

The Strength of Christian Spirituality in the Face of HIV/AIDS: A Practical Reflection

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Introduction: HIV/AIDS Is It a Theological Problem?

HIV/AIDS is an epidemic within other social diseases of poverty, gender inequality, violence and overall human rights abuses. The Church is therefore challenged to the core of its belief to provide care and love, to be Christ-like and provide hope. Silence, shame and stigma are the worst killer of people everywhere, which are the root causes. Genesis 1:31, “God saw everything that he had made and indeed it was very good.” God breaks the silence in our communities; regardless, we face so many tragedies that at times there is no room for laughter, or so it seems. God breaks the silence of despair, picking up the pieces, rebuilding lives after disasters, opening doors after failures and sorrow. Hope, therefore, is central to the Christian life, sin is a state of bondage that rules over and distorts human life, and God’s original plan is to restore back to good our broken souls. Christian therapy is therefore care and love. Community approach is imperative; to touch individual lives in the advent of HIV/AIDS, we should not lose the soul which lies within the well-being of a person.

The United Church of Zambia officially inaugurated the HIV/AIDS Synod Committee in August 2001. This Committee is chaired by the General Secretary, while members are proposed at Consistory levels and comprise Christians from diverse backgrounds, i.e., clerics, health workers, social workers, clergy and teachers.

The United Church of Zambia is organized and structured within a framework according to Synod, Presbytery, Consistory and Congregation levels. This structure allows efficient disseminations of information and training on HIV/AIDS. Zambia is a church-going nation and UCZ Congregations are packed every Sunday. People come to listen to the Word of God; this opportunity is seized to educate people and to challenge behaviour and also to offer Spiritual guidance and to provide practical assistance.

Mission Statement

The policy on HIV/AIDS is anchored in the following Mission Statement:

To spread the Gospel in order to reconcile the World to God through love, provision of sustainable Spiritual and Physical growth of people, and respect for the environment, together with the advancement of the Universal Church.

Policy Analysis

- Increase awareness about HIV/AIDS and its impact on the Community
- Promote abstinence

- Encourage strong moral behaviour and faithfulness in marriages
- The Church shall encourage Voluntary Testing and Counseling (VCT)
- The Church will participate in Home Based Care and other activities

Objectives

1. To ensure the formation of HIV/AIDS Committees at all Church Courts
2. To plan and facilitate training workshops and seminars at all levels within the Church for awareness raising/sensitizing
3. To develop and enhance capacity building
4. To coordinate, monitor and evaluate HIV/AIDS activities in the Church
5. To develop projects that are aimed at both increasing knowledge and changing attitudes
6. To integrate HIV/AIDS activities into existing Church programmes
7. To source for relevant materials, resources through the newly established Synod Community Development Department and Local Social Services Committee

Administrative Structure

The Church has established the Community Development Department to address the social aspect of people at Community levels. The focus is on Poverty Alleviation, Gender Equality and HIV/AIDS Awareness. The Department is an intermediary entity to address both capacity building and accountability between the local community-based initiatives and donors, both local and international.

Funding

Current funding of HIV/AIDS programmes comes mainly from the Church. The Church has access to global funds through (CHAZ/CCZ) Churches Health Association of Zambia, Council of Churches in Zambia respectively. The Department of Community Development is pro-active in establishing links for Resource Mobilisation and Networking both local and international. A full-time HIV/AIDS Coordinator is to be engaged to carry out linkage tasks and to coordinate HIV/AIDS programmes.

UCZ Institutional Catchment Areas

- Mbereshi Mission Hospital is located in Luapula Province of Zambia with a total catchment population of 60,000 people; the mission hospital serves as first referral. The hospital provides health services to patients from seven rural Health Centres. It is the oldest hospital in the area, built in 1950 by the London Missionary Society. The hospital serves three districts of the province, Mwense, Kawambwa, Nchelenga. The hospital operates a nursing school, and has a capacity of 100 beds.

- Mwandishi Mission Hospital situated in Western Province of Zambia covers a large area of rural communities like Mbereshi and crossover to border with Namibia/Zimbabwe.
- Chipembi Rural Health Centre covers a population of 20,000 with a 20-40 km walking distance to nearby villages. The Church also operates Chipembi girls' secondary school and Chipembi Farm College.
- United Church of Zambia Theological College situated on the Copperbelt of Zambia offers training at Degree and Diploma levels. The training is open to other Churches and linked to the University of Western Cape in South Africa. The Diaconal Ministry training focuses on Social Work in the communities.
- The Church runs several secondary schools that include Kafue boys, Njase girls, Mwenzo girls to name a few. There are several basic schools and numerous community schools initiated at local levels of the Church.

