

**Ethiopian Kale Heywot Church Development Programme Medan  
(Saving the Generation) A.C.T.S. (AIDS Control, Treatment & Support)  
Ethiopian Kale Heywot (Word of Life) Church & SIM (Serving in Mission)  
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HIV/AIDS is an unprecedented crisis in Africa and the country of Ethiopia, destroying individuals and the foundations of families and society. As a regional and global pandemic, AIDS is turning Ethiopia's landscape into a wasteland and threatens her future development and survival.

Unchecked, HIV/AIDS will retard economic growth, weaken human capital, discourage investment, exacerbate poverty and inequality, and leave the next generation increasingly vulnerable to the impact of the epidemic. For this reason, the epidemic cannot be viewed as merely one among many competing priorities in the nation's development. Ethiopia's future depends on addressing this epidemic effectively at all levels of society, especially by faith-based organizations, community-based organizations (CBO's), as well as government and private institutions.

In the face of this crisis, the church is called to integrate both word and action. In a spirit of humility, we must preach and teach a biblical view of sexuality, minister to the sick, feed the hungry, care for the affected and the infected, help the disadvantaged and handicapped and deliver the oppressed. While we acknowledge the diversity of spiritual gifts, callings and contexts, we also affirm that the good news of the Gospel and good works are inseparable. These two concepts must be integrated, so that a holistic ministry can be offered to the community.

The God of biblical revelation, being both creator and redeemer, is a God who cares about the total spiritual and material well being of every person. God's two great commandments are that we love Him with all our being and our neighbor as ourselves. There is no question that words and deeds went together in Jesus' public ministry. He demonstrated the kingdom of God's arrival by his works of compassion and power. The Word of God "became flesh" and thus we "have seen his glory". If God's word became visible, our words must too. We cannot announce God's love with credibility unless we also exhibit it in action.

It is with this conviction that EKHC identified HIV/AIDS as a holistic ministry challenge and committed itself to addressing the problem from both spiritual and physical perspectives. It is essential that the church address the issue of HIV/AIDS by breaking the silence, through programs of prevention, fighting stigma and discrimination and caring for those who are affected and infected.

With over 5 million members, the Ethiopian Kale Heywot Church impacts a large part of the country. To initiate our own contextualized, church based, comprehensive and biblical projects, in 1998 we organized experience-acquiring and learning study tours in countries where churches were already involved in AIDS work, to map out successful project implementation methods, the best practices in HIV/AIDS ministries and the challenges faced during implementation.

With the goal of mobilizing the whole church to be proactive in the intervention of this global pandemic, the EKHC General Assembly approved the establishment of an office in the

Medical Ministry Department responsible for HIV/AIDS, formation of a national board, establishing an office in each region and organizing committees at each local church.

#### A. Vision and Mission of the Church in HIV/AIDS Ministry

We as a church are called by Christ to wholeness of life lived under the guidance of the Holy Spirit. Our God is the God of Life, who created men and women in His image with equal dignity and worth. We believe the church is His instrument to proclaim and promote life. The AIDS epidemic destroys life. It is destroying the lives of people, families and communities and inhibits the very development of nations. AIDS makes us ever more aware of our alienation from one another and God.

HIV/AIDS is a unique historical crisis which God has allowed to touch our generation and for which we have His message. It has far-reaching implications for the church in the areas of theology, health care, social services and evangelism. Since we are dedicated to glorifying God through evangelizing the un-reached and ministering to human need, and since the HIV/AIDS epidemic has become a unique factor in the spectrum of those needs, we must respond with a prophetic voice and compassionate heart.

We have an obligation to become involved and we will be held responsible for our response. We confess that our response to this crisis has often been inadequate. We pray and humbly believe that with God's help, we can fulfill our mandate to preach the gospel and be salt and light in society, to the ultimate glory of God.

Disease and death have been in the world since the fall of man. At certain times there have been epidemics or cataclysmic events so widespread, so devastating, or so related to the actions of those affected, that these crises have aroused deep theological reflection.

Unlike many natural disasters, the disease of HIV/AIDS affects every country, strikes every society and leaves a wake of death and suffering in its path. There is no known cure. While many suffer through no direct result of their own behavior, the disease is most often transmitted through individual immoral acts. The social, economic, emotional and spiritual implications of this epidemic are profound.

We speak boldly because God gives the unfailing hope of life beyond death. We affirm that God has called us to stand in the gap of the wall of defense around our families, communities and nations. The destructive force of AIDS can only be met with the power of Christ working in us. We must stand in this gap before the epidemic destroys our families, our youth, those we love and those we ought to love.

Christ must be incarnate in us and our culture. We must, therefore, examine our cultural practices in the light of God's commandments and promote those biblical core values, which should form the norm for every culture. We will appreciate and encourage our traditions that support wholeness and fidelity. We believe that the prevention of AIDS is best promoted in God's ideal of faithfulness in monogamous marriage and sexual abstinence before marriage.

