Pan African Christian AIDS Network (PACANet)

SITUATIONAL ANALYSIS OF THE CHURCH RESPONSE TO HIV/AIDS IN NAMIBIA

Final Report

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To the many patient people who filled in the extensive questionnaire, the researcher would like to express her deep gratitude not only for their willingness to participate but for their continued efforts on the part of their churches to respond to HIV/AIDS with Christian compassion and commitment.

DeeDee Yates
Principle Researcher

ABBREVIATIONS

AFM	**Apostolic Faith Mission**
AMEC	**African Methodist Episcopal Church**
BCC	**Behavioural Change Communication**
CAA	**Catholic AIDS Action**
CAFO	**Church Alliance for Orphans**
CBO	**Community Based Organization**
CCN	**Council of Churches in Namibia**
COLS	**Change of Life Style Homes**
ELCAP	**ELCRN Church AIDS Programme**
ELCIN	**Evangelical Lutheran Church in Namibia**
ELCRN	**Evangelical Lutheran Church in the Republic of Namibia**
FBO	**Faith based Organization**
IEC	**Information and Education Communication**
KAYEC	**Katutura Youth Enterprise Centre**
MWACW	**Ministry of Women's Affairs and Child Welfare**
MBESC	**Ministry of Basic Education Sport and Culture**
MHETEC	**Ministry of Higher Education, Training and Employment Creation**
MOHSS	**Ministry of Health and Social Services**
MTP2	**Medium Term Plan for HIV/AIDS**
NDP	**National Development Plan**
NGO	**Non Governmental Organization**
OVC	**Orphans and Vulnerable Children**
PACANet	**Pan African Christian AIDS Network**
RCC	**Roman Catholic Church**
TKMOAMS	**Almighty Father Protect our Nation against the Disease AIDS**
YWCA	**Young Women's Christian Association**

TABLE OF CONTENTS

List of Tables and Figures

Appendices

EXECUTIVE SUMMARY

The Pan African Christian AIDS Network (PACANet) commissioned situational analyses of the church response to HIV/AIDS in four countries – Uganda, Swaziland, Namibia and Zambia. The objective of the research was to determine the strengths, gaps, opportunities and available resources within the church response to HIV/AIDS. The four aims of the study were:

- **To identify existing HIV/AIDS interventions by the church and Christian organizations.**
- **To identify and document existing resources available/accessible to the church**
- **To assess the capacity of the churches to begin, to continue and scale up their response.**
- **To recommend mechanisms of how the church can strengthen its HIV/AIDS response.**

This current study for Namibia was undertaken over twenty-one days during June and July 2003. One hundred and nine churches and Christian non-governmental organizations participated in the study. Regional and denominational representation was achieved.

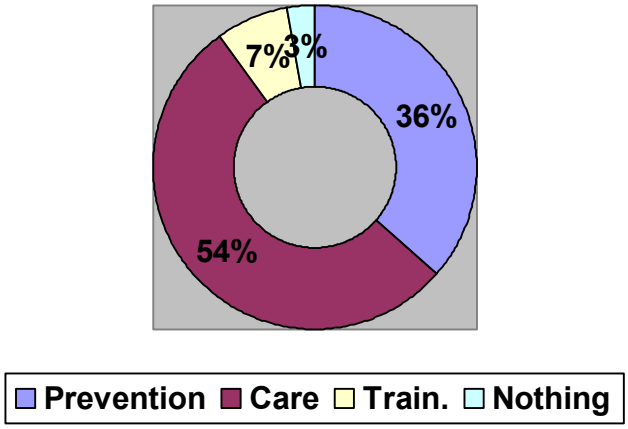
Namibia has one of the world's highest HIV/AIDS prevalence rates, approximately 23% rising to 43% in some regions according to the most recent HIV Sero-Sentinel Survey (2002). Approximately 230,000 people are living with HIV/AIDS in Namibia today. Life expectancy has dropped from 60 to 42 years of age in one decade. There are currently over 80,000 orphans and vulnerable children in Namibia. The number is expected to rise to 250,000 in twenty years when 40% of all children under seventeen will be orphans. Clearly the church is both affected by the impact of HIV/AIDS and compelled to develop an appropriate response.

The study found that the vast majority of churches do have an HIV/AIDS response, though in many cases it is a developing response, constrained by lack of trained personnel and adequate funds. Responses were grouped into four categories with the corresponding number of responses recorded as shown in the table below.

Category	Percentage
No response	13
Minimal response	28
Developing response	33
Fully fledged HIV/AIDS Programme	26

Churches are active in prevention, care and training and outreach activities. The breakdown between these three is shown in the figure below.

Fig. 2 Range of Activities



The churches are involved in a variety of HIV/AIDS activities, ranging from prayer for those infected, through counseling and awareness raising, to orphan support and home-based care. In most cases these activities are undertaken by volunteers. Almost all of those canvassed used volunteers in their response, sometimes as few as three and sometimes as many as fifty in one congregation.

The major strengths of the church response are their Biblical mandate which gives motivation, direction, and inspiration to the work, and the subsequent commitment and dedication of volunteers. The major constraint confronting the churches is the lack of trained personnel, especially those with technical skills needed to address HIV/AIDS. This was the primary reason given by those churches which had no response to HIV/AIDS. The other constraint is a lack of funds. Although resource materials are produced in Namibia, many congregations do not have access to these due to lack of funds. Respondents also mentioned the need for leaders to be in the forefront, especially with regard to addressing stigma and discrimination.

To address these several recommendation are put forward. These concentrate on the need for training programmes, ecumenical networks that can access and channel funds, advocacy campaigns to address stigma, and a greater emphasis on a contextualized approach to prevention, which takes into account the socio-economic context of individuals and the importance of family life.

1. BACKGROUND AND RATIONAL

The Pan-African Christian AIDS Network (PACANet) is a young organization, originally established under the umbrella of the Botswana Church AIDS Intervention Project. With its head office in Gaberone, PACANet liaises with church networks throughout the continent. This research is the initial phase of a larger intervention that PACANet wishes to undertake in the areas of capacity building, advocacy and in-country and inter-country networking.

PACANet plans to embark on specific intervention programmes which might include: material production and distribution; advocacy and capacity building; facilitation of exchange and exposure visits; establishment of a databank of resources available to scale up church HIV/AIDS interventions. The outcome of the study will be used to inform the development of these and other potential PACANet strategies.

The current research is to be undertaken in four countries simultaneously – Namibia, Swaziland, Uganda and Zambia. Similar studies have already been undertaken in Botswana. The research will identify best practices in various organizations for the purpose of adaptation and application in other settings; it will identify key issues that partners deal with; it will assess capacities of collaboration and partnership; it will establish reasons for the existing weaknesses and strengths.

The churches in Namibia have a proud history of up-holding Biblical truths in the face of oppression and injustice. Since Independence in 1990, the churches have partnered with government and with other non-governmental organizations in many social, educational, and health related activities. Churches and faith-based organizations have also been active in the field of HIV/AIDS, in particular in home-based care and more recently in orphan support. The church mandate to care for the sick, the widowed, the orphaned and the oppressed has resulted in a surge of congregational-based responses to HIV/AIDS, and an even greater interest in establishing a response where there is none. In order to assess the various components of this response, its strengths and potential, a survey was required. The study will also serve to assess what support the churches required to scale-up their responses or improve their quality and effectiveness.

2. APPROACH AND METHODOLOGY

2.1 Scope

During initial meetings in Namibia with the PACANet team, a local task force was established to oversee the research and any eventual PACANet activity in-country. Mr. Ludwig Beukes of Scripture Union was elected the chairperson and Rev. Nangula Kathindi agreed that the Council of Churches in Namibia would serve as the secretariat. The Task Force served as the advisory committee for the research. A local consultant, Ms. DeeDee Yates was commissioned to undertake the research

and to write up the report. The consultant and the chairperson attended a three day meeting in Gaberone with representatives from the other countries to develop a tool for the research. At that meeting four main aims for the research were articulated:

- **To identify existing HIV/AIDS interventions by the church and Christian organizations.**
- **To identify and document existing resources available/accessible to the church**
- **To assess the capacity of the churches to begin, to continue and scale up their response.**
- **To recommend mechanisms of how the church can strengthen its HIV/AIDS response.**

Namibia is fortunate in that a study on faith-based responses to orphans and vulnerable children commissioned by the World Conference on Religion and Peace was completed earlier this year. The aims of that study were similar to those of this situational analysis by PACANet, and the target group was almost identical. The Namibian task force indicated that the current research should thus build on the findings and contacts established in the earlier study, while filling any gaps that existed particularly in terms of representation of all denominations and churches and a greater focus on awareness, prevention and support activities. The researcher and the advisory group are particularly concerned that the study neither duplicated the earlier work nor over-burdened key informants and respondents.

2.2 Sample

The current study is planned to document the variety of responses to HIV/AIDS by churches in Namibia. To this end, the study used a purposeful sample. Five categories of respondents were identified. Given the population of each of these the following numbers of respondents were targeted:

Table 1: Respondents by denominational category

Category	Interviewed in previous study	Interviewed for this study	Estimated % of Namibian Population
Main line churches (congregations and head office)	40	56	68.2
African Independent Churches	0	6	2.7%
Pentecostal and Evangelical churches	16	33	2.2%
Christian non-governmental organizations (including umbrellas)	8	14	N/A
Total	64	109	

Mainline churches covered in this survey include the Roman Catholic Church (RCC), the Evangelical Lutheran Church in Namibia (ELCIN), the Evangelical Lutheran Church in the Republic of Namibia (ELCRN), the Anglican Church, the African Methodist Episcopal Church (AMEC), the Rhenish Church, the Methodist Church , the Uniting Reformed Church, the Dutch Reformed Church and the Congregational Church.

