VID SPECIALIZED UNIVERSITY

MISJONSHØGSKOLEN

HIV AND AIDS VICTIMS EXPERIENCES WITH THE PROJECT "ALL AGAINST AIDS", A DIACONAL WORK OF THE EVANGELICAL LUTHERAN CHURCH OF CAMEROON

MASTER'S THESIS IN THEOLOGY

MTHEOL-342

BY

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STAVANGER

JUNE 2016

Dedicatory

I dedicate this work to my wife and my children

for their continuous support

In memory of my late parents

ACKNOWLEDGEMENTS

Let me first thank the Almighty God for giving me the strength and health in carrying out this research. Second, my gratitude goes to my tutor Terese Bue Kessel for her constant support for this study. Third, I thank the NMS, Lånekassen and the direction of VID/MHS and the professors for their endless advises during my training. Finally, I thank my lovely wife and all my children for their encouragements, their prayers, and for what they suffered during my absence. Thank you to the Evangelical Lutheran Church of Cameroon, all the colleagues of the Lutheran Institute of Meiganga. In addition, my respondents, who willingly shared their stories while on fieldwork, must be recognized.

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ABREVIATIONS

AGI Activities Generating Income

AGRs Activités Génératrices de Revenus (AGI in French)

AIDS Acquired Immunodeficiency Syndrome

ART Antiretroviral therapy

DHS-MICS The Demographic and Health Survey (DHS) and Multiple Indicators Cluster Surveys (MICS)

ELCA Evangelical Lutheran Church in America

EELC/ELCC Evangelical Lutheran Church of Cameroon

HIV Human Immunodeficiency Virus

LWF Lutheran World Federation

MDGs The Millennium Development Goals

NGOs Non-government organizations

NMS Norwegian Mission Society

PLWHA People Living with HIV and AIDS

SIK Senter kommunikasjon Verser Interkulturell (Centre de Communication Interculturelle)

US United States (of America)

Chapter One

INTRODUCTION

The Sub-Saharan Africa is known for having a high prevalence of HIV and AIDS. Cameroon, as one of the countries in this region, it is not exempted by this harsh and sad reality. In fact, victims of HIV and AIDS in the geographical area where the Evangelical Lutheran Church of Cameroon (EELC 1996, 17) is located, suffer from losses in a variety of fields. They suffer stigmatization and discrimination. With the rapidly increasing number of patients, the situation becomes worse day by day. Despite the work and support of the church in health institutions, such as by the Project "ALL AGAINST AIDS", and the willingness to do more, the appreciation of the patients varies from one person to another. This is with regard to the daily lives of patients suffering from HIV and AIDS. In this study they will be referred to as People Living with HIV and AIDS (PLWHA). They may also be called People Living with SIDA [1] (PLS). I will use both terms in this work.

Moreover, with the expansion of the disease in South-Saharan Africa by 1987[2], the HIV virus has brought related problems. It continues to spread suffering, death and devastation within families. And, this destruction is visible in all spheres of life. According to my personal knowledge as a citizen of Cameroon, we know that at the level of the population, some tribes are at risk of disappearing, due to the ravages of the disease, both in Cameroon and in other South-Saharan African countries. This is general knowledge. From my experience as a pastor, I know many families who are in danger of destruction in Cameroon because of HIV and AIDS the spread of death. It has been a pity to see members of these families die one after the another in a short period of time.

The disease also affects the economy of the concerned countries. In fact, the production activities have decreased. This installs famine and poverty, with insecurity everywhere and for everyone. Even in intimate relationships, fear and mistrust exist. The fright to die of HIV and AIDS is everywhere. Despite various efforts and attempts, such as sensitization and medical treatment, the peace of heart of the population of Adamawa, a region in the northern part of Cameroon, have almost disappeared. This situation has led to social difficulties. The number

[1] SIDA is AIDS in French and stands for Symdrome d'immunodéficience acquise

[2]UNAIDS and WHO, "A history of the HIV/AIDS epidemic with emphasis on Africa"; available at http://www.un.org/esa/population/publications/adultmort/UNAIDS_WHOPaper2.pdf ; site accessed 10 March 2016.

of orphans and widows who need support increases day by day. However, until today, no cure has yet to been found: “The future of HIV/AIDS remains uncertain, given the mutability of the virus, the current limits of therapy, and the uneven application of control efforts to the culturally diverse populations of the world” (Birx 2006, 1167). In this movement, all and everyone seeks to bring a contribution in the fight against HIV and AIDS and its misdeeds.

Parents with one or more children are often not able to send them to school because of lack of money. Either their fragile health condition does not allow them to work, or they do not have adequate resources to carry out an income generating activity. They suffer material and financial loss. Many who have been affected by the disease lack food on a daily basis in addition to other basic needs, such as soap, sugar or salt, and oil for their lamps.

The consequence is that the victims of HIV and AIDS continue to suffer. The disease has already taken everything: their money, their social status, and the physical strength to work. Everything then comes to a halt, own studies, their children's studies, and including their business. Sometimes when a disease occurs in the family, a general panic spreads because there is no money to pay for medical treatment. This gloomy picture is also portrayed in the report of 2005 of UNAIDS (Paterson MA 2005, 32-40, 6).

Research Question

What has drawn my attention to this study is how I, as a pastor for many years in the EELC, have got to know the experiences of the victims of HIV and AIDS in the diaconal work of the EELC through its health institutions. Although the EELC with its Partners have invested a lot of money and efforts for many years to fight against the disease, people continue to suffer daily and still ask for support. This has prompted me to ask a number of questions. How do patients live their everyday lives, in their families and in their communities? How do they survive on a daily basic mentally and physically? What happens with these patients when they seek medical help at one of the health centers of the EELC?

Based on these reflections, my main research question is as follows: *How do HIV and AIDS infected patients in the Adamawa region experience the diaconal work of the Project “ALL AGAINST AIDS”?* I have conducted qualitative interviews with people suffering from HIV and AIDS. Based on these data, I will analyse from a diaconal perspective, with the use of some diakonia theories, my informants’ stories. I wish to understand how the “ALL AGAINST AIDS” Project has contributed to initiating processes of empowerment and transformation to

improve their economic and social condition. In order to understand the context of my informants, who are patients in two hospitals run by the EELC, I will present how the EELC work to fight against the HIV and AIDS pandemic through its hospital and health centres. The work of the EELC to fight against the HIV and AIDS pandemic will be presented based on document studies.

Regarding the geographical limitations of the study, HIV and AIDS is a disease that have infected and affected the lives of many persons in Africa, and in particular in the Sub-Saharan region. As I have already said, Cameroon is a country in this region. The health structures of the EELC are located in three of the ten regions of Cameroon, with a great number of hospitals and health centers. I have chosen the Adamawa region for my study and more specifically the Hospital of Ngaoubela and the Meiganga Health Centre. The choice was motivated by the great number of patients and some cultural considerations, such as polygamy, and the issue of taboo. The focus will be on how HIV and AIDS patients in this region experience the diaconal work of the church through the program "ALL AGAINST AIDS".

Definition of Terms

In order to better understand the frame of my work, it is necessary to define some concepts and expressions. In general, definitions are presented with different emphasis as each scholar tries to bring more light to the concept and in relation to the context of his/her study. I will limit myself to some concepts that I find relevant for my investigation, starting with the concept of diakonia.

Diakonia

Diakonia is a theological concept which is used only in a church context. Diaconal action seen in the church throughout the church history has been inspired by the life and work of Jesus. In the following I will cite how diakonia has often been defined as "a service particular of the poor, widows, orphans, pilgrims, and strangers, organized by the Church in a systematic fashion" (Berard L 2003, 718). Related to Jesus's mission, "diakonia is commissioned service, given by the Lord and empowered by his Spirit, with the aim of lifting up the downtrodden, of dignifying the expendable, and of empowering the excluded" (LWF 2002,31). According to a Lutheran World Federation document, "Diaconal action, understood as integral to the Church's mission in today's world, is also conditioned and challenged by concrete contexts" (2009,14). From this, we understand that diaconal action is supposed to interpret the realities in its context and calls for an intervention in order to start activities that can empower and transform the

unwanted situation. I want to understand how my informants experience the intervention of "ALL AGAINST AIDS" to empower and transform their unwanted situation.

HIV and AIDS

This concept is composed of two acronyms: HIV, AIDS. That is: Human Immunodeficiency Virus HIV) and Acquired Immune Deficiency Syndrome (AIDS). Therefore, AIDS which is the "disease is caused by HIV. HIV attacks and destroys the body's immune or defense system, which normally protects the body against infections" (LWF 2007, 12).

Stigmatization

Stigmatization and discrimination, are two concepts difficult to separate because of their role and interaction on the PLWHA, and the affected. It is not easy to provide a clear and accurate understanding of the concept of stigmatization. However, from a medical perspective it is understood as:

> A social process or related personal experience characterized by exclusion, blame, or devaluation that results from an adverse social judgment about a person or group. The judgment is based on an enduring feature of identity attributable to a health problem or health-related condition, and this judgment is in some essential way medically unwarranted (Paterson 2005, 33).

Stigma related to HIV and AIDS creates and reinforces injustice with all its collateral effects, such as exclusion and hatred.

Discrimination

Discrimination refers to how individuals or group of people is treated differently on the bases of injustice and contempt. It is a form of marginalization. Therefore, discrimination can be seen as an immediate punishment imposed by the accuser or the society. Those who suffer discrimination are the excluded of the society.

In the context of HIV, discrimination is the fact that people living with HIV or AIDS are excluded for example from job opportunities and many other rights and advantages. Discrimination-is a consequence of stigma, exclusion or restriction afflicting a person (Bond 2002, 31). In one words, discrimination is the rejection of the marginalized. In relation to my study, it is of interest to look at how the PLWHA experience exclusion, discrimination and stigmatization when meeting with the "ALL AGAINST AIDS" project.

Empowerment and Transformation

When used in the field of the social or political domain, the concept of empowerment has as "the main objective to find a method of work that would empower the powerless" (Nordstokke 2011, 117). Empowerment is economically, politically and socially useful. Furthermore, "As a theological concept, empowerment refers to the biblical understanding of creation that every human being is created in the image of God, with capacities and abilities, independent of their apparent social situation" (LWF 2009, 45). The change that occurred in the story of Pentecost (Acts 1:8) brings the conviction that God continues to empower even the needed of today, including the PLWHA through diaconal action.

"Transformation...is...a concept that relates to socioeconomic reality and the urgent need for change in order to break out of situations of injustice, exclusion and increasing gaps between the rich and the poor" (Nordstokke 2011, 116). They are often stigmatized and they may also experience being discriminated. The PLWHA are subject to work concerning transformation. Empowerment is a never ending process, as is also transformation, and it has to go on and on.

Motivation of the Study

The motivation of this research comes from my many years of serving as a pastor in some EELCs' congregations. It focuses on the experiences of the PLWHA with health structures of the church in the Adamawa region. The EELC, some years ago, developed a program to fight against HIV and AIDS, the "ALL AGAINST AID" project. This also includes a program on how to sustain the patients. It covers many aspects: health support, which focuses on medical treatment. Another side is the psychological and moral support which encourages victims not to despair, and this can also include the fight against discrimination and stigmatization. At last is the material and financial assistance to help them in their daily needs until they have the necessary strength to work for themselves. But until now, old patients, as well as new infected persons, continue to expect more material and financial support, even for their basic needs.

As a pastor, I want to contribute to the struggles of the church of which the principal target is to stop the sufferings of people living with HIV or AIDS. During my congregational ministry on many localities in the Adamawa region and beyond, I had no answer when facing the devastating effects of that disease on families: poverty, illness and most often the death of a loved one in the family or the church. With the help of sources related to HIV and AIDS and the interviews with several patients, I want wish to contribute to more knowledge about patients experiences and by this I hope that in can inspire the effort of the EELC in its work to look for

a possible change of the situation.

It is a study in practical theology. For the last decade practical theology has become a discipline concerned with how people experience the work of the church. Empirical studies have become part of practical theology. In my study, I look at how people experience a particular part of the church's health work, a diaconal work concerned with how to respond to the needs of HIV and AIDS patients.

This study is, therefore, a study in the field of diakonia.

Sources and Materials used in the Research

In order to make this research, I have conducted a qualitative research, and I have used the collected data material from my field research to discuss with relevant literature found in the school library (VID/MHS).

Field Work Data

During my fieldwork period in Cameroun from the seventeenth of June to the seventh of August 2015, I collected information related to my study through interviews and observations. These data with lots of the findings helped me describe and analyze critically the realities my interviewees are experiencing with regard to the support they receive from the "ALL AGAINST PROJECT".

Literature in the Library and Internet

The library of the MHS provided me with relevant scientific books, dictionaries, Encyclopedias and many other research possibilities. When I lacked information in the library on subject related to HIV about Cameroon in general and to the Adamawa region in particular, I used to check what I needed on the internet. My previous knowledge on the topic, some courses received at MHS helped me managed certain points of my research.

All these resources put together: primary information gathered during my fieldwork, books from the VID/MHS's Library and data from Internet were used to construct this study.

Previous Researchers

There are many studies about the HIV and AIDS pandemic in Africa. But most of these researches are conducted by the Westerners (Europeans and Americans) and NGOs or

Organizations. Only a few African wrote about HIV and AIDS, even when Africa is the most infected continent as I presented in chapter four of this work. The existed resources provide general knowledge on HIV and AIDS. For example: what do the concepts of HIV and AIDS mean, modes of the transmission of the disease.

