

Mobilizing For Life Malawi
World Relief
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Nestled deep in the center of Southern Africa is Malawi. The warmth and friendliness of the people have earned Malawi a fitting title, "The Warm Heart of Africa". Lately this heart is struggling to beat. HIV/AIDS, poverty and threats of famine continue to threaten the population of 12 million. Rates of HIV/AIDS infections hover near 20%, while 60% of the population lives below the poverty line. Insufficient rainfall created famine like conditions for 3 million people from 2001 to 2002.

A New Form of Slavery

World Relief Malawi (WRM) first visited Nkhotakota District in the Central Region at the invitation of several local churches in 1998 to help them develop AIDS ministries. At the time no agencies were specifically addressing AIDS through faith communities.

Nkhotakota is a Bantu terminology that describes a bent body position, a result of old age or carrying a heavy burden. Nkhotakota was formerly called, "Linga", meaning barrier or protection. In the 18th Century, Linga, having ideal port conditions and a connection to a rich hinterland became a thriving slave market. Here Malawian Chiefs sold their people into slavery to Arabs. Slaves were tied together with heavy yokes and could not hold their heads up; they were bowed down, in other words, "kukotakota". Hence the name, "Nkhotakota".

In the latter part of the 18th Century, David Livingston, a Scottish Presbyterian Missionary, signed a treaty with the Chewa Chiefs to end slave trade. A new day dawned but the name remained.

Today, Nkhotakota is in the shackles of AIDS, another form of slavery. AIDS causes the young to walk with their heads down as they carry in their bodies a disease that brings death. As David Livingston challenged leaders of the day to stop slave trade, World Relief is engaging the local church to respond to the AIDS crisis and restore health and wholeness. Jesus says in John 10: 10, "I have come that they may have life, life in all its fullness." Jesus Christ, brought life and health to many in his day, his body, the church must continue the legacy. We have to boldly and compassionately address all those things in our communities that take away from the abundant life that God so much desires to give to his people. It is against his background that we named the World Relief AIDS program, Mobilizing for Life.

Do not Lose Sight of the People:

Statistical representations of HIV/AIDS are overwhelming. Unfortunately more often than not, these figures don't accurately portray the human face of AIDS. It is not about numbers but people. Each number is an individual with a family, responsibilities, a shattered future. As we look at the context in which Mobilizing for Life operates, the focus will be on people affected by AIDS who need a new lease on health and life.

While there are many people living with AIDS in our communities, few are known and supported. This is largely due to the stigma surrounding the disease and a number of other issues such as limited access to the resources needed for home based care. A good

number of PLWHA (People Living With HIV/AIDS) are living in denial, battling with guilt, are physically ill with little or no access to treatment. They are isolated, afraid and often anxious about the future and their children.

For children affected by AIDS, challenges begin long before the parents or guardians die. There is the emotional trauma of watching their parents die slowly from an illness they do not understand. Some children have to drop out of school to take care of the sick parent or join the home work force to provide food for the family. After a parent or guardian dies, some children are sent off to live with other relatives who often mistreat them and abuse them. They are wrenched away from their siblings as no one is willing to take in so many at a time. We worked with one young girl, Elizabeth, who was forced by relatives to get married at 14 years of age, so that she would be taken care of together with her siblings. Hunger and nakedness often characterize the lives of orphans and it is not uncommon for greedy relatives to come at the time of death and grab their property leaving the children homeless.

“Emiti Emito Gyegumiza Ekibira”, so goes an old African proverb. Meaning, it is the young trees that establish a forest and are its hope for glory. We often talk about the youth as the leaders of tomorrow and the hope for a brighter Africa. If however we do not do anything about AIDS in this key population these hopes may be dashed. While young people between the ages 15 and 24 comprise 20% of the World’s population, they account for 60% of the new HIV infections each year. The bigger part of this group 90% is found in Sub Saharan Africa with a higher concentration in the Southern region which is the current epi-center of the disease. Why are they so much at risk and how do we reduce infection in this strategic population? Young people are curious and hungry for information with regards to issues of sexuality. However because they are surrounded by a culture of silence and taboos, they are finding it in dangerous and often destructive sources. Many young people cannot make the link between their life style choices and the risk for contracting HIV/AIDS. Some feel too young to get AIDS; others think they are invincible while a good number are apathetic. On the other hand they have a lot of creative energies looking for expression but finding very limited options. In Nkhotakota our survey of entertainment options for young people came to mostly “Beer Drinking Places, Disco Holes and Shady Video Shacks.”

