

AIDS AND FAITH-BASED ORGANISATIONS: THE REDEEMED CHRISTIAN CHURCH OF GOD (RCCG) AND HIV/AIDS ADVOCACY IN NIGERIA

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ABSTRACT

There have been numerous responses to the AIDS crisis in Nigeria. Government, non-governmental organisations (NGOs) and faith-based organisations (FBOs) have responded using a variety of strategies. The effects of the strategies on the spread of the human immunodeficiency virus (HIV) and the number of AIDS-related deaths have been documented in the literature. This study, however, interrogates a rare aspect of the HIV/AIDS responses in Nigeria; the effects of AIDS advocacy on faith-based organisations (FBOs) that have actively engaged in the fight against AIDS. Using the Redeemed Christian Church of God (RCCG) as a case study, the paper demonstrates how the issue of HIV/AIDS and the church's AIDS advocacy impacted the church's religious activities and image, as well as the issues it engendered. The paper concludes that combining faith in spiritual healing with biomedical therapies enhances participation in AIDS advocacy, which is absolutely crucial and important to create awareness, control the spread and mitigate the effects of the disease on congregation members and the larger community, however, it has the tendency to expose FBOs to donor influences and numerous changes and challenges.

Keywords: FBOs, AIDS advocacy, HIV/AIDS, Nigeria

1. INTRODUCTION

The fight against HIV/AIDS scourge has been ongoing all over the world since the 1990s, with the World Health Organisation (WHO), national governments, and numerous local and international civil society organisations working towards tackling it. Numerous strategies have been employed in different countries, contexts and situations to address the problem. In Nigeria, like some other countries (e.g. South Africa, Uganda and Tanzania), the issue of HIV/AIDS was once at an epidemic level. The 2008 UNAIDS report, for example, put the adult HIV prevalence rate in Nigeria at about 3.5%, and about 2.6 million number of infections (UNAIDS 2008). The high prevalence rate at the time necessitated a national response, led by the country's Ministry of Health. However, the initial Ministry of Health-led national response has burgeoned to include several stakeholders like Faith-based Organisations (FBOs).

The involvement of FBOs in the government's fight against HIV/AIDS stemmed from the fact that they are recognised to play a critical role in the aggregation and articulation of public opinion. Besides, there are abundant empirical evidences to show that FBOs have played (and are still playing) some critical roles in the efforts of many national governments, and even on their own, to fight the HIV/AIDS scourge (PEPFAR 2016; 2015; Morgan, 2010; Patterson, 2006; Tiendrebeogo & Buyckx, 2004). For instance, faith-based NGOs played active role in rural and urban communities of Tanzania towards eradicating HIV/AIDS (Morgan 2010). Also, Treatment Action Campaign (TAC), though not an FBO, works closely with many organisations in South Africa, including "the major trade union COSATU, the South African Council of Churches, other faith-based organizations..." in the fight against HIV/AIDS in South Africa (Patterson 2006, p. 118).

The important issue that the involvement of FBOs raises is whether or not religion is affected by its involvement in AIDS advocacy. This issue will however be discussed by analysing the involvement of the Redeemed Christian Church of God (RCCG) in HIV/AIDS advocacy in Nigeria. Specifically, the paper analyses RCCG's HIV/AIDS advocacy with a focus on three questions:

1. How has the RCCG participated in HIV/AIDS advocacy in Nigeria?
2. How has the RCCG been affected by its involvement in HIV/AIDS advocacy?
3. Has involvement in HIV/AIDS advocacy exposed RCCG to donor influences?

The main argument of this paper is that combining faith in spiritual healing with biomedical therapies enhances participation in HIV/AIDS advocacy, which is absolutely crucial and important to create awareness, control the spread and mitigate the effects of the disease on congregation members and the community at large, but has the tendency to expose FBOs to donor influences and numerous changes and challenges.

