United Society Partners in the Gospel

(USPG)

Date: 8th October 2020 Time: 2pm BST

Webinar Theme: *Disease Pandemics & Innovation in Care*

Sharing the Anglican Church in Uganda Learning and Perspectives on

HIV & AIDS: The Role Of The Church In Caring For The Communities In Uganda

by

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(ANERELA+ -now INERELA+)

Team Leader- Applied Theology , Ethics & Spirituality To End AIDS Faster, Smarter & Better

(Friends of Canon Gideon Foundation –FOCAGIFO Uganda)

1.0 About The Province of The Church of Uganda- Anglican

- **Second Largest Christian Denomination in Uganda After Catholic Church with 37 Dioceses (Source: <churchofuganda.org> and a membership of over 12 million adherents *(Source: Vision 2025: Church of Uganda Provincial Master Strategic Plan page)***
- **Current Archbishop: The Most Rev Dr Stephen Samuel Kazimba Mugalu**
- **Implemented the 1988 Lambeth Conference Call & Resolutions on Responding to HIV & AIDS by Creating In 1991 Provincial Assembly Meeting a Country Wide Intervention Called CHUSA (Church Human Services on AIDS) & SYFA (Safeguard Youths From AIDS)**
- **Provided the 1st & 2nd Chairpersons of Uganda AIDS Commission –Rev Canon Dr Tom Tuma (1992-1995) and The Rt Rev Bishop Misaeri Kauma (1995-1997)**
- **Produced the First Religious Leader in Africa to Disclose His HIV Positive Status (in January 1992)**
- **This HIV Positive Religious Leader**

➢ **Helped Form the Africa Network of Religious Leaders Living With and/or Personally Affected by HIV (ANERELA +) in January 2002. Now INERELA+ with 13,000 members in 25 Countries and a big contribution on Faith Community HIV/ AIDS Response with their unique SAVE Multiplication & SSDDIM reduction Model**

➢ **Was invited by The Most Rev Archbishop Dr George Carey to Speak to the Anglican Primates in their March 2003 Kanuga Meeting and Inspired them to arrange An All Africa Bishops Conference on HIV & AIDS that helped form the CAPA HIV & AIDS Desk (August 2003)**

- **Continues to be a valuable resource to: Ecumenical Initiatives Against AIDS *(Led by WCC-EHAIA),* Interfaith Responses *(Led by Religions for Peace)*, the Government & Intergovernmental Interventions *(Led Individual Countries & by UNAIDS)* and to Networks of People Living With HIV (*led by GNP+ and INERELA+)***

2.0 What Happened? – Uganda Context & Story

- **In Early 1980's Rumors of A New & Very Strange Disease With No Known Treatment or Cure Crept into Our Country**
- **End of 1981 , the first 17 cases of the disease were reported in Kasensero –Fish Landing Site, Rakai District**
- **Our People and Communities Called it 'SLIM' – Because those who succumbed to it died of extreme Wasting due to Fever, Diarrhea, Dehydration and Lack of Appetite. Death Rate- 100%**
- **Cause Attributed to various things :**
- **A Curse or Witchcraft Targeting The Rich, Their Wives, Girlfriends and Children**
- **A Punishment from God punishing sexual offenders, social deviants and people with loose morals generally but most especially Homosexuals, Commercial Sex Workers & Truck Drivers. Later, IDUs were added on the list of those targeted, cursed and punished by God**
- **As the Country got distracted by both the SAPs and the Liberation War (1981-1986); the disease spread unchallenged, un-understood and misinterpreted**
- **After Capturing State Power in January 1986 ; the National Resistance Movement & Army (NRM/A) led by Mr Yoweri K Museveni opened up to tell Ugandans and the World that both HIV and the AIDS Disease were wrecking havoc among Uganda's people, their families and their communities**
- **This Public Openness paid off With – (a) Better Researching and Understanding of the Epidemic , (b) Better Messages & Practical Responses, (c) More Partnerships and Resources As Well As (d) Better Policies (Multi-Sectoral, Multi-Level and Multi-dimensional) that Allowed the Faith Sector to Make Our Contribution Using Our Comparative Advantages of**
  - ✓ **EXTENSIVE REACH**
  - ✓ **PRESENCE AMONG THE PEOPLE, FAMILIES , COMMUNITIES & COMMUNITY GROUPS MOST IN NEED**
  - ✓ **WELL LAID DOWN COMMUNICATION STRUCTURES**
  - ✓ **CAPTIVE AUDIENCES WITH MATCHING RESPECT & DEEP TRUST IN THEIR LEADERS & CARERS**

