

# The Catholic Church: a major stakeholder in the fight against AIDS

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## The Southern African Catholic Bishops' Conference (SACBC) AIDS Office

- Established January 2000 by the education, health and development agencies of the SACBC (CIE, CATHCA and DWA)
- Co-ordinates the response of the Catholic Church to AIDS in South Africa, Swaziland, Botswana (which form the SACBC territory)
- Collaborates with the Lesotho and Namibian Catholic Bishops' Conferences
- Helps build the response of the Catholic Church to AIDS at local Church level
- Helps the SACBC determine its priorities around AIDS

## Management structure

- Supervisory committee meets four times a year to monitor the work of the AIDS Office and its staff
- Management committee involving liaison bishops and representatives from the five countries meets twice a year to agree on overall strategies for the church
- Allocations committee meets four times a year to allocate funding to small diocesan and church projects
- Office reports annually to the plenary session of the bishops' conference

## Funding partnerships

- With Catholic American and European funders
- With other American and European funders
- With funders based in Southern Africa
- One of our major strengths is that because of umbrella funding to the AIDS Office the Bishops' Conference is able to support the work of the church in diocesan and parish structures in approximately forty dioceses in the five countries

## Prevention

- Life-skills and prevention programmes with youth are key if the pandemic is to be turned round
- Adoption by the SACBC plenary of **Education for Life** as the chief prevention programme among youth; originally developed in Uganda; adapted for use in Southern Africa; a key to long term commitment of youth to abstinence and fidelity to one partner; not just a once-off programme but a way of life
- **ABCD** programme of tertiary students; where C stands for commitment to....
- **Love Waits, Love Matters** and similar programmes targeted at teenage students helping them choose assertively a healthy life-style
- Life-skills programmes among primary school children
- Broad collaboration with the Catholic Institute of education (CIE)

## Care

- Much work in hospices and hospitals, and most particularly in home- and community-based care programmes
- The backbone of the church's response is in the area of care for those who are sick and dying, and their families
- Poverty alleviation and income-generation projects often as an outreach of home based care projects
- Broad collaboration with CATHCA

## Orphan and vulnerable children

- Often first identified in home based care programmes
- Cared for in day care and residential facilities
- Assisted in part feeding schemes
- Accompanied in child-headed households
- Assisted with bursaries to remain in school
- Projects working towards foster care and adoption
- Broad collaboration with DWA which aims at increasingly greater involvement of communities in the care of orphans

## Treatment

- At clinics, for opportunistic infections related to AIDS
- In hospices and hospitals which form part of the church's health care network
- Selected Prevention of Mother to Child Transmission (PMTCT) sites under the umbrella of the church
- Proposed ARV treatment sites, one in conjunction with Bristol Myers Squibb

## Advocacy

- Part of the Treatment Action Campaign lobby, representing the inter-faith sector
- Collaboration with the Catholic Parliamentary Office (CPO) and Justice and Peace Department of the SACBC particularly in the areas of access to treatment and of children's issues
- Part of various advocacy networks
- Some projects assisting people who qualify to register for social grants

## Capacity-building

- At project level in project management and financial skills development
- In home-based care
- In youth work around prevention
- Around orphan care
- Towards food security
- In preparation for PMTCT and Anti-retroviral treatment (ARV) treatment
- Through retreats/workshops for people directly involved in care

#### Inter-faith, African and other collaborative involvement

- In networks such as World Conference on Religion and Peace (WCRP), National Religious Association for Social Development (NRASD); the latter is the working arm of the National Religious Leaders Forum (NRLF)
- In the Symposium of Episcopal Conferences of Africa and Madagascar (SECAM). One hundred and sixty five bishops from across Africa meeting in Dakar, Senegal in October will workshop the church's response to AIDS.
- Beneficiaries of Catholic run AIDS projects come from every faith group; one project headed by Catholics serves mainly Dutch reformed beneficiaries because of its geographical locality
- HopeHIV and the SACBC will jointly host an orphan and vulnerable children conference for projects in twelve countries from sub-Saharan Africa later this year, sharing good practice and forging new networks.
- The SACBC AIDS Office and the Catholic Development and Welfare Agency Centre are collaborating with the centre for the Study of AIDS at the University of Pretoria in three provinces in the area of capacity building in three provinces.
- Part of UNAIDS building of future scenarios for Africa
- Inter-faith representative on the South African National AIDS Council (SANAC)

#### Theological reflection

- The SACBC AIDS Office, St Augustine College of South Africa and the Catholic Theological Society of South Africa co-hosted a theological conference **Responsibility in a time of AIDS earlier this year**, and the academic papers have recently been published. Among other things the conference was an attempt to examine the theological underpinning of the church's response to AIDS.
- Invited to present theological papers at Catholic Academy in Freiburg, Germany
- People are grappling with the notion of what church is: is the church the people who are responding to needs around them? Is it the official hierarchical church, sometimes perceived as tardy and uninvolved?
- Ethical issues raised by AIDS continue to dog us: but when people's response is compassionate and caring, at some level problematic ethical issues are more easily discussed and handled.

#### Monitoring and evaluation

- Bate's Independent Evaluation of about 60 projects in 2002 highlighted the strengths and weaknesses of the church's response at local level. Enormous commitment, often against amazing odds is a key finding.
- Price WaterHouse Coopers' financial audit of more than forty projects in 2002 highlighted poor financial skills, not, to be noted, fraud and corruption.
- In March 2003 the SACBC/CRS joint assessment of the value of small projects underpinning the church's response to AIDS was affirmed as a strategy, particularly in rural dioceses.
- In process at present is an independent evaluation commissioned by the Catholic Medical Mission Board (CMMB) of about 60 projects, conducted by the University of Pretoria

- Local monitoring and evaluation at project level continues

## **APPENDIX 1**

### **HopeHIV and the Southern African Catholic Bishops' Conference AIDS Office The Care of Orphans and Vulnerable Children Conference Sizanani Conference Centre – Gauteng, South Africa 09-12 November 2003**

#### **Final Recommendations**

Southern African Catholic Bishops' Conference and HopeHIV have gathered together 185 delegates representing 12 countries in Sub-Saharan Africa to consider how better to address the care of orphans and vulnerable children. Delegates, most of whom work in the field, have listened to keynote speakers, participated in practice focussed workshops, and shared their stories and experiences with each other over three days.

