel	Watch dog – to give us wake-up calls

ACTIVITIES What are next steps?	TIME When will it happen?	PERSON/STRUCTURE Who will be responsible?	RESOURCES What will you need?	OUTCOMES What results?
Formation of HIV/AIDS Committees at Local church	By 30th November 2003	Local Church Pastors	Time Church Elders Membership	Strengthen the task forces
Sensitization (Seminars Training)	End of March 2004	CKC HIV/AIDS Committee	Human Professional Financial Stationeries IEC	Destigmatisation TOTS
Launching of CKC chapter of PLWHA	End of March 2004	CKC HIV/ADS Committee	Human Resources FinancialTime	Stigma dissemination
Setting 5 VCT Centres, one in each station	By June 2004	CKC HIV/AIDS Committee	Trained personnel Money Infrastructure	More people coming for testing Major intervention in decrease of HIV/AIDS cases.

EAU—KENDU ADVENTIST HOSPITAL

ACTIVITIES What are next steps?	TIME When will it happen?	PERSON/STRUCTURE Who will be responsible?	RESOURCES What will you need?	OUTCOMES What results?
Establishment of a treatment centre for people with AIDS	End of December 2003	Medical Director	Social worker Counsellor Testing kits CDH count machine ARV'S Other Supportive drugs Stationeries	Number of cases seen increasesTrained staff in place Equipments (Laboratory support) in place

ACTIVITIES What are next steps?	TIME When will it happen?	PERSON/STRUCTURE Who will be responsible?	RESOURCES What will you need?	OUTCOMES What results?
Strengthen the clinical services of mother to child transmission of HIV/AIDS	November 24, 2003	Matron	Facilitators, Testing Kits Stationeries, Counsellors Drugs	Number of mothers offered PMCT services increasesThe number of babies born to HIV positive mothers provided with ARV'S
Community mobilization and training for utilization of services offered in number 142	November, 17 2003	PHC office	Training budget	Increased awareness for the utilization of the services
Home based care Expansion from present 6 locations to 11 locations	From January2004 By December 2004	PHC Office	Personnel Transport Supportive drugs Nutrition support Facilitators Community resource persons (TOTS, CHVS) Teaching Materials Stationeries	Number of people enrolled for HBC increases. Number of partners reporting satisfactory services increasesReduced number of HIV infections Formed action groups in churches

EAU—KENYA LAKE FIELD

ACTIVITIES What are next steps?	TIME When will it happen?	PERSON/STRUCTURE Who will be responsible?	RESOURCES What will you need?	OUTCOMES What results?
Reorganize HIV/AIDS Committee at field level	By December 31, 2003	KLF Executive Committee	Stationery Human Resource	A functional HIV/AIDS Committee

EAU—KENYA LAKE FIELD (cont)				
ACTIVITIES **What are next steps?**	**TIME** **When will it happen?**	**PERSON/STRUCTURE** **Who will be responsible?**	**RESOURCES** **What will you need?**	**OUTCOMES** **What results?**
Appoint HIV/AIDS Coordinator at field level and recommend the same at local church level	By December 31, 2005	KLF executive Committee and local Church Pastors	Finances Material	Proper and efficient coordination of HIV/AIDS programs
Carry out survey to determine the number of orphans, vulnerable children, widows and PLWHA in the field.	By March 31, 2004	Field HIV/AIDS Coordinator and local church HIV/AIDS Coordinator	Finances Material Structural Performers and other stationery	Availability of clear statistical information
Establish OVC, PLWHA, Widows and Youth Support Groups.	By June 30, 2004	KLF Executive Committee and Partners	Logistics Finances	Strong Support Groups
Start an OVC, PLWHA and widows support fund at field level.	By June 30, 2004	KLF Executive Committee and Partners.	Finances Personnel	Be able to support OVC with basic needs and education
Ensure that all our clinics offer VCT Services	By March 31, 2004	KLF HIV/AIDS Coordinator, Health Ministries Director	Testing Kits Personnel	VCT Services are available
Vigorous sensitization to create HIV/AIDS awareness and agitate for behaviour change every Sabbath	November and on-going	Trained TOTS Church elders local church HIV/AIDS Coordinator	Personal Resource material	Greater awareness creation
Organize LKF HIV/AIDS Workshop	By February 28, 2004	KLF HIV/AIDS Committee and MORCAO	Finances Stationery, Human	Review of cultural issues: Communities sensitization
Establish YFC at least one per Field/Region in 4 regions	By December 31, 2004	KLF Executive Committee, KLF HIV/AIDS Committee	Finances Material	Youth are drawn from risky life styles and have their time meaningfully occupied

EAU—WESTERN KENYA FIELD				
ACTIVITIES **What are next steps?**	**TIME** **When will it happen?**	**PERSON/STRUCTURE** **Who will be responsible?**	**RESOURCES** **What will you need?**	**OUTCOMES** **What results?**
Form HIV/AIDS Task Force	December 2003	WKF Executive committee	Personnel materials	Small action groups at all levels, Identification of PLWHA Planned activities.
Sensitization of church members	December 2004	HIV/AIDS Task Force -WKF	Resource persons Finance	At least 50% of members sensitized Supply of materials (IEC) to churches
Formation of Groups of PLWHA at every station	September 2004	HIV/AIDS Task force - WKF	Resource persons Finance	At least 50% of churches in every station have organized groups.
Training of Pastors and TOTS	December 2005	Task force/WKF executive committee	Materials Training personnel Finance	80 TOTS and all pastors trained.
Formation of VCT centres and training of counsellors	December 2005	Task force/WKF executive committee	Personnel Finance	At least 5 VCT Centres formed At least 50 counsellors trained.
Networking with other organizations for resource and financial aid.	On-going process	Health Ministries Director Chairman task force - WKF	Finance	Active collaboration between the field/ conferences and other stakeholders in health.

