Training Report on Combating HIV & AIDS through SSDDIM Reduction and SAVE Promotion 8th – 12th October 2013

1. INTRODUCTION:

The training program on Combating HIV & AIDS through SSDDIM Reduction and SAVE promotion conducted for WSCF Southern Africa sub region 2013, is the first training in the series of three trainings. The second is expected in Eastern Africa Sub region 2014 and the third in the Western Africa sub region in 2015

1.1. GOAL OF THE TRAINING PROGRAM

We aimed to provide to participants resources, skills and knowledge and in-depth analysis of the main factors underlying the fight against HIV and AIDS in Africa.

We also aimed to empower them with accurate information about HIV and AIDS, and equip them with Counseling ability and skills, added to their Christian live so that they can play a substantial role in the fight of the epidemic.

1.2 OBJECTIVES OF THE TRAINING PROGRAM

WSCF Africa Region targeted that through this training:

- To provide a comprehensive understanding and discussion on SSDDIM (Stigma, Shame, discrimination, denial, Inaction and mis action as we believe we cannot overcome the HIV pandemic without eliminating SSDDIM.
- To provide a comprehensive understanding on SAVE approach.
- To provide open discussion and understanding about sex, sexuality and gender in the context of HIV.

2. TRAINING PROCEEDINGS

The training program on Combating HIV & AIDSS through SSDDIM Reduction and SAVE promotion for WSCF Southern Africa Region was held in Harare, Zimbabwe at Chivendera Villa from the 8th to 12th October 2013. The training seminar was attended by representatives from Malawi, Zambia, Namibia, Mozambique and Zimbabwe Students Christian Movements. Amongst the attendees were; Reverend Amos Mushendwa -WSCF Africa Region Secretary, Maxwell R. Omondi – Admin and Finance Officer, WSCF Africa, Omwene, Shali Kapepo – WSCF Africa Executive Committee member and Edgar Munatsi - WSCF Africa Executive Committee member. Also find attached a list of all the participants in the training. The Facilitator was Rev. Zvidzai Chiponda from the Zimbabwe chapter of INERELA - International Network of Religious Leaders living with or personally affected by HIV & AIDS. A WSCF senior friend, Reverend Dr. Levee Kadenge also graced the training session on the first day and shared a word to encourage the training participants.

On Wednesday 8th October 2013, the training commenced with a thirty-minute morning devotion session led by Zimbabwe SCM comprising of some Shona hymns and a word on embracing the power God enables us to conquer. The WSCF Africa Regional Secretary Rev. Amos K. Mushendwa opened the training with introductions and welcome remarks introducing the objectives of the

training as well as introducing the participants to each other. This was followed by an opening speech. From Rev. Dr. Levee Kadenge who spoke of his involvement in Student Christian Movement of Zimbabwe since 1971. He spoke of the SCM Zimbabwe involvement in the fight against the colonial rule and became a movement for change. He ended by sharing from Luke 8: 14-52, he encouraged the youth take the future of the movement seriously with involvement in advocacy work. He stated that the recipe of life is to be yourself, never to compromise on your beliefs and to stand firm in what we believe in as Christians of today.

After setting up participant's expectation and ground rules, the facilitator immediately delved into the matter of concern by introducing the SAVE toolkit and what it is about as well as the SAVE toolkit personalised for Zimbabwe. He noted the importance of statistics and how they are useful in determining the way forward with regards to any form of action. It was noted that 90 % of children orphaned by AIDS lived in sub- Saharan Africa, 68 % of all people living with HIV & AIDS are also from Sub- Saharan Africa and 1.6 million people in Zimbabwe are infected by HIV and AIDS. The HIV & AIDS phenomenon in Africa has a human face, this means that the pandemic lives amongst us, affects and infects all of us; it is a crisis and is an issue that needs serious and immediate attention. The statement also refers to the fact that when you hear the words HIV & AIDS you can put a face to it as it is something that is not foreign but everyone in Africa knows or has met someone living with it. HIV is

defined as Human Immune Virus and AIDS as Acquired Immune Deficiency Syndrome.

