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THE JOURNAL OF Family and Community Ministries

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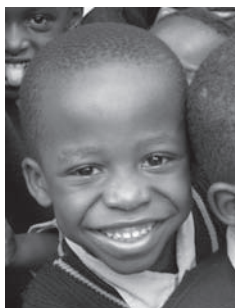
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The *Journal of Family and Community Ministries* is a resource for the heart, head and soul, committed to helping congregations and religiously affiliated organizations to be the hands and feet of God. Through the journal, the Center for Family and Community Ministries seeks to provide resources for family and community that foster creativity, promote critical thinking and inspire contemplation.

At issue: the welfare of children globally

Diana Aubourg Milner
FCM Guest Editor;
Former Executive Director,
Save Africa's Children; Founding
Member of Faith in Action



We have all been touched by the life of a child in need. Perhaps in a late night infomercial or a solemn appeal tucked in a stack of mail, this life (for minutes, seconds even) may have been thrust into your consciousness. We glimpse the gnawing desperation of the child's cause, the utter desolation of the child's surroundings and the impossible reality that there are so many more children just like this one. We watch, read or listen to a narrator plead for our compassion, it is difficult to turn away and we begin to wrestle with our conscience.

We may cry out, "Why Lord?" in anger at the injustice meted out against innocent children or quietly wipe a tear as we consider hunger, homelessness and abandonment in the most desperate places on earth. We may see the dark alley brimming with sewage, the isolated hut or makeshift shack in the corner of a slum or perhaps it is the vacant look on the child's face as she lays motionless in her mother's arms. Some of us may succumb to a nagging guilt; others of us may hold up a shield of skepticism and simply turn away with a heart hardened to an unknown suffering. In every instance, however, we will make a decision.

Those of us privileged to go "over there," to a developing country to study, on a missions trip or in our vocations will witness firsthand, to varying degrees, the debilitating poverty. The journey may likely begin with throngs of street children thrusting their hands and arms into the window of your taxi as you are whisked away from the airport and it may unfold as you walk the streets or shantytowns with your host, visit a children's home or hospital. Undoubtedly, you will end the journey with experiences that flesh out the initial impressions of these vulnerable children and add dimensions to your understanding of the problem.

We may return moved, challenged and transformed by these experiences and share our stories from the field. We may have to sift through the admiring comments of family and friends. Chagrined by the accolades, we try our best to explain that we received far more from these children than we felt we were able to give, that our hardships in service were fleeting. That unlike the children we served, hunger and illness did not loom over us as an ever-present cloud. If our safety was threatened, we could seek refuge in the home of our host or our embassy; we had a blue passport and airline tickets to escape it all.

I have spent more than 10 years working on behalf of AIDS

affected and vulnerable children in the developing world. I have scores of experiences that have left an imprint: the grandmother in Zambia whom I met caring for 13 orphaned grand- and great-grandchildren because all of her children had died of AIDS; the young woman in Kenya who dropped out of university to care for a group of orphaned children who had been abandoned by their caregiver; and the child in Tanzania, the same age as my toddler son, who slept quietly in his bed at a hospice for HIV-infected children. I have grappled with anger, guilt, frustration and even at times a regrettable indifference to suffering as a mechanism to rationalize extreme disparities in wealth.

In all of this, whether we have had the opportunity to travel to see and understand the lives of the world's most vulnerable children or not, we must contend with the reality of our limitations. It seems there is only so much that we can do. But the biblical imperative is clear and direct, "Do not merely listen to the word, and so deceive yourselves. Do what it says" (James 1:22) and further, we are called to "look after orphans and widows in their distress" (James 1:27) in striving toward a pure and faultless religion.

This Summer/Fall issue of the Journal is about *doing* on behalf of children in need globally. The focus is on highly vulnerable children, including children without family care – highlighting the grassroots and community-based interventions that stand in the gap. It contains a rich and diverse collection of voices to shed light on how families and communities are responding to the needs of vulnerable children. **Geoff Foster**, an authority on the role of churches and faith-based organizations in caring for vulnerable children in sub Saharan Africa, offers an historical perspective on the influence of religious institutions in child welfare reform, urging churches to move beyond service provision to greater involvement in policy formation and advocacy on

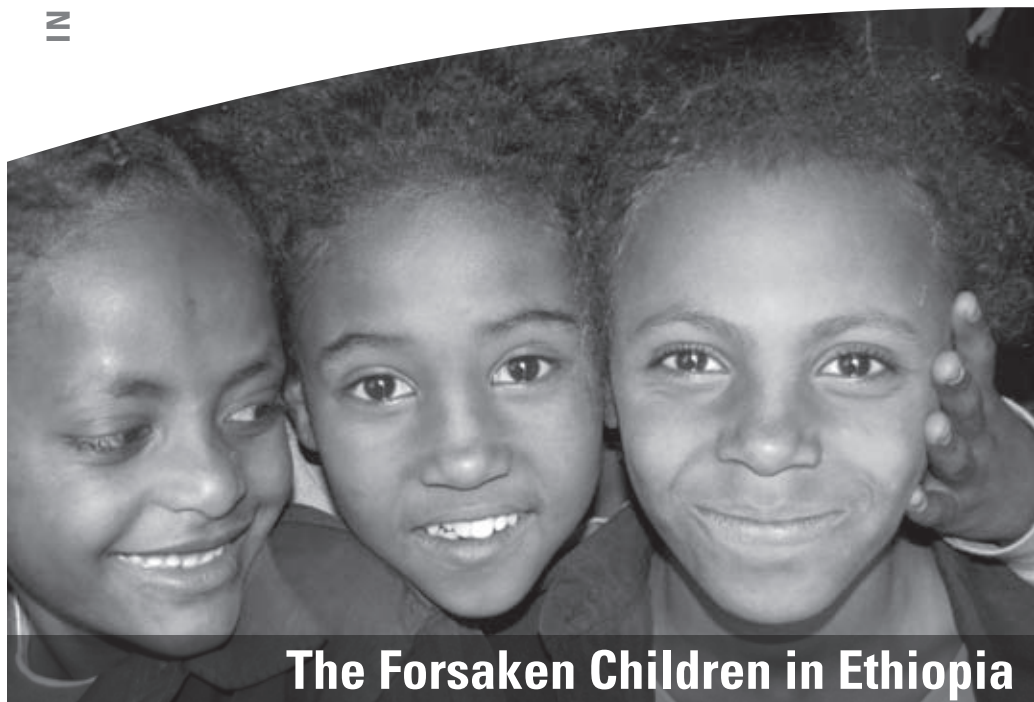
behalf of children. **Stephen Hammer, Aaron Greenberg, and Ghazal Keshavarzian** of UNICEF affirm the key role of religious communities in supporting children at the family and community level. They remind us that while on the front lines in caring for the vulnerable, religious organizations have promoted interventions that undermine family-based solutions and result in unintended negative consequences on the welfare of children. Our editor, **Jon Singletary**, presents a forthright analysis of churches and faith-based organizations building orphanages and other residential care as a primary response in an attempt to "rescue" orphans. He offers a compelling model in *Les Enfants de Dieu* in Rwanda, a transitional home for boys that emphasizes reunification.

With respect to the "doing," **Lynne Hybels**, advocate for global engagement at Willow Creek Community Church, and **Kerry Olson**, founder and president of Firelight Foundation, offer practical, concrete and sustainable suggestions for churches ready to move into action. But this action

on behalf of vulnerable children is anchored in key principles of community engagement: listening, relationship building and investing in local partners.

One additional note. This has been a collaborative effort with the Faith to Action Initiative (www.faithbasedcarefororphans.org), of which I am a founding member. The Faith to Action Initiative promotes dialogue and builds relationships with church leaders and faith-based organizations in the United States to ensure that orphans and vulnerable children receive care inside the family and community first. It has emerged as a key resource for Christians seeking to make a lasting difference in the lives of these children. We hope this issue will educate and inspire you to join your faith with good deeds that will support families and ministries and strengthen communities for years to come.

We must contend
with the reality of our
limitations ... yet the
biblical imperative is
clear ...



The Forsaken Children in Ethiopia

PROGRAMS: Children's Home Ethiopia (CHE) and Kota Ganate Agriculture Project

LOCATION: Addis Ababa and Chencha, Ethiopia

CHILDREN SERVED: 80 in school, 20 at drop-in center, 2 in foster care

I was surrounded by children – a small hand reaching for mine, shy smiles as younger children eased closer to me, laughter as I joined in a jump rope session. As coordinator of the Better Care Network's Faith to Action Initiative, I recently visited several orphan care projects in Addis Ababa, Ethiopia. Like many who advocate for children, I chose to make a difference from a distance – but that doesn't mean I don't crave the more personal interaction. These moments with children always remind me of the gifts of hope and resiliency God has instilled in the heart of children. It is that hope — hope for home, family and a sense of belonging at the heart of every child — that The Forsaken Children ministry models in its programs.

In 2004 two Americans, Joe Bridges and Mike Granger, traveled to Ethiopia to participate in YWAM (Youth With A Mission) training. The overwhelming number of children living, begging, and eating in the streets of Addis Ababa, Ethiopia's capital city, shocked them. They had not originally planned to build a street child ministry but separately each heard God's voice suggesting a change in plans.

During their three months in Ethiopia, Joe and Mike developed a friendship with their guide and translator, Nega Meaza, a Christian Ethiopian who had long been concerned for the children of his country but had limited resources to start a project of his own. One night, as Joe and Mike prepared to return home, the three men sat together and



Amanda Cox
*Director of the Congregations,
Community Outreach and Leader-
ship Development Project*

each shared his vision for ministry to the street children of Ethiopia. They found that God had given them a shared vision. This was the first meeting of The Forsaken Children, a ministry that would ultimately bring together partners from the United States to support more than 100 children through holistic care and ministry.

Mike, Joe and Nega remained in contact over the next year and devoted time to prayer, learning and preparation. Mike and Joe entered this endeavor knowing very little about the circumstances that bring children into the streets. Unfortunately there are complex factors working behind the scenes wherever a significant population of street children is present. Some children have been sent to the city to live with relatives or to work and have ended up in exploitative labor conditions. Some children have run away from their homes due to neglect or abuse. Others prefer life on the street and have become addicted to street behavior such as using drugs. Many street children beg or play in the street because they have no money for school, but return home to family each night. Not all street children are orphans and not all orphans are street children.

The issues are many and while Mike and Joe originally returned home to the United States to raise funds for a project, possibly an orphanage, they soon realized that this would not be a comprehensive solution nor would it impact enough children and families.

The components of the project in Ethiopia developed slowly as Nega moved to Addis Ababa from his rural hometown to study community development. He started visiting children in the street, playing with them, bringing food, and learning through building relationships with the children, their friends and family. Through Nega's knowledge and experience, the three men came to understand that most of the street children of Addis Ababa had family they loved and worried about, they had community,

and they had developed resources and skills that required a unique and multifaceted intervention. Children's Home Ethiopia was born of this realization and its first project was a Christian drop-in center.

Back in the United States, Joe and Mike gathered friends and family, including Joe's wife, Karyn, to create a small faith-based organization that they called The Forsaken Children, which could provide direction, oversight, and fundraising for Children's Home Ethiopia. The government of Ethiopia is very supportive of child sponsorship programs. Working within that framework, The Forsaken Children began a sponsorship program connecting churches and individuals in the States with individual "street children" in Ethiopia. It was a simple concept, just \$30 per month per child provided enough support to Children's Home Ethiopia that they were able to begin enrolling sponsored children in their two projects.

These days Children's Home Ethiopia is a very busy organization. Their first project is the Street Child Drop-in Center located in the center of Addis Ababa near Merkato, the largest market in East Africa. Many children living near the Merkato beg from tourists and some are the sole breadwinners for their family. Many of the children spend their days in the street and return at night to a plastic shelter resembling a very rudimentary tent. They are at high risk of exploitation and abuse on the street and very few will ever be able to afford \$10/month for school fees. But the home and family they do have is very important to them. The drop-in center provides a safe place for these children to spend their days and staff encourage, act as role models, and regularly connect with the children's families. The drop-in center provides meals, Bible lessons, English lessons, a shower each week, and loving playtime for the children. The goal is to prepare each child for formal school and to ensure that every one

Not all street children
are orphans and
not all orphans are
street children.

of them has a safe place to sleep at night either with biological family or a foster family.

The second level of Children's Home Ethiopia is a street child prevention and education project. The Safe Child Project uses donations to sponsor 80 children by paying their school fees and providing school supplies. These 80 children are subsidized in 14 schools across the city. All 80 are invited to come to the center on Saturdays where they receive Bible and Amharic (language spoken by the majority of Ethiopians in Addis Ababa) lessons. Each family is visited on a regular basis in the home to ensure that the children are taken care of and not at risk of abandonment or abuse.

Children's Home Ethiopia carefully monitors the situation of each child in their programs. They recognize that while most of these street children lack tangible assets, they value their siblings, family, and their stories. These are their assets in life. All programs are designed to keep children in their family or connect them with a foster family home in their community.

In order to achieve this, the ministry plans to expand their services soon to include a formal foster care program. They already have placed two of the drop-in center teenagers who have no family in the city into informal foster homes. With increased funding, they plan to create a transitional home where others who are ready for family life can live and prepare while foster homes are identified or extended family is contacted.

The final planned component of Children's Home Ethiopia is a street child prevention



project, Kota Ganate Agriculture, which will address the source of many street children in Addis Ababa. When Nega began building relationships with children living on the street he realized that many of the most vulnerable children, without ties to family in the city, had come from a rural area in the southern part of Ethiopia, near his own hometown. The Kota Ganate project will begin this year with the purpose of introducing higher-yield agriculture techniques in southern communities in this area in order to

improve food security and economic conditions. The goal is to assist these subsistence farmers so that they will have a surplus of crops to sell and therefore less incentive to send their children to the city to make money. The project will also produce some income to help improve Children's Home Ethiopia's prospects for self-sufficiency.

The Forsaken Children and Children's Home Ethiopia have had many bumps in the road and as I spent time with Nega, Joe and both of their extended family members, I admired their honest sharing of lessons learned. Although many well-intentioned Christians in the United States want to start orphan care ministries in Sub-Saharan Africa, especially in response to interacting with street children, these men advise caution and patience. From experience they know that you cannot solve all problems or provide everything all at once for street children. Building relationships, learning the true reason for their situation, and creating trust with each child and his/her family is necessary for a sustainable program. Many organizations fail in the first two years so it is important to build slowly, accept

that some mistakes will be made and learn from them.

The Forsaken Children is just one small example of an excellent small holistic ministry to orphans and vulnerable children. But there are hundreds more in Addis Ababa alone. These smaller groups are often overlooked and underfunded by donors in the United States but it is these groups that are most closely in touch with and able to meet the needs of the surrounding

community. Each individual contribution, volunteer, or letter of encouragement can make a huge difference to small orphan and childcare ministries like The Forsaken Children.

A home, a family, being valued — every child should have these, and it is possible, even in our world of great need. It is as real as a small, sun-warmed hand reaching up to take my hand.

Who are Orphans and Vulnerable Children?

The orphan of the Bible is a child who has lost a father. UNICEF and other international organizations use a very similar definition. An orphan is a child who has lost one parent (single orphan) or both parents (double orphan). Of the more than 132 million children classified as orphans worldwide, only 13 million have actually lost both parents. Evidence shows that the vast majority of “orphans” are living with a surviving parent, grandparent, or family member.

Vulnerable children are those children who are determined by their community to be in greatest need. The term “orphans and vulnerable children” or OVC, is often used to describe children who have lost one or both parents, whose parents have become too ill to care for and protect them, children living in extreme poverty, or those suffering from illness or disability. It is important that programs address both orphans and vulnerable children together. When programs target, for example, “AIDS orphans” only, they create problems by both privileging and stigmatizing the children receiving assistance.

12 Strategies for Supporting Orphans and Vulnerable Children

These strategies are based on principles that have been agreed upon and endorsed by a broad constituency of community and faith-based organizations, foundations, and international agencies serving children. They serve as a guide to “best practice” for those who are funding or implementing responses to children in need.

1. Focus on the most vulnerable children, not only those orphaned by HIV/AIDS.
2. Strengthen the capacity of families and communities to care for children.
3. Reduce stigma and discrimination.
4. Support HIV prevention and awareness, particularly among youth.
5. Strengthen the ability of caregivers and youth to earn livelihoods.
6. Provide material assistance to those who are too old or ill to work.
7. Ensure access to health care, life-saving medications, and home-based care.
8. Provide day care and other support services that ease the burden on caregivers.
9. Support schools and ensure access to education, for girls as well as boys.
10. Support the psychosocial, as well as material, needs of children.
11. Engage children and youth in the decisions that affect their lives.
12. Protect children from abuse, gender discriminations, and labor exploitation.



HIV/AIDS Policy Initiatives

Geoff Foster
OBE, Pediatrician,
Mutare Hospital, Zimbabwe



Too often, we take modern health care and legal protections for granted, failing to realize that two thousand years of Christian engagement with people who were sick and vulnerable made these things possible. Driven by compassion and a devotion to their faith, Christians throughout history have cared for populations at risk using their available resources, skills and knowledge. Some also engaged in advocacy for policy reform, enabling humanitarian principles underlying faith initiatives to become incorporated into global and national policies. Christian initiatives have laid the foundation for child welfare reform and state involvement in ensuring universal access to health care in the twenty-first century. That governments have obligations to ensure the rights of every citizen and that every child has the right to access health, education and social protection are recent notions (United Nations, 1948; United Nations, 1989). Throughout history, most political leaders considered the provision of health care and children's rights to be private matters. The main providers of health services were religious organizations, a situation that continues today in some countries with severe HIV/AIDS epidemics. Religious health networks are the second largest entity of health care providers in the developing world after government programs (Institute for Development Training, 1998).

