Training Module for Core Group Members, Pastors and Church Leaders

Arunachal Pradesh
Assam
Meghalaya
Nagaland
Manipur
Tripura
Mizoram

TRAINING MODULE - 2011
Health and HIV/AIDS
TRAINING MODULE FOR CORE GROUP MEMBERS, PASTORS AND CHURCH LEADERS

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Introduction

HIV/AIDS is becoming a profound problem in the world including the North Eastern part of India. The spread of AIDS demands that churches respond. How HIV is fast spreading in our so called Christian majority states? And in districts where majority are people belonging to the body of Christ. Have church teachings on abstinence worked? The answer to the latter question is no, given the prevalence of HIV infection among believers. Simply, the fact that of the approximately 40 million people living with HIV and AIDS, 30 millions are Christians means that we have to get churches to take action. The church is just as affected by AIDS as society around it. If we can get the churches to fight the illness rather than those who are ill, then we will have achieved a lot. If people who are HIV-positive are integrated into church life, or if pastors can speak openly in their parishes about being HIV-positive themselves, then we will have achieved a great break through.

AIDS raises many issues for churches - some of which have previously been taboo or extremely difficult to confront, for example, from sexual abuse and violence, rape, incest and infidelity, drug use as well as death and dying to accepting the innate sexuality of every human being. Churches are faced with an array of issues around HIV prevention, sin and sexuality. In some respects, it is not surprising that twenty years into a global pandemic, churches are still struggling with how to respond. HIV&AIDS make efforts to reduce poverty more difficult, and in some places, poverty is increasing as a result. They affect health services, education systems, economic growth, emotional well being and family and community stability.

The church respond to HIV&AIDS varies; some have been actively involved while others have been slow in responding. This may be due to lack of awareness, ideas or lack of commitment.

The aim of this training manual is to train partner churches and individuals in information, educational and communication skills, and, to equip them to be able to train others in their churches and communities. It was also intended to produce interested church people who will be the future resource in training and challenging the church community to take part in the social concern pertaining to HIV&AIDS.

In this module, information was also derived from other like minded Christian NGO like the ECS-Tuensang, Tearfund resources, NEICORD training module and other sources like books, resource person PowerPoint and through web sites Most of the topic contents were based on the experience of NEICORD with the partner churches in the past years.
Table of Content

BACKGROUND ................................................................................................................................................... i

Structure of the Course ................................................................................................................................. ii - xv
Facilitators Notes ........................................................................................................................................... xvi - xviii
Sample Program ............................................................................................................................................. xviii

ANNEXURE – 1
(Pre training evaluation format) .................................................................................................................... xix - xx
Annexure – 2
(Post training Self Evaluation format) ............................................................................................................. xxi

DAILY ACTIVITIES

SECTION 1: BASIC FACTS ABOUT HIV&AIDS ......................................................................................... 1 - 12
SESSION – 1 .................................................................................................................................................. (2 - 4)
Stop and Think!
National Scenario

SESSION – 2 .................................................................................................................................................. (5)
What is HIV&AIDS

SESSION – 3 .................................................................................................................................................. (6 - 12)
FAQ for Discussions
Transmission
Symptoms

SECTION 2: OVERCOMING STIGMA ........................................................................................................ (13 - 21)
SESSION – 1 .................................................................................................................................................. (14 - 15)
Objectives
Activity-1 Value Added, Value lost

SESSION – 2 .................................................................................................................................................. (15 - 16)
Activity-2 Quotations Introspect

SESSION – 3 .................................................................................................................................................. (16 - 19)
What is Stigma?
Six principles concerning stigma
Activity-3 Pictorial presentation on Stigma

SESSION – 4 .................................................................................................................................................. (19 - 21)
What are the engines that drives stigma
Learning from Jesus
SECTION 3: PREVENTING THE SPREAD OF HIV&AIDS

SESSION – 1
Brainstorm on prevention
High risk population
Preventing HIV&AIDS

SESSION – 2
Reflection
Opportunities of Prevention
Teaching from scriptures
Involving PLHIV

SESSION – 3
Opportunities of Prevention

SESSION – 4
Involving people with HIV&AIDS

SECTION 4: HOME BASED CARE

SESSION – 1
Why Home Based Care
Advantages & Disadvantages
Common objectives of HBC

SESSION – 2
How to care for people with HIV&AIDS
Herbal treatment & remedies

SESSION – 3
Treatment
ART
DAY-3

SECTION 5: BIBLE STUDIES ................................................................. (44 - 51)
SESSION – 1 ......................................................................................... (44 - 50)
General scenario
12 Bible studies

SESSION – 2 ......................................................................................... (51)
Something to remember when Counseling

SECTION 6: CHURCH POSITIVE RESPONSE ........................................ (52 - 59)
Introduction
SESSION – 1 ......................................................................................... (54 - 55)
Why the Church?

SESSION – 2 ......................................................................................... (55 - 56)
Let us examine ourselves

SESSION – 3 ......................................................................................... (56 - 57)
6 things the church must do
Other important role the church could do

SESSION – 4 ......................................................................................... (58 - 59)
Learning from Case studies & Quotes
BACKGROUND

NEICORD (North East India Committee On Relief & Development) is a non-denominational evangelical Christian organization serving the poor and the downtrodden people in the North Eastern part of India by providing spiritual and physical aid. Since its inception in 1981, NEICORD has helped meet the needs of people who are victims of natural disasters, poverty, diseases, famine and communal clashes with the purpose of sharing God’s love to them.

NEICORD is registered under the Societies Registration Act XXI of 1860, under the FCRA Act 1976 and also registered under 80G. Our Priorities are: Supporting HIV&AIDS sufferers and those who care for them, Integrated Approach to Community Development, Rebuilding after disaster and preparing for the next one, Women’s Empowerment Program, Education and Training.

NEICORD is a local organisation grown in this region with local staff from a variety of cultures. It has links to a huge number of local churches throughout the North East and seeks to educate and motivate them to undertake development work and to positively response to the urgency surrounding them where they can work better in their own languages, cultures and regions. NEICORD has therefore a unique position within the development sector in the North East India. The organization also has its own Vision, Mission and Goals which directly aim in creating a healthier environment, seeking to serve, transforming the lives of those who need it also, empowering communities and to restore and rebuild them.

Although actively involved in responding to HIV and AIDS in North East India since many years, NEICORD assigned to itself a supportive role rather than an active one. This role was most evident from 1994 onwards when the organisation extended leadership and critically needed assistance to set up North East India Drugs and AIDS Care (NEIDAC) in 1996 and in its initial stage thereafter. It was only in 2006 that NEICORD sought to implement project by itself.

NEICORD has its own strategic direction guidelines and seek to address the Millennium Development Goals (MDGs:www.un.org/millennium goals) as established in the United Nations Organisation at the turn of the century. The first target of the sixth MDG is to ‘halt and begin to reverse the spread of HIV/AIDS’ by the year 2015. NEICORD assumes for itself this target as one of its strategic directions under its second goal. NEICORD acknowledges that it is important ‘to involve the churches in NEI in witnessing to Christ through social concern’ in order to effectively implement its HIV and AIDS related strategies. Therefore NEICORD will strive to motivate its partner churches in taking action towards achieving the goal. With the growing need for a comprehensive approach to the growing pandemic, the organization approached the churches in the North East to involve in prevention, care and support. The initial response was slow and wearisome. From the initial stage saw endless dialogue and interactions of NEICORD and the churches leaders. However, seeing the church as a solid
permanent institution that everyone respect and obey, the organisation works hard in convincing the church and to build their capacity.

Any member of the congregation, irrespective of their knowledge (or lack) of HIV&AIDS, can be trained using this manual to become an effective AIDS educator in the Church and Community. The training could either be in the local dialect or English.

**STRUCTURE OF THE COURSE**

**The Aims of the Courses are:-**
1. To provide individuals and groups with information and materials to equip them be become HIV&AIDS information educators.
2. Practical Approach base on experienced with the North East churches
3. To help individuals develop skills and learn to become effective trainers/educators
4. To assist group of interest in planning and initiating HIV&AIDS program at their respective churches.
5. To mobilize and equip the church to respond in a Christ-like way to the challenge HIV&AIDS presents.

**Target Audience and their Profile:**
Participants for this training are Church Core Group Members, Pastors, Church Elders and Leaders and anyone selected by the church. Participants should know to Read, write and understand English well. Another eligibility for participants are one who can be of resourceful and contribute back in their own church departments. No previous experience in HIV&AIDS required.

**Batch Size:** Ideal batch size is 20-25 participants

**Requirements of a Training facility:** Ideal location would be a training centre with 5-6 break away rooms/ spaces, training facilities like Audio- Visual Aids (LCD Screen, LCD Projector, one Pointer, Public Address System- one collar mike, one cordless mike, one fixed mike), White board, White Papers and pens, sitting arrangement for clusters (round table sitting for 3-4 participants) or in a way that everyone has eye contact with one another, comfortable sitting arrangement for prolonged sitting duration.

**Residential Training Program:** It’s a 3 Days residential training Program and it is mandatory for the local participants to stay. Participants are encouraged to reach the venue, an evening before the date of training.

Ensure that trainers are selected carefully.
Ensure that trainers and participants have clear and accurate expectations about the course.
Familiarize you with the schedule of the course and course content.
All participants should:

- Be free of other daily responsibilities during the entire 3-days course.
- Be provided compensation for travel and free meals.
- Be assured that their church understand and appreciate the importance of the training course to their role as members of HIV&AIDS team.

Selecting Trainers
For effectiveness, a trainer should ideally be someone with a basic knowledge of AIDS, possibly a health worker, teacher or social worker, or have attended a similar training course to this. No prior medical knowledge is assumed, though it is helpful to have an experienced person available to answer difficult questions.

Instructions for Trainers
Make an effort to learn participants' names early on and to use their names whenever possible.
Instead of talking with other trainers during breaks, remain in the classroom and talk with participants.
Be available after each session to answer questions and discuss concerns.
Interacts with participants throughout each presentation to gauge their comprehension and attentiveness. Generally, the more conversation and noise in a room, the less the participants are focused on the material. Pay attention to non-verbal cues to gauge learners' attentiveness.
Praise or thank participants and give encouraging remarks when they perform an exercise well, participate in a group discussion, ask a question, or help other participants.

Training can be held over any time period to the trainer and participants. However, a minimum time period of 3 days is recommended in order to cover the materials fully. This time factor does, however depend on whether the course is run purely for information purposes or to develop communication skills and what information is selected for use.

COURSE PROCEDURES

1. Welcome
   It is important as group facilitator to make personal contact with each member at every session. Learn names as soon as possible. This assists members to feel valued and demonstrates your interest in them as individuals.

2. Opening Prayer
   We need God’s help as we deal with this important topic. We need to know clearly what God would have us to do both as individuals and as a Church. Therefore it is vital for us to pray.
3. **Devotions**

We are looking for what the Lord has to say in the area of HIV/AIDS, sex and morality, therefore Biblical devotions are essential for this course.

For those who have contracted HIV, the hope, strength and forgiveness to be found in Christ are vital for their eternal welfare as well as for their living on this earth.

Also the key to change in behavior to avoid contracting HIV is found in transformation in Christ and by the power of the indwelling Holy Spirit.

4. **Exercise**

These may sometimes seem childish but their purpose is to help the group to get to know each other in an informal way. They also ‘break the ice’ before lessons that may be difficult to work through due to the sensitive matters to be discussed. Similar exercises are helpful at the end of a particular sensitive or difficult session, or can be done just for fun to give a break during the day.

5. **Note Taking**

It is recommended that participants take notes only when there is no discussion going on. The course is designed to be participatory and the taking of notes can inhibit this.

6. **Educational stories**

Pictorial Stories for e.g. that represent Stigma etc are more effective and they are easily remembered by people and where reflections are made clearer. Ask participants to tell the stories. They should be given the pictures beforehand so that they can reflect, think and present the stories. A group of three or more people could explain one picture. Hold the picture firmly to ensure that all participants are able to see the picture clearly. Allow some time for comments on the story. Sample pictures given in the topic Stigma and Discrimination section.

7. **Role Plays or Interactive Drama**

Role playing is an essential part of the course because:-

1. By acting our the parts of the different people it enables us to understand more useful thing about how AIDS effects people than we would by listening to lectures.
2. Small number of people who have little or no experience of acting can do role plays, it is not practiced before hand and the audience is small.
3. Role play can be easily used with other activities such a group discussion.
4. People learn to listen to others problems and give answers which are not only correct, but helpful.
5. During the role play, participants also learn about themselves.
6. The practical skills people learn during role play are invaluable since they enable participant to become better communicators.
7. By these above play participants begin to identify with the other people’s real concern.
It is not necessary that a person should be of the same sex as the character he/she is playing. Sometimes it may be easier, and more reveling, if the part is played by members of the opposite sex.

It is important to set strict time limits during role play sessions to show that everybody has a chance to play different roles. This is harder to do then it sounds, as in most instances the situation is realistic and interesting, and people therefore enjoy developing their parts.

Each person is assigned their part during the main group session. The groups go to different parts of the building and work begins as instructed. After the set time then groups meet together for feed back, which is done by explanation or a shortened role play. The facilitator and group members try to get the teams to say what they feel about the characters they played and observed.

8. Field Emersion
The Field emersions are visits to different service providers whether health care, rehabilitation centre, community care centre, counseling etc. The place of visit should be the nearest to the training venue. It is always good idea for you as a course leader to provide guidance on how to do study and observation before the field visits.

The visit will help the participants to:-
- Relate to real life experience of the infected or affected
- Practical learning that they can interact directly with and understand first hand
- To be able to see the practical difficulties and opportunities
- The visit will help them develop better plan
- It is a way of assessing community knowledge, attitudes and practices which assists in out lining the real concerns of particular people.
- By such visits the participants will understand better the type of need that these people require.
- Practical application of what has been learned is a most effective way of reinforcing knowledge and skills

9. Timing
The approximate duration of each session is given in the programme sample. This is a guide for the group leaders’ benefit, however, you may find that some sessions can be shortened and other that creates a lot of discussion can be extended. We have included material that is important for a full course; we suggest that all sessions are carried out.

10. Seating arrangements
Always have the chairs so that each person can see the face of everybody else on the course. A circle or semi-circle is ideal. It is better for a group leader not to be separated (e.g. behind a desk or up on a stage), as being part of the group helps the participants discuss issues more openly. It is also less intimidating for an inexperienced trainer to feel part of the whole group. Arrange the seating prior to each session. The course is best done in small groups so it is easy to have seating arranged like this.
11. Evaluation
Reasons for evaluation training course are:-

- to identify strengths and weaknesses in the training
- to ensure participants are made to feel that their views about the course are important, which they are
- to assist in making changes to the training approach to suit the particular needs of the people.

PRINCIPLES OF ADULT LEARNING

Trainers play a unique role in helping their audiences confront the dynamics of the HIV/AIDS epidemic. Although you might be an expert in technical content and training, your role in this course extends beyond lecturing or providing information. Trainers need to inform, support and acknowledge issues within the social and cultural context of the existing training setting to ensure a successful experience for all training participants.

Basic principles of Adult Learning:

- **Learning from Experience** - Adults have experience and have learned from it. New learning is built on what is already known. E.g. people will have an idea of what other members of their communities think when someone in their community is known to have HIV infection.

- **Mutual Learning** – Education should stress learning rather than teaching. For the educator to be effective, he/she needs to be a good listener, flexible and responsive. Learners should be regarded as people with experience and valuable knowledge. Facilitators and participants can thus share information with one another. E.g. you, as the facilitator, do not know your groups beliefs concerning the spread of HIV by allowing participants to discuss this enables you to learn what people from different communities know and understand.

- **Relevance** – Adults learn because they want to know something in order to cope with a particular situation that they experience. E.g. people may have strong views about a particular custom that may not be shared by you or others in the group. It is important to listen to them, but also to share the facts and look at what the Bible says on the issue.

- **Respect** – Adults should be respected for their experience, skills, ideas, energy and creativity. Show respect by allowing participation. Respect is not necessarily agreeing with acknowledgment that others have different views and beliefs. E.g. people may have strong views about a particular custom that my not be shared by you or others in the group. It is important to listen to them, but also to share the facts and look at what the Bible says on the issue.

- **Discussion** – Adults can share knowledge gained from their ability to observe, think and analyze their experience of life. Everybody has something to share and something to learn by hearing it from others.