Malawian statistics show that over 70% of the population claim membership to one church or another. Even in the remotest parts of Malawi you would find a church. The membership respects the church as a voice of moral authority in their lives. In spite of this, the church to a great extent has not been very visible in the fight against AIDS. The reasons vary from church to church but these are the most common ones. Beginning with the leadership many churches maintain a judgmental stance about AIDS and remain far removed from involvement. There is ignorance about AIDS in our churches and inaccurate information.

In the response to AIDS, an often forgotten group is the care givers. Some of these are old grandmothers forced into a second parental role as their children die of AIDS. In the care situation they are children, spouses, parents or relatives nursing their loved ones. AIDS is a long and slow illness that emotionally and physically drains the caregivers. Some have to lose their jobs or neglect their gardens because of extended periods of care for their relatives. They are exposed to the risk of infection through care in situations where protection is difficult, or they are ignorant about the cause of sickness.

Against this dismal background, World Relief Malawi, is mobilizing local churches to minister life and restore hope to God’s people through transformational development

Initiatives. The Mobilizing for Life AIDS program has several purposes. Among these the following are the pivotal ones:

To facilitate, equip and enable churches to provide holistic care and support for individuals, families and communities affected by HIV/AIDS. To decrease the incidence of HIV infection by equipping churches to develop programs that promote abstinence and model faithfulness and positive sexual behavior grounded in Biblical Values. Mobilize Churches to build the capacity of AIDS affected families to improve and maintain their livelihoods to become food secure and preserve their assets and productive capabilities.

In Mobilizing for Life churches are challenged to respond compassionately to HIV/AIDS. From 1999 the program has spread to Nkhotakota and Salima districts. Key interventions are: prevention through behavior change communication strategies, orphan care and support, home based care and economic strengthening for families affected by AIDS. Currently World Relief Malawi is working with a network of 60 churches some with 3 to 12 satellite churches and a total membership of approximately 90,000. These churches together are reaching out to 1071 AIDS affected families with an average size of 8 members. People Living with HIV/AIDS are organized in 8 support groups with between 10 to 70 members that meet on a weekly basis. Two churches operate day care centers/nursery schools for 100 to 200 young orphans. Over 500 youth are organized in church based clubs supporting one another in commitments to behavior change and working together to care for households affected by AIDS in their community. During our annual youth camp in July 2002, 60 young people out of the attending 300 made commitments to abstain from sex until they are married.

Participating churches reach out and serve a minimum of 100 AIDS affected families. At each church, 10 men and women are trained to lead in offering Home-Based Care Services and pastoral counselling in their communities. Ten peer group leaders per church are trained in AIDS education and Life Skills to lead an average of 100 youths per church. Through the program the partner churches also provide material and psychosocial services to orphans.

The Child Development Centers are places where the needs of children are addressed in a holistic manner. Children are counseled, loved, fed, and their rights protected and advocated for. They are prepared to face the challenges of life and are given opportunity to interact and grow together with children from environments different than theirs. They are taught spiritual values to grow up into a healthy and well founded generation. The children are supported at household level, where they are helped to preserve the family productive assets and utilize them to become self reliant.

Mobilizing for Life Malawi is using the Youth Clubs to protect young people from the factors that expose them to risk, provide viable wholesome entertainment, and teach good biblical principles to influence behavior and harness the creative energies and channel them to constructive uses such as community development projects. Clubs exert positive peer pressure where good behavior is promoted as the norm. That way by addressing the root causes of pre disposition of young people to the risk of getting HIV/AIDS we are contributing to the reduction of new infections in this young population.

MFLM works with the church leadership and its membership through the ministry teams to transform judgmental attitudes into compassion for families affected by HIV/AIDS. We open the eyes of the local churches to see the opportunities AIDS presents for church involvement. MFLM not only mobilizes the church leadership and congregation but also

equips and facilitates them through training and orientation so the church can play its strategic role in the fight against AIDS. The training program covers church and laity in theological training institutions.