Churches have made significant contributions to health provision and child welfare, most remarkably displayed in their response to HIV/AIDS in sub-Saharan Africa. Christian responses to HIV/AIDS vary wildly in scope and scale. Some are projects coordi-

nated by large organizations while most are grassroots projects implemented by congregations serving a small number of beneficiaries.

Currently, most contributions by Christian organizations to HIV/AIDS and vulnerable children involve local service provision. Despite their scale and undoubted impact, thousands of small, un-networked and under-documented initiatives remain unnoticed by governments, international organizations and religious networks. Due to their vast influence and service provision, it is essential that Christians recognize the vital role of advocacy and policy initiatives as essential to promoting the care and protection of children being affected by HIV/AIDS. The church must embrace its history of influence in health care to impact the significant challenges presented by this epidemic.

CHRISTIAN INFLUENCE ON CHILDCARE REFORM AND HEALTH SERVICE PROVISION

Christians of the Roman Empire helped change society's attitudes toward the vulnerable and sick through their radically different outlook, which involved advocating for the sanctity of marriage, compassionate care, natural as well as spiritual healing and provision of services regardless of social position or religion. The early church emphasized the importance of care for the sick, widows, and orphans. This service was not limited to church members but was directed toward the larger community, particularly in times of pestilence and plague (Schmidt, 2004).

Basil, Bishop of Caesarea, is celebrated as the pioneer of hospital establishment that led to the development centuries later of national health systems. In AD 369, Basil set up the first large-scale hospital with 300 beds for the sick, disabled, poor and aged and organized isolation wards for people with contagious diseases like leprosy and plague. This was the first of many hospitals later established by monasteries under the influence of Benedictines dedicated to serving the sick (Schmidt, 2004).

In the Roman world, children were routinely abandoned in rural places and the marketplace. But early Christians also provided alternatives by rescuing and adopting abandoned children. Deacons in Rome functioned as regional child welfare administrators, facilitating the care of children who had lost both parents (Faherty, 2006). Callistus placed abandoned children in Christian foster families. In later times, children abandoned on the steps of monasteries and founding hospitals were raised in church institutions (Peet, 2009).

Basil also advocated for the rights of vulnerable children and mobilized Christians to provide women facing unwanted pregnancies with prenatal and postnatal support. His efforts led in 374 A.D. to the Emperor Valentinian outlawing abortion, infanticide and child abandonment. Tertullian and other second century Christian writers also denounced abortion and infanticide. Benignus of Dijon offered nourishment and protection to abandoned children, including those with disabilities caused by unsuccessful abortions (Peet, 2009). Many states established after the fall of the Roman empire followed Valentinian's example and enacted laws to outlaw infanticide that remain in place today, one of Christianity's great legacies.

In the eighth century, Charlemagne decreed that every cathedral should have a school and hospital attached. Monastic infirmaries throughout the middle ages incorporated physical treatments, such as herbal remedies and blood-letting, as well as prayers for healing (Silverman, 2002). They stressed the importance of cleanliness, relaxation and nutrition, and created an environment where the sick and disabled could play a positive role (Crislip, 2005). Cathedral hospitals reflected a more sophisticated design with increased privacy being provided to patients through partitioning wards into small rooms. The oldest surviving hospitals are the 7th-century Hôtel Dieu in Paris, St Bartholomew's (1123) and

St Thomas's (1200) in London, and the Hospital of Jesus of Nazareth in Mexico (1524). At one stage, church hospitals were ubiquitous in populated centres in Europe and were visited by people of means because they were considered to provide quality services (Knowles & Hadcock, 1953).

After the reformation, free churches led in the care of the sick in Protestant countries. John Wesley founded the Methodist church in Britain and promoted the prevention of disease through healthy living and treatment especially for the poor through time-honored, inexpensive methods. The practices of Wesley and other Christians influenced Florence Nightingale who campaigned against the neglect and exploitation of children and in favour of the provision of decent housing, clean water, good nutrition and safe childbirth (McDonald, 2005). Nightingale promoted the hygienic design of hospitals, training of nurses and the role of women and contributed to the expansion in hospital building that took place in the late nineteenth century. By 1873, there were only 178 hospitals in the USA; less than forty years later, there were more than 400,000 beds and 4,300 hospitals (Brieger, 1987). Though many new hospitals were set up by churches – for instance, 400 were Catholic – the majority were non-religious institutions (Dolan, 2002). Meanwhile, Josephine Butler, another Christian feminist, campaigned against child prostitution that involved girls as young as five years old. She mobilized churches in a successful campaign that raised the age of sexual consent in Britain from 13 to 16 years old; other countries followed suit. Health care provision and child welfare reform by secular authorities in Europe and North America were thus challenged and stimulated by Christian initiatives.

Churches have also been at the forefront of advancing health care and child welfare in developing countries. The first hospital in India was established in Goa in 1514 AD by Christian missionaries. During

the nineteenth and twentieth centuries, missionaries in India established hospitals and training schools for doctors and nurses. By 1940, most tuberculosis sanatoria and leprosy institutions were Christian. At that time, there were 2,000 Christian hospitals that provided nearly two-fifths of all beds in Indian institutions (Shah, 2005). By 1947, 95% of all nurses, mostly from Christian communities, were graduates of mission nursing schools and women's medical colleges. And in China by the 1930's, Christians had established 254 mission hospitals and six of China's 12 medical schools were financed by missionary societies (Campbell, 2000). One-fifth of hospital beds throughout Asia are currently administered by church and mission institutions (Martin, 1999).

The same is true of sub-Saharan Africa. Christian missionary endeavors contributed to modern health, education, and social welfare services. Most early hospitals and health programs were established by Christian churches. More than one-third of health care provision in sub-Saharan Africa is provided by church hospitals (See Figure 1); 40% of health service delivery is provided by 780 church health facilities in Kenya and by 84 Christian hospitals and health centers in Lesotho (Foster, 2009). Although mission hospitals and clinics are visible and their contribution to the health sector is apparent, they nevertheless represent a minority of faith-based organizations involved in health-related activities. Every administrative district in Africa and beyond is home to hundreds of health-focused initiatives, many being implemented by churches and other Christian groups (World Health Organization, 1994; Richter & Foster, 2006). These may have greater impact on people's health and well-being than hospitals and clinics. For example, in Lesotho, some 5,000 support groups were established, mostly by religiously motivated people concerned about the economic inability of community members to access health and social services. Most groups focus on home-based care, support

people living with HIV materially and spiritually, and assist orphans and vulnerable children. They rely on the resources of community members to feed, clothe, hospitalize, and medicate beneficiaries. Support groups were rated as being one of the most effective responses in addressing the health and well-being of community members (AR-HAP, 2006).

process led in 1978 to the landmark Alma Ata conference at which a universal access “health for all” policy was adopted. This led to the promotion of community-based PHC in developing countries by organizations such as the United Nations Children’s Fund and dramatic improvements in child health through community engagement, promotion of oral rehydration, breastfeeding, immuni-

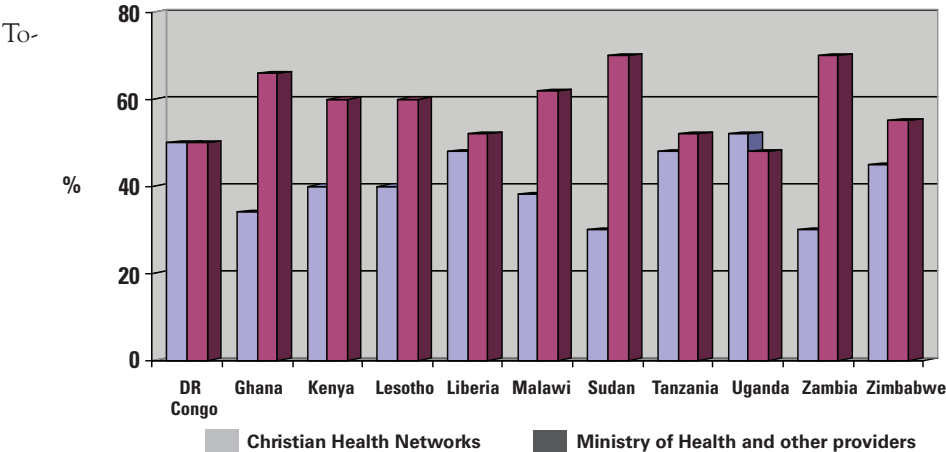


Figure 1: Contributions of Christian Health Networks to Health Services (Chand & Paterson, 2007)

ward the end of the twentieth century, systems for health care provision were reformulated after the principle of primary health care (PHC) was adopted. Surveys in Africa and Asia evaluated the effectiveness of mission hospitals in meeting people’s needs. They concluded that churches had concentrated their efforts on building and operating hospital-based curative services that acted as health repair facilities but did little to address the underlying causes of sickness or promote preventive health practices. Moreover, church-related institutions, together with other available facilities of Western medicine, reached only one-fifth of the population. The remaining 80%, usually the poorest and neediest, were deprived of modern medical services. The PHC movement was spearheaded by the German Institute for Medical Mission and the Christian Medical Commission of the World Council of Churches who together influenced the World Health Organization. The

zation and female literacy (Bryant, 2008).

THE CHURCH’S RESPONSE TO THE PEDIATRIC AFRICAN HIV/AIDS EPIDEMIC

Children are affected by HIV and AIDS through the loss of teachers and health care providers, and most critically, when their parents become ill and die. When parents suffer AIDS-related illnesses, relatives provide economic and social support to affected children. Children cope with new burdens, including new caregiving chores and increased work responsibilities, often without adequate support. The economic and caregiving burdens imposed on extended families during parental illness, death and beyond deplete them of two resources essential for children’s healthy development: time and money (Heymann & Kidman, 2008).

Faith-based responses for orphans and vulnerable children are widespread throughout sub-Saharan Africa and have expanded

rapidly in the last decade, especially in the “AIDS belt” of East and Southern Africa. When Ugandans were asked what most concerned them about the impact of AIDS, the most common response was that the epidemic was affecting children (Bolton & Wilk, 2004). It is therefore not surprising to find that community initiatives for vulnerable children are mushrooming throughout Africa, expanding their reach and broadening their activities (Foster et al., 2008). A six-country survey of 690 faith-based organizations found that 47% of initiatives supporting children affected by HIV/AIDS were established in the preceding four years (Foster, 2004). In Uganda, a study identified 108 community initiatives for vulnerable children, one initiative per 1,300 people (Foster et al., 2008). Most initiatives were independent groups or linked to local churches, schools or clinics.

In Namibia, a national survey of 109

tion. “Developing” responses were from larger, mainline churches, such as Anglican, Methodist and larger Evangelical and Pentecostal denominations. Churches usually had several volunteers involved in home-based care, youth HIV prevention, or temporary shelters for orphans, with support provided by a coordinator at denominational level. Around one-quarter had “established” HIV/AIDS responses with 10 or more trained volunteers involved in different activities as part of a large national program. More than half of the church responses provided support to orphans (Yates, 2003).

Catholic AIDS Action, which represents the largest faith-based response to HIV/AIDS in Namibia, was established in 1998 and has more than 44 full-time staff working in nine regions. In 2003, Catholic AIDS Action had 110 volunteer groups with 1,686 active volunteers offering home-based care and counseling to approximately

3,000 households. The Evangelical Lutheran Church in Namibia established an HIV/AIDS program that supported 48 home-based care groups operating with more than 400 volunteers. Another evangelical Lutheran denomination had two coordinators supporting HIV/AIDS committees in 55 congregations with home-based care and orphan support programs involving some 1,800 volunteers in 35 congregations (Yates, 2003).

A Zambian study attests to the scale of faith-based responses. The study mapped 265 health, education, and development entities. Three-quarters provided HIV/AIDS-related services and two-thirds were faith-based. About a

quarter of the 96 congregations and religious support groups provided support to orphans and vulnerable children and more than 90% of FBOs offered an HIV/AIDS service (AR-HAP, 2006). In another large multi-country study, faith-based initiatives provided

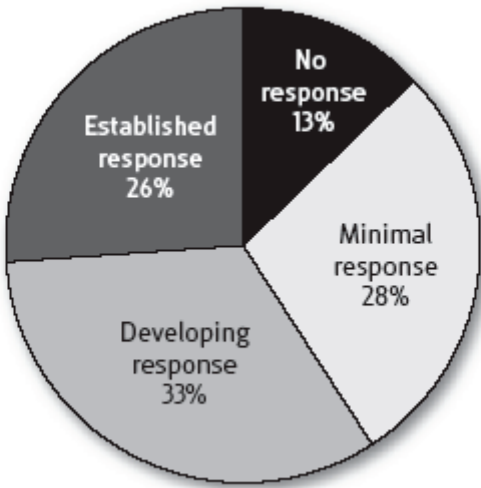


Figure 2. Level of development of HIV/AIDS responses among 109 FBOs in Namibia (Yates, 2003)

faith-based organizations found only 13%—mostly small independent churches—with no HIV/AIDS response (Figure 2). Around one-quarter had a “minimal” response—a few volunteers providing counseling, spiritual support and preven-

children affected by HIV/AIDS with a wide range of services, such as the provision of food and clothing, assistance with the costs of health care or education, psychosocial and spiritual support and HIV prevention activities (Figure 3) (Foster, 2004).

Few faith-based HIV/AIDS responses

CHARACTERISTICS OF FAITH-BASED HIV/AIDS RESPONSES

Intangible Contributions. Faith-based organizations possess significant advantages in delivering HIV/AIDS interventions. When asked, “What does religion contribute to health?” African respondents considered that intangible factors were most important,

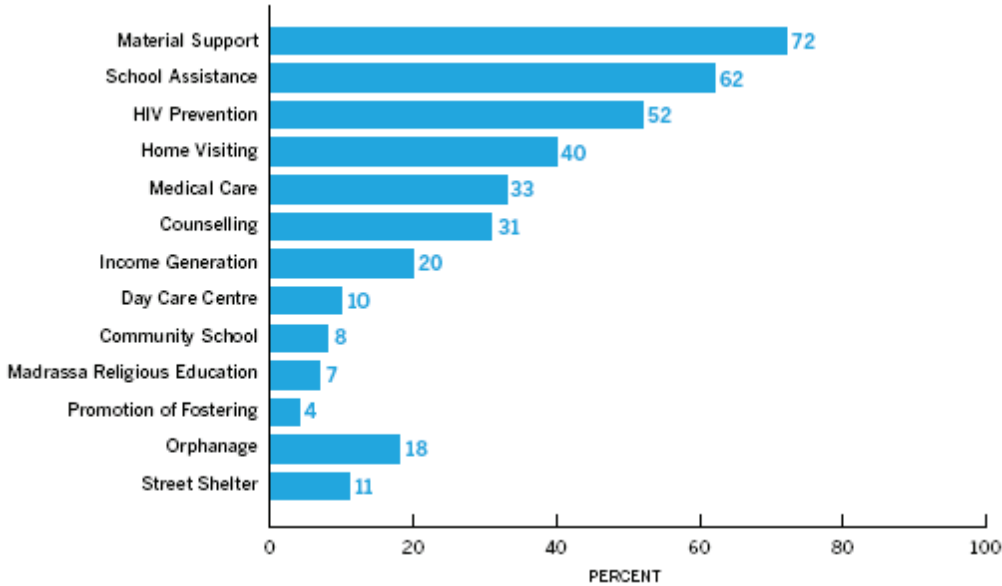


Figure 3: Services for Orphans and Vulnerable Children Provided by Faith-Based Organizations (Foster, 2004)

are as comprehensive as the Integrated AIDS Program, a non-governmental organization (NGO) established in 1993 administered by the Catholic Diocese of Ndola. The program operates in 32 shanty compounds of five towns in northern Zambia with a total population of 400,000. Eleven different agencies, most of which are church related, coordinated the provision of home care to around 9,000 people, representing around three-quarters of chronically ill patients. In 2005, more than 15,000 orphans were identified through 750 community volunteers. More than three-quarters of identified households were eligible for food and other welfare support through the program (Fikansa, 2005).

ranking higher than more visible, tangible factors such as comprehensive care, material support, and curative interventions (AR-HAP, 2006).

The principal intangible factor was spiritual encouragement, that included contributions such as “hope,” “faith,” “trust,” “prayer,” and “spiritual counseling.” Spiritual encouragement encompassed the way in which religion gave people the inner strength to proceed with resilience, courage, and determination in the midst of ill health, poverty, and misfortune. Another intangible factor was knowledge giving—the contribution of religion in the areas of education, training, and prevention. Moral formation summed up contributions such as “morality,” “behavior change,” “self-control,” “positive living,” “patience,” and

“temperance” and described the way in which religion was perceived to shape the behavior and lifestyles of people. It was the combination of both tangible and intangible contributions to health and well-being that gave faith-based activities, in the eyes of those receiving services, an advantage over non-faith-based programs. Recipients of faith-based organization’s health services place great value on intangible factors. The quality of the services were said to result from the compassion and love that stemmed from the religious motivation of health care providers, especially volunteers, and from the delivery of medical, physical, and material support supplemented with spiritual and psychosocial care by faith-based providers.

In a Kenyan study, 53% of respondents from the general public had confidence in church-related services, while government health services only received a 3% confidence rating (Green, 2008). A World Bank study of 155 health care facilities in Uganda found that missions provided services of better quality than government facilities (Reinikka & Svensson, 2003).

Volunteers. Volunteers play a central role in HIV/AIDS responses. One of the most important strengths of religious groups is their ability to mobilize large numbers of volunteers to implement HIV/AIDS activities. For Christians, volunteerism stems from religious teachings that encourage followers to care for the sick, visit widows and orphans, and feed the hungry. In a six-country study of 690 FBOs in Africa, more than 9,000 volunteers were reported to be involved in the care and support of some 156,000 orphans and vulnerable children (Foster, 2004). In another study, the vast majority of home-based caregivers were noted to be women of faith between the ages of 25 and 50. When volunteers were asked why they had chosen to become involved in home care work, they ranked the different motivating factors as follows:

1. I see my neighbors are sick and many children have been orphaned, and I want to

help them.

