# Care and Dedication: 'Life Teams' in the Community:

*The Anglican Diocese of Niassa in Mozambique shows how healthcare in the community can be strengthened by voluntary 'Equipas de Vida'.*

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The Diocese of Niassa comprises the Mozambican Anglican congregations (mostly rural) north of the Zambezi River. The Diocese of Niassa first created a formal HIV and AIDS program in 2004. Though people living with HIV and AIDS had been included in the care traditionally given to sick people by the church's women's groups, this 2004 decision encouraged congregations to create their own HIV and AIDS response teams, now known as "Equipas de Vida" or "Life Teams." Each Equipa de Vida is responsible for its own internal management and for developing its own community-based HIV-response activities. By 2007, 102 congregations had formed formal HIV and AIDS response teams (giving ninety-five percent of parishes at least one team). Priests also had begun working to integrate a response to HIV into congregational life. Because Equipas de Vida, frequently located in very remote parts of the country, were commonly the first groups to formally respond to HIV in a given community, their first responsibility was to mobilize community leaders around HIV—ideally gaining active support from local decision shapers. By 2009 the number of teams had surged to two hundred, with over four thousand volunteers, and now there are 340 active community development teams, with over 10,000 volunteers, addressing both HIV and other health-related opportunities.

The church is strategically placed for effective community development. It has an extensive network of human resources—even in very remote communities, where there is little government presence and no NGO presence. It is a trusted institution at the community level. Because of these factors, even institutions such as the World Health Organization recognize the church as a crucial player in the pursuit of global health.

However, these strategic advantages are not the primary reasons the Diocese of Niassa facilitates community development. The Diocese of Niassa does so because pursuing the development of communities is part of who God created us to be: alive, in relationship, serving. In living out and working towards what is good and life-giving for our neighbors and ourselves, we come to life. And in the process, we get a better glimpse of the Kingdom of God here on earth.

The Diocese of Niassa has three key areas of work: worship, ministry, and mission. These areas clearly overlap, but worship focuses on our relationship with God, ministry on our relationships within the church, and mission on our relationships outside the church. Within this framework, the community development work is in the sphere of "mission."

At least 10,000 community-based volunteers are active in community development work organized by the Diocese of Niassa. They are not forced or cajoled, but engage in this work because they believe it is right and good, and they believe that their community is a better

place because of it. Some participate for a short season, but some continue for years and years, and this community development work has become part of their identity.

Though many of these volunteers have had little access to much formal education and struggle with a legacy of generational financial poverty, they are image-bearers of God, individually and uniquely gifted, and serve as missionaries to their community members. As missionaries, they bring the good news that malaria can be prevented and be cured; that diarrheal disease can be avoided through community and personal hygiene and through home-based water treatment; that "tired" (nutrient-degraded fields) can be restored; and that the produce of these very fields can replace store-bought products to well nourish children. Community development volunteers also remind their neighbors of the good news that they too are uniquely gifted and have something to offer for the wellbeing of the community at large. Community members are not primarily beneficiaries of good news, but rather agents of good news. Agency is a biblical mandate: early in Genesis, God already gave Adam the task of naming the animals. Adam was an autonomous agent, charged with a task.

The volunteers are organized into what the diocese calls "Equipas de Vida," or "Teams of Life." Though initially dubbed "AIDS teams," the teams themselves rejected this name because they did not seek to promote AIDS and death, but rather abundant life. They wanted to help people prevent HIV infection and to urge HIV positive people to live well. As Mark Van Koevering, then the Bishop of Niassa explained:

"I was holding a clergy conference while the young people were meeting to talk about the rise of HIV in Mozambique. Some clearly made jokes about the young Equipa de SIDA, or 'Team of Death.' To their credit and my delight, the young people came up with a truly Christian rebuttal: 'We are not people of death but of life, because God is the God of the living, not the dead.' They promptly renamed themselves Equipas de Vida.

