

# The PACANet Chronicles

A quarterly newsletter of the Pan African Christian AIDS Network  
[www.pacanet.net](http://www.pacanet.net)

October 2014

## Introduction

Dear Partners and friends of PACANet, as the year 2014 comes to a close, we at PACANet appreciate your continued prayers and support towards achieving our goal of positively engaging and positioning the Church in Africa as an effective and efficient key partner in the response to HIV and AIDS.

During this past quarter, a Christian AIDS Network in DRC- Ituri was established, a church leader's advocacy symposium on HIV and AIDS was conducted, and Bishops & senior church leaders were consulted to discuss issues of HIV and AIDS in the context of the church in DRC, with specific focus on church policies, church teachings & practices. The response from DRC has been tremendous, and the church is so committed to address these issues.

Although PACANet spent the last few months in DRC, the network in Sierra Leone took time to respond to the Ebola epidemic that has claimed thousands of lives.

## Church Leaders' Advocacy Symposium on HIV and AIDS, Ituri Democratic Republic of Congo

In pursuance of the advocacy objective **"to enhance the advocacy role of the Church, both within itself and as a unified voice on the critical issues of HIV and AIDS"** PACANet in collaboration with the task force in DR Congo held a Church Leaders' symposium on 24<sup>th</sup> and 25<sup>th</sup> July 2014 in the Bunia region - DRC.

The event attracted a total of 51 participants including 8 female and 43 males from different denominations in the 5 territories of Ituri district i.e. Irumu, Mambasa, Djugu, Mahagi and Aru.

Other participants included guest presenters from Government (PNLS) and civil society organizations.

At the event, the leaders had in-depth informative discussions on the critical issues of HIV and AIDS in DRC in general and Ituri district in particular as had been identified from the rapid assessment. They explored possible actions that could be taken to cause positive change around the issues. The issues were categorized under social-cultural practices and social-economic factors, and the impact they had on the individuals, families and communities. Emphasis was put on the advocacy role of the church.

Some of highlights from the discussions included:

- Stigma is still high. Convincing congregation members to go for VCT and other services is continues to be a big challenge.
- Integrating the HIV and AIDS message in Church was still a problem, as the subject of sex and sexuality remains a taboo.
- There were very few known testing centres in Ituri. HIV and AIDS related services and information is not readily available. It was reported that some patients were getting treatment from the border towns in Uganda.
- The plight of women and children was a big issue due to sex violence i.e. rape during internal insurgencies and forced marriages.
- Lack of a blood bank within the area raised a number of issues surrounding blood transfusion in relation to HIV transmission.

The church leaders devised ways of addressing some of the challenges and some of which included;

- Church must engage and participate in HIV and AIDS policy decision making.
- The Church should identify and harness the resources within itself, thus technical, material and financial resources for HIV and AIDS related work.
- Church leaders should champion the process of integration of HIV and AIDS interventions in the church programs, and should lead by example.
- Church leaders should be trained to gain confidence, competence and commitment so as to engage on the critical issues from an informed point of view.

At the end of the event, the leaders developed a communiqué, thus a commitment statement which demonstrated their commitment to take action on the issues.



## PACANet consults with Bishops & Senior Leaders from Ituri district - DRC

Bishops and senior church leaders are the gatekeepers and therefore the entry point in working with the church. As part of the process in pursuance of the mission of PACANet, on 22<sup>nd</sup> - 23<sup>rd</sup> July 2014, a two day consultation was held for the Bishops and senior church leaders from the 5 territories of Ituri district.

The event attracted 35 participants drawn from different churches that included; Pentecostal churches of Congo (CECA), church of Christ for the nations (ECN), Roman Catholic Church, Seventh Day Adventist (SDA), AIC/RD Congo, and the Orthodox Church. Christian organizations were also represented and included, Church Capacity Building Ministry (CCBM), AJAS, organization of catholic women, RACOF, PNLIS, LASI&CCRI, STOP SIDA Nyakunde among others. The government was represented by the Commissioner of Ituri district.