The research adopts and situates its analysis within the organisational faith utilization theory, a strand of the faith utilization theories; a set of theories in which some relate to organizational use of faith, and others relate to actors' use of faith. The summary of the organizational faith utilization theory is that the way faith is used at the organisational level shapes and influences an organisation's actions/inaction. It is assumed that the extent to which faith is used in an organisation determines its response to issues, including HIV/AIDS. However, the use of faith by organisations that are faith-based may be the primary, secondary or tertiary reason for their actions/inaction. The relevance/applicability of the theory to the study is that a major characteristic of FBOs is that they promote, project and/or use faith in their operations. Clarke (2008, cited in Morgan 2010, p. 32), for example, notes that "FBOs differ to the extent that faith discourse provides the impulse for action and the goals for which they strive are rooted in the teachings and principles of the faith."

2. FAITH-BASED ORGANISATIONS: A LITERATURE AND CONCEPTUAL FRAME

Understanding the concept of FBOs is crucial to the analysis in this paper. The centrality of FBOs is situated within the context of the increasing social services they render in many communities. However, the term, FBOs is fraught with a number of difficulties, including absence of a neat universal definition, and arguments about its proper constituents and uses. This partly explains why Safire (1999) views the term, FBOs, as an euphemism adopted as a convenience by politicians. But more importantly, there has been controversy around the categorization of the constituents of FBOs, and the appropriateness or inappropriateness of the word 'faith-based' itself. For instance, rather than using "faith-based", some scholars have advocated the use of such terms as "religious-based", "religion", "church-based", and "congregation-based".

Safire (1999), for instance, argues that the term "religious-based" or, more simply, "religious" organization is better preferred to "faith-based". But, using such terms as "church-based" would exclude synagogues, mosques, meeting houses, and other places of worship; while "congregation-based" avoids this problem, it nonetheless omits many non-congregational organizations engaged in significant public-benefit activities (Dionne, 1999). The advantage, however, in the term "faith-based" over the others is its inclusiveness. This is because the general description of "faith-based organisation" in the literature includes 'any religions, religious communities, religious institutions, faith and denominations' (Parker and Birdsall 2005, p.11), and 'places of worship as well as any organisation affiliated with or controlled by these houses of worship' (Liebowitz 2002, p.2). Thus, faith-based organizations refer to organizations that are based on religious values or on the organized set of beliefs of a people or a group. This definition is no doubt inclusive, because it embraces all religious faiths such as Christianity, Islam, Freemasonry, Buddhism, and animism.

With this definition, it is evident that the term, faith-based organizations, is an umbrella name for many groups. Castelli and McCarthy (cited in Amirhanyan et.al. 2009), however, divide all faith-based groups into three: congregations; national networks, which include national denominations, their social service arms (e.g. Catholic Charities and Lutheran Social Services) and network of related organizations (such as YMCA and YWCA). The third category is the freestanding religious organizations, which are incorporated separately from congregations and national networks but have a religious basis. Each of these categories includes numerous other organizations that are diverse in nature, structure, operations and services rendered.

A congregation, for example, may have hundreds or more denominations or parishes, and may engage in different kinds of social services to its members and the larger community. The national networks usually include special-purpose groups formed to mobilize individuals and congregations for specific projects. The freestanding faith-based organizations may be independent non-profit organizations set up by a congregation or a combination of congregations or religious bodies to carry out specific social services. One thing that cuts across the discourse on FBOs is the recognition of the fact that they are service oriented and non-profit in nature. Over the years, governments in many countries have engaged faith-based organizations in the provision of social services. This is because faith-based organizations are, generally speaking, and historically too, known for helping to provide basic social services such as food, clothing, shelter, and health care to people in need. In most communities, particularly in Africa, faith-based organizations are traditional providers of social services. This position is emphasized by Tiendrebeogo and Buyckx (2004), who argue that “FBOs in the developing countries not only provide spiritual guidance for their followers, they are also often the primary providers of a variety of local health and social services” (p. 37)

Historically, the early European missionaries to Africa succeeded in their Christian missionary works by providing community services to the local people (Chitando 2007). The Church Missionary Society (CMS), for example, was actively involved in the resolution of the sixteen-year civil war that ravaged the Yoruba people of Southern Nigeria in the 19th century (Johnson, 1921). Chitando (2007, p. 5) argues that “close cooperation (on the whole) between missionaries and colonialists in many parts of Africa created valuable church institutions such as schools, hospitals and universities. He further notes that “in many countries, the church complements the state in the provision of social services”. Hodgkinson and Wietzman (1993) equally argue that over 90 percent of the congregations in the United States of America were involved in service provision in and outside of the US.

