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The Barnabas Letter

To encourage, enrich and equip

Training News & Updates

Phyllis Kilbourn, ROH Director of Training

In August I taught a course at the International Christian College in Glasgow, Scotland. I was excited to teach and interact with participants from a dozen countries working with children at risk or in crisis. It also was exciting to be joined by ROHers Stephen and Cathryn McRodderick, headed for Sierra Leone.

On September 7 Marj joined me in the Fort Mill office to give final touches to the core module of the training curriculum, "Offering Healing and Hope for Children in Crisis." We are grateful that this tool has finally been completed and is ready for publishing.

Do you sometimes feel overwhelmed by the immensity of the task and wonder what one person can do? In January 2000 I met Lexy Pello, youth director of the Indonesian Missionary Fellowship (IMF). I gave him a copy of my book, *Children in Crisis: A New Commitment*. He read through the book and was challenged by the concluding quote: "I am only one, but I am one. I cannot do everything, but I can do something; and what I should do and can do, I will do."

Lexy asked God what was the "something" he could do. God's first response was for him to translate *Children in Crisis* into Indonesian to raise the church's awareness of the needs of children in crisis in his own country. Soon a second "something" from God led Lexy to the island of Ambon to rescue orphans of Christians who were being killed in that senseless war. He started out by bringing 21 orphans to Java where they could be in a safe, loving home. Now the number in the home has risen to over 90.

Last October in Singapore I again met Lexy. Considering his compassion and vision, I shouldn't have been surprised that God had whispered yet another thing he could do—focus on training workers for children-in-crisis ministry at the yearly country-wide intensive church training conference (September 27–October 2). With the abuse of children rife in that island nation, it was impossible for me to say "No," when he asked me to help with this training. Because Lexy is passionate to get the church involved in ministry to the multitudes of exploited children in Indonesia, he also arranged for me to give two weeks of training in the Batu and Surabaya Bible Colleges. Do pray that God will ignite the entire church with the vision He has given Lexy for Indonesia's children.

And, remember, while you, too, may feel the pressures of being only one, God has some very exciting plans for your ministry—one thing at a time. Be assured, our prayers are with you.

Hope Vital in a World with HIV/AIDS

Dr. Gisela Schneider, WEC International Medical Advisor

Today we live in a world with HIV/AIDS. Globally, about 40 million people are infected with the virus. Sub-Saharan Africa carries the largest burden with about 28 million infected. That continent also has the highest number of deaths—approximately 6000 people each day.

But fast-growing epidemics in Eastern Europe and Central Asia are fueled by the growing number of intravenous drug users and other vulnerable groups such as young people who have little knowledge of HIV/AIDS, its transmission and prevention.

HIV/AIDS—What Are the Issues?

The HIV virus is transmitted through sexual (heterosexual or homosexual) contacts, from mother to child during pregnancy and through childbirth or breast-feeding. It also is transmitted through blood or blood products; for example, through needles from intravenous drug users or those who use unsterile instruments to perform procedures that penetrate the skin. The virus destroys the human immune system in a very slow process. Over a period of 5–10 years, patients start to get ill and eventually die of opportu-

nistic infections, that is infections that healthy people easily resist.

But HIV is more than a virus or a disease. It not only affects individuals but also families and communities. It also leaves countries devastated as the young, educated and economically viable persons die, leaving behind orphans and vulnerable communities.

Therefore, HIV interventions that address only medical and clinical aspects or or provide purely prevention campaigns are not going to be effective. Only a comprehensive response that addresses all the issues including HIV prevention, HIV treatment, care and support and HIV mitigation will prove successful.

Let me highlight this in a life story: Peter, Susan and Helen are between 6 and 10 years of age. They live with their mother who is chronically ill and scarcely manages to cook a proper meal. They do not know their father, and their grandfather has disowned them because their mum has brought shame on the family. Mum receives clinical support and home-based care, but because of the lack of antiretroviral drugs she probably soon will die from opportunistic infections. She will leave behind children who will have a lot of responsibility resting on their young shoulders. With no schooling and little income, they soon will need to find their own way of survival, becoming extremely vulnerable to HIV infection themselves.

HIV–What Are Effective Intervention Strategies?

The above story is repeated a million times in Sub-Saharan Africa and opens some of the questions we must ask if we want to address issues surrounding HIV/AIDS: How could the mother have been protected from infection? Will the teenage children soon get infected too? What about treatment for HIV? What intervention should be offered and how can we sustain it over a lifetime? Care and support with basics such as food and nutritional supplements, economic support for the little household are important, but how can they be sustained over time? Young orphans will soon be on their own: how do we—as a church, a community or as workers in these countries, faced every day with similar situations—care for them?

Following are a few hints for handling these areas of concern.