The participants were divided into groups to discuss how the virus can and cannot be spread. It was discussed that the virus can be spread through unprotected sexual intercourse, transfusion of contaminated blood, use of infected sharp objects, mother to child transmission (MTC), breastfeeding as well as through contact with contaminated blood when one has a cut or bruise. HIV & AIDS cannot be spread however through the shaking of hands, kissing, sharing of clothes, eating from the same plate with an infected person. The discussion went deeper to include what Mother to Child transmission is and whether it can be prevented. It was established that it is the transmission of the virus from mother to child during birth as transmission of the virus cannot take place during pregnancy. The conditions necessary for the virus to survive are the human body temperature and the blood as the virus thrives through the CD4 cells. HIV must also be present and in sufficient quantity to be able to transmit the virus. Group work was done whereby participants were asked to list infectious and no-infectious bodily fluids. Infectious bodily fluids are blood, semen, vaginal fluids, and breast milk. The non infectious bodily fluids are sweat, urine, tears, mucus and saliva. It was established that when HIV enters the body it uses the immune system to replicate itself, it weakens the body's immune system and therefore the body is unable to protect itself from sickness.

HIV infection occurs in stages, firstly there is the primary stage which can be asymptomatic or consist of flu-like symptoms. Clinical stage 2 includes minor weight loss, infections around the mucous membranes and recurrent upper respiratory tract infections. Clinical stage 3 includes chronic diarrhoea, fever, infections in the mouth, various bacterial infections and tuberculosis. Clinical stage 4 includes opportunistic infections or cancers related to HIV and the person at this stage has developed AIDS.

What is SSDDIM?

The acronym stands for Shame, Stigma, Denial, Discrimination, Inaction and Mis-action. The toolkit aims to reduce fear and drivers of SSDDIM, it recognises that fear and anger are the anchors of SSDDIM. This was shown through the use of a wheel diagram showing how fear and anger fuelled motion of shame, stigma, denial, discrimination, inaction and mis-action.

STIGMA (Anti-stigma):

Definition: Stigma is a social mark that singles out individuals or groups for disgrace, humiliation and rejection. The toolkit moves towards the elimination of stigma, to move to anti-stigma. The church is not to stigmatize people with HIV & AIDS. There needs to be an understanding of how stigma contributes to the transmission of the virus. Stigma includes labelling, branding, discriminating and it is a social mark imposed on people who have the virus. Stigma brings with it humiliation and rejection. A group discussion was commenced

whereby groups had to discuss the impacts of stigmatization, what the Bible say about stigma as well as how the bible challenges people to face stigma.

- **Impacts**

The groups listed the impacts of stigma as accelerated death and in most cases suicide, people go underground, new infections, deaths, rejection, discouragement, loss of confidence and affected mental health, hate, crimes, depression, exclusion, isolation and trauma.

- **What the Bible says about Stigma**

The following verses were drawn up to show how the Bible addresses stigma, John 8: 1-11, John 4: 4-30 and Matthew 25: 31-46.

- **How does the Bible challenge you to face stigma?**

The Bible encourages love, tolerance and acceptance.

Above: Group discussion during the training

Above: Preparation of group presentation after group discussion

DISCRIMINATION (Anti-discrimination):

Definition: Discrimination is the prejudicial treatment of an individual or group based on a specific identifiable or perceived difference. Discrimination involves excluding or restricting people situations and opportunities that are available to others. There is need to understand how discrimination contributes to the transmission of HIV & AIDS related death.

- **What are the impacts of Discrimination**

The impacts of discrimination listed by the groups were stress, trauma and isolation.

- **What does the Bible say about discrimination?**

The following verses were listed that speak against discrimination in the Bible; Galatians 3:28, Romans 8:1, 1 Corinthians 12: 12-27.

SHAME (Anti-shame):

Definition: Shame is a painful feeling arising from the realisation that one has done something dishonourable, improper or ridiculous. Shame results from the violation of cultural or social values. The objective is to understand how shame then contributes to the transmission of HIV & AIDS and related death.

- **Impacts**

Trauma, social dysfunction, poor psychological wellbeing

- **What the Bible says about shame**

The verses addressing shame in the Bible are 2 Corinthians 4:16, John 10:10, John 15:9-47, Jeremiah 29: 11

- **How does the Bible challenge us to face shame?**

The Bible rightfully tells us that we were made in the image of Christ and that there is no condemnation for those who are in Christ. Therefore as Christians, we should work in love and with the knowledge that we are like Christ and thus cannot be ashamed in our identity which does not change due to circumstances, even when infected or affected by the virus.