2. It is my Christian duty to follow the teachings of the church, including the example of Jesus.

3. I am willing to help out because I see that my community and my nation need me.

4. As a volunteer, I want to become educated and learn new skills that can help others.

5. I realize that today it is you and tomorrow it may be me; becoming a volunteer will prepare me in case my own family needs help (Steinitz, 2003).

Retention rates of faith-based volunteers are high, especially when sufficient training, regular supervision, and necessary supplies are provided, even where financial incentives are lacking. The fiscal contribution of this army of faith-based volunteers throughout Africa is enormous—their labor was conservatively estimated to be worth US \$5 billion per annum in 2006, an amount similar in magnitude to the total funding provided for HIV/AIDS by all bilateral and multilateral agencies (Tearfund, 2006).

Sustainability. For centuries, churches have proven their resilience and sustainability. They have continued their work despite conflicts, natural disasters, political oppression, and disease. Christians have demonstrated their commitment to respond to human need based on their teachings, and they do so voluntarily and over long periods. Churches, addressing the universal need for community and spiritual life endure for the long term when others tire, drop out, or shift energies to other crises. Within the context of HIV/AIDS, churches typically work with smaller budgets and over longer time frames than secular agencies based on a realistic assessment of what is sustainable in the long term.

The substantial amounts of resources that churches contribute to support their activities is evidence of their sustainability and contrasts with programs implemented

by governments and NGOs funded mostly by taxpayer dollars. A study of the South African National AIDS Database examined 162 FBOs and found that donations were by far the major source of funding. Congregations stood out because they requested additional resources to meet the basic needs of their clients, an indication of their service mentality (Birdsall, 2005).

A Namibian study of 109 FBOs found that local donations constituted the majority of their resources for HIV/AIDS activities. Seventy-nine percent reported that they received no external funding whatsoever. Only seven respondents stated that they required funds for core support; the vast majority would like to see additional funds used to support orphans and vulnerable children, home-based care, and prevention activities (Yates, 2003). Many FBOs are unable to respond to increasing needs because they lack resources. There is urgent need for external agencies to develop mechanisms that “drip feed” FBO initiatives with appropriate levels of resources to enable them to increase their effectiveness and expand the scale of their responses (Foster, 2005).

Prevention. Religion is an important determinant of personal risk behavior. Churches have focused on promoting abstinence and marital faithfulness both for HIV prevention and for general well-being. Efforts by the faith sector are believed to have contributed to reductions in numbers of sexual partners, delayed onset of sexual debut, and stabilization of HIV prevalence in countries as diverse as Uganda, Senegal, Zimbabwe, Kenya and Jamaica (Green & Herling, 2007).

In Uganda, national HIV prevalence fell from around 15% in 1991 to 5% in 2001. The main behavior changes that occurred were a decrease in the num-

ber of sexual partners and an increase in monogamy and marital fidelity. In 1989, 41% of males and 23% of females had more than one sex partner; by 1995, these rates declined to 21% and 9% respectively. The proportion of young males (15-24) reporting premarital sex declined from 60% to 23% while for young females, premarital sex declined from 53% in 1989 to 16% in 1995. In 1995, about 6% of Ugandans used a condom with some regularity. Evidence suggests that the efforts of religious organizations

and other opinion leaders in Uganda who advocated abstinence and fidelity contributed to the observed decline in HIV prevalence (Green, 2003).

Religious leaders began working closely with the Ministry of Health in HIV prevention activities in the late 1980s. Religious groups stated that they wished to promote “fidelity” and “abstinence” while steering clear of condom promotion or distribution. At that time, many people working in AIDS prevention believed that it was

unlikely that the promotion of abstinence and faithfulness would lead to reduction in HIV transmission. Nevertheless, grants were issued on the condition that faith-based organizations should agree not to criticize condom promotion being implemented by other groups. Two of the projects later became involved in some condom promotion activities. A project, implemented by the Anglican Church of Uganda in five of the 27 dioceses trained 863 leaders and 5,702 community health educators and distributed 1.2 million condoms in the first 18 months of activities. A United States Agency for International Development (USAID)-funded evaluation of sexual behavior change among those reached by the project found the proportion of adults reporting two or more sexual partners declined from 86% to 29% among men, and from 75% percent to 7%

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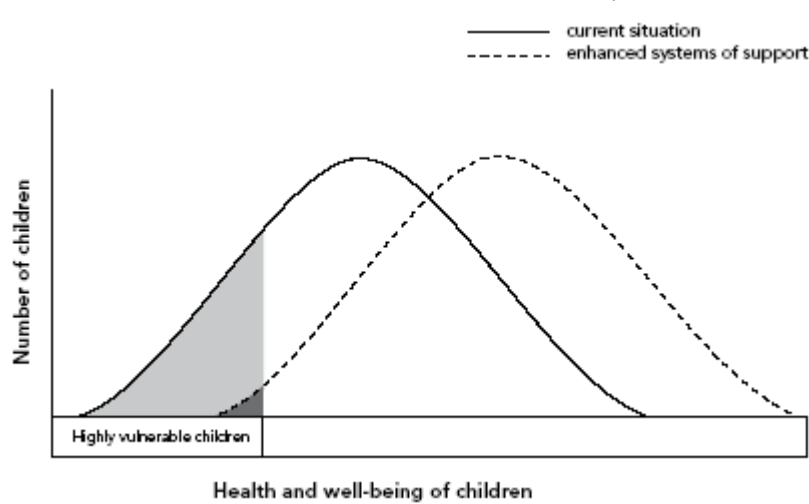
among women while use of condoms rose from 9% to 12% (Green, 2003).

THE IMPORTANCE OF CHRISTIAN ADVOCACY EFFORTS FOR CHILDREN SUFFERING FROM THE HIV/AIDS EPIDEMIC

The enduring neglect of children in the context of HIV and AIDS has been perpetuated because children lack power and voice to defend their interests. Only 12% of households with orphans and vulnerable children received basic external support in an 18-country survey (UNICEF, 2008). Though it may appear contradictory, neglect of children affected by HIV and AIDS has resulted from the extent to which care and support is provided by family members, churches and surrounding communities. Governments, both rich and poor, have ignored obligations ratified in conventions to provide the necessary resources to ensure the social protection of children. It is shocking that vulnerable children must rely on the charity of the poor living in communities affected by

monitoring and backstopping responsibilities. There is evidence that African governments have started to assume some of these responsibilities (Foster, 2008). The establishment of national social protection schemes involving cash transfers to the most vulnerable households is gaining momentum and has the potential to alleviate suffering on a wide scale (JLICA, 2009). It is imperative that governments are brought into the center of responses to vulnerable children affected by HIV and AIDS.

The very large numbers of children in severely AIDS-affected countries whose poor living circumstances and limited access to services compromise their health and well-being justifies systems-based responses. The strategic approach is illustrated in the notional Figure 4 (Richter et al., 2006). This demonstrates that most children, the high arc of the curve, are doing reasonably well in health and development as relatively smaller numbers of children, on either side, are doing either very well or very badly. As a result of the HIV/AIDS epidemic,



ic, the health and well-being of increasing numbers of children are threatened – the shaded portion of the curve on the left hand side. This group includes other vulnerable children with disabilities, abused children, orphans without

Figure 4: Universal curve shift to improve children’s health and wellbeing (Richter et al., 2006)

HIV/AIDS who are required to go on subsidizing the destitute (Wilkinson-Maphosa et al., 2005; Foster, 2005).

This situation will continue until governments assume their coordinating,

supportive family care, and abandoned and street children. In addition to efforts to help individual children, a strategic approach is to shift the whole curve to the right, through improved access to health, educa-

tion and social services for all children in AIDS-affected countries. When the mean level of health and well-being of all children in the society is improved, the curve shifts to the right – and this, simultaneously, reduces the number of extremely vulnerable children who may need individual assistance.

Christian influence, leadership, and action in policy initiatives and advocacy concerning children affected by HIV/ AIDS are every bit as important as service initiatives. The modern church, currently entrenched in service provisions, must advocate for the rights of children in institutional care. The church must look critically at how international non-governmental organization funds, designated to aid affected children, are being used to benefit impoverished families. Given the church's significant provision of health care, services, and ministry in response to the sub-Saharan HIV/AIDS epidemic, those active in these ministries must look at holistic, systemic policies and programs that will improve the overall effectiveness of their work.

Christian engagement in health and child welfare in the West led some two millennia later to the establishment of national health and welfare systems that enabled the poor and vulnerable to be legally protected and obtain access to essential services.

Christian groups and individuals involved in providing services for children affected by HIV and AIDS in Africa need to expand into advocacy and policy initiatives, which have the potential to improve the living conditions for vastly larger numbers of children than are being reached by existing projects.

The current response throughout Africa by churches to the needs of children affected by HIV and AIDS is a vital stop-gap measure. But whether an individual child happens to receive charitable support and whether that support is adequate is serendipitous. Church involvement in HIV/AIDS policy reform can lead to benefits for many more children than are being reached by

current initiatives.

Throughout history, when the church was involved in the charitable provision of child welfare and health services, Christians also realized the importance of advocacy for policy reform and systematized care. From Valentinian's call to end infanticide through to the Christian Medical Commission's drive for primary health, Christian advocacy initiatives eventually enabled many more people to benefit from health and social welfare provision than those reached by individual initiatives. Church engagement in health provision and child welfare reform over the centuries challenge the modern church to further alleviate the suffering of children affected by the HIV/AIDS epidemic by engaging in policy initiatives.

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African Proverbs

A deaf ear is followed by death and an ear that listens is followed by blessings. (Kenya)

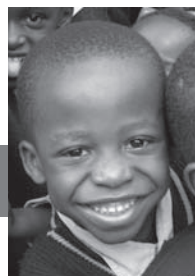
The eyes of the wise person see through you. (Tanzania)

When God cooks, you don't see smoke. (Zambia)

Source: www.afriprov.org/index.php/welcome.html

Application to the church

by Meredith S. Williams



Legacy of advocacy, challenge for the future of care

GeoFF 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/

The missional,
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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



Bantu center offers hope — Bright Hope

School founded by Buckner teaches self-sufficiency

BANTU, Ethiopia – The orphans of Bantu may not have a lot by Western standards. They live in mud and grass houses with grandparents or relatives. They own one pair of plastic shoes. And their nicest piece of clothing is a green and blue school uniform they wear five days a week to attend class.

But that's more than they used to have. The Bantu school and community center, founded by Buckner/Bright Hope, opened in September and has offered the children of Bantu something they've never had before – hope for the future.

"The people in this community earn about \$11 a month," said Bright Hope project manager Nebiyu Tesfaye. Isolated on a muddy dirt road, the community is occupied by farmers walking barefoot with large bales of crops on their backs and dozens of small children.

Ethiopian president Girma Wolde-Giorgis gave the land in Bantu to Buckner in 2006 as a gift to build the school for the community. But it's much more than just a school.

"We are the ones who provide them with food, showers, soap, drinking water, clothes, shoes, vaccinations, everything," Tesfaye said.

There are 200 children at the school ages 4 to 7 learning everything from math to English in eight different classrooms. They are taught by teachers and teaching assistants, many of whom have received their master's degree in Addis Ababa.

After morning classes end, all of the children line up single file

Jenny Pope
Staff Writer,
Buckner Today

Marta Admasu, above,
principal of the school,
says there has been great
excitement in the community
about the school.

with their hands on each other's shoulders to walk across the way to the dining hall. Here they receive their largest meal of the day – a bowl of rice.

Café manager Fikru Gebremariam said most of the children do not have food at home. "Food is important for the children because it builds their bodies and makes them strong," he said.

Marta Admasu, the principal of the school, explained the community's growing excitement since the school had opened. "We are experiencing great happiness at this time. The children have food, soap, shoes, toothbrushes, clothing. Because of this, they feel very happy."

In addition to education, Tesfaye said they help the community by "teaching them about sanitation and how to prevent disease and infection."

Future plans for the school include building a guest house for guests and mission teams who choose to work with the children on a short-term basis. They also hope to give the school "international" status, teaching American and British curriculums curricula along with others to promote future growth opportunities for students. It is the school's ultimate goal for every child



More than half of Ethiopia is illiterate and only 31 percent of the country's children are enrolled in primary school.

to go to college.

"We desperately need books for the teachers and for the students," Tesfaye said. "We need workbooks and educational books. If we want them to go to college, they need to read."

Education is the most critical component when it comes to determining future potential for Ethiopia's children, he said. More than half of the country is illiterate, and only 31 percent of the country's children are enrolled in primary school.

"Our aim is for the children to be better citizens. When we provide them with good education, they will be self sufficient.

"These students," he continued, "we give them hope."



Café manager Fikru Gebremariam prepares the noon meal, which for most of the children is their only meal of the day.

*Photography by Jenny Pope
Reprinted with permission from Buckner
Today, Winter 2009, p. 40.*



Mike Douris, President of Orphan Outreach

Mike Douris
President,
Orphan Outreach



Q: Before founding Orphan Outreach you served 22 years – the last 12 years as vice president of Buckner Orphan Care International with Buckner International. What made you passionate about this work?

A: I actually started my work with children in 1973 working with severely emotionally disturbed teenagers and have had the privilege to work both in a public and private context for 36 years. Two of the great privileges of my ministry life were to be involved in starting the international ministry for Buckner and now to be involved in starting Orphan Outreach. I have always had a burden for orphans and vulnerable children. Those who are committed to orphan ministry can understand that the desire to serve orphans is driven by the Lord's love for these children. I am convinced he leads Christians where he wants to serve and to the children He wants us to minister to. It has been so clear over the years how divine appointments have led me to a specific place and individual children. It is ministry that completes us as Christians. I think James says it well when he says that faith without works is dead. As Christians we are compelled to live out the love of our Lord and it is very clear He loves the orphan uniquely.

Q: Why do you think Christians feel such a draw to care for orphans? We have talked before about the connection between orphans and widows in the Bible. Why do you think there is a command to care for both in the same way?

A: As Christians we have the indwelling of the Holy Spirit and therefore share the heart and desire of God the Father. That is the

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Director of the Congregations,
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Leadership Project*

reason we are drawn to the ministry to care for orphans. When we are in fellowship with Him, His desires become our desires. In the bible the Lord commands Israel and the church to care for orphans and widows. In fact most of the judgments against Israel involved their lack of care of widows, orphans and the poor as evidence of their unfaithfulness to Him. The bible defines an orphan as a child who has lost their father hence orphans are called “fatherless.” The bible usually talks about orphans in the context of “widows and orphans.” The reason is that in Old and New Testament times, if a child lost their father it usually would make the family destitute since the father was the primary source of income for the family. Most of the 132 million orphans in the world have at least one parent living and usually that is the mother. UNICEF’s definition of orphan is a child who has lost one or both parents. Often this is a father. In most of the world the loss of a father causes the family to spiral into extreme poverty.

There are two significant misconceptions about orphans: First that most orphans live in orphanages and second that orphans have lost both parents. The vast majority of orphans has at least one parent and do not live in orphanages. For the first time in history the majority of the world’s population lives in cities and of all the people that live in cities, one-third live in slums. Impoverished areas are where the majority of orphans live.

One of the elementary girls we serve in Honduras is from a family who live in Nueva Suyapa, one of the worst slum areas of Tegucigalpa. Her mother is the head of household and had prayed and prayed that her child would not have to live in poverty and wanted desperately for Anna to get a good education. Anna is now in a Christian private school that Orphan Outreach supports and last year made the honor role. Her mother’s faith and love for her children was blessed by the Lord and He made provision for her. I think about her prayers and how the Lord led us to that school and to help this family in particular. I see the hand of

the Lord using Orphan Outreach and our supporters to reach into a slum most have not heard of and to a family living in the worst of conditions because of His intense love for these children.

Q: Where do you think Christians have experienced the greatest success in caring for orphans and vulnerable children?

A: Historically Christians have been the driving force in orphan care. Most of the private children’s homes around the world have been the work of Christians. I think that heritage in some ways has complicated the current efforts in caring for children. Most large residential programs in the west have been significantly reduced in favor of less restrictive approaches such as foster care, family care and preventive programs that try to preserve family unity and eliminate the need for the child being removed. The mental picture of setting up large orphanages is still in the Christian mind-set as the best way to serve orphans.

There is a need for residential care but it should not be the primary way we care for orphans. It is so impressive to see the work of Christian agencies in foster care, adoption, Christian education in impoverished areas, family intervention and support programs. Most of the leadership in Africa will emphasize that they do not want orphanages but community-based solutions to address the needs of orphans.

In Latvia, I was involved in consulting and supporting their foster care initiative and it was amazing to see the insight that the government officials had for their children and how they wanted to move to community-based care. Two of the keys of officials were very committed Christians who were working to get the church engaged in that process. There are a lot of Christian ministries doing great work all around the world. The greatest need is training in best practices and a dialogue among the many groups doing childcare to make sure the work we are doing is in the best interest of the children we serve.

Q: You hosted a workshop at the 2008 Christian Alliance for Orphans Conference for individuals interested in opening an orphanage. Can you summarize your advice for the readers of this journal?

A: As I mentioned, residential programs are needed for children that cannot be served in less restricted care. I have visited many orphanages around the world and developed a list of 10 important concepts to consider in developing a residential program.

1. It is important to develop a philosophy of care in order to build a cohesive orphan program.

2. Before you develop an orphan care program, it is crucial to develop a strategic plan.

3. Quality of care is in direct proportion to the quality of staff hired to manage and care for the children.

4. Training of staff is a critical component to quality of care and safety of the children. This aspect of childcare is much neglected internationally and is crucial for quality of care.

