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A word from the Executive Director

Dear Reader,

Welcome to Positive Faith in Action!

Overcoming HIV pandemic cannot be achieved without eliminating Stigma, Shame, Discrimination, Denial, Inaction and Misaction (SSDDIM) associated with HIV. There are many ways in which SSDDIM manifests itself. Some of which include denial of the existence of same sex relationships or simply using weird language that describe those of us living with HIV in strange terminologies such as “you have full blown AIDS.” In spite of the knowledge that over 90% of new HIV infection is through unprotected sex, we still struggle especially within faith communities, to overcome the shame of talking about it and assisting our young girls, boys, women and men to understand safer practices associated with sex and sexuality.

INERELA+, contributes to overcoming all forms of stigma and discrimination and conditions that perpetuate HIV infection. In South Africa for instance, we are working with our members to engage on issues of same sex relationships and sexuality; in Sierra Leone we are promoting HIV counselling and testing as well as positive living through “HIV Fridays and Sundays” in mosques and churches and respectively; in Uganda we aim at overcoming stigma and discrimination that envelopes our orphans and vulnerable children. In addition to these, it is the work of our youth in Zimbabwe that we would like to highlight. Acknowledging that income deprivation increases vulnerability to risky sex-work amongst young people in Zimbabwe, our members are supporting young girls and boys to learn how to generate resources– they are making candles! Initiated in four congregations by our members, young people are not only going to learn how to make candles and generate income, something worthy doing in a country where electricity is erratic and non-existent in rural areas, but will also learn about gender dynamics, sex and sexuality. This will empower them to protect themselves from HIV infection and to live much more fulfilled lives.

As more and more of our members live openly and share their HIV status in their congregations, they stand as beacons of hope in overcoming SSDDIM and engage others in frank discussions, for once, to face the real issues that really led to HIV being such a health, development and relationship challenge.

Enjoy this edition of Positive Faith In Action!

Chabu Kangale– Executive Director

Informed Faith Response Leads to Greater Engagement

Facing the challenges of HIV and the influence it has on our world has not always been popular. In the past number of years working in HIV field had become very vogue, but this is passing and there are many funding challenges that have come to the HIV related work due to the Global Economic crunch. Recently we have heard that both the USA as well as many European countries are cutting back on their HIV specific funding initiatives.

This state of affairs has demanded a more focused approach from those of us who are working in the HIV field. Money spent must be spent after greater reflection. Same old, same old, simply does not work! New innovative approaches are required. Into this environment two new initiatives have emerged in which INERELA+ is involved in. The first has been an active partnership between the faith community, civil societies and governments. It was conceptualized by our very own the Rev. Canon Gideon Byamugisha, who has recently been honoured by University of Botswana with a PhD (Honoris Causa) for his leadership role and ministry in confronting SSDDIM and advocating for SAVE multiplication.

The Global Working Group (GWG) on Anti-SSDDIM and pro-SAVE, as it has come to be known, looks to form national teams which take the process forward. Currently, National Task Teams have been established in Malawi and Kenya. The Kenyan team was launched during the most recent meeting of the GWG which took place in Nairobi. The group consulted on the development of Anti-SSDDIM and Pro-SAVE toolkit which will be used for training across various countries networks of INERELA+.

The first success which the team has had, has been the adoption of SAVE as the official Government Prevention Strategy in the Democratic Republic of Congo. This was due to the exceptional work done by members of the DRC team, but in particular recognition needs to be given to Fr. Francis Nseka who spent many hours consulting in the drafting of the National Strategy, and lobbied strongly for the inclusion of SAVE approach.



The Rev. Canon Gideon Byamugisha (right) together with Bishop Wilson Mutebi and Al Hajj M. Mohammed Ahmed during the Global Working Group (GWG) for Kenya in May 2010.

The Second initiative is called the 50 by 15 movement. It was first proposed through the RAANGO (Regional Alliance of AIDS related NGOs). It seeks to mobilise Civil Society and Governments to achieve the Millennium Development Goals (MDGs). Goal six speaks about halving new HIV infections by 2015. This very ambitious but necessary goal will not be achieved unless there is a concerted effort to “turn off the tap” of new infections. It is through our unique position of being members of both initiatives that we have been able to bring the two groups together. This means that a greater emphasis can be placed on making sure that we assist both groups to achieve their individual goals by working more closely together and effectively achieving the synergy needed to give both the impetus to achieve the common goal of radically reducing the impact of HIV.