This work of promoting life takes on multiple forms. Some volunteers serve as counselors, chosen by their ten neighboring households to be the representative to receive a monthly lesson on a specific health topic and bring it back to the other ten households. Some serve as nutrition monitors, weighing babies and helping parents think through better ways of feeding their children. Some focus on hygiene, encouraging every household in the community to build or improve its own latrine. Some, as farmers, take the risk of experimenting with new seeds or new farming methods, and share with fellow farmers which strategies produce better harvests, and which have not been worth the effort. But all work to promote life—not only for their own household, but also for the community at large.

These community facilitator staff members are known as "adeptos"—a Portuguese word that describes a fan at a sporting event, or a supporter—and a word that affirms the role of the local community team—not the staff members—as the primary agent of change. The most common prevailing model of leadership in this region of the country is that of a boss who sends rather than a colleague who accompanies. This model lingers as a constant temptation—but adeptos strive to follow Jesus as servants, serving the dedicated volunteer change agents by helping them build their capacity to more effective work towards their vision.

Nearly all the members of the diocesan community development staff began as volunteers within their local Equipas de Vida. They travel extensively, accompanying and giving further

training to the Equipas in their region, and doing life with the local teams. There is a sense of camaraderie and familiarity, as staff members eat in the homes of volunteers and sleep either in these same homes or in tents within the family compounds. Each, Diocesan health facilitators collectively walk approximately 10,000km on foot to reach remote communities, many of which are not accessible by road.

Adeptos teach in the local languages, which is critical for deep comprehension, as many rural families speak no or little Portuguese (the national language). They learn to teach with clear explanations, not dumbed-down simplistic messages.

The Equipas de Vida are now composed of people of many different ages, both women and men. Volunteers are expected not to spend more than about four hours per week on their community development work, so that their own farm work or other income-generation work is not adversely affected.

The teaching and support given by these volunteers is for people of any religion. Though the Equipas de Vida are based in Anglican churches, non-Anglicans are welcome to join, as long as they respect the host church. Members of Equipas and those who learn from Equipas are never expected to worship at an Anglican Church, though in several regions (notably the Morrupula District in Nampula Province and the Mecanhelas District in Niassa Province), the attraction of the practical caring offered by the Equipa has contributed to church growth.

Nutrition during pregnancy and during a child's first two years (a period that corresponds with 1000 days) affects life-long health and intellectual development. Many of the consequences of malnutrition during this window of time are irreversible.

The Diocese of Niassa is teaching parents how they can feed their young children well with the products that are locally available. Many, many mothers note a difference in their children's health within weeks or months after starting to implement better feeding practices.

Antonio Julio is 2 years old, and lives with his mother in Mapudje. In the past, he refused to eat anything, and only wanted to breastfeed. His mother regularly offered him the standard baby food—porridge made from maize and water and salt. Because he refused to eat this, she had even taken him to the hospital, but they hadn't been able to help. But the day that we practiced making enriched porridge with vitamin-A-rich orange-fleshed sweet potatoes and peanuts, his mother tried to give him some. He not only kept eating, but he grabbed the spoon from his mother to eat by himself. Now his mother makes enriched porridge for him every day—and the rest of the family enjoys it, too.

Community savings and loan groups are composed of 15-25 people, who meet weekly to save their money. Records are kept and money is held in a common fund. It is lent out to members who use it for bigger investments and then pay the money back to the fund.

This is the testimony of Clara Choca, whose name and photographs have been changed for confidentiality.

"My name is Clara Choca. I am 38 years old, and living with HIV.

"I have been receiving HIV treatment for many years, thanks to the Anglican Church, which brings my medicines to me in my village every month. I am grateful for this, because it is a long way to walk to get medicine.

"My husband died in 2013, leaving me to take care of my four children alone.

"I do everything I can to feed my children, but two of my children were expelled from school because they didn't have a school uniform.

"On the third of March, Maria (diocesan "adepto," or fieldworker) came to my village and helped start a savings group. At first, I didn't want to take part, because they said I had to contribute money every week.

"Maria led a bible study on 2 Kings 4:1-7, about a woman without money, but God multiplied her oil. This moved me deeply.

"I joined the group and already took out a loan. I bought fish three times in Mozambique and traveled to sell them in Malawi.

"I paid back my loan and had profit, and I am no longer struggling to care of my children. They can eat and are studying.

"I encourage all mothers to take part in savings groups. They are a way to improve life."