- **Clarity and Simplicity** – New information is best learned when it is given clearly and simply with not too much at a time and repeated in two or three different ways. E.g. a session may start with brainstorming getting ideas from everybody, then spending some time
correcting wrong information and reinforcing the correct information by having role plays on the same topic.

- **Learning through Discovery** – Help people to discover their potential. We remember:-
  - 20% of what we hear
  - 40% of what we hear and see
  - 80% of what we discover for ourselves
Because of this, as much as possible to the learning described in this manual is done by methods that encourage “discovery” e.g. role plays and discussions.

- **Action and Reflection** – Adults learn by looking at a situation, thinking about it, planning ways of improving it, carrying out the plans then evaluating and looking at them again. This approach is most likely to lead to an effective solution. e.g. a small group will discuss a question, then present their views to the whole group, who will then also contribute.

- **Co-operation** – People learn best in co-operative rather than competitive situations. A group has many more ideas and skills that an individual, and its members all help each other to produce a good report to feed back to the whole group or present an effective role-play by discussing together what will the whole group, or present an effective role-play by discussing together what will happen

- **Transformation** – The purpose of education is to build people up, so that their participation and creativity can build in society a better standard of living for all. Learning experience should give people an insight into what they would like the society to be like. e.g. in a discussion about the sexual activity of young people today, talk about how things are and then discuss how we would like them to be, and then how to encourage that change. People need to see that there is a way out of a difficult situation.

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**COMMUNICATION SKILLS**

Communication is a TWO-WAY process where there should be equal opportunity for exchange of information between two people or within a group of people. Good communication means a two-way exchange of information, ideas and feelings between the communicator and an individual or a group of people to reach a common goal.

**Good communication can break down when:-**

- People misunderstand each other and therefore do not speak freely
- Body language shows displeasure
- Inappropriate methods of communication are used
- Teaching aids are used incorrectly

There are many different ways of communicating some are more effective than others. A variety of different methods and their effectiveness follow:-
TEACHING METHODS AND THEIR EFFECTIVENESS

<table>
<thead>
<tr>
<th>TEACHING METHODS</th>
<th>FACTS</th>
<th>SKILL MAKING</th>
<th>DECISION CHANGE</th>
<th>ATTITUDE CHANGE</th>
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(Acknowledgement: “Communication Skills Manual, by Sue Laver (produced by ZEDAP Training Unit Project and Sue Wells)

Note: From this chart it can be seen that workshop, role-playing, drama and group discussions are the most effective communication methods (from creating awareness through behavior change)

In HIV&AIDS education the goal is to encourage behavior change. This training course aims to achieve this by using effective methods of communication.

PLANNING A TRAINING COURSE

Prior to running a training course it is essential that you plan how you will run the course. The following points need to be considered:

- The group to be trained –how will they be identified and contacted?
- Topics to be covered on the course (be specific)
- Dates and times of the course
- Where you hold the course (the venue)
- What materials you need

Evaluation – how you will assess if the course met the stated objectives
Training Plan Example

Trainee group: Core Group members, pastors and church leaders

Topic: Equipping the Church for positive respond

Date: 21-23 April 2011

Times: 0900 – 1700hrs

Venue: Central Library, Shillong

Aims: Churches understood the urgency to integrate HIV&AIDS in their ministry

Objectives: To equip church leaders to be able to teach their young people about AIDS and how they can avoid it.

Methods: Group Discussion, Role Plays, Group Participation

Materials: Training manual, posters and booklets

CHOOSING PARTICIPANTS FOR THE TRAINING

It is important to identify suitable people for training as this affects the success of the course. Whenever possible communicate with the church or NEICORD and discuss together the following questions:-

1. Who are the people from the church community to be taught first about HIV&AIDS for example
   - Women from the church
   - Sunday school teachers
   - Youth leaders
   - Deacons, church leaders
   - Teachers

2. Who are the people in a position to effectively teach others about the information that they learn?

3. Should people come from the same area/district/State?

NEICORD is looking for future prospective church people who have the interest in this topic. The aim is to produce a good future resource trainer.

BASIC RULES FOR GOOD TEACHING

- Know your subject.
- Avoid the temptation only to lecture. It may not be in your best interest or that of your trainees.
- Try to make your sessions participatory and active. Use methods that ask questions, encourage discussion and make time for feedback.
- Support your teaching with visual aids where possible. Use other teaching aids such as blackboard, large sheets of paper of posters (some groups may have access to a film or video).
Ensure that you are familiar with your teaching equipment, use it with confidence and take care of it, keeping it in a safe place when no in use.

Allow for individual differences but ensure that trainees understand the material; let them proceed at their own speed, but leave time to re-enforce and summaries. Take care to avoid long debates that take up time.

Be prepared to change your approach when necessary.

Speak clearly and always use language that your audience will understand.

Take time to look and listen for signs that indicate how your session is progressing.

Make notes on each session, and file them with your hand outs and other materials on each subject after the lesson for future reference.

USING PARTICIPATORY METHODS OF COMMUNICATION
Participatory activities are useful in increasing the understanding of particular issues during a training session. They also allow participants to explore problems, look for answers and arrive at decisions through dialogue and information exchange.

WARM UPS/ICE BREAKERS
Warm ups involve much activity either verbal or physical, or both

Uses:
- Relieve tension in the group. They must not be too demanding, and should not expose people to ridicule or make them feel uncomfortable
- Have a secondary purpose—they might involve listening, memory etc. “warm ups are intended to achieve some educational objective”

Practical Hints:
- Involve all the participants. They should all say something in this activity even if it is very little.
- Make sure the activity is fun and has a purpose.
- This activity should not take too long or it may become boring

In the course manual a warm-up is described at the beginning of each day. When daily workshops are conducted they can be used in the morning, and/or after lunch or when the group needs a break e.g. after a particularly sensitive issues has been discussed. Adapt the programme to suit your course when necessary.

GROUP DISCUSSIONS
Group discussions are important events that allow people to brainstorm ideas or solution to problems. It is good and useful when frequently done during the course.

Uses:
- To highlight or develop important points in training sessions
- Discussions provide a useful time for participants to know each other better and openly discuss their viewpoints.
- They also provide a positive atmosphere for exchange of ideas and information.
Practical Hints:

- The ideal group size is between five and ten people. Smaller group are especially good as they encourage quieter people in the group to take part.
- Allow half to 1 hour for discussion of topics if possible, but always tell the group the amount of time available.
- Arrange seating in a circle. This will enable participants to make eye contact and to interact more freely without the feeling that there is some sort of hierarchy in the group.
- Select one person to ‘chair’ and one person to ‘report’ for the group. This can be done by asking for volunteers.

The role of the group chairman is to:-

- Guide members through discussion i.e. to keep to the point
- Assist the group to attain their objectives

It is a good idea for you, the facilitator, to chair at least one discussion before asking one of the participants to do it so they can see what will be expected of them in other discussion.

The role of the group reporter is to:-

- Keep a careful record of the discussion, decisions and proposals made by the group.
- Summaries the findings of the group the conclusion of the discussion. The person who is appointed to give the report back to the group should also do the writing as it is easier to read your won writing than someone else’s

PROBLEM ANALYSIS (this Activity is optional. It would be helpful to do at the end of the training)

(The aim of this activity is to help the trainees develop future plan of action as per needs of their church set up and surroundings) It would be good to combine the trainees belonging to the same church and jurisdiction so as to be able to develop plan accordingly.

Before we start to design the HIV&AIDS work plan, we need to analyze the problem identified during project identification. Problem analysis helps primary stake holders to identify the causes and effects of the problems they face. It involves drawing a problem tree, from which objectives can be identified.

To help the trainees think through all the causes and effects, tell them to check that they have considered all social threats that can directly or indirectly lead to HIV&AIDS.
Problem Tree
The problem tree should help to reinforce our findings during the research phase of the planning. It might also raise new issues that we had not previously considered. Problem trees enable the church people to get to the root of the priority need and to investigate the effects of the problem.

Uses:
- To present a problem
- To promote discussion about a particular issue

Practical hints
Follow the steps ‘upwards’ in order to find the root cause of the problem and to formulate a plan of action.

Methods of Constructing a Problem Tree

STEP 1. Description
- Say what the main PROBLEM is with issues of HIV&AIDS (e.g. spreading, prevention, care & support)
- Divide into small groups of 3-4 people to consider questions like:
  - What do you see happening?
  - Once the group is involved and their attention is focused on the main issue the question of what happens in real life is asked.

STEP 2. Root Causes
- Find out what are the causing factors to these problems
- Identify the causes of the main problem by asking ‘But Why?’ until we can go no further. Some problems might have more than one cause.

STEP 3. Effects
- Identify the effects of the main problem by asking ‘so what?’ until we can go no further. Some of the problems might have more than one effect.
- Encourage discussion and ensure that participants feel able to move the post-it notes or cards around. Check through the problem tree to make sure that each problem logically leads to the next.

STEP 4. Draw in vertical links to show the relationship between the causes or effects. Draw horizontal lines to show where there are joint causes and combined effects.

STEP 5. Action Planning
- This is a discussion concerning possible action for solutions that can be taken
Other Activities that is Very Effective

 ROLE PLAYING
Role play generally means ‘taking on the role or character of another person in a certain situation and acting out what the person may do or say in the situation.”
Role plays are short and differ to drama. In that, only part of the ‘issue at hand’ is presented e.g. the problem, the reason for the problem or a solution to the problem whereas a drama depicts all three points at one time.
   • Role play enables people to understand what it may feel like to be in another person’s situation.
   • Role play can be used to explore, identify or illustrate many different issues which may arise in the course of communicating information to group.

INTERACTIVE DRAMA
We found this exercise to be extremely effective – The drama team designed a play that addressed all the issues of stigma & discrimination etc so the participants were really ready and able to contribute their own ideas. It is helpful to have one3 or two people ready to provide the first couple of “STOP” interruptions, so that the rest of the group gets the general idea. We found that participants even added new characters to the play in order to provide additional points of view – that was very helpful. You are not limited to interruptions that change the dialogue or plot – some interruptions can be questions (why are you responding like this, or, what would happen if you said these things to X instead of Y); or simply teaching moments (e.g. Notice what is happening here – this reminds me of ....)

Preparation for this event is very important – in our case the drama team was given a basic outline of the script/plot by the trainer so that there would be good correspondence between the participants’ learning and the drama – we reviewed the script the day before and made some adjustments to it.
It is important to have actors who are thoroughly familiar with the issues so they can adapt as new information is offered in the interactive portion.

• Task 1: Watch this presentation of a drama performed by the selected participants.
• Task 2 – watch again. This time, whenever you see something that you wish to challenge, something that could be done differently, shout out “STOP”. At this point the actors will pause and consider the advice and input of the audience. The “proposer” will be asked to come forward and participate in order to make her/his point.

EXAMPLES OF VISUAL TEACHING AIDS
(i) Single glance Posters: Should be read and understood quickly by the observer
(ii) Stop and study poster: Are usually studied more carefully by the observer who needs time to look at the pictures and captions
(iii) Wall Charts: Usually contain more information than posters and are therefore displayed for reference over a long period.
DEALING WITH DIFFICULTIES

Whenever a course is run it is common that difficulties arise. These may range from administrative; problems can be avoided following the direction in the manual, having the material for the sessions ready, and by suing some of the other training described. Understanding adult learning will help you cope with some difficulties.

Also there is often behavior shown by people in the training group which may disturb you, as well as the other participants in the group.

It is important that you view this as difficult ‘behavior’ rather than difficult ‘people’ as the latter insinuates a judgment attitude. Reasons for difficult behavior may be:-

Criticism

▫ Don’t be defensive when criticized rather listen to the criticism and accept that he individual feels like this. The point of criticism can then be discussed.
▫ Don’t put down even when their behavior is very difficult, rather build on contributions, when this is impossible just acknowledge the contribution without comment.
▫ There is no need to compete with a participant who tries to take over rather give the person specific tasks to do. It is also effective to break the group into smaller groups to do a specific task at this time.
▫ Do not argue rather build on support that already exists in the group. If an individual is preventing the group from working the other participants are likely to keep away from active participation.
▫ When a group is not working well it is easy to blame oneself, even if this is not the case,’ do not allow self-confidence to be broken down. Comment on what has been noticed and ask the group for suggestion. Simply acknowledging the problem sometimes corrects it, but allow participants to make comments as well.

Silences

A silence can be felt as threatening; however it can also assist the group to gather their thoughts. When silence continues too long it may be useful to:
▫ Have a list of relevant questions to feed into the discussion
▫ Invite the reporter to summarize the discussion
▫ Change to an alternative activity, if necessary
▫ Use blackboard/large sheets of paper to illustrate a point
▫ Read an important part form the manual
▫ Use the role play.
ADVICE ON ANSWERING QUESTIONS

It is important to allow and encourage questions. If people do not understand clearly what is being said they are more likely to lose interest.

(i) Advise group members to ask questions at any time if there is some misunderstanding regarding the session in progress. However, time is also set aside at the end of the session for questions that are not for clarification.

(ii) If the group is large, it may be helpful if they indicate they have a question by a show of hands. In a small group this is not usually necessary.

(iii) Only answer questions relevant to the topic you are dealing with. Other questions can be dealt at the end of the session.

(iv) If the question is not understood, ask for it to be repeated.

(v) Try to answer questions briefly.

(vi) Whenever possible ask the group whether they can answer the question themselves.

(vii) Do not be hesitant to admit you do not know the answer to a question. Make a note of the question in order to find out the answer for the next session. Alternately assign a member to research the answer particularly if you are able to give sources of information.

Materials needed each day

- Bible for Devotions
- Blackboard/white board or paper
- Markers/sketch pens or chalk
- Notebook and pen

Daily preparation

- Arrange seating prior to meeting
- Ensure you have all relevant materials
- Read all material needed for the day beforehand
- Color any posters or stories appropriately
Aims
At the end of this session, participants will be able to:
- Clearly explain the basis of good training
- Use the NEICORD training methodology effectively to present an effective training session
- Describe the importance of evaluation through discussion
- Clearly evaluate a variety of facilitators presenting given short modules

‘Training for Trainers’ Methodology
NEICORD has developed a specific training methodology based on the specific needs and learning experiences of people in the North East. For this to be used well and therefore for the training NEICORD does to be pivotal in the changing of hearts and minds in the North East with respect to HIV and AIDS, our trainers need to train effectively according to this methodology. This course will provide the principles behind good training embodied in NEICORD methodology and individual practice in training and evaluation of training. It will focus on key skills in training sessions.

This course is designed to provide participants with skills in facilitating training sessions according to the NEICORD methodology. The trainer has to ensure that a good number of helpful exercises been given to the trainees. There must be no more that 15 participants at each course to allow sufficient time for presentations and discussion to take place for all participants.

This course is based on the principles that we want our trainers to be using. Key amongst these is the thought that good practices learned far more through seeing others do it than it is by being told. This means that it is vital that you as the facilitator of this course know and practice the principles and skills shown in the NECIORD training methodology as given on the following page of this document.

Some things that you should have done before the session are to have read through all of this document, read through the sample modules, ensured that all equipment is available and working and that you have all of the resources noted in the Resources section after the NEICORD methodology explanation.

NEICORD training methodology
Training must necessarily be about changing the way people think and act. It is to this end that the whole process of training development and facilitation is aligned with the target participants and their characteristics. The Vella methodology concentrates on the involvement of all participants by the use of small groups and a variety of techniques making use of the different ways in which people learn. This realization of the difference in the learning characteristics of participants must play an important role to ensure that chances of learning and then transference to the workplace are maximized. NEICORD holds all these things to be true and therefore bases its methodology on similar precepts.
In addition to this methodology, NEICORD feels that the North East has a particular flavor of its own which is reflected in the cultural and developmental paradigms of the people who live and work here.