Firstly, in Africa:

-Konstanse Raen. *Where is the Good Samaritan Today? A Challenge to fight HIV/AIDS (*Konstanse 1993, 84).

This Brochure presents the general knowledge about HIV and AIDS.

-Father Richard Bauer. "*HIV and AIDS: The Challenge and the Context: Stigma and Discrimination: Incarnation and the Namibian Experiences."* in UNAIDS. *"Report of a Theological Workshop Focussing on HIV-and AIDS-related Stigma.*[3]*(*BAUER *2005,* 18-26*).*

Secondly, in Cameroon:

Jocelyne Ntoh Yuh, *Breaking the Silence of women living with HIV and the Socio-Cultural impact with Regard to Child Bearing and Family life in the North West Region of Cameroon. (Ntoh 2012)*

The research is a reflection about the impact of Socio-Cultural on with regard to Child Bearing and Family life in Bamenda North West region of Cameroon.

Thirdly, in Adamawa: There is almost nothing locally produced on HIV and AIDS, except reports activities; the Adamawamanuals/aid books including "Against AIDS" and Grace Assistance and Justice and what SIK has written on HIV and AIDS.

-*Report on Impact Evaluation of the Project "ALL AGAINST AIDS*", Ngaoundéré, Cameroon.

It presents different activities conducted by the Project "ALL AGAINST AIDS" in three regions of Cameroon (Adamawa, North and East).

In this research, I focus my reflections on experiences of infected persons, especially those of Meiganga and Ngaoubéla, with "ALL AGAINST AIDS" Project located the heath structures of the Eglise Evangélique Luthérienne du Cameroun (EELC).

This Project was created to fight against HIV and AIDS in the Adamawa. It has come to its

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[3] Father Bauer, Richard. "*HIV and AIDS: The Challenge and the Context: Stigma and Discrimination: Incarnation and the Namibian Experiences."* in UNAIDS. *"Report of a Theological Workshop Focussing on HIV-and AIDS-related Stigma.*[3] *(*Edited by UNAIDS, 2005), *18-26.*

completion. But some activities, such as the Project for orphans affected by this pandemic are going on timidly because of lack financial support.

Each context has its own realities, influenced whether by social, economic, cultural or political issues. It is almost the same with the concept of diakonia for which researchers provide general knowledge: background, definition, evolution.

Research Design and Structure of the Paper

Chapter one is the introduction. Here I present the context and some background information regarding the research problem. I then present the research question which is: *How do HIV and AIDS infected patients in the Adamawa region experience the diaconal work of the Project "ALL AGAINST AIDS"?* I briefly define some main concepts in the work before I refer to my motivation for doing this study. I then give a brief presentation of what have been written on HIV and AIDS in the context of the EELC in Adamawa, and I argue for why my study is important. Last, I present the geographical delimitation of study, and the sources and material used in the research.

Chapter two deals with methodological approaches. I have used qualitative research methods when doing interviews during fieldwork. I present how I got in contact with informants and how I conducted the interviews. I also reflect on research ethics in my own situation (as pastor: 02 or 03 lines).

Chapter three presents the theoretical framework which is based on the concept of *diaconal work* (or *diaconal action*). In this chapter, I discuss the meaning of diakonia, the concepts of stigmatization and discrimination, as well as those of empowerment and transformation are governed by this this main theory which is *diaconal action*.

In chapter four I present the informants stories and how they experience the diaconal work of the ELCC in the project ALL AGAINST AIDS. I categorize the experiences in order to prepare for the analysis with theories of dikaonia. Chapter five analyzes and discusses the presentation of the findings of the fieldwork such as the fight against stigmatization, discrimination and marginalization towards the PLWHVA, the promotion of human dignity, empowerment and transformation of the PLWHVA.

Chapter six is the conclusion and I also provide some recommendations on how the project ALL AGAINST AIDS could work in order to meet the patients need with regard to economic and social condition. The conclusion retraces the focal points of what was presented

in the whole research process. It is the highlight of the five previous chapters.

Chapter Two

METHOLOGICAL APPROACHES

Research Methods

The scientific research is an organized domain. In order to carry out its task, it has its own methods, such as qualitative and quantitative methods. In general, the choice between these two methods depends on the type of research or on the field in which the study is conducted. It can happen that both qualitative and quantitative methods can be used at the same time in a research. In my concern in this work, I have done a delimited qualitative research. Three reasons justify this choice. First, my investigation is to find responses to the *'how'* questions, to *how* victims of HIV and AIDS are supported by the EELC and second, how these victims experience the diaconal work of the EELC through the "ALL AGAINST AIDS" Project. Third, *how, if* ever, this experience affects the own daily lives of victims of AIDS and their future in term of empowerment and social change. Thus, qualitative method is the method used in this study and the present research is conducted in a theological perspective.

This chapter is centred on three main points. First, noticed some fundamentals regarding ethical considerations in a qualitative research useful for my study. Then follows a section stigmatization and discrimination, and as the third point, how I conducted my work on the field in Cameroon from June to August 2015.

Qualitative Research Method

Method in research is a technic used to solve the research problem. This research is based on document study in dialogue with a small sample of interviewees. I have therefore conducted qualitative research and aimed at interviewing ten persons both in Ngaoubéla and Meiganga. It "is a field of inquiry in its own right. It crosscuts disciplines, fields, and subject matters" (Normand 2000, 12). But, as argues Mats Alvesson: "How qualitative method should be defined is by no means self-evident. The consideration of open, equivocal empirical material, and the focus on such material, is a central criterion, although of course some qualitative methods do stress the importance of categorizations" (Mats 2009, 7). "Nonetheless, an initial, generic

definition can be offered: Qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretative, material practices that make the world visible ... It means that researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them" (Alasuutari 505-520, 515).

As a scientific method, qualitative research helps to understand social phenomena, and it also provides "the model for other possible methods such as (qualitative) content analysis: you define your population, take a representative random sample, define variables, code the data and test your hypotheses by analysing statistical relations between the variables. In other words, in addition to a set of procedures it provided the whole language of empirical social research" Alasuutari 505-520, 515). So, "the qualitative research method is advantageous because they provide the story of people's lives and experiences and give answers to the 'how' questions in contrast to quantitative methods that provide data about questions such as 'how much' and 'how much'" (Silvermann 2010, 5-6). My objective is to look for answers to the 'how' questions, to how the PLWHA experience the diaconal work of the EELC with the project "ALL AGAINST AIDS" in the Adamawa region and how, the "ALL AGAINST AIDS" project contribute to initiating processes of empowerment and transformation to improve their economic and social condition.

No recorded material was used. Data were collected through interviews and observations. Because "the intellectual challenge here is to preserve locality while discerning universality-that is to say, to ensure that the particularities of the observed situation are not displaced or superseded by the universal patterns which they are held to disclose". McGrath 2006, 9). Therefore, I made my best not to do anything that could remove my informants from their local environment.

It would have been an advantage to interviewing informants all together at once as a group in each of the two localities, Meiganga, and Ngaoubéla. Because in the African context, it is common to open discussions on important issues in groups. Such a process helps to share ideas between the participant who form a community. However, because of the sensitivity of the subject of the study and traditions in the local culture, I decided not to conduct this type of interview. It would have been difficult for young people to speak in a group with adults. Doing so may be considered synonymous with disrespect. Therefore, I chose to interview my informants individually.

Selection and Recruitment of Informants

I selected the informants of both sexes, female and male, and without distinction of ages. The informants were from all social strata, the existed religious and ethnic groups. I regrouped these participants into two categories: the "direct" and "indirect" victims. The "direct victims" are persons suffering or living with HIV and AIDS. The "indirect victims" refers to the family of the affected, children and other family members of the patients. It refers also to a partner an in marriage because it often happens that one of the partner is not infected by the HIV virus. However, the focus of this study is on the "direct victims".

Otherwise, these victims were recruited from all social strata in society. Furthermore, they represent various religions. They might be Christians, Muslims or belonging to traditional religions. Moreover, I know many of them who were my classmates, relatives or members of my family. Thus, my task as a researcher was in such a context was not easy. I feared to that some of the informants may be ashamed of their HIV status and refused to open to me on this sensitive subject. For, in the context of cultures and traditions in which I did my research, all matters affecting the sex is taboo, although HIV transmission modes are not only and always related to sex.

In addition to this aspect, I did not want the fact that I am a pastor influences their decision to accept or reject my invitation to interviews. Fortunately, I had discussed with the project managers "ALL AGAINST AIDS" who were responsible for introducing me to these informants at least two weeks before the meetings. I also made an effort to be the researcher and not the pastor that these people knew. Because I have only interested me about my research that no other distraction. It had often allowed me to notice that some interviewees shut themselves up a bit at the beginning of the interview, then opened later to talk gradually.

The table that follows gives an overview of informants by gender and localities. Table1 presents the locations where I have conducted interviews. It also gives details on the nature[4] of each informant. The number of informants and their percentage per gender are well included. Table two brings more details on each of the selected localities and also the composition of the samples.

Table1: Details on informants both in Ngaoubéla and Meiganga

Location	Gender	Number	%
NGAOUBELA	Women	2	40%

[4]By "nature", I mean the gender.

HOSPITAL	Men	3	60%
MEIGANGA HEALTH CENTER	Women	5	100%
	Men	0	0%
Total:		Ten (10)	100%

The first group of patients represents "direct victims" were divided into two subgroups. "Direct victims A" are those who are still physically weak or very sick and "direct victims B" are those who have recovered due to medical treatment. Why have I chosen to study two groups only for patients instead of one? The reason is that even if both of the groups have in common the fact of being infected, they do not always experience the same degree of pain at the same period. So, the first group will consist of people who are still lying in their beds and being very sick. Another group will be formed of people infected by the virus, but they still have the necessary strength to work. Each group contained five persons.

Finally, the third and last group represent health staff. the officials in charge of the issue of HIV and AIDS program within the EELC. However, they did not take part in the interviews together with patients. Moreover, aside from the interview, the staff of health centers also filled a short questionnaire I produced locally in Cameroon on their request. Thus, I used both the questionnaire and interview only for these staff members because of their multiple task in local centers at that period. The health department suddenly launched a monthly immunization activity for all localities at the same moment I had scheduled interviews.

Interview Process

Before the interviews took place in each site, I sent twice reminder letters to the heads of "ALL AGAINST AIDS" project. I had already informed them of my research project in their different center several weeks ago. And they had agreed. Each of interviewees joint me in a room prepared earlier for meetings for the interview. I got seven times in Meiganga and eleven times in Ngaoubéla due to multiple interruptions during the interview process. These interruptions were due to the launch of the vaccination against measles across Cameroon which was not planned for that time.

I began my fieldwork in Ngaoubéla. Both genders were represented. But, most of the interviewees were ladies, eight out of ten. I wished I also had singles. All of them were married. Their age varied between 28 and 35, except one of them, a man who was around 55. Even if

they were all married, none of them came with his/her partner for the interview. One of these informants was a polygamous, a man with two wives. But, I only met him for the occasion of my fieldwork, as I just mention above concerning the informants in general. His wives, as he told me, were back home in the village.

Moreover, out of the five informants none of them were resident in the locality of Ngaoubéla. They came from either neighboring areas or had travelled far. Some lived even more close to Meiganga where a similar HVI/AIDS project also located, but they preferred to go to Ngaoubéla for their treatment. I did not understand the reasons of such a decision or preference. I have therefore sought to know why. I asked one of them, a young lady named La'ma [the number 02 on table1 above] why she preferred Ngaoubéla to Meiganga which is closer to her village. She said: "I don't want people to know I am HIV positive. If they do, I will suffer isolation and mockery." And she added: "I spend more than five thousand XAF[5] every time to come here for my transports and food."[6] The following table contains most of the necessary details about these informants. The table 2 below shows details of the composition of the samples. As I indicated the names you use fictitious.

Table2: The composition of samples

LOCALITY	Number	Name	Gender	Age	Average age by locality	Widower/ Widow/Married
NGAOUBELA HOSPITAL	1	SAMSAM	M	55	37.60	Polygamous
	2	LA'MA*[7]	F	35		Married
	3	LOUKE	F	37		Widow
	4	ZOUK	M	28		Married
	5	ROUKO*	M	33		Married
MEIGANGA HEALTH CENTER	6	NAAM	F	29	32	Married
	7	PIPIM*	F	30		Married
	8	HOMHOM	F	32		Married
	9	KANGOU*	F	35		Widow
	10	ZAZA*	F	34		Married

Names without symbol refer to patients whom I categorize as "direct victims A", those who are still very sick. Otherwise, each of the victims has his/her story on how he/she was introduced

[5] Five thousand XAF is about eight Euros.
[6] Interview with La'ma,
[7] The symbol * refers to the "direct victims A", those who have recovered due to medical treatment.

for the first time as HIV and AIDS positive in the health structure.

Interviews Guide

As the nature of the thesis specifies from the beginning, the main method to get information was through interviews. The interview I conducted was both open-ended[8] and semi-structured.[9] With this type of interview, the substance is active listening in which the interviewer allows the interviewee the freedom to speak and share the information he or she had, while in mind the interviewer connects the information given to the objective of the intended project (Noaks and Winkap, E. 2004, 80). This working method was for me a strategy to complete the information sought. I did this because some of my informants were illiterate; they never went to school or had left school early. So, they cannot read and write. For this group of informants, the interview is the only way to collect information. The rest were asked to choose either questionnaire or interviews, and even both of the two.