- ✓ **HAVING A BIG NETWORK /COVERAGE OF EDUCATION SERVICES & HEALTH CARE UNITS**
- ✓ **VOLUNTARISM**
- ✓ **A RICH TRADITION OF CARE & COMPASSION WITH SUPPORTIVE SCRIPTURAL TEACHING, THEOLOGICAL ETHICS & PRACTICAL SPIRITUALITY ON PERSONAL 'FAITH' & NEIGHBOR 'LOVE', 'GRACE', AND 'HOPE' AMIDST CALAMITY**

RESULT: Reduction from a very high prevalence of 18.5% in the 1990s to the current 6.4%. MTC reduced by 87%, 4,00 ART Facilities, New infections reducing from 140,000 @year to 52,000 @ year (with regional variations) and more 1,070,062 people on ART out of 1,324,685 (Source: The Noble Battle -25 Years of Learning, Service & Success (Kampala: UAC ,2019 pages 9-23)

3.0 What Were The Needs Of The People?

- **3.1 Adoption, Promotion & Multiplication of Safe behaviors & practices (A+B+C+ PMTCT+ Safe Injections, Safe Circumcision + Safe Blood & Blood Products+ PEP, Pre-EP etc)**
- **3.2 Access and adherence to good HIV Treatment, good AIDS Care Services & to good Nutrition**
- **3.3 Access to Voluntary, routine & stigma-sensitive counseling and testing services**
- **3.4 Empowerment, engagement and involvement of the most HIV &AIDS 3.4.1 At-risk populations (*in terms of HIV infections and transmissions, illnesses and deaths and the resulting impacts)* 3.4.2 Vulnerable families 3.4.3 Burdened Communities 3.4.4 Challenged Community Groups *-by age, gender, education levels , economic status , sexuality, geographical location, occupation, marital status , religious/cultural belief /conviction etc* (SAVE)**
- **3.5 Counteracting, minimizing and overcoming the associated 3.5.1 Stigma 3.5.2 Shame 3.5.3 Denial 3.5.4 Discrimination 3.5.5 Inaction 3.5.6 Mis-action (SSDDIM)**

4.0 How Did The Church Community Respond To Address/Meet These Needs?

- **1981-1990 Mostly Denial , Inaction & Mis-action *(The Lost Decade)***
- **1991-2000 Lukewarm/Mixed/Selective Response in Multiplying SAVE & Reducing SSDDIM**

- **2001-2010 Active Response** ***(with support from Anglican Communion, WCC, TF, CA, USPG, CMS, Good Samaritan Purse, CHUAHA, World Vision International, USAID, FHI, NCA, Dan-Church AID, Finn- Church AID, Stromme Foundation, PEPFAR, Global Fund , Care International, UNAIDS etc)***
- **2011-2020 Consolidation, Scaling Up & Self Evaluation Decade**
- **2021-2030 (and Beyond) Contributing to Ending AIDS As A Public Health Threat In Uganda, Vision 2030 SDG Agenda, Vision 2040 (Uganda), Vision 2050 (EAC), Vision 2063 (Africa Union) & Deepening the Mainstreaming of Preventable, Controllable and Non-Inevitable**
- **Disease Epidemics & Environmental Disasters**
- **Human Displacements, Dislocations & Disruptions**
- **Distresses, Deaths & Griefs into :**
- **Youth Education, Skills Training & Holistic Empowerment**
- **Theology, Ethics & Spirituality**
- **Church Mission & Ministry to achieve the Divine Goals and Plans** ***(As Recorded for Our Inspiration, Guidance and Practical Action in Isaiah 65:17-25; Micah 6:8; Matthew 25:31-46; Luke 4:18-20; John 10:10 & Revelation 21:1-4;22:1-6 among others)***