NEICORD has adopted the following strategies as key elements in its training methodology to assist in the negation or reduction of these unhelpful outcomes:

- Ensure that the group size is not big. There should not be more than 30 in the group and preferably closer to 15 to allow more individual interaction and time.
- Development of a sense of community within the course as soon as possible by the use of some early ice breaking activities and regular interactive small group activities throughout the course which focus on getting people to know each other personally.
- Try to move people around regularly to break up cliques, but be aware that some people may need support particularly if their English is not very good.
- Try to find ways to support those who are English is not good without drawing too much attention to the fact. Some assessment of this would be part of the registration form to allow some provision for this. This may include ensuring that there are people they know who can act as language ‘mentors’ for them. This should not be advertised widely but perhaps sought from the organizations that the people in question come from. This will mean that these people can also interact afterwards in terms of using the things they have learned in their workplaces. Other methods will be to ensure that the complexity of the language is as low as possible.
- Ensure key points are written on the board and referred to clearly. These things will include times for return from breaks or beginning in the morning. Further to this ensure that all timings and key items are announced clearly a number of times.
- Stopping any laughter or making fun of people’s answers or suggestions immediately (unless the suggestion is meant to be a funny one!). Encouraging all responses.
- Asking particular people questions rather than asking the whole group to encourage responses in order to be able respond positively. This will enable the sense of being able to answer without fear of being laughed at.
- Requiring a response from the group rather than accepting a non response. This will be important to get over the expectation that people are passive in training.
- Asking people to come up the front and teach and share with others to indicate that they have important things to share as well. Being able to move away from the front of the room while discussing to indicate that you don’t have to be ‘up the front’ to teach things. Make sure that people don’t have to come up the front to share things.
- Using different people within groups to share things about what groups have discovered in activities and discussions.
- Using humour to be able to relieve tension/nervousness among participants as far as possible.
- Giving responsibility for supporting actions such as setting up chairs, putting jugs of water on tables to groups to enable them to serve one another and ensuring that the leader of
the session is able to serve others visibly as well. Look for ways to encourage this serving to happen.

- When others are sharing, allowing the attention to be focused on them which may mean that you move away from the front.
- Display and explain work done by the groups and leave it up for them to see and be proud of after they have completed it.
- Ensure that good points are emphasized in each piece of work. Encourage pride in group work and refer to it afterward to emphasize its worth as far as possible.
- If there are people who are dominating the conversation or making fun or others, it is important to remind them that they are no more important than others and that you are interested in the opinions and thoughts of others. This needs to be done in a way that underlines the equal value of everyone opinions. If things are genuinely funny and are not directed at anyone however, use humour as well to make the point, don’t destroy the positive mood.

SAMPLE PROGRAM

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:30 hrs – 09:30 hrs</td>
<td>Devotion &amp; Opening prayer &amp; Announcement</td>
<td></td>
</tr>
<tr>
<td>09:30 – 10:00</td>
<td>Introduction/Recap of topics</td>
<td></td>
</tr>
<tr>
<td>10:00 – 11:00</td>
<td>Session – 1</td>
<td></td>
</tr>
<tr>
<td>11:00 – 11:15</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>11:15 – 12:00</td>
<td>Session – 2</td>
<td></td>
</tr>
<tr>
<td>12:00 – 12:30</td>
<td>Group Work</td>
<td></td>
</tr>
<tr>
<td>12:30 – 13:30</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>13:30 – 14:30</td>
<td>Session – 3</td>
<td></td>
</tr>
<tr>
<td>14:30 – 14:45</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>14:45 – 15:45</td>
<td>Session – 4</td>
<td></td>
</tr>
<tr>
<td>15:45 – 16:00</td>
<td>Questions/Group work</td>
<td></td>
</tr>
</tbody>
</table>
(Annexure-1) PRE-COURSE EVALUATION

Please tick the answers in the appropriate boxes

1. Have you ever attended an HIV&AIDS training course before?
   Yes (    )  No (    )

2. Do you think HIV&AIDS is
   Not a problem (    ) ______________________________________________________________
   A small problem (    ) ______________________________________________________________
   A serious problem (    ) _____________________________________________________________

3. Do you think HIV&AIDS is a church problem?
   Yes (    )  No (    )

   If ‘No’ Why?______________________________________________________________________
   ______________________________________________________________________________

   If ‘Yes’ who should the Church be involved? _________________________________________
   ______________________________________________________________________________

4. Do you think HIV&AIDS can be spread by:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Mode of spread</th>
<th>YES</th>
<th>NO</th>
<th>Maybe</th>
</tr>
</thead>
<tbody>
<tr>
<td>i</td>
<td>Kissing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii</td>
<td>Coughing and Sneezing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii</td>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>iv</td>
<td>Sharing plates, cups, spoons</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>v</td>
<td>Haircuts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vi</td>
<td>Blood transfusions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vii</td>
<td>Animals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>viii</td>
<td>Touching Blood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ix</td>
<td>Mosquitoes and other insects</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>x</td>
<td>Mother to her baby</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>xi</td>
<td>Living with a person with AIDS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>xii</td>
<td>Infected with dirty needles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>xiii</td>
<td>Sharing toilets and baths/showers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>xiv</td>
<td>Sharing towels/clothes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. How can HIV&AIDS be prevented? ___________________________________________________
   ______________________________________________________________________________

6. Is there a vaccine against HIV?
   Yes (    )  No (    )

7. Can we know if someone is infected with HIV?
   Yes (    )  No (    )

8. Are there medicines to
   (a) help HIV infected people to live longer,
       Yes (    )  No (    )

   (b) stop HIV infected mothers passing HIV to their babies at birth?
       Yes (    )  No (    )
(Annexure – 2)

Are You Ready to Train & capacitate? A SELF-EVALUATION

It is our hope that the contents of this training module have stimulated you to reflect on issues relating to positively response to persons infected and affected by HIV and AIDS. At this point, it would be a good idea to evaluate how much you have learned as well as to identify areas where further learning is desired or needed.

A. Am I ready to be involved in HIV/AIDS-affected people ministry?
1. Why am I involved in the ministry for people who are HIV-infected and/or -affected? What motivates me to reach out to others in this particular field of ministry?

2. What would be the reactions of my church, family and friends to my involvement with persons living with AIDS? Please Tick
<table>
<thead>
<tr>
<th>Church</th>
<th>Family</th>
<th>Friends</th>
</tr>
</thead>
<tbody>
<tr>
<td>positive</td>
<td>negative</td>
<td>uncertain</td>
</tr>
</tbody>
</table>

3. If most of those close to me react negatively, what am I going to do? How am I going to face their reaction?

4. Have I come to terms with my own feelings and attitudes about sexuality, different life-styles, illness, disabilities, pain, loss and death? And how?

5. What are the unique and specific issues related to people with HIV/AIDS that differentiates from other problems?

B. What do I know about HIV&AIDS?
1. Is my current knowledge about HIV&AIDS precise and up-to-date?

2. Am I well informed about tests, infection, transmission, prevention, treatment, etc.?

3. Where and how can I obtain further information and resources on HIV&AIDS? Where is the closest and/or best medical care available for AIDS in my community? Name it.

4. Beyond the conventional workers with HIV&AIDS affected people (medical doctors, social workers, etc.), what are other local support sources (professional or non-professional), to whom I could refer AIDS counselees with different needs or interests?

5. If needed, where are other counselors/counseling services to which I can refer counselees?

C. What is my strength as a future trainer?
1. Basic facts about HIV&AIDS
   Strength: ____________________________________________________________________
   Weakness: ____________________________________________________________________
   I need more learning on or the topic need improvements in:
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
2. **Overcoming Stigma**
   Strength: 
   
   Weakness: 
   
   I need more learning on or the topic need improvements in:
   
   
   
3. **Home Base Care**
   Strength: 
   
   Weakness: 
   
   I need more learning on or the topic need improvements in:
   
   
   
4. **Prevention**
   Strength: 
   
   Weakness: 
   
   I need more learning on or the topic need improvements in:
   
   
   
5. **Church Positive response**
   Strength: 
   
   Weakness: 
   
   I need more learning on or the topic need improvements in:
   
   
   
6. **Bible studies**
   Strength: 
   
   Weakness: 
   
   I need more learning on or the topic need improvements in:
   
   
   
D. How would my faith enhance my involvement in the work for persons living with AIDS?

E. How will I be involved in making my church understand the urgency of HIV&AIDS?
Section 1 BASIC FACTS about HIV&AIDS

Date: ________________

Duration: 1 hr 45 minutes

Objectives:
At the end of this session participants will be able:
• To enable the facilitator to discover the level of awareness of the group members.
• To help the participants be challenge with the true life situations surrounding the church
• To clear doubts and knowledge about HIV&AIDS increase
• To relate personal difficulties associated with their work in dealing with the issue and
• To discuss how can these difficulties and problems could be solve

Topics covered:
• What is HIV&AIDS
• Scenario
• History
• Stages
• Transmission

Methodology:
• Presentation with discussion
• Chart paper or White board

Session Flow:
• Session – 1 : 25 min
• Session – 2 : 25 min
• Session – 3 : 35 min
• Group work/Discussions : 20 min

Reference Documents:
1. Tearfund – A Pillar Guide by Isabel Carter
2. The Church Response, ECS
3. www.Avert.org
SESSION-1

INTRODUCTION

Stop and think!

The terms HIV and AIDS make us stop and think. Some people’s immediate response is to deny that AIDS is present to avoid fear, blame or negative attitudes. Individuals may deny that they could be infected, both to themselves and others. Community and church leaders may deny that anyone in their area is infected. Government officials and leaders may deny the full impact of AIDS in their country.

Millions of people around the world have already died because of AIDS. Many, many millions more are infected with HIV – the virus that leads to AIDS. Those affected are often young adults with children and elderly parents to support – the very people on whom communities build their future. Though HIV can infect anyone, it is the poor who suffer most from the effects.

Sex and drug abuse using needles are the main ways in which HIV is spread. People usually feel uncomfortable talking about these issues, and this is one reason why HIV has spread so rapidly. Infection rates around the world continue to grow. None of us should ignore the challenge to reduce/slow the spread of HIV and AIDS.

Discussion
Consider the situation in our local area:

• How many people are known to be living with HIV or AIDS?
• Do we think the real situation may be different?
• Why do we think this?
• How many people’s lives have been affected by the impact of HIV and AIDS?
• What is the attitude of government and church leaders to the impact of HIV and AIDS in our area?
• What is happening in schools, churches and local government to encourage awareness of HIV and AIDS? Is this enough?
• Where do young people learn about sex? Is it something that families are able to talk about openly? If not, why is this? At what age do people start talking about sex?

**National Scenario**

India has a population of one billion, around half of whom are adults in the sexually active age group. The first AIDS case in India was detected in 1986 and since then HIV infection has been reported in all states and union territories.

The spread of HIV in India has been uneven. Although much of India has a low rate of infection, certain places have been more affected than others. HIV epidemics are more severe in the southern half of the country and the far north-east. The highest HIV prevalence rates are found in Andhra Pradesh, Maharashtra, Tamil Nadu and Karnataka in the south; and Manipur and Nagaland in the north-east.

In the southern states, HIV is primarily spread through heterosexual (*a person sexually attracted to persons of the opposite sex*) contact. Infections in the north-east are mainly found amongst injecting drug users (IDUs) and sex workers.

Unless otherwise stated, the data on this page has been taken from a 2008 report by the Indian government’s AIDS organisation – NACO (National AIDS Control Organisation).

India’s first cases of HIV were diagnosed among sex workers in Chennai, Tamil Nadu in the year 1986. Manipur is the first state in the North East to first detect HIV&AIDS in the year 1989 through a drug user. But at the end of the 1980s a rapid spread of HIV was observed among injecting drug users (IDUs) in Manipur, Mizoram and Nagaland - three north-eastern states of India bordering Myanmar (Burma).
HIV&AIDS most prevalence states darkened
SESSION-2

What is HIV & AIDS?

<table>
<thead>
<tr>
<th>HIV</th>
<th>AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human</td>
<td>Acquired</td>
</tr>
<tr>
<td>Immuno Deficiency</td>
<td>Immune</td>
</tr>
<tr>
<td>Virus</td>
<td>Deficiency</td>
</tr>
<tr>
<td></td>
<td>Syndrome</td>
</tr>
</tbody>
</table>

| Human | This particular virus will only infect and multiply in a human’s body environment |
| Immuno-deficiency | The virus affects the immune system by making it deficient, or unable to function properly. |
| Virus | Is the term given to the tiny germ? (There are other kinds of viruses that cause a wide spectrum of other diseases) |

*The small germ that causes AIDS is called the Human Immunodeficiency Virus or HIV.*

- **Acquired** means ‘not born with’ the disease is the result or an infection that comes outside a person’s body
- **Immune** Means ‘the body’s defense system’. Our immune system protects us from all kinds of diseases
- **Deficiency** Means ‘not working properly’. A person’s immune system stops working properly as a result of infection with the AIDS virus
- **Syndrome** Means ‘a group of signs and Symptoms’

*The above two illustrations could be display by using the chart paper in the form of a poster.*
SESSION- 3

FAQ & Discussions

What is the difference between HIV & AIDS?
HIV is the virus that causes AIDS. Not everyone who has HIV has AIDS, but everyone with AIDS has HIV. HIV leads to AIDS when the immune system becomes so weak that the body is infected with a number of infections, such as tuberculosis and shingles. These are called ‘opportunistic infections’ because they use the opportunity that HIV provides, to infect the body. It is these and other diseases that kills the person, not HIV or AIDS themselves. The termite story below can be a helpful way of describing what happens when someone has HIV and AIDS.

HIV invades the body like termites invading a mud hut. To begin with, there is no apparent damage. But slowly the termites eat up the poles and thatch which hold the house together. One day a strong Wind comes along and knocks the house down. What caused the house to collapse: the wind or the termites?


How long does it take for HIV to develop into AIDS?
It can take as long as ten years, but it can be about five years in people who are poor. The length of time depends on a number of factors, including the strain of HIV, general health, access to healthcare and age. Without treatment, death usually happens one to two years after the first opportunistic infection.

How easy is it to collect data on HIV and AIDS? Why?
Collecting data on HIV and AIDS is very difficult.
✓ HIV is invisible.
✓ Not everyone is tested for HIV due to lack of awareness, fear or lack of testing facilities.
✓ When people die, their death certificate may not record their death as due to AIDS, especially if their HIV status was not known.
✓ Tests cannot detect HIV within three months of infection. This is called the window period. People who have tested negative during this time may actually have the virus.
✓ Due to stigma, people may not give truthful answers in questionnaires.
✓ Some governments do not like to reveal the true number of people with HIV and AIDS. For these reasons, estimates have to be made. Actual numbers of people with HIV and AIDS may be higher than official statistics shown.

How do people contract AIDS?
There are three main ways a person can be infected with the AIDS virus. These are:
(i) Unprotected sexual intercourse with someone who has the virus
   The AIDS virus is mostly spread through sex. It can spread from a man to a woman as well as from a woman to a man. This is because the sex fluids of infected men and
women contain large amount of the AIDS virus, this fluid passes from one person to another during sex. The virus then passes into the bloodstream of the uninfected partner who then becomes infected. The more sexual partners a person has, the greater the risk there is of becoming infected with HIV.

(ii) **Infected Mothers passing it on their babies.**
This may take place before or during birth of the baby or even through breast feeding. The chance of an infected mother passing the infection to her baby in Africa is between 30% depending on the stage of the mother’s infection.

If a woman becomes infected when she is already pregnant, the baby has a higher chance of being infected as there is a sudden invasion of the virus in the mother’s body. The risk to the unborn child is less where conception occurs after the mother’s infection and where the mother is healthy and not showing symptoms. As the mother develop symptoms however, the chance of her baby being infected rises to about 50%. Some mother may lose their baby during the course of pregnancy as a result of HIV infection. Note: Pregnancy appears to speed up the progress of the infection in the mother’s body.

We are unsure of the exact reason why some babies get infected an others do not. During pregnancy the baby has its own blood circulation and food for the baby is absorbed from the uterine (womb) lining. Although the AIDS virus may not be passed to the baby, antibodies (the mother’s positive, as the test detects the antibodies from the infected mother) will disappear from the baby over the course of a few months (even up to 15 months) and then the baby will test negative. If the virus has passed to the baby then the test will remain positive and the child will develop AIDS, most dying within the first 5 years from birth.

(iii) **Receiving infected blood through blood transfusion**
Infection occurs if a person receives blood from someone who has the virus. The chances of this happening are now low in countries where all donated blood is screened.

Infection can also occur during procedures which draw blood. Blood contains large amount of AIDS virus. Even though razor blades and medical equipment look clean, they can still contain small particles of blood which are too small to see, if they are re-used without being sterilized there is a risk they could spread the AIDS virus. This is the reason that all medical equipment used in hospitals and clinics is sterilized, a procedure which kills the AIDS virus.