5. Multiple layers of supervision are crucial to consistency of care and safety of children. This involves developing a good management team, case managers and childcare staff. The three layers of staff provide a check and balance in the care for children and provide a safe environment.

6. Intake criteria are a crucial component to make sure a program design meets the needs of the children in care. The criteria must be developed that is consistent with the program design and capabilities. Programs that take children they are not equipped to serve run the risk of significantly compromising the entire program.

7. Permanency planning is an important component to ensure that you meet the needs of the children you serve. All children need to have a plan of care that moves a child from the crisis situation that created the need for care to living either in a family setting or independence.

8. It is crucial that the educational program be developed to meet the wide range of needs of the children you serve. Programs must equip children to be able to live independently, which means providing a quality education.

9. The number of children to be served at one campus or if developing a foster care program, the case manager-to-child ratio, needs to be determined. There are different types of residential care. A group home ideally would have about eight to 10 children. A residential campus ideally would have about 40 to 60 children. In relation to foster care it is best to have no more than a one to 10 case management to child ratio for therapeutic children and no more than one to 20 for non-therapeutic children.

10. It is crucial to develop a deliberate, cultural and age appropriate strategy to disciple the children in their relationship with Christ. This is an opportunity to involve the local church to provide spiritual mentors for the children.

Q: You visit orphan care projects all over the world each year. Can you describe a best practice that you have seen?

A: I have seen so many good programs it is hard to describe just one that symbolizes best practice. Orphan Outreach is involved in a program run by Mrs. Arzu who is the former First Lady in Guatemala. Her husband is now mayor of Guatemala City and she is very involved in caring for vulnerable children in the city. She is a very committed Christian and has her own foundation. Her foundation is running three schools for street children in Guatemala City and is doing an exceptional job. She believes the children she serves deserve a quality Christian education and has provided a holistic program that involves not only education but case management services, medical and other interventions to help these most vulnerable of the children in the city.

In India, we are supporting a group home for HIV/AIDS children. It is founded and managed by a very committed Chris-

tian physician who started it because of her experience in a health clinic. She walked into the clinic and saw a boy on a cot laying be himself and inquired to why no one was helping him. No one had



attended to his needs because he had AIDS. Dr. Edwards went over to help and found the boy was dead. He had been lying there and no one knew he had died. She felt that children with HIV/AIDS were so stigmatized she wanted to provide an environment where they could be cared for without prejudice and with love.

Since our involvement we have experienced the death of three children whom we served—all had become Christians and had a tender relationship with Christ. It has been heartbreaking but also inspiring to see how the Lord has used this program to not only minister to the children but to change the lives of the families.

Q: What do orphans and vulnerable children need us to know about them and their needs? If you could speak for them, what would they say to our readers who want to help but might not know how?

A: I had an experience lately that touched my heart and reminded me of what orphan ministry is all about. I had got to know a 9-year-old girl in an orphanage in Vladimir Russia. I had been to her orphanage and it was one of the times I just got to hang around and play with children. Natasha was one of the kids that just connected with me. Every time I came to the orphanage, I would get to spend some time with her and we got to know each other well. I lost contact with her as time went on because our work in that region had been completed. I had not

seen her for eight or nine years and I recently visited that region and asked one of the staff working in the region if she knew where she was. She said yes she is in one of our transitional homes. I asked if we could visit and fortunately

it was close to where we were going. I went up to the apartment and as soon as I saw her she came up and gave me a big hug. I was looking at some bookshelves in their living area and noticed she had a picture of her and me on the bookshelf. Despite not seeing her for that long period of time, it was clear that the friendship we had made a lasting impact.

Many orphans have told me they love me but what they really want to say is “will you love me?” We all want to be uniquely loved and valued. Orphans have experienced tremendous rejection and tragedy. Another orphan told me once that she had been abandoned by everyone. Her mother had been murdered and she never knew her father. She was really telling me not to abandon her and her sisters. Ten years later, a few months ago, I was with these girls and we were riding to a restaurant and spontaneously they said, “Thank you for not leaving us.” It reminds me of what the Lord said, “I will not leave you as orphans...”

The definition of pure and undefiled religion in James 1:27 finds at its core ministering to widows and orphans in their distress. Love is at the center of that definition and love involves not only emotion but action and commitment. Kids need someone who will love them and show that love by caring for their needs. Real love is demonstrated by action and by what we do, not what we say or what we feel. I think orphans are saying to us, “Will you love me?”—in the truest meaning of love.

She Is My Child

David T. Ngong

The shrill, agonizing, little voice rings in my head still,
The pain in her little innocent face accuses me still.
They say her right foot will be amputated tomorrow,
Today, my heart is sinking with sorrow.
I read my Bible and pray,
The shrill, little voice still ringing in my head.

The baby's mother was sitting beside her, hungry still,
Her malnourished breast as good as expired pill,
The baby wailing still from pain and hunger.
As her mother explained, there has hardly been laughter
Since they fled the war where the baby was shot in the leg.
Right here, in this dusty wasteland, they fight another war: hopelessness.

Disorientation, amputation, a grief prolonged.
I read my Bible again, prayed, and longed.
I went to the gym and exercised,
Wrote a song of my grief but could not sing,
In my head the shrill, little voice still ringing,
Tomorrow her leg would be amputated.

I will read my Bible again and I will pray again;
I will go to the gym and exercise;
I will write another song of my grief;
In my head her shrill, little voice will ring;
Her leg will be amputated:
The world will lose no sleep.

I wonder what I would do if she were my child.

Dedicated to a little, nameless girl in Darfur whose story is told here.



Hope for orphans: *A model of care for vulnerable children*

Abstract: Offering care for orphans and vulnerable children living in situations of extreme poverty is a growing concern for churches, nongovernmental organizations, and governmental entities. This article presents one model in central Africa that incorporates short-term residential care with a goal of family reunification and community restoration. Les Enfants de Dieu promotes a model of leadership development for vulnerable children in Rwanda that is consistent with best practice principles.

With approximately one-sixth of the world's population, or almost one billion people, living in extreme poverty, preventable diseases like HIV/AIDS, malaria, and tuberculosis claim the lives of approximately 30,000 children each and every day (World Health Organization, 2008). Family breakdown, separation of children from their parents, and the need for child protection and care stem from this poverty and lead to other problems that affect children as well as their families and communities.

The HIV/AIDS pandemic, in particular, is unprecedented in the enormity of its impact on children, families, and communities in Sub-Saharan Africa (United Nations' Children's Fund (UNICEF), 2004, 2006). AIDS has claimed almost 20 million lives worldwide and an estimated 40 million people are currently living with the illness (UNICEF, 2006). In the wake of this humanitarian crisis, children, already one of the most vulnerable segments of society, have been forced to bear much of the brunt of the disease. In just two years, between 2001 and 2003, the global number of children orphaned due to AIDS has risen from



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Photos in this story are of the children at Les Enfants de Dieu, which provides education and housing to as many as 150 boys and young men ages 7-19.

11.5 million to 15 million – the vast majority in Africa, according to a biennial report published by USAID, UNAIDS and UNICEF, entitled “Children on the Brink” (2004).

As we consider how to care for children deeply affected by the global AIDS pandemic and extreme poverty, we know we must respond in ways that demonstrate God’s love and appropriate care for orphans and vulnerable children. At the same time, Christian congregations and organizations must consider effective practices, appropriate technology, and a commitment to the basic rights of children.

This paper builds on common understandings about the risks of institutional settings (e.g., orphanages) and highlights grassroots community-based models that provide better forms of care for orphans and vulnerable children in central Africa. Leading advocates, researchers, foundations and other social entrepreneurs, including many from faith communities, have offered ways to support children to live with their families in their communities. There are multiple family and community-based models of care that are seeking to do just this (Singletary, 2007). From these efforts, we have identified fundamental strategies for people of faith seeking to improve the safety and well-being of orphans and vulnerable children, to protect their rights, and to provide for their needs (Olson, Knight, & Foster, 2006).

For example, provision of care that is in the best interest of a child most often occurs when children remain in the care of their immediate or extended families (recognized as their key safety net) and when community capacity is strengthened in order to provide the highest level of care. In some situations, where families have been separated because of violence, illness, or other experiences of poverty, family-based models must work to reintegrate children with their families. Programs of this type seek to strengthen the familial households where these children live so that they might provide adequately for their care and protection, their education and their development.

Family-based care in a community is not only more likely to meet the developmental needs of children, but also more likely to equip them with the knowledge and skills required

for independent life in their communities. By remaining within their communities, children retain a sense of belonging and identity and also benefit from the continuing support of networks within the community. Furthermore, these approaches benefit from being potentially far less expensive than institutional care and hence more sustainable (Tolfree, 1995, 2005).

This paper focuses on foundational principles of family and community care and a specific example of a reconciliation and reintegration model from an African perspective. The principles and program structure of *Les Enfants De Dieu* will be provided in terms of its innovative approach to care for children, families, and communities. The themes of development in this organization will be described as being transformational, sustainable, and leadership focused.

APPROACHES TO ORPHAN CARE

The biblical call to care for orphans is clear. From a reference in almost a dozen of the Psalms to James’ description of religion that is pure, we hear the mandate to defend, rescue, and liberate children who are parentless. Isaiah (1:17) is quite explicit in calling us to “learn to do good, seek justice, rescue the oppressed, defend the orphan, plead for the widow.” And the church is learning to be faithful to this call. In new and exciting ways, Christians are saying that we cannot sit idly by as so many children struggle to make their way through life. We know we must respond; we are just not always sure how to offer the best response.

The initial response for many congregations and faith-based organizations that engage in caring for orphans has been to build orphanages. Orphans don’t have families or homes, right? We must revisit the biblical definition, which is consistent with that of UNICEF and other global organizations: An orphan is a child who has lost one or both parents. Many children in orphanages, however, do have a living parent and many others have extended family in their community (Dunn, Jareg, & Webb, 2003; Williamson, 2004). Far too many of the residential care programs that Christians build have the unintended consequence

of further separating children from their family and community. As an example, I spent the day with a man who recently felt the call of God to care for the orphans of our world. His family's response was to take their savings to build an orphanage in Africa. He felt a call, had the support of his family and church, and the response seemed natural. Now, a few years later, he has come to recognize the bonds of family that the children have lost and is asking questions about better care for these children. At this

point, he has read the research and asked local leaders who point to a different model, but he also has donors committed to the orphanage, short-term mission groups who love to come play with the children, and feels locked into a model that he no longer feels is of value.

Orphanages, in whatever form, whether planned as children's homes or child villages, whether named residential setting or institutional setting, often appear at first glance to provide a promising way to care for large numbers of children in an efficient and effective manner. However, the long-term results are not so promising (Dunn, Jareg, & Webb, 2003; Viner & Taylor, 2005; Zeanah, Smyke, Koga, & Carlson, 2005). Institutional forms of care involve large numbers of children living in an artificial setting that effectively detaches them not only from their immediate and extended family and from their community of origin, but also from meaningful interaction with the community in which the institution is located. Even institutions that use household models with house parents remove children from their communities and families and create an alternative (often American) culture that has no relevance to the lives of the children once they are old enough to leave. Some Christian



agencies address this issue of culture, stating that they are promoting Kingdom values and a culture that is counter to the poverty of Africa, yet contemporary Christian theology and missiology encourages us to be more self-critical of the ways we conflate Western (often U.S.) culture and Christian values.

It is important for Christians to engage the orphan crisis facing Africa and elsewhere but we must be attentive to the deeper problems that create the crisis. Most resi-

dential models address the symptoms by seeking to "rescue" orphans, but unlike community development models, they do little or nothing in the way of addressing the root causes of why children are orphaned or abandoned. What would it look like for Christians to respond to the call to care for orphans in a manner that is attentive to the complex social problems and respectful of African culture?

FOUNDATIONS FOR FAMILY AND COMMUNITY-BASED MODELS OF CARE

In an effort to promote better forms of care for orphans and vulnerable children, UNICEF, several U.S. agencies, and Save the Children came together to form the Better Care Network (BCN) in 2003. In 2005, the Faith-Based Outreach Committee of the BCN was formed and in 2008, this group became known as the Faith to Action Initiative (F2AI). Advocates in the BCN and F2AI suggest that one of the fundamental strategies to improve the safety and well-being of orphans and vulnerable children, and to protect their rights, is to strengthen the capacities of their families and communities to protect them and provide for their needs (personal communication, John Williamson, 2005).

The goal of family and community-based models of care is for orphans and vulnerable children to be supported by familiar adults (inasmuch as it is possible) and to remain within their own communities. These models provide economic, educational, health care, and social support for families and communities. First, programs of this type seek to strengthen the familial households where these children live so that they may provide adequately for their care, protection, and education. Examples include schools, day care/childcare, and drop-in centers. Alternative care is the second option being encouraged by agencies and advocates alike and this includes local foster care, kinship care, or adoption. Institutional care is seen only as a last resort for these children, particularly the most vulnerable, yet even then it is suggested that residential care be provided on a short-term basis (Dunn, Jareg, Webb, 2003; Tolfree, 2005; Williamson, 2004). In many ways, the support is consistent with what we value in the United States. We go to great lengths to preserve families and when a child loses a parent, we do whatever we can to prevent a child from being institutionalized. African parents and community leaders feel the same way.

Family-based care in a community is not only more likely to meet the developmental needs of children, but also more likely to equip them with the knowledge and skills required for independent life in their communities. By remaining within their communities these children retain a sense of belonging and identity and also benefit from the continuing support of networks within the community (Tolfree, 1995). They learn the life lessons we take for granted; experiences such as the ability to engage in social relationships with



diverse people, finding an appropriate spouse, and preparing for their own future family life.

These approaches benefit from being potentially far less expensive than residential and institutional care and hence more sustainable (Tolfree, 1995, 2005). But, as I was asked by the organizers of a large institutional care setting, "Are these family and community models just pipe dreams?"

Consider an example from Kenya (Donahue, Hunter, Sussman, & Williamson, 1999). A program in the slums of Nairobi found that when 200 single, HIV+ mothers were asked who could care for their children if they became too ill to do so, half denied having extended family members who could provide care. After the social worker who interviewed the women developed a relationship with them, she discovered that most of the women had relatives from whom they had been estranged. The social worker was able to identify, in most cases, a grandmother, or other extended family members prepared to provide ongoing care for the children. The provision of care was not contingent on the provision of cash or material support.

But consider what might be possible if the tens of thousands of dollars spent to institutionalize these children were spent on these 200 families. An agency in Ethiopia did just that with an intensive reunification and reintegration program that is now an international model. It took more than 1,000 children who had been in its residential programs, spent a few years developing relationships with family and community members in the villages of the children, began placing the children with families or foster families, and within 10 years it was spending all of its resources on micro loans and grants to strengthen families. It now

serves several times the number of families and has strengthened entire communities and many times the number of children (Jerusalem, 2009).

Community responses vary in the scope and scale of services. The services are offered by community-based organizations with voluntary membership, local non-governmental organizations (NGOs) employing paid staff, as well as churches, religious groups and networks. They include clinics and nutrition programs, child care and educational programs, income-generating activities, extended family supports, orphan care committees, and respite-care programs for caregiving adults (Williamson, 2004). Most of the models in this journal are examples of family and community care.

The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS is a UNICEF (2004) document describing the impact of HIV/AIDS on children, including psychosocial stress, economic problems, and risk of HIV infection. It presents five key strategies for addressing the needs of orphans and other vulnerable children. These strategies include building the capacity of families, supporting community-based responses, ensuring essential services to children (e.g. education, health care), improving policy responses, and fostering supportive environments for children. These have been recognized as fundamentally important in writings such as *A Generation at Risk* (Foster, Levine, & Williamson, 2005), *Children on the Brink* (UNICEF, UNAIDS, USAID, 2004), and in funding from the United States and other G-8 nations to support services for orphans and vulnerable children.

I think it is important for Christian organizations to recognize the value of principles, frameworks and reports such as these. Too often, we see well-intentioned Christian projects fail due to a lack of skill, preparation, an understanding of local contexts and a lack of access to tools that have been developed. We don't need to reinvent the wheel. Yet, as Christians, we need to build quality into our programs and that means not being afraid to draw from resources that already exist. In this paper, I consider a particular organization in

the central African nation of Rwanda for the ways it lives out these strategies. *Les Enfants de Dieu* will be shown to address several of these strategies and provide a model of leadership development for young men in this war-torn nation. I hope the lessons of this organization have value for the work of your ministries.

A CASE STUDY OF FAMILY AND COMMUNITY CARE IN RWANDA

Rwanda, the most densely populated central African nation, is also one of the most beautiful. "The land of a thousand hills" has a hilly, fertile terrain that allows for a low food security rate (10%) as most families can provide food via meager subsistence farming. Although subsistence farming offers a steady diet, the quality and nutritional value of a family diet is poor, resulting in a nation with one of the world's worst child mortality rates — one in five Rwandan children die before their fifth birthday. Forty-two percent of Rwandan children under 5 years old are malnourished. Besides malnutrition and related diarrheal diseases, malaria is a leading cause of infant and child mortality (29%) (UNICEF, 2008).

Rwanda is one of the poorest countries in the world. It ranks in the bottom 10% of countries listed in the United Nations Development Programme's (UNDP) Human Development Index: 48% of the population lives on less than \$2 a day and 20% live on less than \$1 a day. This means that more than half of the country lives in extreme poverty.

Rwanda is most well known in modern times for the civil war that swept through the region in the early 1990's, resulting in the 1994 genocide. In three months, 850,000 Rwandese were killed in this country. In the aftermath, several hundred thousand Rwandese fled the nation into bordering Congo. Because rape was used as a weapon of war, thousands of women were infected with HIV/AIDS. A UNICEF (2009) report of 2,000 women — many of whom were survivors of rape — were tested for HIV during the five years following the genocide. Of these women, 80% were found to be HIV-positive. Many were not sexually active before the genocide. One of the results of war and disease is that Rwanda's population now

is quite young. Of the 8 million people living in Rwanda, more than half are under the age of 18.