Clearly the situation regarding children who have been orphaned or made vulnerable by HIV/AIDS in Sub-Saharan Africa now constitutes an international humanitarian crisis. The number of orphans is already around 12 million and is estimated to reach 20 million by 2010. This is in the context of serious economic deprivation, crippling international debt, unfair trade policies, inadequate government infrastructures and widespread stigma, discrimination and denial around HIV/AIDS. Despite the apathy in many parts of the developed world, faith based organisations have the capacity and are already making a significant contribution.

Believing inherently in the capacity of communities, families and the young people themselves to respond, delegates at this conference commit themselves corporately and individually to support and prioritise:

- The participation, in age appropriate ways, of young people at all levels of our response, with particular emphasis on training and leadership development.
- The scaling out of psycho-social support;
- Advocating for the rights of orphans and vulnerable children to birth certificates, inheritance of property and access to basic services such as health, education and government grants;
- The development of effective partnerships, including those with other faith based organisations which may cross traditional boundaries;
- The effective monitoring, evaluation and documentation of all our work with orphans and vulnerable children;

- Lobbying governments to make available antiretrovirals and PMTCT medication, accompanied by adequate distribution networks and nutritional support, at affordable rates to all infected persons including children;
- The protection and support of the most vulnerable children, especially those living with HIV/AIDS and/or disabilities;
- The essential integration of prevention with care, in particular utilising the skills of people living with HIV/AIDS;
- Breaking down of stigma, discrimination and denial;
- Facilitation of community- owned and-directed responses.
- Increased support for the caregivers of orphans, in particular the elderly;

Among other issues delegates also recognise:

- The essential role played by volunteers and will continue to grapple with how to both sustain responses in resource poor settings and appropriately reward and protect unpaid labour.
- The important but changing role of residential care in the face of limited resources and an increased emphasis on community based responses.

## APPENDIX 2

# **THE CHURCH IN AFRICA IN FACE OF** **THE HIV/AIDS PANDEMIC:** ***“Our prayer is always full of hope”***

## **MESSAGE ISSUED BY SECAM DAKAR 2003**

Dear brothers and sisters in the faith,

Dear friends, fellow believers and all people of good will,

*“Grace to you and peace from God our Father and the Lord Jesus Christ!”* (1 Cor. 1:3).

We, Cardinals, Archbishops and Bishops of Africa and Madagascar greet you in faith and with warm affection. Gathered in the 13<sup>th</sup> Plenary Assembly of our Bishops Conferences of Africa and Madagascar (SECAM), we have taken up the AIDS pandemic and its horrible consequences. In doing so we have been very close to you, our dear brothers and sisters who are infected and affected by HIV/AIDS and also to you who have been moved to join in the fight against the scourge of AIDS.

I **We are in solidarity.**

*“For just as the body is one, and has many members, and all the members of the body, though many are one body, so it is with Christ”*

(1 Cor. 12:12).

This eloquent image expresses well the solidarity that we feel towards all who suffer, but especially towards you our Christian brothers and sisters, who are one single body, with millions who make up the communities of Africa and Madagascar. It is on you that we call to join together in confronting the pandemic whose gravity no one can ignore.

May this solidarity be matched by a keen awareness of the seriousness of the threat facing us. Millions of lives have already been lost prematurely, whole families dismembered and untold numbers of children orphaned and/or infected by HIV. And it is they above all who need protection, nurture, housing, education and adult parents.

II **Let’s be true to ourselves.**

As heads of our Christian communities, we commit ourselves to making available our Church’s resources be they our educational and healthcare institutions or social services. We will work closely with all funders who are disposed to support and work with Christian and faith-based organisations. We are open to partnerships with them and others who are happy to put their resources to work in the struggle, and do so knowing well that we work according to our Gospel convictions. For “man does not live by bread alone, but by every word that issues from the mouth of God” (Mt 4: 4).

The morality we teach in God’s name seeks to respect and affirm human life which gets its value and dignity from the fact that it is the inviolable gift from our Father who creates every human being and calls everyone to the fullness of life. Therefore abstinence and fidelity are not only the best way to avoid becoming infected by HIV or infecting others, but even more are they the best way of ensuring progress towards lifelong happiness and true fulfilment.

*“Never give in then, brothers and sisters, never admit defeat; keep on working at the Lord’s work always, knowing that, in the Lord, you cannot be labouring in vain” (1 Cor 15: 58).*

### III **Let's change behaviour.**

Besides teaching the morality of the Church and sharing her moral convictions with civil society, and besides informing and alerting people to the dangers of HIV-infection, we want to educate appropriately and promote those changes in attitude and behaviour which value abstinence and self-control before marriage and fidelity within marriage. We want to become involved in affective and sexual education for life, to help young people and couples discover the wonder of their sexuality and their reproductive capacities. Out of such wonder and respect flow a responsible sexuality and method of managing fertility in mutual respect between the man and the woman.

This type of education can only be undertaken effectively with the active collaboration of lay men and women who not only speak about principles of morality but also, as youth and as couples, give living testimony that fidelity to these moral principles yields a humanising and fulfilling affective and sexual life. Such education also contributes to promoting healthy and stable families, and these are the best prevention against AIDS. Organizations<sup>1</sup> which specialise in such education for young people and for couples exist throughout Africa and are having a small but gratifying degree of success. We give them the support and encouragement they deserve.

### IV **Let's be responsible.**

The solidarity that we spoke of earlier binds us to joint responsibility in tackling the global and complex challenges facing us: interminable and recurrent wars, conflicts and violence in which rape is often used as a weapon, not just psychologically violent but physically destructive through HIV/AIDS!

