HIV & AIDS CURRICULUM
FOR THEOLOGICAL INSTITUTIONS IN AFRICA

HIV and AIDS Curriculum for Theological Institutions in Africa

"Every scribe who has been trained for the kingdom of heaven is like a householder who brings out of treasury what is new and what is old" (Mt 13:52).
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This is a fully revised edition of a first version of a curriculum published by MAP International in 2001, which was the result of two workshops sponsored by UNAIDS, World Council of Churches and MAP International. They were attended by academic deans, principals, theologians of various denominations from 20 theological institutions in 14 countries. It draws substantially on that publication but has additional paragraphs and points of focussing based on testing the original version in countries of Southern Africa. It is published by permission of MAP International.

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Foreword

Twenty-two years after HIV/AIDS was medically discovered, it has become clear that it is more than just a medical issue. It pervades all spheres of our lives, be they social, economic, political or cultural (UNAIDS 2000:26-33). It is also more than just an individual problem, for it affects families, communities, nations, and continents, indeed, the whole world. It thus demands the attention of all disciplines, departments, governments, Non-Governmental Organizations, the private sector, Faith Based Organizations and Community Based Organizations. The wholesome impact of HIV/AIDS has necessitated a multi-sectoral approach to its prevention, care and the mitigation of its impact (110). The approach calls for the mainstreaming of HIV/AIDS in all spheres and institutions of our lives.

HIV/AIDS' devastating impact also necessitates intensive education and research programmes in pursuit of the most effective strategies and methods of prevention, care, mitigation and a possible cure. The church of Africa, which hosts the largest numbers of infected and affected people, is also challenged to adopt a multi-sectoral approach; to educate and to research on effective ways of fighting against HIV/AIDS among its members, the society and God's creation at large. This curriculum represents efforts towards this end.

The process of drawing this curriculum started in June 2000, when MAP-International, with the support of WCC and UNAIDS, hosted a forum that consisted of academic deans, principals, theologians and representatives from twenty theological institutions from fourteen countries in east and southern Africa, across denominational divides. Participants were challenged to develop an HIV/AIDS curriculum, to ensure that HIV/AIDS prevention, care and support ministries are institutionalized. A year later (July 2001), the first draft of the curriculum was used to train twenty-four trainers from the same regions.

Following this event, southern African trained trainers, with the support and encouragement of the WCC, ran two trainers of trainers' workshops (held in August 26-30, 2001 in South Africa and in September 9-14, 2001 in Botswana) for theological institutions in their region. About sixty participants, drawn from nine countries of southern Africa and from Protestant, Evangelical, Catholic, African Indigenous Churches' and Orthodox backgrounds attended. The workshops sought to train more theological lecturers on the integration of HIV/AIDS in the curriculum; to exchange views and to further review the first version of the curriculum to make it more ecumenical and user friendly. The workshops thus also served as a trail-testing forum for the first version of the curriculum. The reviews and observations received from these workshops indicated that participants highly appreciated training in counseling and expressed desire for more training in this area. Participants also desired further training in methods and frameworks of teaching theological and biblical studies in HIV/AIDS contexts. This version of the curriculum reflects the reviews of the participants.
While the first version had three units on human sexuality and HIV/AIDS information, the Christian church response and programme development, this version has five units. Three units on biblical studies, theology and counseling have been added. The good news is that two textbooks have now been published to accompany this reviewed curriculum. They are: *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Programs and AfricaPraying: A Handbook of HIV/AIDS Sensitive Sermon Guidelines and Liturgy.* The review of this curriculum is by no means final, for it will continue to be sharpened and polished as users find it necessary and as HIV/AIDS phenomenon changes with time. For now, however, all theological institutions, in Africa and elsewhere, can use this version to integrate HIV/AIDS in their theological programmes. The time for the integration of HIV/AIDS into our theological training programmes was yesterday!

*Dr Musa Wenkosi Dube*

*University of Botswana, 20/11/03*
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Introduction: The HIV / AIDS Epidemic / s and The Church

HIV/AIDS outbreak is admittedly the most outstanding challenge facing humanity. An estimated 40 million people are living with HIV; 28.5 million of them live in Sub-Saharan Africa. Since its outbreak, HIV/AIDS has killed 22 people worldwide, 17 million of which are from Sub-Saharan. It has also orphaned 14 million children. The country with the highest number of people living with HIV/AIDS, South Africa, and the country with the highest infection rate, Botswana, are both in the Sub-Saharan continent (UNAIDS & UNDP 2001). And yet, as statistics indicate, it is a worldwide problem. HIV/AIDS causes unacceptable human suffering to the infected and the affected--individuals and their families, communities and nations alike. Its impact leaves nothing untouched and it continues to baffle the world.