DENIAL (Anti-denial)

Definition: Denial is a psychological defence mechanism in which a person or a community is faced with a fact that is too uncomfortable to accept and thus reject it. The objective to understand is how denial contributes to the transmission of HIV & AIDS and death. There are 3 forms of denial, first is ***simple denial*** which refers to one simply denying the unpleasant fact. Second is ***minimisation,*** referring to admitting the fact but denying that it is serious. Lastly there is ***projection,*** which refers to admitting the fact and serious but however denying responsibility.

- **Impact**

The impact of denial can be stress, death.

- **What does the Bible say about denial?**

John 20:25, John 8:32.

EVALUATION DAY ONE

The first day ended with an evaluation of the content and resource person/facilitator. The participants expressed gratitude to the federation for bringing people together to learn and share ideas, make new friends and use the lessons learnt when they go back home to their respective countries. Participants also expressed an increase in knowledge about HIV & AIDS and SSDDIM as a whole. It was also learnt that AIDS is not a disease and the ways in which the virus can and cannot be spread. Of note was the realisation of the correlation of

these issues to the church and how shame, stigma, denial, discrimination, inaction and mis-action had been ignored for so long but were now coming to the light. Participants also expressed sincere gratitude to the facilitator, Pastor Chiponda that he was doing a stellar job and managed not only to clearly outline the subject matter but also to motivate people to participate. The day ended with people stating, "let us not discriminate, shame, stigmatize."

DAY TWO

We started off with a vibrant morning devotion session lead by SCM Malawi. We started the training with a recap of the previous day's learning points and concerns. The issues raised were mainly surrounding a lack of understanding of the transmission of HIV and the more technical forms of infection. The facilitator proceeded to introduce the topics for the day which included inaction, mis-action and the introduction of SAVE, safer practices and empowerment.

INACTION (Anti-inaction):

The objective is to show how inaction contributes to the transmission of the HIV.

Definition: Inaction is the failure to act although the circumstances require action. Inaction was fuelled by ignorance, shame, fear of discrimination, lack of knowledge, fatigue and mistrust. A participant highlighted a problem in her respective country whereby the country ran out of the Anti Retroviral Treatment drugs for two weeks which

led to the loss of lives. It was also highlighted how government inaction was the worst kind as it put a whole nation at risk. The great discrepancy in government misspending spoke to the poor planning in terms of provision of ART.

- **Impact**

The impact of inaction is grave as this certainly leads to loss of life and the continuous and unabated spread of the virus.

- **What does the Bible say about Inaction?**

The Bible challenges Christians to put our faith into action, as it states that faith without works is dead. By becoming ambassadors of hope in our communities, we undertake the very action commanded to us. The affected must also take a leading role as we are all the body of Christ and we are a collective body as we should function in unison. It was also raised that the current church focus is on creating wealth but totally resents the needy, there is therefore a need for a gospel preaching that is relevant to the current realities that the church is facing. Some verses relating to inaction were James 4: 17, James 2: 14-17, 1 Samuel 13: 20

MIS-ACTION (Anti mis-action)

The objective of learning about mis-action is to understand how it contributes to the spread and transmission of the virus eventually leading to death.

Definition: Mis action is an action taken to achieve an objective however there is a strong and negative consequence that was not anticipated. An example of a dangerous mis-action was given by Mr. Shali Kapepo of how the Namibian government closed down the many testing centres around the country to the detriment of the government ending up having no concrete statistics of HIV infection and ART was now running out. The various actions governments take usually have a detrimental effect on the masses infected and affected by the virus, therefore any action or policy considered should be grassroots sensitive. Action that can be taken includes counselling at exposure and also proper research should be conducted and it should be community based.

SUMMARY

It was agreed that HIV is not a death sentence but SSDDIM can have it so. SSDDIM has emerged as a major factor in frustrating efforts to address HIV. Churches and religious groups have fuelled SSDDIM by preaching negatively about people living with HIV, as well as refusing to understand that HIV requires a much broader perspective than simply focusing on personal morality. It is therefore the youth's duty to start a move towards changing the negative perception and be

more accepting and respectful to people infected and affected by the virus.