The theme on people living with HIV and AIDS is very sensitive and therefore requires a method that takes into consideration this fundamental reality. Thus I have chosen qualitative research methods to carry out my research. Considering the African context in which I conducted my interviews and the complexity of persons engaged in the research. "Because context can be consequential in both its conversational and cultural manifestations" (Holstein 267-281, 274).

Observation

In general, observation is used as the first approach to understand and get accustomed to another culture through seeing and listening (Silvermann 2011, 113-160). "Going into a social situation and looking is another important way of gathering materials about the social world…All observation involves the observer's participation in the world being studied. There is no pure, objective, detached observation; the effects of the observer's presence can never be erased" (Normand 2000, 634). Observation "is a way of looking into the places where the people who are being studied meet without interfering with their activities. It implies to see how they act, not only in the initial part of an investigation but throughout it. Participant observation is social

[8] Open-ended questions are those which request more thought than a simple one-word answer.
[9] A semi-structured interview is open, permitting new ideas to be introduced during the interview as a result of what the interviewee says. So, the interviewer in a semi-structured interview normally has a setting of topic to be investigated.

interaction with those being studied" (Terese 2014, 29). In this perspective, Atkinson noted that: "all social research is a form of participant observation, because we cannot study the social world without being part of it" (Atkinson 1994, 64). For this study, I have struggle to obtain understanding regarding the attitude of my informants during the time of interviews, as they did not live where I interviewed. But as I knew the places from which the PLS came, I had more interest in their behavior during the interviews.

I had often used brief moments that these informants spent through the local project "ALL AGAINST AIDS" for the observation. Because there were both in Meiganga and Ngaoubéla, an open market very near to the local sites project. The main objective was the need of deepening the understanding of how the PLWHA feel themselves in the project and with other persons in the society. Thus, the observation helped me to describe and analyze the experience of the PLWHA in Adamawa.

Ethical Aspects

The ethical issue was one of the challenges for the completion of my work with interviewees.

In order to preserve the confidentiality, I opted for the anonymity of informants. "Research ethics is developed and systematized on the bases of general ethics of science which in term of turn is developed from common sense morality" (Terese 2014, 34). It supplies with formula and a plan for the researcher. It helps her/him to study and progress with the motivation of securing that those who are participated in the research project are respected in their position, and are not frustrated in one way or another. All these considerations can also help those who are involved in the project to open up during interviews.

The modern society is regulated by rights and duties in order to protect individuals or communities in one hand, and to promote flourish of all in the other hand. In the domain of research, this rule is an important issue. Ethics in qualitative research focus on privacy and confidentiality, in order "to protect people's identities and those of the research locations. Confidentiality must be assured as the primary safeguard against unwanted exposure." Clifford 133-155, 139). Because "People who participate in research, as informants or otherwise, shall be treated with respect."[10] That is why "research that involves human subjects or participants raises unique and complex ethical, legal, social and political issues. Research ethics is

[10] *The Norwegian National Research Ethics Committees, "General guidelines for research ethics*;" available at https://www.google.no/search?/2016/03/30/People-who-participate-in-research; site accessed 30 March 2016.

specifically interested in the analysis of ethical issues that are raised when people are involved as participants in research." (Clifford 133-155, 139).

Moreover, people with whom I worked in the field had the right to be protected. Knowing this, I assured them that the interviews will be confidential and that the information shared will be anonymized. Indeed, "Ethical insight involves, however, more than just the individual, who depends on others if he is to understand and discern moral norms aright. There is a great deal of evidence for the decisive importance of community in regard to morally correct action; one obvious example is sexuality" (Bujo 2001, 9). Thus, this conception of ethic has impacted my work with victims, as HIV and AIDs is often associated with negative attributes. Most of the informants were ashamed to be recognized as HIV positives. I prevented them not to not to speak with them in public. As Sisask points out: "HIV signifies moral digression; having had sex with someone you should not have had sex with." (Sisask 2002, 36). And this is also a reality in the Adamawa region, where the sites of my fieldwork is located. Therefore, I had to take into consideration this aspect during my meeting with the respondents and after.

Otherwise, this would have deprived me of relevant information. Also, I did not hesitate to use my knowledge and experiences accumulated over years of pastoral training where I learned counseling technics. My work as a congregational pastor within communities helped me a lot in this process. The many seminars on HIV and AIDS I attended were of great help to address my informants during these moments of exchange. It has helped me build some theoretical reflections required for the completion of the research.

For the same ethical reasons, no real name was reported in the work. I used fictitious names. I have invented them for the protection of the interviewees. They have no meaning at all to avoid any suspicion about the informants' identity. Ages were inspired but were not very far from reality. It was also the wish of the informants. The ten interviewees were recruited both in Ngaoubéla and Tibati, with five informants in each locality. Table1 in chapter four gives important details about Interviewee: gender and matrimonial regime. I have numbered it as table1. The table does not content names of "indirect victims". Moreover, the label "M" means "male" and "F" means "female."

In short, my study is based on qualitative method. The qualitative method finds responses to the 'how' questions. Then, it can help me in my investigations on how victims of HIV and AIDS in Adamawa experience the diaconal work of the EELC through "ALL AGAINST AIDS" Project. For this work, qualitative method helped on deepening the research about realities of AIDS victims in Adamawa with the used of theories presented in the next

chapter.

Chapter Three

THEORETICAL FRAMEWORK

From traditional understanding of diaconia as a service to the needy, this understanding has shifted followed the ecumenical movement contribution. According to the Lutheran World Federation (LWF), "the purpose of diakonia is not to proselytize. Diakonia is more than the strong serving the weak, … diakonia is part of the calling of all churches and all Christians in the world (LWF 2002, 7). Diakonia as a norm seeks to express the realization of the Church's mission, identify dehumanising practices and initiates processes of empowerment and transformation" (LWF 2009, 7). Thus, the basic directions of diakonia work is "transformation, reconciliation and empowerment." LWF 2009, 43).

As "diaconal work takes place in the world and, the theories applied to critically assess praxis are developed in interaction between empirical knowledge and knowledge from both the social sciences and theology" (Nordstokke 2011, 7?).

In analyzing this research in a diaconal perspective, my theoretical framework is that of concepts that follows: stigmatization, and discrimination, empowerment, and transformation. I have chosen not to dissociate stigmatization and discrimination in one hand, and empowerment and transformation in the other hand, because they are closely linked in the context of HIV and AIDS which is also a context of my study in Adamawa.

My analyses and observations of the field work research show such an interaction between the above concepts. The experience of people living with HIV and AIDS in general and the one of those in the Adamawa region, in particular, is grounded on the listed theories above. Because "Theory tames reality, reducing it to manageable proportions and allowing it to be visualized in terms adapted to human reasoning," I have exploited and employed the seven listed concepts in the approach of my analysis. They helped me understand and differentiate what is theoretically rooted and is true in real life.

Because the time for this work is short, I cannot expand the study on the historical aspect of the concept of Diakonia. I have chosen to investigate on how Diakonia is applying in the EELC throughout its health structures in general, and in "ALL AGAINST AIDS" project in particular. It helped me analyze and discuss theories concepts of stigmatization and

discrimination in one hand and, empowerment and transformation in the context of the fight against HIV and AIDS within the EELC in the other hand.

Documentation

In general, writings that focus on support to people living with HIV and AIDS are rare in the region of Adamawa or do not take into account what must go directly to the beneficiaries. Although the 2014's evaluation report of the project "All AGAINST AIDS" reveals that the necessary for a successful fight against the disease was well planned,[11] the effective result on the ground is entirely different. As pointed out in the February-March 2014 report, the "project aimed at improving the living standards of PLWHA (People living with HIV and AIDS) through access to psychosocial support, information access on HIV and AIDS, organizing in groups and economic empowerment to enable access to treatment; and strengthening their leadership."[12]

The same source also mentions that "Findings of the evaluation shows that the project significantly achieved its planned objectives including mobilization of support groups of PLWHA; providing them with counseling and training on HIV and AIDS issues; which also reached church leaders, animators team, and hospital staff. Most Support Group members were provided with financial seed capital to initiate income generating activities; and the mainstreaming of HIV and AIDS in the church structures with 52 articles containing HIV and AIDS messages developed to be integrated into the church sermons."[13]

Most of the writings are reports on meetings or seminars attended by NGOs', Churches or other organizations. For example, the project "All AGAINST AIDS" were evaluated two times, November 2004 and February-March 2014[14] and February-March 2014[15], and the evaluation reports were presented. Seminars and meetings use to focus on technical input: support for different structures and initiatives engaged in the fight against the pandemic. The understanding of the concept of support seems to be different from an individual to another or from one organization to another. Each understanding had its focus point. There is often a

[11] https://www.norad.no/globalassets/import-2162015-80434-am/www.norad.no-ny/filarkiv/ngo-evaluations/report-on-impact-evaluation-of-the-project-all-against-aids-ngaoundere-cameroon.pdf
[12] https://www.norad.no/globalassets/import-2162015-80434-am/www.norad.no-ny/filarkiv/ngo-evaluations/report-on-impact-evaluation-of-the-project-all-against-aids-ngaoundere-cameroon.pdf
[13] https://www.norad.no/globalassets/import-2162015-80434-am/www.norad.no-ny/filarkiv/ngo-evaluations/report-on-impact-evaluation-of-the-project-all-against-aids-ngaoundere-cameroon.pdf
[14] Kompetanse på globalt samarbeid, "Programme de lutte contre le VIH/SIDA: Rapport à mi-parcours, novembre 2004; available at
; http://brage.bibsys.no/xmlui/bitstream/id/137168/2005-2.pdf; site accessed 05/04/2016.
[15] https://www.norad.no/globalassets/import-2162015-80434-am/www.norad.no-ny/filarkiv/ngo-evaluations/report-on-impact-evaluation-of-the-project-all-against-aids-ngaoundere-cameroon.pdf

contrast between what is usually offered as support and the real needs of patients. Otherwise, there are also some brochures used for sensitization. The manual entitled *Où est passé Le Bon Samaritain?* (Konstanse 1993, 21).

Indeed, the reality of the HIV pandemic in Cameroon in general, and in the Adamawa region in particular, has mobilized various efforts to the fight. Globally, these attempts aimed to reduce the sufferings of victims as the disease cannot be cured.

Writings that focus on supporting people with HIV and AIDS are rare in the region of Adamawa. When they exist, they seem not to take into account what must go directly to these patients. Indeed, the reality of HIV and AIDS in Cameroon in general and in the Adamawa region, in particular, has mobilized various efforts for sick. These efforts aimed to reduce or better completely eradicate the suffering of victims of HIV and AIDS since there has not yet been found appropriate remedies for a possible recovery of patients. Only Structures and NGO's fighting this disease receive material and technical support, when available. Furthermore, reports of organizations fighting against HIV and AIDS constitute the existing writings on the disease in addition to some mass awareness materials.

However, the concept of diakonia in turn attracts a large number of authors from all sides. Historians, theologians and scholars in many other branches of study are attracted to this concept that spilled much ink through several decades already. In this study, the concept of diakonia which is associated with the efforts of the Church (ELCC) will have a large place. The presentation of the following aspects is necessary for a forthcoming discussion. Those are: the biblical background of diakonia, the theological conception of the diakonia ministry, the ecclesiological reflections on the diaconal ministry and diakonia as Christian social practice whithin the ELCC.

Furthermore, several words are available in the Bible that express the concept diakonia as “service”. This can be found in Old Testament as well as in New Testament. Daniel Patte says that:

> Diakonia is (Gk “service”), a frequently used term in the New testament designating the major characteristic of all ministries, including liturgical ministries- that of preaching and serving others (includin the poor and the needy) as Christ did. Today the term diakonia most commonly refers to the shared ministry whose purpose is to serve God among suffering people, among the poorest, among those who suffer, among those most in need. Thus diakonia is not simply the ministry of deacons and deaconesses, although through their services they often epitomize diakonia. (Patte 2010, 321).

Berard L. shares this definition when he says that diakonia is: “A service particulary of the poor, widows, orphans, pilgrims, and strangers, organised by the Church in a systematic fashion.” (Bernard 2003, 718).

Indeed, to quote the Encyclopedia: “The English word 'deacon' is derived from the Greek διάκονος (diakonos), which means originally 'servant,' and then 'helper.' This term was also used among pagan Greeks to designate the holder of a cultic office, but in the Christian community it acquired a new significance.” (Bernard 2003, 550). In this aspect, diakonos can be defined as: “A leader in the church who is committed to serve God through meeting the needs of the Church, characterized by a disposition of humility and self-sacrifice.” (Lewellen 2004,).

The verb diaconate was used in this perspective to determine the act of the deacon or deaconess. A certification is given for the case of deaconess in Rom16:1 where Paul says: “I commend to you our sister Phoebe, a deacon of the church at Cenchreae” (Holy Bible 1789). In order to clarify the origin of the title of diaconate, Collins puts it: “(diaconate) seems to show that the notion underlying the relationship between bishops and deacons is that of the agent. So far as the common noun is concerned, the notion of agency is not widely represented in Christian usage of the period” (Collins 1990, 243) explains that: “the notion of agency is expressed more frequently by the verb (e.g., Heb. 6:10; 1Pet. 4:11) and is related to what Paul says in respect of this role in the collection for Jerusalem, but we do know that the word always speaks of a correlation, which in other areas of usage has been seen with God, Christ, or the community (e.g., 2 Cor. 6:4; 11:23; Rom. 16:1).” (Collins 1990, 243).

Furthermore, in its document entitled *Diakonia in context*, the Lutheran World Federation (LWF) noted:

> It is important to remember that some fundamental dimensions of human life are constant and independent of the many contexts. They reveal existential challenges that will always ask for diaconal response, namely the fact that we all are vulnerable to sickness, pain and suffering, and that we are mortal beings who cannot escape death. From this perspective, it becomes clear that diakonia is a task and a possibility in all human situations. (Nordstokke 2011, 21).