Sometimes equipment used by healers or back-street clinics are not properly sterilized. Practices such as circumcision, scarification or ear-piercing may thus cause the spread of the AIDS virus if it is not sterile, though it is important to remember that these ways accounts for a very small proportion of new infection of HIV/AIDS.
You Cannot Get AIDS by:-

- Sharing cups and plates, knives and forks
- Living with a parent or relative who has AIDS
- Shaking hands or touching people, having your hair cut
- Eating and drinking
- Wearing second hand clothes
- Looking after animals
- Sitting next to someone who is infected
- Using the same toilet with someone who has the AIDS virus
- Playing sports with someone who is infected
- Coughing or sneezing
- Swimming in a pool or river
- Injecting with a clean needle and syringes
- Kissing someone who is infected
- Insect bites

Ways by which HIV is not Transmitted

N.B. Although AIDS is not spread in these ways, other diseases can be, such as TB by coughing, diarrhea by water or food, malaria by mosquitoes etc
Kissing
Kissing does not spread the AIDS virus even though the AIDS virus is found in the saliva of a person with AIDS does not exist in sufficient quantities. Even if some infected saliva does get into an uninfected person’s mouth AIDS virus does not move from the mouth into the rest of the body.

Mosquito Bites
A mosquito feeds about once every 24 hours and the human blood it feeds on is digested by its stomach any virus present in this blood dies. The mosquito does not become infected. When the mosquito feeds each time, it injects a small amount of its saliva under the person skin, but no blood from its stomach. The saliva does not carry HIV (though it may carry the malaria parasites). Any blood that may remain on the mosquito’s proboscis (very unlikely) would not be sufficient to infect a person. Remember a reasonable amount of the virus is required. Thus, in summary a mosquito feeds on human blood but it does not transfer this blood from one person to another.

Is there a cure for HIV or AIDS?
A cure for HIV or AIDS has not yet been found. Opportunistic infections can usually be treated and drugs are available which slow down the development of HIV into AIDS. These are called anti-retroviral drugs (ARVs).

What myths exist about the transmission of HIV?
There are many myths about the transmission of HIV. Some are similar in a number of countries while others might be local myths.
✔ There is no evidence that HIV can be spread by touching, kissing, sharing cups or toilets or being bitten by mosquitoes, though many people hold these beliefs. In the North where HIV is spread mainly through sexual intercourse between men, some people think it is safe for a man and a woman to have sexual intercourse without the risk of infection.
✔ In some places there is a myth that having sexual intercourse with a virgin or with 100 women can cure men of HIV.
✔ Some people think that AIDS can be cured by traditional medicines.

What factors may increase the risk of infection through sexual intercourse?
The risk of infection through sexual intercourse increases:
✔ If either person has a sexually transmitted infection (STI), because STIs often cause breaks in the skin.
✔ When a condom is not used, because there is no barrier to stop the body fluids of one person mixing with the fluids of the other.
✔ If a woman is circumcised, because female circumcision restricts the vaginal area, leading to bleeding during sexual intercourse.
✔ During rape, because this can lead to internal damage and bleeding.
✔ When one partner has either recently been infected or is very ill with AIDS because there is more HIV in the blood.
✔ If the female is very young, because her body is not yet developed enough to withstand sexual intercourse and she may suffer internal damage.
Are men or women more likely to contract HIV through sexual intercourse?
Women are more at risk of contracting HIV through sexual intercourse with a man than men from women. Semen stays inside women for a period of time, and their vaginas may get damaged during intercourse. The vagina contains a large surface area of skin. Women’s low status within society also makes them vulnerable to infection with HIV.

What are the risks of HIV infection through vaginal, anal or oral sexual intercourse?
Each holds risk, since each involves the exchange of bodily fluids between people. However, there are factors that can increase the risk. Anal sexual intercourse involves most risk as the wall of the lining of the anus is delicate and is easily torn. Oral sexual intercourse can lead to infection if there are cuts in the mouth. The vagina can be damaged during vaginal intercourse.

How can the risk of infection through sexual intercourse be reduced?
The best way to avoid contracting HIV through sexual intercourse is to only ever have sexual intercourse with another person who is not infected with HIV and does not have sexual intercourse with anyone else.

Condoms can be used as a physical barrier to stop the exchange of bodily fluids. They are usually reliable unless they have been badly made, have deteriorated due to age, or are not used correctly. They are not 100% effective and should not be reused. Condoms are especially useful when one partner has HIV or for people who cannot avoid sexual intercourse.

Why are those who inject drugs such as heroine or cocaine (called intravenous drug users IDUs) at higher risk of infection?
There are a number of reasons for the spread of HIV being high among IDUs:
- Often they will draw up a little blood into the syringe before injecting.
- Injecting drugs is often a social activity, leading to sharing of needles.
- In some places methods of injecting drugs may increase the spread of the virus. For example, in Ukraine local poppy seeds are made into a liquid and ‘purified’ with fresh blood. The injectors then draw the drug from the same pot.
- People addicted to drugs may make their immediate need for drugs a priority over taking time to sterilize their equipment.
- Drugs are expensive to buy. There may not be money available for buying new needles.
- Many IDUs become involved in commercial sex in order to pay for drugs. They risk becoming infected by their client.
- People are less able to control their sexual desires when under the influence of drugs, so they might become involved in risky sexual behavior.

How can the risk of HIV infection be reduced through practices that pierce the skin?
Tools such as needles, syringes and knives should only be used once, because they may get blood on them. Hospitals can rarely afford to provide new equipment for each patient, so they usually sterilize needles and syringes. Sterilization of equipment involves boiling or the use of bleach to kill HIV.
What risks do blood products carry?
In some countries, blood donated by individuals for use in hospitals is not always screened for HIV. Therefore, there is a particular risk for people who need blood transfusions, such as those with hemophilia and people involved in road accidents. In some routine operations, doctors might need to give the patient more blood. Where violent conflict exists, pressure on blood supplies to be provided quickly may mean that blood is not screened.

Who is at risk from HIV? Which groups are more vulnerable than others?
Everyone is at risk, but there are some groups of people who are more vulnerable than others. This might be because they are involved in behaviour that puts them at higher risk. For example, some people have frequent sexual intercourse with different people, often without condoms. On the other hand, some people may be placed in situations that make them more vulnerable to infection:

- Poor people find their choices are limited.
  - Migration causes families to be separated for weeks or even months or years. Loneliness can result in partners engaging in risky sexual activity with other people. The partner who is left behind might not receive money from the migrant for some time, so may become involved in commercial sex work to survive. This might also be true of the migrant, if they find it harder to get a job than they had thought.
  - Natural disasters, such as floods and earthquakes disrupt community life and support structures. They also affect stable relationships. This can mean loss of independence and status, lack of education and food, poverty, boredom and depression. Each of these can lead to abuse and engagement in practices with risk of HIV infection such as injecting drugs, casual sexual intercourse and commercial sex work.
  - Conflict makes people vulnerable to HIV in a number of ways. Soldiers may rape civilians as a way of emotionally (and often physically) wounding and scaring local populations. Some people may be forced to seek sexual intercourse with soldiers for survival – in exchange for food or money or for protection. This is particularly true of refugees who have had to leave their communities and do not have their social networks, land or other assets to rely on. Those injured in fighting may require blood transfusions, which may involve unscreened blood.
  - Prisoners, who are kept away from sexual contact with their partners for many months or years, may look to other prisoners for sex. They are vulnerable to rape by other prisoners and prison guards. People in prison may start to inject drugs to try to cope with their situation. New needles, or materials with which to sterilize needles, may be very difficult to obtain.
  - Children, particularly those who are orphaned, abandoned or living and working on the street, are vulnerable to sexual abuse and exploitation.
  - In many cultures, women are given less status than men. This lower status can make women more vulnerable to contracting HIV than men. For example: In some cultures, it is acceptable for men to be unfaithful to their wives. Wives may therefore unknowingly contract HIV from their husbands and not realize they need to protect themselves.
• Even if a woman knows her husband has HIV, she might not have the power to protect herself because she is unable to negotiate safe sexual intercourse. This means that she cannot control her husband’s extra-marital behavior and cannot insist that he uses a condom.
• Women may feel under great pressure to have children, in order to be accepted by the society in which they live. Their need for children may take priority over their desire for safe sexual intercourse.
• Women are more likely than men to be poor and illiterate. Their poverty may push them into selling sex, making them vulnerable to infection with HIV.
• Female genital mutilation carries great risk of infection.
• Women may be forced to marry their husband’s brother after the death of their husband, which makes them vulnerable if he has HIV.

How quickly does HIV spread?
It does not take long for HIV to spread. One infected person could transmit HIV to many others. In many countries HIV is now spreading rapidly within the general population. People with HIV are most infectious when they have recently been infected and when they are in the late stages of the disease.

SYMTOMS
Stage 1 – Primary
• Short, flu-like illness - occurs one to six weeks after infection no symptoms at all. For years you may not get any illness
• Infected person can infect other people.

Stage 2 – Asymptomatic
• Lasts for an average of ten years
• This stage is free from symptoms
• There may be swollen glands
• The level of HIV in the blood drops to very low levels
• HIV antibodies are detectable in the blood

Stage 3 – Symptomatic
• The symptoms are mild
• The immune system deteriorates
• Chronic diarrhea, weight loss lost more than 10% weight, fever & sweat, lack of energy, rashes, oral/vaginal candida infections.
• Emergence of opportunistic infections and cancers, TB

Stage 4 – HIV ⇒ AIDS
• Pneumonia, toxoplasmosis stroke, isospora diarrhea and cryptococcal meningitis. More severe illness. TB, herpes sores for a month etc
Section 2 \hspace{1cm} OVERCOMING STIGMA

Date:_____________________

Duration: 2hrs \hspace{1cm} Time:_____________________

Objectives:
At the end of this session participants will be able to:

✓ To understand stigma
✓ To learn how to overcome stigma
✓ To examine biblical and theological principles that will help us overcome stigma and silence.
✓ To know what other Christians are saying and doing in response to HIV/AIDS

Topics covered:
✓ What is stigma
✓ How to overcome stigma
✓ Examine biblical and theological principles that will help us overcome stigma and silence
✓ What other Christians are saying and doing in response to HIV/AIDS.

Methodology:
✓ Presentation with discussion
✓ Chart paper or White board
✓ Group work & discussion

Session Flow:
✓ Session – 1 : 20 min
✓ Session – 2 : 30 min
✓ Session – 3 : 25 min
✓ Session – 4 : 25 min
✓ Group work/Discussions : 20 min

Reference Documents:
Responding Biblically to HIV&AIDS ‘Overcoming Stigma’ CRWRC – Bangladesh by CRWRC
Justice Facilitation Team & Roy Berkenbosch
Objectives

• To understand stigma
  – What is Stigma
  – What factors contribute to stigma
  – What are the consequences of Stigma

• To learn how to overcome stigma
  – Education overcomes ignorance and fear
  – Overcoming the blame game

• To examine biblical and theological principles that will help us overcome stigma and silence.
  – The example of Jesus
  – The mission of the church
  – Theological themes

• To know what other Christians are saying and doing in response to HIV/AIDS.

SESSION – 1

Opening Activity

• Listen to the description of this activity, “Value Added, Value Lost”
  – On five slips of paper, write down the five things you most treasure in your life
  – One by one these are taken away

• How did it feel to lose things you valued?
• How did it feel to have them taken away by others?
• What can we learn from this exercise?

Participants made many comments here including the following

Ask the participants - How did you feel?

Common Response: sad, angry, very hopeless, shocked, like I was entering darkness, as if I was all alone; I felt that the person who had taken something away had become my enemy, even though he was my friend. I felt lost without God. I lost my community and my job and I felt that my life was not worth living any more

Ask the participants - what can we learn?

♫ that everything we have comes from God
♫ that we are all very vulnerable
♫ that we must be careful with our lives and the things that are precious to us
that, like Job, we have nothing – all comes to us from God and thus we ought not complain (although I explained that, while Job did not curse God, he nevertheless did mourn his losses and experienced real suffering)

we learned what it was like to feel loss and suffering

we know this is an exercise only, but in reality all of us have lost many things so we should learn from this how valuable our lives are

when we are well and everything is fine we do not appreciate what we have – but when it is taken away, we know how valuable they are to us. (you don’t know what you’ve got till its gone)

SESSION – 2

Activity
• Each group has received a quotation – read the quotation aloud and discuss it
  – What does it mean to you?
  – Do you agree with it? Disagree?
  – How does this quotation challenge you?
    Present your quotation and a summary of your group’s response to the whole assembly.

Quotations Introspect
Mother Teresa
• “God is speaking to the church through this disease”
  If God is speaking to us in this disease, then what is God saying?

Jewish Rabbi
“A Jewish rabbi asked his students at what point night turned into day. One student said, “it is when you can look out into the distance and tell the difference between a sheep and a dog.” “No, that’s not it”, said the rabbi. Another student claimed, “it’s when you can look into the distance and tell the difference between a mango tree and a lychee tree.” “No that’s not it, either.” Instead the Rabbi claimed, it is dawn when you can look into the face of another human being and recognize him or her as your brother or sister. Then you know the night is over.”

(Ecumenical Response to HIV/AIDS, WCC 2001)
“For the churches, the most powerful contribution we can make to combating HIV transmission is the eradication of stigma and discrimination...given the extreme urgency of the situation and the conviction that the churches do have a distinctive role to play in the response to the epidemic, what is needed is a rethinking of our mission and the transformation of our structures and ways of working
Anglican Church
We raise our voices to call for an end to silence about this disease – the silence of stigma, the silence of denial, the silence of fear. We confess that the church herself has participated in this silence. When we have raised our voices in the past, it has too often been the voice of condemnation. We now wish to make it clear that HIV/AIDS is not punishment from God. Our Christian faith compels us to accept that all persons, including those who are living with HIV/AIDS are made in the image of God and are children of God.

Nelson Mandela
Many people, suffering from AIDS and not killed by the disease itself, are killed by the stigma surrounding it.

Unknown author
Every new HIV infection is like another nail pounded into the body of our Lord.

Pope John Paul II,
(Speaking to people who are HIV+)
God loves you all, without distinction, without limit... God loves those of you who are sick, those suffering from AIDS. He loves the friends and relatives of the sick and those who care for them. He loves all with unconditional and everlasting love.

SESSION – 3

What is Stigma?
– Listen to Stigma Definitions
– Circle important words and phrases as we read them together
– What questions do you have?

• What is Stigma?
  – Stigma is a powerful and negative social label that radically changes the way individuals view themselves and are viewed by others
  – Stigma is the cultural meaning given by a society to a characteristic or behavior that will define how it will be perceived by others.

SIX Principles Concerning Stigma
#1: Stigma does not come from the characteristic itself, but is a socially imposed attitude that we can choose to accept or not accept.
#2: Stigma is different than discrimination
#3: Much Stigma has to do with fear and ignorance – we fear what we do not know or understand; we are suspicious of difference
#4: Religion, as defender of moral and social norms often functions in such as way as to reinforce and ritualize symbolic stigma
#5: Self stigma can be internalized as self disgust, thus one collaborates in self stigma
#6: Stigma can change – it only works if we permit it
**Activity** *(divide participants into small groups and give each the pictorial below)*

View the picture of stigmatization and the representative from the group will share with all the participants. Whenever possible draw upon your own experience to make the story as real as possible.

- What is happening in the picture
- What are people saying?
- What are people feeling?
- What will happen next?
- Tell your story to the group
Day – 1 (above)  Day – 7 (below)
SESSION – 4

What are the Engines that Drive Stigma?

Fear and Ignorance – we fear that which we do not understand. What do people fear about HIV/AIDS?
– Infection
– Curse or bad luck
– Their own death
– Their own sexuality
– Your ideas...??

Power
• Stigma is often a way of formalizing, and making legitimate our power to exclude and marginalize others, especially people who are different. Excluding others can make us feel more important or more righteous. Such power driven stigma becomes part of structural violence against
• The poor
• Women
• Homosexuals
• Sex workers
Blaming the victim
– People are often seen to be responsible for their own condition. We say, “You have HIV because of your own actions, so it is your own fault.”
– By blaming others we try to absolve ourselves of responsibility.

Religious condemnation
HIV/AIDS is often seen as a punishment from God by which God judges sinners. God is punishing
• Sex workers
• Drug users
• Homosexuals
• Unfaithful partners
– Holiness is seen as “moral purity” and is valued above “compassion”.
– Comes from a narrow view of the nature of sin

Fear and Ignorance: Some Myths
• Condoms transmit HIV
• Using the pill can keep a woman safe
• HIV is caused by sleeping with someone who had a miscarriage
• HIV can be cured by having sex with a virgin
• HIV can be transmitted by a handshake or a sneeze
• Touching an infected person will make you sick

Overcoming Stigma
• Recall the “engines” that drive stigma. What can be done to stall these engines.
• Fear and ignorance requires....