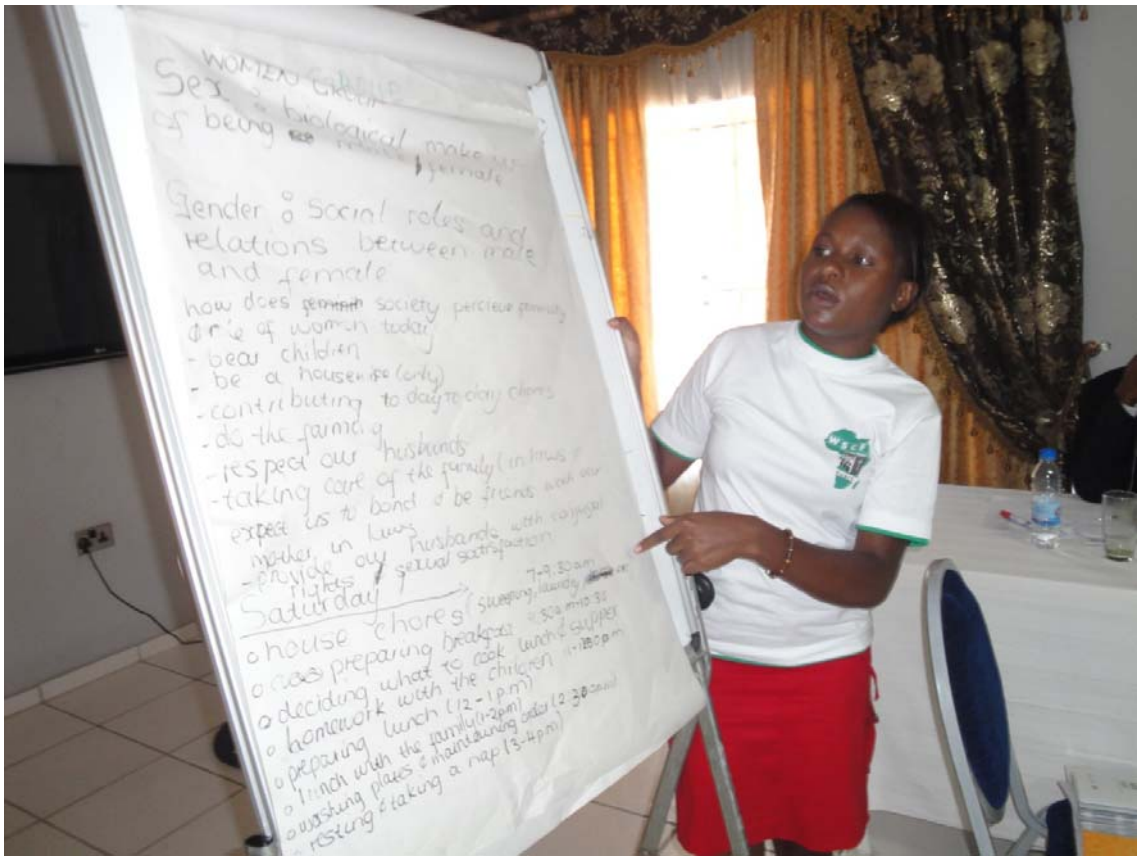
SAVE: Safer practices, Access to treatment, Volunteer Counseling and testing, Empowerment

SAVE came about because there was recognition of the weaknesses of the ABC model (Abstinence, Be Faithful and Condomise) The ABC model only recognised HIV as being spread through sexual intercourse, it did not take cognisance of the other ways in which the virus spread like blood transfusion or mother-to-child. The ABC model also looked at HIV & AIDS as a moral issue, it was found out that most HIV positive women in Africa had been faithful to one partner but still got the virus. Thus a more encompassing approach was developed through SAVE.

SAFER PRACTICES

Abstinence, prevention of mother-to-child transmission, delay of sexual debut, mutual fidelity, avoid needle exchange, masturbation and oral substitution, male circumcision, use of condoms, clean and safe blood for transfusion, sterile implements, safer traditional and treatment as prevention, use of pre-exposure prophylaxis and also post exposure prophylaxis. A question was raised on whether encouraging condom use among the youth was encouraging sexual activity early engagement. It was also noted that it is important to introduce sexual education in schools and churches, because the pandemic is real and it needs to be addressed head on. It is time that

individuals; the church and the community at large stop tip-toeing around the issues of sex and HIV & AIDS, only when we address these issues can we start on our way to zero infection through safer practices.