Programmes 2004/5-6

The Church is active at all levels from Congregation to Synod. The activities in the Church include:

1. HIV/AIDS Sundays all over Zambia at Congregation levels. Special Liturgy prepared to be shared both by the Clergy and Laity. Offering collected directed at vulnerable people and people living with HIV/AIDS (PLWAS).
2. Home Based Care – rates the highest in all local Congregations. The programmes on Home Based Care are based on the spirit of volunteerism; HBC workers are coming from the structured groupings in the local Congregations, i.e., Women's Christian Fellowship, Youth Christian Fellowship, Men's Christian Fellowship, and other Christians. The HBC clients are usually referrals from Clinics, Hospitals. NB: Incentives are important to motivate volunteers – most Care Givers need training as well as capacity building; skills training is a tool essential for empowering volunteers who are also in need of essentials.
3. On-going and Planned Activities. Types of HIV/AIDS Activity 2004/5 – 6:
 - Poverty reduction
 - Nutrition / Food Security
 - Protecting Vulnerable Groups
 - Education on risks
 - Collect Community Data

Hiv/Sex Education and Gender

Institutional Capacity Building

Activities.

- Training for Clergy – Most ministers have been trained in Psycho-Social Counselling by (CCZ) Council of Churches in Zambia.
- Theological Reflections – (Liturgy formation gender equity and empowerment) UZC serves on the Theological Reflection Committee of the Council of Churches, a policy committee with an ecumenical approach.

- Theological Statement on HIV/AIDS – (Synod T-Shirts) (Media Statements) Most congregations are involved in pamphlet distribution, and billboard statements are encouraged.
- Monitoring/Evaluation System – (Planned CDD) (Training Programme) The HIV Coordinator to work with all local HIV/AIDS Convenors at local levels.
- Sharing Information / Lessons – Synod CDD all Presbyteries, the new department distributes HIV/AIDS materials.
- Recruit/Retrain PLHA – Circles of Hope (CCZ) Resource Persons living positively hold awareness workshops on nutrition and medical care. UCZ Congregations forming own groups.
- Policy on HIV/AIDS – Among all Presbyteries and all congregations, policy dissemination are ongoing (all congregations are aware of the UCZ national policy).
- HIV Research – Planned (CDD) Community Baseline Studies ongoing by the Community Development Department.
- Advocacy – Structured workshops / drama / peer education.
- Circles of Hope is a movement of people living positively with AIDS and speaking out to fellow Christians in churches.

HIV Prevention Activities Church Involvement

- VCT Service (HBC programmes include information to all congregations). Trained clergy, laity promote local initiatives to sensitize testing and counseling.
- Peer Education (planned) Linkages 60% with existing groups and structured grouping WCF, MCF, BB, GB, YCF in UCZ, also to promote use of condoms ongoing within church groups, marriage counseling and couple counseling and marriage encounters at congregational levels.
- STI management, sensitizing young people to get treatment quickly.
- Blood safety measures – referrals to clinics, health centres information dissemination to Christians.

Conclusion

The biggest constraint experienced by most faith-based organizations, United Church of Zambia included, is lack of exposure to global funding and support, which leads to volunteer fatigue by Christians who give care through personal sacrifice. The church has the will and clout to provide both human resource and a well-laid structure at grassroots levels. It is evident from what is being achieved with so little, especially in rural areas, that global economic support will build the broken social structures if and when the church receives direct attention.

The UCZ Church has, since 2000, endeavoured to break the silence by providing services that are, however, severely hindered by lack of finances. The HIV/AIDS policy provides for:

- sex education, especially to young people. HIV/AIDS peer training is ongoing.
- Theological reflection focused on liturgical messages of care and compassion.

- Open dialogue on sexuality through HIV/AIDS Sundays, preaching on HIV/AIDS, and community outreach.
- Training of clergy in psychosocial counseling.
- Theological training on HIV/AIDS
- Sensitization on violence against women, child abuse
- Misuse of power advocacy
- Gender inequality, oppression, disrespect.

In discussing HIV/AIDS, the Church has become very inclusive and contextual. There is a realization that sexual sin is entrenched within culture and tradition; cf. John 8, the woman caught in adultery: Jesus said, 8v7, “Let anyone among you who is without sin be the first to throw a stone at her”. Christians should be servants and not judges.

In our world today, different cultural contexts have contributed with different taboos around sexuality, which makes it difficult to discuss HIV/AIDS. The Church in Zambia has noted sexual rituals which include widow cleansing, early teenage marriages, incest and other silent rituals as the worst enemies.

There is also a major danger for the Church to divide life into what is spiritual and what is physical, the first being regarded as the concern of the Church. Further, the world is divided into first, second, third worlds. We hope to share new aspirations with others here at this HIV/AIDS Conference, that the Christian Church must be awake to the trends of the times, to be the light of the world like a candle burning in the wind. Is there unity in diversity in the universal Church?

What can we do as God’s family to motivate and heal the wounded? Spiritual therapy demands servanthood, sacrifice and love. The Church needs its own global structures of action and not workshops only to uplift the central healing and freedom of Christ in a “missio dei” crusade of holistic evangelism and preaching.