Children orphaned during the war, those born as a result of rape, and those whose have been orphaned because of the spread of HIV/AIDS are at great risk in this nation. An estimated 1 million orphans and “other vulnerable children” live in Rwanda. These children include:

- 101,000 children heading up an estimated 42,000 households;
- 7,000 street children;
- 3,500 children living in orphanages;
- 1,000 children living in conflict with the law;
- 60,000 children living with disabilities;
- 120,000 children forced to work;
- 300 infants living with their mothers in prison;
- children affected by armed conflict (2,500 still in Congo) (UNICEF 2008).

The needs of children in Rwanda are evident to anyone who visits this nation. In the midst of several groups seeking to help families and children, *Les Enfants* offers a unique model of care.

LES ENFANTS DE DIEU (THE CHILDREN OF GOD)

In a country devastated by violence, malnutrition, and disease, and where children are disproportionately affected, *Les Enfants de Dieu* was founded in 2002 as a transitional school for boys. Its founders recognized just how many young boys were living on the streets after war ravaged this country and hoped that abandoned and runaway children, many of whom were orphans, could be reunited with their families. With a philosophy of client self-determination, sustainability, empowerment, and the development of leadership skills, *Les Enfants* provides education and housing to as many as 150 boys and young men ages 7-19 who have lived on the streets, whose parents were killed in the genocide or who have died from HIV/AIDS. The guiding principle of *Les Enfants* is one of reconciliation with a focus on

recruitment of boys interested in rehabilitation and on reintegration of the boys into the lives of their families and communities.

In a visit to this center and a conversation with the director, Rafiki, I learned how:

“the center is like a bridge between the streets and the family. Working to reintegrate street children with families and in communities does not come easily, but for those who desire the change of opportunities for life, it is possible. Many children thought working on the street would be easy and found out it was hard; they say that life became worse. It is often hard for the boys to make an adjustment because they had ‘freedom’ on the streets.”

The center staff negotiates rules with the boys as they learn what it means to live in a family again: “If the children don’t want to stay, we don’t make them. Most choose to stay and choose to learn.” Currently, *Les Enfants* serves 130 boys, with 129 engaged in schooling. The one not in school has said, “I am ready to put down the gun, but not yet ready to pick up the pen.” This points to the self-determination, responsibility, and integrity of the individual child fostered by the center.

ORGANIZATIONAL STRUCTURE

The structure of *Les Enfants* assures that both the boys living in the center and the paid adult staff have clearly defined roles. The structure offered to the boys includes a leadership development system of seven ministries headed by children. Each boy participates in a key “ministry,” modeled after the ministries of the Rwandan government. These include administration, education, social affairs, recreation, agriculture, home, and health. Each ministry consists of offices the boys hold: minister, director general, and several technicians. Each boy has to make plans and goals for himself and his position as a part of the responsibilities he is learning. Key to the success of this system is the relationship between the ministries and the adult staff. Adult staff positions include the director, a financial manager, nurse, three teachers, four social workers, three security guards, four maintenance workers, two cooks, and a staff person to care for the livestock and farm.

The adult staff makes decisions about organizational administration, but only in relationship to the ministry system. The boys, through the ministerial structure, make most of the daily operating decisions. Rafiki described it this way: “I needed a new computer last year for our finances; the boys said ‘no’ so I didn’t buy it; and we had the money. Our bylaws say I can override them, but I don’t. They are learning from us how to live within their means and we have to learn from them as well.” Through the decision-making processes required by such a model and the leadership that it engenders, the boys are able to develop a sense of interdependency, a concept more important than that of “self-sufficiency.”

MODEL OF SERVICE

Rafiki described the center’s model as one that promotes a triangle of care forging a bond among the interdependent child, his family, and their community. Boys who come into the center and have not lived their entire lives on the street usually stay between 12 to 18 months. For children who were on the street for a while, it can take several years. When the staff and child feel he is ready to reintegrate, they begin talking about family life at home by focusing on reconciliation skills and reintegration-based counseling. After several months of preparation with adult staff, family members, and community members, a boy getting ready to return home is given a reintegration kit, which consists of a goat to be used as a source of income and health insurance for the entire family at a minimum.

Although the children are temporarily in residential care, the goal is always to place them back into family and the community. For boys unable to return to their families, the center helps them with skills for living independently in their community. They work with the boys to find a job, pay for three months of transportation, work clothes, and assist in opening a bank account. They offer a voca-

tional training program focused on catering, carpentry, welding, cosmetology, and tailoring. When the boys leave, or “graduate,” they are often willing to come back and talk about life after the center in an effort to encourage the reintegration of others.

FINANCIAL SUPPORT

Les Enfants needs approximately 3.5 million francs/month (\$7,000 a month in U.S. dollars) for operations. The founder, an Indian who often met with street children to provide

meals and decided they needed more, provides 1 million francs/month (\$2,000/month). The remaining income is from individual, corporate, and foundation gifts. As a result, key struggles for the center include freedom in programming, because some donations come with restrictions. Finding providers of needed services, from teachers to substance abuse counselors, and support for the challenges of adolescents, when the boys are introduced to sexuality at a young age, is also difficult given the financial restraints.

An area of great strength for the center is its new sustainability projects. The center has recently begun to use its large plot of land that was donated by its founder for sustainable agricultural development. Here, the center raises and sells fish, rabbits, goats, and ducks as well as crops raised on the land. Rafiki says his dream is to be 60% self-sufficient within five years; it is currently at about 8% in its third year of these projects. This sustainability goal is laudable and yet fully achievable given its current land and human capital resources.

This organization that strengthens young men, their families, and their communities, provides a profound example of community development. Let’s look now at what this means as we consider the developmental lessons learned at *Les Enfants*.

Although the children
are temporarily in
residential care,
the goal is always
to place them back
into family and the
community.

ASPECTS OF DEVELOPMENT LEARNED WITH *LES ENFANTS DE DIEU*

Les Enfants offers to us a model of development that is unique in many aspects. Here are four areas of development seen in the work of *Les Enfants* that we can promote in the work of other organizations as we seek faithfully to serve vulnerable children.

1. Leadership development is central to the mission of *Les Enfants*. Their program is truly youth-centered and leadership-focused as they not only trust the boys to participate in decision-making, but also empower them with skills and structure to make most major decisions independent of adult input.

2. This organization is seeking to promote sustainable development. Through its agricultural projects, sustainability is a part of the model as *Les Enfants*. The farm they operate allows them to work toward financial self-sustainability, but they also practice ecological sustainability in their approach to the land. Rafiki took great pride in describing the affordable and sustainable technology that they use to raise their animals and care for their crops. Their rabbits feed the fish and the ducks; the fish and duck waste nurtures the water; debris dredged from the water is composted to enrich the soil; the soil strengthens the crops; and the crops, fish and rabbits are all sold for a profit. Appropriate farming technologies and sustainable agriculture are key to this agency's plan for the future.

3. The perspective of *Les Enfants* addresses concepts of community development. Even though a majority of the focus of the *Les Enfants* staff is on the children they serve, the social worker spend a significant amount of time learning where the boys are from, who their families are, and stories of their communities. The staff begins conversations with family and community members about reunification, but these conversations are not always welcomed. If a child has been gone for some time, the experience of poverty makes it difficult for them to imagine a young boy re-entering the household. As a result, *Les Enfants* offers the families resources, including food, to assist with reunification. Community members have said that they remember the

trauma of boys leaving; others have said that the boys would return and steal from them or harass other children in the community. These experiences make reintegration to community life difficult, but part of the process includes services focused on restoration. Many people in Rwanda are learning to live together again, and so these communities are open to the ways *Les Enfants* seeks to help in this process. In this way, we see that the organization promotes economic outcomes not only for the center, through farming, but also for the community, through its emphasis on education and vocational training for the boys.

4. Social, or transformational, development is an approach that has received increased attention in recent years, but is still relatively unknown. I will say more about this approach than I have the others because many organizations use this term "transformational" without clarity of meaning. It remains a vague notion that is too often used by religious organizations as a trendy and attractive adjective without regard for what it means to transform people's lives in any way beyond offering an evangelistic message. Food for the Hungry (2008) states it this way in its Call for Presentations for the 2008 Transformational Development Conference:

Christian academics and practitioners use the term to signify a holistic integration of faith and development and to distinguish it from models that are secular or simply dichotomist in their application. The terminology, while helpful, has not yet resulted in consensus around the criteria for, frameworks of, and proven approaches to doing transformational development. The danger remains that unless we can differentiate between what is and is not transformational development, it will be just another Christian label used to justify whatever we happen to be doing.

Although there is the idea that "transformational" is synonymous with a holistic Christian approach to development, the World Bank (2005) defines social development as "transforming institutions to empower people" (p. 1). The work they support using this model seeks to transform children, families, communities and institutions and offers a more compre-

hensive approach to social change than most Christian services that use the term. "If we say we are in the business of transformational development then we must acknowledge the demands placed upon us by the promise the term connotes (Food for the Hungry, 2008). As with the World Bank, Christian leaders state that their goal is positive change in the whole of human life materially, socially and spiritually (Myers 1999).

World Vision brings the most clarity to the term with monitoring and evaluation indicators of transformation and a learning community to focus its outcomes. They describe transformational development that encompasses five domains of change: well-being of children, their families and communities; empowered children to be agents of transformation; transformed relationships; interdependent and empowered communities; and transformed systems and structures (World Vision, 2003).

My current effort is to see how the work of *Les Enfants* seeks to be transformational in its efforts. When asked the formula for what is working well for him, Rafiki said, "It's a social answer, not a mathematical one." This suggests the value of social development fostered by *Les Enfants*, but what does this mean? The comprehensive approach of fostering healthy development of children, with a focus on leadership, combined with an interest in organizational, family, and community sustainability, points to a social development that has the potential to be transformative in each of the domains World Vision outlines.

For *Les Enfants*, being transformative moves beyond a singular focus on the children in its care (which is the goal of institutional care) to substantial efforts to transform the families of the children and the communities from which the children come. Above we have seen that these efforts include reunification and reintegration of children into families in a way that strengthens the health care of the children and family members, and that offers financial support for the family. Furthermore, the agency offers mental health care for the family before and after a child enters a home. The commitment to children and their

families includes support to other community members whose lives will be affected by the return of the boys to their homes. If transformational development is to be holistic then the spiritual, social, educational, economic, and health and mental health outcomes of *Les Enfants* begin to provide evidence-based best practices for other organizations desiring to have a lasting impact on orphans, their families and their communities.

CONCLUSION

Earlier I cited the UNICEF (2004) document that provides a framework for the care of orphans and vulnerable children and lists five key strategies: building the capacity of families; supporting community-based responses; ensuring essential services to children (e.g. education, health care); improving policy responses; and fostering supportive environments for children. Large non-governmental organizations, ranging from the international Save the Children to the faith-based World Vision, are utilizing this approach to care. Small organizations are doing it as well.

Les Enfants de Dieu is such an organization. It builds the capacity of families by working with parents to reintegrate runaway and street children, or to take in extended family children through kinship care. Its community-based response includes the leadership and community development strategies outlined above, which serve to strengthen the capacity of children and adults in the communities where the children return to live as healthy, productive boys and young men. Essential services to children are fostered while the boys are in the care of *Les Enfants* and when they move into family or independent living; the boys are being prepared for continued schooling or jobs, for healthy decision-making, and for a life that values community. Policy responses are beginning to be improved in their country as models such as this are encouraged in the aftermath of genocide and in response to HIV/AIDS and widespread poverty. Lastly, supportive environments for children are found in the organization's short-term care and in the efforts to reunify children with families. The entire focus of an agency that is committed to reunifica-

tion and reintegration can affirm the value of lasting environments that support children as they develop into faithful and successful adults resulting in sustained and transformed families and communities.

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Application to the church

by Jennifer B. Scarborough

Having grown-up in church, I have been on many international mission trips. I have always loved traveling, serving, helping. On every trip, my church group would work together with American missionaries. Never did we work with true locals, for a variety of reasons. However, thanks to the Spiritual Life Office and the School of Social work at Baylor University, I had the chance to experience a different approach to missions where we worked with organizations run by nationals, also called grassroots agencies.

I helped lead such a trip for Baylor social work students to Rwanda. One of the grassroots agencies we visited, *Les Enfants de Dieu*, discussed by Jon Singletary in his article, provides transitional living for troubled boys. If no one had told me these boys had been living on the streets, I would not have known. They treated us with kindness and hospitality while we played soccer, painted, and had so much fun together. They even washed our hands for us after we painted, humbling me as I thought of Jesus washing the disciples' feet. In every part of the day, it was truly evident the boys received the love and the care they needed to help them make changes to achieve a better future.

Les Enfants de Dieu represents the grassroots agencies around the world that focus on a variety of issues and make a huge impact upon their communities. This article explores both the role and importance of grassroots agencies. Nationals who run these agencies know the language, the history, and

the culture of their country, enabling them to help their clients in culturally appropriate ways with ease. Likewise, it sets an example for the children to see adults from their country in positions of leadership and power making a difference.

Community-based care extends beyond transitional living for boys, which this article also explains. Many grassroots agencies offer foster care, as opposed to orphan care. Although many churches support orphanages, this article explores the benefits

of a community-based foster care system, the system that America also uses and that has a higher rate of successfully transitioning children into the community.

For church leaders engaging in missions, understanding the role of grassroots agencies can have a significant impact on their congregations and the world. Sadly, many grassroots agencies lack funding and support, including *Les Enfants de Dieu*. I believe beautiful partnerships can be created

between grassroots agencies and churches through prayer, financial support, and short-term trips. Building relationships with nationals and working alongside them presents a mutually beneficial situation as we learn from and help one another. There will always be a need for missionaries to go to other countries but even as they go abroad, they can foster partnerships with grassroots organizations. For church leaders supporting missions, this article provides enlightening and helpful information that truly keeps the needs of children at the center of our mission efforts.

For church leaders
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the world.



Mambo Sawa Sawa ... things already better

On May 21, 2007, at 2:10 p.m., I was sitting on a bus in Nairobi, Kenya next to a Baylor freshman named Paige Williams. I know the exact date and time and person because it is written here in my Bible beside Psalm 18.

Do you remember that Psalm? It is the song of David's theophany. He "sees" God. David begins with descriptions like "fortress," "deliverer," "refuge," "stronghold." Keep reading, however, and you'll find that there's a quick shift in the tone of David's voice. What we hear is a cry for help.

I was reading this Psalm out loud to Paige as we were on our way to the Kibera slum. It is a place in need of rescue, a place where there is a constant cry for help. Paige had been there before. She knew what we were about to see. She knew that Kibera sat on a piece of land the size of Baylor's campus, and that it housed (I use that term loosely) more than one million people. We stood side-by-side in that place together, and I witnessed poverty and suffering like I have never seen before.

I wrote down what she said to me that afternoon right here by the story in Psalm 18, the story of a God who rends the heavens and comes down to rescue. She simply said, "You'll never be the same. I want you to know that."

Turns out Paige was right ... I'm not the same.

On that day I was confronted with the tension of my God who can rend the heavens and a slum full of his creation attempting to just survive. Now my world included poverty and AIDS. They have names; they have faces.

Mike Douris
President,
Orphan Outreach



Coming back to the United States was hard. I landed on U.S. soil, and felt put off by the cleanliness of Chicago O'Hare airport. It is so sterile, and it's just an airport.

I was mesmerized and horrified at the filtered water and ice that I found in my refrigerator. Everywhere I looked, I felt suffocated by my stuff.

In the midst of all of it, I was experiencing the haunting, and the joy, and the heartbreak as I remembered the face of Francis Kimani — a boy my age that I met in Kibera. He could be me, I could be him. And as I remembered the feel of Magdalene's hands in my hands — a woman afflicted with AIDS living in Kibera.

Somewhere in middle of those thoughts I began to hyperventilate spiritually.

"What on earth do I do now?"

"How do I live in light of what I've seen?"

Simply put, I came home with a word.

And that word is responsibility. To borrow from Brooke Fraser and the book of James, chapter two: "Now that I have seen, I am responsible ... faith without deeds is dead."

No doubt it is true that I have a part to play. I've got a hunch that it'll never make headlines. As near as I can tell at this point, living responsibly as a Christ follower is not glamorous. It happens in daily living. It happens as I use the resources of my education, my wealth, my free time not just for myself, but for the least of these. It may look different for me than it does for you, but the principles are the same.

It takes prayer. It takes mindfulness. It takes stopping to think. But that's one luxury you and I have — time.

I've told you that I have a word, a word that expresses the reality of my responsibility. But I also have a song, a song that confesses an even greater reality.

If we were sitting here together, I'd sing it for you. But, I guess writing it out will have to suffice for now.

It goes like this: "Things already better... things already better...when the Lord is on His throne, things already better...things already better...things already better."

Those words are hard to confess in light of what I've seen. Kibera slum exists, and God is on his throne? Things are already better simply because God is on his throne?

Somehow I'm hanging in the tension between taking up responsibility and acknowledging that God is on his throne. I have work to do, but I'm not in it alone. And it's not mine (or yours) to finish.

I take some hope in knowing that I didn't learn that song in English, and I didn't learn it standing on American soil. I learned it on May 21, 2007. On that day, I realized anew that there is a God who rends the heavens and comes down to rescue. He is, indeed, upon His throne. See, I learned that song in Swahili standing in Kibera slum. It was taught to me by a small group of children who live there. If they can confess it, I can too.

In Swahili: "*Mambo sawa sawa ... Mambo sawa sawa ... yesu kiwa zini ... mambo sawa sawa ... mambo sawa sawa ... mambo sawa sawa*" ... things already better.



'If these were my children ...'