EVALUATION DAY TWO

The second day ended on a very good note as participant's evaluation revealed that they had thoroughly enjoyed the presentations and the participation of both men and women during the sessions. The facilitator was praised for managing to deliver a very interesting seminar; he encouraged an open environment that encouraged participants to discuss openly issues surrounding sex and safe

practices. Pastor Chiponda also managed to take issues from a Christian perspective but still relate them to the issue at hand. Participants expressed that they learnt that the church needs to listen to needs of the people and address these needs accordingly.

DAY THREE

The final day commenced with lively morning devotion from Namibia SCM with them teaching the other participants a native song called 'Tuhambereren i Hompah'. Afterwards there was a recap of the previous day which concluded that safer practices are people oriented; HIV & AIDS is not only a moral issue but a health one.

ACCESSIBILITY AND AVAILABILITY OF TREATMENT

This is concerned with medicine being available to people, at what cost, the distance they have to travel to get this medication. It poses the question, "Are the drugs available and within reach?" The biggest problem noted by the participants in their countries was that the ART runs out and leaves people suffering and vulnerable.

Anti-Retroviral Treatment: This not only includes the ARV (Anti-Retroviral Drug) bur also therapy, psychosocial support, pathological tests. ART included six levels, these are, ***level 1*** whereby the virus is prevented from entering the CD4, ***level 2 & 3*** whereby ARVs are administered to stop the replication process and lastly ***level 4*** which is a second level of stopping the replication process. ***Level 5*** prevents the virus from using the DNA of the human cell to make the virus and lastly ***level 6*** prevents HIV from leaving the CD4 cell.

VOLUNTARY TESTING AND COUNSELLING

Voluntary testing and counselling has many purposes including helping people accept their status and to cope with it. It also helps with planning for the future, also with referral to social and peer support, preventative therapies and reproductive care. It also helps with early access to ARVs and their management and lastly it helps with managing early opportunistic infections and sexually transmitted infections (STIs). Voluntary counselling and testing also helps with

facilitating prevention of mother-to-child transmission as well as facilitating behavioural change. This part of the SAVE model is about encouraging g the youth or congregates to get tested.

EMPOWERMENT

It includes knowledge for action, this is because knowledge is crucial and without knowledge people perish. It aims to empower people to take action. Empowerment includes knowing what sexuality is and what it covers with reference to being both an activity and identity. Different forms of sexual identity were defined like lesbian, gay, bisexual, transgender, asexual and of course manhood and womanhood. The participants were asked to get into two groups one

for males and one for females, we were tasked with defining what sex and gender is, describing how society perceives femininity/ masculinity and a simple diary of activities undertaken by men and women on a regular Saturday. Both groups defined sex as the biological characteristics which define organisms as male or female and gender as socially constructed roles between males and females. The male group listed the expected roles for males as protectors, providers, head of the family and decision makers. The female group listed female roles as child bearers, housekeepers and mothers. There was a noticeable contrast in the diaries between men and women, as it was apparent that women's days consisted of a number of activities for the well-being of the family whilst male diary was not as packed. This showed the sharp contrast in societal and matrimonial roles. Knowledge is essential to getting the HIV infection rate lower or even to zero infection. It is important that movements go forward and use these learning points to empower their various communities to reach our goal and uplift our continent.

WHAT IS THE WAY FORWARD FOR OUR MOVEMENTS?

The training session ended with a drafting of the way forward for the different SCMs in attendance. It was agreed that since this was a training of trainers (TOT) we needed to go forth and train other people in our communities informing and thus empowering them with the knowledge of SSDDIM and SAVE. The movements agreed to provide reports of these further trainings as well as pictures to send to the relevant stakeholders. Pastor Chiponda pledged that he would help movements to get assistance from different INERELA chapters in their countries as well as providing a SAVE Toolkit to the movements. Movements also agreed to have events that would promote the combating of SSDDIM and promote SAVE. It was

agreed that short term operational plans be drafted and the submission deadline to the Regional Secretary Rev Amos Mushendwa was 20th December, 2013. It was also encouraged that there be regular inter movement visits so as to learn how other movements are making an impact in their countries and adopt the relevant strategies to uplift our home movements.