As a new phenomenon, the response to stop, control and explain HIV/AIDS has been an unfolding journey, which has yielded many useful strategies and, inevitably, involved many mistakes as well. Some useful strategies such as screening blood, carrying out extensive information and educational campaigns, promoting the strategies of safer sex, mobilizing community and designing intervention programmes, development of drugs that minimize the virus and control opportunistic infections, setting up counseling and testing centers and raising committed public leaders have greatly helped. Some of the mistakes involved were a long period of disbelief and delayed response to the warning; self-righteousness that associated HIV/AIDS with immorality or certain groups; campaign messages that associated HIV/AIDS with death thus grooming fear and helplessness, lack of sufficient knowledge and information and the continued association of HIV/AIDS with medical departments than all departments, too much association of prevention of HIV/AIDS with knowledge and individual choices than with social relations and structures that shape the decisions, and the long reluctance of western pharmaceutical companies to make drugs affordable and accessible. These problems, among many others, have hampered effective HIV/AIDS prevention and care and created other epidemics such as the hopelessness, fear stigma and discrimination.

Two decades of struggling to prevent the spread of HIV/AIDS has highlighted its complexity. Disbelief of its existence has now been replaced by the awesome consciousness of its pervasive presence and impact on individual, family, community, national and international levels. Real life experiences and research have demonstrated that HIV/AIDS affects and permeates our social, economic and political lives. Similarly, it has been shown that HIV/AIDS cannot be simply equated to an individual lack of morality, for many innocent children are born with HIV/AIDS, some parents catch HIV/AIDS through caring for their children without protective gloves, many faithful partners are infected by their unfaithful spouses, innocent girls and women are infected through rape in and outside their homes, many poor women have to choose between dying of hunger and raising some money through sex work, many economically poor governments and nations have to live with failing to provide services for their infected and affected populations and political unstable
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conditions of war, which creates socially displaced people, cripples social welfare services, renders most HIV/AIDS prevention and care messages ineffective. In sum, HIV/AIDS has demonstrated that its fertile soil is social injustice.

With the intensive information campaigns that have yielded relatively limited results, it is now known that HIV/AIDS is an epidemic within other epidemics such as poverty, gender injustice, social discrimination of certain groups, war, violation of children's rights and cultures of inequality (WCC 1997:14-15; UNDP 2000:26). It is, therefore, evident that fighting against HIV/AIDS must include addressing its accompanying epidemics; namely, stigma and social injustice of all forms. The approach must also see individuals as social beings, whose choices and capacity to protect themselves are inherently dependent on their social relations and power (UNAIDS 2000:45-51). Lastly, and as advised, HIV/AIDS prevention, care and mitigation of its impact must be multi-sectoral. That is, all institutions, communities, individuals, families, clubs, governments, the private sector, Non-Governmental Organizations, the donor community, and Faith Based Organizations must plan for and implement HIV/AIDS prevention and care programmes and policies for themselves and the society as a whole. The approach to HIV/AIDS, in other words, is everybody's business and demands extensive networking.