Education
• Infection
• Curse or bad luck
• Death
• Sexuality

Overcoming Blame
– Many who are HIV+ are NOT responsible for the own illness, for example
• Victims of Rape
• Faithful spouses of unfaithful spouses
• Poor who are trafficked into the sex trade
• Children born HIV+
• Health workers
• Transfusions
– Cause of disease is irrelevant to receiving care
– Many people who engage in unsafe practices do NOT get AIDS, or have enough wealth and power to overcome the stigma and protect themselves
(Additional studies if time permit to share with participants)

Learning from Jesus
1. Read Isaiah 52 & 53 - The Suffering Servant
   (What does this tell us about Jesus? What does this say about the Church?)

2. John 20:19-31 - He Showed them His Scars
   What does this tell us about Jesus?
   a. he is the wounded healer
   b. he identifies with the suffering
   c. What does it say about the Church?

3. Matthew 8:1-4 – Jesus the Healer (Leviticus 13 & 14 for background)
   What does this say about Jesus and the Old Testament regulations? How did Jesus deal with Stigma?

4. Mark 5:21-43 - Jesus the Healer
   a. Notice the characters
   b. Why does Jesus heal the woman first?
   c. What about stigma (she touched him)?
   d. Where is the “church”?

5. John 9 - Jesus the Healer
   What do you notice here?
   a. Where is the stigma?
   b. Where is the conflict
   c. Where is the church?

Learning from Jesus
“In Jesus, holiness became an act of engagement, not a state of separation. In Jesus, holiness’s healing touch was the touch of inclusion and participation; the touch that said, ‘you belong’ Jesus brings an image of holiness defined not by its distance from what was considered to be unclean, but by its proximity to it. Into a world so divided and separated within itself came Jesus, who, with the touch of a hand, restored human community.”

Japhet Ndhlovu

Learning From Creation - Read Genesis 1
Two Lessons are of special help to us
1. All persons are made in the image of God, a profound dignity and privilege which is not overcome by disease or sin or even death
2. The creation account affirms human sexuality – we are not “souls” but we are properly embodied people and sexuality is good and normal.
3. Therefore…..?

Learning From The Early Church
1. Acts 8 – the inclusion of the marginalized
2. 1 Cor. 12: we are ONE body; the weaker members are given special consideration
3. We are called to weep with those who weep (Romans 12:15)
Section 3  PREVENTING THE SPREAD OF HIV

Date:___________________
Duration: 1hr 45min 
Time:___________

Objectives:
At the end of this session participants will be able:
✓ To see the world’s view of HIV&AIDS prevention
✓ To see the Christian approach to HIV&AIDS prevention
✓ To see how important it is to teach young people before they get infected
✓ To see the biblical responsibility placed on parents to ensure their children are taught good, wholesome things

Topics covered:
✓ What is the ABC approach
✓ Approach to prevent the further spread of HIV&AIDS
✓ Teaching the young people
✓ PPTCT
✓ Involving the people living with HIV&AIDS

Methodology:
✓ Presentation with discussion
✓ Chart paper or White board
✓ Bible reflection on Prevention

Session Flow:
✓ Session – 1 : 20 min
✓ Session – 2 : 25 min
✓ Session – 3 : 25 min
✓ Session – 4 : 15 min
✓ Group work/Discussions : 20 min

Reference Documents:
1. Tearfund – A Pillar Guide ‘Responding more effectively to HIV&AIDS by Isabel Carter
2. Tearfund – Roots 8 ‘HIV&AIDS taking action’ by Rachel Blackman
3. The Church Response, ECS, Tuensang
4. ‘No Apologies’ prevention of HIV&AIDS
INTRODUCTION

HIV is unusual because it can infect others only when blood or body fluids are passed from an infected person to another person. This can happen during sex, when needles are shared, during childbirth, breast-feeding, blood transfusions or when sharp blades are used on more than one person, for example during circumcision or ear piercing.

The risk of infection during sex is higher for women than for men. It increases if sexually transmitted diseases are present. Forced sex or rape this causes bleeding greatly increases the risk of passing on HIV. Once people are infected with HIV, they can still continue to be infected with other strains of HIV, which increase the risk of AIDS developing more rapidly.

However, it is impossible to become infected with HIV through activities such as hugging, shaking hands, coughing, sharing cups and plates or toilets. None of these activities can pass on HIV, even when a person is dying from AIDS. Health workers caring for people with AIDS are very unlikely to become infected if they take care with blood and body fluids.

We shall remember, proclaim and act on the fact that, the Lord our God created all people and all life and created life very good (Genesis 1-2) We shall, therefore, seriously and effectively undertake HIV/AIDS prevention for all people - Christians and non-Christians. married and single, young and old, women and men, poor and rich, black, white, yellow, all people everywhere-, for this disease destroys life and its goodness, thus violating God's creation and will.

Abstinence, Be Faithful and Condom use are the three universal methods practiced around the world both by organization and institutions like the churches. Clearly, ABC has come under much scrutiny, including the need for additional prevention methods to be included, for example, D for drugs; E for education, F for fighting contaminated needles and G for good practice of medicine. However, some of the more potential positive benefits of the ABC strategy have perhaps not been fully explored.

Optional Discussion

• In what ways can HIV be passed from one person to another?
• What are likely to be the most common ways of becoming infected in our community?
• Are there traditions in our culture which could increase the spread of HIV?
SESSION - 1

Brainstorm
1. Ask the participants to say what are the world’s ways of preventing the spread of HIV&AIDS
2. List the 3 main ways HIV&AIDS is spread (blood, mother to child, sexual) and look at ways to prevent in each of these ways. Ensure the following information is covered.

Information:

Blood:
- Reducing the number of blood transfusions
- Testing all blood before it is transfused
- Use only sterile needle/syringes and cutting instruments
- Cover cuts or wounds
- Wash spilt blood with 1 part of bleach to 9 parts of water solution.

Mother to child:
- Reduce the number of women becoming infected
- To counsel infected women to consider no having any more children
- To consider delivery by caesarean section for an infected pregnant woman
- To consider if formula feeding is possible for an infected mother
- The use of expensive drugs before and at delivery

Sexual:
- Abstain before marriage
- Be faithful to your marriage partner
- Use of condoms
- Detection and proper treatment of STDs

Indicate what is A.B.C. of AIDS prevention in sexual infection
- Abstinence
- Be faithful
- Condom use

Ask if they had heard much said about ‘A’ and ‘B’

Ask the participants if, for a Christian, there is any problem with the ways of prevention with blood spread, with mother to child infection, or with sexual spread of HIV? Ask the group what a Christian A B C could be?
Ask the participants whether the churches speak on A & B very often. If not, is C possible? The inference is that for many ‘A’ & ‘B’ are not possible so people quickly dismiss them for ‘C’. Also remind the group that condoms are between 15-30% ineffective especially if not used properly. Outside of marriage this would be sinful behavior and potentially damaging to a person’s spiritual, psychological and even physical health.

Ask the participants how effective God’s way is. The exciting thing is that the Church’s message is not just knowledge and information but showing the power to live the way that Christ live in us and it is 100% effective if both partners follows it.

SESSION – 2

- Initially HIV infection was restricted to high risk populations namely the sex workers, women who were sold for sex work, or MSM and IDUs
- Infected individuals can transmit HIV infection through unsafe contact (e.g. sexual, needle sharing) to individuals who are termed the bridge population. Once a member of the bridge population (e.g. truck drivers, clients of sex workers, migrants, etc) gets back to their home, they can infect their wives, who in turn can infect their babies. This is a very common scenario in India. HIV today is no longer restricted to any particular group of individuals. It has reached the general population that includes married women who have never had any high risk behavior, babies and children, youth and men.

<table>
<thead>
<tr>
<th>High Risk Population</th>
<th>Bridge Population</th>
<th>General Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex Workers</td>
<td>Clients of sex workers</td>
<td>Married Women</td>
</tr>
<tr>
<td>Infected women</td>
<td>Partners of IDUs</td>
<td>Babies and children</td>
</tr>
<tr>
<td>Men having sex with men</td>
<td>Migrant/Mobile population</td>
<td>Youth</td>
</tr>
<tr>
<td>Needle sharing and Drug users</td>
<td>Truck Drivers</td>
<td>Men</td>
</tr>
</tbody>
</table>

Behavior Change is the ideal and most effective way to stop the spread of HIV, we have to be realistic and recognize that not everyone will be prepared to change. Therefore to complement the efforts to change behavior harm reduction is needed.

Preventing HIV/AIDS
Since there is no vaccine available for HIV, the most effective way to prevent Transmission is to avoid behaviors that put a person at risk of infection, such as sharing needles and syringes and having unprotected sex.

Education
Education is key to reducing the spread of HIV:

- People need to be made aware of the risks they face, the consequences of their actions and ways in which they can reduce their vulnerability to HIV. They could then make informed choices about their behaviour.
False information and myths which people may have heard need to be challenged. Life-skills training can enable people to make decisions that reduce their risk. It can help children to stand up against negative pressure from their peers. Education of girls and women can have a major impact on their ability to negotiate safe sexual intercourse.

There are many different places in which education linked to HIV can be provided:

**In the home**
Parents may feel they lack relevant knowledge or information about HIV and as a result, children may never have a conversation with their parents about issues that make them vulnerable, such as sex and drugs. The first time children hear about sex and drugs is usually through receiving false, incomplete or one-sided information from their peers. If they are not provided with the right information they will not be able to make good choices, and may experiment without being aware of the risks.

Education should cover more than the ‘facts of life’ or the dangers of drugs. It should involve empowerment so that children are equipped to reject unhelpful peer pressure. For example, as well as reproduction, contraception, sexually transmitted infections and sexuality, sex education should focus on relationships and self-esteem.

**Tips for parents when talking to children about sex**
- Parents will feel more comfortable talking to their children about sex if they learn to be open with each other first.
- The earlier parents talk to their children about sex, the easier it is. There are many natural opportunities to talk about pregnancy and birth, such as when calves are born or when a relative has a new baby. It may not be appropriate to give children all the information they want at once. There may be some things that they are too young to talk about.
Talking to children about sex is more than telling them the physical story of where babies come from. It is also about values and attitudes. Help children to understand the boundaries and why boundaries are good for them. Celebrate the richness of God’s goodness together.

Sex education should be ongoing into adulthood and involves more than conversations between parents and children. It involves children observing the way parents relate to each other, to other men and women and to boys and girls.

**Communication** is important. If children know their parents do not want to talk about sex, they will not want to talk about it. Listening is as important as talking in order to understand children, their experiences and what is happening in their world. There will be some right and wrong answers but also areas where different cultures, different families and different people will come to different conclusions. Talking openly will provide the forum for forming and expressing opinions. A good question is often more helpful than a good answer. For example, a teenager may ask her parent ‘Don’t you think sexual intercourse before marriage is a good idea?’ Rather than answering ‘No, you know I don’t think it is a good idea’, the parent could encourage discussion by asking the questions ‘Why are you asking that question?’ ‘What do you think?’ This will help children to know what they believe and why, rather than repeating their parents’ opinions.

Education about sex and drugs should start at an early age. The age at which this starts depends on the physical, emotional and intellectual development of the child. Sometimes education can start when a child starts to ask questions. On the other hand, adults may need to make a decision about when to talk to their child about these issues. They should start with basic information. When the child gets older new facts can be introduced. Parents can start to provide a more discussion-based education to their children, such as introducing and debating ideas about values, attitudes and issues.

Children may receive education about sex and drugs at school. However, this is not an excuse for parents to stop talking to their children. Schools do not always address issues that are relevant to each child at that particular time. Parents can provide information and discuss things as the child raises issues. Christian parents may want to look at the issues from a biblical perspective, while schools may not provide this opportunity.

**SESSION - 3**

**Reflection:**
- In what ways could we encourage parents to educate their children about HIV and AIDS?
- What have we learnt from our own experiences?
- How can we use our own experience of educating our children?
Bible Reflection:
- Genesis 2:22-25 “Then the Lord God made a woman.” Why God created man and woman
- Ephesians 6:4 “And you, fathers, do not provoke your children to wrath, but bring them up in the training and admonition of the Lord.”
- 1 Corinthians 6:13 Our body is for Christ
- 1 Corinthians 6:18 “Flee from sexual immorality. All other sins a person commits are outside the body, but whoever sins sexually, sins against their own body.”

Opportunities of Prevention
At school
Schools sometimes teach sex education. However, in many cases this education is basic and focuses on biology rather than looking at social and emotional issues and preparing children for responsible adult life. Education about drugs may simply look at the dangers and the consequences. The most important HIV-related skills that a young person needs to learn include:
- How to make sound decisions about relationships and sex and stand up for them
- How to identify their personal reasons for resisting pressure for unwanted sex and drugs
- How to recognize and avoid or leave a situation which might be risky
- How and where to ask for support and find youth-friendly health services
- How to negotiate safe sexual intercourse, including the use of condoms
- How to show compassion and support for people living with HIV and AIDS
- How to care for people with AIDS in the family and community.

Education about HIV in schools could become more effective by focusing on these life skills. Rather than being taught from the front of the classroom, children should be encouraged to ask questions and to discuss issues in groups. Role play can be a useful way of exploring sensitive issues.

Teaching Young People a Window of Hope
- There are an estimated 40 million people living with HIV&AIDS worldwide, of which more than a third (38%) are under the age of 25. almost 13 million teens and young adults between the ages of 15 and 24 were living with HIV&AIDS worldwide as of December 2001
- Of the 5 million newly infected with HIV in 2001, almost 6 in 10 were under the age of 25. those in the age group 15-24 represented 4 in 10 of these new infections
- Almost 6,000 young people, ages 15-24, are infected every day with HIV, or approximately one every 15 seconds
- Every 10 seconds, someone in the world dies from AIDS. There are 11 new infections per minute, worldwide
- AIDS has orphaned more than 13 million children, and that figure is expected to rise to 25 million by 2010
The rate of new infections among girls is as much as five-to-six times higher than those of boys in some hard hit countries.

One of the main reasons for young people to start sexual activity is not because they want to, but because of pressure from other young people. This demonstrates that many young people are willing and wanting to know how to refrain from sexual intercourse.

**Important Information**

There is a risk of pregnancy and dropping out of school, being a single parent or getting into an inappropriate marriage. There is the risk of STDs (and infertility) and HIV&AIDS (and death).

Studies have shown that those involved in pre-marital sex are more likely to experience marital difficulties and divorce, while those who wait until marriage are more likely to have a stable, lasting marriage.

**Necessary Skills**

- Show them how to avoid situations that can lead them into difficulties.
- Teach them skills that will help them say ‘no’ to getting sexually involved.
- Helping them to encourage each other to say ‘no’.
- Physical changes during adolescence are real, sexual feelings are normal, but it is possible and right to control our minds and bodies and say ‘no’ and not get involved in sexual activity.
- Strengthen youth groups to take up the ‘traditional role’ of teaching young people about sexuality and what it mean to Christian man or woman.

**Good examples to follow**

- Show that it is not our words but our life.
- Show that it is possible to live this way.
- Show that other young people live this way.
- Organize various events for youth there they can interact in a Godly way with Godly instruction and example and encourage each other to live that way themselves.

**Teaching from Scripture**

- Deut 6:18 “Do what is right and good in the LORD’s sight, so that it may go well with you and you may go in and take over the good land the LORD promised on.”
- Deut 30:19-20 tells us about what we choose now in life determine our future.’
- 1Corinthians 6:18-20 “Flee from sexual immorality. All other sins a person commits are outside the body, but whoever sins sexually, sins against their own body. Do you not.”
- **Proverbs 22:3** A prudent man sees danger and hides.
SESSION 4

Involving people living with HIV and AIDS
Organizations and churches should aim to involve people with HIV and AIDS in prevention programme and other responses:

- Their involvement will strengthen the programme as they understand the issues and needs better. People with HIV and AIDS can share their own experiences.
- Their involvement supports their own well-being. Openness about having HIV can reduce stigma and discrimination. Being able to talk about HIV can help people with HIV to come to terms with being infected. If they are paid, they are able to fund their healthcare. If they are volunteers, they could be provided with free healthcare by the organization when needed.