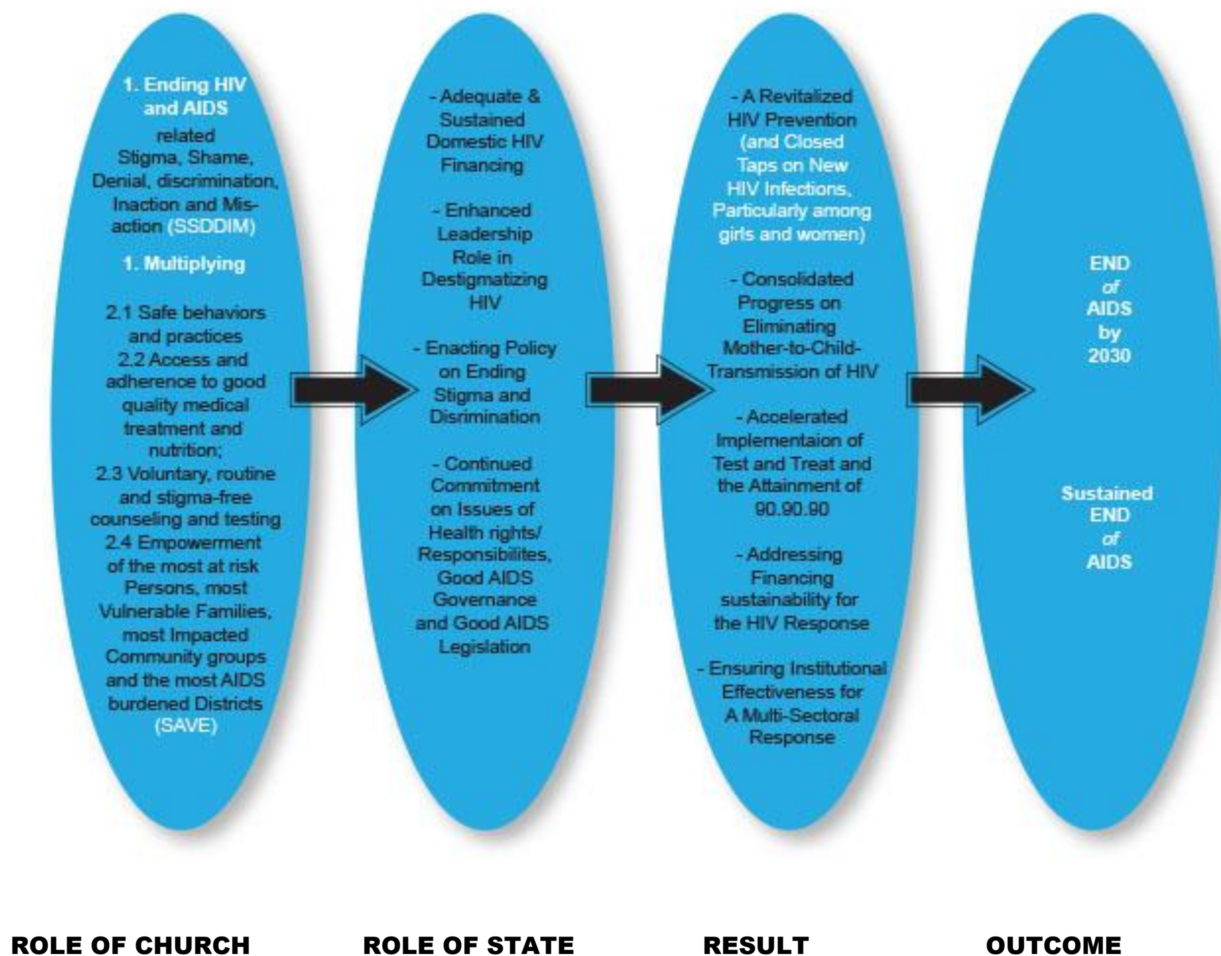
NOTE: THE RESPONSE IS STILL MIXED – WITH SOME CONGREGATIONS AND THEIR LEADERS STILL AT THE 1981-1990 & 1991-2000 RESPONSE LEVELS