HIV is manageable! Reducing HIV infections radically is achievable! Synthesising partnerships are the methodology which is most likely to achieve this. Let your voice too be heard in the Anti-SSDDIM, Pro-SAVE group which works to achieve 50% reductions in HIV infections by 2015.

Rev. Fr. JP Mokgethi-Heath

HIV Fridays and Sundays? INERELA+ Sierra Leone

As part of the network's response within Sierra Leone, we at INERELA+ Sierra Leone currently conduct HIV Friendly Fridays and Sundays in mosques and churches. We do this with congregations whose religious leaders have been trained by INERELA+.



Pastor Albert Freeman, the National Coordinator INERELA+ Sierra Leone . He disclosed his HIV status to the Bo congregation after an HIV Sunday.

Photo: Rev. Fr JP Mokgethi-Heath

During one of our friendly Sundays, held at the Door Christian Fellowship Church in Bo, Pastor Michael Goba spoke on a topic: "The power of knowledge can defeat HIV"

In his sermon he mentioned that lack of proper information about HIV and AIDS creates fear, restricting people from accessing VCT, and lead people to stigmatize those living with HIV through nothing but sheer ignorance. Knowing the basic facts about HIV and AIDS is vital for both prevention as well as caring and supporting those infected. He emphasized the fact that one cannot seek treatment for undiagnosed illnesses. Thereby, making VCT uptake very important for everyone. Pastor Albert Freeman, the National Coordinator disclosed his HIV status to the congregation after the training and VCT had been completed.

HIV friendly Friday was also held in New London Mosque and Sheikh Alhaji Koker preached on the topic: "Origin Of Sickness".

Alhaji Shekh Koker emphasised in his sermon that sickness did not originated from GOD but it is real and that we should believe that if HIV is in the world today, it is because God allowed it, and we

should believe that the virus is real. He also stated that, it is the responsibility of every true Muslim to disseminate correct information about HIV and help save lives. Sheikh Koker also mentioned that if there is need to test for malaria, typhoid, blood pressure, then there is also the need to test for HIV, as knowing ones status is a must in accessing HIV treatment which is free of charge.

The network in Sierra Leone continues to initiate new programs in line with the anti-SSDDIM and Pro-SAVE messages that the INERELA+ family advocates for. The network still relies heavily upon the support which is always available from the Christian AID offices in Freetown.



Condom distribution at a Mosque in Sierra Leone after "HIV Friday." Photo: Pastor Albert Freeman

About INERELA+ Sierra Leone

- **INERELA+ Sierra Leone was launched in January 2007 following a partnership between INERELA+ Africa and Christian Aid in a retreat for religious leaders living with or personally affected by HIV and AIDS.**
- **It seeks to mobilise religious leaders living with or personally affected by HIV and AIDS and their communities to be an effective, powerful, multi-faith force that contributes to a reduction in HIV transmission and improves the quality of life for people living with HIV and AIDS.**

Pastor Albert Freeman

INERELA+ Uganda Reaches Out to Girls and Boys

INERELA+ Uganda (UNERELA+) has developed a pilot programme that reaches out to over 60 orphans and vulnerable children in four districts across the country. These activities are carried out by members of INERELA+ who themselves are religious leaders living with or personally affected by HIV and AIDS.

The strategies in action range from: helping children to stay in school, addressing some of their social and emotional needs, providing care for children's caregivers, improving the economic status of carers through skills building training and income generating activities.

In Kamuli region, Pastor David Balubenze works closely with the local community and clinics to reduce the vulnerability of girls and economic dependence on "sugar daddies" for feminine products such as sanitary towels. This is done mainly through skills building training for adolescent girls, using locally available resources to produce personal hygiene necessities such as sanitary towels and underwear.

Pastor Balubenze quoted the gratitude felt by the girls and said, "they (adolescent girls) say that they have never seen or heard of an organisation which investigates their needs in Kamuli and actually provides what was promised and mentioned!"

INERELA+ Uganda has scaled up the intervention and added other personal hygiene necessities such as bathing towels and petroleum jelly (Vaseline) to the kit that is provided to every adolescent girl participating in the project.

In addition to this, the projects takes both girls and boys through HIV prevention, life skills training, sexuality and gender training as well as provide counselling and spiritual guidance to ensure well-rounded individuals.

Through collective effort with their parents and guardians and local clinics, some of the children living with HIV, are enrolled for antiretroviral, receive routine counselling and consistently receive food parcels and beddings from the church.