EAU—SOUTH KENYA CONFERENCE				
ACTIVITIES **What are next steps?**	**TIME** **Who will be responsible?**	**PERSON/STRUCTURE** **What will you need?**	**RESOURCES** **What results?**	**OUTCOMES**
Adoption of Policy and Implementation	Immediately	SKC Executive Committee	Time Committee Members	Ownership
Task force Formation	January 2004	Executive Committee	Pastors Elders PLWHA	Change of attitude
Sensitization of leadership, Pastors Elders and church members	January 2004	HMD Executive Committee	Funds	Awareness
Identify PLWHA orphans, widows	January 2004 to February 2004	Pastors Elders Church Members	Pastors Elders PLWHA	To de-stigmatise
Training VCT and pastoral Counselling	February 2004	HMD	TOTS DASCOS MOH	Available personnel
Organization of seminar to target groups	January 4	Task force	Women Youth Children	Awareness
Training for income generating activities	April 2004	HIV/AIDS Task force	PLWHA Pastors	To become self-supportive
Monitor and evaluate	April 2004	Ex-committee	Pastors PLWHA HMD	Available clear statistical information

EAU—CENTRAL NYANZA FIELD

ACTIVITIES What are next steps?	TIME When will it happen?	PERSON/STRUCTURE Who will be responsible?	RESOURCES What will you need?	OUTCOMES What results?
Educate, train and sensitize Elders, Pastors as TOT's to positively handle HIV/AIDS related issues and PLWHA in destigmatization	December to January 2004	CNF HIV/AIDS Coordinator and its committee	Stationery Travel & Accommodation Demo Kits	More qualified pastors to work with the TOT's
Establish VCT Centres and encourage members to attend them	Continuous and on-going	HIV/AIDS Coordinator HIV/AIDS Com. Pastors Elders	Testing kits Equipments Qualified Personnel	People to respond to VCT testing and to know their status.
Encourage PLWHA to come to the open and start a CNF chapter	January to February 2004	HIV/AIDS Coordinator HIV/AIDS Com Pastors Elders	Transport & Accommodation Demo Kits	PLWHA to live positively
Establish a HBC for affected and infected people and OVC	Continuous and ongoing	HIV/AIDS Coordinator HIV/AIDS Com Pastors Elders	Resource Persons Food Drugs Shelter	Improve the welfare of PLWHA/OVC

EAU—KENYA COAST FIELD

ACTIVITIES What are next steps?	TIME When will it happen?	PERSON/STRUCTURE Who will be responsible?	RESOURCES What will you need?	OUTCOMES What results?
Call the KCF HIV/AIDS Committee plus coordinators from the constituency	December 2003	Health Ministries Division	Budget	Develop a plan action

EAU—KENYA COAST FIELD				
ACTIVITIES **What are next steps?**	**TIME** **When will it happen?**	**PERSON/STRUCTURE** **Who will be responsible?**	**RESOURCES** **What will you need?**	**OUTCOMES** **What results?**
Call KCF Executive Committee	December 2003	Executive Secretary	Use Committee's Budget	KCF Committee to adapt/ adopt HIV/AIDS Committee's recommendations.
Training of Church members	March 2004	HIV/AIDS Coordinator in collaboration with pastors	Local Church Budget Teaching Material	De-stigmatisation Facilitators
EAU—SDA HEALTH SERVICES				
ACTIVITIES **What are next steps?**	**TIME** **When will it happen?**	**PERSON/STRUCTURE** **Who will be responsible?**	**RESOURCES** **What will you need?**	**OUTCOMES** **What results?**
Registration of VCT Centres	December 2003	Acting health ministries Director	Time and Transportation	Official recognition of counselling and testing centres
VCT Services	January 2004	Counsellors (Trained)	Testing kits, Space	More will know their status
Publicity	January 2004 and sustained	Business person	Finance Posters News releases/Press	Information to possible service users
Treatment (General including nutrition, education, medication, prevention and treatment of O1	Already ongoing	As above	ARVS	Better quality of life for PLWHA
Networking with support groups and other organizations involved with HIV/AIDS	January 2004	As above	Human resources Pamphlets and Brochure	Holistic care for people affected and infected

EAU—KAMAGAMBO ADVENTIST COLLEGE

ACTIVITIES What are next steps?	TIME When will it happen?	PERSON/STRUCTURE Who will be responsible?	RESOURCES What will you need?	OUTCOMES What results?
Establish a HIV/AIDS Committee	By 30 November 2003	Principal	Inbuilt budget Write proposals, Appoint institutional coordinator	Project established
Strategic Planning	By 31 December 2003	HIV/AIDS Committee	Stationery Resource Person	Strategic plan documented
Approval and Implementation	By January 2004	KAC Board ADC	As above	Identification of gaps, then further planning

EAU—RANEN FIELD

ACTIVITIES What are next steps?	TIME When will it happen?	PERSON/STRUCTURE Who will be responsible?	RESOURCES What will you need?	OUTCOMES What results?
Develop relevant policies governing respects, rights, dignities of PLWHA	May 2003	Health Ministries RF Executive Committee	Human Resource Financial	Adoption of the policyPolicy in place
Form the PLWHA Groups and involve them in Church activities	On going	Women Ministries Personal Ministries	Training and Caring of PLWHA, Mobilization of PLWHA	Self-supporting PLWHA
Form HIV/AIDS Task force	November 2003	HIV/AIDS Taskforce (Chairman) Health Ministries	Training, Providing relevant Material to Church members, Pastors on HIV/AIDS.	De-stigmatization of members, Pastors about HIV/AIDS & PLWHAM obilization of resources

EAU—RANEN FIELD

ACTIVITIES What are next steps?	TIME When will it happen?	PERSON/STRUCTURE Who will be responsible?	RESOURCES What will you need?	OUTCOMES What results?
Formation of Pressure Group to fight negative cultural practices	January 2004	HIV/AIDS Coordinator	Human Resources Financial	Training of Pressure Group (3000) Sensitization of members about negative practices
Mobilization of leaders and members	On Going	Executive Committee	Budgetary Provision	Mobilization of Resources Networking, Coordination
HIV/AIDS Coordinating personnel at Field Office	December 2003	Executive Committee	Budgetary Provision	Networking Writing proposal

EAU—NYAMIRA CONFERENCE

ACTIVITIES What are next steps?	TIME When will it happen?	PERSON/STRUCTURE Who will be responsible?	RESOURCES What will you need?	OUTCOMES What results?
Convene planning meeting with departmental heads	By 24 November 2003	Officers and Departmental Heads HIV/AIDS Committee	Information Materials on HIV/AIDS	All officers and departmental have plan to work on
Sensitization of Pastors' and workers at NC	11 December 2003	Officers and Departmental	Funds Materials	62 Pastors sensitized
Church Leaders at sub-station levels	December 2003 and ongoing	Departmental and Pastors	Funds Materials	2560 church leaders sensitized