Christian non-governmental organizations (NGOs) included umbrella bodies such as the Council of Churches in Namibia and the Church Alliance for Orphans (CAFO). Other NGOs which have a clear Christian component to their mission or institutional framework were also approached, for example the Bible Society of Namibia. A full list of all the organizations interviewed can be found in the Appendix.

Thanks to the national conference hosted by the Church Alliance for Orphans (CAFO) held in June, the study achieved a wide representation, not only across denominations, but also between rural and urban populations, and across the different regions in Namibia. In fact, there were replies from each of Namibia's thirteen regions. In addition the study included churches active in particular sites – for example in commercial and communal farming areas; in border and transit areas; and in more and less industrialized areas.

Table 2: Respondents by Regional Representation

Region	Number of Respondents in Previous Study	Number of Respondents in Current Study	Population of Regions as percentage of nation
Caprivi	0	7	4.3
Erongo	17	6	6.0
Hardap	9	11	3.6
Karas	0	3	3.8
Kavango	10	2	11.1
Khomas	6	38	13.8
Kunene	0	3	3.7
Ohangwena	7	0	12.5
Omaheke	0	2	3.6
Omusati	0	13	12.6
Oshana	9	6	9.0
Oshikoto	3	1	8.8
Otjizondjupa	0	4	7.2
National	13	13	-----
Total	74	109	100% = 1,8 million

The current study was able to fill critical information gaps both in terms of denominational and regional representation. Very few congregations are recorded in both studies.

2.3 Time Frame

The study was undertaken from 27 May – 31 July, including the workshop in Gaberone. A total of 21 days was allocated, including attendance at the first workshop to develop the tools and the final workshop to present the reports.

Given the financial, human and time limitations, the study utilized existing channels of information whenever possible. These included a number of networking activities as outlined below to facilitate speedy data collection. This may have skewed the data slightly in favour of churches that have or are planning to have an HIV/AIDS programme.

2.4 Data Collection Methods

At the initial workshop in Botswana a questionnaire was developed to be used in all four countries participating in the study. The questionnaire was later refined in discussions with the task force chairperson and data collectors. In Namibia the questionnaire was administered to one hundred and nine representatives of congregations, Christian non-governmental and community based organizations, and church leaders. The questionnaire was supplemented by semi-structured interviews and some focus group discussions.

Five avenues were used to collect information:

- **Desk review of existing reports**
- **Distribution of questionnaires to HIV Network on 9 June**
- **Distribution of questionnaires at CAFO workshop on 16 June**
- **Distribution to PACANet task force on 23 June**
- **Scripture Union volunteer data collectors in Khomas region**
- **Follow-up interviews from the earlier study**
- **Individual interviews with key informants, networking agencies and Christian NGOs.**
- **Focus Group discussions with youth.**

2.5 Quality Control

The bulk of the questionnaires were filled in by participants at a national training workshop. The chairperson of the task force and a trained data collector were on hand to give assistance. Another large segment of questionnaires was administered in the Khomas region by four data collectors. These data collectors were identified

by Scripture Union and were trained by the researcher at a half day workshop. All four were students at tertiary educational institutions, fluent in English and at least one other Namibian language. The data collectors were given a geographic area of greater Windhoek to target. Emphasis was placed on capturing data from as many different denominations as possible, especially those denominations not covered in the earlier study. The findings from the questionnaires were consistent with those from the earlier study. All key informant interviews were undertaken by the researcher.

The draft report was circulated to the PACANet Task Force and discussed at a task force meeting. Suggestions and comments from the members were incorporated in the final report.

3. HIV/AIDS IN NAMIBIA TODAY

Namibia has one of the world's highest HIV/AIDS prevalence rates, approximately 23% rising to 43% in some regions according to the most recent HIV Sero-Sentinel Survey (2002). Approximately 230,000 people are living with HIV/AIDS in Namibia today (2002). Life expectancy has dropped from 60 to 42 (2000) years of age in one decade. Skilled people in every sector will become more and more in demand. It appears that the prevalence trend is leveling in pregnant women ages 13-19, perhaps as a result of prevention and information campaigns. In addition recent studies posit an awareness of HIV/AIDS causes and prevention at 95%; however, as seen in the table below, the prevalence rates have increased in every other age group. Although the absolute numbers of people affected may not be as great as in other countries, the impact of HIV/AIDS on a sparsely populated country of 1, 8 million people with a long history of colonial domination and a critically thin skills base could be devastating. HIV/AIDS is stretching the resources of government, civil society and families.

Table 3:Trends in HIV/AIDS prevalence in pregnant women by age group

Age group	2000	2002
13-19 years	12%	11%
20-24 years	20%	22%
25-29 years	25%	28%
30-34 years	21%	27%
35-39 years	15%	21%
40-44 years	9%	16%

(Sero-Sentinel Survey, 2002)

Youth remain at risk, partly due to the existing taboos around frank discussions on sexuality between youth and the older generation. The most recent survey of HIV in pregnant women showed an increase in the prevalence in the 20-24 year old age group from 20 to 22 percent. The fact remains that young people, especially young

men, have their first sexual encounters at a young age – 31.3% of the current 15-19 age group at the age of 15 (DHS) and are more likely to have multiple partners, increasing their risk of infection.

On average women in Namibia bear their first child at nineteen. The infection rate of HIV/AIDS in women is slightly higher than for men (56%), and women get infected at a younger age. The prevalence rate for women in the age range of 15-24 years is 20%, while that of men in the same age range is 10%. Women bear the burden of HIV/AIDS in additional ways through caring for the sick, subsistence food production, which becomes increasingly important as wage earners die, and in the case of elderly women, care of grandchildren. Socialization practices have made girls and young women particularly vulnerable to infection either through older "sugar daddies" or through forced and unsafe sex with peers. Prostitution is illegal in Namibia, so sex workers remain largely unprotected. The spectrum of prostitution in Namibian has been documented by the Gender Research Project of the Legal Assistance Center and it has emerged that even girls in high school are often forced by economic circumstances to trade sex for material rewards, either clothes, cash, or just toiletries. Violence against women and children is a feature of Namibian society and despite a tougher Combating Rape Bill continues to be a very real and present threat for many Namibian women.

Children are the ones who may bear the brunt of this increased poverty and loss of life. It is expected that the numbers of orphans and vulnerable children will rise to 251,000 by 2021, when it is estimated that 40% of all children under seventeen will be orphans. To date almost all of the estimated 82,000 orphans have been absorbed by the extended family. This has however put additional stress on already over-extended rural families, pushing them further into poverty. The government assistance program through maintenance and foster grants has not been fully utilized, partly due to lack of information and awareness of the process and through hitches in the expanded implementation to meet the increasing demand. The churches have stepped in and are a source of limited emergency assistance to orphans and their caregivers.

A recent report on the impact of HIV/AIDS in the education sector points to the potential loss of investment in education as AIDS eventually debilitates and then kills close to a quarter of learners. Deaths from AIDS related illnesses are predicted to result in a loss of 19% of the educational sector workforce in the coming decade. This has very significant impact on how education will be managed and points to some specific needs such as for school counselors and other support mechanisms within the school and the larger community, and may even force a profound re-thinking of the delivery of education. Concurrently levels of absenteeism are already noted as disrupting learning in some schools. The recent policy on HIV/AIDS for the education sector states that educational institutions should facilitate parental education in sexual health and life skills education so that they in turn may be in a better position to guide their children. The same policy document recommends that educational institutions link with other local institutions to provide networks that

protect and support children, especially orphans and vulnerable children. The churches are an ideal partner for the schools to undertake both parental education and youth awareness and protection activities.

Since soon after Independence in 1990, Namibia has had in place a national plan of action to address HIV/AIDS. The second medium term plan 1999-2004 (MTP2) established the National AIDS Coordinating Programme (NACOP). This is a multi-sectoral programme, involving all the ministries of government and all sectors of society, including non-governmental organizations and faith-based organizations. The recent mid-term review of the MTP2 emphasized the positive role that faith-based organizations have played in addressing HIV/AIDS, especially in terms of care and support for people living with HIV/AIDS (PLWHA).

As the health care system becomes overwhelmed by the demands of HIV/AIDS related illnesses, home-based care becomes increasingly important. The Ministry has a home-based care programme, but the vast majority of home-based care is provided by church and community related groups, sometimes trained by the Ministry or by Catholic AIDS Action. Informed and sensitive home-based care is especially critical given the stigma and discrimination still evidenced against people living with AIDS. Very ill people may be isolated in their homes and left unattended.

The mid-term review articulates the importance of developing materials for specialized, targeted audiences. In general, much of the HIV/AIDS information circulated is developed in urban areas for a general audience. In reality much of the population is not confident in English, the national language, and age, gender, ethnic, and economic differences all impact on people's own response to HIV/AIDS. The mid-term review therefore advocates for more locally produced materials to create a differentiated approach relying on the understandings of risk and protection of particular communities.

Perhaps most importantly, AIDS is a disease closely linked to socio-economic determinants. Historical labour patterns, urbanization, gender violence, the social status of women, and the impoverishment of rural areas must all be taken into consideration. (Lebeau, 1999). Without this holistic and integrated approach to HIV/AIDS, Namibia will remain in the situation where knowledge of HIV/AIDS transmission and prevention is high (95%) but behaviour change is not apparent, as seen in the increasing infection rates in pregnant women in all age groups. Knowledge and even fear of contracting HIV does not seem to have significantly changed people's sexual practice (Lebou, 1999). There has been a reported increase in the use of condoms, but this is erratic and often negatively influenced by the use of alcohol.