The Churches in the MFLM program, through ministry teams and other church care structures, support the care givers so that they do not feel overwhelmed by the demands of long term care. The teams provide relief for the care givers so that they can take care of other personal and family demands.

All of the Malawi AIDS work is being done with the church. The overall goal is to facilitate, enable and support the Malawi church to take up its biblically prescribed mandate to care, to be salt and to be light. AIDS provides opportunities for the Malawi church to be the church that Jesus Christ commissioned it to be. There is already evidence that this is happening. All the churches we are working with have fellowships for people living with AIDS where the Bible is studied, people pray for and support one another as well as hold each other accountable for commitments made. A number of patients and their family members have come to know Jesus as their personal savior through these groups. Young people are getting together in groups to study God's word, learn about AIDS and look at ways of avoiding infection. We have heard testimonies of changed lives as a result of belonging to these clubs and learning about the power of the word of God to transform people from the inside. At the 2002 annual youth camp, 60 young people signed "True Love Waits" cards and committed themselves to abstain until married. One of the churches, Chididi Baptist Church, is located in a strong Muslim area and over 50 of the families they are reaching out to are Muslim. As churches have formed ministry teams to care for the sick and support orphans, communities have become aware of the love of God in action. Some churches attribute their growing numbers to the AIDS ministry.

The Home Based Care and Support activities are carried out by ministry teams from the local churches we work with. The ministry team then mobilizes other local church members to share the load. In most churches the Mothers' Union group has been mobilized to visit the sick. A member of the Ministry Team is elected to operate the improved drug access program. Through this program, people living with AIDS have access to some basic drugs for the treatment of opportunistic infection and conditions at community level. Patients are saved the burden of making unnecessary trips to health facilities. Some conditions because of early treatment will be prevented from developing into major complications. It is not only those living with AIDS who benefit from this program. Other community members who are sick are also assisted. This ministry of the church has helped a lot of PLWA to appreciate the role of the church in their lives. One Moslem man when asked why he attends a support group where they study the Bible and pray in a Christian way, responded, "When I am sick, it is the people from church who come to visit me and not people from the mosque." Families of patients visited and cared for at home now come to church. Through the support groups, PLWA are nurtured spiritually and some of them have come to a personal relationship with Jesus. Support groups have played such a significant role in patient health and morale. One support group has embarked on a program of sharing the skills they know with others. They make mats, pots and drums learning from each other. Training has improved the quality of care. Ministry team members are able to help the care givers use some simple remedies for opportunistic infections.

The Church mobilization program is aimed at helping the church understand, recognize and embrace their biblical mandate that the church is the body of Jesus Christ in a hurting world. The process involves working with the leadership at all levels, local congregations and more intensively the ministry teams formed to take the leading role in the development

work. As we expand into other program areas, the leaders from the pilot churches are part of the orientation process. They walk the new leaders through the process they went through and share practical helps on getting started. The impact of the church mobilization process is already evident in the communities where WRM works. Many church leaders have expressed gratitude with regards to how the process has brought about significant growth in their local churches by expanding the ministry base. On church leader said, "Before our involvement, my church was only known as a preaching point. Now we are known as a caring body that responds to the needs of the hurting in the community." During the response to the famine, the mobilized churches rose to the challenge and did an exceptional job in the food distribution process. Even community leaders commented that the church based distributions were the most peaceful and best organized and with proper targeting. Another church leader said that before their involvement in AIDS work, their church was not known in the community, now it is recognized as a key player in the development of the community.

Churches have to identify the projects for income generation. Ministry team members are responsible for supervising the projects and accounting for the resources generated therein. WRM has used these projects as an opportunity to teach the ministry team members many of whom are lay leaders in their church, responsible stewardship. We encourage Ministry Teams to tithe part of the proceeds of the income generating projects to other ministries of the church other than AIDS. The Good News Project was fishing, it not only helped with nutrition of people living with AIDS but also a number of church members participated by donating fishing days to the project. St. Joseph had a very successful vegetable garden that they even supplied vegetables to St. Anne's Hospital. They established a patients' day where people living with AIDS could go to the garden and pick whatever they needed. They tithed the first harvest to the church.