EAU—NYAMIRA CONFERENCE				
ACTIVITIES **What are next steps?**	**TIME** **When will it happen?**	**PERSON/STRUCTURE** **Who will be responsible?**	**RESOURCES** **What will you need?**	**OUTCOMES** **What results?**
Creating awareness on HIV/AIDS in local churches	February 2004	Pastors, Elders Departmental heads of church	HIV/AIDS Material	Most members sensitized
Identify OVC, PLWHA and widows	December 2003 and ongoing	District Pastors	Guideline format materials	OVC, PLWHA and Widows in NC identified
Solstice resources	December 2003 and on going	Executive Committee	Funds Stationery	Planning and supporting the identified groups
TOTS on HIV/AIDS Pastors and Leaders	April 2004	Health Ministries Directors Pastors	Funds Material	Train 320 Church leaders
Establish VCT centres at health facilities	June 2004	Health Ministries Director	Funds Equipment	VCT Centres established

BURUNDI ASSOCIATION OF SDA CHURCH				
ACTIVITIES **What are next steps?**	**TIME** **When will it happen?**	**PERSON/STRUCTURE** **Who will be responsible?**	**RESOURCES** **What will you need?**	**OUTCOMES** **What results?**
Mobilize and sensitizing all pastors serving in Burundi and their spouses.	Last week of January, 2004	Ministerial ADOC Secretary and Union President	Resource persons and financial resources	Church Pastors and spouses sensitized
Church Elders	2nd Week of February, 2004.	Missions president	As above	Church elders sensitized

BURUNDI ASSOCIATION OF SDA CHURCH				
ACTIVITIES **What are next steps?**	**TIME** **When will it happen?**	**PERSON/STRUCTURE** **Who will be responsible?**	**RESOURCES** **What will you need?**	**OUTCOMES** **What results?**
Training of School teachers on issues related to HIV/AIDS and on sex and sexuality education	2nd Week of January	Health ministries and Education directors		Teachers trained on counselling and sexuality and gender issues.
Appoint HIV/AIDS Coordinator in all Churches	December 2003	Church Board		HIV/AIDS Coordinator appointed in all our programs as a Church
Establishment of HOPE TEAM (Support groups) in Churches	January 2004	Church Board		HOPE TEAMS established
Integrate HIV/AIDS activities in all the departments of the union	December 2003	Union president		HIV/AIDS activities integrated in all out programs of the church
Sensitize all Adventist students (Secondary and Tertiary)	First Week of July 2004	Chaplains Director		Adventist students sensitized on HIV/AIDS
Training of peer educators and counsellors	April 2004	Health Ministries Department		Peer educators and counsellors trained.

EAST CONGO UNION (SOUTHERN SECTION)				
ACTIVITIES **What are next steps?**	**TIME** **When will it happen?**	**PERSON/STRUCTURE** **Who will be responsible?**	**RESOURCES** **What will you need?**	**OUTCOMES** **What results?**
Sensitize the leadership and membership in each field of the Union	During 1st semester, 2004	Health Department Staff	Budget for rent and transportation of the staff	Sensitize leadership and membership in each field about what HIV and AIDS represent

EAST CONGO UNION (SOUTHERN SECTION)				
ACTIVITIES **What are next steps?**	**TIME** **When will it happen?**	**PERSON/STRUCTURE** **Who will be responsible?**	**RESOURCES** **What will you need?**	**OUTCOMES** **What results?**
Prepare educational materials for members	January 2004	Health Department (Dr. Elmer Delgado)	Budget for printing	Sensitize leadership and membership in each field about what HIV and AIDS represent
Promote VCT	March 2004	Adventist clinic of Lubumbashi and Songa Hospital (Dr. Elmer Dilgado)	Testing materials and training.	To know personal HIV status (at least 20%)

ETHIOPIA UNION				
ACTIVITIES **What are next steps?**	**TIME** **When will it happen?**	**PERSON/STRUCTURE** **Who will be responsible?**	**RESOURCES** **What will you need?**	**OUTCOMES** **What results?**
Establish HIV/AIDS Commission at Union Level	Year-end meeting December 4th and 5th, 2003	The union President Assign Union Health departments to do follow up work	PLWHA Volunteers TOR	Organize the union and fields to address the issue of AIDS to create awareness among Church member and the community. To draft action plans
Establish HIV/AIDS Commission at field level	December 2003 and January 2004	Field Presidents	An 8 member committee including the Health Professionals and PLWHA	Organize the union and fields to address the issue of AIDS to create awareness among member and the community. To draft action plans

ETHIOPIA UNION

ACTIVITIES What are next steps?	TIME When will it happen?	PERSON/STRUCTURE Who will be responsible?	RESOURCES What will you need?	OUTCOMES What results?
Assign an HIV/AIDS awareness coordinators and facilitators in each churches	February 2004	District leader and pastors	HIV/AIDS Committee of five people	To organize and implement on AIDS Ministry to the church and community
To translate materials into the local language and provide training to pastors and members using the book, AIDS in your Community: A pastoral counselling manual	2nd Quarter of 2004	Union and fields	Funds – To translate and print the materials.	Pastors and members will have adequate information to minister to the affected and infected.
Organize union wide HIV/AIDS awareness seminar	2004, TBA	Health ministries Director	Facilitators, participants Funds, materials HIV/AIDS Coordinators.	To prepare them to go back and prepare local church

NORTH EAST CONGO ATTACHED TERRITORY (NECAT)

ACTIVITIES What are next steps?	TIME When will it happen?	PERSON/STRUCTURE Who will be responsible?	RESOURCES What will you need?	OUTCOMES What results?
To hold NECAT HIV/AIDS Workshop for the Church Leadership	1st Quarter 2004	NECAT Health Department Director	Books Materials related to HIV/AIDS	The leadership to be sensitized and committed to HIV and AIDS issues
To sensitize Church members in each entity	2nd Quarter 2004	Fields Health Departmental Director	Books Materials related to HIV/AIDS	Church membership to be aware and committed to HIV/AIDS problem

NORTH EAST CONGO ATTACHED TERRITORY (NECAT)