Poverty may cause women and even girls to engage in risky sexual activities for some material benefit. In Namibia transactional sexual relations are common and well known as the "sugar daddy" phenomena whereby older men provide gifts for

girls in exchange for sexual favours. Extreme poverty may also result in a degree of fatalism. The suicide rate in Namibia has not been documented, but anecdotally many are related to HIV/AIDS status. The churches have long been active in addressing many of these related issues, including violence against women and children, poverty alleviation through income generation, and human rights.

Previously the churches were somewhat ostracized from the mainstream HIV/AIDS debate due to their stand on condoms. Almost all the churches were against promoting the use of condoms as it was seen as promoting sexual license. On the one hand many churches have moderated this stance, and on the other hand total reliance on condoms alone as the key preventative tool has been seen to be somewhat unrealistic given the improper use of condoms, the lack of women's ability to insist on condom use, and the influence of alcohol on risky behaviour.

More and more it is seen that churches have a role to play as a key social institution especially with regard to vulnerable children and youth. Children's experience of poverty, of loss, separation and bereavement and of neglect or impersonal child care due to HIV/AIDS, if is not mitigated by adequate social support, will have great personal and social costs. The churches are taking up the challenge to respond appropriately to the increasing number of children who may be at risk.

The World Council of Churches advocates that churches work co-operatively to undertake national campaigns, with the following four points:

1. **increasing resources for prevention, care, and treatment**
2. **encouraging churches to practice solidarity with HIV/AIDS victims [sic]**
3. **orienting prevention toward basic causes of HIV infection in the various target groups**
4. **more access to treatment (Steinitz, 2002).**

The findings of this study help to demonstrate to what extent the churches singularly and jointly have answered this call, what resources they have at their disposal, and what resources are still required.

4. CHURCH-BASED INTERVENTIONS

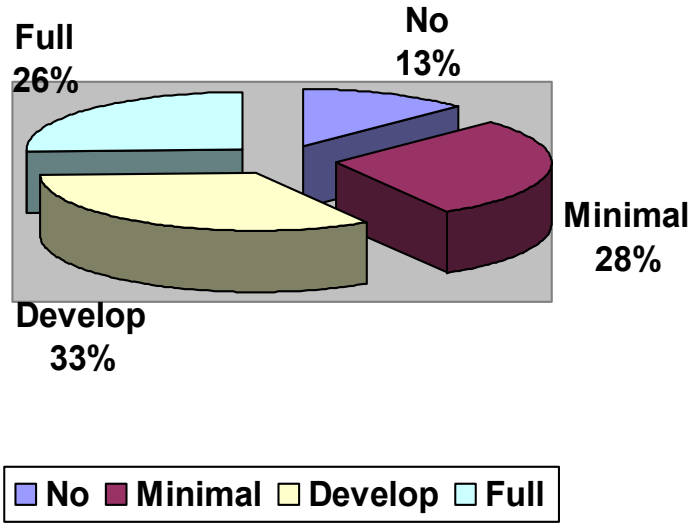
4.1 Level of Activities

Although for the purposes of this study mainline churches were grouped together as one category of respondent, there is in fact great diversity within so-called mainline churches. The most evident variation is one of size and structure. Churches such as the Lutheran churches and the Roman Catholics and the Anglicans have considerable membership, over 62% of the Namibian population. A number of the other denominations such as the Rhenish and the Methodists are very small in number. Mainline churches also differ in regional areas of operation. Most of the smaller mainline churches are active in the rural and isolated areas in the south and eastern regions of the country. In the highly populated north, the Lutherans,

Catholics, and Anglicans predominate. The structures between churches also differ considerably from extremely hierarchical to congregational. These differences influence the scope and implementation of many of the HIV/AIDS interventions. The larger churches generally have more access to resources and may have a much larger staff component at a head office. The Council of Churches is aware of these differences, and sees a role for itself not only in supporting those well-established church interventions when necessary, but also in encouraging and assisting the smaller churches to establish their own or combine with others to establish an HIV/AIDS response.

The level of responses of congregations can be categorized in four ways: no response, a minimal response, a developing response, and a fully fledged programme of interventions.

Figure 1: Level of Response



In the current study only 14 out of a total of 109 respondents, or 13%, stated that they had no response to HIV/AIDS. This was predominately among some small independent churches from all categories.

A common pattern among churches that could be said to have a minimal response was that of promoting awareness and prevention through preaching abstinence and

Christian marriage, offering counseling and spiritual support, but with no materials, few volunteers and no staff. 28% of the respondents fell into this category.

The congregations with a developing response were primarily from the larger, established churches, primarily the so-called mainline churches - the Anglicans, the AMEC, the Methodist and the Uniting Reformed for example. These churches have HIV/AIDS coordinators, either on a part-time or a fulltime basis. They have between two to fifteen volunteers. For example, the Anglican Church with a strong base in the highly populated far north of the country, has 20 parishes with HIV/AIDS Committees, and two home-based care groups. The African Methodist Episcopal (AME) Church runs a prevention program known as Operation Zero. The Uniting Reformed Church has recently established a temporary home for OVC who are awaiting fostering or return to a family.

A caveat is that more and more of the Pentecostal and evangelical churches have recently become more involved in both prevention and care activities, especially orphan support. The Apostolic Faith Mission now has a part-time HIV/AIDS coordinator and is about to commence training and support activities. The Church of Africa has a program of youth training in conjunction with the National Youth Council. Certain Baptist congregations are supporting homes for orphans and reaching youth with life skills programmes.

These churches may have an HIV/AIDS coordinator to promote responses in their congregations, but have insufficient resources for the work. Generally these developing responses focus on just one or two interventions, for example home-based care or youth prevention or temporary shelters for orphans. This group accounted for the largest share of the responses, thirty-three percent.

A few churches have a fully-fledged HIV/AIDS programme with staff, substantial funding, training, facilities and a variety of interventions. At the congregational level, these interventions often had over ten trained volunteers active in a number of spheres. In every case, such congregational responses were operating in churches which had a fully fledged programme at national level. So although the congregation did not have staff dedicated to HIV/AIDS work, the denomination as a whole did. 26% of the respondents could be classified as having such a response. A few examples of these are described below.

Catholic AIDS Action (CAA), an associate body of the Namibian Catholic Bishops Conference, is the largest faith-based response to HIV/AIDS. Established in 1998, CAA has 110 volunteer groups with 1,686 active volunteers offering home-based care and counseling to approximately 3000 homes. In addition CAA offers training to other churches and organizations. In 2002 it ran 72 courses on HIV/AIDS Education for youth – Stepping Stones and Adventure Unlimited - reaching 1460 participants. CAA has over forty-four fulltime staff working in nine regions. CAA

is also leading the training of trainers in psycho-social support for orphans and vulnerable children.

The Evangelical Lutheran Church in the Republic of Namibia has also established an HIV/AIDS programme – the Evangelical Lutheran AIDS Programme (ELCAP). ELCAP's mission is to enable ELCRN congregations to become a source of faith, hope and love and instruments of God's redeeming love. ELCAP works through its structures to:

- **Raise awareness**
- **Foster a spirit of prevention**
- **Support home-based care**
- **Offer spiritual counseling**
- **Provide special care for orphans.**

ELCAP has trained twenty-six trainers in psycho-social support. It has established forty-eight home-based care groups operating with over four hundred volunteers. In addition seventy-six youth peer educators have been trained in the Stepping Stones life-skills material, while fifty-seven pastors were trained in sexuality and counseling. ELCAP has established on orphan support project in one town, and is already assisting 172 OVC in Rehoboth alone. They have begun to produce materials, beginning with *Guidelines on Starting a Committee for Prevention and Care in Your Congregation*.
The two HIV/AIDS coordinators from the Evangelical Lutheran Church in Namibia (ELCIN) reported that their 55 congregations have HIV/AIDS committees which can help organize awareness clubs, home-based care and educational workshops. Of these, thirty-five congregations have home-based care programmes and have stated orphan support activities. ELCIN has close to 1800 volunteers working at congregational level.

As to be expected few churches distribute or promote condom use. In all the responses, gaps were evident in the areas of income and skills training, material production, and material support. This is significant in that many families need material support, which churches are not in a position to supply. The following section looks more closely at the different activities undertaken by the churches.

4.2 Overview of Types of Activities

The churches are involved in a variety of HIV/AIDS activities, ranging from prayer for those infected, through counseling and awareness raising, to orphan support and home-based care. In most cases these activities are undertaken by volunteers. Almost all of those canvassed used volunteers in their response, sometimes as few as three, and sometimes as many as fifty in one congregation.

