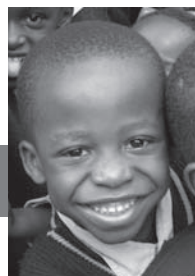


# Application to the church

by Meredith S. Williams



## *Legacy of advocacy, challenge for the future of care*

**G**eoFF Foster's call to examine the Christian response to the sub-Saharan HIV/AIDS epidemic, specifically its toll on vulnerable children, challenges the dominant direct service-driven model of care. His assertion that the modern church must adopt the service-advocacy model of care is rooted in the dynamic history of faith-based influence on and participation in the construction of health care policies. As the church realizes the power of its own influence in relation to the grand scale of its service provisions in sub-Saharan Africa, Foster's challenge will at once enhance and expand the power and effect of the responsive ministry of the church to the HIV/AIDS crisis.

In that the church has been driven by compassion and faithful devotion to serve the ailing world, it is often common for faith-based health care programs to emerge solely out of an observed need. This has led to the vast and varied faith-based direct service responses that are walking alongside the suffering of vulnerable children and those affected by the HIV/AIDS epidemic, but it may not be responding to the systems that are allowing the conditions to persist. The proper examination of these systems is precisely the action to which Foster is calling the church. For faith communities heeding Foster's call, there are significant

implications for their current direct-service models, including the need for assessment, collaboration and advocacy.

The missional, ministering faith community must do proper assessments before full engagement in direct service. The organization must first investigate if the potential for service duplication currently exists,

whether the infrastructure of the community can sustain the ministry, and whether the community itself believes that the need must be addressed. The potential for collaboration becomes apparent at the end of the assessment period. The presence of other faith-based groups, non-governmental organizations, or government programs provides the ministering faith community with the opportunity to partner with groups that are presently providing services to the community in need. Additionally, groups united in the provision of

varying services to the different needs of the region provide a larger understanding of the systems and policies in play that affect the improved provision of services.

For example, in 2004, many programs in African began receiving funding from the President's Emergency Plan for AIDS Relief (PEPFAR), which solely funds the prevention and care for those suffering from HIV and AIDS. However, as more and more patients were able to receive HIV/

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AIDS medication, it became apparent that the patients weren't benefiting from the medications because they did not have the food necessary to digest and process the medications. Therefore, it became apparent to those distributing these medications that prescriptions must also be written for food to fully meet the needs of the people receiving the care. This revealed the lack of agricultural development in regions that were highly impacted by the HIV/AIDS epidemic. Therefore, faith-based advocacy organizations, including Bread for the World, are calling upon people of faith to advocate for flexibility in foreign aid funds, like PEPFAR, that reflect the many chal-

lenges faced by a region impacted by the disease and free up the plentiful funding to treat hunger issues as well.

When missional faith communities are made aware of policies and systems that affect the satisfaction of a community's need, they are empowered to organize themselves through service collaboration and influence governments and international policies that are effecting the groups in whom they invest. The holistic, service-advocacy model of health care ministry and mission moves beyond the direct service model in equipping the church to move from charity to justice.



### What Do Children Hope For?

The Dananaj Centre in Zimbabwe asked 112 orphans and vulnerable children to participate in a brainstorming session. Other than food, clothing, shelter and school fees, the children expressed the following needs:

- to be accepted and loved like other children
- to play
- to go to school like other children
- not to be laughed at because of poor clothes
- not to be robbed of their belongings when their parents die