One evening this October, a woman was admitted to the health center in Cobue, a small village in a remote corner of Mozambique. Because of the Anglican Diocese of Niassa's comprehensive community health project and many "Life Team" activists who work in the Cobue region, Cobue offers better health services than most communities its size.

I had been told that this woman was "not well." The next morning, upon meeting her, these words proved to be a dramatic understatement. Infected ulcers and bed sores covered large areas of her body. These raw wounds left her unable to sit up or walk.

Cobue's seasoned doctor, made woozy by these oozing sores, began removing dead tissue. A traditional midwife and the patient's mother waved cloths to keep the flies at bay.

Her prognosis was poor. But her name? Esperança. The Portuguese word for "hope." And for Esperança, hope proved to be stronger than the bacteria that fought for her life.

A team of dedicated people worked for hours each day to clean Esperança's sores. Though I imagine the process was agonizingly painful, I never heard Esperança complain or grumble.

But behind Esperança's wounds lurked an even more concerning problem: her immune

system had been decimated by HIV. HIV works within the human body by attacking CD4 cells, which serve as commanders in the body's defense system. Someone with a healthy immune system typically has a CD4 count of maybe 1000. A CD4 count of 350 or below indicates widespread damage to the immune system, and is a cause for significant concern. Esperança's CD4 count was 12.

She had first been diagnosed with HIV four years earlier, and had faithfully taken her ARV medications twice a day, as instructed. But the ARVs were no longer working.

In hushed discussions with the doctor, I compassionately hoped that Esperança could at least recover to the point of being able to sit up before she died.

How rational—or naïve—I was.

Three days into her wound care, with thousands of milligrams of antibiotics circulating through her body, Esperança greeted us with glee. Giddy, she explained that she had managed to leave her bed overnight to go to the bathroom outside. This was something she hadn't done in weeks.

Esperança, already all too familiar with death (having lost her only child), now admits that death was on her mind during these days of hospitalization. But that morning, her joy of having been able to get out of bed overwhelmed her thoughts of death.

A team of efficient and dedicated people in high places got authorization from the national Ministry of Health for Esperança to begin a new regime of ARVs—a significantly more expensive set of "second line" medications that are only available to a small proportion of Mozambicans living with HIV.

Within days, Esperança's increasing mobility and healing sores proved that these new ARVs were effectively halting HIV's reproduction within her body. Esperança continued to improve, and was discharged from the hospital only a month after I'd dreamed that she'd be able to sit up before she died.

She arrived home to surprised celebration. Friends and neighbors told her they didn't think she'd ever step foot in Mala again. The "Mother's Union" women's group surrounded her with prayers of thanksgiving.

Esperança had clung to the hope that too often eludes me. She had the courage to live beyond the facts, fully aware of the possibility of being humiliated in that hope.

William, a fisherman turned HIV technician extraordinaire, and one of Esperança's primary caregivers, explains "most people didn't think she'd live to seek the weekend." "I praise God."

Esperança has gained seven pounds in the past two weeks.

Properly managed, HIV is no longer a death sentence. We are still far from that reality here in Mozambique, where tens of thousands of people still die annually from AIDS-related causes. But Esperança's life gives flesh to the vision of zero deaths.

Esperança wouldn't be alive today without second line ARVs. She wouldn't be alive if her

family hadn't received treatment and teaching about HIV from diocesan activists. She wouldn't be alive if her mother, her primary care-giver over the past months, had given up. She wouldn't be alive without the daily wound care she received from a team of informally trained lay people. She wouldn't be alive without the thoughtful conversations between several different doctors, hundreds of miles apart. She wouldn't be alive without the activists around the world who lobbied over the years for lower ARV prices, and the PEPFAR funds that made her medication available. But the obligatory prerequisite to all of that was her own deep hope. Esperança's *esperança*.

Yes, medicines saved Esperança. But had she had any less *esperança*, she would never have made it to the phase where she could have received these medicines. Esperança lives today not only because of the miracle of newfangled medicines, but also because of good old fashioned hard work and her resilient human spirit.

I didn't know Esperança before October. But I imagine that she must have practiced living out her name for years. Only a well-practiced hoper could have hoped like she did.

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