The church, as a body of Christ, is a community of healing and compassion (WCC 1997: 77-92). By preaching the good news of Jesus Christ, the church espouses the message of social, individual, national, and international wholeness. For the church, all people, regardless of their gender, class, ethnicity, race, age, religion are created in God's image and life itself is God's will for humankind and creation as a whole (Gen. 1-2). This was further underlined by Jesus, who came that all my have life and have it in fullness (Jn. 10:10). Accordingly, Christ's earthly ministry was characterized by healing all diseases unconditionally (Mk. 1:29-34), forgiving sins (Jn. 8:1-12; Lk. 7:36-49; 15:11-32), breaking the stigma associated with leprosy by touching lepers and restoring them back to physical and social health (Mk. 1:40-45; Lk. 17:11-19), denouncing self-righteousness among believers (Lk. 18:9-14), taking sides with the poor and socially marginalized (Mt. 9:10-13;Lk. 18:1-8), prophetically denouncing oppressive social structures (Lk. 4:16-22) and triumphatically defeating the power of death through his resurrection, thus conferring upon all believers the privilege to live in the resurrection hope. In short, biblical teaching, the gospel of Christ and church traditions provide adequate frameworks for the church to serve God's people in the HIV/AIDS era. Indeed, the church's close connection with individuals, families and the community; its availability even in the most remote areas, has put it in the center of HIV/AIDS care. The church is there for the sick, the dying, the dead, the bereaved, the orphaned and widowed, offering care and hope in the gospel of Christ. Besides, as a community of compassion and healing, the church is a pool of human resources, who are willing to reach out to God's people.
Nonetheless, the HIV/AIDS epidemic has underlined that as Christians we see only in part (1Cor. 13:9-10) and that the church, as the body of Christ, is also infected and affected by the epidemic, for its members suffer and die. The church needs healing. A number of its perspectives also highlight the need for the church to repent and rededicate itself to the gospel of Christ. First, the church interpreted HIV/AIDS as a punishment for sin, thus adding to the entrenched stigma and alienating the infected and affected from quality care. Second, the tradition of silence and negative perception of human sexuality has led to conflicted messages and unresolved approach in the area of safer sex and HIV/AIDS prevention. Indeed, in its insistence on sexual purity as the answer to HIV/AIDS prevention, the biblical perspective of sacredness of all human life has not received adequate attention. Third, while HIV/AIDS is more than just an individual issue, but also a social and structural epidemic, the churches’ capitalization on the messages of abstinence and faithfulness has indicated its failure to assume its prophetic role. The church has not adequately/prophetically addressed the social epidemics of poverty, war, gender inequality, discrimination on the basis of racial/ethnic and sexual orientation, international injustice, children and human rights violations, which are the fertile soil of HIV/AIDS. Fourth, the church has also been riddled by insufficient knowledge, insufficient counseling skills, limited financial resources and managerial skills, lack of prophetic leadership, denominational divisions and lack of networking amongst themselves, with governments and other NGOs. These shortcomings have, above all, highlighted theological poverty and the dire need for educational programmes for the church and its leadership. As in all other areas, HIV/AIDS is a moment of fresh education, intense research, rethinking of our lives, new planning and implementation for all sectors. The church is not an exception. This curriculum seeks, therefore, to contribute towards this purpose.
HIV/AIDS Theological Curriculum

A theological programme that seeks to integrate HIV/AIDS will of necessity demand commitment from the concerned institutions and leaders to create space and to add more resources. While most theological programmes are already packed, efforts must be made to integrate HIV/AIDS in all courses or to create separate course/s for this curriculum. Efforts should also be made to train staff on the curriculum or to make funds available for new staff and to improve the library collection. Every theological training institution should help the church and its leadership to fully assume its prophetic and healing ministry in the HIV/AIDS era by training trainee ministers and church workers on the subject-failure to prepare the church to serve God's people in this most trying moment of human history is tantamount to failing Christ. As Facing AIDS: The Challenge, The Churches' Response rightfully points out,

The very relevance of churches will be determined by their response. The crisis also challenges the churches to re-examine the human conditions which in fact promote the pandemic and to sharpen their awareness of people’s humanity to one another, of broken relationships and unjust structures, and their own complacency and complicity. HIV/AIDS is a sign of the times, calling us to see and understand (WCC 1997:2).

The complexity of HIV/AIDS, as an epidemic within other epidemics, demands a curriculum approach that does not simply deal with symptoms. Rather, it must fully interrogate the complex factors behind and in front of the spread of HIV/AIDS, earnestly seek effective ways of halting its spread, acclimatize itself with various ways of delivering quality care to the infected and affected as well as equip its learners with community leadership and programme management skills. On these grounds, this curriculum will use the following issues as cross-cutting factors, wherever possible, in its various units and topics:

- Socio-economic issues (poverty)
- Gender (men and women relationships in the society)
- Age (impact of HIV/AIDS on children, youth and the elderly)
- PLWA (their involvement in prevention and care)
- Stigma (examining its impact and planning for it)
- Cultural perspectives (the advantages and disadvantages of culture)
- Biblical and theological perspectives (to use the church’s resources)
- Liturgical approaches (to speak to the heart and change attitudes)

These factors have been chosen as cross-cutting factors because even though HIV/AIDS infects and affects all, it is the most powerless members of the society such as the poor, women, children, the socially uprooted, sex workers, people of different sexual orientations and drug injecting users, who are most likely to be infected and denied access to quality care. HIV/AIDS stigma hampers both prevention and care and unless it is planned for, it
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often renders many good programmes ineffective. The involvement of PLWA is a must, to let them speak for themselves and to assist in breaking the stigma and the silence. Biblical, theological and liturgies of various types are important church resources needed to speak to the heart and change attitudes of individuals and communities, especially since information campaign alone has proven inadequate.