ACTIVITIES What are next steps?	TIME When will it happen?	PERSON/STRUCTURE Who will be responsible?	RESOURCES What will you need?	OUTCOMES What results?
To prepare educational materials on HIV/AIDS	March 2004	Health Department Directors/ NECAT and fields	Budget	To have the basic HIV/AIDS materials available for church members
To promote VCT Testing materials for HIV/AIDS	Beginning 2nd quarter 2004 To have at least 20% of membership tested by December 2004	Health Department Directors, UNILUK Public Health Department Health Centres		

RWANDA UNION

ACTIVITIES What are next steps?	TIME When will it happen?	PERSON/STRUCTURE Who will be responsible?	RESOURCES What will you need?	OUTCOMES What results?
Review and appoin HIV/AIDS Coordinator for church level	December, 1st week 2003	Rwanda Union Executive Committee	Time	Identify definite responsible office/person
Review of creation of HIV/AIDS commission at a lower Church level, and educational and health institutions	2004	HIV/AIDS Coordinator	Time	Identification/creation of permanent association commission of HIV/AIDS and health/ education institutions.
Training of members/ Commissioners	2004	RUM Commission	Time Funding Speakers	Increase HIV/AIDS awareness of the members
Planning/Program for 2004 interdepartmental Activities	3rd Quarter 2004	RUM Commission Medical Institutions Education	Time	Identification of interdepartmental priority to address HIV/AIDS issues.

RWANDA UNION				
ACTIVITIES **What are next steps?**	**TIME** **When will it happen?**	**PERSON/STRUCTURE** **Who will be responsible?**	**RESOURCES** **What will you need?**	**OUTCOMES** **What results?**
Establish behavioural change communication in school of nursing and primary school	By November 2003	Principal Tutors in school of nursing Head Teacher in primary school	Facilitators Training materials	Increased number of students aware and able to communicate about HIV/AIDS Number of peer educators trained in Ruby-craft Primary school.
Sensitization of Hospital administrator, workers on HIV/AIDS, PMTCT, ARV therapy and HBC	Start of January 2004	Medical Directors office	Facilitator Training materials	Increased awareness amongst hospital staff about PMCT, ARV therapy and HBC

TANZANIA UNION				
ACTIVITIES **What are next steps?**	**TIME** **When will it happen?**	**PERSON/STRUCTURE** **Who will be responsible?**	**RESOURCES** **What will you need?**	**OUTCOMES** **What results?**
Adopt the resolution and recommendations of the ECD HIV/AIDS Conference	December 2003	Health Ministries Director Tanzania Union	Workshop report	ECD HIV/AIDS resolutions and recommendations adopted by the committee (Tanzanian Union)
Vote the recommended HIV/AIDS Commission for COTU	December 2003	Health Ministries Director Tanzania Union		Established HIV/AIDS Commission

TANZANIA UNION				
ACTIVITIES **What are next steps?**	**TIME** **When will it happen?**	**PERSON/STRUCTURE** **Who will be responsible?**	**RESOURCES** **What will you need?**	**OUTCOMES** **What results?**
Organize countrywide HIV/AIDS, SDA Church response workshops for F/C officers, and health Ministries Director , Youth and Education Director and Women Ministries Director as delegates and selected ministries	Mid Year committee 2004	Health Ministries Director Tanzania Union	Human Resources Director Health Ministries Director Selected ExpertiseFunds Tanzania Union Church Engender Health CARE	All pastors and Health directors sensitized and oriented aboutd estigmatization. destigmatization. Action plans produced at fields and conference level
Production of materials to use for implementation of activities.	By May 2004	Health Ministries Director Tanzania Union	Funds from within and without (USAID,	Step by step documents produced for implementation

UGANDA UNION				
ACTIVITIES **What are next steps?**	**TIME** **When will it happen?**	**PERSON/STRUCTURE** **Who will be responsible?**	**RESOURCES** **What will you need?**	**OUTCOMES** **What results?**
Meeting of all president, HM Director & AIDS National Coordinator	January 2004	Uganda Union President	Transport, Meals and Accommodation (TMA)	Plans for HIV/AIDS programs/ activities
Creation of AIDS Committee/UU level	December 2, 2003	UU President	TMA	AIDS Committee set-up
Develop year strategic plans and project proposals	February 15, 2004	HM Director	Workshop expenses for AIDS Committee	Formal – year "Strategic plan"
Mobilization resources human and financial	March 15, 2004	HM Director	TMA	Availability of funds and staff

Health Advisory Council		HM Director	Workshop expenses	New director for the work in Uganda Union
Training of pastors, health and education workers	2nd Quarter, 2004	National AIDS Coordination (NA)	Train Expenses	Number of TOTS trained
Sensitization/Mobilization Implementation of strategic plans	3rd Quarter 2004	NAC	TMA, IEC Materials, seminar expenses	Field/Institution leader, church leaders sensitized against AIDS
Monitoring and Evaluation	On-going, effective from 2nd Quarter.	NAC	TMA	Well-supervised activities based on strategic plan

WEST CONGO UNION MISSION

ACTIVITIES What are next steps?	TIME When will it happen?	PERSON/STRUCTURE Who will be responsible?	RESOURCES What will you need?	OUTCOMES What results?
Sensitize and empower the leadership and membership about HIV/AIDS in terms of changing behaviour and attitudes towards PLWHA	Next year 2004 (First Semester)	Health Department Director of WCU	Financial and technical support for budget	Sensitization meeting in all fields
Begin to strengthen commission at union, field and church levels	2004	HIV/AIDS Coordinator	Budget	IDEM
Prepare educational materials on HIV/AIDS	February 2004	HIV/AIDS Coordinator	Budget	IDEM
Promote VCT	March 2004	HIV/AIDS Coordinator	Testing and training material	To know HIV status (40%)

APPENDIX 1: THE WORKSHOP PROGRAM

East-Central Africa Division (ECD) of Seventh-day Adventist (SDA) Church Regional Workshop on HIV/AIDS Agenda