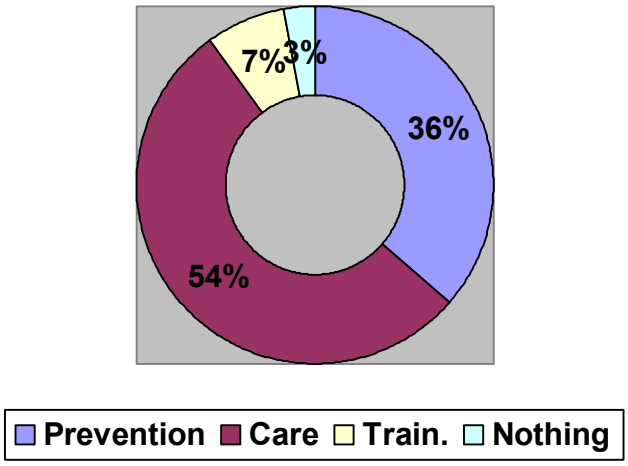
Table 4: Summary of Activities

Activity	Frequency of Response	Frequency of Response	Frequency of	Total

					response	
	Congregations			Head Office/ Coordinator	Christian NGO	
	Africa Ind.	Pent/ Evan.	Main-Line			
Prevention						
Awareness raising	3	14	42	6	10	75
Promoting abstinence	1	18	29	4	6	58
Life skills and sex education	3	12	24	5	5	49
Distributing condoms	0	1	9	1	1	12
Care and Support						
Orphan support	0	3	24	3	9	39
Home-based care	0	5	27	2	4	38
Medical assistance	0	4	6	3	1	14
Counseling	2	13	34	4	6	59
Spiritual support	3	18	34	5	3	63
Material support	0	9	7	4	3	23
Income generating/skills training	0	2	7	1	4	14
Support homes for OVC	0	1	5	0	2	8
Kindergartens	0	4	21	2	2	29
	Africa Ind.	**Pent/ Evan.**	**Main-Line**	**Head Office**	**Christian NGO**	**Total**
Outreach and Advocacy						
Training	0	3	6	5	4	18
Producing materials	0	2	4	1	2	9
Lobbying and advocacy	0	3	3	3	3	12
No activity	2	8	4	0	1	15
Total respondents	5	32	49	8	15	109

This range of activity is presented diagrammatically below.

Fig. 2 Range of Activities



These findings substantiate and complete the findings from the earlier study on the church response to orphans. That study found that offering moral and spiritual support was the primary activity of most churches, followed closely by prevention messages delivered in churches or to youth groups. The third major activity was home-based care for people with AIDS and providing awareness and information on HIV/AIDS.

Some of the major activities from the chart above are discussed in the following sections which look at some best practice from different churches.

4.3 Home Based Care

Home-based care is an organic expression of the church's mandate to care for the sick, visit the widows and feed the hungry. Volunteers themselves, in focus group discussions, stated that they volunteer for a number of reasons. In order of frequency of response these are:

1. **I see that my neighbors are sick and many children have become orphaned, and I want to help them.**
2. **It is my Christian duty to follow the teachings of the church, including the example of Jesus.**
3. **I am willing to help out because I see that my community and my nation need me.**
4. **As a volunteer I want to become educated and learn new skills that can help others.**
5. **I realize that, today it is you and tomorrow it may be me; becoming a volunteer will prepare me in case my own family needs help, too. (Steinitz, 2003)**

Volunteers that receive sufficient initial and follow-up training, regular supervision and monitoring, and the necessary supplies are able to offer a sustainable service including physical care, spiritual support. The vast majority of home-based care givers are women, between the ages of 25-50. (Steintiz, 2003)

The three largest churches in Namibia, the Lutherans, the Roman Catholics and the Anglicans all run volunteer home-based care programs. Many of the smaller churches, including the evangelical and Pentecostal churches do as well. The Full Gospel Church trains volunteers from other churches in home-based care.

The Roman Catholics do so under the umbrella of Catholic AIDS Action (CAA). CAA provides a three week training course, minimal incentives, supervision, and on-going materials to over 1200 volunteers. The volunteers visit two clients, at least once a week. The Anglican Church, with training from the Ministry of Health and Social Welfare and CAA, recently initiated two home-based care programmes in the far north of the country near the Angolan border.

4.4 Voluntary Counseling and Testing (VCT)

The Council of Churches in Namibia, in collaboration with Childline/Lifeline and local parishes, established the first VCT in Namibia outside of the hospitals. The VCT is located within the premises of the CCN along with many other NGOs, making access and confidentiality easier. The CCN and Childline/Lifeline provided training for pastors who offer counseling on a roster system. CAA has two VCT centers one in Katutura and one in Oshakati. With assistance from the Global Fund, Namibia is set to expand its VCT services considerably primarily with the assistance of the Social Marketing Association. The churches however are also interested in establishing more ecumenical VCT centers such as the one at CCN headquarters. There are no studies currently available comparing the different VCT services (governmental and non-governmental) nor profiling the users or analyzing satisfaction levels. This might be a worthwhile exercise if churches are planning to expand their involvement in VCT. This could be important as the quality of counseling is a determinant in the effectiveness of VCT as a behavioral change mechanism.

4.5 Youth programmes

In Namibia there are a number of youth oriented Christian NGOs, as well as congregational youth programmes. Faith based organizations addressing youth include Change of Lifestyle Homes (COLS), Katutura Youth Enterprise Centre (KAYAEC) Scripture Union, Youth with a Mission, Youth with a Purpose, Youth for Christ and Campus Crusade for Christ.

Two locally conceived and initiated faith-based organizations, COLS and KAYEC, both sprang from a church based response to the problems facing youth today. Both organizations still retain strong links with their church founding members. KAYEC is a joint project of the Lutheran and Anglican churches focusing on vocation and life skills for out-of- school and vulnerable youth. It has two centers, one in Ondangwa in the far north, and one in Katutura, part of the capital city, Windhoek. Over the past ten years KAYEC has trained over 4000 youth. Their mission is to provide skills training for and develop enterprising attitudes in marginalized youth. KAYEC addresses HIV/AIDS in two ways, firstly addressing some of the root causes of vulnerability by providing youth with marketable skills, and secondly through HIV/AIDS education mainstreamed into all their other courses. KAYEC is planning to embark on the International Youth Award which combines community service, skills development, sport and expeditions. Community service is an important mechanism for building resilience in vulnerable youth, by creating opportunities for them to make a meaningful contribution to their community, and to be seen as a valuable member of society.

I think we need cells of excellent practice where youth have a chance to develop themselves in a caring environment. (Director of KAYEC)

The Change of Lifestyle Home's Project (COLS), established in 1997 is a non-denominational Christian NGO that works with youth in crime-prevention, youth-leadership, and social mobilization. Using youth volunteers they establish kids-clubs, organize youth athletics, coffee-bars, choirs, retreats and HIV/AIDS awareness workshops. COLS has offices in the Khomas, Erongo, Otjizondjupa and Omaheke regions. COLS works with many denominations, especially the Methodists, Congregationalists, and Pentecostals, but they themselves are a registered NGO.

Scripture Union works primarily through the school system. Currently there are sixty-two school groups in eight regions of the country. The group leaders receive training. Scripture Union holds week-end camps for youth at its own Shalom Centre near Windhoek. The most recent was a True Love Waits camp campaign. This campaign focuses on giving youth skills to abstain from sex, including self-esteem and self-control, culminating in a pledge to remain a virgin. Scripture Union is also approached by schools to offer prefect leadership training from time to time.

Congregations are also involved in youth prevention activities. These often take the form of week-end retreats, sports days, and weekly youth group meetings. The basic message is to delay sexual debut and to abstain from sex. One protestant denomination since 1995 has given talks in 243 high schools reaching 180,000 learners with the *Choose to Wait* material. Some respondents question the emphasis on abstaining, without sufficient information on human sexuality. Many church leaders feel ill-equipped to discuss sexuality with youth, and would prefer to hand over to a qualified counselor or medical advisor. At a workshop hosted by the University of Cape Town's Children's Institute in South Africa, children are

reported to have requested churches to provide discussions on HIV/AIDS in sermons and to provide workshops on prevention and care. The same study found that although church leaders can and do influence attitudes and actions in the community, they lacked sufficient understanding about HIV/AIDS.(Children's Institute).

According to UNAIDS material on best practice, effective interventions with youth usually have the following components and characteristics:

- **Accurate information about sex and risks**
- **Self-efficacy and self esteem building sessions**
- **Practice of negotiation and communication skills**
- **Skills training**
- **Attentiveness to what young people think and believe**
- **Understanding the influence of the media and other social forces such as alcohol**
- **Use of small groups**
- **At least 14 hours of contact**
- **Strategies for resisting peer pressure**
- **Reinforce the desired group norms and individual values**
- **Extensive training for the trainers**
- **Integrated information on pregnancy and STDs**
- **Addressed basic needs including health services**
- **Connection with the family and community**

Church youth groups provide a near perfect setting for many of the above determinants. Youth groups are often small or can be divided into smaller units; they often are on-going in nature allowing for sufficient time and interaction; they offer a safe environment for youth to practice communication skills and role play other behaviour; the pastors or leaders are often trained, or could have access to training.

Although the channel is there within churches to address youth, not all the congregations have youth groups or groups which address these kinds of issues. The Christian NGOs focusing on youth could offer a resource in this regard, providing specialized input in training trainers, in programme development and in learning methodologies.

4.6What Youth Say

According to youth in focus group discussions, the major challenge facing the church with regard to HIV/AIDS is the lack of openness in discussing HIV/AIDS. A dearth of correct information about HIV/AIDS was also cited as a problem. Youth expressed a sense of frustration with the lack of actual programs. The youth, all from tertiary educational institutes around Windhoek, felt that the church was

doing nothing about HIV/AIDS due to stigma and discrimination, though some churches were seen to offer counseling and prayer.

Some churches say it's a curse from God because of people's sin.
(Windhoek College of Education youth)

Much has been said about HIV/AIDS, but still no one is doing anything.
(Polytechnic youth)

The youth felt that the church should:

- **Not discriminate**
- **Provide counseling**
- **Talk more openly about sex education**
- **Encourage abstinence**

The youth themselves wanted to be involved in talking to other youth about HIV/AIDS in awareness clubs and in offering care and support to those affected and infected. Youth represent an underutilized resource in the church.