5.0 What Did The Church Learn About Collaboration With The State/Public Health?

5.1 Partnerships, Collaborations & Alliances Between Church , State and Public Health Institutions Are Very Important to

- ✓ **Maximize Synergy;**
- ✓ **Improve Service Programming & Beneficiary Targeting**
- ✓ **Provide Mutually Supportive Policy Environments**
- ✓ **Enhance Service Uptake, Referrals & Effectiveness**

Partnerships, Collaborations & Alliances Between Church , State and Public Health Institutions – CONCEPTUAL FRAMEWORK *(Pictorial)*



ROLE OF CHURCH **ROLE OF STATE** **RESULT** **OUTCOME**

5.0 What Did The Church Learn About Collaboration With The State/Public Health? (CONTINUED)

First : *5.2 State & Inter-State Actors Need To Understand/Appreciate Church Based Actors- In The Following Areas:*

5.2.1 That there is no Marked Line Between *"Church Based People of Faith"* & *"Health Related Actors"*
5.2.2 That Church/Faith Community Sector May Be One But The Church /Faith Community Actors on HIV& AIDS Are Many and Varied

- **In their Theology, Ethics & Spirituality** ***(WE HAVE FOUND OUT THAT THERE CAN BE AN HIV COMPETENT / INCOMPETENT THEOLOGY, ETHICS & SPIRITUALITY JUST AS THERE ARE HIV COMPETENT & INCOMPETENT CONGREGATIONS, PARISHES, DIOCESES, FAITH LEADERS, CHRISTIANS ETC)***
- **In their Stage of HIV & AIDS Engagement and Response**
- **In their Levels Of Information, Types Of Attitudes , Kinds Of Values, Skills, Practices etc**
  (This helps in Blaming Them Less, Listening to & Empathizing with them Deeper and Supporting them Better in Policy Formulation, Strategic Planning, Practical Programming, Partnerships Building, Human Resource Training, Messaging & Communication, Resource Mobilization, Research & Documentation, Mainstreaming HIV & AIDS into Sermons & Hymns, Prayers & Liturgy, Local Community Mission & Ministry etc)

Second: *5.3 Church Based Actors Need to Understand/Appreciate State & Inter-State Actors - In The Following Areas:*