The intervention has positively impacted on school enrolment and consistent attendance by both girls and boys at primary and secondary schools within Kamuli. One could clearly tell the joy and restoration of hope in the lives of the children of Kamuli. Mature girls no longer worry about personal needs that come along with body changes and sexual reproductive health needs.



Pastor David Balubenze with members of his congregation during the distribution of beddings in Kamuli, Uganda Photo: Gabriel Amori

Gabriel Amori

INERELA+ Updates: XVIII International AIDS Conference– AIDS 2010 "Right here, Rights Now!"

- Oral Presentation by Jane Mwaura Ng'ang'a on **Overcoming stigma and discrimination through HIV status disclosure by Religious Leaders Living with HIV** in Room 5 on Wednesday , 21 July 2010 at 11:00-12:30.
- Poster Presentations on Wednesday , 21 July 2010, 12:30 -14:30 in Hall B by: Pastor Albert Freeman on **Religious leaders crusading against HIV/AIDS stigma in Sierra Leone**, and Carolyne Akinyi Opinde on **Faith leaders building bridges with LGBTI people and CSW through HIV and AIDS related faith-based responses in Sub-Saharan Africa**.
- Presentation by Rev. Fr. JP Mokgethi–Heath on **"My Journey with Faith, Human Rights and HIV"**, in Session Room 7 on Thursday, 22 July 2010 11:00-12:30
- We have booths in both the Global Village and the Main Hall.

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...A lamp unto my feet and A light unto my path: INERELA+ Zimbabwe

HIV continues to knock loudest and most persistently where there is the greatest vulnerability. Recognizing this, INERELA+ Zimbabwe through support from Ford Foundation initiated programs to reduce the vulnerability of Lesbian, Gay, Bisexual, Transgendered and Intersexual (LGBTI) people, girls and young women. In a country aflame with tension and with very few if any opportunities for girls and young women, they become vulnerable simply through trying to survive. It is the money for clothes, airtime for the phone, younger siblings or children that need care, a place to stay, food for the table – simply trying to find ways of meeting these needs that creates a fertile ground for sexual exploitation and coercion.

In consultation with these young women, INERELA+ Zimbabwe designed an income generation project that would assist groups of girls and young women in various locations to generate income, and meet some of their needs. Based in four congregations - the Anglican Church in Marondera, the Baptist Church in Gweru, the Methodist Church in Tafara (Harare), and the Baptist church in Masvingo – the project seeks to initiate four cooperatives of young women and girls in candle making. And why not? Power supply in Zimbabwe is erratic at best, and many areas have no power supply even when the grid is up!

Candle making is big business! Kits were put together comprising of moulds, wax, wicks and pouring cans. The girls proved to be quick studies. It took no effort to get them extremely excited at the prospect of developing, running and growing their own cooperatives. And of course the money will be theirs to develop their socio-economic status. Some suggestions have been, taking some through courses or college, buying additional items like sewing machines to start a second industry, or even helping to initiate other projects through money they pay back to a central revolving fund managed and audited by INERELA+ Zimbabwe.

These girls and young women are taken through HIV and AIDS peer education and life skills training with the aim of reducing their vulnerability to HIV infections. They have also been encouraged to make the projects a ministry. How? Well, through prayers and action of course! Placing the wax over the fire to melt they pray, “Lord, take me, break me, mould me and make me”. And as the wax is poured into the moulds they pray, “Lord you are a lamp unto my feet and a light unto my path. Fill the homes of all who use these candles with your light and your love”.

Rev. Fr. JP Mokgethi-Heath



Rev. Zvidzai Chiponda, INERELA+ Zimbabwe's national coordinator delivering wax and mould to the Candle Making project. Photo: Rev. Fr. JP Mokgethi-Heath



A young woman from Zimbabwe, placing the wax over the fire to melt as she prays, “Lord, take me, break me, mould me and make me...Fill the homes.... with your light and your love.” Photo: Rev. Fr. JP Mokgethi-Heath



Voilà! The finished products ready to be packed and sold by the girls and young women. Hands and feet of girls and young women, beneficiaries of Ford Foundation funded project aimed at reducing their vulnerabilities to HIV infection in Zimbabwe. Photo: Rev. Fr. JP Mokgethi-Heath

Inclusiveness! What does it Mean? - INERELA+ South Africa

INERELA+ South Africa was awarded a small grant from the Foundation For AIDS Research (AmfAR) to support religious leaders over the next year to carry out effective HIV and AIDS responses targeting Men having Sex with Men (MSM); and Gay, Bisexual and Transgender (GBT) people through their faith communities in Soweto and Johannesburg, South Africa.