The leaders discussed issues of HIV and AIDS in the context of the church in DRC, with specific focus on church policies, church teachings and practices, and the impact they had in relation to HIV and AIDS. Considering the magnitude of the issues, the leaders explored avenues for increased involvement by the church. Other issues included; family life education as one of the ways to overcome HIV and AIDS. They also agreed as a way-forward that HIV and AIDS can't be worn in isolation but rather through networking among members, but cognizant of the different denomination and affiliations.

### **Based on the above, the church leaders recognized three crosscutting issues;**

- Interdenominational collaboration is possible cognizant of different affiliations, protocol and geographical context.
- Leaders should be exemplary in addressing the controversial, yet critical issues i.e. should increasingly accept to at least understand the role of the condom in prevention, for instance among couples living with HIV in preventing re-infection.
- The Church has the role to educate and give the right information in helping their congregations to make informed

decisions & choices. As church leaders, "we need to be empowered with the right information and attitudes. We may not promote and distribute condoms but we can work towards empowering people with the right information not only on condom use, but all HIV and AIDS related information".

At the end of the event, the Bishops and senior church leaders developed a written communiqué stating their views and position, which demonstrated their commitment to take action on the issue of HIV and AIDS in DRC.



*Bishops & Senior Church leaders*

## The Church in Ituri-DRC agrees to form a Christian AIDS Network

Consensus to form a Christian AIDS network was reached at the consensus building conference held in Bunia on the 26<sup>th</sup> July 2014. The event drew a total of 140 participants including 38 females and 102 males who had participated at the previous events facilitated by PACANet in collaboration with the local task force during the network development process.

The discussions at the event followed presentations of the entire process, which included various trainings, consultations and conferences culminated into agreement to pursue the cause of working together in bringing down the HIV and AIDS tide in Ituri-DRC.

Witnessed by the Bishops and senior church leaders, all the trainees that had successfully participated and completed the training requirements were awarded with certificates. At the same event, the Bishops and Senior Church leaders were given a platform to voice the communiqué that had been developed during the Bishops consultation.



*Part of the participants*

At the end of the conference, a way forward was set. The group constituted themselves into an assembly and the taskforce transformed into a steering committee. The committee was mandated by the assembly to develop a strategic direction and legalize the network as a legal entity and at the same time follow up the outputs from the trainings and the other events. The steering committee was later technically supported by PACANet to develop a plan of action.

## The Ebola Epidemic!

The 2014 Ebola epidemic is the largest in history, affecting multiple countries in West Africa mainly Liberia, Sierra Leone and Guinea. There were a small number of cases reported in Nigeria and a single case reported in Senegal; however, these cases are considered to be contained, with no further spread in these countries. Centre for Disease Control-CDC and partners are taking precautions to prevent the further spread of Ebola

within Africa and United States. CDC is working with other U.S. government agencies, the World Health Organization (WHO), and other domestic and international partners and has activated its Emergency Operations Center to help coordinate technical assistance and control activities with partners. CDC also deployed teams of public health experts to West Africa and will continue to send experts to the affected countries.

### ***Outbreak Update***

- On November 5, WHO released a situation report that included a decrease in the number of total cases since the report released on October 31, 2014. WHO reports that the decrease in total cases results from a change in data sources.
- On November 5, WHO reported that all 83 contacts of the health worker infected in Madrid, Spain have completed the 21-day follow-up period.
- On October 29, WHO released a situation report that included an increase of 3792 cases since the report released on October 22, 2014. WHO reports that the increase in total cases results from a more comprehensive assessment of patient databases. The additional 3792 cases have occurred throughout the epidemic period.



- On October 23, the New York City Department of Health and Mental Hygiene reported a case of Ebola in a medical aid worker who had returned to New York City from Guinea, where the medical aid worker had served with Doctors without Borders. The diagnosis was confirmed by CDC on October 24.