**Curriculum Goals**
This curriculum seeks to:

➢ Reduce and finally eradicate the spread and impact of HIV/AIDS in Africa.
➢ Strengthen the churches’ role and capacity to respond to the HIV/AIDS pandemic.
➢ Equip Christian workers with the necessary knowledge, skills and attitude to serve their churches and society more effectively in the struggle against the HIV/AIDS epidemic.
➢ Increase the capacity of students of Theological institutions in designing, implementing and monitoring of HIV/AIDS prevention, care and support intervention programmes in their communities of work.
➢ Exploit the Christian church’s own internal resources and heritage.
➢ Raise church leadership that stands up to the challenge of HIV/AIDS

**General Objectives**
The curriculum general objectives seek to:

➢ Equip learners and church workers with adequate knowledge and information about HIV/AIDS.
➢ Assist the church and its leadership to fully exploit its own potential and internal resources such as the Bible, theology, church traditions, liturgy and to develop a wholesome value system in the fight against HIV/AIDS.
➢ Inculcate positive attitudes in the learners towards those infected and affected by HIV/AIDS.
➢ Equip learners with knowledge and skills to develop and maintain positive reproductive health behavior.
➢ Assist learners to understand the role the church and community should play in meeting the challenges of HIV/AIDS.
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➢ Empower learners with analytical skills to have a deeper understanding of social factors (poverty, gender inequality, class, race, national stability and international relations) behind the spread of HIV/AIDS in Africa.

➢ Institutionalize HIV/AIDS prevention, care and support in theological and pastoral institutions.

➢ Raise church leadership and a church that is seasoned to serve in its social context and to meet the pressing needs of its people.
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Programme Design

The curriculum is designed to assist instructors, teachers, lecturers and professors in institutions, which prepare clergy for ministry, to mainstream HIV/AIDS in their training programs in order to produce church leaders and a church, which is better equipped to serve in this age. As an ecumenical instrument, it is important to note the following factors its use and design:

◆ From multifaceted perspectives, the curriculum examines some critical issues in the Christian response to HIV and AIDS.

◆ The instructor and the concerned institution may use any part of the curriculum units in whole or in part. The material is designed to be easily incorporated into existing syllabi. Alternatively, the units and their analytical methods could constitute courses on biblical, theological, counseling, gender and administrative approach to HIV and AIDS.

◆ The users of this curriculum and the recipients of its teaching, will need to interpret and adjust its contents for their own cultural, organizational, church background, economic and educational context within a sound theological framework.

◆ This curriculum is designed for undergraduate educational entry, however, individual institutions, lecturers, instructors and professors are free to modify it to suit the different levels of educational training such as certificate, diploma and postgraduate level. It can also be used to run short in-service courses for ordained ministers, church workers and the laity.

◆ The entry requirements for learners will depend on the institution’s requirements and goals.

◆ The time allocation for the topics covered in different units and grading system will be left to the discretion of the institution.

◆ Required and recommended texts, although provided, will also be left to individual lecturers and their institutions.

◆ The curriculum is divided into five units. The first unit seeks to impart correct information about HIV/AIDS. The second unit seeks to explore the various biblical perspectives to disease, healing and compassion that can assist the church and its leadership to assume an effective approach to HIV/AIDS prevention and care. The third unit explores how the available theological frameworks and analytical tools can equip the church and its leadership for
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effective ministry in HIV/AIDS contexts. The fourth unit seeks to impart skills of care through counseling. The fifth unit seeks to equip the church and its leadership with skills of effective leadership and management.

These units cover the following topics:

**UNIT 1: Human Sexuality and HIV/AIDS**
- Human Sexuality
- Sexually transmitted Diseases (STDs)
- Facts about HIV/AIDS
- Prevention and control of HIV/AIDS
- HIV/AIDS, women, youth and children

**UNIT 2: Biblical Studies and HIV/AIDS**
- The framework of disease as punishment
- Job Challenges the framework of disease as punishment
- Prophetic healing and HIV/AIDS
- Jesus’ healing ministry and HIV/AIDS
- The healing ministry of the church and HIV/AIDS

**UNIT 3: Theology in HIV/AIDS Contexts**
- A theology of creation and life (Gen 1-2)
- African theologies and HIV/AIDS
- Liberation theologies and HIV/AIDS
- Feminist/Womanist theologies and HIV/AIDS

**UNIT 4: Counseling and HIV/AIDS**
- Counseling and pastoral care
- Counseling in HIV/AIDS contexts
- Treatment and care for those infected and PLWA
- Treatment and care for those affected by HIV/AIDS
- Institutional care and counseling

**UNIT 5: Programme Development and HIV/AIDS**
- Leadership skills
- Management skills
- Project management
- Mobilizing resources
- Writing a project proposal
- Training of Trainers
- Course project
UNIT 1: HUMAN SEXUALITY AND HIV/AIDS