The project is designed to meet two objectives: viz. [a] train religious leaders to understand and deal with issues related to stigma, shame, discrimination, denial, inaction and misaction (SSDDIM) related to HIV and AIDS, as experienced by MSM and the GBT community in the targeted geographical areas; and [b] promote various pastoral responses to address SSDDIM related to HIV and AIDS as they impact on Men who have Sex with Men (MSM) and Gay, Bisexual and Transgender (GBT) people at a congregational level.

“Stigma remains the single most important barrier to public action. It is a main reason why too many people are afraid to see a doctor to determine whether they have the virus, or seek treatment if so. It helps make AIDS the silent killer, because people fear the social disgrace of speaking about it, or taking easily available precautions. Stigma is the chief reason why the AIDS epidemic continues to devastate societies around the world” (Ban Ki Moon-UN Secretary General, 6 August 2008).

In terms of envisaged outputs, the project will: [a] train twenty religious leaders from the targeted areas to break the silence on SSDDIM issues related to HIV and AIDS, as experienced by MSM and the GBT community; and [b] promote various pastoral services at congregational level to address SSDDIM relating to HIV and AIDS, as they impact on MSM and GBT people. The initiative will be implemented with two collaborating agencies: viz. the Hope and Unity Metropolitan Community Church and the Soweto HIV and AIDS Counsellors Association.

Why Involvement in this Inclusive Project?

HIV and AIDS was associated and seen as a punishment for immoral, deviant and already stigmatized behaviour -such as homosexuality,



Ivan Lloyd and Nomsa Befula during a planning meeting for the launch of the AmfAR Funded project at the INERELA+ South Africa office. Photo: Rev. Fr. JP Mokgethi-Heath

drug addiction, prostitution and promiscuity.

Stigma and discrimination associated with HIV and AIDS has silenced open discussions, both in terms of its causes and of appropriate responses needed. Living in a homophobic environment forces many MSM and GBT people to conceal their sexuality and gender, for fear of the negative reactions and consequences of “coming out”. For people who have been brought up to believe that homosexuality is wrong, the realization that they might be “gay” can cause feelings of distress, shame and self-loathing, leading to low self-esteem. MSM and GBT people who make a decision to declare their sexual orientation can face prejudice and discrimination from their families, friends, and also from wider society.

The double stigma associated with HIV and AIDS and same-sex relationships prevents MSM and GBT people from accessing vital HIV prevention, treatment and care services. Therefore, eradicating homophobia is crucial for: [a] promoting fundamental rights of all members of our society, regardless of their sexual orientation and preference; [b] improving the quality of life for all marginalized people in our society, and [c] preventing the further spread of HIV and sexually transmitted infections.

Ivan Lloyd



Multiple Concurrent Sexual Partnerships (MCP) Consultation Communiqué'- African Christian Leaders

From 27th-29th April 2010 in Ezulwini, Swaziland, the Pan African Christian AIDS Network (PACANet) convened a consultation of senior Church leaders, Christian organisations and individuals involved in the response to HIV and AIDS in Africa, hosted by the Swaziland Church Forum on HIV and AIDS. This event was held in collaboration with the Swedish International Development Cooperation Agency (SIDA), UNAIDS, Christian Connections for International Health, the African Network of Higher Education in Religion Theology HIV and AIDS (ANHERTHA), and INERELA+ (the International Network of Religious Leaders living with or personally affected by HIV).

The purpose of the consultation was to provide a forum for key stakeholders to discuss the issue of multiple and concurrent sexual partnerships (MCP) as a risk behaviour for HIV. In attendance were 90 participants from 18 countries. The participants represented different church backgrounds, namely the African Instituted churches, the Evangelical movement and the mainline established churches.

Participants identified the following as some of the key factors that promote MCP: economic poverty, unhealthy cultural practices, negative peer influence, alcoholism, uncertainty about gender role/functions and unrealistic expectations, a lack of intimacy within established marriages and sexual dissatisfaction, confusion about personal identity and spiritual immaturity, uncertainties about masculinities and femininities, the role of film and media.

Confession of faith

As Christians we believe that God created male and female, and a unique relationship between a man and a woman, which we call the institution of marriage. The Biblical understanding of marriage is a covenantal (permanent) union between a man and a woman. Relationship between man and woman should reflect the relationship of Christ and the Church. In order to exhibit this Christian understanding people are equipped by the Holy Spirit.