Mulugeta Gebru's story of orphan care in Ethiopia

In the mid-1980s intensifying civil war in the Horn of Africa produced an infamous humanitarian crisis as 2.5 million frightened and hungry refugees crowded into Ethiopia from surrounding countries. Unfortunately, Ethiopia's countryside and border zones, normally dependent on small farming and agricultural production, had been suffering from a drought for several years. As refugees poured into the country seeking safety and support, Ethiopians themselves were abandoning their dry farms and villages. Refugees and these internally displaced Ethiopians died by the hundreds of thousands of starvation. Many children became orphaned or permanently separated from family in the resulting confusion and chaos.

Although Ethiopia has a long and rich Biblical history, starting with the Queen of Sheba's visit to King Solomon in approximately 950 B.C., many Americans had never heard of the second-oldest country to become Christian. We learned about Ethiopia as we sat around the nightly news watching the 1984 famine unfold with pictures of starving and dying children broadcast into our living rooms. Long before the realities of the HIV/AIDS crisis began to emerge on our radar, we knew that there were children dying in Ethiopia.

In the midst of this unsettling time in Ethiopia's history, concerned citizens in the capital city of Addis Ababa were motivated to save as many children as possible, in any way possible. Mulugeta Gebru was an Ethiopian man with a heart for the children of his country. In 1985 he opened six orphanages that saved the lives of 1,000 children.



Amanda Cox
Director of the Congregations,
Community Outreach and Leader-
ship Development Project

Originally intended as an emergency response in desperate times, these orphanages became home to the children and Mulugeta became their “father.”

If Mulugeta’s story were to end there he would still be considered a great man. But the story does not end in an orphanage or with those 1,000 lives saved.

Mulugeta married and had children of his own. And as he watched his children with pride and a father’s love he began to recognize differences in the children he raised in his home and “his children” in the orphanages. The children in the orphanages, despite excellent care and loving staff, were sick, both physically sick and emotionally disturbed. Their lives had been saved and their needs taken care of but they did not have the consistent love, affection, trust or attachment that family provides. As Mulugeta’s biological children thrived, the orphaned children failed. They had no life skills and could not integrate into the community. Without ties to family they were essentially outcasts. Mulugeta describes the dawning realization as “uncomfortable” and he began to ask himself, “If one of these were my children, could I keep him/her here in the orphanage?”

This is a question all too often faced by parents and extended family living in poverty, not just those affected by drought, conflict or disease. Carrying the burden of finding a way to feed, clothe and educate their children, many families are faced with the unfathomable dilemma of keeping their children at home or placing them in institutional care.

POWER OF VILLAGE, EXTENDED FAMILY

Knowing the power of the African village and extended family, Mulugeta made a decision that was considered radical at the time. Ten years after opening the orphanages he vowed to find a way to reintegrate every child

back into extended family member’s homes, foster families, or independent living. He knew that there would be many risks and challenges, as well as skepticism from his staff. But the question kept coming back to him, “If these were my children...”

Mulugeta’s organization, Jerusalem Children’s Community Development Organization (JeCCDO) was well supported by enthusiastic international donors. This made a huge difference in his ability to hire social workers and community workers to support the plan. At that time, and even presently, reintegration of children out of orphanages

and into the community was seen as cutting-edge and was an exciting alternative to a life of care within the walls of an institution and the bleak future beyond.

The process of reunification and reintegration was organic at first and took several years to complete. During long vacations teenagers were sent to their origins to trace or visit their families. Before, they leave for vacation, the children were gathered and given information on their background, what little was

known about who they were and where they came from. They were asked to share this with the community. It was an intimidating proposition. Mulugeta encouraged them with these words: “This is your chance. Your chance to know. You will need this someday.” He knew that like most young people in Africa their future success in marriage, business, and society would be very dependent upon knowing where they came from, knowing their tribe and language and history.

During vacations, every Sunday these teenagers, shy and awkward, arrived at local churches and in the market to tell their stories. Standing in front of a group of people sometimes they would hear a woman cry out, “Yes, I do know you, I remember your mother”

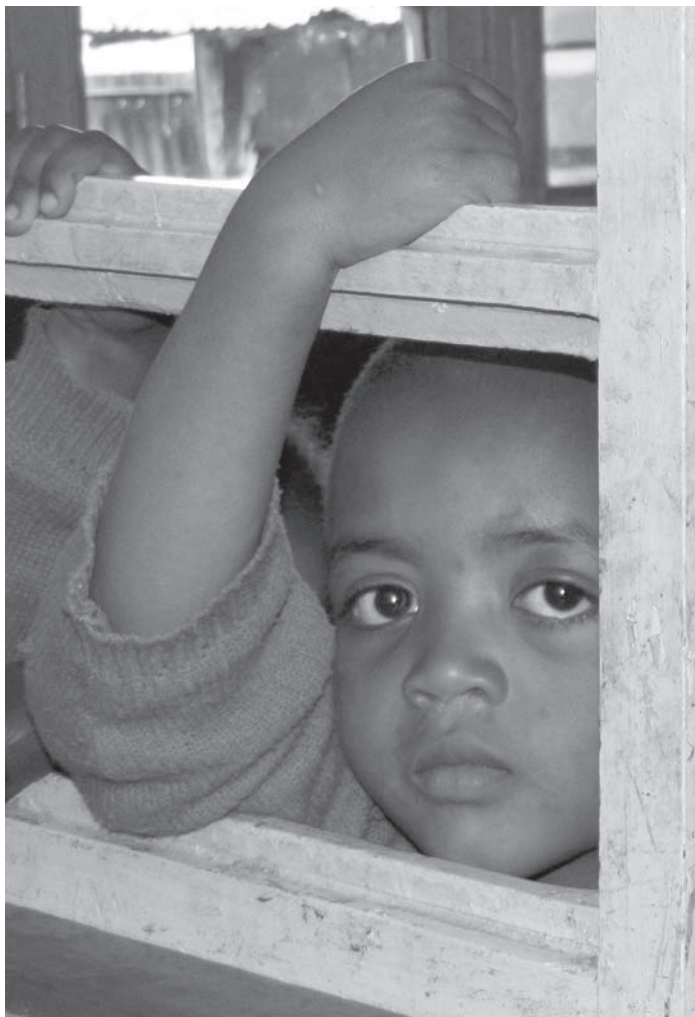
Knowing the power
of the African village
and extended family,
Mulugeta made a
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or “I can show you the village where your auntie lives.” As the clues and information poured in social workers were sent out, by bus, bike and donkey, to every village to ensure that the right matches were being made and assess the possibility for future reunification.

Through this process more than 120 children were reunified and their families were provided with training and economic support to help prevent disintegration of the placement. As children were reunited with family members once believed to be lost or dead, they began to understand the value of what they had been missing. It was not an easy transition and it required support staff and correct timing, but it was a necessary step toward a healthy and whole life. For younger children there was a process of family assessment and visitation that took place before the final match or reunification was made. For older teenagers who had not known family life for more than 10 years, the bonding with families they could not remember was more difficult. More than 700 children of this group were able to establish independent lives in the community and were provided with vocational skill training or higher education sponsorship. For every child a plan was set in place for the family’s income and for the child’s education or training and the placements were monitored.

FAMILY FOCUSED CHILD CARE

By 2000 all six orphanages had been closed. Together with the reunification and reintegration program, the organization started cost-effective and sustainable community-based and family-focused childcare and com-



munity development programs. And with the money previously spent to support one child in the orphanage (\$50/month) the organization is able to support five children in a family as well as provide important resources for the children’s communities.

Of course the story doesn’t end there. Ethiopia is once again in the news with headlines about HIV/AIDS, the resulting orphan crisis, and the growing burden on extended families and communities caring for children. But JeCCDO learned long ago something that many of us know instinctually – children grow best in families. Their response now is a holistic one that takes into consideration both the reason for orphaning or abandonment and the needs that children have in order to grow into healthy and functioning adults.

In the West we often see disease or conflict as the worst disaster but Mulugeta explains that to children "...the orphanage is just another disaster. An orphanage is an island - it is easy and sometimes very good-looking. But what is easy is not always right."

NO CHILD LEFT BEHIND

In response to the HIV/AIDS pandemic, JeCCDO works in several areas of the country to help form and strengthen community-based organizations in support of orphans and vulnerable children. These organizations identify families in each community who are at high risk (caring for a sick or dying parent) or who are caring for orphans. The most vulnerable families receive support from the organization and from the local government. The hope is that through this community-based volunteer system, no child will be left behind. Support group networks, women's training programs, micro-credit projects, day cares, and urban agriculture support all work in tandem to create a safety net for families struggling with poverty or orphan care-giving and ensure a working system of family and community-based care.



Mulugeta Gebru at the nonprofit organization he founded to empower communities for sustainable development in Ethiopia.

As we consider our own response to the 132 million children worldwide who have lost at least one parent, and the millions more who are vulnerable in the face of poverty, isolation, disability, or war, it is essential that we remember how our Father in heaven cares for even the "least of these." He created humans in unique relationship to God and instilled in us instincts that crave and desire family life and group relationship. We are children of God, meant to demonstrate that same agape style love here on earth. As we consider how to take action on behalf of little ones in need, we must hold in our hearts Mulugeta's question: "...if these were my children...?"



Mother and Child Reunion

As children were reunited with family members once believed to be lost or dead, they began to understand the value of what they had been missing. It was not an easy transition and it required support staff and correct timing, but it was a necessary step toward a healthy and whole life.



The call to action: Lessons learned

How churches are making a difference for orphans and vulnerable children in Africa

Editor's Note: This essay is based on a workshop that was presented as part of the Barbara Chafin Lectureship at The Next Big Idea, a conference for church leaders held at Baylor University in February 2009. It builds on the theme of this special issue of the journal, yet gives more practical examples and insights of what these themes might mean for your congregation.

Lynne Hybels
Advocate for Global Engagement,
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Kerry Olson
Chair, Faith to Action Initiative



She is approximately 5 years old. She lost both her parents to AIDS and had not been given a name, so the staff at the Day Care Center call her Pinky because of the little pink cap she often wears. Sometimes Pinky stays in neighborhood homes, but she spends most of her time hiding in a cracked drain in nearby bushes. A guardian family awaits Pinky but she runs away whenever social workers approach her, as she does not trust adults. "Please pray," writes our African friend, "that Pinky will soon be with the loving family God has provided for her."

In sub-Saharan Africa, more than 40 million children are orphaned, having lost one or both parents due to disease, HIV/AIDS, war, and other causes. More than 80% of the children orphaned by HIV/AIDS globally live in sub-Saharan Africa, where more than half the population is living on the equivalent of \$1 (U.S.) a day. For every child that has been orphaned, many more are made vulnerable as increasing numbers of parents become ill and suffer

the loss of resources needed to feed, clothe, shelter and pay school fees for the children in their care.

The vast majority of children orphaned and made vulnerable by HIV/AIDS and other causes remain in family care—where children grow best. These children are living with their surviving parent, grandparents, extended family and friends in the community—like the family waiting to care for Pinky. Unfortunately, many of these families are living in extreme poverty, struggling to provide for the most basic of necessities.

BIBLICAL MANDATE

For Christians, the biblical mandate to actively respond to the needs of the poor, the orphaned, the widowed is clear. In recent years, there has been a surge of goodwill and interest on the part of U.S. churches seeking to address the “orphan crisis” in Africa. What is not always clear is how to respond in ways that best meet the needs of children.

Biblical example, modern-day policy and research, and just plain common sense are all in alignment on the critical importance of the love and care of family in the life of a child. Therefore, the best intervention on behalf of orphans and vulnerable children is intervention that supports the efforts of guardian families. Orphanages may sometimes be needed, as when children are abandoned, abused, and without family members or friends who can take them in. However, these placements should be a temporary transition to more stable family care whenever possible. Strengthening family and community care remains the best way to meet the needs of children. The challenge for Christians is how to support this “best practice,” especially from a distance and when building orphanages has historically been the most common overseas response. How does a church based in the United States, for example, build an orphan care ministry in Africa true to the principle of family-based care?

The good news is there are many resources from which to draw. For the more academically inclined or evidence-driven, there is a long and steadily growing body of research demonstrating the importance of family and the limitations of long-term institutional care with respect to children’s overall development, social skills, and prospects for independent life as adults. There is also the field experience of well-established non-governmental organizations that can serve as guides or as intermediaries to those who want to get involved.

Perhaps most important of all are the thousands of African faith-based initiatives that are directly serving orphans and vulnerable children in their communities. Often led by local churches, these initiatives are more sustainable and effective than those started from the outside, because they are community owned and community driven. These initiatives mobilize local resources to address local problems, bringing church members and neighbors together to help build the family and community response to meet the needs of children.

RIGHT MOTIVES, POOR RESULTS

The Willow Creek Association found that churches that had not previously responded to the needs of African orphans and vulnerable children, but were motivated to respond, most often wanted to start with one of the four ideas listed below. Although each of these ideas flows from right motives, they each have a high potential for going wrong.

1) Many leaders want to help fund an orphanage. As mentioned previously, this has traditionally been the option of choice. Donors like to fund something that is concrete, definable, measurable, visible, and provides them a place to visit: hence, a building. When good-hearted people hear about the extraordinary need in Africa, it’s not uncommon for them to want to do something big and dramatic. What would make better sense, therefore, than a large

orphanage where hundreds of children can be lovingly cared for? But in reality, orphanages are contrary to traditional African culture, they're far more expensive than family-centered care, and as mentioned earlier, they are not the best option for the developmental needs of children.

2) Many want to send short-term serving teams. The desire to offer one's time, money, and compassion to people in desperate need is, of course, admirable. In the context of an ongoing global partnership, in which there is a long-term strategy, honest communication and authentic relationships, serving teams can be mutually beneficial, transforming the church and community on the field as well as the people who cross oceans and cultures in order to serve. However, without that context of ongoing partnership, sending large groups of people who want to "help the poor people" or "take care of orphans" is often far more beneficial for the people "serving" than for the people "served." It may provide a useful vision trip for Americans, but all too often it hinders more than it helps local ministries.

3) Church mission groups want to send missionaries to the affected areas. Often this is the only paradigm of global engagement they know. So, they raise financial support to transplant a young American family to a faraway village where they will have to spend five years learning the language, building relationships, and trying to understand the culture well enough to even begin constructive engagement. All the while, there are local church leaders or local faith-based NGOs that are doing the best they can with very limited resources. Had the American church invested those five years in identifying and serving local leaders who already knew the language, culture, needs and potential solutions, the community would probably have been far better served. Although there are some situations where there are no local churches or faith-based options, that is not

the case in most areas of Africa.

4) They want to build schools or medical clinics, dig wells, or fund other projects to help under-resourced communities. If the proposed project truly is locally conceived and embraced, this may be a great option. However, the history of foreign investment in Africa is littered with sad stories that violate that principle. Consider just three examples.

- It is well known that inexpensive bed nets can radically decrease malaria infections, so celebrities have raised millions of dollars to provide thousands of bed nets. But many of the nets sit in storage, unused, because it's a lot easier to fund them than it is to get them into the rural villages where they're so desperately needed. A big idea is useless unless it's paired with a trusted, on-the-ground distribution system.

- As they become increasingly aware of the unnecessary tragedy of water-borne diseases, well-meaning people and organizations are funding sophisticated wells in thousands of poor villages. But five years later the wells are unusable because the people who built them are long gone and nobody in the village knows how to maintain them. Pure water systems are vital; thank God for the many Christian organizations designing and funding water systems appropriate to local needs. But unless a water project is embraced, constructed, and maintained locally, it will probably not provide a long-term solution.

- A state-of-the-art school is built to bring education to an isolated community. Nobody bothered to find out that what was really needed was adequate housing for teachers. Now the community has a lovely school, but they still can't lure a teacher to their town.

Stories like this are more the rule than the exception. They highlight the first three rules of cross-cultural engagement: Listen. Listen. Listen.

Obviously, good intentions are not enough; we must proceed slowly, carefully

and wisely, honoring proven principles of cross-cultural partnership. On the other hand, we can't forget the urgency of the situation. When Willow Creek Community Church became intentional about getting involved with the AIDS pandemic in Africa, staff and volunteers attended a conference to explore various avenues of engagement. At the conference a Ugandan woman said, "I think it's great that you leaders are so committed to learning, understanding, and doing the right thing. But all the time you're talking and planning, our people are dying." Conference attendees needed that jolt of reality to move from talking to action.

CHURCH ENGAGEMENT

Here are four suggestions for church engagement:

1) Plan and work toward a one-time fundraiser. October and November are perfect months to focus a congregation's attention on orphan care and other issues related to AIDS, culminating in a special offering the first weekend of December (World AIDS Day is December 1). Several years ago a dozen churches in a small Michigan community decided to try to raise \$1 million to support several creditable organizations caring for widows and orphans in Africa. Throughout the fall, each church used the same educational components, including videos and Biblical teaching, then they came together for a joint service to take the special offering. Even though they didn't hit their dollar mark, they did raise hundreds of thousands of dollars to pour into life-saving action on the front lines of the battle in Africa. Most of these Michigan churches are in the midst of working out their long-term strategy for engagement in Africa, but this one-time fund-raiser gave them the opportunity to

raise awareness in their congregations and also to begin making a difference in Africa, while they develop their long-range strategy.

2) Build on existing global relationships. A small Canadian church had a long-term relationship with a Christian school in Uganda. When church leaders became con-



victed that they needed to respond more aggressively to the AIDS pandemic, they met with their trusted friends at the Ugandan school and discovered that school leaders had many ideas for ministering to orphans in the community; in fact, they had already begun doing so, but they lacked the funding to expand their work. As the Canadian church leaders and the local school leaders began to work together, they were able to coalesce a broad network of local services for children and families in that community. Because the Canadians built on a relationship they already had, where there was a high level of trust and communication, they were able to move forward far more quickly than if they had started out with a new partner. Most churches do have some kind of global partnerships. Before pursuing new partnerships, it may be wise to investigate the potential for expanding or reshaping existing relationships to address the local needs of vulnerable children.