We recognize that we can fall short of God's ideal and suffer the consequences. Our ministry approach is holistic and is related to spiritual, physical, social and psychological needs, including needs of caregivers, with a particular focus on children and youth. A deliberated balance should be given between prevention and social support or care. Prayer

should be an integral part of the response to the epidemic. The pain and alienation of AIDS compels us to show and offer the fullness and wholeness that is found in Him alone. In this time of weakness, the rule of Christ's love in us should bring healing to the nations.

## B. Strategic Approaches

1. Increase access to prevention and care through:
  1. Diminishing cultural barriers by advocacy efforts aimed at increasing church and community involvement and support.
  2. Increasing participation of key stakeholders by building on awareness of the need for HIV/AIDS prevention, care and support services.
  3. Mobilizing local resources, church leadership, and community leaders by educating them and enlisting their support for prevention activities.
  4. Encouraging church and other community members to actively participate in project activities
  5. Networking among organizations.
  6. Establishing anti-AIDS committees in church and community
  7. Promoting participation of different institutions in the decision making process.
  8. Implementing Information, Education and behavior change Communication (IEC) strategy to provide materials about HIV/AIDS prevention and care interventions.
  9. Establishing testing and counseling centers so that all churches and communities have easy access to testing facilities.
  10. Peer education and counseling services.
  11. Focusing special attention on the most vulnerable and marginalized groups.
  12. Providing home based care to selected individuals and identified critical cases will be admitted to hospice.
2. Improve quality of service through:
  1. Upgrading knowledge and skills of service providers, specifically, peer educators/and promoters
  2. Training church leaders and clinical providers in Sexually Transmitted Infections (STI) and HIV/AIDS prevention and care as well as community-based support mechanisms.
  3. Establishing strong linkages and coordination mechanisms with relevant government offices, community based organizations and NGOs.
3. Improve institutional capacity through:
  1. Recruiting and training new staff
  2. Training staff in programme and financial management
  3. Ongoing monitoring and technical assistance.
  4. Involvement of members of various segments of the community which will further enhance implementation and ownership capacities and ultimately will contribute to programme sustainability.
  5. Implement effective data collection and reporting systems.
4. Build partner's capacity through:
  1. Training, workshops and experience-sharing visits in projects to build partner's capacity with the goals of:
    - creating ownership leading to project sustainability
    - effective resource utilization

- wider outreach
- identifying needs and linkage to income generating activities (IGA's)

### C. Major Intervention Activities

#### 1. Information, Education & Communication (IEC) Behavioral Change Communication (BCC)

1. Training in peer-education
2. Establishing anti-AIDS clubs
3. Development, production and distribution of IEC materials
4. Drama staging
5. Interclub competition
6. Awareness raising activities through workshops, seminars and panel discussions
7. Street shows and puppet shows

#### 2. Counseling

1. Provision of pre-, post- and ongoing counseling through VCT (Voluntary Counseling & Testing) Services
2. Training of counselors for EKHC and other groups

#### 3. Home Based Care

1. Awareness raising through health education
2. Counseling
3. Patient family/care takers training
4. Treatment of opportunistic infections
5. Creating continuum of care including proper referral systems
6. Volunteer training in Home Based Care
7. Sanitation and nutrition education
8. Caring for the caregiver
9. Stigma reduction in church and community

#### 4. Psycho-social Support

1. Counseling
2. Spiritual support
3. Financial support
4. Medical support
5. Orphan care and support
6. Hospice service

#### 5. Prevention of Mother-to-Child Transmission of HIV/AIDS (PMTCT)

1. Voluntary Counseling & Testing (VCT)
2. Nevirapine provision
3. Antenatal and postnatal care
4. Appropriate referral

5. Care and support
  6. IGA
  7. Treatment of STI's and other opportunistic infections.
6. Reproductive Health and Family Planning Services (RH/FP)
    1. Contraception
    2. Health education and prevention for HIV/AIDS and STI's
    3. Home Based Care and VCT
    4. Behavioral Change Communication for youth
    5. Syndromic management of STI's
    6. Referral for medical services
  7. Advocacy
    1. Human rights and ethics
    2. Decrease stigma and discrimination
    3. Vulnerability reduction (particularly women and girls)
    4. Equity in resource allocation and utilization
    5. Gender sensitive approach to project intervention

#### D. Main Target Groups

1. Youth in churches, schools and communities
2. Church leaders, pastors, and evangelists
3. Educators in schools and churches
4. Community Bases Organizations
5. People Living with HIV/AIDS (PLWHA's) and their families
6. Orphans and other vulnerable children
7. Women in the reproductive age range (15-49)
8. People with high-risk behaviors, such as commercial sex workers and truck drivers

The EKHC's HIV/AIDS Projects serve not only our local churches but all the Evangelical Church Fellowship of Ethiopia (ECFE) churches in project areas. With decades of experience, we are uniquely positioned to help other denominations, many of which do not have an HIV/AIDS programme. Currently, we are establishing VCT centers at the project sites, so that all churches can utilize the centers for premarital testing, which is now mandatory in churches. Thus far, 29 churches from 18 denominations in two cities have cooperated in HIV/AIDS prevention and care projects, where previously there had been no cooperation.