THE PURPOSE OF THE UNIT
This unit aims at providing information on human sexuality, sexually transmitted diseases (STDs) and HIV/AIDS. This is an area that is not openly discussed in African cultures and Christian churches. The tradition of no discussion, however, entrenches the stigma and hampers HIV/AIDS prevention and care. A systematic breaking of this silence is essential in the fight against HIV/AIDS. This unit, therefore, seeks to expose the learner to the facts about HIV/AIDS and to enable learners to feel free to discuss matters relating to human sexuality openly. The unit also looks at the special area of women and youth in relation to HIV/AIDS.

UNIT OBJECTIVES
At the end of this unit, learners should be able to:

➢ Define various aspects of human sexuality and their own sexuality
➢ Demonstrate correct understanding of factual information on HIV/AIDS and sexually transmitted diseases (STDs)
➢ Understand various social factors that precipitate the spread of HIV/AIDS
➢ Describe methods of HIV/AIDS prevention, control and care
➢ Discuss and compare some cultural and biblical views on human sexuality and their impact on HIV/AIDS prevention and control
➢ Analyze the impact of HIV/AIDS on women and children
➢ Develop life skills such as social, moral, ethical and communication

UNIT CONTENT

HUMAN SEXUALITY AND HIV/AIDS

Human Sexuality
◆ Various forms of human sexuality
◆ Cultural views of human sexuality
◆ Biblical views on human sexuality
◆ Gender, age, race, class, and human sexuality
◆ Liturgical approach to human sexuality
Sexually Transmitted Diseases (STDs)
◆ Defining common STDs and their symptoms
◆ Modes of transmission, prevention and treatment
◆ Cultural and biblical perspectives on STDs
◆ Gender, class, age and STDs
◆ The link between STDs and HIV/AIDS

Facts About HIV/AIDS
◆ Defining HIV and AIDS
◆ Transmission of HIV and its medical diagnosis
◆ AIDS related symptoms and diseases
◆ Poverty, gender, youth, race and HIV/AIDS
◆ Cultural and biblical perspectives on HIV/AIDS
◆ Caring for the infected and affected

Prevention and Control of HIV/AIDS
◆ Information and educational approach
◆ Behavioral change and safer sex practices
◆ Gender, youth, children, poverty and prevention
◆ Cultural, biblical and legal perspectives
◆ Liturgical approach to prevention and control

Women, Youth, Children and HIV/AIDS
◆ Women and youth vulnerability to infection
◆ Impact on women, youth and children
◆ HIV/AIDS care, women and the girl-child
◆ Enlisting men in HIV/AIDS prevention and care
◆ Human rights, legal, and theological empowerment
◆ Liturgical approach to empowerment

UNIT METHODOLOGIES
The unit will be taught through reading materials, fieldwork research, storytelling, library research, internet surfing, watching videotapes, in-class group experiences, writing new liturgy and worship materials.

INSTRUCTIONAL MATERIAL
Textbooks, videotapes, blackboard handouts and overhead projectors.

STUDENT ASSESSMENT
The class will be structured so as to provide students with in-class group experiences.

In assessing their knowledge of this lesson, students can write essays on themes that emerge as particularly important to the students and their communities.
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REQUIRED/RECOMMENDED TEXTS


UNIT 2 : BIBLICAL STUDIES AND HIV / AIDS

THE PURPOSE OF THE UNIT
The Bible is an authoritative book of the church, guiding its life in all contexts. With the HIV/AIDS epidemic, the church seeks understanding and guidance regarding disease, healing, stigma and isolation, guilt and fear, caring, death and dying from the Bible. For the African church, which as African theology underlines, the Old Testament has a significant place. The response to HIV/AIDS was thus largely interpreted within the framework of disease as punishment for an individual's sin. This approach fueled the HIV/AIDS stigma and hampered the church's ministry to the affected and infected. This unit seeks to explore and expose the learner to various other biblical frameworks of understanding and handling disease as well as to re-read the Bible in the light of HIV/AIDS.