Day 1: Monday, November 10, 2003	
8:15-8:30	**Devotion and Welcoming Remarks.** *Speaker:* Pastor Geoffrey Mbwana, Executive Director, ECD of SDA Church, Nairobi, Kenya
8:30-9:00	**Workshop Opening**. *Speaker*: Pastor Charles Sandefur, President, ADRA International, Silver Spring, MD, USA
9:00-9:30	**A Few Words From the Donors.** *Speaker:* Ms. Angeline Y. Siparo, Kenya Country Representative, The POLICY Project /Kenya, Nairobi, Kenya. Speaker: Mr. Warren Buckingham USAID/Kenya, Nairobi, Kenya
9:30-9:45	**Adventist Youth and HIV/AIDS: A Global Perspective.** *Speaker:* Dr. Baraka Muganda, Director, Youth Ministries Department, the GC of SDA Church, Silver Spring, MD, USA
9:45-10:00	**Workshop Objectives, Agenda, Expected Outcome, and Evaluation.** *Facilitator(s)*: Ms. Melanie Judge, Project Manager, POLICY Project, South Africa; Dr. Mike Negerie, Regional Technical Manager for Health, ADRA Africa Regional Office, Johannesburg, South Africa
10:00-10:15	**Introduction of Participants (Mixer).** *Facilitator(s):* Melanie Judge and Dr. Mike Negerie, Regional
10:15-10:30	**Overview of HIV/AIDS Situation in East and Central Africa.** *Speaker:* Dr. Lester Wright, Deputy Commissioner/Chief Medical Officer, New York State, Department of Correctional Services, Albany, New York
11:00-11:15	**Government and Churches: Partnership in the Fight Against HIV/AIDS** *Speaker:* Dr. Mary Wangai. Representative for the Honourable Mrs. Charity Ngilu, The Minister of Health, Republic of Kenya
11:15-11:45	**HIV/AIDS Situation Among Church Members in East and Central Africa: Findings of an Assessment by ADRA International.** *Speaker:* Dr. Ron Mataya, Director, Health Department, ADRA International, Silver Spring, MD, USA
11:45-12:15	**Focus on Key HIV/AIDS, Human Sexuality, and Family Issues Facing the Church: An introduction to Workshop Sessions.** *Speaker:* Speaker: Dr. Lester Wright, Deputy Commissioner/Chief Medical Officer, New York State, Department of Correctional Services, Albany, New York
12:15-1:00	**What It Means To Live With HIV And AIDS: Testimonials from four PLWHA.** *Speakers:* Mr. Believe Dhliwayo, Ms. Rose Otaye, Ms. Nuwimana Theresie, Mr. Robert Ondiango
2:00-2:30	**Fear/Denial/Stigma Associated with HIV/AIDS: Role of the SDA Church.** *Keynote Speaker:* Dr. Allan Handysides, Director, Health Ministries Department, GC of SDAs, Silver Springs, MD, USA





2:30-3:00	Christian Love and Compassion Towards People Infected/Affected by HIV/AIDS. Keynote Speaker: Dr. Allan Handysides, Director, Health Ministries Department, GC of SDAs, Silver Springs, MD, USA
3:00-4:30	**Discussion/Study Groups and Recommendations** **Group Study 1 and 2:** Addressing Stigma/Fear/Denial Due to HIV/AIDS in Our Church Moderators: Dr. Baraka Muganda, Director, Youth Ministries Department, the GC of SDA Church, Silver Spring, MD. USA; Dr. Oscar Giordano, Director, Tri Divisional HIV/AIDS Office for Africa, SDA Church, Johannesburg, South Africa **Group Study 3 and 4:** The Theology of Suffering in Regards to HIV/AIDS Moderators: Pastor C. Richli, Deputy Executive Secretary, ECD of SDA Church, Nairobi, Kenya; Pastor E. Musoni, Director, Sabbath School Department, Nairobi, Kenya **Group Study 5 and 6:** Spirituality and HIV/AIDS Moderators: Pastor K. Musema, Deputy Executive Director, ECD of SDA Church, Nairobi, Kenya; Dr. T. K. Lumbu; Director, Communication Department, ECD of SDA Church, Nairobi, Kenya
4:30-5:00	Wrap-up and Evaluation. Facilitators: Melanie Judge and Dr. Mike Negerie.
6:30-9:30	Reception Program and Dinner
Day 2: Tuesday, November 11, 2003	
8:00-8:15	**Devotion.** *Speaker:* Allan Handysides, Director, Health Ministries Department, GC of SDA Church, Silver Springs, MD, USA
8:15-8:30	**Review and Today's Agenda.** *Facilitators:* Melanie Judge and Dr. Mike Negerie
8:30 – 9:30	Discussion/Study Groups Presentations from Groups 1, 2,3,4,5 and 6.
9:30 – 11:00	**Experiences and Lessons from ECD's Response to HIV/AIDS Epidemic.** *Speakers:* Dr. Fesaha Tsegaye, Director, Health Ministries Department, ECD of SDA Church, Nairobi, Kenya and other Pastor Paul M. Muasya, Executive Director, East Africa Union of SDA Church, Nairobi, Kenya; Pastor Benjamin Brown, President, Ethiopian Union of SDA Church, Addis Abeba, Ethiopia; Pastor B. Bina, President, Tanzania Union of SDA Church, Arusha, Tanzania; Pastor J. Wani, President, Uganda Union of SDA Church, Kampala, Uganda; Pastor Amon Rugelinyange, President, Rwanda Union of SDA Church, Kigali, Rwanda Pastor U. Habingabwa, President, Burundi Association of SDA Church, Bujumbura, Burundi; Pastor Enoch Chifamba, President, Eritrea Mission Field of SDA Church, Asmara, Eritrea; Pastor August de Clarc Ngalamulume, Presidnet, West Congo Union of SDA Church, Kinshasa, Democratic Republic of Congo (DRC); Pastor Heber Mascarenhas, President, East Congo Union of SDA Church, Lubumbashi, DRC; Pastor Musasya Makulambizia, President, NECAT of SDA Church, Goma, DRC