In the context of the ELCC, the question is how such a vision of diakonia is the practice. My main inquiry is to find a way that could lead to a realistic answer to my research question. As the concept of diakonia usually is defined as service to the needy, I have found it useful to study it according to this understanding of authors.

The Lutheran Theological Perspective on Diaconal Ministry

In general, the theological main objective of *diakonia* is to bring Christians to the example of charitable acts performed by Jesus. Acts 10:38 can be one illustration among many others retained by the Christian tradition. However, under the influence of other considerations and interpretations, the diaconal ministry is not understood in the same way by the whole Christian churches. I found it more interesting to put emphasis on the theological and ecclesiastical perspectives in this sequence. I have chosen to reflect the Lutheran perspective. In his book *Liberating Diakonia* (Nordstokke 2011, 21). Kjell Nordstokke highlights the Lutheran interpretation and theological teaching of the diaconal ministry. He points out certain theological points of his understanding of diakonia. According to him, the lutheran perspective of diakonia criticizes and rejects other interpretations and teachings on this concept (Nordstokke 2011, 25). For this, he relies on three Lutheran basic elements that are: goods work, ecclesiology, and finally the Church and society. Indeed, Nordstokke returns to the Lutheran doctrine of salvation by grace alone, without works, but to emphasize the teaching that just exudes it. He says that: "...is not due to acts of will that we do good works, but due to our being in Christ." (Nordstokke 2011, 25).

With the Lutheran 16th century reformation: "Many contemporaries understand the witness of practical faith better than they do church's preaching. For individual congregations, much will depend on whether the church of the future becomes a church of diakonia" (Fahlbush 1999, 834). Nordstokke then moved to Lutheran understanding of ecclesiology only in its functions of preaching the Word of God and the administration of sacraments. His conclusion is that: Lutheran tradition is a reductionist understanding of the church. Finally, at the level of the relationship between the church and society, Nordstokke supports that Christians have a duty to diaconal actions in society. Because they are citizens of two kingdoms: the celestial kingdom and the earthly kingdom. He recalls that diakonia is an evidence to christian faith on earth. Such a statement seems to be an invitation for the final battle against HIV, the worldly killer disease.

After all, as Fahlbusch indicates, I quote: "Theologically, diakonia starts in the local congragation and indeed may be defined as the social presence of the local worshiping community." (Fahlbusch 1990, 830).

Diakonia as Christian Social Practice within the ELCC.

Diakonia is the expression of God's Love to the entire world. This reality is perpetuated in Christian Church as a response to this divine love. The practice of diakonia by Christians in all denominations proves its central place in and out of liturgical celebrations. Diakonia as the exercise of goodness according to Jesus's example identifies Church members and their relationship to Him (Jesus).

Faithful to its mission, the EELC does not rest idly in such a situation. For in defining its objectives and according to Article 4 of the Constitution of this Church that follows, it is written in the first lines that: “EELC aims to bring God's salvation to the whole person: spirit, soul and body through: the preaching of the Gospel, the administration of the sacraments of baptism and the Lord's Supper, the teaching of the Word of God, diakonia, the safeguard of the integrity of creation” (EELC 2002-2008).

This holistic nature of the salvation of human being is also noted by Stephanie Dietrich in connection with the example of Jesus in the New Testament. Dietrich writes:

> What is striking in many of the New Testament stories about Jesus interaction with people is his *holistic approach* towards them. He did not only tell them what to do and what was right, or preach for them, but took care of them in a holistic way, healing their diseases, offering forgiveness citation must be accurate! and inclusion into his fellowship with sinners” (Dietrich 2014, 38).

This affirmation led me to reflect on the care of the PLWHA, in some health structures of the ELCC, especially those of Meiganga and Ngaoubela. I also ask myself if wide and specific actions are not needed for the improvement of the quality of the service the PLWHA are experiencing in these structures. As I mentioned at the beginning the desire of the church since its creation was to use its structures for diaconal purposes and in particular the care of poor, orphans, widows, patients and other needy. All services were offered in this spirit and requirements. At that time there was no HIV but other diseases like leprosy, tuberculosis was. Thus, HIV and AIDS now appears as a new challenge with the care of the PLWHA. In one of its document, the Lutheran World Federation writes:

> Diaconal action, understood as integral to the Church’s mission in today’s world is … conditioned and challenged by concrete contexts … As an illustration, the challenge of the HIV and AIDS pandemic cannot only be dealt with from a medical perspective; its social, economic, cultural and religious implications demand attention in order to be fully understood. Suffering relates to all dimensions, as do care and transformation (LWF 2004,10).

I will focus my analyses of HIV and AIDS of victims' experience on this quotation from the LWF document later in chapter 6. I will limit myself to the context of the Adamawa region.

Finally, I tried to find some definitions for the concept of diakonia in various sources, because it is some of its theories I will use for the analysis and discussion in chapter six of my work. While some insist on defining the concept of diakonia, others interested in its scope in the different contexts of life. There are many definitions about it. Some authors define as diakonia as "A service particularly of the poor, widows, orphans, pilgrims, and strangers, organized by the Church in a systematic fashion." Furthermore, "Theologically, diakonia starts in the local congregation and indeed may be defined as the social presence of the local worshiping community." In its purpose, diakonia is supposed to empower, reconciliates and transform critical contexts. Some diaconia theories will help to analyze and discuss contexts of HIV and AIDS that the following chapter presents.

Chapter Four

THE CONTEXT OF HIV AND AIDS IN THE SUB-SAHARAN AFRICA, CAMEROUN AND IN THE ADAMAWA REGION

HIV and AIDS in Sub-Saharan Africa

In the history of HIV and AIDS, it is said that: "The first cases of AIDS were reported in June 1981 by the US. Centre of disease Control (CDC) [...] Within 2 years, laboratories had isolated the HIV virus, and by 1985, the first serologic tests became available [...] HIV is currently thought to have evolved from the simian immunodeficiency virus (SIV) and is estimated to have first appeared in humans in the early 20th century" (Mckee 2006, 1165-68, 1167). Among all the African region, the most severely affected by HIV and AIDS pandemic is the Sub-Saharan Africa.

> During the year 2008, people living with HIV and AIDS in the Sub-Saharan Africa were estimated to be about 22.4 Million. At the same time and in the same region, a number of 1.4 million persons died of AIDS disease. Meanwhile, 1.9 million new cases of infections were registered. But what is remarkable is the largest number of infected women. About 59% of people with HIV in Africa Sub-Saharan are women. The number of orphans was also high, as more than 14 million children lost at least one of their parents all to AIDS since the beginning of this pandemic. (EELC 2010, 7).

In this bleak picture of the progression of the disease, Cameroon was the most affected countries

of all in the region of Africa south of the Sahara in 2009. I marked it in bleu on the statistics below.

Table 3: Drawn from the 2009 statistics data of the UNIDS

COUNTRIES	**HIV PREVALENCE RATE**	**POSITION**
Benin	1,20%	8th
Burkina Faso	1,60%	6th
Cameroon	**5,10%**	**1st**
Côte d'Ivoire	3,90%	2nd
Ghana	1,90%	5th
Mali	1,50%	7th
Nigeria	3,10%	4th
Togo	3,30%	3rd

In general, many sectors of human and economic wealth such as agriculture, trade are not spared. Even education and the family units are compromised. In such a context, there was no better that the Sub-Saharan Africa continues its fight against the deadly disease. A case which appeared as a great challenge at any cost. These are for example the supply of antiretroviros, support to bring the many HIV and AIDS and their closest (children, husbands / wives, etc.), all topped off by a good medical attention.

Unfortunately, this painful situation created collateral effects in all aspects of life. That reality prompted UNAIDS to say: “To halt the devastating effects of its [HIV and AIDS], Cameroon needs to expand HIV and AIDS treatment, care, and support services and prevent mother-to-child transmission and other new infections among the general population and most-at-risk groups.”[16]The Church (EELC) and its Partners had not expected this alarm to invest in this plan of fight.

I will come back very often in this work, to specify the huge and multidimensional extent of the fight against HIV and AIDS.

[16] UNAIDS-WHO; “A history of the HIV/AIDS epidemic with emphasis on Africa;” available at http://www.un.org/05/09/2003/esa/population/publications/adultmort; site accessible 10 September 2015.

HIV and AIDS in Cameroon

Cameroon is a West Central Africa country of about 475 442 km2 according to the United Nations Statistics Division. It is located in the Sub-Saharan part of the African continent. Its population is estimated to 23 600 031 people by 1 January 2016. By the end of 2016 and according to estimations, the Cameroon population will be 24 100 588 people.[17] Cameroon is divided into 10 administrative Regions. The demographic profile of Cameroon is quite complex with an estimate of about 250 ethnic groups classified into 5 large regional cultural divisions: Bantou, Sahelo-Sahelian, Grassfield, Sawa and Sahelo-Sudanian. In addition, "Cameroun is often a destination for refugees and asylum seekers in the region. In 2007, more than 97,000 refugees moved to Cameroon, most of whom were from the Central Republic, Chad and Nigeria escaping war."[18] Because of its position near conflict countries and other convenience, the Adamawa is the region in which most of those refugees established as usual, except rare cases as the one of Minawao in the Far North region.

In such a context, HIV and AIDS appears as a real health and social problem because those refugees generally lack the necessities of life. Promiscuity and prostitution become for many of the displaced a way to survive with all that it implies as HIV infection and other sexually transmitted diseases. What makes Raen say: "Display persons, whether they are staying in camps or living outside, are exposed to extreme poverty and miserable conditions, where vulnerable groups like women and children can easily be exploited."[19] With all that has been said, this trend continues, with more than 90,000 additional refugees fleeing to Cameroun from the Central Republic in 2014 at a rate of 2,000 per week.[20]

As I have mention earlier, Cameroon is divided into 10 regions with Ngaoundéré as the capital of the Adamawa Region, one of these administrative regions. Ngaoundéré is situated in the northern part of the country with a high ethnic diversity, and with a population of about 20,000 Inhabitant.[21]

In Cameroon, as in many other African countries, the situation has subsequently been complicated by the advent of various considerations around this pandemic. In 2002, the national HIV prevalence in Cameroon was 11.8% (antenatal clinic data the Sentinels sites), but this figure fell to 5.5% after the health and demographic surveys (SSD) in 2004. During these years,

[17] https://www.google.no/#q=cameroon:population+2015&gws_rd=cr
[18] http://worldpopulationreview.com/countries/cameroon-population/
[19] Konstanse, Raen. *Where is the Good Samaritan Today? p. 22*
[20] http://worldpopulationreview.com/countries/cameroon-population/
[21] This number is my own estimation, as I myself is native of Ngaoundéré.

the prevalence of HIV in the Adamawa region ranged from 17.3% to 6.9%.[22] (EELC 2010, 10). A situation that remained of concern given the high percentage of those infected compared to other countries of the region. According to the evaluation report 2010 of the ELCC on the HIV and AIDS issue in Cameroon:

> The government, through the National Council for Combating AIDS in collaboration with different actors of development, including faith-based organizations made efforts in the fight against HIV / AIDS. The role of non-governmental organization (NGO) continues to be imperative complementing government efforts in mobilizing resources and access to rural communities through the various mobilization strategies. Among the non-governmental actors in the fight against HIV in the Adamawa Region, figure the EELC and the Red Cross. EELC is also in partnership with UNICEF. (EELC 2010, 9).

Given all the above, the NGO health policy initiative in its November 2010 forecast had estimated the number of people living with HIV at 630,000 for 2015 and 726,000 for 2020.[23] And the conclusion was that:

> Appropriate and timely interventions are imperative to slow the growing HIV epidemic in Cameroon. Strong political leadership is essential to make courageous decisions related to prevention, mitigation, and treatment. The government of Cameroon needs to coordinate and collaborate closely with partners, including NGOs; religious leaders; parliamentarians; journalists; associations of women, youth, and PLHIV; the private sector; and development partners. Actions to stem the HIV epidemic now will save lives and money in the future.[24]

A statement which is more than a challenge for all the ten regions in Cameroon, including the region of Adamawa.

HIV in the Adamawa Region

Presentation of the Adamawa Region

Administratively, the Adamawa region has five divisions, eighteen Subdivision, three districts and twenty-one communes.

In its internal boundaries, the Adamawa region is limited to the south by four regions: Eastern Western, Central and the North West regions. To the north the Adamawa region is limited by the Northern region. Out of Cameroon, the Adamawa region shares its boundaries to the East with the Central African Republic and to the West with the Republic of Nigeria. The main

[22] EELC. Rapport sur l'évaluation d'impact du Projet: "Tous Contre Le SIDA", p. 10.
[23] Health Policy Initiative, "The impact of HIV and AIDS in Cameroun through 2020;" available at http://www.healthpolicyinitiative.com/Publications/10/09/2010/Documents; site accessed 13 April 2016.
[24] Health Policy Initiative, "The impact of HIV and AIDS in Cameroun through 2020;" available at http://www.healthpolicyinitiative.com/10/09/2010/Publications/Documents; site accessible 15 March 2016.

religions in the project execution zones are Christianity and Islam. The major sources of subsistence are farming and agricultural crops, fishing. There are also breeding cattle, small ruminants and poultry.

Culturally, Adamawa is a crossroads of meeting of several traditions and customs, given its geographical position that I just noted. But this demographic reality does not only bring good to the people of this region, it also has a lot of factors that contribute to the expansion of HIV and AIDS.