#### Jimma Medan ACTS project evaluation and its implications

With these strategies and vision, the EKHC launched a three-year pilot project in Jimma (Southwestern Ethiopia) in July 1999, which has now finished its pilot phase. It was assessed by external evaluators in August 2002. According to the final evaluation, the Jimma Medan ACTS (AIDS Control & Treatment Strategies) Project was a success and the evaluation team recommended EKHC utilize the lessons learned from Jimma Medan to enhance work with HIV/AIDS across Ethiopia (there are currently four similar projects).

During this phase, Jimma Medan ACTS brought about significant behavioral change in the target population:

1. The number of church leaders indicating the level of church involvement with HIV/AIDS as high or very high increased significantly from 1.6% to 93.8%. Church leaders mentioning “use of regular preaching session for teaching about HIV/AIDS” increased from 49.2% to 71.8%.
2. The proportion of church youth with the knowledge of means of transmission and prevention significantly. About 89.4% of church youth had heard of STI’s during the final survey compared to 75.9% during baseline survey. The proportion of church youth who received information on HIV from printed IEC materials increased from 57% to 68%. Significantly higher proportions of church youth discussed HIV/AIDS with friends and family members. Request for premarital HIV status rose to a significantly higher proportion of church youth (64% to 91%).
3. Knowledge in schools of the means of prevention of HIV improved significantly for students in grades 6 & 8 with reduction of sexual activity. Knowledge on STI’s has also increased for students of all grades.
4. The proportion of students in all grades who discussed HIV/AIDS with friends and teachers increased significantly. The proportion of school youth who have sexual partners was significantly reduced.

Following the successful first phase of the Jimma Medan ACTS Project, lessons were drawn for replication in other project sites. This includes more focus in major areas such as:

- The pilot phase of the project focused on sensitization and awareness creation. For the work to be sustainable in the schools and community, projects need to include life-skills development activities. This includes training teachers and other significant adults in the lives young people in these techniques.
- The demand for Voluntary Testing & Counseling is high and unmet in government facilities. We need to increase availability of VCT, while cooperating with government medical institutions.
- Church and community committees should strengthen their role in supervision. They need to know the desired outcomes of the project in order to evaluate efficacy.
- Work in schools is essential. Teacher training in programme delivery and monitoring helps sustain school anti-AIDS clubs in the schools following project completion.
- Phase-out strategies were not initially in the program and thus the project did not address this issue with the community and stakeholders, thereby threatening sustainability.
- Building local capacity for strategic planning, proposal and report writing, as well as monitoring and evaluating.

Additionally, during the pilot phase of the Jimma Medan ACTS Project, we found that when working with churches, progress was limited at the pace of the slowest participant. Problems were due to:

- An inadequate theological understanding of HIV/AIDS, and sexuality
- A narrow ministry philosophy excluding a holistic approach
- Leadership not open to change
- Unavailability of contextualized Biblically sound material for training

The experience gained and lessons learned during the first phase of the programme are added assets for successful implementation of ongoing and future projects.

The AIDS crisis gives the Church unprecedented opportunities to fulfill her mission of bringing the Gospel of Salvation to a sin-sick and dying world, as well as showing Christ's compassion to those who are desperately in need of His healing touch. Through this work, we have had many opportunities to do both. We pray that the Lord will continue to use this ministry to further His Kingdom even in the midst of this terrible epidemic.

The relationship between the Ethiopian Kale Heywot Church and SIM

- **SIM** (formerly Sudan Interior Mission, now Serving in Mission) began working in Ethiopia 75 years ago and from the beginning emphasized medical care, prevention and development along with evangelism and church planting. Currently, **SIM** has more than 150 long-term missionaries in Ethiopia plus many short-term associates. In addition to other projects, it is partnering with the EKHC on the Medan Addis Ababa Voluntary Counseling and Testing Center to address the AIDS epidemic in Ethiopia's largest city.
- The Ethiopian Kale Heywot (Word of Life) Church (**EKHC**), which grew out of SIM's ministry and is independent, is the largest Evangelical Church in Ethiopia with a membership of over 5 million and has extensive Community Based Development initiatives, including health and HIV/AIDS. It is a leader among Ethiopian churches in the area of HIV/AIDS prevention & care.