11:00 – 11:45	Substance Abuse and HIV/AIDS: How Much is Our Church Affected and What Are We Doing? Speaker: Dr. Peter Landless, Executive Director, International Commission for Prevention of Alcoholism (ICPA), Silver Spring, MD, USA; and Associate Director of Health Ministries Department, GC of SDA Church, Silver Spring, MD, USA
11:45 – 12:15	What is the Church's Responsibility in Response to HIV/AIDS Epidemic among the Youth: Behaviour-Based Research Findings and Implication? Speaker: Dr. Gary Hopkins, Associate Professor of Health Promotion and Education, School of Public Health, Loma Linda University, Loma Linda, CA, USA; Assistant Director, Health Ministries Department, GC of SDA Church, Silver Spring, MD, USA
12:15 – 1:00	What Does the Seventh-day Adventist Church Commit to do About HIV/AIDS Epidemic? Speaker: Professor M. Mutinga, Field Secretary, ECD of SDA Church, Nairobi, Kenya
2:00 – 3:30	**Discussion/Study Groups and Recommendations** **Group Study 1 and 2:** Building Values/Resources to Address AIDS Pandemic in Our Church. *Moderators:* Dr. Oscar Giordano, Director, Tri Divisional HIV/AIDS Office for Africa, SDA Church, Johannesburg, South Africa; and Dr. Ronald Flowers, Co-Director, Family Ministries Department, GC of SDA Church, Silver Spring, MD, USA **Group Study 3 and 4:** Addressing Gender Issues as they relate to HIV/AIDS Problems *Moderators:* Mrs J. Gashaija, Director, Women's Ministries Department, ECD, Nairobi, Kenya; and Mrs. Karen Flowers, Co-Director, Family Ministries Department, GC of SDA Church, Silver Spring, MD, USA **Group Study 5 and 6:** Addressing Cultural Issues as they relate to HIV/AIDS Problems Moderators: Pastor K. Ndwiga, Director, Stewardship Department, ECD of SDA Church, Nairobi, Kenya; Mrs. Jerusha Muga, Director, Women's Ministries Department, East African Union of SDA Church, Nairobi, Kenya.
3:30-4:30	Discussion/Study Groups Presentations from Groups 1,2,3,4,5 and 6.
4:45-5:15	Wrap-up and Evaluation. Facilitators: Melanie Judge and Dr. Mike Negerie

Day 3: Wednesday, November 12, 2003	
8:00-8:15	**Devotion.** *Speaker:* Dr. Jan Paulsen, President, GC of SDA Church, Silver Spring, MD, USA
8:15-8:30	**Review and Today's Agenda.** *Facilitators:* Melanie Judge and Dr. Mike Negerie.
8:30-8:45	**The Contribution of Church Leaders Wives in the Fight Against HIV/AIDS: A Leaders Perspective.** *Speaker:* Ms. Kari Paulsen, The GC President's Wife, GC of SDA Church, Silver Spring, MD, USA





8:45-9:00	**Question and Answer Session**
9:00-9:30	Setting the Stage for Establishing Enabling Policies and Programs to Effectively Respond to HIV/AIDS Pandemic in ECD. Speaker: Dr. Ron Mataya, Director, Health Department, ADRA International, Silver Spring, MD., USA
9:30-10:00	Experience of Other Churches in Effectively Responding to HIV/AIDS Pandemic from the African Context. Speaker: Dr. Peter Okaalet, Africa Regional Director, MAP International, Nairobi, Kenya
10:00 – 10:30	**Questions/Answers**
11:00- 1:00	**Discussion/Study Groups and Recommendations**
	Group Study 1 and 2: Policies Related to Youth and the Family
	Moderators: Dr. H. Kibbuka, Director, Education Department, ECD of SDA Church, Nairobi, Kenya; and Pastor T. Mulumba, Director, Youth Department, ECD of SDA Church, Nairobi, Kenya
	Group Study 3 and 4: Voluntary Testing and Counselling Moderators: Dr. Fesaha Tsegaye, Director Health Ministries Department, ECD of SDA Church, Nairobi, Kenya; and Dr. Peter Landless, Executive Director, International Commission for Prevention of Alcoholism (ICPA), Silver Spring, MD, USA
	Group Study 5 and 6: AIDS Orphans and Vulnerable Children Moderators: Dr. Oscar Giordano, Director, Tri Divisional HIV/AIDS Office for Africa, SDA Church, Johannesburg, South Africa; and Pastor Blasius Riguri, Executive Secretary, ECD, Nairobi, Kenya
	Group Study 7 and 8: Care and Treatment of HIV/AIDS Patients Moderators: Dr. Ron Mataya, Director, Health Department, ADRA International, Silver Spring, MD, USA; Mr. Philemon Yugi, HIV/AIDS Coordinator, ADRA/Kenya, Nairobi, Kenya,
2:00 - 3:30	Discussion/Study Groups Presentations from Groups 1,2,3,4,5,6, 7 and 8.
3:30-4:00	Ingathering: Hope For Humanity Funding Opportunities Speaker: Mr. Maitland DiPinto, Director for Ingathering: Hope for Humanity, North American Divison, Washington DC, MD, USA.
400 – 4:30	Role of and Support from the ADRA Regional Office for Africa. Speaker: Mr. Goran Hansen, Director, ADRA Africa Regional Office, Randburg, South Africa.
4:45-5:15	Wrap-up and Evaluation. Facilitators: Melanie Judge and Dr. Mike Negerie.
8:00-9-00	Sexuality Education: Empowering Parents, Teachers, and Church Leadership. Speakers: Dr. Ronald Flowers, Co-Director, Family Ministries Department, GC of SDA Church, Silver Spring, MD, USA; and Mrs. Karen Flowers, Co-Director, Family Ministries Department, GC of SDA Church, Silver Spring, MD, USA

Day 4: Thursday, November 13, 2003	
8:00-8:15	Devotion. Speaker: Pastor Charles Sandefur, President, ADRA International, Silver Spring, MD, USA
8:15-8:30	Review and Today's Agenda. Facilitators: Melanie Judge and Dr. Mike Negerie, Regional Technical Manager for Health, ADRA Africa Regional Office, Johannesburg, South Africa
8:30-10:30	Synthesis and Documentation of Policy Recommendations. Facilitators: Melanie Judge and Dr. Mike Negeri.
10:45-11:00	"The Nairobi Declaration". Facilitator: Dr. Mike Negerie, Regional Technical Manager for Health, ADRA Africa Regional Office, Johannesburg, South Africa
11:00-12:30	Conference Conclusion and Follow Up Plan. Facilitators: Melanie Judge and Dr. Mike Negerie.
12:30-12:45	Wrap-up and Evaluation. Facilitators: Melanie Judge and Dr. Mike Negerie.
12:45-1:15	Closing Remarks. Speakers: Pastor G.G. Mbwana, Executive Director, ECD of SDA Church, Nairobi, Kenya; Honourable Dr. Mugaje, Assistant Minister of Home Affairs representing His Excellency, Mr. Moody Awori, Vice President of the Republic of Kenya.