They further opine that while the range of services provided by the congregations in the United States varies, human services and health-related programs predominated. Situated within communities and building on relationships of trust and respect, FBOs also have the ability to influence the attitudes and behaviours of their community members (Tiendrebeogo and Buyckx, 2004). This shows that FBOs are important to societal cohesion and the development of communities. It is this fact that underscores the involvement of FBOs in AIDS advocacy in many countries.

In Nigeria, for example, there are evidences that government and international donor agencies collaborate with FBOs to tackle the problem of HIV/AIDS (NACA, 2005). Similarly, in Uganda, the major FBOs (Catholic, Anglican, and Muslim) got involved in AIDS prevention as far back as 1987, with funding from the WHO Global Programme on AIDS channelled through the Ministry of Health (Tiendrebeogo and Buyckx, 2004). Also, it is documented that by 1992, the USAID had allocated funds to FBOs to promote fidelity and abstinence, rather than condoms (Tiendrebeogo and Buyckx 2004, p. 37). There is therefore no gainsaying that FBOs are involved in the global fight

against the scourge, making the extent and impact of their involvement on AIDS and the FBOs themselves a subject of academic enquiry.

3. FBOs AND AIDS ADVOCACY IN NIGERIA

Nigeria is a multicultural and multi-religious country. With a population of over 180 million people, Nigeria has many religions, although Christianity, Islam and indigenous religions/African Traditional Religion (ATR) are the dominant religions, at least in terms of popularity, acceptability and membership. According to Adogame (2010), Nigeria is “characterised by a multiplicity of religious traditions, inclusive of local ethnic-based religions and world views, and various strands of Christianity and Islam, as well as newer spiritual science movements” (p.479). Religious divisions in the country are so deep that there are multiple variants of the different religions. For example, there are Pentecostals, Orthodox, Mainline and Spiritualist (or ‘prophetic’ and ‘healing’ churches (Adogame 2010, p. 485)) strands of Christianity.

Similarly, there are divisions in Islam in Nigeria, evidenced by the existence of Islamic organisations/movements like the Nasru-Lahil-Faith Society of Nigeria (NASFAT), Ansarud-Din, Ansarul-Islam, Anwarul-Islam and Ahmadiyyah movement (Adogame 2010, 483). A major feature of FBOs in Nigeria is that they are actively involved in the provision of basic social services such as healthcare, educational and recreational facilities. Thus, when HIV/AIDS became an epidemic in the country, with, for example, an HIV prevalence rate of 5.8% in 2001, the Nigerian government revised its national policy on HIV/AIDS, adopted in 1997, in 2003, to coordinate government response to the AIDS crisis, and further deepen collaboration with FBOs and other private sector actors in the fight against the disease (NACA, 2005). An effect of this has been the steady decline in HIV prevalence rates in the country from, for example, 5.8% in 2001 to 5% in 2003; 4.4% in 2005 (Federal Ministry of Health, 2005, p. 29; Federal Ministry of Health 2004; NACA 2005), 3.5% in 2007 (UNAIDS/WHO, 2008), and 1.4% among adults aged 15-49 years in 2019 (UNAIDS 2019, p. 1). It is important to note that not all FBOs in the country are involved in AIDS work. This stems from the fact that interpretations of the HIV/AIDS issue and how to handle it are divergent. Within the Christian FBOs, particularly the Pentecostals, for example, Adeboye (2006, p.14) notes that “attitudes to HIV/AIDS are not only fragmented but also differently oriented.”