5.3.1 That From Their Church Based Partners; State & Inter-state Actors Expect A Certain Level of

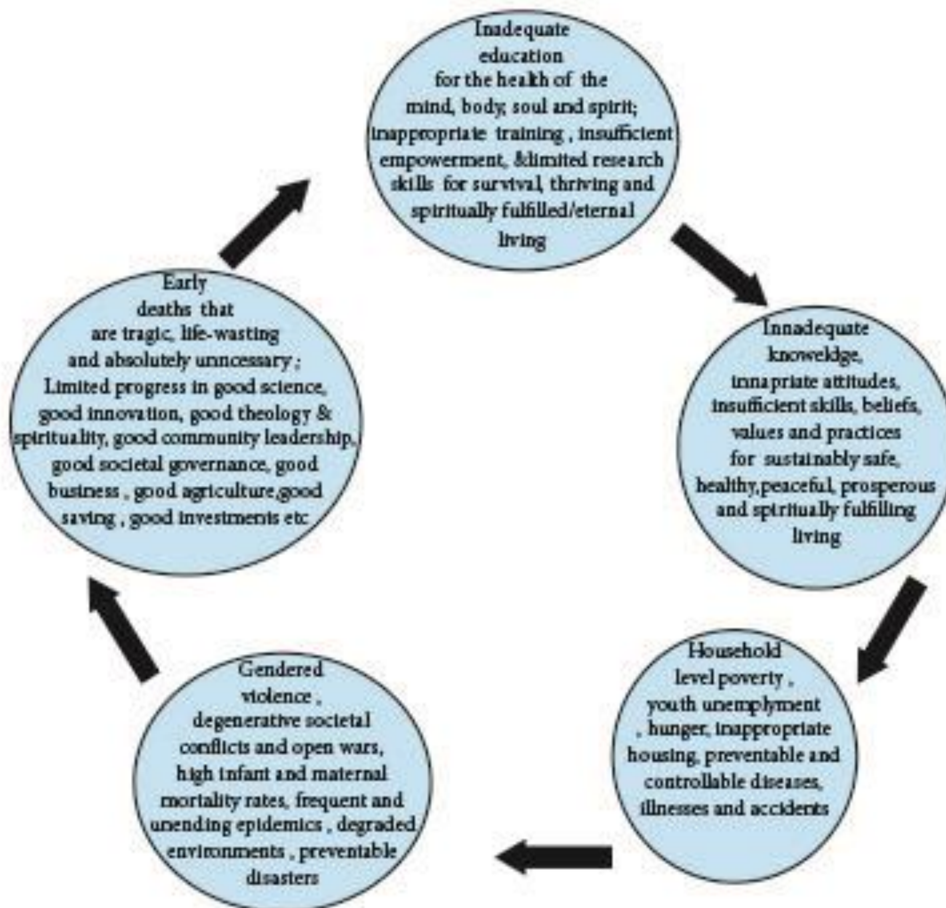
- ✓ Capacity, Integrity & Reliability
- ✓ Learning the Ropes Around State& Interstate Functioning, Procedures, Systems, Processes , Expectations etc
- ✓ Willingness to Dialogue Around & Engage With both the Human Rights Issues and the HIV Risk Drivers & Vulnerability Sustainers among the Most At Risk Populations, Key Communities and HIV Burdened Community Groups
  Rising Above Self-Serving Goals (Not that Religious Leaders, Communities and Congregations Should Abandon Their Moral Teachings, Values and Ideals But That We Should Rise Above Being Loveless, Self-centered/Selfish and/or Self-righteous in debate and advocacy ***(This helps in Judging, Blaming & Discriminating Against People of Different Thinking and/or Different Faith Conviction* Less*, Listening to & Empathizing with them* Deeper *and Supporting***

them Better in effective Policy Formulation, Strategic Planning, Practical Programming, Partnerships Building, Human Resource Training, Messaging & Communication, Resource Mobilization, Research & Documentation, Mainstreaming HIV & AIDS work into activities in their places of residence, education, work, business , health care provision, legislation etc)

6.0 What Did The Church Learn About Holistic Care - Spiritual, Material, Pastoral?

<u>LESSON 6.1</u>

BREAKING THE HIV VULNERABILITY CYCLE IS A HOLISTIC MISSION CALLING :



A Diagrammatic Example Of How Our Holistic Mission & Ministry Will Contribute to (a) Breaking the Vulnerability Cycle and (b) Achieving Sustained And Sustainable Security, Safety, Prosperity & Spirituality Fulfilled Living For All-*Free From New HIV Infections,*

Transmissions, Illnesses & Deaths (Source : FOCAGIFO Youth Education, Integrated Skills Training and Holistic Empowerment Ministry Intervention Model)

LESSON 6.2

AN EPIDEMIC WITH MULTI-SECTORAL DRIVERS, MULTI-LEVEL FACILITATORS AND MULTI-DIMENSIONAL SUSTAINERS DEMANDS A SAME RESPONSE: *MULTI-SECTORAL, MULTI-LEVEL & MULTI-DIMENSIONAL*