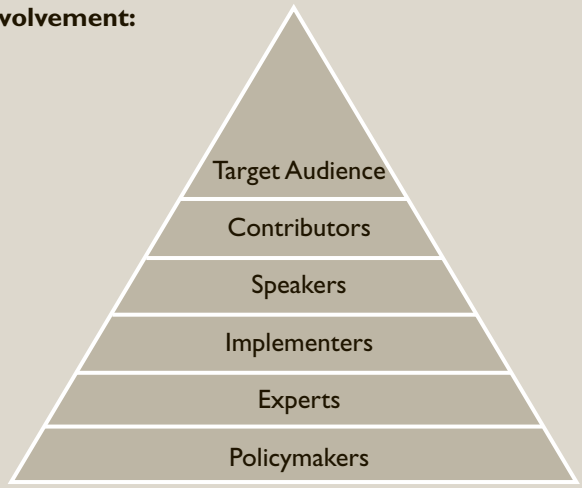


APPENDIX 2: THE GIPA PRINCIPLE

At its most basic GIPA means two important things:

- Recognizing the important contribution people infected or affected by HIV & AIDS can make in the response to the epidemic
- Creating space within society for their involvement and active participation in all aspects of that response

Pyramid of Involvement:



Challenges to the Implementation of GIPA:

- Difficulty of acknowledging HIV status publicly
- Lack of organizations preparedness to involve PLWHA
- Lack of skills & preparation for PLWHA
- Lack of proper conditions for HIV positive people within the organization
- Questions of sustainability

Hope For Humanity (Hfh), North American Division International Program Concept Paper Outline

This paper should be no more than two pages in length and contain the following information:

Name and contact information for responsible implementing organization

Geographical area of project activities

Time frame for project activities

Describe the problem this project will address:
Who is affected and who will be the beneficiaries of this intervention?
How extensive is the problem in the area of the project?
Why has this problem been chosen rather than other, perhaps equally pressing problems in the community?

Describe the community to benefit from this intervention:
How many people or families will be included?
What gender and age groups will be primarily benefited?
How will participants be selected for the program?
What are the conditions in which the participants live? i.e. economic activities, family structures, housing etc.

State briefly the goals of the project:
What changes will be evident in the lives of the participants?
How many participants will be affected?

Describe the organizational relationships between partners in this project:
Describe the responsible implementing partner's capacity to do this project.
What commitments have other partners in the project made to support it?
What will be the role of each partner organization in the project?

Describe the methods to be used to achieve your goals:
How will the project operate?
What personnel will implement the project?
What materials will be needed?
What activities will need to be supported financially?

Estimate the approximate amount of money needed from HfH and from other partners to implement this project. At the proposal stage a detailed budget will be needed. This estimate is to provide a rough idea of the scale of the project. A breakdown of costs between personnel, materials, travel, and training will be helpful in assessing the concept paper.

Submit concept papers to:–*Maitland.Dipinto@nad.adventist.org* and *gbuhler@charter.net*





APPENDIX 4

Workshop Evaluation Summary

(Sixty-seven participants completed the workshop evaluation form.)

1. Were the workshop objectives achieved? (66 participants said yes and 1 said partially)

   "Monitoring should be a continuous process in all our training"
   "All the content was covered according to the schedule"
   "Through this workshop we have realized that there is lots of work to be done to help PLWHA"
   "Deliberations were open and transparent"
   "At the end of the seminar, at least our attitude and response to HIV/AIDS has changed"
   "This has been a very productive workshop"
   "It was extremely well organized and to the point, focused and well planned"
   "At the beginning of the workshop, people (Church members) had different ideas on how to fight HIV/AIDS but after sharing ideas they now see things in the same light"
   "The facilitator was excellent. The presentation was incisive. I have been thoroughly transformed"
   "It was a wonderful experience"
   "The workshop was very nice and good so we congratulate the organizers"
   "The workshop addressed the key areas affecting the HIV/AIDS calamity"
   "Sharing of information was wonderful"
   "If only all that we have learned here will be implemented, then the whole workshop is successful"

2. What new information or resources did you gain to assist in the implementation of your Church's HIV/AIDS programme?

   "The material that the Flowers family introduced to us"
   "I have gained a new perspective in the way I should tackle HIV/AIDS"
   "Information of what is going on in our own Church plus other organizations"
   "All the material distributed is a great asset"
   "Information from people living with AIDS on how they would like to be helped"
   "Information from other Churches and bodies in the fight against HIV/AIDS"
   "Changing of social/cultural believes will reduce the cases for infection and action on HIV/AIDS"
   "The need to up a strategic plan for the Church"
   "About stigmatization and to make sure the rest of the Church members will have VCT and come out. A good example was from PLWHA"
   "Recognizing that people with HIV/AIDS are also God's children. They need care, companionship and love"
   "VCT is for the individuals to understand or know their status and not for the public or publication"
   "I have learned a lot on the issue of stigmatization"
   "Human sexuality and HIV/AIDS curriculum"
   "We should take the responsibility relevant as individuals not necessarily as a group (Church)"
   "Use of condoms by spouses where one partner is positive and the other negative"
   "After this workshop we will have a change of attitude about PLWHA and we'll be committed to act positively"
   "I now know the position of the Church regarding condoms"

3. What additional information will you need to support future HIV/AIDS activities?

   "More materials"
   "We need to include more PLWHA in our workshops who can positively contribute to the process"

"How to access IEC materials"
"More training"
"More writing material"
"Financial/material resources"
"Information on how other entities and organizations are coping with the HIV/AIDS pandemic and educating their masses on coping with and combating the HIV/AIDS menace"
"We need counselling skills"
"More workshops"
"How to go about supporting people with HIV/AIDS"
"Resources-personal, finance and material"
"We need a lot of support from the Church leadership to achieve our HIV/AIDS work in the field"
"Role of prayer as the main resource in the fight"

4. How did you feel about the overall quality of the workshop facilitation?
(46 participants said excellent, 20 said it was good.)