However, the FBOs involved in AIDS work in Nigeria combine faith in divine healing with biomedical services. This category of FBOs relates with government AIDS agencies in public sensitization about the disease and promotes voluntary counselling and testing (VCT). They also promote the use of antiretroviral therapy (ART), and campaign against stigmatization of People living with HIV/AIDS (PLWHA). In addition, this category of FBOs has access to supports, including funds from government and donor agencies (foreign and local), if and when they choose to have it, as well as donations (tithes, offerings, cash and material gifts etc.) from their members.

For this category of FBOs, the nature, pattern and extent of their engagement in the national HIV/AIDS advocacy is diverse, as each FBO determines the scope and extent of its involvement. For instance, the Presbyterian Church, through its Presbyterian AIDS Action (PRESBYAIDS), focuses mainly on creating awareness about HIV/AIDS among its members; promoting behaviour intervention cum peer education and counselling programme, care and support for PLWHA and provision of nutritional supplements and ART in its hospital and clinics (NACA, 2005, p. 47). On the other hand, the Methodist Church of Nigeria, which established the Methodist Care and Support (METHCARE) Project for Orphans and Vulnerable Children (OVC), engages in charity work. It focuses on children in need, orphans and widows, as well as education support for OVC, micro-credit schemes for the widows and widowers and establishment of vocational training programme and support school for OVC (NACA, 2005, p. 47).

A number of other FBOs, still within the category, have equally developed and employed, in partnership with government agencies, a wide array of strategies in the fight against HIV/AIDS. These include the Jama'atu Nasril Islam, the Church of Nigeria (Anglican Communion), the Evangelical Church Winning All (formerly Evangelical Church of West Africa (ECWA)), the Nigerian Baptist Convention through its Baptist Awareness against AIDS Programme, the Muslim Sisters Organization, Federation of Muslim Women's Associations, the Nigerian Supreme Council for Islamic Affairs (NSCIA), and the Redeemed Christian Church of God (RCCG). However, the nature of RCCG's AIDS advocacy and the impact of the advocacy on the RCCG as an institution are interrogated in this paper.

4. RESEARCH METHODS

This study utilised qualitative research design. Key informant interviews with two officials of the Redeemed AIDS Programme Action Committee (RAPAC) were conducted at the International Office of the Redeemed Christian Church of God (RCCG) at Mowe, Ogun State, and with two Pastors of RCCG parishes in Ibadan, Oyo state. The interviews were conducted in January and February 2009, and in January 2010. This was complemented with participant observations and informal conversation at the religious programmes of the RCCG at the Redemption camp, Mowe, Ogun State, particularly the annual National Convention in August, annual Special Holy Ghost service in March, and annual Holy Ghost Congress in December, and congregational night vigil services between January 2009 and February 2010.

Primary data sources were supplemented with secondary sources like official reports of government institutions, including the National Agency for the Control of AIDS (NACA), and the Federal Ministry of Health, as well as reports of UNAIDS/WHO, pamphlets and brochures of RAPAC, and journals and online materials. Results from the key informant interviews, participant observations, informal conversations and secondary data sources were then thematically content analysed and compared in relations to the research question. The rationale behind the choice of the RCCG as a site for this research lies in its popularity among FBOs engaging in AIDS advocacy, despite preaching and teaching faith for healing of diseases and sicknesses, and the fact that it has an unquestionable large followership, with national spread/coverage.

5. RCCG AND HIV/AIDS ADVOCACY

This section discusses RCCG's HIV/AIDS advocacy. The section is based on information derived from primary and secondary data sources. The section is divided into three parts: brief background of RCCG, nature of RCCG's intervention in HIV/AIDS work, and effects of the intervention on the church.