4.7 Orphan Support - Institutions

A number of churches have responded to the rise in the number of orphans by planning or establishing institutions, such as homes and schools. While the sentiment and motivation is commendable, such institutions are very costly, usually not sustainable, and may even be of questionable value to the development of a child if they are not very carefully controlled. It will be an indictment of the churches if the care offered in their institutions does not reflect the love and compassion of Jesus.

Christ's Hope International currently runs three orphanages in three towns throughout the country. It is in the process of constructing two more with an additional two in the planning stage. They receive money from the Ministry of Health and Social Services for the children placed in their care. In addition they support 120 children with school fees and a soup kitchen. Full Gospel Outreach has a home for 8 – 10 infants and young children in Windhoek.

Other churches support informal homes in the community for orphans and vulnerable children. One church has established a temporary home for children, while seeking to integrate the children with either their family of origin, or another suitable family. As with youth activities, many churches have a valid concern, but lack the technical expertise on their own to address adequately the needs of vulnerable children.

It's the right sentiment, but the educational grounding is missing. (NGO leader)

Kindergartens have long been the domain of the churches in Namibia. Before independence churches were the primary provider of early childhood development programs, and they have remained strong in this field. Kindergartens have a particular role to play in accommodating children from homes affected by HIV/AIDS. Young children require special attention and care if they have lost a primary caregiver, if they are having to watch a loved one die, and if there is financial and emotional stress in the home. Kindergarten facilities can provide a safe and supportive environment for such cases, and be a guardian for children's rights and protection. Unfortunately many kindergartens, although community based and relatively inexpensive, are still out of the range of the most vulnerable.

Churches could play an important role in mitigating the affects of HIV/AIDS by accommodating especially vulnerable children their existing early childhood centers, and by ensuring that the teachers and care givers are trained to recognize trauma in children and to respond appropriately.

4.8 Orphan Support – Community based

From the previous study, under the auspice of the World Conference on Religion and Peace, we know that churches are eager to either begin or to expand their support to orphans and other vulnerable children. Often home-based care groups are on the forefront of this work, identifying children in homes with ill or dying relatives and reaching out to those children, even before they are orphaned.

A few churches surveyed have ad hoc programs such as Christmas parcels to needy children; a Sunday meal on special days or an occasional donation of clothes. Still other congregations have come up with strategies within their means, including Saturday drop-in centers or soup kitchens. One rural group is offering a soup kitchen based at a school to ensure that the OVC receive at least one meal a day.

Still others had fairly well developed regular interventions, from Saturday fun days, through daily soup kitchens, to emergency shelters and material support. In some cases these interventions are supported by the religious coordinating body and in other cases they are totally dependent on local support from the community. Generally, the groups that are offering substantial support to orphans and vulnerable children are either connected to a national programme such as CAA or ELCAP, or to a Christian NGO.

Catholic AIDS Action provide periodic support to 16,000 registered needy children around the country. This support may include blankets, school uniforms, bursaries, meals from a soup kitchen, and psycho-social support. As noted earlier ELCAP provided similar services to 172 OVC. (Yates, 2003).

4.9 Resource Materials

Less than half of the respondents used any resource material in their HIV/AIDS programme. The main reasons for this were problems with availability and lack of funds to purchase materials. No respondents had rejected materials based on the content of the message or the relevancy. The predominate source of materials was the Ministry of Health and Social Services, followed closely by Catholic AIDS Action. A few respondents received material from their church office, and a few from the local regional governmental AIDS coordinating committee. Certain HIV/AIDS church coordinators made a request for more materials in vernacular, as well as for more multi-media materials, including videos and cassettes.

The MOHSS has a number of prevention materials in the form of posters and pamphlets. One of these, *Choices about Sex: Facts for Young People* has useful information about adolescents and saying no to sex. Condoms were also mentioned as a resource materials supplied by the MOHSS. Catholic AIDS Action has an impressive list of published material translated in various languages. (See Appendix 3). These include training manuals, pamphlets, booklets addressing both living positively with HIV/AIDS and prevention messages. Recently they have produced material on psycho-social support to orphans and vulnerable children and on building resiliency in children. CAA is now revising *Adventure Unlimited* – a life skills book for children aged 10-14 to complete *Stepping Stones* for the older Youth. These are appropriate for all denominations. Publications by CAA are available to all denominations nationally and regionally. In the future these will be published and disseminated by an independent publishing house. This should lead to an even wider audience for these materials. Prices range from US$0.30 to US$ 10.00. The Catholic Church also provides radio programs through its own Radio Ecclesia on a weekly basis and through the National Broadcasting Service on a monthly basis. As mentioned earlier, the Lutheran Church AIDS Programme (ELCAP) has also produced materials, some with the help of CAA.

The Bible Society of Namibia is about to embark on its second HIV/AIDS project. The first – Bringing Hope – started in 2000, and focused on messages of comfort and hope for people and families of people living with HIV/AIDS. The booklet, *Living with Hope*, was translated into the nine major Namibian languages. This project was funded by their traditional donors. 34,700 pamphlets were distributed free. The Bible Society also distributes *Where is the Good Samaritan Today* a booklet produced by the United Bible Society on the challenges of fighting HIV/AIDS. The booklet seems quite appropriate for religious leaders or pastors, or group Bible studies, but relies heavily on a literate audience and has not yet been translated. A very suitable Bible study for youth called *Take Charge* is another production of the United Bible Society in Nairobi.

Their new project, provisionally entitled *The 2000 Year Old Vaccine*, will be a preventative program aimed at youth ages 14-25. They plan to use print, audio, and video productions, looking at biblical teaching which can protect one from HIV/AIDS infection. In a unique and innovative partnership they have linked with

the Evangelical Lutheran Church in Namibia (ELCIN), the largest single church in the country, to develop the messages for this material.

The materials already available from the Bible Society are an underutilized resource for the country. In addition the Bible Society is willing to undertake, and even fund, further production of materials as long as it is in-line with their core business of disseminating the Word of God. Thus all publications must contain 80% scripture. It appears that there are materials available, though these materials are not reaching the congregations. It may be a matter of motivating church leadership to prioritize disseminating information to congregation level. Funding to purchase existing materials should be a priority, while simultaneously developing locally appropriate and targeted materials.

The mid-term review of the National Medium Term Plan for HIV/AIDS (MTP2) suggests that locally produced material are needed to address the context and realities people face on the ground in protecting themselves from HIV/AIDS. From the responses it seems that some of the available material is not getting out to the churches. A clearing house for materials could provide an important service to the churches, sourcing and disseminating secular and faith-based publications. Utilizing the existing materials, congregations could then adapt and develop their own individualized materials for specific target groups.

4.10 Networks

The majority of respondents, 61%, do not belong to a network or affiliation. Almost nineteen percent do belong, but receive no support from that network. Almost all the respondent stated that they would like to be affiliated to a network supporting HIV/AIDS work. In discussion it appeared that some networks have been formed, but have not yet been able to deliver the goods. This was attributed either to a lack of clarity of purpose of the umbrella/network, or an over-emphasis on accessing funds rather than on coordination. The Church Alliance for Orphans (CAFO), launched in 2002, is a network with over 300 members and 44 local committees addressing the church response to OVC. Most of these members are congregations and small faith-based community organizations. At a recent CAFO workshop, participants attended training courses in psycho-social support, basic bookkeeping, and project management.

The Council of Churches in Namibia, established in 1978, with a membership of 14 churches, is a well-respected and established organization. More churches are joining the CCN, and membership now includes the Apostolic Faith Mission, the Oruuano Protestant Unity Church and the reformed churches. Membership in these churches represents approbatory 80% of the Namibian population. Since independence in 1990, the CCN has been in a process of restructuring and refocusing. It is now a facilitative body for the churches, rather than as an implementor of projects.

To become more facilitative, the CCN underwent a restructuring process in 1995. The Faith, Justice and Society department is now the key department, with a coordinator who reports to the General Secretary. In that department there is a HIV/AIDS desk which also addresses women and child protection. Over the past few years this desk has been responsible for training clergy in HIV/AIDS awareness and prevention and care. The Desk was responsible for establishing one of the first VCT centers in the country. The desk has also channeled funds from Norwegian Church Aid to congregations involved in orphan support. This support ranged from the provision of soup kitchens, to gardening, and psycho-social support.

The Council is currently assessing its own position and strengths and hopes to focus on a few key activities using its comparative advantage in certain areas, for example accessing funds for member churches, dissemination of resource materials and information, and training for leaders. The Department coordinator sees the desk offering information and services to member churches in order for them to establish their own programmes. This is especially important for the smaller member churches which do not have their own HIV/AIDS programme. These services could include training of trainers, promoting ecumenical partnerships especially in isolated areas, producing locally relevant materials, undertaking operational research and disseminating the findings, and being a clearing house of information.

Afrikaans speaking Christians in Windhoek held a symposium in November 2002, leading to the formation of a task group. Priorities to be addressed by this group include:

- **An information bureau**
- **Prayer action**
- **An Afrikaans brochure on HIV/AIDS**
- **Networking**
- **Practical help to those in need and**
- **In-service training**

The Church Benevolence Board of the DRC has produced a flier on HIV/AIDS service organizations and a workshop was held in April 2003 to mobilize members. Social workers in Windhoek, Walvis Bay and Keetmanshoop offer sex education and preventative programs at schools and can provide some limited material support to orphans and vulnerable adults.