HIV–Prevention

Peter, Susan and Helen are children at risk of HIV infection—not only because their mother is infected but much more because they will grow up with little parental support or guidance. Who will help them through their teenage years and, as they discover it, teach them to deal with their sexuality in a way that will protect them from infection.

HIV calls for a prevention program that gives ***correct*** and ***consistent information, educates,*** especially young people, and also addresses ***behavior change*** in a comprehensive manner taking into account the sociocultural setting and involving people at a grass-roots level. HIV prevention calls for sensitivity, understanding and willingness to share facts about HIV. People need to explore how they could be protected using the simple A/B/C[1] approach translated into their respective sociocultural settings. Participatory methods such as the "Stepping Stones approach"[2] can be a learning tool for us to adapt for our situations.

Another key intervention in preventing HIV infection is ***voluntary counseling and testing*** (VCT), the process by which an individual makes an informed choice about being HIV tested. VCT is a key factor in HIV prevention. The personal counseling session with a client will enable an assessment of risk behavior and initiate behavior change.

VCT is also the key to the prevention of mother to child transmission of HIV. Peter's mum had VCT done only when she was ill. Had it been done during pregnancy, antiretroviral drugs and a full care package for the mother could have prevented the infection in the unborn or newly-born child.

Such a program can be integrated into antenatal services, but it needs to be backed up by a good information/education/comunication program that addresses stigma and discrimination, because no pregnant mother will want to be tested if she will not get the support she needs from her family and community. Therefore a prevention/treatment/care and support/mitigation program is needed to address these issues sensitively.

In addition to all this we must make sure that all blood products used in medical care are fully tested and health facilities are made safe both for patients and health workers to prevent blood-borne infections.

Summary: HIV prevention includes—

- Effective information, education and communication at community level, including behavior change communication and life skill training, especially for girls and young women
- Voluntary counseling and testing
- An effective program for the prevention of mother-to-child transmission of HIV including voluntary counseling and testing, antiretroviral therapy, counseling and care

- Safety in the healthcare setting, including safe blood transfusion services and safety in handling needles and syringes
- Addressing of intravenous drug usage in communities where this is an important problem

HIV—Treatment, Care and Support

Today HIV is a treatable condition. Opportunistic infections can be treated and prevented and good nutritional support can allow people living with HIV/AIDS (PLWHA) to live a longer and more positive life.

But HIV treatment, care and support does not involve medicine only; it is a complex package of treatment and prevention of opportunistic infections, counseling, palliative care and socioeconomic support. Without this network, Peter's mum would probably have died a long time ago. Due to a comprehensive care package she was able to care for her kids for many years, but now her immune system is too weak to fully recover without antiretroviral drugs.

We recommend a basic care package for HIV including

- Clinical care
- Counseling and emotional support
- Home-based care (palliative care)
- Socioeconomic support
- Spiritual support

Spiritual support is vital for all patients with HIV; from the day of diagnosis to the day of death, PLWHA need to be supported spiritually. A ministry of healing and forgiveness that is non-judgmental can make a big difference and give hope even in very difficult situations

In addition to this basic care package we now can also offer **antiretroviral therapy (ART)**. ART has changed the outcome of HIV dramatically. It turns a fatal illness into a chronic illness, where a patient can live a healthy life for years if he/she takes medications regularly. However, ART requires good clinical and laboratory services over the patient's lifetime. WHO (World Health Organization) aims for at least three million people in low-income countries to have access to ART by the year 2005. This number is still only about 10 percent of those who will eventually need it.

Even where ART is available, we still need home-based care and palliative care for chronically ill patients. These programs effectively provide care in a comprehensive manner that supports not only patients but also families and opens the door for counselling and spiritual support—sometimes in extreme circumstances.

HIV—Mitigation

In spite of all efforts in HIV prevention and care, as Christians we need to deal with certain effects of HIV in the countries and communities where we serve. The most prominent effect surely is the many orphans and vulnerable children (OVC) left behind in many places where the HIV virus has struck.

As in the above story, we find many households run by teenagers or children who have lost one or both parents. Some, in fact, are caring for a parent who is chronically ill besides looking after younger siblings or even old people in the compound.

Care for OVC includes

- Counseling and bereavement care
- Educational support
- Nutritional support
- Spiritual support
- Life skill training
- Work skills training and income generation
- Medical support

We suggest that, as far as possible, OVC be left within the extended family structure and that communities and churches or extended families be strengthened to support children in their community. Only countries with a very low number of orphans can contemplate institutionalized care in the form of orphanages. A better strategy is to strengthen community and church structures (where they exist), to offer care and to share the love of Christ with these vulnerable children.