"We need to congratulate all the facilitators for their hard work"
"The overall quality of the workshop facilitation was quite good"
"Facilitation was excellent"
"Time was limited. Let the presenters get enough time to assist delegates"
"Great mastery of facilitation skills"
"We loved it"
"Facilitators were very precise, clear and to the point"
"It was good, however time allocated was not enough and some representation had no handouts, do so in future"
"Well prepared and full of knowledge"
"Mike and Melanie have been fantastic. God bless you"

5. What was the experience of the logistical arrangements for the workshop?

	EXCELLENT	GOOD	AVERAGE	POOR
Course registration	48	18	0	0
Delegate information pack	35	25	1	0
Travel arrangements	24	24	9	0
Accommodation	48	6	3	0
Catering	42	18	1	0
Suitability of the venue	51	10	0	0

Participant's comments included the following:
"Next time the workshop needs more days"
"Apart from a few things that need improvement the meeting was good and encouraging"
"Very well organized workshop"
"The workshop was great"
"Keep up the good work"
"There is room for improvement"
"It was not a time waster, we will over come the pandemic in time"





"Thanks for all and to sum up everything only one word can complete this 'excellent'"
"Logistical arrangements were up to date"
"The planning was excellent"
"Perhaps arrangements could be done to enable participants to move and see some of the PLWHA at work in addition to those in attendance"
"Organize another workshop in the near future"
"The logistical arrangement was good. The place of stay, food and accommodation were up to date"

6. Do you have any suggestions for the next workshop?

"Must be at a central venue"
"A tape of the workshop must be given out"
"In future provide enough time for discussions"
"These kinds of workshops should be taken to the leaders at the ground grassroots"
"May we encourage the others who didn't attend"
"More networking of the Church with other organization out of Church"
"Let us not pin point fingers at certain groups that have failed but encourage then to improve"
"For the mixed cultures you should provide more time to interact"
"Include more females"
"More time for questions"
"A little more prayers to God who alone and single handedly can handle this HIV/AIDS problem"
"Give us the information beforehand to enable us to come prepared"
"Have more HIV/AIDS infected people to prove the reality to other people"
"The location should have a garden facility so people are not restricted to just a building. We need to walk and breathe fresh air"
"More time allocation-more PLWHA participation"
"Participants can perhaps volunteer to give up one meal expense for the benefit of a local HIV/AIDS program"

APPENDIX 5: LIST OF PARTICIPANTS

Union Missions, Conferences, Attached Fields, and Associations

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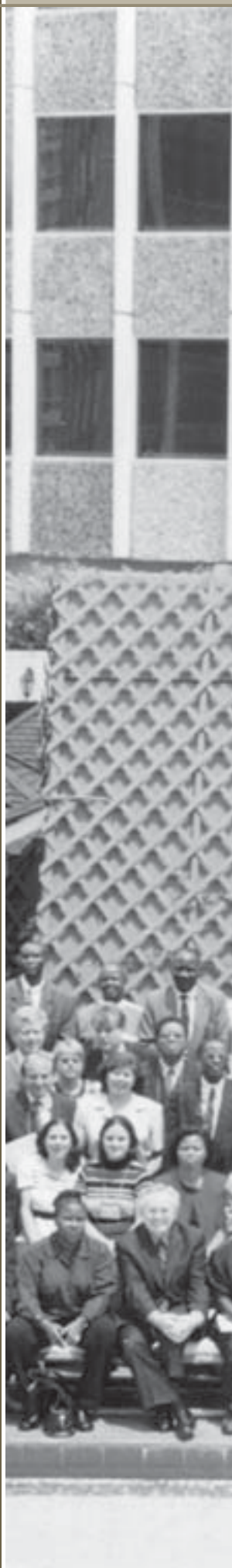
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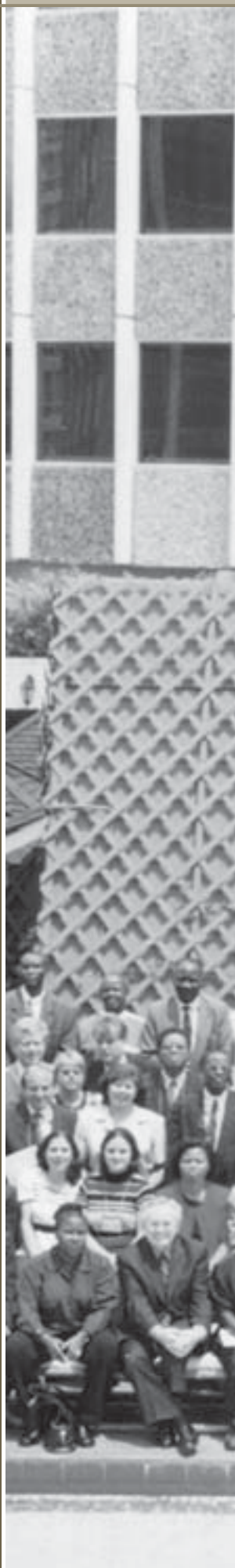
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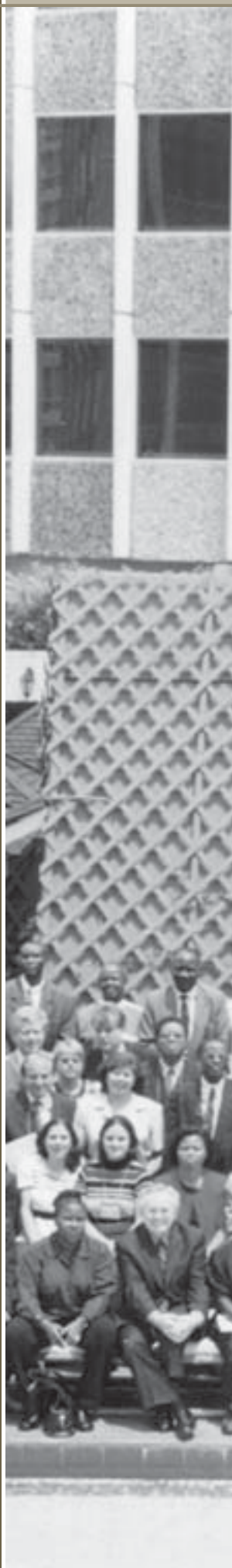
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