Factors that contribute to HIV Infection in Adamawa

In the Adamawa region, many factors are causes of transmission of the HIV. In general, the spreading of HIV and AIDS is mainly promoted through polygamy. Polygamy is often at the basis of many cases of divorces, as a man, as usual, has at least two wives. The expansion of HIV and AIDS is also due to remarriages, wife inheritance, female circumcision, witchcraft and the misinterpretation of scriptures (Bible, Koran, etc.) about procreation, just to name a few. Although the practice of levirate marriage. For example, in my knowledge, after the death of a close male, according to some traditions of those places where I conducted my research, or women (in the case of polygamy) of the deceased become the wives of another family member. It may be a nephew or brother of the one who died. By cons, the big brother of the deceased cannot inherit the wife of his brother. Tradition also allowed that the dead child takes wives for other women of her father, except his mother.

However, with the current context of AIDS, but also to the advent of Christianity or stresses of life more difficult today, these practices are almost endangered; Nevertheless, some dating relatives sometimes exist with the widow. Furthermore, even hygienic conditions not always provided and sometimes erroneous knowledge about the mode of transmission of the disease. For example, it is not always sure that items used for ear piercing and nose, or traditional circumcision are well sterilized.

Next to all these factors listed, prostitution often encouraged by the prevailing poverty of a large number of unemployed girls and women or without means of survival cannot be ignored. With the political and insecurity condition in some Cameroon neighboring countries such as the Central African Republic and Nigeria, prostitution has become a critical matter in the context of this study. I recall that the Adamawa region also shares long borders with both countries.

HIV Prevalence in Adamawa

According to available sources, HIV Prevalence in the Adamawa region was 5, 1% in 2011.[25] That is one of the highest in Cameroon, compared to the rest of the regions of the country. The table below shows how the prevalence of the disease in the whole regions of Cameroon, with the one of Adamawa marked being marked in blue.

Table 4: Inspired by the statistical data 2012 of DHS-MICS

REGIONS	PERCENTAGE	POSITION
Adamawa	**5,10%**	**6th**
Center	6,10%	4th
East	6,30%	2nd
Extreme North	1,20%	10th
Littoral	3,90%	7th
North	2,40%	9th
North West	6,30%	2ex
South	7,20%	1st
South West	5,70%	5th
West	2,80%	8th

The situation, as described above, has prompted many jurisdictions to react: State of Cameroon, NGOs, churches and others. It is in this context that the EELC decided to create a project as its contribution to the fight against HIV and AIDS.

The project "ALL AGAINST AIDS"

With "ALL AGAINST AIDS" project, EELC was conveniently committed to the fight against HIV and AIDS. Moreover, this project was its expression diaconal to answer, as church, to the call of Jesus who invites to solidarity and liberation of those in need. This section covers many aspects of the project "ALL AGAINST AIDS". It presents the key elements of its creation and its organization, its action in the fight against HIV and sida.au within the EELC in general and in Adamawa in particular.

[25] HF42. pdf, "HIV Prevalence in Cameroon: Findings from the 2011 DHS-MICS;" available at https://dhsprogram.com/28/11/2012/pubs/pdf/HF42/HF42.pdf ; site accessible 16 April 2016.

Background of the Project

The project "ALL AGAINST AIDS" was created to combat HIV and AIDS disease in the Adamawa region. Challenged with the threatening reality of HIV and AIDS in Cameroon, in general and in the Adamawa region in particular, the EELC decided to set up a control plan. She created a project called "ALL Against AIDS" or PLS Project. With the Senter Kommunikasjon Interkulturell (SIK), a Norwegian Partner as the Manager.[26] It should be recalled that SIK is owned in part by NMS and Misjonshøgskolen. In 2004, the Norwegian Mission Society (NMS) replaced the SIK in this place and SIK assured therefore the monitoring of the project. As such its task was also to write reports documenting the project progress. (EELC 2014, 9).

The project was the initiative of the Bishop of the EELC, Rev Doctor Thomas Nyiwe (he died in 2014), who was at that time president of the Director of PLS Committee. He saw the need for the Church to design and implement HIV and AIDS programs to contribute to the fight against this disease. The project targeted people living in central Cameroon which is also the main area of the EECCs' activities. This area had in previous years (before 2002), experienced a dramatic increase in the number of people infected with HIV and people were dying afterwards. The available statistics showed, as I already mention above, 17. 8% of infected people in the Adamawa Region. The Church then needed to organize activities and develop integrated programs of its leadership and its followers, in order to reach people living in villages. This program included Muslims and followers of traditional religions in different localities of the regions concerned by the PLS project. (EELC 2014, 9).

The project "All AGAINST AIDS" started in September 2002[27] It's goal was the care of HIV and AIDS patients. The project was also extended to include orphans and widows. Its roles are many and diverse, depending on the specific situation at hand. In general, the major task is to receive people already infected by HIV and AIDS virus or not. Those who do not know their HIV status are rather orientated to the suitable structures for testing. In general, there are two ways which can help to know someone's HIV status. The management concerns the psychological and moral aspects. Spiritual attention is also provided if necessary. This has led officials to diversify the composition of the staff of the project.

In 2002-2003, many people living in Adamawa, including members of the EELC, stereotype of a large proportion of the target group had limited knowledge about HIV and AIDS.

[26] http://brage.bibsys.no/xmlui/bitstream/handle/11250/162252/2006-3.pdf?sequence=1
[27] http://brage.bibsys.no/xmlui/bitstream/handle/11250/162252/2006-3.pdf?sequence=1

At that time most people still refused to believe that AIDS was a disease. The general level of knowledge about the infection, treatment, prevention, care and support for PLWHA were insufficient. It was on this background that the project was presented to NORAD for funding through SIK.[28]

Through its hospitals and health centers, the Church (EELC) tries, with the help of its Partners such as the Norwegian Mission Society (NMS), the Sudan Mission through the Evangelical Lutheran Church in America (ELCA) to assume these goals. The State of Cameroon through the health ministry also helps the ELCC to take care of the HIV and AIDS patients regardless of their tribal origin or religious sensitivity. Thus, the interest of the Church is to care about the whole body. In other words, not only spiritual aspects of the human are considered, but also the physical, social and economic developments, etc. This was the main reason for the creation of the project "ALL AGAINST AIDS". But in this last aspect, only the NMS took part of the fight alongside the EELC. The NMS provided necessary funds for the implementation of the project and its operation.

Short Description of the Sites Project and Objectives

The project "ALL AGAINST AIDS" operated in three of the 10 regions of the country: Adamawa, East and North. With its Coordination Office located in Ngaoundéré, most of the activities were executed in this city which is also the regional capital of Adamawa. The project was implanted in the health structures of the Church.

The EELC has three hospitals and a great number of health centers within three regions. Those are: Ngaoundéré and Ngaoubéla hospital in the Adamawa region, and Garoua-Boulai in the East region. As many other structures within the EELC, hospitals and health centers were created to promote evangelization in the northern part of Cameroon. The Adamawa region held general bureau since the beginning until now. They are part of the so-called "diaconal structures" because of their aspiration in connection with the church's goals as I have already mentioned in chapter3, page 23. However, "ALL AGAIST AIDS" project was implemented in mainly 3 Regions: Adamawa, North, East with limited actions in the middle of Cameroon. Administratively, Adamawa is divided into 5 Divisions, 18 Sub-divisions, 3 Administrative Districts and 21 councils. The project activities have in principal been executed in the Adamawa Region. Its Coordination Office was located in Ngaoundéré, the Regional capital. But for my

[28] Most of the information are taken from the PLS reports and interviews.

fieldwork, I am interested in Ngaoubéla Hospital and the Meiganga Health Center because of reasons I have previously given.

In each hospital and health centers s in the EELC, there is a team responsible for the care of patients of HIV and AIDS. This is many years ago. When this dreadful pandemic began to wreak havoc among the Cameroonian population in general and that of Adamawa in particular, the EEC found better to organize itself for the occasion. The HIV and AIDS project was created. Teams in the project in general consist of doctors and nurses, and pastors of the church detached from their daily work and made available for the HIV and AIDS patients. It comes that the figure of the Sub-Saharan Africa on the issue of HIV and AIDS in general, and the context of Cameroon, is gloomy. This reality influences the life of the PLWHA in the Adamawa region at many levels.

The project “ALL AGAINST AIDS” was created to combat HIV and AIDS disease in the Adamawa region. Challenged with the threatening reality of HIV and AIDS in Cameroon, in general, and in the Adamawa region, in particular, the EELC decided to set up a control plan. She created a project called “ALL Against AIDS” or PLS Project. With the Senter Kommunikasjon Interkulturell (SIK), a Norwegian Partner as the Manager. SIK owned in part by NMS and Misjonshøgskolen. In 2004, the Norwegian Mission Society (NMS) replaced the SIK in this place, and SIK assured therefore the monitoring of the project. As such its task was also to write reports documenting the project progress.

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is to receive people already infected by HIV and AIDS virus or not. In general, there are two ways which can help to know someone's HIV status. The management concerns the psychological and moral aspect. In 2002-2003, many people living in Adamawa, including members of the EELC, stereotype of a large proportion of the target group had limited knowledge about HIV and AIDS. At that time most people still refused to believe that AIDS was a disease. The general level of awareness about the infection, treatment, prevention, care and support for PLWHA were insufficient. It was in this background that the project was presented to NORAD for funding through SIK.

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Brief Description of the Structure of the Project and its Performance

The EELC Arch Bishop was the Chair of the 'All Against AIDS' project steering committee and works in collaboration with the project coordinator. There are four departments in the church namely; the evangelical, communication, education and heath with each headed by a director. Each departmental manager is in charge of all the projects/programs within the respective department and works with a project coordinating committee in the implementation of the project. All decisions concerning the work or human resource in the department are under the OSEELC Board through the Executive Committee or the steering committee for the project, in this case, PLS.

Moreover, the Constitution is the guide of the EELC's operation. This constitution serves as a reference point for leaders and management providing directions on legal procedures and operational principles that govern the church and her members. From this structure, various policies including the human resource and operating procedures are laid out. While examining the EELC efforts in the fight against HIV and AIDS, and about the recommendations of the PLS evaluation report of 2010, the church leadership has made positive steps towards supporting staff. About pastors who are either affected and infected with HIV and AIDS, the

church declared that all persons are equal before God and deserved equal treatment according to the teachings of the Bible.

The Constitution of the EELC is not clear on what should constitute such a support/treatment of members of the church and pastor /church leaders who are infected or affected by HIV. But the step of the church for solidarity and support to those affected and infected with HIV was in its self a favorable decision. It contributed to the reduction of stigma and discrimination of PLWHA in the church during the running time of the program.

With the modification of a primary criterion, the EELC introduced into its Bible Training Colleges canceling against the rejection of students who were infected. As profiled in the evaluation report of 2010, discrimination of persons living with HIV by EELC from joining the evangelical training colleges was noted with great concern. They lifted the restriction, and prospective candidates do not need to go through a medical test as previously required to prove their HIV status. It was a commendable step towards fighting stigma and discrimination of PLWHA by EELC.

To conclude this chapter which comes to its end, it is necessary to say that was an overview of the context of HIV and AIDS in Sub-Saharan Africa on the one hand, and the particular case of Cameroon and that of Adamawa. The chapter, on the contrary, described in great detail EELC's commitment in the fight against this pandemic, with the creation of the project called "ALL AGAINST AIDS" or PLS. This information is also used in Chapter 6, to analyze and discuss the theories presented in Chapter 3.

Briefly, chapter four presented both context of HIV and AIDS in the Sub-Saharan Africa. and in particular the one of the Adamawa. Chapter Five that follow puts an emphasis on achievements of the “ALL AGAINST AIDS” Project and its impact on the PLWHA in this part of Cameroon.

Chapter Five

PATIENTS’S EXPERIENCES WITH THE “ALL AGAINST AIDS” PROJECT

In this chapter, I will present the experiences of the PLWHA at Meiganga and Ngaoubéla with the “ALL AGAINST AIDS” project. First I describe the background of the victims and how they organize their private life. The chapter also enumerates the activities promoted by the

"ALL AGAINST AIDS" Project in the cited localities, Meiganga and Ngaoubéla. Most of the information were gathered via interviews, observation and many documents of the VID/School of Mission and Theology. I have reported data sources collected from patients' experience with the EELC's health structures table 2 above (chapter 2). The informants are classified under genders in one hand, and by locality where I interviewed them in the other hand.

Informants' Background and their Contact with the "ALL AGAINST AIDS" Project

Informant's Background

I did not have the opportunity to meet with single persons, neither in Meiganga or in Ngaoubéla. I talked with the medical managers who introduced me to Informants regarding my wish to meet with people of mixed marital status, singles included. Among the interviewees, there was also a polygamous.

All the informants I interviewed were married or had become widows, but there was no widower because men mostly married another wife after the death of their wife. In some cases, a widow can decide to remarry, but it does not happen often because of the burden of having to raise the orphaned children. In general, men are not willing to take the charge of the orphans. They prefer in these conditions; a cohabitation with the widows without being married. One of the example of this cohabitation was the case Pipim, as she specified in her talks with me in that aspect. She said: "Three years after the death of my husband I wanted to get married with another man, but the one I met chose a cohabitation instead of legal marriage. Since then, we are together."[29] Each of the Informants had their own story, before he or she arrived at hospital.