The HIV/AIDS Network is a forum for all churches stemming from DiscipleNamibia 2020. They have a database of members, including contacts and types of activities. They meet regularly to share common concerns, receive up-dates on relevant current studies or events, and discuss strategies for mutual support.

TKMOAMS, an acronym for Almighty Father Protect our Nation against the Disease AIDS, is an ecumenical body which trains, coordinates and supervises 32 home-based care groups with a total of 900 volunteers in the far north of the

country. The groups are not affiliated to any one church, but members of the group are church goers.

There are a number of Christian welfare organizations, especially in Windhoek and in other towns. Philippi Namibia, established in 1996 provides training and counseling for churches and communities. They offer certificate, advanced certificate and diploma courses in counseling. They have worked very closely with Catholic AIDS Action in providing training of trainers in psycho-social support for children. Other local Christian organizations include Christian Alcohol and Drug Assistance Group, Christian Dependency Ministry and the Blue Cross. Their focus on drug and alcohol dependency could be usefully brought to bear on HIVAIDS prevention activities, especially given the close links between alcohol abuse and risky sexual behaviour.

Building linkages between denominations, as well as between congregations and governmental and non-governmental organizations and services, would be an important step towards strengthening the church response to HIV/AIDS.

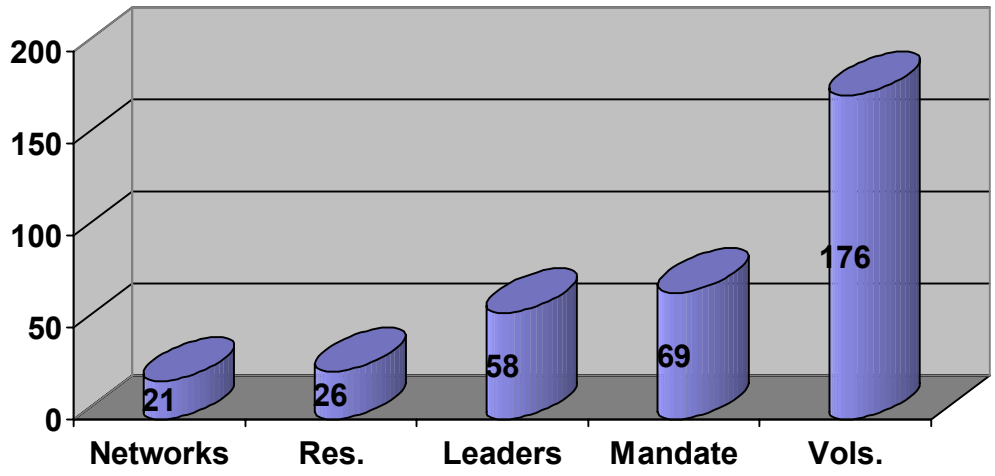
5. CAPACITY ASSESSMENT: STRENGTHS AND CONSTRAINTS

5.1 Identified Strengths

Churches, at both head office and congregational level, are able to call upon the high degree of commitment and motivation of their members. This is linked to the mandate from the Bible to feed the hungry, visit those in prison, clothe the naked. The Bible also makes particular provision for widows and orphans and places believers under an order to bring justice to the poor and oppressed. HIV/AIDS in Namibia is deepening levels of poverty, increasing the numbers of orphans, and creating a new oppression through stigma and discrimination. In addition to a mandate and willing volunteers, the churches also have established structures - physical and institutional – which can be harnessed to combat the impact of HIV/AIDS. Along with schools, the church is one of the most ubiquitous institutions in the country. The church structure may include different degrees of leadership and authority. Some of the larger churches have well defined hierarchies from Bishops, to archdeacons, to priests and lay ministers to lay people. Other churches may rely on annual synods or meetings to guide and inform their members. Even smaller churches in Namibia may have links with a larger body in the region which offers program support.

Individual congregations also have groups and sub-committees such as youth groups, women groups, even men's groups, that serve particular needs. These are ideal for targeted messages concerning HIV/AIDS.

Fig. 3 Strengths



The chart above shows very clearly that networks and resources do not feature as key strengths for the churches at this stage. What the church does perceive for itself is a strong theological base for action and a concomitant pool of committed and willing people to undertake the work.

5.2 Constraints

While acknowledging these very real strengths and the contribution that churches can make, there are still gaps. By far the largest of these is that of appropriately skilled personnel able to direct holistic, integrated, quality HIV/AIDS programmes. Of the fifteen churches and organizations that said they had no response to HIV/AIDS the overwhelming reason given was lack of human resources, followed closely by lack of funds. Only one church said they had no interest in HIV/AIDS. The dearth of people skilled in HIV/AIDS is identified as the major constraint to churches' developing or expanding their HIV/AIDS response.

A myriad of studies have shown that teaching children and youth the facts about sexuality does not encourage promiscuity or early sexual exploration, but on the contrary assist youth to delay engaging in sex. Messages concerning sexuality are ubiquitous in our media today, and churches and schools have a responsibility to present an accurate and value-based alternative to that of the media. To do this, churches need people, pastors and laity, who can speak with confidence to youth in an open, honest, and straight forward manner. Relevant and well-presented materials, such as those of Scripture Union, can assist in this regard.

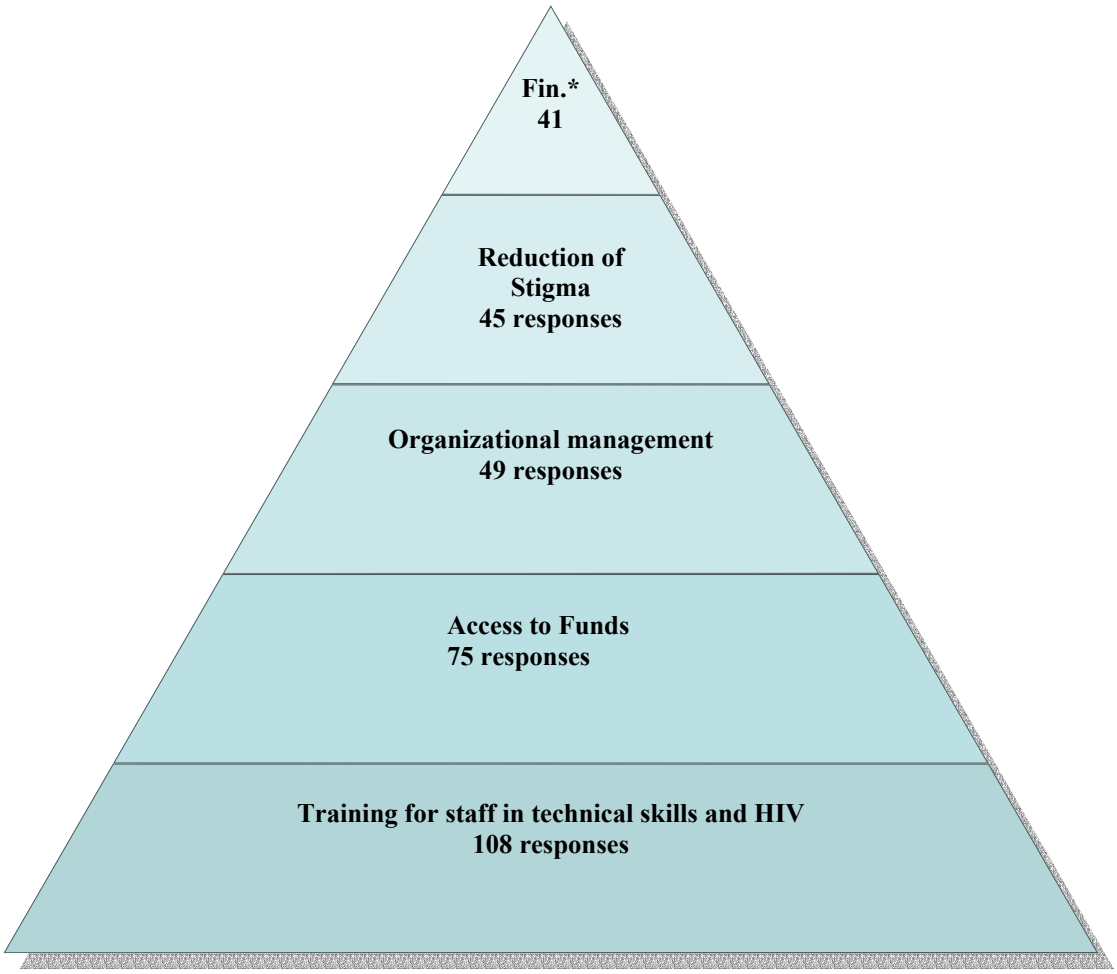
While the churches are being called upon to be key institutions in communities to respond to HIV/AIDS, they themselves are affected by HIV/AIDS as key individuals

become ill and die and pastors become overwhelmed with attending to the needs of the dying and the bereaved.

The strength and quality of social institutions, such as the family, the school, the church and community associations are critical for children's capacity to cope with the effects of the epidemic and to obviate personal distress, maladjustment, and social disorder. Every effort has to be made to support and strengthen these social institutions.(Richter, 2003)

The diagram below gives a visual representation of the basic needs identified by the churches in order to address appropriately HIV/AIDS in the country. With a foundation of trained staff, churches would be in a position to mobilize their volunteer resources more effectively and to fulfill the role mentioned in the quotation above.

Figure 4: Needs



***Financial management skills**

These findings differ slightly from those of the earlier OVC study, in that more funding is not the primary request from congregations. This may be because orphan support is more financially demanding than some other HIV/AIDS responses.