We have also come to realise that poverty goes hand in hand with HIV and AIDS. It concerns us that our already fragile economies should be further weakened with much of the trained labour force lost to HIV and AIDS. Poverty facilitates the transmission of HIV, makes adequate treatment unaffordable, accelerates death from HIV-related illness and multiplies the social impact of the epidemic.

In all these senses, *“Let all the parts [of the one body] feel the same concern for one another”* (1 Cor 12:25). This solidarity among us and this fidelity to our faith, this resolve to change behaviour and assume our entire responsibility for the future of our continent, now take concrete form in the following Plan of Action. We pass it on so that you can also make it yours.

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<sup>1</sup> Education for Life, Youth Alive, Action Familiale, Pro Vita

## **PLAN OF ACTION**

We, Cardinals, Archbishops and Bishops of SECAM, propose to the members of the clergy, brothers and sisters in religious life, to the faithful and all people of good will, the following plan of action:<sup>2</sup>

### ***I. In solidarity with you, we commit ourselves to:***

1. Utilise and increase the human, material, and financial resources dedicated to address the situation of HIV and AIDS in our communities, and to identify focal points in parishes, dioceses, and national Episcopal conferences in order to assist with gathering information and development of programme strategies. In this same effort, we are committed to coordinating our efforts at the continental level in the struggle against the pandemic.
2. Make sure that the health services of the Church, the social services and the educational institutions respond appropriately to the needs of those who are ill with AIDS.
3. Focus on the particular vulnerability of girls and the heavy burden on women in the context of the HIV pandemic in Africa.
4. Advocate vigorously for access to treatment for those who are prevented from obtaining it through poverty and structural injustices.
5. Involve those who are knowledgeable about traditional medicines and other natural remedies in research into means of struggling against AIDS.

### ***II. Faithful to our Gospel convictions, with you we commit ourselves to:***

1. Collaborate with other Christian confessions and with people of other faiths working in their respective communities to support those affected and infected by HIV/AIDS.
2. Promote closer partnerships with civil society, the business sector, governments, the United Nations, international and intergovernmental agencies, and particularly with organisations of people living with HIV and AIDS, in order to increase the capacity for care and support, without diluting our evangelical convictions.

### ***III. Facing the serious threat of AIDS, with you we are committed to:***

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<sup>2</sup> These recommendations are partly based on the Plan of Action prepared at the African Religious Leaders Assembly on Children and HIV/AIDS, Nairobi, 9-12 June 2002, and on the Proposed HIV/AIDS Plan of Action prepared at the SECAM Meeting of Secretaries General, Johannesburg, 24-27 October 2002.



1. Promote changes of mentality, attitude and behaviour necessary for confronting the challenge of the pandemic.
2. Work tirelessly to eradicate stigma and discrimination and to challenge any social, religious, cultural and political norms and practices which perpetuate such stigma and discrimination.
3. Play a major role in eradicating the damaging myths of stigma and discrimination by facilitating Voluntary Counselling and Testing (VCT) so that those who are infected might benefit from the care and support they need. This will also help better to control mother-to-child transmission.
4. Advocate with government at all levels and with inter-governmental organizations to establish policy priorities that adequately support those affected by HIV and AIDS, that provide access to care and treatment and a life of dignity for people living with HIV and AIDS, and that implement the commitments made at various inter-governmental meetings.

**IV. *In shared responsibility with you, we commit ourselves to:***

1. Develop educational programmes which integrate the theme of HIV/AIDS in theology and religious formation. These programmes will also include moral principles and practical skills for promoting healthy relationships and a well-integrated sexuality.
2. Promote and deepen theological reflection on the virtues of compassion, love, healing, reconciliation, and hope, all of which are capable of confronting the judgement, shame, and fear that so often are associated with HIV and AIDS.
3. Organize workshops at the regional, national, diocesan and parish levels in order to increase accurate knowledge and sensitivity around all HIV and AIDS-related issues relevant to our Church.
4. Encourage people living with HIV/AIDS or affected by it to become actively involved, in our local communities, as resource persons in the struggle against the pandemic.

**V. *Finally, as Pastors of the Church Family of God in Africa in a time of AIDS, we want to:***

1. Train clergy, religious, and committed laity to accompany people living with and affected by HIV and AIDS with prayer and spiritual counselling.
2. Provide doctrinal, spiritual and social formation, and the best possible professional training, for those willing to become involved in caring for and accompanying those who are living with and affected by HIV/AIDS.

3. Welcome people living with HIV and AIDS in a warm, non-judgemental and compassionate manner in our churches and ensure them a “place at the table of the Lord.”
4. Provide the sacraments and sacramentals, as appropriate and requested, to Catholics living with the virus.
5. Put into action the challenge addressed by our Holy Father Pope John Paul II to the Church in our continent through his Apostolic Exhortation, *Ecclesia in Africa*:

*“The battle against AIDS ought to be everyone's battle. Echoing the voice of the Synod Fathers, I too ask pastoral workers to bring to their brothers and sisters affected by AIDS all possible material, moral and spiritual comfort. I urgently ask the world's scientists and political leaders, moved by the love and respect due to every human person, to use every means available in order to put an end to this scourge.”<sup>3</sup>*

We intend to create an HIV/AIDS service on the Continental level in order to assist us in implementing our Plan of Action.

(Signed) Symposium of Episcopal Conferences of Africa and Madagascar (SECAM) in plenary session, Dakar, Senegal, 7<sup>th</sup> October, 2003.