1.0 ADOPTING, PROMOTING & MULTIPLYING SAFE BEHAVIORS & PRACTICES	***2.0 PROMOTING ACCESS & ADHERENCE TO TREATMENT & GOOD NUTRITION***	***3.0 PROVINDING HIV COUNSELLING & TESTING SERVICES – VOLUNTARY, ROUTINE & STIGMA-SENSITIVE***	***4.0 EMPOWERMENT, ENGAGEMENT & INVOLVEMENT OF THOSE LIVING WITH, MOST AT RISK OF, MOST VULNERABLE TO & MOST BURDENED BY HIV***	***5.0 REDUCING, OVRERCOMING & ELIMINATING STIGMA, SHAME, DENIAL , DISCRIMINATION , INACTION & MIS-ACTION***
• ***Scaling up HIV& AIDS Awareness& prevention*** • ***TOTs*** • ***Training of Community Health Educators*** • ***Up-scaling PMTCT*** • ***Running CHUSA & SYFA Projects***	• ***Providing basic clinical services, palliative care & referrals through church run clinics, health centers and hospitals*** • ***Implementing TB & Malaria Treatment & Nutrition Improvement programs*** • ***Training Caregivers in Home Based Care***	• ***Setting up of VCT centers& Referrals*** • ***Training of Counselors*** • ***Establishing Post-HIV Test Clubs***	• ***Scaling up prevention among youths*** • ***Strengthening Coordination Capacity,*** • ***Empowering and Engaging Dioceses , & Local Church Communities*** • ***Developing M& E Tools*** • ***Training focal point persons in community supervision, project management, peace building. GBV Prevention , IGAs,*** • ***Supporting young people to access affordable education,***	• ***Promoting SAVE Multiplication & SSDDIM & Reduction theology , ethics and spirituality;*** • ***Identifying, documenting and addressing policy barriers*** • ***Adopting more comprehensive approaches beyond ABC*** • ***Accompanying, supporting and affirming People living with and /Or Personally affected by HIV and their Networks***

			integrated skills training & holistic empowerment	

LESSON 6.3

MOST TIMES RISKY/UNSAFE BEHAVIOURS & PRACTICES ARE DRIVEN & SUSTAINED BY RISKY /UNSAFE/UNSUPORTIVE ENVIRONMENTS *(MEDICAL, EDUCATIONAL, CULTURAL, SOCIAL, ECONOMIC, POLITICAL, LEGAL, RELIGIOUS ETC)* :

LESSON 6.4

BEHAVIOURS AND PRACTICES THAT ARE DESCRIBED RELIGIOUSLY AND & OR CULTURALLY 'ACCEPTABLE', 'HOLY', 'RIGHTEOUS', 'LAWFUL' , 'GOOD', 'FAITHFUL' etc BY GIVEN FAITH COMMUNITIES AND/OR CULTURAL SOCIETIES AT A GIVEN TIME MAY NOT NECESSARILY BE SAFE/ HIV RISK- FREE IN PUBLIC HEALTH LANGUAGE & VICE VERSA: *Behaviors & Practices That Are Described Religiously & Or Culturally As 'Un-Acceptable', 'Un-Holy', 'Un-Righteous', 'Un-Lawful' , 'Bad', 'Un-Faithful' etc By Given Faith Communities And /Or Cultural Societies At A Given Time May Not Necessarily Be Un-Safe/ HIV Risky (in a public health language and/or context)*

7.0 How Is The Experience Of The HIV Pandemic Is Informing The Response To COVID -19

First Experience : **7.1 What Can End AIDS & COVID-19 ?**

Nothing but a Comprehensive Response

That is Multiplying SAVE

And Reducing SSDDIM

Chorus:

O! Precious Is That Route

That Treats , Prevents and Hopes In God Nothing Else That We Know,

Nothing But A Comprehensive Response

Second Experience: **7.2 God Has Given Us The Science**

To Prevent New Infections

And To Treat The Positive

For Prevention And Long Life

<u>Third Experience:</u> 7.3 A Challenging Epidemic ***(Whether This is HIV or COVID Or Another Epidemic)***
Needs: 7.3.1 Committed Leadership
7.3.2 And Effective Strategies
7.3.3 With Sufficient Funding

<u>Fourth Experience:</u> 7.4.1 We Must Increase Safe Practices
7.4.2 And Attain Critical Coverage
Of Effective Services,
Information , Skills and Attitudes

<u>Fifth Experience:</u> 7.5 .1 Let's Create Peaceful Environments
Free from Gender Based Violence
7.5.2 Pray, Work, Fast and Build Hope
For A Vaccine and Complete Cure

<u>Sixth Experience:</u> 7.6 If We Do What We Can
God Will Do What We Can't
There Is Much In Our History
To Give Us Hope And Courage

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