UNIT OBJECTIVES
➢ At the end of the course, learners should be able to:
  ➢ Identify the various frameworks of understanding disease in the Bible
  ➢ Understand that the framework of disease as sin is highly contested within the Old Testament (Job) and rejected by Jesus
  ➢ Understand that healing is an unconditional God's will for all and it is central to the ministry of the church
  ➢ Develop biblical basis of fighting against HIV/AIDS stigma
  ➢ Utilize the prophetic framework to analyze social injustice and the biblical perspective to justice
  ➢ Assume an advocacy/prophetic role, regarding the rights of women, youth, children, PLWA and other marginalized groups

UNIT CONTENT

BIBLICAL STUDIES AND HIV/AIDS

The Framework of Disease as Punishment
Some Perspectives From the Pentateuch & Historical Books
◆ Disobedience, punishment and death (Gen. 30)
◆ Disobedience & the plagues of Egypt (Ex. 1-12)
◆ Diseases and the priest-physician (Lev. 13-15)
◆ Individual, leadership & community disobedience (Num.12,14 & 21:4-9)
◆ Obedience as blessing and disobedience as disaster (Deut. 7:12-16 & 28)
◆ The census plague (2 Sam. 24)
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Job Challenges The Framework of Disease as Punishment
◆ The righteous do suffer (Job 1-2)
◆ Social support: family, friends & suffering (Job 2:9-13)
◆ The great debate: Is Job’s illness a consequence of sin (Job 3-37)?
◆ Job is righteous but he suffers (Job 38-42)
◆ Usable frameworks from Job for dealing with HIV/AIDS

Prophetic Healing and HIV/AIDS
◆ Prophecy in the Old Testament and New Testament
◆ The prophet, prophecy and HIV/AIDS
◆ Jesus’ prophetic role and HIV/AIDS
◆ Orphans, widows, prophecy and HIV/AIDS
◆ Culture, church, HIV/AIDS stigma and prophecy
◆ National and international injustice, HIV/AIDS and prophecy

Jesus’ Healing Ministry and HIV/AIDS
◆ The centrality of healing in Jesus’ ministry (the gospels)
◆ Jesus challenged the framework of disease as sin (Jn. 9)
◆ Spiritual healing: forgiving sins and welcoming social outcasts
◆ Breaking the stigma: touching lepers and unconditional healing
◆ Defeating death: Raising the dead and the resurrection
◆ Prophesying against social injustice (Lk. 4:16-28)

The Healing Ministry of the Church and HIV/AIDS
◆ Disciples were sent to heal and teach (Mt. 10 & 20)
◆ The healing ministry of the early church (Acts)
◆ Life, diseases and healing in Pauline literature
◆ Life, diseases and healing in Johannine literature
◆ Life, diseases and healing in Pastoral letters
◆ The prophetic role of the church and HIV/AIDS

UNIT METHODOLOGIES
This unit will be taught through lectures, library research, assigned readings, class presentations and discussions. Students will also be expected to carry out fieldwork research by reading various biblical passages with the non-academic community to establish the perspectives of their people or assessing church and funeral sermons.

INSTRUCTIONAL MATERIAL
Textbooks, blackboard, videotapes, handouts and overhead projectors.
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STUDENTS ASSESSMENT
Students will write exegetical papers from chosen or assigned biblical passages or themes, demonstrating interpretations that engage and enhance HIV/AIDS prevention, care and treatment as well as breaking the stigma and discrimination.

REQUIRED/RECOMMENDED TEXTS


UNIT 3: THEOLOGY IN HIV/AIDS CONTEXTS

THE PURPOSE OF THE UNIT
Research indicates a close link between HIV/AIDS and social injustice, poverty, culture gender inequality, sexual and age related discrimination. This unit seeks to explore and to utilize the available theological perspectives, which have already been dealing with these issues, to enhance HIV/AIDS prevention, care and treatment. The unit seeks to raise church ministers who are theologically mature to provide the much needed leadership in the struggle against HIV/AIDS and its accompanying social epidemics of injustice.

UNIT OBJECTIVES
At the end of this course, learners should be able to:

➢ Understand various theological perspectives and their views on HIV/AIDS
➢ Identify useful and harmful cultural perspectives in the fight against HIV/AIDS
➢ Analyze how poverty and gender inequality catalyze HIV/AIDS
➢ Use the framework of liberation to propound theologies of life, healing, hope, social justice and human rights.
➢ Promote networking and ecumenical approach to HIV/AIDS.