After the training session ended the different movement representatives visited the Zimbabwe SCM offices as an exchange of learning fro the work done by SCM Zimbabwe. The participants learnt that the SCM Zimbabwe is engaged in various programs, especially impressed by the peace building initiatives done by the movement. Finally ended with a farewell dinner held at the Villa, the participants were awarded certificates. The following day, Saturday 12th October, the various participants left for their respective countries. Everyone expressed gratitude for being connected and the bonds created between the movements will see the movement in southern Africa strengthened even more.

4. WHAT CAME OUT OF THE TRAINING

i) The participants increased their skills and knowledge and in-depth understanding of the main factors underlying the fight against HIV and AIDS in Africa.

ii) The participants were empowered with accurate information about HIV and AIDS, and were equipped to re discover the Christian values and their role as Christians, in the fight of the epidemic. ***(refer to Appendix on participants evaluation of the training and opinion)***

iii) The participants committed themselves to reporting back to their movement Way forward after the training

iv) Participants from SCM Malawi reported back to the movement. The movement conducted two orientation meetings, the first meeting at the Summer Park on Sunday 27th October 2013, 15 youth groups attended. The second meeting at Baptist

Theological Seminary in Lilongwe on Tuesday 29th October 2013, 213 students attended. The meetings targeted Church youth leaders and students within CYAMA structures.

Also, SCM Malawi has developed the Action Plan for SSDDIM Reduction and SAVE Promotion campaign for 2014.

An orientation meeting for Church Youth Groups at the Summer Park on Sunday 27th October 2013

An orientation meeting for students at the Baptist Theological Seminary on Tuesday 29th October 2013

v) SCM Zimbabwe has integrated SSDDIM reduction and SAVE Promotion campaign in the action plan/activity plan for 2014

vi) SCM Namibia has set a special action plan for SSDDIM reduction and SAVE Promotion campaign in the action plan/activity plan for 2014

5. PART TWO OF THE PROJECT: MOVEMENT BUILDING

Movement building was done through increased and regular communication with SCMs in Africa for better coordination of our work through phone calls and emails as follow up of the work and various feedbacks. Also, movement visitations were conducted as a strategy to empower and mobilise movement for effective participation in WSCF work. Three movements were visited: Ivory Cost and Togo 1st to 8th of September 2013 and Zimbabwe 2nd to 7th of October 2013. The visits included meetings with students, consultative meetings with movement committees/leaders, senior friend, speeches and lectures on the role of the youth (students) in the development of the church and Africa nations today, church leaders, meetings with university offices working on welfare of students associations (including SCMs) and Live radio broadcasting session i.e in Togo the Methodist Church Radio gave us free time.

Above: WSCF Africa Regional Secretary Rev. Amos K. Mushendwa addressing students at United Theological College, Harare, 09th October 2013.

Above - A group photo: WSCF Africa Regional Secretary Rev. Amos K. Mushendwa with students at United Theological College during the visit Harare, October 2013.

The outcome of visits:

- Increased awareness of WSCF Africa region office of the real work of SCMs and their priority areas of capacity building, which helps in the planning of intervention programs
- Contribution of ideas, guidance and direction to SCMs according to our practices and by laws
- Movements' awareness on a wider network of WSCF globally which increased their zeal and enthusiasm in the work of the federation.

5. CHALLENGES:

The major challenge was communication with some SCMs during the preparation of the training due to change of leadership in those movements. Communication difficulties persisted to SCM South Africa, Lesotho and Angola to the failure to attend the training. This necessitates to increase efforts on movement visitation and capacity building in leadership so as to have vibrant movements.

6. GRATITUDES AND APRECIATION:

We thank the Almighty God who gave us strength and capacity in the implementation of this project. Our gratitude and appreciations goes to ICCO& Kerk in Actie for their financial and moral support to this project. Also, we appreciate the support provided in previous years and looking forward for continued support in 2014 and the coming years.

Submitted by:

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