



NOTES ON THE
HIV FORUM
FOR CHURCHES

PRETORIA
23 JUNE 2016

HOSTED BY
MISSION4HIV, LYNNWOOD RIDGE DRC &
BUILDING HOPE FOUNDATION

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The quest to understand - Who is doing what

For a while now Building Hope Foundation and Mission4HIV, a ministry of DRC Lynnwood Ridge, have wanted to understand what churches in *Pretoria* are doing in the response to HIV and then to learn from or support one another in projects where possible. The work of external ministries (OM, PEN etc.) is known, but our quest was to explore more of what *churches* are doing in terms of prevention, care and empowerment.

The question we put to ourselves was: *Why the Church?* Why should we be involved in HIV?

The goal was to learn from the work others have been doing and to review current activities against such work, if any.

Background research into the Church's role w.r.t HIV were conducted but it was found that many documents on the topic were outdated, some of the websites and organisations that published documents did not exist anymore or the organisations have closed their doors. To some extent it is good because it could mean that we are winning the fight against HIV, involvement might not be necessary anymore, but it was sad as well. It appeared as if little has been done in term of ongoing research and ongoing encouragement for the church to be involved.

Research was conducted to identify the either overseeing bodies or specific churches involved in HIV by contacting the national and provincial governing church bodies such as Synods, Councils, and Dioceses etc. The Christian Aids Bureau also provided a list of names whom were all invited. The churches and individual leaders were contacted and invited to the day. The invitation was open and churches were encouraged to invite others that they know of.

Focus of the Day

HIV is declining according to statistics and a general view has emerged that HIV is "not a problem anymore". Yet, measuring against the responses leading to this initiative, it appears as if churches are fatigued and despondent towards HIV as a focus area.

There was a recurring reaction at many of the churches that were contacted: *we are not involved in any HIV or related activities*. This shocking remark indicated that churches were not supporting or involved with organisations, ministries or individuals involved in HIV and related activities. Our concerns grew as it appeared that a large number of churches were not ecumenically competent when it comes to HIV. One particular church in the city centre responded that they "cannot" be involved in HIV – "we will loose members if we

“speak about it”.

On 23 June we wanted to understand what churches in Pretoria were doing in the response to HIV and then to learn from or support one another in projects where possible. We expected that what we will hear would be a simple message: *it isn't difficult to do something*. We also expected that there would only be a handful of churches involved and it was so. Each church representative was given the opportunity to present their church's involvement.

The participants were:

Name	Surname	Organisation
Nontsikelelo	Banzi	Aidslink.org.
Elzaan	de Villiers	Building Hope Foundation
Hannes	de Villiers	Building Hope Foundation
Effraim	Oppelt	Council for Church Social Services
Elmien	Claassen	Lewende Woord Brummeria (Funanani)
Wilson	Komani	Mahube HIV/Aids Project (Methodist Church Burgerspark)
Abraham	Thulare	Mamelodi Community Church
Rev Abraham	Akih	Mamelodi East Uniting Presbyterian Church
Violet	Mashao	Mamelodi East Uniting Presbyterian Church
Annelize	Meyer	Mission4HIV, Lynnwoodrif Gemeente
Carina Smit	Smit	Mission4HIV, Lynnwoodrif Gemeente
Yorke	Rodda	Mission4HIV, Lynnwoodrif Gemeente
Retha	Erasmus	Moreleta Park Gemeente
Kate	van den Berg	Sediba Hope
Dr. Nonhle	Ndlovu	St. Annes Anglican Church Equestria
Dorah	Semenya	St. Francis of Assisi Anglican Church Waterkloof
Nancy	Matthyssen	Independent consultant working with Kate van den Berg

Notes on involvement

St. Annes Anglican Church Equestria, Dr Nonhle Ndlovu

Dr. Ndlovu spoke from her experience as medical practitioner at Ga Rankuwa as well as the church's responsibility. We invited her as key-note speaker and to open the day.

She indicated that the trend continues where people stop their treatment and medication once they start feeling better. They then resort to herbal medicines when they visit traditional healers. Once people return to ART's it starts to affect their kidneys and they stop their treatment again. She saw how at least 30 people die every week due to this spiralling behaviour.

According to her social economic factors (funding and grants) and stigma (fear and indictment by the church and community) has lead to many deaths.

She called on the body of Christ to be stewards and not abdicate our responsibility towards our communities. One of the biggest changes needs to be the attitude of the Church toward HIV and fight against the stigma that exists in our own ranks.

The evidence of the Christian faith is in its acts of kindness, having been called by Christ to do so. But to combine kindness with love.

Churches have access to the whole family. Families, according to her, do not speak about HIV due to fear. There is also very little support among peers – rather ridicule. Often children and teens do not know why they were using medication and peer pressure leads to children stopping their medication. The church is not competent to know how to respond and often responds only with charity, without any love. She urged the church to support those who are on ARV's and encourage them to "stick to the programme" for healthy churches and communities.

Practically

Their specific church host wellness days on World Aids Day. It is combined effort between the social development wing of the Anglican church, Thumelong and the HIV Testing team of the Anglican church, along with other service providers involved in other wellness aspects such as organ donors, fitness companies, beauticians and the Blood Bank to name a few. On these days the focus is not HIV alone but on the whole person.

The current prevalence of HIV on these days has shown to be between 17-19% of people tested.

Mission4HIV, Lynnwood Ridge Dutch Reformed Church, Annelize Meyer

Ms Meyer is the Ministry Coordinator at Lynnwood Ridge and part of the Mission4HIV

team.