How Victims were introduced to the ELCC's Health Structures

In general, four reasons justified patients' first contact with the health structures in the EELC, according to the testimonies of my informants. Among other reasons, there are cases of illness, antenatal [The antenatal is the medical care of a pregnant woman until childbirth], voluntary testing and the death of a partner. The information I have collected in interviews shows this trend. But the predominant reasons that I have identified is still cases of illness and the antenatal. More details on the contact story are in table5 below. This table recounts the genesis of the patient's first contact with the ELCCs' health structures.

[29] Pipim, Meiganga 15 July 2015.

Table**5**: Patients first contact with the structure of the ELCC hospital or health center

LOCATION	Reasons[30] and Number of the case				
	Voluntary testing	**AIDS death partner**	**Antenatal**	**Illness:** Malaria (1), Tuberculosis (1)	**Other**
NGAOUBELA HOSPITAL	1	1	0	3	0
MEIGANGA HEALTH CENTER	0	1	3	0	1
TOTAL	1	2	3	3	1

Out of ten patients, three were found HIV and AIDS positive when being treated for others illness. The interviewees said that apart from the case of HIV, malaria or tuberculosis and sometimes both, these diseases were found after medical examinations. The leaders responsible for the project "ALL AGAINST AIDS" (PLS) of Meiganga and Ngaoubéla gave me the same impression. According to these leaders, it is possible that a person can carry more than one disease or microbe at the same time. Besides, they stated that such a situation may make the diagnosis difficult to carry. Unfortunately, until now only less is known about the interaction of malaria, tuberculosis, and HIV.

In this section, I choose to present three stories of my informants. The first of these stories is from Louke (a widow), the second from Samsam (polygamous) and the third from a married young man. All the three stories were collected from the informants I interviewed in Ngaoubéla.

Louke. She is a widow of about 37 and is a mother of four, two boys and two girls aged between nine and seventeen. Her husband died eight years ago of AIDS, at the time of the interview. She was in the Ngaoubéla hospital for reasons of medical care and was living some 35 kilometers from Ngaoubéla. Here is how she has described her first contact with the project "ALL AGAINST AIDS":

My late husband was amiable. He died some years ago, precisely eight years of

[30] The reasons evoke the circumstances that brought each of my partners for the first time to discover her HIV status.

> living with *this*[31] disease. Three months later, I too began to feel sick so that it was impossible for me to work. After five months of illness, I could not even prepare food for my children. They did it themselves when they returned from school. My health was deteriorating day by day and the situation was painful so that one of my brothers came with me here, in this hospital. After examination, the medical staff told me I was HIV positive with the stage of AIDS. As you can see, I am now under treatment and I am feeling better than ever since the beginning of my suffering. But my brother who came with me at the hospital died of AIDS a year ago. Even now, I am struggling to survive with my children who are no longer at school, because of lack of money. Hiiii i i...[32]

After having said this, she started crying and hitting her right hand on the cemented floor of the office where we did the interview. I have analyzed and commented her reaction in chapter six that follows. Louke was a Christian and a member of the EELC.

Samsam was the oldest of all I interviewed. He was about 55 and was a Muslim. He was also a polygamous with two wives. But only one of his wives was informed of his HIV positivity. Thus, Samsam was receiving treatment discreetly at Ngaoubéla hospital. He was there with his second wife. They both decided to travel some 45 kilometers far from their village just to hide his status. He came alone when I asked for the interview. Here is the story of his first encounter with the project:

> It is almost a year ago, I was brought to this hospital because I was sick. It was exactly in August 2014. Then, I was operated on for a hernia. Following this surgical surgery, a nurse asked me if I would accept an HIV test. Being at that time alone in my room, I said yes. He took my blood and after a few days while I was again alone in my room, I was told about my condition. I hid the medical report in my pocket and nobody has seen it until today, except my second wife. We will continue with the treatment until. I recover.[33]

When Samsam finished with his story, he laughed and he fixed his eyes on me. And when I asked him why he did not want his first wife to know about his disease, he laughed and with his left hand on his mouth said: "Hé hééé[34]. She will climb up to the roof of the house to shout my HIV status. No, I cannot tell her that I am HIV positive. Never. Hé hééé, pas-tor."[35] *Hé héé*...is a way to express a concern, surprise or astonishment in this culture.

Zouk is a young married man of about 28 at the time of the interview. Zouk was a Muslim. He

[31] At first, she refused to name the disease she was talking about. It was only at the end of her story she pronounced, in crying, the name *AIDS*.
[32] Louke, Ngaoubéla, 19 June 2015.
[33] Samsam, Ngoubéla, 22 June,2015.
[34] *Hé héééééé* is is a way to express a concern, surprise or astonishment in this culture.
[35] Samsam, Ngoubéla, 22 June, 2015.

said to have been found HIV positif after a voluntary testing organized by the project "ALL AGAINST AIDS" in Ngaoubéla hospital in May 2015. This was about a month before the interview. He was not ready to tell this to his wife. His story was as follows:

> I do not know why I accepted the test. But nobody forced me to it. Now; I am asking myself how the future will be. I wish that a cure for AIDS is quickly found. If not, I would have committed suicide. I cannot support a treatment for life. And if I had known, I would not be married.[36]

And when I asked him if his wife knew of his HIV status, he said no. Then he swore never to tell her for he does not want to discourage her. I chose these stories to highlight the current realities on the ground such as the ignorance of many people about HIV and AIDS in the Adamawa region on the one hand, and the fear of disclosing their HIV status on the other.

How the PLWHA organize their private life

For the first sequence of the question which was: "how do you organize your life personally?" Answers were diverse. Some of the informants said they were totally dependent on the program of those who assisted them. This aspect was found among the category I have called the "direct victims A". This category represents those who are still very ill, as already specified. To illustrate this condition, I have selected four of their stories. Three of the answers were collected from interviewees from Meiganga and one from an interviewer in Ngaoubéla. All stories were gathered from women. Names and their order referred to table 2 above.

La'ma. With a deep breath she said: "Huuuum. How can I organize myself in this condition? As you are seeing I am lying all day long on my bed. Now, now, now."[37] She stopped speaking and stares at me. Her deep and long breathing. Then, she turned her face to the wall and began to weep aloud. I stayed there with one of his sister for more than fifteen minutes. When I wanted to go, he turned his face to me and said: "Please do not forget me in your prayers."[38] She once more took her previous position, her face back to the wall.

I interviewed La'ma in his hospital room. His sister told me it was the second time he was admitted in this hospital. He has never been member of any Support Group.[39] Otherwise,

[36] Zouk, 24 June, 2015
[37] La'ma, Meiganga 23 June 2015
[38] La'ma, Meiganga 23 June 2015
[39] A Support Group in the context of the fight of HIV and AIDS in the EELC is a group of about 16 PLWHA who share their experience mutually. I developed it in detail below, in this chapter. I presented it in details in chapter 5.

some of the interviewees said they try to plan some agricultural activities, such as gardening, just to provide for basic needs. Others say they are dealing with their small business like selling donuts, peanuts and firewood.

Pipim said: "As usual, my husband does not know my HIV status. So, I am trying to avoid any remarkable changes in my program."[40] Then, she added: "What is done is done."[41] Moreover, interviewees said that Support Groups which existed at the beginning of the creation of the project disappeared after many years of activities. The reasons given were among others the design of cost-effective projects that had not sought the opinion of the beneficiaries. Moreover, some beneficiaries had almost diverted the projects for their own account. Since then, each of the patients tries to do a little business in order to respond to some basic needs.

Homhom said: "It is not easy at all. If it was possible to come back to the option of groups or associations, and better organize them for the benefit of all. There will be no doubt that most of us will accept this initiative." But still that PLWHA are doing what they can to survive.

Each of the interviewees insisted on the observation of advises they receive at hospital/health center. For example, all of them insisted the necessity for them to take their drugs every day and on the indicated time. They also mentioned the benefit of a good diet. They, in principal, focused on **t**heir need to abstain from the consumption of alcohol, tobacco or drugs, and the use of condoms.

Apart from that, **Na'am** added something different. She said: "I opted not to think a more about this disease. I try to live a normal life. I also associated my husband to the new reality. And its works. There is no particular problem now."[42] I observed that she was very relaxed and happy to contact me. I even felt she wanted to say more, but the crying of her baby forced her to leave. Na'am never came back for the appointment the next day until I ended with fieldwork and left the locality.

Supports of the PLWHA with "ALL AGAINST AIDS" Project

The Project's supports to the PLWHA included material, moral and spiritual aspects.

Material Support and Care for the PLWHA

In terms of medical treatment, the interviewees said there were satisfied, except some rare

[40] Pipim, Meiganga 13 July 2015
[41] Pipim, Meiganga 13 July 2015
[42] Na'am, Meiganga 29 July 2015.

moments of shortage of ARVs and ART[TBK1]. However, some patients wished to get rid of the disease immediately. It was for example the case of Kangou who said: "I was without hope before coming at hospital. I thought my live has ended. But now, I hope to rebuild my life one day, even if it is gradually.[43] She had a month ago given birth to twins, a girl and a boy without HIV virus. Kangou followed the antenatal until she delivered her baby. it was the Meiganga health center were "ALL AGAINST AIDS" took care of her during her pregnancy.

Otherwise, some ethical questions and the availability of medicines were raised up by some of the participants. The following paragraph focuses on these aspects.

In short, opinions were positive. But some of the patients wished more attention from the project. To this question, Na'am insisted: "They should consider us as other patients without discrimination. Also we do not want to be neglected. We also need discretion."[44] Kangou said almost the same thing as Na'am. Moreover, they regretted the frequent breaking of the support and wished to receive them as much as possible. In addition, food, soap, etc. for those patients who cannot work.

The "direct victims A" received aids the "ALL AGAINST AIDS" regularly and in all kind for their daily basic needs (soap, food, blankets and clothing, financial supports), available [TBK2]in the Project ones per week and sometimes even more. But when the project came to its completion, the aids was occasional. Louke testified the importance of this support in the interview I had with her. She said: "From the death of my husband I am alone in taking care of my children. Until now I cannot work because of illness and my children are still very young. What can I do if the hospital does not help me? I like educational talks about this [TBK3]disease. This is a huge help to me."[45] For a complete action in this support, the project has brought to the PLWHA moral and spiritual aspect.

Moral and Spiritual Support

The Church provides moral and spiritual supports to the PLWHA through the project "ALL AGAINST AIDS". Among the assistance the interviewees wished to receive from the project, was also the support in many aspects of their daily lives. They mentioned the continuity of the offering of ART and antibiotics. The PLWHA practical advice, material, and financial aids. Almost all of them insisted on moral and spiritual supports.

[43] Kangou, Meiganga 29 July 2015.
[44] Na'am, Meiganga 29 July 2015.
[45] Louke, Ngaoubéla, 30 June 2015.

In this, Zaza said: "this disease-HIV and AIDS, has taken away many of my friends and some of the persons I know. Some died, and others took distance from me. I am now with my reduced family. Nothing is too hard to bear when losing important persons. If I were not in the support group, I would have already died."[46] Zaza was of the opinion that the project created a support group at Dir, in her village where she resides. She said that it is a too long distance between where she lives and where she receives support. She had to travel more than 35 kilometers at least twice each month. Some of the Informants wished the project help their children with education cost or medical needs when they [TBK4]are sick. Furthermore, all of them wished an unlimited support. In other words, they need help until they are cured of AIDS. Furthermore, the project initiated groups of support for the PLWHA.

For the distribution of ART and antibiotics, I observed that almost all of the interviewees started their answer at this point. It seemed to at the end of my fieldwork as if I interviewed them during a plenum. Interesting. They gave the same answers, but each of them with his/her emphasis. I have chosen two of these answers as an illustration. The first one is of Pipim and the second is of Zaza.

Pipim said: "Nothing. Except my drugs."[47] And Zaza: "Drugs for my treatment."[48] By drugs, they talked of the ART and anti-biotics they often gave to them). Furthermore, the project initiated groups of supports for the PLWHA where the project "ALL AGAINST AIDS" was established.

About the PLWHA Support Groups

In my knowledge and before the creation of the Project "ALL AGAINST AIDS", people infected by HIV virus suffered isolation and could not share among themselves. Any official and organized group for the support of the PLWHA did not exist in the Adamawa region.

> yet are essentially small-scale, local idiosyncratic to the circumstances for which they (communities) were created, not necessarily replicable on a large-scale or in a different environment. What is the at issue is the need for courageous thinking that can go beyond existing ways of providing support and encouragement to families and communities… The challenge is to use all the existing social and support structures…while at the same time endeavoring to devise new approaches that will enable families and communities to scope… (Sampa et al 1999, 64).

[46] Zaza, Meiganga 27 July 2015.
[47] Zaza, Meiganga 27 July 2015.
[48] Zaza, Meiganga 27 July 2015.

Stigma and Discrimination TowardS the PLWHA

"Qu'on nous traite comme les autres malades"[49]

HIV and AIDS associated with stigmatization and discrimination often generates exclusion of victims. Patients' statement above, *Qu'on nous traite comme les autres malades,* could reveal such a negative reality towards PLWHA in ELCCs' health structures. But the disastrous effects imposed by the HIV to mankind requires commitment in all aspects of life. It is only by this way an effective and definitive response will be possible. Therefore, stigma and discrimination represent an obstacle to the fight against HIV and AIDS. In consideration of this fact, Virginia Bond said

> It has become clear that HIV-related stigma and discrimination stand in the way of people seeking to know their HIV status. Those who are aware they are HIV-positive … often do not reveal their status for fear of the very real risk of being socially ostracized, abandoned or subject to physical harm[50] (Bond 2002, 30).