3) Establish a long-term, church-wide

partnership with a trusted NGO. Some years ago the pastor of a large church on the east coast attended a meeting sponsored by World Vision. This pastor's heart was broken by the stories he heard about the plight of children in countries hard-hit by AIDS. As a result he began teaching his congregation about God's heart of compassion for vulnerable children and challenged individuals to become the hands and feet of Christ. Today his congregation sponsors thousands of children in one African community where World Vision guarantees food, medical care, education and hope for orphaned and vulnerable children and the families that care for them.

As part of their long-term investment in this community, church staff and lay leaders periodically visit the village, offering friendship, prayer, and practical help to local World Vision staff and community leaders. Because the entire local church is focused on one geographical region, everyone in the church, from grade school kids to seniors, knows about "our kids in our village." This global partnership has become a central part of the ethos of a church that had previously been focused almost entirely on the needs of its own congregation.

4) Develop direct local church partnerships. When Willow Creek Community Church felt compelled by God to address the AIDS crisis in Africa, an ad hoc committee of volunteers joined together to read, study, attend conferences, meet with HIV/AIDS experts, and visit African churches and local NGOs focused on HIV/AIDS response. The study group discovered that HIV/AIDS is a complex issue requiring a multifaceted response, including:

- Care for the sick with support groups, medication, and home-based care.
- Support for orphans, widows, and

families — food programs, educational support, job training.

- Prevention — testing, counseling, youth programs, life skills education.
- General community development — to alleviate poverty and disease.

Members of the study group were overwhelmed by the complexity and scope of the need, but they also were awed and humbled by the amazing ministries of heroic African churches that were actively engaged in the various necessary interventions listed above. These African church leaders and volunteers were doing wonderful work, but against such great odds. In too many cases it was the poor

caring for the desperately poor, the sick caring for the dying. The cultural understanding, the willingness, the faith, and the hard work were already there; what was needed was encouragement, prayer support, and additional funding. So Willow (willowcreek.org/global) began partnering with some of these local church leaders in South Africa and Zambia. Later, as Willow's relationships in Africa grew, they began partnering in Angola, Malawi, and most recently in Ethiopia.

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PARTNERING, NOT ORIGINATING

Willow Creek doesn't start new programs in any of those countries. They identify local churches or networks of churches with strong leaders who have already taken the initiative to begin serving holistically in their community. In the context of an ongoing relationship, leaders from the local African church and from Willow work together to strengthen and expand the work of the local ministry.

In South Africa, Willow partners directly with more than 20 individual churches. Each church ministry looks different, based on the specific needs of the community as well as on the gifts and passion God has

placed in members of the congregation. One church, with many medical personnel in its membership, started a hospice; with loving care, many of these patients “who had been given up on” become well enough to receive ARV medications and return home to care for their children. Another church, started by a former youth pastor, provides youth clubs and character-based life skills training to help vulnerable kids make healthy, safe life choices. A church started by a pastor whose sister died of AIDS offers HIV testing right in the church building and challenges everyone in the community to find out their status, so they can receive the support and medications they need.

In Malawi, World Relief provided Willow Creek with a connection to hundreds of churches in the poorest region of the country. This partnership started with a child survival program that trains volunteers in local churches who in turn offer mothers in rural areas basic training in child health. As the relationship developed, local leaders expressed the need for new wells, care for patients with HIV/AIDS, and Bibles and other resources for local pastors. The needs expressed by local leaders continue to shape the partnership.

In a poor, rural village in Zambia, 22 local churches, crossing all denominations, joined together to care for more than 1,000 orphans in their community. Through partnership with Willow, these churches not only subsidize guardian families, but also teach sustainable farming techniques, establish income-generating projects, help train local school teachers, and have established a local medical clinic.

Walking with local leaders like these, who are serving faithfully on the front lines of the battle against extreme poverty and disease, is heart-wrenching, inspiring, and humbling. We have learned above all to become constant learners, continually seeking a deeper understanding of the context in which we hope to partner. Learning from the experiences of other U.S. churches,

groups and NGOs is essential, but it is also crucial to connect directly with the field. Go on a learning tour. Identify local resource people. LISTEN.

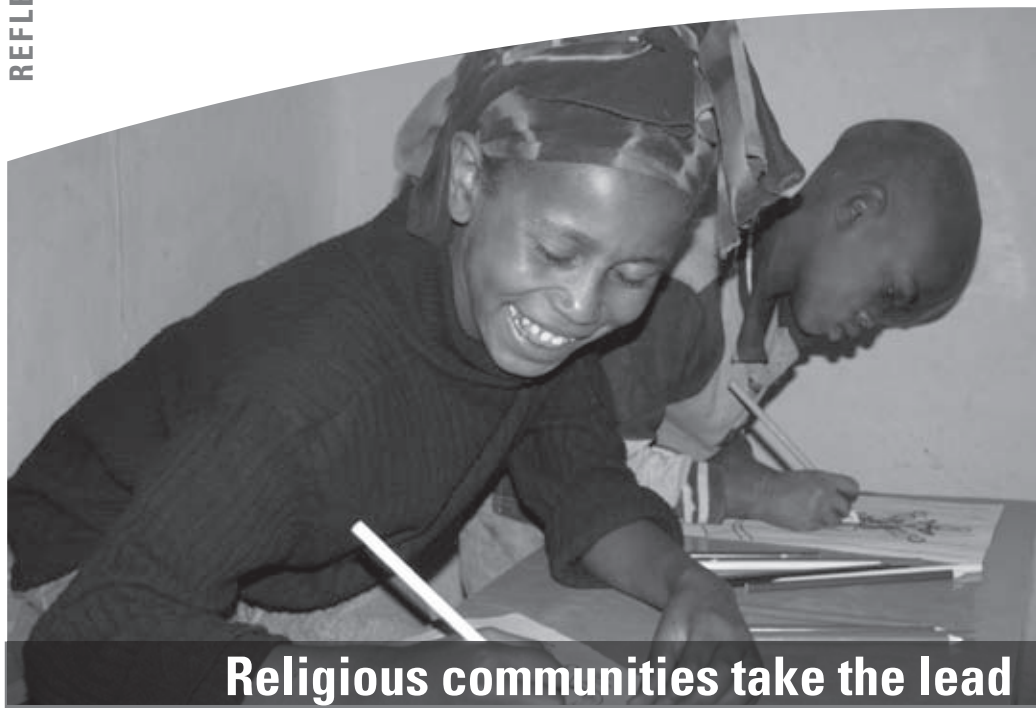
The second major lesson we have learned is to respect local leadership. The most sustainable responses are those that have a high level of community participation and ownership. Be responsive to local priorities and needs. Start small, build over time. Be sensitive to the absorptive capacity of the on-the-field partner: offering too much too fast can undermine local efforts. LOCAL LEADERS must lead the way.

The third major lesson we have learned is that a true partnership is built on healthy relationships. Honest, but respectful conversation. And for those whose faith drives their action, partnership in prayer. If you find yourself more concerned about fulfilling your agenda than discerning the God-given DREAMS OF YOUR PARTNER, then you may not be ready to walk alongside one of God’s heroes on the field. Ask for God to humble you and to open your heart and mind fully to the work God is doing around the world on behalf of his children.

There are many ways to make a lasting difference for children orphaned and made vulnerable by HIV/AIDS and poverty. As Christians our action is most powerful when it is grounded in deep faith in a loving God, fueled by a passion for justice, sustained by a consuming commitment to Christ’s redemptive purposes, and informed by best practice. In this way we can be Jesus’ hands and feet, acting and moving and bringing healing to a wounded world.

RESOURCES

- **Better Care Network** – www.crin.org/bcn/
- **Faith to Action: Strengthening Family and Community Care for Orphans and Vulnerable Children in sub-Saharan Africa** (copies available for download and order from: www.faithbasedcarefororphans.org)



Religious communities take the lead

by Stephen Hanmer, Aaron Greenberg and Ghazal Keshavarzian

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Children constitute a large percentage of the world's poor. There is a strong consensus across most religious traditions about the importance of caring for and supporting them.

Support for children lies at the heart of human progress. Their care and protection serve as a barometer of society's development, well-being, priorities, and values. Religious communities play a key role in responding to poverty and promoting children's health and well-being and are important partners for international organizations such as UNICEF.¹ This essay critically examines some of the opportunities and challenges associated with the role of religious communities supporting children. It provides an overview of child poverty, concrete examples of positive engagement by religious communities to address child poverty, a discussion of a key problematic engagement on behalf of children by religious communities, and some concluding thoughts on how to build on the good work being done, while curbing harmful practices.

POVERTY'S IMPACT ON CHILDREN

Children constitute a large percentage of the world's poor. Poverty is the main underlying cause of millions of preventable child deaths each year and is the cause of tens of millions of children going hungry, missing out on school, or being forced into child labor (UNICEF, 2000).² For children, and girls in particular, poverty means limited access to health care, adequate food, and basic education. It often means

violence, abuse, exploitation, or separation from family without recourse to protection or justice. The consequences of poverty can span generations. Poor children often become poor adults, passing poverty along to the next generation in a vicious cycle that is difficult to break.

Because the foundation of an individual's health and well-being is laid during the first years of life, childhood is the most opportune time to break the cycle of poverty. Investing in children is not only a human rights imperative but also a sound economic decision and one of the surest ways for a country to set its course toward a better future (UNICEF, 2008). Spending on a child's health; nutrition; education; and social, emotional, and cognitive development is an investment in a healthier, more literate, and ultimately, more productive and spiritually strong population.

The Millennium Development Goals (MDGs), a development blueprint agreed to by all the world's countries, reflect the importance of focusing on children, especially girls, to eradicate poverty. The eight MDGs — which range from halving extreme poverty to reducing child mortality and to providing universal primary education — relate directly to children.³

RELIGIOUS COMMUNITIES AS FRONT-LINE ACTORS

There is strong consensus across most religious traditions about the inherent dignity of every human being and the importance of caring for and supporting children.

With their extraordinary moral authority, religious communities are able to change mind-sets and set priorities for their communities. As leaders within their communities, and as the ones who are often the first to respond to problems, they typically have the trust and confidence of individuals and communities.

With almost five billion people belonging to religious communities, their capacity for action is substantial. From the smallest village to the largest city, through districts

and provinces, to national and transnational levels, religious communities offer a large and enduring network for the care and protection of children. In Africa alone, there are an estimated 900,000 religious communities, many of which support vulnerable families and children (Foster, 2006).

The role of religious communities tends to be especially important at the family and community levels, which international organizations and governments are generally less able to reach effectively.

POSITIVE INITIATIVES BY RELIGIOUS COMMUNITIES

Throughout the developing world, religious communities are in the vanguard of promoting actions to ensure that children survive and thrive to adulthood. In clinics and schools; meeting places; youth groups; clubs; and of course temples, churches, mosques, and synagogues, religious communities provide health care for poor families, schooling for vulnerable children, love and support to children and young people affected by AIDS, and skills programs for adolescents. Many of these interventions take place in close collaboration with civil society, governments, and UN agencies such as UNICEF.

Here are a few examples reflecting the diversity of interventions and religious actors:

- During the civil war in El Salvador, the Catholic Church negotiated a cease fire to allow children on both sides of the conflict to be immunized. Similar efforts have been replicated in other conflict-affected countries, such as Sri Lanka and Sudan.
- In Afghanistan, development and humanitarian agencies work closely with religious leaders to promote key programs, including girls' education and child health. Imams regularly promote girls' school enrollment, national immunization days, and other health campaigns through Friday worship across Afghanistan. In areas with limited school and medical facilities, mosques are used as classrooms and immunization centers.
- In the Philippines, the National Coun-

cil of Churches has published Bible-based study guides on children's rights, with numerous parish priests and evangelical ministers integrating child rights into their Sunday homilies.

- Through its Regional Buddhist Leadership Initiative Sangha Metta (compassionate monks), UNICEF has involved a growing number of Buddhist monks, nuns, and lay teachers in the Mekong sub-region and as far away as Bhutan in the Buddhist response to HIV/AIDS prevention and care. What began as a small number of committed monks and nuns has grown into an extensive outreach program. Buddhist leaders are employing ideas and skills they have gained through the initiative to carry out low-cost, sustainable prevention and care activities in their local communities. They have been involved in prevention programs for young people, spiritual counseling, and the support of vulnerable families and children affected by HIV/AIDS.

- In Kenya and Eritrea, development agencies work with religious leaders from different faiths to gain their support and define ways in which they can bring about the abandonment of female circumcision and genital mutilation through sensitization and community mobilization.

- In Egypt, UNICEF and Al-Azhar University (2005) jointly developed a manual, *Children in Islam: Their Care, Protection, and Development*, designed to underscore how these components are central to Islam. The manual includes research papers and extracts of Koranic verses and hadiths, and sunnas that provide useful guidance on children's rights concerning such things as health, education, and protection.

- In Iran, partnerships with academic institutions, including Mofid University in Qom, Kharazmi University, and Imam Sadegh University, have been devoted to research initiatives exploring the commonalities between Islamic religious teachings and the Convention on the Rights of the Child and have produced a training material on HIV/AIDS for religious leaders.

There are also many global health initiatives, such as the push to eradicate polio, that have benefited significantly from social mobilization activities by religious communities. Several years ago in Nigeria, which is one of the last battlegrounds in the fight against polio, unfounded rumors in northern Nigeria about the safety of the oral polio vaccine stopped the immunization campaign, threatening to undermine the entire global eradication effort. Religious leaders were instrumental in addressing and countering the rumors and getting the campaign back on track.

ORPHANAGES: A MIXED ROLE OF RELIGIOUS COMMUNITIES

As illustrated above, religious communities can play a critical role for children affected by poverty. However, despite the best intentions, religious communities also can have a negative impact on children. One particular area where some religious communities have played a mixed role, especially in relation to addressing poverty, is support of orphanages instead of family- and community-based alternatives for children.⁴

Religious communities are among the groups that have played a significant role in the proliferation of orphanages over the last few decades, particularly in sub-Saharan Africa. In 2003, a study by UNICEF and the World Conference of Religions for Peace of 686 faith-based organizations in Uganda, Kenya, Mozambique, Namibia, Malawi, and Swaziland found that institutional responses — supporting orphanages or shelters for street children — constituted nearly 20 percent of their activities for children (Foster, 2006).

Like Africa, Asia has a large network of faith groups, some of which support orphanages. In Vietnam, for example, Buddhist nuns play an active role in running orphanages (Foster, 2006). A study found that more than 14,575 Vietnamese children (or 11.5% of the total child population without parental care) are residing in several types of institutions in Vietnam. Children in orphanages come from a wide range of backgrounds; lack of family is

rarely the primary reason for admission. Children in orphanages may be street children; children in conflict with the law; or children and adolescents who use or have been using drugs, have been involved in sex work, have been trafficked, or have lost a caretaker (Wijngaarden, 2007).

Religious communities in wealthier countries play an important role in funding orphanages in developing countries. For example, a recent assessment of orphanages by the Malawi Human Rights Commission, following complaints from local communities across the country, found that 70% of orphanages received funding from abroad. The misunderstanding of the word orphan, as explained below, might partially explain why faith-based groups in affluent countries send money for orphanages. Orphanages also present an easy way to “see where the money goes” and, if groups are inclined, to indoctrinate children in a particular faith.

Religious communities, among other proponents of orphanages, have been slow to accept what has become a standard, research-based position among development groups — including the UN, civil society, and governments — that supported and protective family care is the best environment for child development and should be the driving focus of any child-care initiative.

Research shows that family-based care promotes better physical health, stimulation, socialization, and cognitive and intellectual development. As compared with family-based care, orphanages perform much worse on key indicators, negatively impacting the educa-

tional, physical, and social development and well-being of children—especially the youngest (Zeanah, Smyke, Koga, & Carlson, 2005).⁵ Orphanages also tend to be more expensive than family-based alternatives.⁶

Religious communities, including those in wealthy countries that support initiatives to build and operate orphanages, are sometimes unaware that only a small fraction of the children living in orphanages have lost both parents, which is the common understanding of what it means to be an orphan. International development organizations, including UNICEF, use the term orphan to describe a child who has lost one or both parents. By this definition there are more than 132 million “orphans” in the world today, the vast majority of whom are living with their mother or father.



Organizations and individuals (including faith-based groups) might misinterpret these international statistics, concluding that 132 million children are in need of families and homes and that orphanages are an appropriate response to the “orphan crisis.” In fact, the opposite is true. Only a small fraction of children living in orphanages fall into the category of “orphans” that looms so large in the public imagination. The vast majority of children in orphanages — in some cases more than 80%

— have at least one surviving parent; many of these children do not need to be there.

Research has shown that poverty, not the absence of family, is the most common reason for placing children in orphanages. For example, 70% of children in orphanages in Afghanistan were placed because of the loss of a father, although the children still had a mother (the loss of the father generally leads to increased household poverty) (Westwater, 2004). In the poorest communities — where families suffer from chronic hunger, lack of access to basic services, discrimination, and severe health problems, including HIV and AIDS — orphanages are, for the most part, responding to poverty and lack of services, not lack of family.

There are, of course, instances where families are not safe for children. When some form of non-family-based care is necessary (e.g., when older children prefer this option or, in exceptional situations, when there is truly no other option that is in the best interests of the child), residential care should be considered as a last, and temporary, resort and should be integrated with the surrounding community and as family-like as possible.⁷

WORKING TO SUPPORT FAMILY- AND COMMUNITY-BASED ALTERNATIVES

Recognizing the role of faith in Africa and the need to highlight positive ways religious communities can help to alleviate poverty, more than 20 international organizations and faith groups from around the world have developed a guide for religious communities seeking to contribute their resources to support the needs of vulnerable children. The guide, *From Faith to Action: Strengthening Family and Community Care for Orphans and Vulnerable Children in Sub-Saharan Africa* (Olson, Knight, & Foster, 2006), outlines the many ways religious communities can effectively support communities in sub-Saharan Africa to ensure that children remain in family care and, where necessary, implement family- and community-based care interventions.