## **APPENDIX 3**

### **PROJECT SUMMARIES**

By Project Managers

#### **1. Centocow Mission Education and Care (Umzimkulu)**

Firstly, there is a group of volunteers called “Friends of the Sick”, who were trained at the local hospital in home nursing skills. They act as animators in the different villages that constitute the outstations of the parish, providing home care to the sick, and training in care giving to family members. Secondly, the project has a prevention component, targeted at the youth. Through “Behaviour Change Retreats”, youth are given a Christian vision of sexuality and marriage, and are empowered to make the right choices concerning their present risky behaviour. Youth animators from every outstation will be trained to run this program, so that it will be “youth-to-youth” education. The third component involves training catechists in AIDS education. It is felt that catechists will

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<sup>3</sup> Pope John Paul II, *Ecclesia in Africa*, 14 September 1995, #116.

have a great chance of success in spreading awareness, as they are directly involved in the life and faith of local communities.

## **2. Care of Women and Orphans (Lesotho)**

This program makes use of church parish structures, to achieve the following goals:

- a. Education, to bring about changes in sexual behaviour. AIDS education is done in the context of Catholic moral values.
- b. Training persons as home care givers, who will be able to provide basic home care to the sick, in the most isolated mountain villages
- c. Counsellors are trained, to provide pre- and post- test counselling.
- d. Home care givers form a referral system countrywide, to identify orphans, and to ensure that they get the appropriate aid from the government .
- e. Income generating projects are initiated for women.

## **3. Umtata Child and Family Welfare Society (Umtata)**

The Society is involved in a program in the Zimbane community. This community has been identified as being suitable for the reintegration of AIDS orphans into the community. At present, the Society's social worker is educating the community, to prepare them to receive AIDS orphans. The Society will then provide assistance to the families that are fostering AIDS orphans, to enable them to generate income.

## **4. The Love of Christ Ministries (Johannesburg)**

Infants, often newly born, are brought to the ministry by social workers or policemen. They were usually found abandoned in dustbins, derelict buildings or hospitals. About half of them are HIV positive, but 80% of them revert back to being HIV negative. Ms Jarvis's philosophy is to provide the infants with the best possible quality of life, for as long as possible.

All attempts are made to find suitable foster homes for the children. Over the past seven years, foster homes have been found for more than 180 - almost all that have ended up in Ms Jarvis's care. The average stay of a child at the ministry is between three and six months, until a foster home is found. Ms Jarvis has had remarkable success in finding foster homes for even HIV positive infants.

## **5. Good Shepherd Hospice (De Aar)**

The project serves Middelburg and all surrounding towns as well. Care givers are trained to provide home care, in an extensive and professional training program. After training, they return to their home communities, where they provide home care for the sick, and train family members in caring for their sick relatives. They are supervised by professional nurses. At present, home care is given to 120 patients in Middelburg, 195 in Cradock, 60 in De Aar, 51 in Graaff Reinet and 20 in Steynsburg. Care for patients is also being developed in Noupoot, Venterstad and Colesberg.

This is a training program in the Ixopo district, that focuses on reclaiming traditional Zulu culture, cultural practices and ethics, to bring about behaviour change that would lead to a decrease in the transmission of AIDS. It aims to bring about caring groups in the villages that, in the spirit of ubuntu, would care for the sick and the orphaned. The youth would be specifically involved in workshops to instil in them and teach them traditional sexual mores. The caring groups are trained in home care methods, to enable them to care for the sick in their communities.

### **7. Gethsemane Health Care Centre (Bethlehem)**

The Centre operates in Ficksburg, and serves as a day care centre for people with AIDS, offering services such as primary health care, nutrition, counselling and spiritual and pastoral support. Community volunteers are trained in home based care, and family members of those who are sick are trained in patient care techniques.

### **8. Sabelani Home (Umtata)**

There is at present no terminal care facility in the former Transkei. This project aims to establish the first hospice in Umtata. It will also offer training to the families of those who are sick and still at home, in how to care for their sick relatives. Home care will be done under strict professional supervision and with support from the centre. When patients have deteriorated so far that they can no longer be cared for at home, they are accommodated at the Centre.

### **9. Community Development Solutions (Port Elizabeth)**

The project conducts AIDS awareness campaigns in rural communities of the eastern Cape. It also has a youth drama group, that performs AIDS awareness dramas in remote villages. It trains counsellors and deploys them in the district. It participates in local community radio talkshows, and is making a video about AIDS. This is an entirely local community based initiative. It is recognised and supported by the Department of Health.

### **10. Tumelong Hospice/ Orphans Haven (Pretoria)**

The community development agency of the Anglican Diocese of Pretoria, its Winterveldt project is run under the umbrella of Cathca. The program has an extensive network of primary health care workers, who look after terminal patients in their homes. There is a small hospice facility for those who are dying, and cannot be looked after at home. Furthermore, there is a day care centre for orphans, providing them with nutrition, clothing and basic education. Tumelong home care givers monitor the situation of these orphans in their homes. The centre is presently looking after 134 orphans.

### **11. Loreto Convent School (Pretoria)**

A number of the school's pupils have already lost relatives due to AIDS. The burden placed on the Chaplain and Counsellor is too heavy. As a response, the school has selected a group of 18 girls to be trained as peer counsellors, with specific emphasis on bereavement. These girls will work together with the chaplain, school psychologist and counsellor. Training will be provided by Lifeline.

### **12. Diocese of Swaziland Holistic AIDS Program**

A proposal combining the OrphanAids project (a project caring for orphans by placing them in homesteads with extended families, and then supporting the homesteads to become economically self supporting) and the Hope House proposal (a program providing care for people with AIDS and their families, providing accommodation for them with a care giver from their families on church land, next to a Catholic clinic).

### **13. Holy Cross (Eshowe)**

A hospice, providing care for the terminally ill, as well as a shelter for AIDS orphans, serving one of the areas with the highest incidence of HIV in the country.

### **14. SUCCESS (Pretoria)**

An organization of HIV positive women, providing care for each other and other women with AIDS, hospital visits, and conducting AIDS awareness campaigns, teaching and training in the community, as well as forming support groups.

### **15. Kokstad Home Based Care (Kokstad)**

A Diocesan project, which utilizes the retired nurses in the Diocese, who go to every parish and train home based care givers. They also provide food for the poor, and transport to hospital for the dying.