UNIT CONTENT

THEOLOGY IN HIV/AIDS CONTEXTS

Theology of Creation (Genesis 1-2)
◆ The sacredness of all life
◆ Interdependency and goodness of creation
◆ Men and women created in God's image and blessed
◆ Freedom, risk and responsibility in Creation
◆ Sin in creation (Gen.3)

African Theologies and HIV/AIDS
◆ Concepts of life and death in African worldviews
◆ Causes of disease, HIV/AIDS and African cultures
◆ Individual and community healing in African cultures
◆ Women, children and HIV/AIDS in African cultures
◆ Theology of care, HIV/AIDS and African cultures
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**Liberation Theologies and HIV/AIDS**
- Oppression, social injustice and disease
- Poverty, racial and sexual discrimination
- Liberation, social justice, life and healing
- Gender, children rights, HIV/AIDS and healing,
- Healing the world: International and human rights

**Feminist/Womanist Theologies and HIV/AIDS**
- Feminist/Womanist perspectives on sin, diseases and HIV/AIDS
- Feminist/Womanist perspectives of healing, wholeness and care
- Feminist/Womanist perspectives on women in church and society
- Feminist/Womanist understanding of women in African cultures
- HIV/AIDS prevention, care and human rights

**UNIT METHODOLOGIES**
This unit will be taught through lectures, reading assigned texts and discussing in class, reading assigned texts and writing reflection papers, collecting theological perspectives from different churches and presenting them in class for discussion.

**INSTRUCTIONAL MATERIAL**
Textbooks, blackboard, handouts, and overhead projectors.

**STUDENT ASSESSMENT**
Students will write papers based on library and fieldwork research on a chosen or assigned theological theme, demonstrating theological reflection that engages and enhances HIV/AIDS prevention and care.

**REQUIRED/RECOMMENDED TEXTS**


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UNIT 4: COUSELING AND HIV/AIDS

THE PURPOSE OF THE UNIT
Given that HIV/AIDS is, so far, an incurable disease with an extensive impact on the infected and affected, care giving skills are imperative. This unit seeks to equip the learners with counseling skills that would assist the infected and affected to live positively and with hope in their situations.

UNIT OBJECTIVES
At the end of this course, learners should be able to:

➢ Gain professional and pastoral skills of counseling
➢ Understand the emotional turmoil, social and spiritual needs of PLWA and their families
➢ Understand the special needs of children and women affected and infected by HIV/AIDS
➢ Counsel those seeking to undertake an HIV/AIDS test
➢ Counsel those who tested positive with empathy and compassion to live positively with their status
➢ Counsel AIDS patients with their caregivers to manage the illness
➢ Counsel caregivers and organize programs to avoid burn out
➢ Counsel the bereaved, orphans and widows

UNIT CONTENT

COUNSELING AND HIV/AIDS

Counseling and pastoral care

◆ Basic principles of and skills of counseling
◆ The process and values of counseling
◆ Gender: men and women in counseling
◆ Children of different ages in counseling
◆ African cultural perspectives of counseling
Counseling in HIV/AIDS contexts
- Pre and post HIV/AIDS test counseling
- Pre and post marriage counseling
- Counseling HIV and AIDS sufferers
- Counseling Caregivers (family, friends, counselors)
- Peer group counseling (referring or forming support groups)
- Death, dying and bereavement counseling

Treatment and care for those infected and PLWA
- Nutrition, exercise and the quality of life
- Exploring and addressing the spiritual and psychological needs
- Understanding and managing opportunistic infections
- Addressing the needs of infected women and children
- Integrated home-based care and community care
- Liturgical approach to treatment and care for infected

Treatment and care for those affected by HIV/AIDS
- Identifying the affected (orphans, widows, grandparents etc.)
- Mental, spiritual and physical needs of the affected
- Legal and professional care for the affected
- Social support and networking
- Liturgical approach to the treatment and care for the affected

Institutional care, Development and Sustainability
- Hospice care and day care centers for the terminally ill
- Child-headed houses, orphanages and day care centers for children
- Running feeding centers for orphans, the elderly, widows etc.
- Foster and adoption service centers
- Half-way homes for rural families with hospitalized relatives

UNIT METHODOLOGIES
This unit will be taught through reading materials, lectures, class discussions, handouts, videotapes, role-play, in-class group case study applications, field placement, supervised practicum and liturgical celebrations.

INSTRUCTIONAL MATERIAL
Textbooks, videotapes, blackboard, handouts and overhead projectors.

STUDENT ASSESSMENT
The student will have supervised role-plays, worship services and practicum outside.
HIV and AIDS Curriculum for Theological Institutions in Africa

REQUIRED/RECOMMENDATIONS TEXTS


UNIT 5: PROGRAMME DEVELOPMENT & HIV / AIDS

THE PURPOSE OF THE UNIT
Committed public leadership is recognized as an effective strategy in the struggle against HIV/AIDS. This unit seeks to equip the learner with the necessary leadership and management skills to spearhead the fight against HIV/AIDS in the church and society. Given that HIV/AIDS often requires intervention programs for the infected and affected such as orphan day care centers, home-based care and hospices, this unit gives the learners the capacity to develop church based community programs to address HIV/AIDS prevention and care.