From Faith to Action recognizes that residential care is sometimes needed as a temporary response or as a last resort for vulnerable children without proper care. The report highlights, for example, the Botshabelo Babies Home in South Africa. Botshabelo was established by the Covenant Life Church to provide services to the poor. Botshabelo operates a children's home for orphaned and abandoned children, many of whom are HIV-positive. The home works toward reuniting children with their families or finding foster families. Rooted in community-based programming, the home has integrated community members to volunteer their time and resources. The project successfully gives immediate care while providing each child with a family and support.

Given the important influence of religious communities and the focus on compassion and understanding in religious teachings, religious communities have the capacity and authority to raise awareness of the importance of keeping children in family care and to promote family-based alternatives when biological families are not willing or able to provide care. Dialogue on family-based alternatives to orphanages is critical to ensure that religious communities have the full range of support and can link with community-based prevention efforts. Technical know-how on how to set up a good foster-care system and ways to effectively promote local adoption is also important.

CONCLUSION

As this essay has demonstrated, religious communities can play a key role for children. Through their vast networks and reach, they are at the forefront in responding to poverty and promoting children's well-being and are critical partners for civil society, governments, and UN agencies. At the same time, even with the best of intentions, religious communities can also have a negative impact on children. It is essential for organizations such as UNICEF to work with religious communities to increase their access to good practice

and evidence-based approaches to support children effectively. The key is to harness one another's strengths to a common vision for supporting children. Such a common vision and partnership can lead to significant results for children, whether related to health care, education, or support for vulnerable children.

NOTES

1. In this essay, religious communities refers to all forms of faith-based actors (e.g., religious leaders, faith-based organizations, religious scholars, etc.). This essay takes a holistic approach to health to reflect the World Health Organization's definition for health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

2. A few statistics (UNICEF, *The State of the World's Children 2009: Maternal and Newborn Health* [2009]):

- Every day more than 25,000 children under 5 die. Most of the 9.2 million children under the age of 5 who die every year are dying from preventable causes like diarrhea, pneumonia, and malaria.
 - Some 148 million children under age 5 in the developing world are underweight for their age.
 - Some 101 million children of primary school age are not in school.
 - More than half a million women still die each year from preventable and treatable complications of pregnancy or childbirth.
3. The eight MDGs focus on poverty and hunger, education, gender equality, child mortality, maternal health, disease, environment, and global partnership for development. For more information go to <http://www.unicef.org/mdg/index.html>.
4. The word "orphanage" is used to describe any non-family-based care situation that acts as a short- or long-term placement option for vulnerable children. Other similar

terms include residential care, institutional care, or group care. Residential care is the preferred term for the type of out-of-home care that conforms to good practice — that is, small, linked with the surrounding community, and situated within a broader child-care system that includes family support services, foster care, and other alternative care options.

5. One study on orphanages in Europe, for example, found that young children (newborn to 3 years old) placed in orphanages were at risk of harm in terms of attachment disorder, developmental delay (i.e., reaching developmental milestones and achieving gross and

fine motor skills), and neural atrophy in the developing brain. See EU Daphne Programme 2002–3, "Mapping the Number and Characteristics of Children under Three in Institutions across Europe at Risk of Harm" (Copenhagen: World Health Organization, 2004).

6. In central and eastern Europe and the former Soviet Union, for example, orphanage care is twice as expensive as the priciest alternative (small group homes), three to five times more expensive than foster care, and approximately eight times more costly than providing family and community support services to vulnerable families (Save the Children UK, Protection Fact Sheet: The Need for Family and Community-Based Alternatives to Children's Homes). According to the World Bank, the annual cost for one child in residential care in the Kagera region of Tanzania is more than \$1,000 (US), almost six times the cost of supporting a child in a foster home (Mead Over, and Martha Ainsworth, World Bank, "Coping with the Impact of AIDS," in *Confronting AIDS: Public Priorities in a Global Epidemic* [New York: Oxford University Press, 1997, p. 221, and personal communication with Mead Over.) The text actually reports that institutional care was 10 times as expensive as foster care, but a subsequent review of the data

The key is to harness one another's strengths to a common vision for supporting children.

indicated that the ratio was closer to six to one.

7. Out-of-home care is a complex issue; however, the vast majority of experts agree that: (1) residential care must be a small part of a range of alternatives and function within a broader child-care system, (2) good gate keeping is needed to ensure that children do not come into residential care unnecessarily, and (3) all other options — family reunification, safe placement with kin, foster care — should be explored before placing a child in residential care and on a regular basis after the child is admitted.

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Liberation and Healing

Jean Vanier

To have a mission means to give life, to heal, and to liberate.... And we can become people of liberation and of healing because we ourselves are walking along that road toward inner healing and inner liberation. Healing begins here, in myself.

Flight to Egypt



Almighty God, you whose own Son
had to face the evil plans of King Herod
and seek refuge in a strange land,
we bring before you the needs of the many refugees
throughout the world, particularly those in Africa.
We pray for those personally known to us
whom we now name before you ...
(South Africa)

Books and resources

Everything Must Change, by Brian D. McLaren

Thomas Nelson (2007).

ISBN-13:9780849901836, 256 pp.

In the first five pages of *Everything Must Change*, Brian McLaren makes the claim that there are four deep dysfunctions that are determining the shape of the current world. The prosperity crisis, equity crisis, security crisis and spirituality crisis are at the core of all of the global crises that grip our planet at this historical juncture.

With the patience of someone who truly wants to engage believers and not browbeat enemies, *Everything Must Change* is a fabulous manual for those who wonder what they – as believers in Christ – can possibly do about genocide, climate control, famine or any other of the topics that dance across the front pages of newspapers, but are rarely addressed from pulpits.

Like all of his books, McLaren writes for those persons who do not agree with him or do not see the world as he does. He writes as the pastor and teacher that he is, and one can imagine him wanting to sit across the table from the reader and engage him or her in passionate discussion about these complex issues. These are the kinds of problems that require unpacking, gentleness and finesse, and McLaren brings all that to this book.

Everything Must Change contains nothing surprising for those who are followers and fans of McLaren, but it is well worth the read anyway. Allow him to teach you how to wrestle with the complex issues that face humanity through the lens of the Kingdom. You will not be disappointed.

Reviewed by Kristin Nielsen,



Mountains Beyond Mountains, by Tracy Kidder

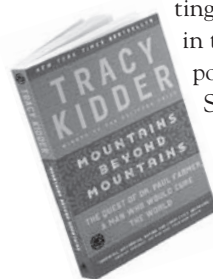
Random House Inc. (2004).

ISBN-13:9780812973013, 352 pp.

When I picked up Tracy Kidder's *Mountains Beyond Mountains*, I was unsure of what to expect. The back cover told me that it was the story of Dr. Paul Farmer, his organization Partners in Health, and his quest to heal the world. While it is certainly that, it is also a beautifully woven call to worship and service for those who live in the developed world.

The book is both convicting and inspiring, and I have yet to meet a person who was not changed by reading it.

Farmer is a Harvard-educated physician who spent his medical school years flying back and forth between Cambridge and Haiti, setting up a world-class free clinic in the Central Plateau of that poverty-ravaged country.



Since those years, Farmer has been active in restoring health to persons in nearly a dozen countries and has recruited thousands of doctors and laypersons to the cause.

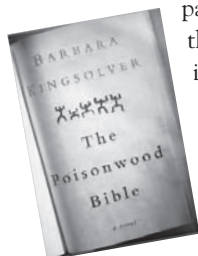
Though Farmer himself does not publicly claim a faith system, he has built his life upon his understandings of the teachings of Christ. Using a Latin American theologian as his guide, Farmer lives his life with a “preferential option for the poor” that he believes all of humanity should have. For persons who are wondering what it could mean to serve “the least of these,” *Mountains Beyond Mountains* contains the story and soul of a man who has spent his life doing just that.

— Kristen Nielsen

The Poisonwood Bible, by Barbara Kingsolver

HarperCollins Publishers (1998).

ISBN-13:9780060175405, 560 pp.



Barbara Kingsolver's *The Poisonwood Bible* is many things; a sobering exploration of missionary families; a cautionary tale of cultural colonialism; and an overture of love to the people of Africa,

particularly the Congolese. At the heart of the book, however, is the story of a family that finds they cannot cling to what was when they are now faced with what is.

Set against the backdrop of the Congo in the early 1960s, the female members of the Price family serve as the narrators throughout this novel that tells the story of their move from Georgia to serve as Baptist missionaries in this large sub-Saharan African nation. The fire-and-brimstone preaching patriarch, Nathan, throws himself into the task of converting those around him, leaving his wife and four daughters to their own devices. Each woman reacts to her surroundings in unique ways and each is marked by Nathan's mission and the village's reaction to it. As both Nathan's mission and the country itself begin to unravel, the women are forced to find their own paths toward righteousness.

As one character remarks in the closing chapters, "We all write our own versions of our cultural scriptures – we each write our own poisonwood Bibles." The question that is therefore posed to us, as participants in the Kingdom, is how do we present the life-altering gospel of Christ in ways that are culturally sensitive for the receivers and not dependent on the culture of the givers?

Although one hopes that true-life stories like the one fictionalized in *Poisonwood Bible* are rare, history suggests otherwise. The history of the Kingdom on earth is littered with well-intentioned persons who actually did more harm to their surroundings than good. By holding a mirror up to such practices, *Poisonwood Bible* can serve as a cautionary tale to those who believe that their presentation of truth is the only valid one. The gospel of Christ deserves to be heard without conditions or baggage. *Poisonwood Bible's* explorations of these themes, and many others, deserve our attention as we seek faithfully to love our neighbors abroad. — Kristen Nielsen

There is No Me Without You, by Melissa Fay Greene

St. Martin's Press (2006).

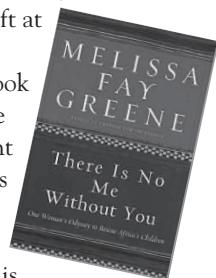
ISBN-13:9781596911161, 480 pp.

"A book that reads like the AIDS pandemic itself." — Book list Review

Melissa Fay Greene is an adoptive mother to two Ethiopian children. She writes succinctly and compellingly about the progression of AIDS in Ethiopia using Heregewoin Teferra's life and story to illustrate the power of personal and individual intervention by faithful and fearless Africans.

Teferra, who lost her children to AIDS, began taking in orphaned and abandoned children well before HIV and AIDS were well understood. She effectively transformed herself from a nice, clean, safe neighbor lady into an outcast in her own society in order to save the lives of children left at her doorstep.

Greene takes a close look at a topic that appears to be at the fringe of an important social event and illuminates the entire subject while keeping the urgency of the greater crisis before us in this moving, impassioned narrative.



The middle-aged heroine, Teferra, is "just an average person with a little more heart." The vignettes of loss, secrecy, panic, stigma and, sometimes, hope demonstrate the complexity surrounding issues of biological family bonds, international adoption, stigma, orphanage care, multinational drug companies, and poverty. Greene is talented at weaving together these stories with a clear description of the science of epidemiology and transmission for the average reader.

Heregewoin Teferra passed away recently. This story is her legacy and essential reading for anyone interested in working with children and their communities in sub-Saharan Africa.

A commitment to care, regardless

Joe Bridges
UNICEF Partnerships Manager

Working and living within the confines of Ethiopia's impoverished reality, I have had to clarify what I believe is important about families. You see, as an American I know that extreme poverty can disqualify parents as fit guardians, requiring them to send their children into government care. Now, as an American living in Ethiopia and working to keep children in families, I have had to wrestle with this viewpoint, because most of these children's guardians are extremely poor – some poorer than I ever imagined possible. So, do I disqualify these guardians based on their income level? If I did, there would be about 100 children without guardians just from the non-governmental organization (NGO) I work with alone. To illustrate this point, let me tell you about Hanna and Sarah.

Hanna, 11, and Sarah, 6, are sisters who come to Children's Home Ethiopia's Drop-In Center. What's unique about Hanna and Sarah is that they have both a father and a mother who are together (this is usually not the case for CHE's beneficiaries). Even more uncommon is that they live with these parents rather than on the streets.

I was able to visit Hanna and Sarah's home a while ago. I sat under a plastic canopy directly across from the entrance to their home – a plastic house that is about 4 feet tall and covers approximately 6 square feet of space. The smells of what I believe came from rotting food and nearby public toilets were nauseating. With flies swarming around us, the girls sat right beside me in delight as their father explained their family's history. Amidst the stories of living on the streets, fighting with police over places to reside, and other unbelievable events, I heard one thing that gave me hope for the girls – Hanna and Sarah's parents had been together for more than 12 years and all three of their children (Hanna and Sarah have an older brother) lived at home, albeit a plastic one.

Of course, there is much more research and work to be done with Hanna and Sarah's family, but will CHE take the girls away because of poverty? No, rather we will pray and work to keep this family intact as it has been for more than 12 years and also look to provide solutions for their economic crisis.

In America I am quite sure that Hanna and Sarah would have been pulled out of their home after such a visit, but in Ethiopia this is not an option. So, does this change what is important about a family in my mind? I think it has to because of where I live and the kind of work I do here. For me, what is important and necessary for a family is a commitment to care for one another even in the midst of difficult situations, a willingness to do whatever it takes to stay together in the most trying times, and a decision by the parental figures to love their children no matter what. At this point, it appears that Hanna and Sarah's family is well qualified.

CONTRIBUTORS

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Wanda Lott Collins is associate professor at Kent School of Social Work, University of Louisville, in Louisville, KY. She received her master's of science degree in social work from the University of Louisville and her PhD from the University of Tennessee-Knoxville. An ordained minister, she also is a member of the Academy of Certified Social Workers.

Diana R. Garland is dean of the School of Social Work at Baylor University and the founding director of the Center for Family and Community Ministries. She is the senior editor of the *Journal of Family and Community Ministries*. She is the author of *Family Ministry: A Comprehensive Guide* (InterVarsity Press) and *Sacred Stories of Ordinary Families* (Jossey Bass). She and husband, David Garland, co-authored *Flawed Families of the Bible* (Brazos Press, 2007).

Emmanuel Katongole and Chris Rice are the founding co-directors of the Center for Reconciliation at Duke Divinity School and the authors of *Reconciling All Things*.

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Tri Robinson is the founding pastor of the Vineyard Boise Church in Boise, Idaho, a growing fellowship of more than 2,500. He has served on the national board for the Association of Vineyard Churches USA and as a regional overseer for more than 100 churches. Tri and his wife, Nancy, live in Sweet, Idaho.

Michael E. Sherr is assistant professor of social work in the School of Social Work at Baylor University. He has published extensively on topics that include integration of faith in social work education and practice, volunteerism, gerontology, Afrocentrism, and rural social work. He is the author of *Social Work with Volunteers* (Lyceum Books Inc., 2007) and assistant editor for *Social Work and Christianity*.

Sterling Severns is entering his fifth year as pastor of Tabernacle Baptist Church, a re-emerging congregation in Richmond, Virginia's historic Fan District. The congregation will spend the next five years focusing on the prevention of poverty in their city. The plan centers on Refugee Resettlement Ministry, a potential food cooperative, youth mentoring, and the reshaping of their child development center. Sterling and his wife, Laura, are the proud parents of three children, Wade (6), Brynne (5), and Cole (2).

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Diane Walker is the former director of communications for the Episcopal Diocese of Olympia in Seattle. Her photographs and meditations reflect her years of study under Cynthia Bourgeault and emerge out of her daily practice of centering prayer and *lectio divina*. <http://picasaweb.google.com/woodenhue> or visit her blog at contemplativephotography.com.

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Nothing to joke about

Vicki M. Kabat
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*If no place else in society
is safe from the modern
sexual onslaught...then the
church absolutely must be.*

We were standing in the church hallway making conversation – the male pastor, a mother and her teenage daughter and myself. Like any of the hundreds of such visits that occur on any given Sunday, we were just talking about the events of our week.

The mother made a comment about a necklace her daughter had received that she was wearing that day. And the pastor joked, “I’d like to hang around your daughter’s neck like that.”

The mother and daughter laughed nervously and changed the topic.

No big deal? A little joke?

No. Sexual harassment.

Wanda Lott Collins in her research article on page 10, “Silent Sufferers,” tells us that the main reason sexual misconduct occurs in churches is lack of education and awareness. *That*, we can do something about, and we must.

Like the mother and daughter in the above conversation, most of us in the church don’t really know what sexual misconduct is or what to do about it. We err on the side of caution, not wanting to make a mountain out of a molehill. We trust our clergy so completely that we distrust our own “red flag” reactions. We give our pastors the benefit of the doubt, we forgive and we forget.

Clergy, as with any other member of society, should be held accountable. In the business world, classes on sexual harassment are required for every employee. Why? I’d like to think it’s because of a high moral obligation, but more likely it’s because of the threat of litigation. Is that what we need in the church – the threat of litigation – before we take measures to assure that every individual is treated with respect, dignity and Christian love?

What if it *was* meant as an off-hand comment, or even a feeble effort at humor? That doesn’t change the fact that it was inappropriate. Left unchallenged it feeds a culture of disrespect and objectification of women that is ethically abhorrent and spiritually shameful.

If no place else in society is safe from the modern sexual onslaught, sometimes not even one’s home, then the church absolutely must be. But it isn’t, and we need to accept that we too often are complicit in the normalizing of inappropriate sexual behavior.

What did I do when the pastor made that comment about my friend’s teen daughter? Nothing. I moved quickly by the awkward moment. But I can’t forget it. Nor should I. I pray that the next time it happens – and it will – that I speak up. I pray you do, too.