5.3 Leadership

Trusted role models, opinion makers, and other key individuals in the community can play a critical role in creating social norms. These social norms in turn have a strong effect on behaviour. "Normative and risk behavioural changes can be initiated when key opinion leaders adopt and endorse behavioural change, influencing others to do the same and eventually diffuse the new norm widely within peer networks." (UNAIDS, Best Practice, 1999 p. 9)

Bishops, pastors and other church leaders are in just such a key position. Sensitizing and mobilizing church leaders is thus an important component of an HIV/AIDS strategy. The Council of Churches has regular church leaders meetings and occasional seminars. HIV/AIDS has been addressed at this level, but it is not clear that all the necessary role players have been reached. Individual churches themselves also undertake training of their own and sometime other priests and pastors. The Roman Catholic Church has developed a guidebook for church leaders in this regard, *Following in the Footsteps of Jesus* covering basic facts about HIV/AIDS, stigma and discrimination, pastoral care and religious ministry. The Anglican Church held a conference with all its priests and lay representatives to galvanize them to develop their own local HIV/AIDS response. The Lutheran churches and many other protestant churches have held similar training workshops for their church leaders. Recently UNICEF piloted a resource pack for religious leaders.

While many of the local church leaders are very concerned with the very visible plight of orphans in parts of the country, and have tried to respond with material and emotional support, on the whole churches have less well-developed responses to prevention. Often prevention may be limited to preaching on abstinence and Christian marriage from the pulpit.

5.4 Stigma and Discrimination

As the above diagram points out, stigma and discrimination remain an obstacle to the churches. The churches both promote and mitigate stigma and discrimination of people with HIV/AIDS. Although churches may preach acceptance of people living with HIV/AIDS, there remains an underlying aura of judgment and criticism. Church leaders must address both their own and their members' fear of HIV/AIDS and reluctance either to discuss HIV/AIDS openly or to accept those infected.

> **Many people living with HIVAIDS do not yet feel welcome in the congregation of the faithful. They are afraid to be blemished, to be labeled as sinners among 'justified.'**
> **(Following in the Footsteps of Jesus, p.19)**

The lack of treatment for HIV/AIDS has contributed to the stigma. "The perceived 'untreatability' of AIDS is a key factor contributing to stigmatization."(UNAIDS, 2002) Many of the support groups for PLWHA are outside the church structures. Such groups, often small and localized, are being established all the time as individuals faced with rejection from their own families seek support and comfort.

The growing wide-spread home-based support network through the churches is an avenue for reducing stigma and promoting understanding. As more and more people have direct contact with friends and family members who have died or are ill with AIDS, a greater openness should ensue.

Have mercy on people living with HIV/AIDS, and those especially who have been rejected or neglected by their family, friends or the community. Help them to face life positively, and help us to overcome our prejudice, to avoid discrimination, and to accept them fully in the life of your church. Lord in your mercy, hear our prayer.
(Week of Prayer for Christian Unity, Church of the Province of Southern Africa, Anglican)

5.5 Advocacy

Advocacy for people infected and affected by HIV/AIDS is a crucial part of the church's mission to be a voice for the voiceless and a champion of the oppressed. The churches have been quiet concerning access to treatment for people with AIDS. A Treatment Forum set up within the AIDS Law Unit of the Legal Assistance center is coordinating the advocacy for treatment. Some faith based organizations join this forum. Orphans and vulnerable children require advocates to ensure that their rights for education, health, and protection are met. Pastors and other church leaders are well positioned to assist orphans to obtain places in school, to access government grants, and to receive counseling and support as required. To do this, the church must be informed and then mobilized. The permanent task force on orphans and vulnerable children established by Cabinet in 2002, has significant church representation and is addressing many of these concerns.

The Council of Churches in Namibia has representation at the highest levels of the National AIDS Coordinating Programme (NACOP). It is not clear however that this representation is fully utilized or that members are consulted and informed concerning these organs and mechanisms for national policy development. It has been recommended that perhaps active member churches should be elected to stand in for the CCN on these bodies. This may be especially critical now given the vacancy in the CCN's HIV/AIDS desk.

Church organizations are quite well represented at regional level fora, such as the Regional AIDS Coordinating Committees. Here church representatives have an opportunity to hear what other stakeholders in the region are doing with regard to HIV/AIDS and to learn what resources might be available. It is important that churches make use of these types of structures to stay informed about the latest HIV/AIDS information and to have a voice in national and regional policy development.

5.6 Funds

Seventy-nine percent of the respondents reported that they received no outside HIV/AIDS funding. They were reliant on contributions from members, from individuals and from local fund raising activities. The main problem churches faced in accessing funds was the lack of information. Fifteen respondents had had proposals turned-down, and sixteen respondents found a discrepancy between

donor priorities and church priorities to be the stumbling block. A networking body should be in a position to guide churches and church-based organizations to possible funding avenues. Indeed, this is one of CAFO's strategies for OVC support.

National church structures or head offices often receive their funds from sister organizations outside the country, such as churches of the same denomination, for example the Evangelical Lutheran Church in America and Finland, the United Evangelical Mission in Germany, the Archbishop's Emergency Fund and the like. Some receive funds from international partners such as the United Society for the Promulgation of the Gospel or Norwegian Church Aid. The CCN received N$252,000 this year to distribute to congregation and community based initiatives for OVC. Other partners that support Christian NGOs include Missereor, Family Health International (USAID), Lux Development, Secure the Future: Bristol Myers Squibb, the Catholic Medicine Mission Board, Ford Foundation and UNICEF.

Table 5: Source of support

Source	Frequency of Response
International donor	16
Overseas churches	6
Members contributions	35
Government assistance	2
Private sector	8
Private individuals	21
Local fund raising activities	17
Contributions from a network	4

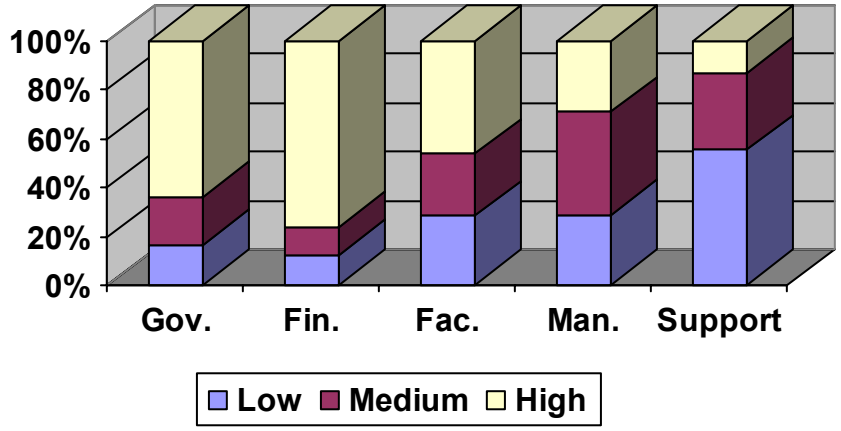
The church's ability to fund its own activities in the face of extreme need, augurs well for the sustainability of its activities. Only seven respondents stated that they required funds for core support. The vast majority would like to see funds go to prevention activities, home-based care and support to orphans and vulnerable children.

5.7 Capacity

The capacity of church organizations was assessed in five categories – governance, financial controls, facilities, management and participation, and financial and technical support. The capacity was ranked as low, medium or high depending on their responses in the questionnaire. Despite the received information that churches have limited capacity, from the questionnaire it appears that congregations have a surprisingly high capacity to implement HIV/AIDS programs. Churches generally have constitutions and have committees which meet and supervise activities. Churches have bank accounts and treasurers who supervise the finances. In the majority of cases their reports are audited. Churches fall slightly short in terms of facilities, with the majority having telephones, but only sixteen percent having email and internet access.

Of interest is that churches reported that both their congregations and their wider communities participated in HIV/AIDS activities, although this participation as generally not rated as high. As can be seen in the graph below churches' effectiveness is mitigated by lack of financial and technical support. They also lack sufficient management capacity.

Fig. 5 Capacity Assessment



The graph above highlights the lack of technical and financial support available to the churches, despite their capacity to manage and monitor programs given appropriate technical support. These findings are consistent with those from the earlier study on the church response to orphans.

6. CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

The situational analysis on the church response to HIV/AIDS in Namibia reveals that churches are facing the reality of HIV/AIDS in their communities with compassion, resourcefulness and commitment. The primary resource at the church's disposal is the time and skills of its members and the vision and direction of its leaders. In addition churches have committee structures and controls with which to manage HIV/AIDS activities.

Churches are undertaking a myriad of activities concerning HIV/AIDS. These range from prayers and preaching, through prevention activities for youth, to care and support for people affected by HIV/AIDS including those dying form AIDS, and those left behind as orphans.

In order to strengthen their existing programs and to encourage new programs, the churches require assistance. The assistance they have identified is predominately

that of technical support for staff, including HIV/AIDS information and preventative and supportive strategies. While some churches do receive outside funds for their HIV/AIDS programs, the majority rely on contributions form their own members. With additional financial resources, churches could expand their programs, especially in the area of material support.

Currently there is no one organization tasked with supporting the church response to HIV/AIDS. The HIV/AIDS and Women's Desk at the Council of Churches will be able to provide some technical support by organizing workshops and training activities. In addition it has and will continue to channel partner funds to churches and congregations. However, the desk alone does not have the mandate nor the capacity to address the many needs of churches in responding to those affected by HIV/AIDS as the infection rates begin to peak in Namibia. No agency is currently linking churches together or linking churches to other organizations and services. This study found, for example, that there are resource materials available from church and from government institutions that could be helpful in prevention and care activities, while at the same time half of the respondents had no materials! This is clearly an area where coordination and networking is needed.