The goal of the Agriculture and Food Security component is for local churches to harness the potential in agriculture with WRM support so they can build the capacity of the vulnerable households to meet their physical needs. Farming clubs have been formed and these are not only places for agricultural instruction but they are vehicles for spiritual formation. Our bigger vision is that as the supported families tithe of their produce, the church will have another source of income to support its many ministries that now are struggling and heavily dependent on external support. Families affected by AIDS have been placed in groups where there are other church members, thus providing them with an opportunity to minister to other parts of the body of Christ that are suffering. During the disaster response evaluation most of the families affected by AIDS admitted that much as they were all hard hit, the fact that they had got some assistance with regards to agricultural inputs they were much better off than some of their neighbors, and hence had something to share.

Several church leaders have testified to the change they see in young people as a result of participating in the youth clubs. Bible studies have been singled out as a very influential activity that is shaping the values and attitudes of young people. The sports component has become a major evangelistic tool in the communities. Some young people join the clubs so they are part of the sports and soon get involved in Bible Studies, since in most clubs this has been made mandatory for those who want to play on the club teams. Involvement in Church AIDS Ministries has brought the realities of AIDS home to many young people who were skeptical about the existence of AIDS. Through the True Love Waits program, some young people have signed commitment cards to save sex for marriage.

The gospel according to Luke tells of an encounter between Jesus and the disciples of John the Baptist. John wanted to know if Jesus was the messiah. He sends his disciples to Jesus to find out. This is the response. ***“Go back to John and tell him what you have seen and heard. The blind see, the lame walk, the lepers are cured, the deaf hear, the dead are raised to life, the Good News is being preached to the poor.” Luke 7:22(New Living Translation.)***

Our work is about restoring health and wholeness in our communities. In the Mobilizing for Life Program evidence of this is seen in the following ways:

The sick are cared for at home and the care givers are supported by ministry teams from the church.

For the past four years we have been able to supply AIDS affected families in our program with agricultural inputs so they can grow their own food to meet their nutritional needs.

People living with AIDS are able to access basic treatments for opportunistic infections through the improved drug access program.

Orphaned children below the age of five have a place to go to during the day while their guardians work in the fields. Here they are fed a nutritional meal, given spiritual instruction and prepared for life in a formal school setting.

Through income generation, ministry teams from local churches are able to support the needs of people living with AIDS such as visits to the hospital, nutrition needs.

Young people through youth clubs are making decisions to abstain until they are married which keeps them healthy and makes them useful members of their communities and churches.

The Road to Health and Wholeness:

Like Paul we cannot say that we have already attained health and wholeness. Nevertheless, forgetting what is behind we press on toward the goal. The journey has not been without challenges. I hesitate to call them failures because; they have been and continue to be teachers along the way. Among the many challenges we have met along the way, the following probably stand out.

Working with churches can be slow and often frustrating, but once you get it right you can only go forward. It takes patience.

AIDS provides tremendous opportunities for the church to indeed be the body of Christ. It is an excellent entry point for transformational development.

AIDS defies the project mentality of 1 year, 2 years even 5 years. If you are not in it for the long haul you will not see results that last and you will frustrate those you work with. Unfortunately most of our funding cycles are 2 to five years. The challenge is to try and lay good foundations with this funding but always with our eyes on mobilizing the rich resources that our churches and communities do have.

There is aid that disables and cripples and there is aid that liberates, frees and transforms. The latter recognizes that communities however impoverished hold the key to their development and the role of outsiders is to help them find that key. We are working in contexts that are portraying developing communities as powerless, resource strapped, incapable, and the list goes on. To give a different message is like a lone voice crying in the desert. However, if you do not give up, sooner or later people do come to realize and appreciate that they have what it takes to transform their lives and communities.

The most meaningful way to do missions is the Jesus model of incarnational relationships; this is what mutually beneficial partnerships are about. This model is more costly and often means that one cannot spread as quickly as one would. However we do have to recognize that relationships play a big role in bringing life and health to individuals, families and communities.

The church is not immune to the attitudes that plague our communities and impede development, such as a self-serving spirit, “WHAT IS IN IT FOR ME”? We have to address them head on to make head way. To think that church members want to be given incentives to visit hurting members of their community is unthinkable and brings shame even on our African culture. However as NGOs have created the phenomenon of paid volunteers, the spirit of helping our neighbor has been affected. To bring health and wholeness to our communities we have to address the sick attitudes in the populace, beginning with the house of God where judgment will begin.