### **16. Diocesan AIDS Ministry (Keimoes/Upington)**

The project trains home care givers and supervises them. Training is done by the matron of the local hospital, who is also a lecturer at the local nursing college. Care givers are professionally supervised by hospital staff. Patients are referred to them by the hospital.

### **17. Duduza Care Centre (Dundee)**

The Franciscan Nardini Sisters train and supervise home based care givers, they train and supervise home based child care givers who provide community based support to orphans, they operate an eight bed hospice for those who are terminal and can no longer

be cared for in their homes, and then they have a school AIDS program which trains, supports and supervises teachers to educate learners about lifeskills and AIDS.

### **18. Sisters of Mercy Bethal (Dundee)**

The Sisters train home care givers from the community, who then work in collaboration with the local hospital and clinics to provide home based care to the sick. There are presently more than 40 trained home care givers. They have monthly further training sessions. They also provide food to those who are sick, unemployed and with nobody to look after them. There is also a crèche, where the children of HIV positive parents are looked after, and are fed and educated.

### **19. Imfobe (Queenstown)**

The project trains people in the Diocese in counselling and home based care skills. It also conducts AIDS awareness campaigns.

### **20. Youth Department, Diocese of Johannesburg**

The project is a reaction against the 'Love Life' campaign, and aims to use the same strategy, but spread the message of abstinence to Catholic parishes and schools, through the distribution of posters, leaflets and t-shirts carrying messages promoting abstinence.

### **21. Rosary Clinic Blaauwbosch (Dundee)**

Dominican Sisters operate a clinic dealing with an increasing number of AIDS patients. They wish to send 10 volunteers to train as home care givers at Maria Ratschitz, and will then deploy them under the clinic. There is also a food gardens project using permaculture methods, to ensure that patients have sufficient fresh produce, enabling them also to sell the excess.

### **22. SACBC Youth Desk**

Production of posters and other promotional material promoting abstinence, focussed on youth.

### **23. Empilisweni Woodlands Centre (Port Elizabeth)**

Income generating projects are run for women as a Aids prevention strategy – by providing them with sustainable sources of income, they no longer have to engage in high risk sexual behaviour as a means of economic survival.

#### **24. Diocese of Tzaneen AIDS Ministry**

A Diocesan program that seeks to provide training for home care givers and counsellors, as well as the 'Education for Life' program in parishes.

#### **25. Catholic Institute of Education**

AIDS education and awareness in Catholic schools.

#### **26. SACBC Response to Orphans and Vulnerable Children**

A national body, formed jointly by SACBC AIDS Office and DWA, to co-ordinate the church's response to orphans and vulnerable children, according to the resolution passed by the full plenary session of the Bishops held at St Peter's Seminary in January 2001.

#### **27. St John the Baptist Catholic Clinic (Pretoria)**

A home based care program in Winterveldt, linked to a clinic. Training is provided to health care workers, who then provide patients with health care and material support (food parcels).

#### **28. Diocesan Co-ordinator (Johannesburg)**

The appointment of a Diocesan Aids Co-ordinator, who will network, initiate and co-ordinate projects, create a database, organise diocesan activities, liaise with sodalities and other structures, report to donors and evaluate diocesan activities.

#### **29. Ukuphila Kwamakristo (Ingwavuma)**

A parish based group, that arranges training for home based care givers from various denominations in the area, who then provide home based care to patients in the area, as well as training in home based care to the relatives of patients.

#### **30. Sithand'izingane Care Project (Johannesburg)**

A parish based program of volunteer care givers, who visit households where parents have died, assess the situation, give counselling and provide material support where necessary (food parcels, clothing, school fees). The program has been given a house by First National Bank which will be used as base for income generating activities (food gardens, papermaking, knitting, sewing)

#### **31. Zenzeleni Wellness Centre (Kimberley)**

A project of the Anglican Church in Galeshewe, it runs a day care centre for AIDS orphans of pre-school age, providing 50 of them with meals, education, clothing and medical care. The Centre facilitates fostering of orphans by Mothers Union (the Anglican

equivalent of St Anne's) members. The Centre works closely with social workers and the Department of Social Development, taking only orphans that have been screened by the social workers and referred by the Department. It assists households with orphans in accessing grants.

### **32. Orange Farm Catholic Parish (Johannesburg)**

The parish has trained 55 people as home based care givers. It runs an advice office (assisting PWA's). The home based carers have been formed into two teams that are providing home based care to the sick, as well as counselling, and material support (eg. food parcels) to destitute patients. They also provide support for orphans, and has succeeded in placing 20 in foster care.

### **33. Tirisanyo Catholic Commission (Gaborone)**

Tirisanyo runs a day care centre for orphans in Mogoditshane, outside Gaborone, as well as providing home based care for the sick in Mogoditshane.

### **34. Catholic AIDS Action Namibia – Stepping Stones**

A prevention program targeting the youth, which seeks to enable them to make the correct choices concerning sex, by imparting to them the necessary life skills to do so.

### **35. Lufuno (Johannesburg)**

Door-to-door education, awareness and counselling

### **36. Diocese of Kokstad**

Training and deployment of home based care givers, prevention training in schools

### **37. Care Network, Cape Town and Care Ministry, Port Elizabeth**

The focus is mainly on training volunteer home care givers, who will then provide home care, nursing and nutritional support to people affected by AIDS in the poorest and most marginalized communities. The project starts off using existing parish networks, but then moves beyond, to access those most in need.

### **38. Women's Leadership Training**

Training of teams of HIV/AIDS workers, who train volunteers in HIV prevention, counselling and home based care. Training focuses on the role of alcohol and drug abuse in promoting the spread of HIV, and on promoting gender and life skills programs to address the oppression of women and gender stereotypes that lead to circumstances that promote the spread of HIV. Support groups are established, through which rural women



are trained in agriculture. Research is done on cultural practices that either promote or counteract the spread of HIV.