In the context of HIV pandemic stigma and discrimination can complicate any temptation to overcome the disease. They cover victims of shame, and it humiliates them. This is difficult to accept for many, considering the African cultural context. An adage [TBK5]states that "it is better to die than suffer shame and humiliation."[51] In the Dii culture, an ethnic group of people living in the northern part of Cameroon and to which I belong, stigma is often compared to the attitude of two small animals, the tortoise and the snail. These animals have something in common. Affected, they hide in their natural protection, the tortoise in its shell and snail in its shell. hey come out only when they feel that the dangers walked away[52]. Stigmatization can be considered as an aggression, if we understand it as "generally refers to acts that inflict physical, psychological, and/or social harm (injury/distress) on an individual or individuals" (Kurz

The above connection between stigma and the attitude of the tortoise and the snail also exist in other sub-Saharan African cultures. [TBK6]

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[49] The possible translation from French to English could be: "We want to be considered with dignity" or "the care givers should treat us equal as they do other patients."

[50]

[51] Informal.

[52] An illustration taken from my own cultural background, the Dii culture. Dii are a small ethnic group of about 70. 000 people. In Cameroon, they are found in two regions: North and Adamawa regions. The word *DII* means "to stop-for the continuation of the journey." It can also mean "black-for the black in color". In order to know more about the Dii people, See, Kåre Lode. *Appelés à la Liberté;* Tomas Sundnes Drønen. *Communication and Conversation in the Northern Cameroon: The Dii People and Norwegian Missionaries (1934-1960).* Leiden/Boston: Library of Congress, Cataloging-in-Publication Data, 2009; C. H. Allen. *Africa Bibliography: Works on Africa Published During 1994.* Edinburg: Edinburg University Press, 1995; Miriam T. Stark, Brenda J. Bowser, & Lee Horne. *Cultural Transmission and Material Culture: Breaking Down Boundaries.* Tiscom: The University of Arizona Press, 2008.

Theologically, stigmatization is often linked to sin, dirtiness, unclean. Certain biblical texts, for example, cite some diseases that make the patient an unclean or untouchable. I take, to illustrate my point, examples of leprosy or being born blind, just to name a few. In Leviticus 13: 2-3, it is said the one who has leprosy is unclean. It is written:

> When a person has on the skin of his body a swelling or an eruption ... The priest shall examine the disease on the skin of his body, and if the hair in the diseased area has turned white and the disease appears to be deeper than the skin of his body, it is a leprous disease; after the priest has examined him he shall pronounce him ceremonially unclean (Leviticus 13:1-3).

The sequence "he shall pronounce him ceremonially unclean" is often seen by some bible commentators as discriminant (Leviticus 12: 12; Matt 17: 14-20). The text is about a born blind man cured by Jesus near the Temple of Jerusalem. The question of a disciple proves the evidence of what was taught by the Law of Moses, "Rabbi, who sinned, this man or His parents, That He Was born blind**? (**John 9: 1-11). To be born blind was considered as the result of a sin committed. This example shows how some sick people were discriminated or stigmatized on biblical or theological foundation.

In the era of HIV and AIDS, these same considerations create and sustain stigma and discrimination, to the great misfortune of those who carry the virus. I then understood why respondents during my field research first cast a furtive glance on all sides before joining me in the interview room. In addition, about several of them said: "Qu'on nous traite comme les autres malades," wich means, "if they could only treat us as they treat other sick", This indicates their complaint of being marginalized.

Activities initiated by the Project "ALL AGAINST ADIS" to promote Change for the PLWHA.

The project initiated diverse activities to equip PLWHA. I can classify these activities in two groups: those intended to give people living with HIV and AIDS the necessary knowledge about this disease on the one hand, and practical training preparing them for income generating activities, on the other.

Trainings of the PLWHA Regarding HIV AND AIDS Subjects

The "ALL AGAINST AIDS" staff organized various training, which happened at the level of local communities. The main idea of the training was to increase the knowledge and under-

standing of HIV and AIDS among church leaders (pastors, catechists, women and youth leaders), PLWHA Support Groups members and their leadership, health staff, and the animation team. The training concerned everybody without exception. Thus, taking into consideration the "biblical understanding, the frontier of diaconal service in principle do not follow the boundaries of churches, ethnicities, gender" (LWF 2002, 27), the program included Christians as well as Muslims and African traditional religion followers.

A relevant curriculum of the training, as well as manuals acquired from diverse sources, helped to cover the needs of the particular groups or individuals. The appreciation that pushes the evaluators of the project "ALL AGAINST AIDS" to say that "the manuals used for training on HIV and AIDS were adequate, but no manuals were available on psychosocial support for PLWHIV." (Kwenti Tebit 2014, 37).

Furthermore, this strategy incorporated many issues of HIV facts, transmission, prevention, treatment, care, and support. For those of PLWHA, who have the opportunity to attend the various sessions of these training, they testified on the real and relevant quality of what "ALL AGAINST AIDS" contributed to their equipment. Here are some of these testimonies I collected from the interviewees on fieldwork. I selected two respondents' evidence among many other touching stories. The first story is from Kangou.

> I integrated "ALL AGAINST AIDS" in 2004. At that time, I was ignorant of all what concern HIV and AIDS. So, the project invited me for the first time for three days' seminar on this pandemic in Ngaoundéré. I think it was in 2005. What I learn during the workshop about HIV and AIDS has taken away the fear I had of being an HIV-positive. I learned what this disease is, the mode of transmission and many other information about HIV and AIDS disease. I participated in many seminars organized by the project. But teaching on how the hygienic practices as a victim of AIDS, what to eat and how to take ARVs have been a great help for me. Here I am now in the process of continuing to live. I think nobody can know I'm seropositive if I did not tell him. I appreciate this project and all the benefactors who have done everything for us. For me, the project is not finished. I say this because I continue to share with others what I have learned.[53]

As a reminder, Kangou is the interviewer who gave birth to twins. Na'am[54], meanwhile, regretted having known the project just before the end of the project in late 2012. Na'am's:

> I received some brochures from "ALL AGAINST AIDS" project. I took part in two seminars. It was interesting to be there. Films and cartoons about HIV and AIDS, photos of PLWHA were very touching. I remember all these things as if it were today. With this experience, the desire to always share and always these stories grow every day. I had difficulty accepting some images of people living with HIV and AIDS, but it is part of the realities for many persons today. I still talk to my children and those who have not

[53] Kangou,

[54] Na'am is the interviewer who left the interview and never returned because of the crying of her baby and never came back again.

had the chance to know this project.[55]

Kangou and Na'am told me their stories individually. As I said above in chapter 2, I spoke with each of my informants one after the another. With these stories, I thought about what the role of diakonia about. According to Ferguson and Ortega:

> Diaconal empowerment seeks to initiate processes which in development discourse are called the building of human capacities. It refers to making people aware of their God-given and inherited gifts, abilities and talents are given to them to be expressed in the ordinary life and the body of the church. The aim is build self-awareness and human capacities, so they are capable to be agent of transformation. (Ferguson and Ortega 2002,3).

The Apostle Paul expresses almost the same idea when he says: "…God did not give us a spirit of cowardice, but rather a spirit of power and of love and of self-discipline." (2Tim 1: 7-8a).

Chapter Six

ANAYLISIS AND DISCUSSION OF THE PLWHA'S EXPERIENCES WITH "ALL AGAINST AIDS" PROJECT

The previous chapter presented the experiences of the PLWHA related to the diaconal work of the EELC through the "ALL AGAINST AIDS" project. In this section, I discuss and analyze these experiences based on the presentation of them in chapter 5. The analysis is from the perspective of diaconal action and how diakonia is understood.

I have divided this analysis into five sections. Section one (6.2), is an analysis of the informants' first contact with the project "ALL AGAINST AIDS". Section two (6.3), is an analysis of how the PLWHA organize their daily lives. The third section (6.4) consists of explanations and analysis of moral and spiritual support for the PLWHA. The fourth section (6.5) is the statement of stigma and discrimination and analyzes their impacts on the PLWHA. The chapter also extends its demonstration on the challenge for the EELC to combat stigma and discrimination associated with HIV and AIDS. The fifth and last section (6.6), but not the least, focuses on the empowerment of the PLWHA and analysis of the urgency of a holistic transformation of the victims.

[55] Na'am, Meiganga 29 July 2015.

Informants' Background and their Contact with "ALL AGAINST AIDS" Project

Review of Informants' Background from a Contextual Perspective

Marital status can, in general, be considered as a privilege because it often protects partners from HIV infection as long as they are faithful. In my data material, I have found that the reality was quite different for the people I interviewed.

About the remarriage, this is often done without taking a test in advance. Sometimes the partner even knows his or her HIV status but says nothing about it to him or her. In Adamawa, HIV and AIDS are often associated with sexual misconduct and uncleanness. These data raise the recurring problem of the intervention of the diaconal work in a context where AIDS flourish throughout the church and beyond. It is said that "diakonia must reflect its unavoidable relation to its environment with all its dimensions: social ... and cultural" (LWF 2009, 16). As a service to the needy, "diaconal action has changed from generation to the next according to contextual conditions."[56] To effectively respond to HIV and AIDS its context, the project "ALL AGAINST AIDS" challenged traditional taboos and some fundamentalist interpretations of sacred books (Bible and Koran) which condemn or refuse the use of condoms by adapting its teachings. The ALL AGAINST AIDS project sensitized people in public places, churches, and mosques on the utilization of these materials.

It is not a manner of encouraging sexual promiscuity in married couples, but to teach the use of condom was meant to preserve the health and the life partners with regard to sexual activity in marriage. Because the fact that the EELC is the owner of the project, "ALL AGAINST AIDS" it implemented diaconia while fighting against HIV and AIDS.

According to her statement, Louke's first contact with the Ngaoubéla hospital was due to an illness that followed the death of her husband. In Luke's case, as she described in her story (see chapter 5), this is not unique in Cameroon and especially not in the region of Adamawa. Many people can account for a similar story of their experiences with HIV and AIDS.

Fewer people accept the HIV screening. The project underlined this reality in its report of the 2009-2013 report. It was noted that: "A review of HIV voluntary counselling and testing activities conducted during the project period shows more people turned out for HIV test at the

[56] By "first contact", I mean the reason(s) which led the informant to the project "ALL AGAINST AIDS" or the EELC Health structure.

beginning of the project and gradually the number declined on annual basis."[57] The reasons are many and explanations can be found for such an attitude. Among other reasons, is the "Fear of being found HIV positive and ignorance of the available ART, care and support system in hospital and community" (Norad 2015,)

By integrating the Proje[TBK7]ct "ALL AGAINST AIDS" in the health structures of the EELC, one of the EELC's objective was also the promotion of voluntary testing activities.

The fact that Louke was found infected at the hospital only when she was ill reflected the continuous need to promote voluntary testing. The reason people do not want HIV screening is most likely due to fear of stigma and discrimination. This aspect is also part of section four when discussing issues of stigma and discrimination.

Spiritual and Moral Support for the PLWHA

In an African context where the culture reflects that people used to enjoy themselves at any moment with others, what Zaza said is easy to understand, repeat what she said here with one sentence. In African communities, when a family member or a friend dies, it is a great loss that no one can replace; only assistance of others can help to stand the situation. The "ALL AGAINST AIDS" project created Support Groups for such a purpose. In many AIDS infected (and affected) communities, the mechanism that keeps households from destitution consists of material relief, labour and emotional support provided by community members. These supportive actions are of clearly understood system of solidarity that ensures that individuals will receive the same assistance to that provided if infected (or affected) by similar adversity.[58]

The project "ALL AGAINST AIDS" aimed to achieve this sense of solidarity as stated by Forster when it the created Support Groups. It is in such an action that the EELC promotes and practices its diaconal ministry towards the PLWHA through project. Rooted in Jesus example of love, diaconia "portrays the service of Jesus as powerful action in the sense that the disciples 'have share' with" (LWH 2009, 26).

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[57] NORAD.no, "Report on impact evaluation of the project ALL AGAINST AIDS. Ngaoundéré Cameroon" available at https://www.norad.no/globalassets/import-2162015-80434-am/www.norad.no-ny/filarkiv/ngo-evaluations/27/01/2015/report-on-impact-evaluation-of-the-project-all-against-aids-ngaoundere; site accessed 24 April 2015.

[58] Geoff, Foster. "*Understanding Community Responses to the Situation of Children Affected by AIDS: Lessons for External Agencies*" in One Step Further-Responses to HIV/AIDS, Anne Sisask. SidaStudies no.7. (Elanders Novum AB, Gotthenburg, 2002), 236.

In the Ngaoubéla hospital, no support group exists. The ones in the past have disappeared due to mismanagement and quarrels between members. At the time of my fieldwork, the project was working with individuals in Ngaoubéla. Only Meiganga still has a support group, but most of them seem to have disappeared. But the project leader told me he is working to reorganize once again the patients under new support groups. The importance of support groups is that PLWHA receive throughout this local organization new knowledge about HIV and AIDS. It also helps to empower the PLS and is the place to talk with individuals on unlimited subjects regarding HIV and AIDS. In short, support groups were used to educate patients mentally, socially and economically.

Support groups remain an important community structure that continues to show the capacity also for psychological support for a positive living for the PLWHA and their needs. Its working method which is open to all useful talks between members modeled on African family meetings facilitates the integration of all member groups. So, the introduction and promotion of Support Group within "ALL AGAINST AIDS" project was an appreciated initiative. However, it takes time and investment (moral support and finances) to see for such groups to mature to an independent and open-minded committee.