UNIT OBJECTIVES
At the end of this course, the learner should have:

➢ Acquired leadership and management skills in community mobilization and resource development
➢ Developed skills in programme planning, development, implementation and evaluation
➢ Developed training skills for maximum multiplier effect

UNIT CONTENT

PROGRAMME DEVELOPMENT AND HIV/AIDS

Leadership skills
◆ Defining leadership and management
◆ Styles and types of leadership
◆ Gender, youth, class and PLWA in leadership
◆ Cultural and biblical perspectives and impact
◆ HIV/AIDS challenges and leadership skills

Management Skills
◆ Management principles
◆ Strategic planning
◆ Accountability and transparency
◆ Gender, youth, class and PLWA in management
◆ Biblical and cultural perspectives on management
◆ HIV/AIDS challenges and management
Community Mobilization Skills
- Setting up focal persons and HIV/AIDS committees
- Setting up social support groups
- Training the community and families for home-based care
- Mobilizing and training church members for involvement
- Networking with other churches, NGO's and government

Project Management
- Defining and planning the project
- Planning for the HIV/AIDS stigma
- Mainstreaming gender and PLWA
- Implementing the plan
- Monitoring and evaluating the project
- Writing a report

Mobilizing Resources
- Needs assessment techniques
- Writing a project proposal
- Donor management
- Networking

Training of Trainers in Mainstreaming HIV/AIDS
- HIV/AIDS impact awareness workshop for institutional leaders & staff
- Mobilizing leadership for policy change
- Resources and planning for TOT
- Workshop for Imparting methods and skill of integration
- Mainstreaming HIV/AIDS into the curriculum and churches
- Monitoring and Evaluation

Course Project: Writing a Project Proposal
- Theoretical perspectives
- Designing a specific project on the church and HIV/AIDS

UNIT METHOLOGIES
The unit will be taught through reading materials, fieldwork and library research, class presentations and discussions, handouts, videotapes, lecturing and guest lecturers.

INSTRUCTIONAL MATERIALS
Textbooks, videotapes, blackboard and handouts.

STUDENT ASSESSMENT
Learners can write a project analysis, demonstrating adequate skills of needs assessment, leadership and management
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REQUIRED/RECOMMENDED TEXTS


METHODS OF TEACHING, ASSESSMENT & EVALUATION

Teaching

The recommended methods of teaching are:

- Class lectures
- Co-teaching
- Assigned readings
- Library based research
- Fieldwork based research
- Small group presentations and discussions
- Seminars
- Case studies
- Public lectures
- Creative writing and reflection papers
- Practicals through attachments and internships
- Simulation and role-play (drama, song, dance, poetry)
- Value clarification
- Audio-visual aids
- Information technology based research

Assessment of Learners

The following methods are recommended:

- Institutions to decide on marking and grading
- Continuous assessment
- Term papers/test and final exam
- Class presentations
- Observation
- Research projects and reports
- Learner self-assessment

Assessment of Lecturers

The following methods are recommended:

- Institutions to use their own assessment methods
- Course planning
- Qualification
- Peer assessment
- Attitude and commitment
- Capacity and ability to deliver
- Presentation and follow up
- Credibility
Evaluation of the course
The following areas can be evaluated:

- Content
- Scope
- Depth
- Suitability
- Level of Difficulty
- Duration
- Qualifications required
- Comparison with similar courses elsewhere
- Qualification attained
- Staff requirements
- Administration details
- Mode of teaching
- Relevance and adaptability
- Mode of Integration within the overall curriculum
- Level of sensitization and influence
RESOURCES

Human Resources
The Institution could use:
◆ Available academic staff
◆ Visiting resource persons (eg. Medical personnel, social workers, community leaders, counselors, pastors, PLWA, women and youth activists, economists and social workers)
◆ Human resource development (recruiting and training of personnel).

Financial Resources
◆ Institutions should consider the financial implications of this curriculum and make the necessary budgetary provisions.

Material Resources
◆ Library books
◆ Textbooks
◆ Institutional manuals and curricula
◆ Audio-visual facilities
◆ Information technology

Physical Facilities
◆ Lecture rooms
◆ Counseling rooms
◆ Library
◆ Offices

“The Lord answered me and said, ‘write the vision, make it plain on the tablets, so that a runner may read it, for there is still time for the appointed.’” Habakkuk 2:2-3.
“Every scribe who has been trained for the kingdom of heaven is like a householder who brings out of treasury what is new and what is old” (Mt 13:52).