Reflection:

‘Prevention is better than cure.’

Discuss whether this commonly used phrase is true and why.

Discuss whether the use of condoms can be appropriate to prevent the spread of HIV.

Additional Information for Trainers: (for general information and discussions with the participants)

Practical ways to avoid HIV infection
Those who are living with HIV may look healthy, feel healthy and often do not know they are infected with HIV. In some countries one in every four or five people is living with HIV. It may take many years before they develop AIDS. During those years they can pass on HIV to many others. There are a number of ways to avoid HIV infection:

- Both partners should stay faithful to each other in a sexual relationship.
- If one partner may be infected with HIV, use condoms to stop the other partner becoming infected.
- Avoid situations which encourage sexual temptation.
- Make sure that blood for transfusions is tested for HIV.
- Avoid sharing needles, razors, blades or toothbrushes (because people’s gums may bleed).
- When caring for someone with HIV or AIDS wear gloves or plastic bags on hands when handling blood or body fluids. Soak clothes which are stained with blood or body fluids with bleach before washing. Keep cuts or sores on the hands covered.

How does one prevent HIV infection from spreading in a sub-population?

- By focusing on the sexual route
- Early diagnosis and treatment of STIs
- Promoting condom use (if need condom demonstration should be provided)
- By using the ABC approach: Abstinence, Be Faithful and Character
- By focusing on infected needles and injecting equipment:
• Needle and syringe distribution programs
• Drug treatment programs and Substitution programs
• By screening blood and blood products
• By ensuring universal medical precautions are rigorously followed.
• By preventing the transmission of HIV from infected mothers to newborn children.
• By involving people

Preventing mother-to-child transmission of HIV
There are two main ways of preventing transmission of HIV from mother to child. One way is to use anti-retroviral drugs (ARVs) to stop transmission during pregnancy and childbirth. The other is to consider feeding options. Pregnant women with HIV should be informed about all their options and be provided with counseling before they make decisions.

ARVs
✓ Taking the ARV Azidothymidine (AZT) for four weeks before birth lowers the amount of virus in the blood by 40–50%. This reduces the risk of transmission of HIV to the baby.
✓ A single dose of Nevirapine given to the mother at delivery and a dose given to the child within 72 hours of birth reduces the risk of transmission by more than 80%.

Breast-feeding
The risk of passing on HIV through breast-feeding depends on:
✓ Duration of breast-feeding. The longer the breast-feeding continues, the greater the risk. The risk is thought to be about 5% in the first six months, 10% over the first 12 months and 15–20% if the baby is breast-fed for 24 months.
✓ Pattern of breast-feeding. The risk is much lower if the baby is fed only breast milk. Mixed feeding increases the risk.
✓ Breast health. The risk is higher if nipples are cracked or bleed, or if the breast is sore or inflamed.
✓ Timing of the mother’s HIV infection. The risk is higher if the mother becomes infected during pregnancy or while breast-feeding.
✓ Mother’s immune status. The risk is greater if the mother’s immunity is low, for example due to malnutrition or because HIV has developed into AIDS.

Mothers with HIV have a difficult choice. Choosing not to breast-feed may help prevent transmission of HIV to their child, but can increase the risk of death from other causes. Breast milk transfers useful nutrients and antibodies against diseases from mother to baby. Formula milk cannot provide these. Formula milk is expensive and may not be available. In addition, the milk may be mixed with contaminated water or given to the baby in contaminated bottles. UNICEF estimates that for every child dying from HIV through breast-feeding, many more die because they are not breast-fed.
If mothers decide they want to breast-feed, the risk of transmission of HIV is reduced if the mother:

- Breast-feeds exclusively. This means that babies should only be given their mother’s milk and no other food or drink – not even water. This is because these things can damage the baby’s insides and make it more at risk from contracting HIV from the breast milk. Another reason is that failure to empty the breasts regularly can increase the amount of HIV in the milk.

- Maintains healthy breasts through good breast-feeding practices, such as breast-feeding on demand and having the baby correctly attached on the breast.

- Seeks help for nipple or breast problems and for thrush in the child’s mouth or on her nipples.

- Avoids becoming infected, or re-infected, with HIV while breast-feeding.

- Starts feeding the baby solid food at four or six months old and stops breast-feeding almost immediately. Researchers are now testing ways of improving local foods so babies can grow well without breast milk. Animal milks can be added to porridges for extra nutrition, though they should not be fed directly to the child.

Mothers who do not want to breast-feed should consider whether they will be able to feed their children well using formula milk. They need to consider whether:

- It is acceptable not to breast-feed in their community
- They can afford to buy formula milk for the next few months
- Their water supply is safe
- They have the means to clean bottles and feeding equipment.

Mothers who decide not to breast-feed should be provided with access to family planning services, since breast-feeding can act as a natural contraception.

There is hope for babies who are infected with HIV. For reasons that we still do not understand, many children with HIV grow and develop quite well as long as their infections are properly treated and they are well fed. Babies who become infected with HIV can be given a daily dose of co-trimoxazole, a cheap effective antibiotic, for the first year of life. This can prevent a number of infections that children with HIV often get, especially pneumonia. It improves their health and survival even if they are not given ARVs. There are not many children who have such poor immunity that they need ARV treatment.
Date: ____________________
Duration: 2hrs

**Objectives:**
At the end of this session participants will be able to:
- Understand the need of Home Base Care (HBC)
- To understand the counseling strategies needed to care for someone with HIV&AIDS
- Scope of local treatment
- Basic principles of ART
- Adherence issues and monitoring therapy

**Topics covered:**
- Home based care
- How To Care For People With HIV&AIDS
- Herbal treatment and remedies
- ART

**Methodology:**
- Presentation with discussion
- Chart paper or White board
- Group work & discussion

**Session Flow:**
- Session – 1 : 30 min
- Session – 2 : 35 min
- Session – 3 : 35 min
- Group work/Discussions : 20 min

**Reference Documents:**
(i) Tearfund – Roots 8 ‘HIV&AIDS taking action’ by Rachel Blackman
(ii) The Church Response, ECS, Tuensang
(iii) Training of Trainers, Project Raphael, NEICORD
(iv) World Church Council guidelines on HIV&AIDS
Introduction
A potential benefit of home based care is that sick people are continually surrounded by people they love and are familiar with, so they can also receive more flexible and nurturing care. They will also not be exposed to hospital-based infectious diseases. As people with terminal illness generally spend their final moments at home, strengthening the capacity to be cared for also removes the cost and distress of traveling to and from the hospital when they are weakest.

Furthermore, in being cared for at home, a person with HIV may be in a more ready position to work or look after family members for short periods of time while the primary earners work. The family’s time that would otherwise be used traveling to and from hospital can instead be spent doing house work and looking after other family members. Expenditure on transport and hospital costs is also reduced.

SESSION – 1
Why Home based Care?
• HIV epidemic outstretched the existing health services
• Care need to encompass family,& communities not just institutions
• Care comprise all aspects: prevention, treatment, care of the dying, bereavement support, psychological support etc
• Care is not only medical

The disease run prolonged course
• Minor illness can be managed at home by the family.
• Family can provide social, psychological, emotional and spiritual support at home.
• Major component of continuum of care is provided at home.

These are some of the main advantages and disadvantages of Hospital Care:
Advantage
‣ Medical personnel understand illnesses, and with the tests they have available they can diagnose and treat the problem properly.
‣ There are nurses caring for a person all the time, and any changes or a new problem developing can be identified and treated.

Disadvantages:
‣ It is expensive
‣ It can be impersonal
‣ The patient can feel lonely and afraid in unusual surroundings, with other ill people around even dying
‣ The person may be exposed to other infections in hospital
‣ The patient may feel distant from the family and it may be hard for the family to visit
These are some of the main advantages and disadvantages of Home Care:

**Advantages**
- It is in familiar surroundings which the patient knows and is comfortable in
- The patient is surrounded by family, and friends who know and love him
- It is much less expensive
- The patient is still involved in the family affairs, and the family can carry on with their duties while looking after the person

**Disadvantages:**
- The family may feel inadequate or uncomfortable looking after the patient
- They may not notice changes that require new treatment
- They may not have the proper treatment available
- They may feel they have to turn to the witch doctor

**Brainstorm**
Ask the participants what difference there would be if the sick person had AIDS. Would any of the advantages and disadvantages be different?

**Some of the differences felt if the patient had AIDS could be:**

**Hospital advantages**
- It is a complicated disease, with different aspects of it appearing at different times.

**Hospital disadvantages**
- It is likely to be a long illness meaning a big hospital bill
- The person with AIDS would be particularly vulnerable to other infections found in the hospital
- There is also the cost of transporting the body home after death.

**Home advantages**
- It is a long, eventually terminal illness and the person will usually prefer to be at home
- There are important decisions to make about the future and it is best done at home surrounded by family
- If there have been disadvantages or wrongs in the family, being at home may give more opportunity for putting things right and proper reconciliation being found

**Home disadvantages:**
- People fear caring for someone with AIDS
- The community may fear someone with AIDS, even trying to get them to leave
- The person with AIDS or his family may feel ashamed of having AIDS and try to hide the person with AIDS so they see no one outside of the immediate family
- It may be seen as a curse, and so the witch doctor be consulted
Common objective are:

- That other might catch HIV&AIDS
- That the community might ostracize them
- That the necessary knowledge to care for them is not there

In conclusion, that the following is covered in relation to home care and indicate that the role of the church may well be in encouraging and supporting the family to care for the person with AIDS.

- HIV&AIDS is not spread by social contact (eating, drinking, and living together)
- Care needs to be taken if there is any spillage of blood or there is a sore. Sores or wounds should be covered, and leakage on the floor should be cleaned with 1 part of bleach to 9 parts water. Blood or would discharge on sheets or clothes should be washed off separately initially, and then normally, dried in the sun (some wash in boiling water but this isn’t strictly necessary). Blood on skin should be washed off with soap and water. If a person is cleaning up blood or cleaning a wound, they should wear rubber gloves or have their hands in a plastic bag, with any cuts they have on their hands covered.
- Most physical care is making the person feel comfortable as in any serious illness
- It is useful to have medical input to ensure any infections that can be treated, are treated correctly.
- Good rest, some exercise, good ventilation, being outside in the shade, doing some appropriate work, are all good, though each situation needs to be assessed as to what is appropriate at any given time.
- Good food especially high protein (fish, meat, beans) high vitamins (green vegetables, fruits, liver, fish, milk), small amount of high fat (oil, margarine). Smaller and so more appetizing quantities are best.
- Avoid smoking alcohol, drugs (other than medicinal)
- It is important that decisions are made about the future e.g. the welfare of the wife, the children, the house and the land, funeral arrangements, financial matters. This decision needs to be communicated to the wider family and community so that they will be respected.
- The spiritual needs of the person are vitally important. Opportunities to pray, to share God’s Word, to reconcile a person to God, need to be sensitively used.

A potential benefit of home based care is that sick people are continually surrounded by people they love and are familiar with, so they can also receive more flexible and nurturing care. They will also not be exposed to hospital-based infectious diseases. As people with terminal illness generally spend their final moments at home, strengthening the capacity to be cared for also removes the cost and distress of traveling to and from the hospital when they are weakest.

Furthermore, in being cared for at home, a person with HIV may be in a more ready position to work or look after family members for short periods of time while the primary earners
work. The family’s time that would otherwise be used traveling to and from hospital can instead be spent doing house work and looking after other family members. Expenditure on transport and hospital costs is also reduced.

“Home-based care is taking us back to the root of human coexistence. It reminds us that we all have the responsibility to one another. If we hold hands through this tragedy... we will able to retain our humanity and will come out of this epidemic as a stronger community.”

SESSION – 2

HOW TO CARE FOR PEOPLE WITH HIV&AIDS

Information:
Good Nutrition is essential for achieving and preserving health while helping the body to protect it from infections. Good Nutrition cannot cure AIDS or prevent HIV infection, but it helps to maintain and improve the nutritional status of a person with HIV&AIDS and delay the progression of HIV disease, thereby improving the quality of life of PLHA. Nutritional care and support are important from in the early stages of infection to prevent the development of nutritional deficiencies.

Talks
The virus attacks the immune system. In the early stages of Infection, a person shows no sign of illness but later, many of the signs of AIDS will become apparent, including weight loss, fever, diarrhea and opportunistic infections such as Sore Throat and tuberculosis. Providing good nutrition is very important from the time a person gets infected with HIV. Nutrition education at early stage gives the person the chance to build up healthy eating habits and to take actions to improve food security at home, particularly as regards to the cultivation, storage cooking of food. Nutritional care on Psychosocial support promote well-being, self-esteem and a positive attitude to life for people and their families living with HIV&AIDS. Healthy and balance nutrition should be one of the goals of counseling and care for people at all stages of HIV infection. An effective programme of nutritional care and support will improve the quality of life of people living with HIV&AIDS by:

- Maintaining body weight and strength
- Replacing lost vitamins and minerals
- Improving the functioning of the immune system and the body’s ability to fight infection
- Extending the period from infection to the development of AIDS disease
- Improving response to treatment, reducing time and money spend on health care
- Keeping HIV infected people active, able to work, grow food and contribute to the income of their families
Looking after a person with HIV&AIDS is not easy. Get enough rest yourself. Take sometime off. Ask a friend family member to help.

- Spend time with the person living with HV&AIDS. Discuss the foods they need to maintain and gain weight and manage their illness. Get to know what kind of foods they like and do not like. Involve them in planning their meals
- Keep an eye on their weight. If possible weigh them regularly and keep a record. Look out for any unexpected weight loss and take action.
- Check the medicines they are taking. Read the instructions to find out what they need to be taken, what food to be avoided and any side-effects.
- Be encouraging and loving. If they want to have food of their choice at any time of the day, try to get it for them
- Be firm about the importance of eating but do not force the person to eat. Giving too much food at one time may cause them to refuse
- If they are too sick to leave their beds, make sure that they have something to drink and a snack nearby.
- Keep a watchful eye. Look around to see if the house is clean, that there are no hygiene problems and there is enough food.
- If the sick person lives alone, invite them to join your family for a meal. Encourage other in the community to visit and invite them out.

Herbal treatments and remedies
Traditional medicines involve the use of locally-produced medicinal plants to treat illnesses. They are often held in suspicion by Christians because of their link with traditional healers, who may also work with spiritual powers that are in conflict with Christian belief. However, some medicines themselves can successfully treat a number of illnesses, although they do not cure HIV or AIDS. Many modern drugs are made from natural sources. Traditional medicines are often based on knowledge shared over many generations and can be made up by family members. The following traditional medicines can be used to treat illnesses linked to HIV. There are risks and side effects from using medicinal plants. For example, the quality of the active ingredient in a plant can vary according to the variety, the season or the age of the plant.

Many communities have their own knowledge of health and nutrition, based on local traditions and cultures. It is important to understand and be sensitive to these traditional beliefs and the many kinds of traditional care available. They present alternative to formal general medicine and for many people will be the only options they have.

Herbs and Spices:
Herbs and spices can improve digestion, stimulate appetite and preserve foods. A list of herbs and the beneficial effects claimed by people living with HIV&AIDS are given in the table below. The effects may not be the same for all people. People can try these herbs and decide for themselves whether they are helpful.
Remember that all herbs and species should be used in moderate amounts. Exceeding these amounts may cause problems and may have a toxic effect: moreover, the function of the herbs and spices will not be increased. They cannot replace healthy eating and should not be used in place of a healthy and balanced diet.