### **39. Catholic AIDS Action, Namibia (Diocese of Windhoek)**

In two rural regions, Oshana and Hardap, the “To Love Your Neighbor” program aims to establish minimum standards for family home based care. Training and support outreach into the surrounding communities will establish support structures for the most vulnerable groups of people living with AIDS (women, children and orphans). This support will include income generating activities, a nutritional support program, and the training of community health care workers to provide home care to the sick. The program also makes provision for the training and deployment of counsellors for children, who address the problems of orphans.

### **40. Lifeline Namibia**

A training program for counsellors in the Ovamboland region of Namibia.

### **41. CHAL AIDS Program (Lesotho)**

The Christian Health Association of Lesotho is an ecumenical organization comprising 7 churches, one of which is the Catholic Church. This proposal seeks funding for a home care program in three rural church hospitals, two of which are Catholic. The program trains women in home care techniques, and deploys them in the villages. It also runs income generating projects for women in villages, and uses these projects as the focus around which health education is conducted.

### **42. Sinosizo/ Oral History Project (Durban)**

Training volunteers for child care and counselling, ‘Oral History Project’ constituting ‘memory boxes’ of family memories for AIDS orphans

### **43. CARE (Johannesburg)**

The project aims to establish, train and equip a network of community based volunteer care givers, who will provide AIDS patients at the Johannesburg Hospital with care, counselling and material support, and will provide follow up care to them at home when they are discharged. The program is backed by the Wits Medical School and the Jhb Hospital.

### **44. CIE Education in Schools**

AIDS awareness campaign conducted by CIE countrywide

**45. St Francis Hospice**

Home care program for terminally ill patients, in Port Elizabeth informal settlements.

**46. Christian Response to AIDS**

AIDS awareness program in parishes in the Bethlehem Diocese.

**47. Sacred Heart House, Johannesburg**

Home care program for terminally ill patients.

**48. CATHCA Priests Training**

AIDS awareness program for priests, conducted by CATHCA in the Dioceses of Klerksdorp, Kroonstad and Johannesburg

**49. Helderberg Hospice, Cape Town**

Training for home care givers in informal settlements on the Cape Flats.

**50. Masimanyane**

Training program for community health workers in King William's Town.

**51. CMMB Project Manager**

Salary and travel expenses for CMMB Project Manager based in SACBC AIDS Office.

**52. Diakonia, Durban (Archdiocese of Durban)**

An AIDS program which develops an effective ecumenical response to the needs of AIDS orphans, the needs of terminally ill people with AIDS and their loved ones, and changing community attitudes and behaviour in the greater Durban area, through working with (recruiting, training, resourcing and supporting) ten community AIDS coordinators (and their community AIDS committees) who effectively mobilize church AIDS work, and respond to specific needs of the community, and who work with church leadership to ensure effective and sustained AIDS ministry at all levels within the church.

**53. St Brendan's High School (Tzaneen)**

The school has 120 grade 11 pupils each year. It wishes to present a two day "Human Life Choices Course" each year as part of the curriculum for grade 11, in September each year at the "Ave Maria" Diocesan Centre. . Through education and awareness, the course aims to prevent the spread of HIV by changing the behaviour of students.

#### **54. Sisters of Mercy Winterveld (Pretoria)**

The sisters operate a clinic in a severely deprived area. Home care givers are trained in the clinic. A team of five home care givers provide nursing care and nutritional support to AIDS patients who are unable to reach the clinic.

#### **55. Catholic Church Kanana (Klerksdorp)**

A community based outreach by the Catholic Parish youth, who are involved in visiting other youth organizations in the area, and conducting educational workshops with them about HIV and AIDS. The youths then also visit those sick with AIDS in their homes, providing them with food parcels and care.

#### **56. Sizanani (Pretoria)**

In collaboration with “Meals on Wheels”, this project trains home care givers, They are then deployed into the surrounding villages, to provide advice on nutrition and the distribution of food parcels to the sick in their homes, to administer medicine to the sick, and to support the sick and their families.

#### **57. Nzhelele Home Care (Tzaneen)**

A congregation of Sacred Heart Sisters working in an extremely impoverished rural area, their clinic serves as a base for a home care program, which creates community awareness through education, trains care givers, and then provides them with medical equipment, food parcels and transport to the villages

#### **58. Bethany Home, Umtata**

A home run by Ursuline Sisters providing shelter for 32 abandoned and abused infants, most of whom are HIV positive.

#### **59. St Francis Care Centre (Johannesburg)**

One of the most well known palliative care centres in South Africa, seeks to establish a home care community outreach program based on the model of Sinosizo (Durban). The target area is to be divided into zones, leaders of every zone are to be identified, and with their help volunteers are selected. Volunteers are to be trained in the DOTS system for TB treatment, wound care, orphan care and problem solving. Once deployed, every volunteer cares for 6 patients.

## **60. SACBC National Youth Desk**

This proposal is the result of a resolution adopted by the SACBC AIDS Office Management Committee, that a national conference for all local and national youth structures should be held. At the conference, the youth themselves will devise a youth driven response to HIV/AIDS, to be implemented nationally.

## **61. Joy for Life (Cape Town)**

The organization requires funding for three projects. Firstly, the day care centre provides a home for patients who are otherwise house bound. Various projects there empower, motivate and educate through counselling and capacity building. Medical assistance and monitoring are also provided. Secondly, a home based care project provides support for the terminally ill at home. Caregivers, family and friends are also educated and empowered to take responsibility and be involved in caring for the terminally ill. Thirdly, educational workshops are aimed at de-stigmatizing the disease, and vocalizing the needs of people with AIDS.

## **62. Centocow Mission (Umzimkulu)**

Restoration of building at mission to be used as training centre for counsellors and care givers, as well as retreat centre for PWA's and those involved in ministry to them.

## **63. St Philomena's Durban (Archdiocese of Durban)**

A facility for abused and abandoned children, an increasing number of whom are HIV-positive, the program seeks to lead children to the point where they acknowledge and understand the traumas they have been through. By enabling them to tell their stories, they become survivors. They are then trained to become peer counsellors, drawing on their own experience of trauma, to counsel other children who have been through the same experience.