We acknowledge:

- The difficulties and the challenges of applying the Biblical principles to the realities of life issues as related to marriage.
- That we have tended to be reactive rather than proactive in dealing with matters of marriage, sex and sexuality.
- There is often a discrepancy between the values that we hold and the realities on the ground.
- The pain and suffering that our silence and inaction have caused to many women, men and children.

Recommendations

We call for:

- New patterns of thinking in the way we understand man and woman from a Biblical perspective in their equal dignity and complementarity.
- Reflection and research on the authority of Scripture, and the use of the Bible in pastoral ministry.
- Church leadership to lead by example and preach the gospel of life with honesty and integrity.
- Journeying with our communities towards transforming negative and harmful cultural practices (illuminating realities) surrounding marriage and family life.
- The reframing of the way in which males understand their unique identity so that they can respect women and be actively engaged in ending all forms of abuse (against women and girls), and vice versa.
- Greater support for discordant couples, and widows and widowers who are living positively with HIV.
- Strengthening and development of programmes for: Couples (pre-marriage preparation and ongoing marriage enrichment, Children and youth on sexuality (life skills, identity development and humane sexuality), Widows and widowers, Singles, Men (ministries targeting men to be involved in tackling MCP, Ministers (continuous theological education and capacity building on emerging issues relating to MCP).

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A Question of Language!-Part 2

“Have you got AIDS? Have you gone for an AIDS test? Are you infected with AIDS?” This language is frequently used around HIV and AIDS, and it comes from a time and age when testing HIV positive was automatically associated with the AIDS defining condition. This is no longer a reflection of the reality we find. While countless number of people around the world are living with HIV, the advent of antiretrovirals (ARVs) in triple therapy has meant that many people living with HIV may not develop AIDS and may not die of AIDS related illnesses.

In the March Edition of Positive Faith In Action! Newsletter, we distinguished between HIV and AIDS. HIV is a virus, AIDS is a syndrome. It is therefore not possible to be infected with AIDS, only with HIV; it is not possible to go for an AIDS test – only an HIV test; and while many people might be *living with HIV* that does not mean they have or will develop AIDS. So speak about HIV – unless it is absolutely necessary and appropriate, we do not speak about AIDS.

Another manifestation of the negative association people have had with AIDS is that people have spoken about *full blown AIDS*. Someone may either have AIDS or not – do not speak about *full blown AIDS*.

Living with HIV carries many challenges – travel restrictions, employment restrictions, lack of access to life insurance, health insurance, home loans and so on. Let us make sure our language does not add to these negative attitudes.

For more information on HIV and AIDS language go to:
http://data.unaids.org/pub/Manual/2008/jc1336_unaids_terminology_guide_en.pdf

Rev. Fr. JP Mokgethi-Heath



INERELA+ Secretariat and INERELA+-South Africa staff joining South Africans on the streets to “Welcome World Cup in Style” National march on 9th June 2010 12:00-13:00, Johannesburg South Africa
Photo: Nomsa Befula

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- More research on how MCP is related to promiscuity and what kind of ethics come into play when a person has multiple and concurrent partners.
- Greater pastoral care for those currently living in multiple and concurrent partnerships.
- Engagement of the media to raise awareness of the dangers of MCP and to promote sound values for marriages, family, and human relationships.

Commitment

We commit ourselves to greater networking and partnership among ourselves and all other stakeholders (civil society, government, international partners and people living with HIV) in order to address the problematic issue of MCP in an appropriate and timely manner, given the unique African context and setting.

For more information on MCP Consultation contact Loyce Mugisa of PACANet, on lmugisa@pacanet.net

Adapted from MCP Consultation Communiqué
By Carolyne Opinde

July-September 2010 Calendar

- XVIII International AIDS Conference, 18th-23rd July 2010, Vienna, Austria
- Regional Alliance of AIDS Related NGOs (RAANGO) meeting, 5th-6th July 2010 Johannesburg, South Africa
- African Sex, Sexuality and Gender Workshop, 15th-21st August 2010, Tanzania
- INERELA+ West African Annual Regional Reference Group (RRG) meeting 21st –29th August 2010
- Technical support visit 21st-29th August 2010, Nigeria
- INERELA+ Asia-Pacific Regional Reference Group (RRG)/Regional Interfaith meeting, 27-30th August 2010 Bangalore, India
- Technical support visit 6th-10th September 2010, Nairobi and Kisumu, Kenya
- Millennium Development Goal (MDG) Review Summit, 20th-22nd September 2010, New York, USA
- Interfaith Conference on HIV/Launch of INERELA+ Asia-Pacific, 26th-28th September 2010, India
- Watch out for the Next Issue: 30th September 2010!!!