<table>
<thead>
<tr>
<th>HERBS</th>
<th>Benefits found by some people living with HIV&amp;AIDS</th>
<th>HOW TO USE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aloe</td>
<td>Helps to relieve constipation</td>
<td>Use as extract, boil and drink the concentrated water. To be used in limited amounts; stop immediately if it cause cramps or diarrhea</td>
</tr>
<tr>
<td>Basil (sweet smelling plant like mint, used in cooking)</td>
<td>Helps to relieve nausea and aid digestion; has an antiseptic function for mouth sores</td>
<td>Add to food to treat nausea and digestive problems. Use as gargle for mouth sores</td>
</tr>
<tr>
<td>Cardamon (Elachi)</td>
<td>Helps with digestive problems, pain, diarrhea, nausea, vomiting and loss of appetite</td>
<td>Add to food during cooking or prepare as tea</td>
</tr>
<tr>
<td>Cloves (Ioong)</td>
<td>Stimulate appetite, help weak digestion, diarrhea, nausea and vomiting</td>
<td>Use in soups, stews, warmed fruit juice and tea</td>
</tr>
<tr>
<td>Coriander (Dhaniya)</td>
<td>Helps to increase appetite and reduce flatulence, controls bacteria and fungi</td>
<td>Add herb to meals</td>
</tr>
<tr>
<td>Garlic (Lasoon)</td>
<td>Has antibacterial, antiviral and antifungal function particularly in the gut, intestines, lungs and vagina. Helps digestions and feeling of weakness. Also good for thrush, throat infections, herpes and diarrhea</td>
<td>Prepare tea and drink or use in food</td>
</tr>
<tr>
<td>Ginger</td>
<td>Improves digestion, energizes, relieves diarrhea and stimulate appetite. Used for treating common colds, flu and nausea</td>
<td>Use either as spice in meals or prepare a ginger tea</td>
</tr>
<tr>
<td>Lemon</td>
<td>Is antibacterial and helps digestion</td>
<td>Add lemon juice to food or drink</td>
</tr>
<tr>
<td>Mint (Pudina)</td>
<td>Has an anti-inflammatory effect and helps digestion</td>
<td>Use in tea or gargle for mouth sores. Chew mint leaves to aid digestion</td>
</tr>
<tr>
<td><strong>Neem</strong></td>
<td>(i) <strong>Brings down fever</strong></td>
<td>Cut a fresh twig, remove the leaves and boil the bark in water, drink as tea. The bark can also be chewed</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>(ii) <strong>TO TREAT</strong> Skin problems such as acne, fungal infections, psoriasis, scabies and eczema</td>
<td><strong>PREPARATION</strong> Make an ointment by mixing 10g of neem oil with 100g of oil (palm, olive or groundnut) and heating for 60 minutes in a water bath. Filter the oil through a cotton cloth while it is still hot. Add 10g of warmed, clean wax and stir for one minute. Alternatively, make a tincture using 20g dried leaves and 100g alcohol 70% and leave to soak for a week.</td>
<td><strong>DOSE</strong> Apply ointment or mix 1 teaspoon of the tincture with 1 teaspoon of vegetable oil and rub into affected areas.</td>
</tr>
<tr>
<td><strong>Pumpkin seeds</strong></td>
<td>Cleans worms and parasites out of the stomach</td>
<td>Dry them out in the sun and eat a handful regularly. It can be added to food</td>
</tr>
<tr>
<td><strong>Carrots (Raw)</strong></td>
<td>Good source of vitamin A, deals with worms and other stomach parasites</td>
<td>Eat at least four medium-sized raw daily</td>
</tr>
<tr>
<td><strong>Guava</strong></td>
<td><strong>TO TREAT</strong> Diarrhea</td>
<td>Boil a handful of leaves for 20 minutes in 1 litre of water. Filter and add 4 tablespoons of honey or 2 heaped tablespoons of sugar and 1 level teaspoon of salt. <strong>DOSE</strong> Drink within 1 day.</td>
</tr>
</tbody>
</table>

**Reflection**

(i) What are some of the local food rich in nutrition for the sick?
(ii) What traditional medicines do we know of that can those opportunistic infections or what are some of the local herbs found in the locality? What is its usage?
(iii) Are they safe? And much healthier?
SESSION - 3

“There is limit to cure, but no limit to care”

(Psalms 24:1 and Genesis 1:29)

We shall remember, proclaim and act on the fact that the earth and everything in it belongs to the Lord and that He has given it over to all human beings for custodianship (Psalms 24:1 and Genesis 1:29). We shall therefore, openly and persistently undertake prophetic and advocacy role for all the infected who are denied access to affordable HIV/AIDS drugs until antiretroviral are available to all who need them.

Treatment
At present there is no cure for HIV and AIDS. A cure, or even a vaccine, is many years away. It is important to make this clear in places where witchdoctors are saying they can provide a cure. These false promises can cost people a lot of money and push them further into poverty. In some places, it is possible to buy locally-made drugs to treat opportunistic infections. It is important to check that they have been clinically tested and trials have been carried out. Most countries have medical councils to ensure that drugs are safe.
There are two main ways of treating HIV and AIDS:

- Anti-retroviral drugs (ARVs) can be used to slow down the development of HIV into AIDS. They can also be used to prevent the spread of HIV from mother to child.
- Opportunistic infections can be treated by modern drugs and traditional medicines.

**World Health Organization (WHO) recommends that HIV infected persons start ART when they have:**

- WHO stage IV disease irrespective of CD4 cell count
- WHO stage I, II, III with CD4 count less than 200
- WHO stages II, III with a total lymphocytes count less than 1200
- WHO stage IV irrespective of total lymphocyte count

**Anti-Retroviral drugs**

ARVs can improve the quality of life and increase life expectancy of people with HIV considerably. In an ideal world, everyone with HIV should have access to ARVs. However, ARVs are very expensive and are not available in some countries. It is unrealistic to hope that all people living with HIV and AIDS will be able to benefit from ARVs. However, new drugs are being developed all the time and ARVs are becoming cheaper and increasingly available. In some places governments are providing free ARVs. Patients usually take a few different ARVs. Therefore the term *anti-retroviral treatment* (ART) is sometimes used to refer to the package of drugs that a patient takes.

**Importance of adherence to ART**

Adherence is important to achieve maximum viral suppression and restore immunological function. Lower levels of adherence are associated with viral resistance, treatment failure and increased risk of disease progression.

**Challenges in taking ART**

ART consist of three or more antiretroviral medications to be taken in combinations. In addition to ARVs, patients also have to take medication for treatment or prevention of opportunistic infections. In addition, some ARV requires specific food and fluid restriction.

Antiretroviral medication controls the replication of HIV. Even when the virus becomes undetectable in the blood with successful ART, there are some sites in the body where drugs are unable to reach the virus. These sites are called sanctuary sites. Therefore the virus cannot be completely eradicated from the body and continues to remain hidden in the sanctuary sites. The virus emerges when ART fails or is stopped. As the virus cannot be eradicated, ARVs have to be taken regularly, long term, for the rest of the patient’s life. HIV infection can therefore be managed but not cured.
**Preparation of the patient**

Pre-ART adherence counseling

The following issues needs to be addressed before initiating ART:

- ART is not a cure but a treatment that suppresses the virus and improves the immune system
- ART does not prevent transmission of the virus, hence behavior change and safe behaviors need to be adopted
- Regular clinical follow-up and laboratory investigations would be required
- Adherence to the medication regime is important
- Potential barriers to adherence need to be identified
- General side-effects of ART and how to manage them
- Other health related (physical and mental) aspects
- Issues related to substance use (alcohol, illicit drugs)
- Diet and nutrition
- Financial difficulties
- Support services that may be required
- Answers to questions the client may have
- Follow-up visits needs to be planned

Other important issues are disclosing the status to family and preparing the guardian to participate in the treatment

**Monitoring therapy**

Once ART is started, a reasonable schedule for the clinical monitoring is required to evaluate and possibly reinforce adherence to antiretroviral treatment. Monthly visits, which can be combined with drug dispensing, are encouraged as they are useful opportunities to reinforce adherence. At each visits inquiries should be made regarding any new symptoms that may be related to drug side-effects, to HIV disease progression.
Section 5  BIBLE STUDIES

Date: ______________________
Duration: 1hr 45 Min  Time: __________

Objectives:
At the end of this session participants will be able to:
• Describe the impact of the Christian attitudes towards HIV&AIDS and its needs
• Explain how Bible verses offer direction in how to respond to this critical need
• How to be sensitive to this issue of HIV&AIDS when counseling is provided

Topics covered:
• 12 Bible studies including
• Something to remember in Counseling

Methodology:
• Reading together selected Bible studies and Discuss
• Role play on counseling

Session Flow:
• Session – 1 : 40 min
• Session – 2 : 35 min
• Group work/Discussions : 30 min

Reference Documents:
1. Bible studies ‘1- 11’ Tear-fund – A Pillar Guide ‘Responding more effectively to HIV&AIDS by Isabel Carter

SESSION - 1

Scenario 1
People living and dying with AIDS have spiritual and emotional as well as medical needs. They ask questions related to God and the soul, life and death, condemnation and forgiveness, eternity and transcendence, forgiveness and salvation. They are looking for pastoral counseling, consolation and acceptance. In some places, pastors and churches are the nearest or only resources available in times of crisis and need. Many Children were infected, affected or left orphaned. Poor family background and lack of community support make the situation of these children even more worst. Up to today, there little that was done by the church
community and many still stigmatized and discriminate and the questions of integrating holistic/integral remain a question mark. The challenge for all of us is what Jesus will do in such situation, how will him response, what will be his attitude towards these people.

**Scenario 2** David was born alone to provide for her 5 much struggle and began falling sick. During his became so desperate that order to support his siblings. shattered. He said “I never David said, his voice choked He was heartbroken, but re- and support his siblings. At individual came forward to with few resources, that into hardship. His mother struggled children as she could and with hardships. In 1999 David’s mother mother’s last stages of illness, life David had to seek employment in His hope of completing school was believed my mother would die,” with tears. His mother died in 1999. mained determined to work hard present no organization, church or help this teen aged David. ” Yet dream was fading fast.

**Scenario 3** In Dimapur, A young pregnant woman was bed ridden. She was a non believer. So the church people rush to her rescue to make sure she died knowing Christ. Many of them also decided to adopt the child. One month after her child delivery, the new young believer died and people start showing concern for the new born. But, after the report was make known that the mother was HIV positive everyone forgot their promised to adopt the child. Everyone gave excuses except the church pastor and his wife who embraced the new born as their own.

The extracted Bible study is intended to challenge the believers to shift their thinking and attitude to where Christ would like us to be and to put His words into action. During the studies, encourage people to think about what they read, to discuss the meaning and how to act on what they learn, and finally to pray together.

**BIBLE STUDY**

**ATTITUDES TOWARDS DISEASE**

Read Luke 8:42b-48. Since Old Testament times, women were believed to be unclean at the time of their monthly bleeding. As a result they stayed away from the temple during this time. According to the law of Moses (Leviticus 15), if Jesus was touched by a woman with bleeding it would make him unclean.

- Why did Jesus not send the woman off for touching him?
- Imagine the scene! Consider Jesus’ words, ‘I know power has gone out of me’. Have any of us experienced the power of healing prayer?
- This woman would have felt unclean for 12 years. How did Jesus respond to her?
- Do we sometimes make people living with HIV feel ‘unclean’ or rejected from our worship? Why? How can we change this?
• Why did Jesus make the woman come forward and admit she had touched him? What can we learn from this?
Pray for people living with HIV to experience God’s love and peace and to trust in him for their health and future.

BIBLE STUDY 2  JESUS’S RESPONSE TO SIN
Read John 8:1-11. The teachers of the law brought a woman to Jesus who had been caught committing adultery. The accusers wanted to shame the woman and to trap Jesus. The man, who had also committed adultery, was not brought to be judged (usually it was seen as the fault of the woman). They brought the woman out in public, ready to be stoned.

• How did Jesus respond to their accusations?
• How did Jesus remain in control of the situation and his own feelings?
• How did he judge the woman’s sin?
• What can we learn from Jesus’ example in judging others?

Jesus did not defend the woman’s actions, but he was willing to stand up for her to the powerful. His actions showed love and the desire to restore relationships. He taught forgiveness, rather than condemnation.

BIBLE STUDY 3  WISDOM IN SEXUAL BEHAVIOUR
Read Genesis 39:5-20. The story of Joseph shows us a young man who feared God and decided to live in obedience to God’s laws.

• What shows us that this was true? (verses 8, 9, 12)
• How did Joseph resist temptation?

If we consider Joseph’s position as a slave in Potiphar’s house at this time of temptation, we can only admire him for his courage.

• Why did Potiphar’s wife react as she did?
• How did Joseph suffer for his beliefs?

Joseph chose to live in sexual purity because he knew this was God’s teaching. It made life very difficult for him and he suffered for a long time.

• How is this story an encouragement to us?

BIBLE STUDY 4  GOD’S PLAN FOR SEX IS GOOD
Church leaders so often find it embarrassing to talk about sexual issues. This means that our children often learn about sex from rumours, other children and the media. They missed out on understanding God’s plan for sex.

Read Song of Songs 4:9-16. This is a part of the Bible that is not often read in public. The whole book describes the joy of two people enjoying their love for each other.
• How does the man describe his bride in verses 10 and 11? What words do we use to describe our love for our partners?
• What do you understand by verse 12?
• Discussing with young people about the benefits of waiting to enjoy sexual relations until they marry can often seem very difficult to them and sometimes negative in today’s world. How do the words of verses 12-15 paint a very different picture?
• What does the bride say to welcome her husband in verse 16? How did she show her pride in offering the gift of her love?

Read Matthew 19:3-9. Jesus’ teaching on the wonder and sanctity of marriage in verse 5 is very clear. A man and a woman become ‘one flesh’ – a bond that should not be broken.
• What does Jesus’ teaching mean for people who enter into casual sexual relationships?
• What are the consequences of ignoring God’s plan for sex?

**BIBLE STUDY 5  THE BODY OF CHRIST**

Read 1 Corinthians 12:12-26. The body of Christ has HIV and AIDS! The body of Christ is starving. The body of Christ has no proper home. This is because when one part of the body suffers, the whole body suffers (verse 26). There is no ‘them’ and ‘us’. We are all affected.

Sometimes the church denies the existence of HIV and AIDS among its members and leaders. Why might this be? What is the result?
• How can the people of God act as a body in their response to HIV and AIDS?
• How can we act as the hands and the feet of Christ?
• What would be the outcome if the wider church always responded as ‘one body’ to those in need?

**BIBLE STUDY 6  AMAZING LOVE**

While on earth, Jesus demonstrated His love in the most challenging way possible. He was filled with compassion as he looked at the people around him. Read Matthew 9:35-36.
• How did Jesus show his love to those he met?

Read Luke 15:1-7. Jesus often annoyed the Church authorities by spending much of his time with, and showing love to, people the Church felt were unacceptable.
• Why did Jesus choose to spend so much time with rejected people?
• How does Jesus deal with the criticism of the Pharisees and teachers of the law?
• How can we show love to those who are rejected by our society?

God calls us to stop judging others and instead to love them with the same challenging love that he showed. We are saved by his grace alone. We all continue to fail God, and therefore have nothing to boast about.
**BIBLE STUDY 7  HOLINESS IN PRACTICE**
Read Leviticus 19:1-18. The command to ‘love your neighbor’ first appears in Leviticus 19:18. It summarizes verses 1-18, which contain various Old Testament rules and regulations. Look at this passage in Leviticus. Divide the commands (verses 3, 4, 9, 12, 14, 16 and 18) into those concerned with:

- Worshipping God personally
- Holy living standards in relation to other people.

These commands are given with a note of authority. Whose authority is this? Note the general nature of some commands (verses 2, 3 and 11) and the precise detail of others (verses 5-8, 9, 13 and 14). God wants us to be holy, both in large matters and in the small details of our daily lives.

- How does God’s law make provision for the poor and for ‘outsiders’? (see verses 9 and 14)
- How can we care for the disadvantaged as individuals, within our family, and within our church?
- How can we express love and care for those living with AIDS in our community?

**BIBLE STUDY 8  HIV AND AIDS AND THE GLORY OF GOD**
By the time of Jesus, many of the teachings of the Old Testament had been over-simplified, resulting in beliefs such as: ‘If you are suffering, it must be because you have sinned’.

Read John 9:1-7. The disciples realized the problem that this passage raised. Surely this man had not sinned before he was even born?

- Consider Jesus’ answer when the disciples asked about whose sin was responsible. What did he mean? What does this mean for us?

Jesus encouraged his followers to pray for more of God’s love and glory to be seen – even in the suffering that you and I see today. And so this blind man was not only healed but revealed God’s glory in Jesus the saviour.

So our attitude to AIDS should not be ‘Whose fault?’ but rather, ‘God’s opportunity to do what?’ The light of Jesus is seen best when there is suffering or doubt. May his light in us shine as we support those living with HIV and AIDS.

- What do people in our area say about people living with HIV and AIDS?
- How can we be practical in our love?
- How do we get the spiritual strength from the Lord to be positive about difficulties which we and others face?
- How can we pray for and support all those living with HIV and AIDS and those who care for them?
BIBLE STUDY 9  WHY SUFFERING?