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- On October 23, Mali reported its first confirmed case of Ebola in a child who had traveled there from Guinea. The child passed away on October 24.
- WHO officially declared Senegal and Nigeria free of Ebola virus transmission on October 17 and 20, respectively.
- On October 15, a second healthcare worker at Texas Presbyterian Hospital who provided care for the index patient tested positive for Ebola. The patient is receiving care at a hospital in Atlanta, Georgia.
- On October 10, a healthcare worker at Texas Presbyterian Hospital who provided care for the index patient tested positive for Ebola. The patient has since recovered and was discharged from the NIH Clinical Center on October 24.
- CDC is implementing enhanced entry screening at five U.S. airports that receive over 94% of travelers from Guinea, Liberia, and Sierra Leone.
- On September 30, 2014, CDC confirmed the first travel-associated case of Ebola to be diagnosed in the United States. The patient passed away on October 8, 2014.
- New cases continue to be reported from Guinea, Liberia, and Sierra Leone.
- The Democratic Republic of the Congo (DRC) has reported cases of Ebola. These cases are not related to the ongoing outbreak of Ebola in West Africa.



## Action taken by NECHRAS in Sierra Leone in response to Ebola

The Ebola epidemic in the sub-region started first in Guinea and Liberia in March 2014, the first case in Sierra Leone was reported in the Eastern district of Kailahun in May 2014. The nation is confronting Ebola for the first time, and there have been numerous myths, fears and misconceptions coupled with denial surrounding the epidemic. While efforts for vaccine trials are being negotiated at the global level, prevention remains to be the main solution to end the outbreak, and this requires significant public education on a local level.

The Major challenges contributing to the on-going outbreak include: inadequate understanding within the communities of the Ebola Viral Disease (EVD); deep rooted household, religious, traditional and customary practices and beliefs such as caring for the sick and burial procedures; denial, mistrust and rejection of proposed public health interventions arising from misinformation, misinterpretation and misrepresentation of facts surrounding the pandemic.

Ebola is a crisis of enormous spiritual, Social, Economic and political proportion. Increasingly, it is a problem of all sectors of society as it is not a respecter of whom or what you are. The magnitude and the geographical extent of the EVD outbreak in Sierra Leone requires significant and robust response capacities and structures to which the Church community is among those well placed to contribute.

Congregational leaders are respected, trusted and one on the most believed personalities in the Sierra Leonean community.

*Although their primary function is giving care of the soul, which involves showing compassion and empathy to their following, they can also help to mobilize, sensitize and dispel negative rumours, myths and misconceptions that are fuelling the epidemic among the religious communities. They can also offer comfort, clarity, direction and spiritual guidance to survivors and affected families during and post- epidemic period.*

*The role of the Congregational leaders in mobilising communities to health related issues is well documented: Over and beyond that the involvement of the Church was vital in responding towards HIV and AIDS epidemic in the country.*

Already, the Network Of Christians Response to HIV and AIDS (NECHRAS) has started collaborating with Government, Ebola Religious taskforce and other civil society organizations in awareness raising activities with no support. NECHRAS is well placed with trained HIV and AIDS Counselors/Human Resource who with support can be able to help in the reduction of the spread of the Virus if well capacitated on the mode of transmission, and prevention



NECHRAS feels that there is need for a joint forum to discuss a possible way forward that would foster the Religious movement towards the Ebola fight in Sierra Leone. Since the outbreak of the Ebola Virus Disease, the Church has been silent as a result of inadequate requisite capacity in addressing the situation.

Despite the fact that Ebola has been in most communities, it is only recently that the churches and Christian organizations have taken up the challenge to counter it, but this effort is still fragmented and uncoordinated because of lack of correct knowledge. The Danish Mission Council Department for Development-DMCDD a partner with NECHRAS has joined with NECHRAS to scale-up the Church's response to the epidemic.

PACANet continues praying for those families that have been affected by this deadly virus, and hopes the church can be empowered to participate in the response to stop its continued spread.

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