She noted that the church has several missionaries. Mission4HIV has conducted activities with our Pretoria based missionaries in the communities where they work.

Mission4HIV wants to equip local churches on practical ways to be competent in HIV. She noted that as a church, Lynnwood Ridge also experiences stigma towards Mission4HIV as a ministry. She pointed out that the church's pastors/reverends do not want to talk about HIV, but that they do support the ministry and specific focus days on the church calendar related to HIV such as World Aids Day.

Practically

Mission4HIV started with our first health day several years ago and hosted it on the church grounds. 127 ladies from the Labour Centre at the church, made use of all of the health testing services we had on the day. The focus of the day is to normalise HIV as a manageable disease along with other diseases by offering other health screening tests such as blood pressure, cholesterol, eye problems etc.

This day was repeated in other communities and we have assisted other churches to host similar events in their communities which they repeated themselves later. Mission4HIV then wrote a document on how to present a health day in any community which is available freely.

She mentioned that Lynnwood Ridge has both direct and indirect "message" activities. The indirect activities such as the Father-Daughter days, Father-son days etc. where relationship and sexuality issues are presented. The direct activities include HIV training and awareness and health issues.

Moreletapark Dutch Reformed Church, Retha Erasmus

Retha shared that Moreletapark is not directly involved in HIV related activities. She noted that they focus on supporting the immediate community neighbouring Moreletapark Church, called Plastic City.

Practically

Moreletapark has a Domestic Worker Training Programme. They offer cooking and cleaning classes to women who do not have these skills. They also offer life skills training on aspects such as Alcohol abuse, care-giving, communication and from time to time HIV awareness.

Sediba Hope Clinic, Sr. Kate van den Berg

Sister Kate van den Berg presented the work that Sediba Hope Clinic, a ministry of PEN Ministries, does.

Their experiences indicated that people do not go to churches or clinics. Yet, they need

spiritual support and guidance. Sediba has taken a view to go out and reach the people where they are through a team effort of community health workers, social workers and doctors.

They work among the following key populations:

- Sex workers,
- transgender populations and
- substance abusers.

She shared that the most common diseases are TB, HIV, STD's and Hipatitis C as well as Nyaope infections that are common amon addicts.

a) Sex worker projects

The project is a partnership with Wits Reproductive Health. It includes a mobile van that offers various health, psycho-social and spiritual services. The programme offers profalactic treatment (before they get sick) and is a test to see if the patients will remain on the medication. They have built a non-judgmental relationship with the sex workers and have trained peer educators (also sex workers) to support the sex workers in remaining healthy and making informed health choices. She highlighted problem areas such as trafficking and the plight of vulnerable women without ID documents.

b) Mobile men

This project is mainly focused on taxi drivers who are also an "at-risk" population group due to their mobility. The family of these men are also invited to test. The focus is on prevention and early detection of cervical cancer in women.

c) Young people

Young people who are at risk are both homeless and family-less. Several problems at home – social economic or emotional – drive young people to the street. Here Sediba's teams focus on information sharing to make informed choices. Sr. Kate shared shocking truths of what is happening on the streets and brokenness amongst young people even from the affluent areas of Pretoria. Partnerships are also formed with Creche's and training provided on parenting and restoring broken relationships.

d) Health care workers

Sediba Hope emphasises that health care workers should be properly trained with the correct information. This is especially based on the the *batho pele principles*.

Currently, after 10 years of ARV availability, they as Sediba Hope Clinic currently see renal failures in patients as well as young people getting diseases of older people such as strokes etc.

The clinic has put together resources and support for church involvement through a health forum.

YWAM Missionary, Nancy Matthyssen

Nancy is involved in Home based workers and has been working with Sr. Kate van den Berg.

Her experience in the field has shown that men do not want to take TB and HIV medication and treatment. She has seen that people have holistic needs and the one is not separate from the other.

Trust is a critical aspect that can only be built when people see that service providers are “real” and that they care with passion and love without judgment.

She has emphasised that one of the key changers are skills training. This restores dignity, alleviates poverty and makes people employable.

St. Francis of Assisi Anglican Church Waterkloof, Dorah Semanya

Dorah indicated the St. Francis of Assisi follows the direction given by the Anglican Church’s Anglican Aids Trust.

She noted that they conduct health days and want to start a clinic at the church in the future. They are still in the planning and research phase of the clinic.

Practically

They conduct health days at their church and follow a holistic approach to wellness with the main theme: *prevention*.

At these days they have a team of people comprising of a psychologist, oral hygienist, diabetes talks and testing, social workers and pap smears for women. They also offer HIV testing. All of these tests are free.

The days are conducted on Sundays after church and church attendees are offered the opportunity to make use of the tests. Tumelong Missions are part of the day. All funding is provided by the church and approved by the church council.

Mamelodi East Uniting Presbyterian Church, Violet Mashao & Rev. Abraham Akih

The Mamelodi East Uniting Presbyterian Church focuses on orphans in their community. Their initiatives are centered around basic needs for children. Among the orphans, who are already vulnerable, there are even more needy children among them, according to Violet.

Fundraising efforts center around items such as toiletries, food parcels, skills training and education for girls. They have found that the grants given by Government for orphans, are used by the adults themselves and the children do not benefit from the grants.

They have a wellness programme and their church leadership supports them in this endeavour. They also have a pastoral care group and a NPO where they source funding for various projects. Most of the people involved, are retired.

Skills training is big part of their focusarea and they have tried to partner with a person who does training on geyser repairs and installations.

Lewende Woord Brummeria (Funanani)

Elmien Claassen gave a historical overview of the church and community involvement in especially