Conclusion

HIV is one of the biggest challenges for Christians today. Millions of people are waiting for compassionate care. This number includes those who are infected needing medical, emotional, spiritual and socioeconomic support. It also takes in those who, for whatever reason, are vulnerable to infection and need education, counseling and support to make the right choices in life that will protect them effectively from HIV infection.

The challenge embraces care for the caregivers, too. Workers ministering to people living with HIV/AIDS or orphans and vulnerable children are prone to burn out physically and emotionally. Therefore, we need well-trained staff to get involved in the program and we need teams who can support each other in such a ministry.

Jesus Christ reached out to children, women and the outcasts in His times and He told His disciples, *"As the father has sent me, so I am sending you"* (John 20:20).

May God help us to respond to *His* call in caring for people affected by HIV/AIDS or those vulnerable to HIV/AIDS wherever *He* calls us to go.

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[1] A= abstinence, B= being mutually faithful, C= condoms

[2] Stepping Stones: /www.actionaid.org/stratshope/tp.html; /www.stratshope.org/ssaction.html

Caregiver's Time Out

Susan Sutton

Have you ever begun a new day with a sinking feeling even before getting out of bed? Incredible needs await on the other side of your door. There is so much you long to do. Yet deep down you feel that you haven't got enough of what it takes to face all that is ahead of you.

"Oh, Lord," you whisper, "it's too much."

Then Jesus gently takes you by the hand and replies, "I know. I've been there. Come be with Me for a while. Let's talk about it. Tell me all that's on your mind and heart, then let Me speak to you from My mind and heart. There's nothing that you and I can't handle together today. I promise."

Or has this quick prayer ever run through your mind on another day as you head out the door? "I know I should spend time with You right now, God, but I want to get out there and start loving those children to You. Remember, it's why You sent me here."

Again He gently replies, "I am already out there with them, and I love them even more than you do. You can give the children nothing unless you receive it first from Me. Come, be with Me now so that you have something to give them today."

No one else knows better than Jesus what it feels like to face tremendous needs every day. As His ministry of compassion increased so did His mornings of waking up to pressing needs. Those needs were not only beyond His door, but often right at the door and surrounding the house where He happened to lodge for the moment. He knows what it's like to look deep into desperate eyes. He knows what it feels like to face a day full of people who are hurting and hungry for someone to care for them.

But Jesus also knew something else as He gave of Himself. He knew that no matter how desperate the needs around Him, He must never let go of the most important thing in His life...His intimacy with the Father. His ministry flowed out of the relationship that He kept a priority. Over and over again Jesus pulled away from the pressing needs of ministry to be alone with His Father. Luke 5:15–16 records that "crowds of people came to hear him and to be healed of their sicknesses, but Jesus often withdrew to lonely places and prayed." Crowds clamored to see Him. Opportunities to touch lives surrounded Him. Needs were great. Yet Jesus withdrew, not every now and then but *often*, to be with His Father. Here He was renewed. Here He gained direction and kept His mind and heart focused.

The same is true for us. We offer the children much more than a new way to think and behave. We offer them a relationship with the One who knows them best and loves them most. Ministry that truly brings this life to them will flow out of our own ongoing life and intimacy with this living and loving Lord. We cannot bring the children to Jesus if we are not going to Him ourselves.

Jesus says to us, *Do you really want to help these little ones when you are with them? Then stay connected to Me and I will give you all they need. Spend time with Me first and "streams of living water" will flow from you to those waiting for you beyond your door.*

Former missionaries to Chad, Africa, Susan and her husband, Louis, currently serve as USA directors for WEC International.

Resources

Books by Susan Scott Sutton

***A Quiet Center*: A woman's guide to resting in God's presence**

This devotional is designed for the woman (or the man!) who longs for peace in the midst of an overbusy life. Find what God so wants to offer you—a dwelling place alone with Him . . .a Quiet corner.

***A Sure Path*: Moving ahead with Christ when we'd rather settle down in the world**

Choosing Christ means embracing the life of a pilgrim and journeying confidently toward an unseen destination. This book is to encourage you to do your part. . . to take your life with God as seriously as He does.

You may order these books from: WEC Literature, PO Box 1707, Fort Washington, PA 19034-8707

In the USA cost per book = $6.00 Plus postage = $4.00 for the first book and $1.00 for each additional book. Pennsylvania residents add 6% sales tax.

Make checks payable to "WEC"

Other countries, please contact DJLLSmith72@CompuServe.com for further information.

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Chris–Caba Journal

The *Chris-Caba Journal* was recently introduced by Viva Network Aids Forum. The Journal constitutes a response to the special needs of Christian organizations working with children affected by HIV/AIDS. Currently the journal is free of charge through the Internet. Contact Dick Stellway at rjslink@mindspring.com

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