Furthermore, the project created Support Groups to respond to current problems of patients, because "the stigma and discrimination that accompanies HIV and AIDS only serves to amplify personal pain and suffering and…increase despair and guilt, resulting sometimes in depression or suicide" (Bond 2002, 31), as its identified a high level of stigma as one of the principal obstacle to the fight against HIV and AIDS[FI8] in Adamawa.

Stigma and Discrimination towards the PLWHA

People who live with HIV and AIDS, in particular, those of the region of Adamawa, sometimes act like the two small animals I described in the previous chapter (chapter 5), the tortoise, and the snail. The tortoise and the snail hide. Because of stigma and discrimination that marginalized them, it often happens that they are afflicted and prefer not to expose their problems to other people for help. Instead they want to hide. Moreover, some can create irreversible situations. In a case of rebuff, many choose not to show they are infected. By avoiding the oppression of stigma and discrimination, victims continue to spread the virus, either by revenge.

I know a story in the Adamawa in which a senior official of the Cameroon public administration instead decided to contaminate as many women as possible of HIV in his

lifetime. He attracted his victims (women), usually young school girls, with a lot of money and took care to mention the names of all the women he had sexual relations with, as well as the reason of his act in his diary. The day he died, people found more than fifty names written in this journal. Many of these women were no longer alive. Among other reasons, he said he avenged the scorn he endured from some people because of his HIV status. This real story took place in 1989, long before the creation of the project[TBK9].

Or because they are in need of subjective satisfaction and do not wish to be cautious. They lack understanding of their responsibilities and of their exposing the uninfected persons at risk. One of the reasons of such an act is because their dignity is often compromised or ignored by others. So, stigma produces discrimination and both alter HIV victims' dignity and install frustrations for these patients and their families. The non-recognition of other's dignity in general, and the one of people living with HIV and AIDS in particular is a great source of injustice which affect the basic right to live. The debate on the concept of human dignity is not a creation of the 21th century. As Antonio BARBOSA DA SILVA says "the word 'dignity' has been used throughout the history of ethics in different ways." (Barbosa, 12-13). [TBK10] I have found this concept important for my study[TBK11][TBK12]. as some of my interviewees insisted on its preservation for their own goodness.

Empowerment and Transformation of the PLWHA

"The history of diakonia, especially after the 1930s …shows that in many cases servility became part of diaconal lifestyle and performance" (LWF 2002, 30). Diakonia is never only words, but action, looking for ways by which transformation may take place (LWF 2002,32). Moreover, the objective of the "ALL AGAINST AIDS" Project was achieving the EELC's mission.

Transformation as the Result of the Empowerment and Process

In the context of HIV and AIDS, concepts of transformation and empowerment are essential for diakonia. "They show the basic directions of diaconia work, and at the same time transformation, …empowerment indicate how the work is done and by which values it is oriented (LWF 2009, 43). Therefore, it is possible to understand why the ALL AGAINST AIDS" Project incorporated them in its fight against HIV and AIDS in Adamawa.

The PLWHAs' experiences with "ALL AGAINST AIDS" project generated a lot of nostalgia and regrets. According to the stories of my informants, those who participated in some of the seminars conducted by the project still have a fresh insider knowledge of the programs for PLWHA. For some of them, training for capacity building in favour of beneficiaries to improve their social and economic situation constituted a great part of this process of change. They acquired knew knowledge, experience a new life and can share what they know. This capacity building reflects the fact that "diaconal work aims at empowering people to participate in processes of change (LWF 2009, 71).

The "ALL AGAINST AIDS" project was realized as part of the diaconal action of the EELC to benefit many people in Adamawa. The project strengthened people by organizing lots of training, in particular for the PLWHA.

Furthermore, he LWF considers diaconal action as a way for the forgotten society to assert themselves. Because, very often, it happens that individuals are reduced to anonymous parts of a target group, or characterized as victims, recipients. What is important to consider is that each person carries personal experiences of suffering and hope, and also capacities that are to be affirmed and strengthened in the process of transformation. Kangou's and Na'am's appreciations of the training program of the "ALL AGAINST AIDS" could be understood as illustrations of the fact that individuals, even the weakest, may change. Therefore, they need they are given the chance. When Kangou says: "I was ignorant of all what concern HIV and AIDS… I am now in the process of continuing to live… I continue to share with others what I have learned."[59]

I noticed three phases in Kangou's words: First, I was ignorant. Second: I am now in the process Third: I continue to share. By taking into consideration these steps, it appears that of transformation is a process which can come, in return, from a transformed person. According to what Kangou experienced with the "ALL AGAINST AIDS" Project and by sharing what she learned from the Project, she became a trainer for other persons. It could signify the fact that "each carries individual experiences…and also capacities…in the process of transformation."[60] The experience of Na'am with "ALL AGAINST AIDS", was beyond the actual fighting. There was an important aspect which is the awareness of people against the dangers and harms of HIV. When she says: "I had difficulty accepting some images of individuals living with HIV

[59] Kangou, Meiganga 29 July 2015
[60] I am referring to the previous quotation concerning Kangou.

and AIDS, but it is part of the realities for many individuals today."[61] It is possible to understand this statement in an emotional perspective, but also as a call to that fight in which the EELC in engaged through the "ALL AGAINST AIDS" Project. Illustrations from Kangou and Na'am, shew the importance of valuing the person of needy. By doing so, needy persons can contribute to the transformation process in a given context, especially the one of "ALL AGAINST AIDS" in Adamawa. This strategy was also Jesus used when encountered situations of needy. So,

> According to biblical witness the acts of healing as a rule from the sufferers. Jesus does little more for their healing than giving them his power (Luke 8:46, the healing of the woman with the hemorrhage), take away their fear, and, contrary to every expectation or conviction that poverty, illness and violence are unavoidable destinies, gives them hope …Jesus supports those who come to him, especially by trusting them to take charge of their own destiny, and persuading them that they are capable of getting back onto their feet (Luke 7:14, the raising from the dead in Vain, and Lk 8:50, the raising of Jairus' daughter) (LWF 2002, 28).

The "ALL AGAINST AIDS"

In[TBK13] this regard, Batliwala, S and Sen, G define empowerment as a

> process in which the powerless gain greater control over the circumstances of their lives such as physical, human, intellectual capabilities and inner transformation of one's consciousness. By so doing, enabling one to overcome barriers to access resources or changing traditional ideologies with emphasis that genuine empowerment needs to build inner confidence, resilience and motivation to retain that control. As a matter of fact, empowerment is not just something that can be done from the outside, implying women need to do it for themselves since changes in awareness and confidence are one's own, and can be transformative when they occur (Batliwala ,).

This diaconal process is rooted in spiritual and moral considerations.

Spiritual and Moral Supports

In Christian tradition, the fundamental keystone of spiritual and moral support lies on the good news of God in Christ. This tradition, Christians often referred to it through some biblical text such as Matthew 25: 36 in which Jesus said: "I was naked and you gave me clothing, I was sick and you took care of me, I was in prison and you visited me." As a theological concept, diakonia is the expression of this kind of assistance. This spiritual diakonia was initiated in the Project "ALL AGAINST AIDS" to support patients in their despair.

The healing that comes from the spiritual and moral support could play a great role in a transformation process by creating hope in the lives of suffering. All this reminds me of the words La'ma has said during the interview at the hospital. He said: La'ma. With a deep breath, she said: "How can I organize myself in this condition? As you are seeing, I am lying all day

[61] I am referring to the previous quotation concerning Na'am.

long on my bed ... Please do not forget me in your prayers." Like La'ma, many other PLWHA is seeking who will meet them in their condition. I reported that La'ma was not a member of the Support Group that exist in Meiganga. Spiritual and moral supports within the Project "ALL AGAINST AIDS" created more than an assistance; it built groups in which the members are friends, brothers and sisters. Based on all these experiences, it comes that:

> The real quality of diaconal work is how human dignity is respected according to holistic worldviews, how patterns of exclusion are overcome, how people are empowered to be subjects of their own lives, and eventually how this contributes to the transformation of society. This quality also includes competence in dealing with the spiritual dimensions of such processes concerning individual situations, the capacity to respond to spiritual needs in a professional way, and to include faith, spirituality and religion in the overall understanding of human life (LWF 2003,70).

Economically

To prepare the PLWHA for a better social future, the "ALL AGAINST AIDS" Project encouraged some local activities. But, these activities did not succeed because they were not satisfactory. As an illustration, one of my interviewees from Meiganga, Na'am, told me that their group Project is a two hectares of cassava farm. In my knowledge, Rapid production of cassava field cannot be ready within six months. Also, people assumed to work on this farm are PLWHA themselves. Now it is the sick who do not have enough strength or else they must pay people who are hired for the job. Again, it takes the money they have unfortunately not. That, among other reasons, which had failed the tests generating activities encouraged back or sometimes initiated by the managing staff of "ALL AGAINST AIDS". I can name many other examples of this kind of Project, but the results were the same. These were inappropriate.

Another reason of the failure of Activities Generating Income (AGRs AGI) was that some leaders of Support Groups used for themselves the money provided for the group. The mismanagement caused the disappearance of the planned capital for business continuity. However, the support provided, sessions on income generating activities and encouragement PLWHA have already received will continue to inspire lasting positive attitude towards self-initiative for economic empowerment; and if some fail could have a chance of picking up again. As a result of the Project success, EELC leaders, members of the communities and Project participants were able to face the challenges posed by the disease now and in the future. For the Continuation of the fight against HIV and AIDS.

The high level of stigma remains the official handicap to the fight against HIV and AIDS.

The EELC has no HIV and AIDS policy to aid decisions and support provided to human

resource, church leaders or congregants infected/affected hence needs a strategic direction. However; the church should consider expanding the Project to cover new sites within the current Project sites/regions and outside the regions.

Financial literacy and more training on small enterprise activities are required to influence the high performance of the IGAs established, sustainability and reduce dependency on handouts by PLWHA.

Chapter Seven

CONCLUSION

In this work I have tried to answer the following question: How do HIV and AIDS infect patients in the Adamawa region experience the diaconal work of the Project "ALL AGAINST AIDS"? Based on interviews with ten people suffering from HIV and AIDS I have analysed their experiences from a diaconal perspective, with the use of some diakonia theories. I have sought to understand how the "ALL AGAINST AIDS" Project has contributed to initiating processes of empowerment and transformation to improve their economic and social condition. To understand the context of my informants, who are patients in two hospitals run by the EELC, I have presented how the EELC work to fight against the HIV and AIDS pandemic through its hospital and health centres. The work of the EELC to fight against the HIV and AIDS pandemic has been reflected from the perspective of document studies on HIV and AIDS in general and specifically also from the context.

I have used qualitative method for this research, because I aimed to know the experiences of PLHWA, their story and how they plan get out of their situation. In short, to give answers to the 'how' questions.

This study allowed me to make many discoveries. The most prominent during my research in Meiganga and Ngaoubéla include the weight of certain traditions and practices, the painful life of people living with HIV and AIDS and their families. Also, this study reflects the unclear and vague knowledge people have about the HIV and AIDS, and therefore, from a diaconal perspective, there is still an urgency to continue the fight against this menace. The Christianity and modernism have brought some encouraging changes. For example, there is still a lot to do to prevent the spread of HIV and AIDS.

In the context of this study, the weight of particular traditions and practices contribute to HIV Infection, such as polygamy, infidel partners in married couples, wife inheritance, female circumcision, witchcraft and the misinterpretation of scriptures (Bible, Koran), just to name a few. The critical condition of people living with HIV and AIDS appeared in this research as a desperate cry of many. I have reflected some personal stories that testify informants' daily suffering. It is much more of the status of women, even if the case of men is also important. Members of the family, mostly children of the PLWHA do not always have hope for a bright future. Stigma affecting mostly cannot guarantee intellectual development. Because they also know the psychological and moral suffering.

As I indicated in chapter four, the context of HIV and AIDS in Adamawa still alarming. What would explain this situation is rooted in the conflicts that shook neighbouring countries of Cameroon, as the Central African Republic. Moreover, the flow of internal refuges came from the northern part of Cameroon and those outside who usually choose to settle in the region of Adamawa. For this area provides safe and nutritional benefits to all, in addition to the sympathy and friendliness of the population. It generates promiscuity because of prostitution born from the need of refugees, primarily female, often abusively exploited in exchange for a few pieces of silver.

The creation of the "ALL AGAINST AIDS" Project was a good idea. But the end of its activities was for me too hasty, since remote areas really do not know the impact of this Project such as the Ngaoundéré. I noted that almost all activities took place at Ngaoundéré (training seminars, roundtables). However, it is necessary to thank greatly those who initiated and supported this Project all at all levels (administration, finance, logistics, personnel). It is also the place to thank you particularly to EELC's partners that its NMS, Norad, and SIK. The strategy the Project chose for the fight against this common enemy to all, but the most destructive Cameroon was good, despite some misfire locally.

Based on my findings and the fact that diakonia is the response of the church to the needs in a context, I would like to suggest some possible actions to be taken by the EELC church. I believe there is a need to encourage Christians to be monogamous. This could possibly help to cultivate more fidelity among couples. However, as I have noted above, the challenge is to see that even in these couples, AIDS is no less present. I have used qualitative method for this research, because I aimed to know the experiences of PLHWA, their story and how they plan get out of their situation. In short, to give answers to the 'how' questions.

The church should consider expanding the Project to cover new sites within the current

Project sites/regions and outside the regions. As the society is dynamic, it might require continuous and targeted initiatives. It can expand on the gains made so far and explore new opportunities to strengthen the community resilience to the disease.

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