Read Genesis 1:31, 2:15. Disasters and suffering were never part of God’s original plan for us. He created all things and formed a partnership with us. However, this partnership was broken (Genesis 3) and we suffer the consequences.

- How much is suffering part of these consequences?

Read Romans 8:18-25. Today there is suffering – but it is temporary, and will one day give way to something eternally glorious.

- How does God offer us a way back to the partnership?

Knowing God, the prospect of suffering should not terrify us – we learn here that we are safe in his hands and that this world will one day be transformed into a new world. Until that glorious day, God requires that we act justly, love kindness and walk humbly with him (Micah 6:8).

BIBLE STUDY 10  CARING FOR ORPHANS AND WIDOWS?

Read Deuteronomy 10:12-22. The great commandment and Deuteronomy 6:5 that Israel should love the Lord their God with all their heart, soul and strength. In verses 14-19 this passage continues to remind Israel about who God is, what he does and what he wants those who believe in him to do. This is repeated twice – each time in a beautifully balanced series of three verses. Verses 14 and 17 remind us who God is, verses 15 and 18 tell us what God does and verses 16 and 19 tells us what he wants us to do.

- What does verse 17 say about how great God is? What does it mean to say that God ‘is God of gods and Lord of lords, the great, the mighty and the awesome God?’

- In the second part of verse 17 we read that God is ‘not partial and takes no bribes.’ What does this say about God and how he uses his great power?

- What does verse 18 tell us about what this great God does?

- Why is God so interested in seeing justice done to orphans, widows and immigrants? How can we care for the orphans and widows in our community?

Orphans, widows and immigrants are usually the weakest people in any society and the people most in need of care and protection. If the God we love cares about them so much, so should we.
BIBLE STUDY 11  CARING FOR CHILDREN?

It is very easy to value children more for what they can become, rather than for what they are in themselves. Children may be seen as a bit of a burden from the time they are born, until the time when they can be useful. This is how children were viewed in the time of Jesus. What Jesus said about children and his attitude to them was, therefore, very revolutionary in his time.

Read Mark 9:33-37 The Greek word used in the New Testament for ‘child’ is also used for ‘servant’ or even ‘slave’. Children were, therefore, seen as similar to servants or slaves. In this story, Jesus uses a child as a visual aid to teach his disciples.

- How did Jesus treat the child that he used as a visual aid? What would the child have felt when Jesus took him in his arms?
- The disciples had been arguing about who was the greatest. What did Jesus want them to understand by receiving a child in His name?
- Who did Jesus say would be the greatest servant in his kingdom? How can we respond to this in a world where so many children are in need?
- What does it mean to ‘receive’ a child in the name of Jesus? How can we receive children in the name of Jesus in our community?
SESSION – 2

BIBLE STUDY 12  Something to remember when COUNSELLING

Many times we are not aware on the sensitive nature of HIV&AIDS that we sometimes even share their private testimonies from the pulpit or if they come to seek counseling we questions them too much with insensitive senses that could affect their trust and hope in the church and their own life. Here are some of the steps that we could take note of:

wiki Sensitivity and Approachability: Jesus Sensitivity in dealing with the woman at the well in John chapter 4
wiki Compassion: Jesus responded to people with compassion and love (Mark1:41, 6:34, Luke 7:13) not judgmental attitude
wiki Confidentiality & Trust: (Proverbs 11:13, Ps 31:14,)
wiki Listening: James 1:19
wiki Comfort: 2 Corinthians 1:3, 2 Corinthians 1:4, Psalm 9:9
wiki Sharing God’s word and praying with people: James 5:13; Jeremiah 29:11
wiki Be willing: 1Peter 2:21, Ephesians 2:10
wiki Additional Verses: Proverbs 12:18; 1Peter 5:7;9; Matt 11:28; Matt 10:28

Besides the above mentioned remember the principles of counseling is that the counselor should have unconditional positive regard for the client, trust and confidentiality, non judgmental, sense of responsibility, tolerant, attentive, empathy and the more a counselor give his/her time to the client, the better the results. In some situations, the counseling sessions cannot be bound by time.

One of the best ways to improve counseling skills is to practice. Sample role plays could be on
Role Play–1 (Negative) “which shows judgmental attitude, not concern, less inform about HIV&AIDS etc
Role Play-2 (Positive) “non-judgmental, sensitive, listen, comfort, give time, focus, take action/referral”

Case Study: According to the survey of NEICORD in 2009, 70% of the young people never go to the church pastor or leaders for counseling. The reason they cited was fear of exposing from the pulpit, force to give testimony, too judgmental and more advice than listening. NEICORD always encouraged the churches to have a permanent counseling centre with a well trained counselor. Now there are many partner churches like Alempang Baptist Church(Nagaland), Lotha Church(Dimapur), Kapaam Church (Manipur), Garo Church and Pohkseh Church(Meghalaya), Lawngtlai church (Mizoram) etc, have started their counseling centre and many of them plan to provide a permanent space in the future. Rema a youth of one church said “there’s nothing greater than being understood by my own pastor, now I feel at home and secure and have a sense of belongingness”

Health and HIV&AIDS 51
Date: ______________________
Duration: 2hrs               Time: ____________

Objectives:
At the end of this session participants will be able to:
✔ To know what other Christians are saying and doing in response to HIV/AIDS
✔ To understand the need for integral mission
✔ Learn from Model churches

Topics covered:
✔ Why the Church?
✔ How does Jesus view the church?
✔ What is Integral Mission?
✔ What the Church can do
✔ 6 Things the Church Must DO & Other role of the church
✔ Case Studies

Methodology:
✔ Presentation with discussion
✔ Chart paper or White board
✔ Group work & discussion

Session Flow:
✔ Session – 1 : 25 min
✔ Session – 2 : 25 min
✔ Session – 3 : 30 min
✔ Session – 4 : 25 min
✔ Group work/Discussions : 15 min

Reference Documents:
‘Responding more effectively to HIV&AIDS’ A Pillar Guide by Isabel Carter (Tearfund)
Notes from resource persons
“The Spirit of the Lord is on me, because he has anointed me to proclaim good news to the poor. He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to set the oppressed free, to proclaim the year of the Lord’s favor.” (Luke 4:18-19)

Introduction

HIV is fast changing the world in which we live, and churches need to change as well. AIDS is demanding that churches need to respond too. How HIV is fast spreading in our so called Christian majority states? and in districts where majority are people belonging to the body of Christ. Have church teachings on abstinence worked? The answer to the latter question is no, given the prevalence of HIV infection among believers. Simply, the fact that of the approximately 40 million people living with HIV and AIDS, 30 million are Christians means that we have to get churches to take action. The church is just as affected by AIDS as society around it. If we can get the churches to fight the illness rather than those who are ill, then we will have achieved a lot. If people who are HIV-positive are integrated into church life, or if pastors can speak openly in their parishes about being HIV-positive themselves, then we would have achieved a great breakthrough.

AIDS raises many issues for churches - some of which have previously been taboos or extremely difficult to confront, for example, from sexual abuse and violence, rape, incest and infidelity, drug use as well as death and dying to accepting the innate sexuality of every human being. Churches are faced with an array of issues around HIV prevention, sin and sexuality. In some respects, it is not surprising that twenty years into a global pandemic, churches are still struggling with how to respond.

According to UNAIDS estimates, there are some 14 000 new HIV infections per day, 12 000 in people aged 15-49 and 50% of these in young people aged 15-24, equaling some 6000 young people.

The church has a very important role in responding to the challenge of HIV and AIDS. Some churches have educated and mobilised their members and developed well-organized networks to support people affected by HIV and AIDS. They are showing the love of Christ in action.

Other churches are slow to speak out. Leaders may feel that it is a sign of weakness or shame to admit that there are church members or church leaders with HIV and AIDS. Leaders may feel too embarrassed to talk about sexual issues or drug abuse in their sermons. However, the church needs to take up this challenge. The message of hope, peace and love that Jesus brings is the most important message of all to give to people living with HIV and AIDS.

Church leaders can pass on information and educate all their members about the risks of HIV and AIDS, in small groups, during youth programs and through their preaching. Church members often know the people who are most in need in their community. They can help ensure healthcare and support reach the people most in need. In addition, the church can challenge organizations and governments to take more action.
SESSION - 1

• Why the Church?
  • Church the biggest platform that embrace the whole community irrespective of caste, colour, status etc.
  • Everyone listen, respect, trust and look up to the church. Influential and good leaders are from the church.
  • HIV&AIDS is not only the responsibility of the government, NGOs But, the Church

• How does Jesus view the church?
  At the start of his ministry, Jesus read a passage from Isaiah 61:1-2 in a synagogue. The passage described the work of the Redeemer in preaching good news, freeing captives, giving sight to the blind and bringing justice to those who were oppressed. Jesus said that this prophecy was now fulfilled by his arrival.

  In the gospels we learn of how Jesus carried out his ministry. He went out to people in the towns and villages, with his eyes open to their needs. He brought healing and released people from the power of demons. He challenged the authorities over unjust or hypocritical practices and preached the good news of the Kingdom of God. He sent out his disciples to do the same with little formal training and no resources.

• What is Integral Mission?
  Integral Mission
  • ‘Integral mission or holistic transformation is the proclamation and demonstration of the Gospel. It is not simply that evangelism and social involvement are to be done alongside each other. Rather, in integral mission our proclamation has social consequences as we call people to love and repentance in all areas of life. And our social involvement has evangelistic consequences as we bear witness to the transforming grace of Jesus Christ. If we ignore the world we betray the word of God which sends us out to serve the world. If we ignore the word of God we have nothing to bring to the world.’
• Why should the church be involved in HIV/AIDS? Is this our problem?

“The churches have strengths, they have credibility, and they are grounded in communities. This offers them the opportunity to make a real difference in combating HIV/AIDS. To respond to this challenge, the churches must be transformed in the face of the HIV/AIDS crisis, in order that they may become a force for transformation — bringing healing, hope, and accompaniment to all affected by HIV/AIDS.”

SESSION - 2
Let us examine ourselves
As the Church, do we still have this (Let the participant answer to these questions)
• DENIAL
• INACTION
• JUDGING
• CONDEMNING
• STIGMatisING
• DISCRIMINATING
• IGNORING
• UNDERESTIMATING
(The above are opposite to Christ principles in dealing with people)

As the Church, let us do the following (also get the view & comments of the participants)
• Replace fear with Hope: there is Life after HIV, there is life with AIDS
• Replace ignorance with Knowledge: HIV is hard to transmit and cannot be transmitted by casual contact
• Replace notions of moral failing with understanding: HIV transmission is about more than sex
• Replace blame with Respect: every person has an inherent dignity and boundless value that nothing can take away
• Replace shame and Denial with solidarity and openness: we are all in this together
Reflection (ask the participants to answer these questions)

1. “God is speaking to the church, though this disease”  
   Mother Theresa
   If God is speaking to us through this disease, then what is God saying?
2. Is HIV God’s punishment? How can the church intervene?
3. why should the church be concerned with HIV&AIDS
4. Bible says that God does and will punish sin. But where does it say that a certain disease is the punishment for a certain sin?
5. The disciples thought that a man who was blind must have been blind because of a certain sin (John 9) but Jesus said No.
6. Was leprosy a punishment for a specific sin? Leprosy was such a terrible disease in the Bible that the leper was a total outcast of society

SESSION - 3

Things the Church Must DO

1. **Denounce Stigma as a SIN**
   - Stop condemning those with HIV/AIDS
   - Stigma prevents diagnoses and treatment
   - Stigma adds to the suffering of others – the church is called to alleviate suffering and to show compassion, not to add to suffering
   - Stigma destroys families – husbands reject wives, families reject women and children with AIDS
   - Stigma impoverishes us all and betrays the gospel.

2. **Recognize Human Realities**
   - BE Open and honest about Sexuality
   - Many people affected by AIDS are innocent
   - By seeing AIDS only as a moral issue we continue the stigma and prevent people from seeing the justice dimension of AIDS

3. **Advance the Status of Women**
   - Women must be empowered to have control over their own bodies
   - Women’s voices must be heard so that others can be encouraged
• Women are often the most stigmatized as sexually “dangerous persons or as “carriers of disease”
• Women are in the best position to help other women

4. **Promote ABC**
   • Abstinence
   • Be faithful
   • Use a condom

The church has the privilege of being a moral authority in society. When it behave as if people matter, then its moral voice will also be heard and followed.

5. **Ensure Supportive Care**
   • Pastoral care for the sick
   • Support for the family
   • Advocacy for the needy
   • Care for orphans
   • What would you add?

**Other important Role that the church could do**
   • Welcome and Acceptance
   • Deliver periodic sermons relating to HIV&AIDS issues
   • Hold a conference or workshop on HIV&AIDS
   • Talk about HIV/AIDS topics during your scheduled activities
   • Break the silence on HIV & AIDS
   • Become healing community through prayer and action
   • Learn and teach themselves and their communities about HIV and AIDS
   • Teach Adult and children about Sex & Sexuality
   • Provide care and Counseling
   • Prevention
   • Create an AIDS ministry, unit or care team
   • Identify community members who are willing to lend their time and energy to help families that are dealing with the disease

**Closing**

Name three things you will do in your community to begin overcoming Stigma against HIV/AIDS

Pray at your table that God will use you in the important work of combating HIV/AIDS.
The Kapaam Church, Chandel, Manipur set up a health ministry as a result of understanding the importance of Community health after initiating HIV/AIDS partnership with NEICORD. This health ministry caters not only HIV&AIDS related illness but to others like drug abuse, malaria etc. PLHAs were able to access to services through the guidance and assistance of health ministry. They also reach out to PLHIV who does not belong to the church and non Church attending PLHIV and also make home visit.

With the growing need of the social issues like HIV&AIDS, Life Fountain Centre (LFC) - a separate ministry by Alempang Baptist Church in Mokokchung was born during the course of partnership with NEICORD. This church being empowered, also have already budgeted for HIV&AIDS activities and now has two permanent counselors who also function as outreach workers to identify both infected, affected and high risks groups. The LFC also helped NEICORD in conducting trainings and consultation for all the newly identified Churches under its geographical domain and also plan to reach out its HIV ministry to other districts.

Lawngtlai Baptist Church Mizoram. Runs a counseling centre. Appointed counselor for this purpose. Church sanctioned for this program. Hollow brick making is still their income generation activity to support the program.

The Shillong Garo Baptist Church started programs like mass awareness on HIV&AIDS to all its departments including the children, youth, women and the main service. The pastor and his wife were very active in providing counseling and challenging all the Garo churches in Shillong and Garo hills through their message, pledge of abstinence in the youth program and also provide marriage counseling.

BCM Theirit Lunglei (Mizoram) the Church continues to play a strong effective role in raising mass awareness in the society. They make use of media like TV channel to spread the message of HIV in the form of music and videos.
**Eliyo Ministry** (Hope), **Lotha Baptist Church in Dimapur** was set up as part of the church understanding of integral mission. This is one of NEICORD’s model churches that was able to present her activities as learning replica to many Churches around it and NEICORD too shared EYILO activities to new identified churches in order to help them as a guide. They too have allotted a separate budget for HIV. Their continuing activities are PLHIV fellowship, nutrition, education for affected and infected Children, networking referrals etc. The acceptance level of this church is commendable that even PLHIV were allowed to take part in church activities even conducting some church programs.

**Quotes** by some pastors (ask the participants to comment on the Quotes)

- “We are now redeeming the opportunity provided to us”  *Pastor Alempang Baptist Church, Nagaland*.
- “This is the first time that many of us attended such training, after which we understand and feel the burden to this issue”  *Pastor Katomei Baptist Church, Manipur*.
- “Before NEICORD came to our Church, we are in our sleep. Thanks to NECORD who wakes us up”  *Pastor Sumi Baptist Church, Nagaland*.
- “This is just the beginning, we need to do lots more”  *Pastor Church of God, Shillong*.
- “It has to begin from the grass root level right from Sunday school, it’s teachers”  *Church of Jesus Christ, Shillong*.
- “We need to fully sensitize the elders”  *core group member & elder BCM Theiriat Mizoram*.
- “If not the church, who else? Anonymous*.
- “Even if we did not know their names, we are still working for them, this will be a powerful message to make them know that we Care”  *(Home evangelist and counselor & core group member)*.
- “Since I accepted Christ, I’m not ashamed & afraid to share & help other infected friends”  *PLHIV Ukhrul*.
- “Let this HIV&AIDS end with us in this generation”  *PLHIV, Ukhrul*.