## **64. St Anne's Sodality, Bloemfontein (Archdiocese of Bloemfontein)**

One of the largest women's groups in the South African Catholic Church, the St Anne's Sodality aim to train 12 volunteer trainers, who will use parish structures for capacity building, information and awareness. Training will focus largely on changing community attitudes towards people with AIDS, and imparting the skills to community members necessary to care for and live positively with those affected by the disease.

## **65. Lufuno, Soweto (Diocese of Johannesburg)**

An organization of volunteers from the Diocesan Justice and Peace Department, who go from door to door in Soweto, and speak to people in their homes, providing them with information, assessing their needs, and devising strategies with them to address these needs.

**66. Knysna AIDS Council, Knysna (Diocese of Oudtshoorn)**

The organization focuses largely on training and deployment of counsellors, who encourage voluntary testing, and then establish support groups for those who have tested positive. Support group members are trained in basic home nursing skills, and in other areas that will enable them to deal with their situation. Counsellors focus on groups that are at risk, for instance commercial sex workers, prisoners, and unemployed youths.

**67. Siyathokza Clinic, Botshabelo (Archdiocese of Bloemfontein)**

The project aims to provide home care and home nursing services to those who are sick, as well as providing pastoral counselling to those affected by the disease and their families.

**68. Mazenod Development Program Healing Project (Dbn)**

The project runs a day care centre for HIV + people in Chesterville and surrounding areas. Care and support is given to people who come to the centre and who are at home; depending on the condition of the person.

**69. Loreto Convent School ( Pretoria)**

Loreto Convent School together with Life Line are running a Peer Counselling Course for students at the convent. This course is meant to capacitate students so that they could take charge of their lives and help their peers and communities. This is envisaged to lessen the burden of the school's Counsellor and the Chaplain.

**70. Sinosizo Home Based Care Manual Development and Training**

Adaptation of Sinosizo Home Based Care Manual into a suitable manual for training volunteers (HBC) who have limited or no formal education.

**71. DOCKDA HIV/AIDS Programme (DOCKDA)**

Organisational development for the eight centres that are part of DOCKDA in order for them to be able to analyse the HIV/AIDS situation in their areas and then formulate an appropriate response towards the epidemic

**72. HIV/AIDS Co- Ordination team (Klerkdorp)**

Extension of their awareness and education program onto other areas of the Diocese (Zone2 & 3 rural) Supporting people who are HIV+ and visit those who are bedridden.

### **73. Bophelo Project (Pretoria)**

The project focuses on women and children who are homeless and vulnerable HIV/AIDS. It seeks to find best alternatives for them. It seeks to run awareness and education programmes.

### **74. Home and Family Life Foundation : AIDS Desk (Mariannhill)**

It has 52 volunteers. It runs HBC programme, workshops for the prevention of the spread of HIV/AIDS, do counselling , advocacy and lobbying for access to treatment for all.

## **APPENDIX 4**

### **PROJECT TOUR REPORT**

By Project Managers

#### **1. Glen-Cowie**

Mrs. Veronica Mashifane, a retired nurse and matron, runs Lesedi counseling centre. The center focuses its attention on home-based care, orphan care, education for life, and life skills. This group works closely with the local hospital, St. Rita's. They are currently operating with 18 volunteers and 4 of these volunteers are working permanently in the local hospital. The other outstanding 14 volunteers are responsible for home-based care and distribution of food parcels for immune boosting to the clients. Currently Lesedi has got 53 families with orphans (this number increased from 26 families in March 2002) and 41 adult clients. 15 of these 41 clients died since 2002 and the centre is currently operating with 34 adult clients. The center also gave birth to St. Kizito's programme, which will be responsible for orphans. The number amounts to 116 orphans to date.

Mrs. Mashifane also indicated that they have incorporate Lovelife into the centre. The program has 40 volunteers for a year only. Four of these 40 volunteers are receiving a stipend of R800 from Lovelife. The Lovelife program consists of four groundbreakers i.e. Sports and recreation, Debates, Peer education, and motivation. Each groundbreaker consists of 10 volunteers. The problems are funds, a volunteer for knitting machine, full time administrator, full time counsellor and sanitation (water) said Mrs. Mashifane.

#### **2. Nzhelele Parish**

The person responsible for the Nzhelele home based care is Sister Mairead. The group initially had 50 families with orphans in May 2003. The number that increased to 150 families with orphans to date. Nzhelele has about 290 orphans, said Glotild (a French volunteer who assist with bookkeeping). Miss Malaka – a treasurer/secretary of HBC, indicated that they group has trained 69 trainers for care giving. These caregivers were trained by Center for Positive Care, which was funded by CRS. It is advocated that the caregivers should be sent to 59 days training supported by government. The philosophy

behind this is to ensure that the caregivers are empowered in the process of volunteering. It was also elaborated that Sister Gretha trains the caregivers for counseling once a week for a period of two years. In addition, two of their volunteers are sent to Sinosiso for training in order to channel it to other volunteers or to train them.

We also talked to Eddie who is the coordinator of the AIDS ministry. According to the coordinator, there is an increase of plus/minus 450 patients. Eddie is also in-charge of Education for Life. Apparently there is high demand for the program. They had a team of 5 members but two of them left the team. The team goes around the schools to disseminate information on life skills. It implies that there is a need for more people to be trained for the program. Attempts were further made to explore a possibility of opening something in Musina. Eddie, the AIDS ministry coordinator, indicated that people were trained in Musina for Education for Life in an attempt to create awareness around the issue of HIV/AIDS. Unfortunately, all this was just an unsuccessful campaign. But he assumed that the problem could be funds. In contrast, he indicated that the Vanishing Mine in Musina was prepared to fund the team of which he was part. We recommended that they be encouraged and referred to the SACBC AIDS Office. Hector will make follow up with the priest in-charge (Fr. Adrian McHugh) in Musina parish. This will be an absolute attempt to consolidate something in the area.