Likewise in the areas of advocacy and training, a body is needed that can take the concerns of the churches forward in the public sphere. Such an organ could work hand-in-hand with the Council of Churches and other existing networking bodies to complement services and fill gaps. Ideally, some of the personnel should have feet in both places, building a bridge between the services offered.

6.2 Recommendations

To strengthen the church response the following recommendations are made. These recommendations are relevant to the existing networking bodies and to any envisioned PACANet forum to be established in Namibia.

1. **Develop and offer, or out-source, regular training courses for church people in technical skills related to HIV/AIDS, including counseling and fund raising.**

2. **Establish advocacy campaigns aimed at church leaders on HIV/AIDS and their role especially in addressing stigma and discrimination.**

3. **Promote ecumenical networks to coordinate resources and avoid duplication. Such networks could build on the comparative strengths of different denominations, for example those who have expertise in home-based care sharing with those who have experience in youth prevention.**

4. **Integrate programmes to cover prevention, care, treatment and advocacy.**

5. **Explore and strengthen programmes that address the socio-economic context in which individual's operate, with special emphasis on Christian parenting and family life.**

6. **Produce or source relevant materials in various media and disseminate the same through a clearing house for resources. Build the capacity of church organizations to produce their own materials addressing localized issues and concerns.**

7. **Identify Christian NGO youth organizations that can provide specialized training for those working with youth at congregational level.**

8. **Consider ways to strengthen the church's voice at national and sub-national level fora.**

APPENDIX 1: LIST OF CONGREGATIONS AND ORGANIZATIONS

1. Apostolic Faith Mission HIV/AIDS Department
2. Alpha and Omega Congregation, Omaruru
3. AMEC,Walvis Bay
4. AMEC Executive Director
5. AMEC Bishop
6. Apostolic Faith Mission Church, Onelembo
7. Apostolic Faith Mission Church, Rundu
8. Assemblies of God
9. Betesda Congregation, ELC. Otavi
10. Bible Society of Namibia
11. Church Alliance for Orphans, Director
12. Caring Mothers Serving HIV/AIDS Victims
13. Catholic AIDS Action Head Office
14. Council of Churches in Namibia,
15. Children of Zion Village, Bread of Life Foundation
16. Christ Love Ministries
17. Christian Faith Impact Ministries
18. Christian Mission of Jesus Christ
19. Church Benevolence Board of the Dutch Reformed Church in Namibia
20. Church of Africa – chairperson
21. Deeper Life Bible College
22. Dutch Reformed Church, Windhoek Central
23. Ebenhaezer Congregation, ELCRN
24. Ehangano Lutheran Church, ELCIN, Mariental
25. El Shaddai Ministries
26. ELCIN, Opuwo
27. ELCIN – AIDS Coordinator
28. ELCIN – AIDS Coordinator
29. ELCIN, Windhoek
30. ELCIN, Windhoek
31. ELCRN Okakarara
32. El-Shaddai Ministry
33. Eparara RCC
34. Epiphany Congregration, ELCRN Gochas
35. Eschol Valley Assemblies of God
36. Evangelical Lutheran Church
37. Evangelical Mission Church
38. Ewaneno, ELCIN
39. Exodus Congregation, Tsumeb, ELCRN
40. Fellowship of Christ Movement (UNAM)
41. Followers of Christ
42. Foundation Ministry, Katima Mulilo-Youth Coordinator
43. Full Gospel Church, WB

44. Hakahana Christian Centre
45. Hampe C.P. and Community Hilfe
46. Happy Family-Home-based Care Group
47. Highlands Assembly of God
48. Holy Family Mission Women's League, RCC
49. Holy Jesus Congregation, RCC
50. Hope AIDS Group
51. Hospital Chaplain, RCC, Windhoek
52. Jesus Center
53. Katima Christian Fellowship
54. Katutura Youth Enterprise Centre
55. Khomas Community Church
56. Lutheran World Federation –Nam. Committee
57. Mafuta Home-based care and Feeding Centre, Ngweze
58. Methodist Church
59. Methodist Church, Rehoboth, Home-based care group
60. Mpungu Parish, ELCIN
61. Namcare Children's Foundation
62. New Convenant Celebration Church, Baptist
63. Nicodemus Congregation, Kamanjab
64. Olupaka RCC
65. Olupumbu, ELCIN
66. Omega Pentecostal
67. Ondanda Church
68. Ondombe-hethindi RCC Congregation, Omusati
69. Ondundu Sinai
70. Onelago, RCC
71. Ongwediva RCC
72. Oniimwandi, RCC
73. Oshikuku RCC
74. Oshikuku, RCC
75. Oshitutuma RCC
76. Pentecostal New Temple
77. Potters House, Windhoek
78. Purity AME Church
79. RCC, Omusati
80. Rhenish Church
81. Rhenish Church Of Namibia, Youth Worker
82. Rhenish Church, WB
83. Safe Life, home-based care, RCC
84. Scripture Union
85. Seventh Day Adventist,
86. Sigem Congregation, ELCRN
87. St. Elisa
88. St. John's AMEC, Walvis Bay

89. St. John's AMEC, WB
90. St. John's Apostolic Faith Mission
91. St. Joseph's Parish
92. St. Philips Faith Healing Church
93. St. Samuel's
94. St. Stephen's RCC, Koes
95. St. Stephens and St. Philips
96. St. Thomas Anglican Church
97. St. Thomas Anglican Church, Oshakati
98. St. Timothy's, Oneheke (2)
99. TKMOAMS – coordinator
100. TKMOAMS-home-based care group
101. Uitani Congregation, Khorixas, ELCIN
102. United Christian Church
103. Uniting Reformed Church, Moderator
104. Uniting Reformed Church, Khomasdal
105. Uniting Reformed Church, Rehoboth
106. Warriors Centre for AIDS Orphans, Hardap
107. Warriors Centre for AIDS Orphans, Khomas
108. Windhoek Life-Change Centre
109. Winners Chapel International

APPENDIX 2: LIST OF SOURCES CONSULTED

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Yates, D. *An Examination of the Institutional Arrangements Established to Address the Challenges of HIV/AIDS in Namibia*, (to be published by IDASA), 2003.

Zimba and Kalomo, *Ensuring Access to Education for Orphans and Other Vulnerable Children Through Safe and Supportive Hostel Boarding Facilities*, UNICEF, December 2002.

APPENDIX 3: PUBLICATIONS BY CATHOLIC AIDS ACTION

Title	Languages	Cost
101 Ways to say NO to SEX	**E**	**@ N$ 2.- (single copies are free)**
What You Should Know About HIV/AIDS	**A/E/O/R**	**@ FREE**
Not Everyone Is Having Sex	**A/E/O/R**	**@ N$ 10.- each**
To Love My Neighbour a Pastoral Care Handbook for Namibia	**A/E/O/R**	**@ N$ 20.- each**
Healthy Eating	**A/E/O/R**	**@ N$ 25.- each**
Caring For Ourselves in Order To Care for Others	**A/E/O**	**@ N$ 50.- each**
Home Based Family Care Manual (This is meant for trained volunteers only)	**A/E/O/R/**	**@ N$ 50.- each**
Home Based Family Care Curriculum (This has the 1 -3 stages for training volunteers incl. 1 manual)	**A/O/E**	**@ N$ 200.- each**
12 Steps to Living Positively with HIV	**A/E/O/ L/R**	**@ N$ 20.- each**
Following in the Footsteps of Jesus	**E**	**@ N$ 25.- each**
Building Resiliency Among Children Affected by HIV/AIDS (Psycho-social Support for orphans)	**E**	**@ N$ 70 - each**
Journeys Of Faith (Strategies of Hope # 16 incl. CAA to be sold in Southern Africa only otherwise order via TALC)	**E**	**@ N$ 65.- each**
How to start a support group	**A/E/O**	**N$15- 00**

E=English, A=Afrikaans, O=Oshiwambo, R=Rukwangali, L=SiLozi
Bulk prices will be given as from 20 copies and more.
For handling and shipping add 30% within SADC, 50% beyond SADC or according effective cost if not applicable

Order from Paulina at Catholic AIDS Action-National Office;
P. O. Box 11525, Windhoek; Tel 061-276350; Fax: 061-276364;
E-mail: info@caa.org.na

APPENDIX 4: RELIGIOUS COMPOSITION IN NAMIBIA

Church Denominations	Members	% of Total Population
Evangelical Lutheran in Namibia (ELCIN)	500,000*	27.7
Evangelical Lutheran Church in the Republic of Namibia (ELCRN)	275,000*	15.3
German Evangelical Lutheran Church (DELK)	4,880*	0.4
Roman Catholic	247,379*	13.7
Anglican	110,000*	6.0
Uniting Reformed Church of Southern Africa	9,180*	0.5
Methodist Church	13,636*	0.7
Dutch Reform Church	23,939*	1.3
Protestant Unity	35,000	1.0
Seventh Day Adventist	22,000	1.2
Ovambo Independent	20,000	1.0
Rhenish Church in Namibian	19,000	1.0
Full Gospel Church of God	14,000	0.7
African Methodist Episcopal (AME)	6,000*	0.3
Baptist Convention of Namibia	8,000	0.4
Other Protestant	8,000	0.4
Evangelical Bible	8,000	0.4
United Congregational	5,454*	0.3
Jehovah's Witness	2,000	0.1
Other Denominations	178,000	9.8
Percentage Christian		82%
Other/Non-religious	86,000	18%

*** figures supplied by Council of Churches in Namibia**