### **3. Dwars River**

Fr. Vincent Carroll is the chaplain of St. Brendan's school. He is extremely involved in coordinating a Needy Children's Holiday Program, which was Sr. Sally's original vision from the Catholic diocese of Tzaneen. Sr. Adriana Volona who is currently running Bakhitha in St. Brendan's school initiated the program. The program is geared to provide an opportunity to learn hygienic skills, to deal with grief issues, to have their health checked, etc.

Mahudi is currently a program coordinator. They go to local schools to find orphans so that they can provide them with hope and life giving experiences, as well as mobilizing the community to find an ongoing solution to the desperate requirement for community care to be provided for increasing number of vulnerable children. Fr. Vincent indicated that they are struggling with getting home based care off the ground. The problem is stigma associated with the pandemic. On the one hand, they are doing well with education for life. Mrs. Maponyane (Manager from CRS) and I went to the camp and spent three hours observing the program in the field. The problem encountered at St. Brendan's is that of getting a Social Worker to assist with social grants. There is also an attempt to get some funding from the provincial Government.

### **4. St. Joseph's Community**

Mrs. C Tambuza is in-charge of the centre. She is working closely with a team of 19 volunteers. They have just kick-started the program recently. They were given R100 000 by CRS via the SACBC AIDS Office to get the project off the ground. But unfortunately the first tranche that was provided is not utilized. According to Mrs. Tambuza, they've

just trained the volunteers to embark on home base care through the funds (R59000) they got from the Bishop. Part of these funds was utilized for purchasing equipment i.e. computer, office materials, etc. These are funds the diocese got from Rome. Red Cross is the organization that provided the 59 days training, which was largely in theoretical aspects while St. Joseph's community was responsible for the practical part. Apparently there is an increase in the number of patients. From January 2003 the number has increased from four to fifty patients. Mrs. Medupe is being sent to training with St. Kizito (Glen-Cowie) in an attempt to set up the orphan program, which is in the pipeline.

Government arrangements are underway for a Social Worker to have an office at St. Joseph's community. That will assist the centre with the social grants for orphans. On the one hand, a psychologist has also promise to volunteer to assist with counseling for the volunteers. The obstacle experienced by the group is difficulty in disclosing or coming forth.

### **5. Diocese of Tzaneen**

Kurisanani centre is managed by Sister Sally and is located in the Diocese of Tzaneen. The group deals with Home base care, orphan care, and education for life. In the absence of Sr. Sally, we had a meeting with Fran and Ellie and the AIDS team at the parish. The group has got 288 families with orphans and 43 adult clients. The team also indicated that there is an increase in number of volunteers. The current number of volunteers is 40, which increased from 22. The volunteers distribute food parcels to the clients ones in a month and meet twice in a month to discuss problems that they encounter in the field. As a strategy, the group formulated a support group in the community support clients infected with HIV/AIDS. But a concern was raised by the team as to what nutritional food is good in terms of boosting the immune system of the clients. Toko and I (CRS project manager) referred them to Glen-Cowie. The group has best nutritional food from the distributor at a reasonable price. There is a problem of shortage of funds in terms of purchasing food parcels for the clients.

### **6. Warmbaths**

HIV/AIDS Prevention Group is operating under the auspices of Bela Bela Welfare Society. We had a meeting with the chairman (Lydia) and her team. The chairman indicated that they focuses their attention on Home based care and orphan care. But the Home base care led by Salamina Nkwane (coordinator) has difficulty in getting off the ground. The group struggles with getting more volunteers to assist in the home base care. Mrs Maponyane and I recommended that they intensify their programs in creation of awareness around the issue of volunteering and embark on an intensive recruitment strategy for volunteers.

The group currently has three volunteers who receive training on home base care from the nurses in the clinic. They also have four caregivers who receive a stipend of R1300 each one of them every month. The biggest project they have as a group is orphan care. They have more than 199 orphans and they are supported through social grants. Another



success the group has is HIV/AIDS awareness campaign, which is funded by Joe Herb (UK). Mrs. Pole (chairman) indicated that this contributed a lot in reducing the stigma of the disease in the community. Apparently the group has 68 clients who volunteered for HIV testing and counseling. It implies that the program doing well in terms of sensitizing the society about the pandemic.

## 7. Lesotho

The workshop in Lesotho was well attended by people from Caritas Lesotho, Christian Health, LCBC AIDS Office, CRS, Representatives form Religious Congregations of both males and females and from each one of the four dioceses of the country Christian Family Life, Justice and Peace and Representatives from some Hospitals (Roma, Mmamohau and Paray), two from CBO's (St Cornelius HBC & Botleng PLWA Support Group) We have very strong links with the Lesotho both in terms of church and political history. To a certain extent we have an obligation to assist our sister church even though it is not part of our administrative territory

There are a number of concerns and recommendations that I would like to put forward.

### Concerns

- Generally the LCBC needs assistance in terms of getting its administrative arm in order.
- There is a great need for capacity building in the organisations stated above. That would be on matters such as project management, bookkeeping, report writing and proposal writing.
- Capacity is also needed in terms of specialised fields such as health, education etc.
- Funders have no interest in most organs of the LCBC and that affects their work and interventions

### Recommendations

- That each agency should partner with their relevant counterpart at the LCBC. That would imply we individual sign memorandums of understandings with relevant organs since they are adifferent Episcopal Conference.
- We assist with capacity building as we have just recently done and where possible it can be done jointly.
- All is this is part of a process of helping them gain back the reputation with other church and non-church agencies in Lesotho and also with funders especially Catholic funders so that they can sail on their own.

The situation in Lesotho is as equally as bad as it is in the South Africa. The country is land locked and if any one has to take the first step to help the church there it would have to be ourselves. By doing this it does not mean we have all systems in place our selves

but rather we are at a much more advanced stage than they are and would be willing to assist if it is required.