5.1 Brief Background of the RCCG

The Redeemed Christian Church of God (RCCG) is one of the leading Pentecostal FBOs in Nigeria. The church, which started in 1952, has many members in Nigeria and in several countries. Given its objectives of ensuring members are heavenly-bound and members are in every family of the world, RCCG emphasizes members' unflinching faith in Jesus Christ, as Lord and saviour.¹ As a result, it focuses on Biblical holiness of members and faith in Jesus Christ for healings and miraculous interventions in human affairs. Its religious activities and programmes thus focus essentially on spiritual growth of its members, alongside their social and physical wellness. The RCCG has international and national headquarters at the Redemption camp,

¹ The Redeemed AIDS Programme Action Committee (RAPAC) brochure (Undated), p.1

Mowe, Ogun State and Ebute-Metta, Lagos respectively, and church parishes all over the country, numbering not less than 2000, and in several countries.²

5.2 Nature of RCCG AIDS advocacy

RCCG became actively engaged in the national fight against HIV/AIDS in 1999 with the establishment of the Redeemed AIDS Program Action Committee (RAPAC), by the church leader (otherwise called the General Overseer (GO)), Pastor Enoch Adeboye, to spearhead the church's AIDS advocacy.³ As a result, RCCG, through RAPAC, has developed several strategies to combat the spread of the disease among its members, and has also collaborated with NACA to fight in the disease in the larger society.

Specifically, RAPAC, according to its official brochure (undated), was established to create awareness about HIV transmission (so as to prevent members of the church from contracting it through ignorance) and to train, inform and educate RCCG leadership and congregants on how to handle HIV/AIDS and sexually transmitted infections.⁴ RAPAC was also established to sensitize youth on the effects of pre-marital sex, and counsel people living with HIV and AIDS on positive living tips.⁵

Furthermore, RAPAC was envisioned to offer care for people infected with HIV and reduce the spread and transmission of HIV/STIs among RCCG members and the larger society, through spiritual activities such as prayers and biomedical services.⁶ As a result, RAPAC's overarching objective was to raise RCCG congregations that have proper information, education and counselling communication skills to combat HIV infection in the society. This objective was to be achieved through various means, including development of a network of peer-health educators (PHEs) and a trainers-of-trainers (TOTs) scheme.⁷ Others are advocacy strategies to reduce stigmatization suffered by PLWH/As, behavioural change programmes for all cadres of RCCG membership, and promotion of biblical truths about family/adolescent reproductive health matters.⁸

To achieve its mandates, RAPAC collaborated with government's HIV/AIDS agency and served as Implementing Partner to international donor agencies such as the United State Agency for International Development (USAID); Family Health International (FHI)/the Global HIV/AIDS Initiative Nigeria (GHAIN), and WINROCK (all of which are Implementing Agencies).⁹ These agencies, according to a senior staff at RAPAC office, assisted RAPAC with funds and materials

² RCCG (2021). "Our history". Available at www.rccg.org/our-history

³ RAPAC brochure (Undated), op. cit.

⁴ Ibid.

⁵ According to a staff of RAPAC in an oral interview on 20 January 2009, some changes have been made to the stated points, though they were yet to be incorporated into the RAPAC brochure.

⁶ RAPAC brochure (undated), p.1

⁷ Ibid.

⁸ Ibid. Pp.1-2

⁹ Personal communication with a staff of RAPAC office, Redemption Camp, Mowe, 25 February 2009

for its projects.¹⁰ With funding from these international HIV/AIDS donor agencies, and voluntary donations from individuals and groups within the RCCG and the church management, RAPAC was able to develop and implement a number of strategies to combat HIV/AIDS. The strategies include counselling and testing; prevention, basic care and support and public enlightenment. For example, voluntary counselling and testing were conducted at the head office of RAPAC at the RCCG International Office at the Redemption camp, Mowe, and in its offices in Ogun, Lagos, Edo, Benue and Oyo States as well as Abuja, Nigeria's capital territory.¹¹

Also, during those major religious events at the Redemption camp (RCCG's international headquarters), which often attract hundreds of thousands of people at each event, a number of places within the camp were designated for voluntary HIV counselling and testing.¹² RCCG members and non-members that attended the events, and who wished to ascertain their HIV status or be enlightened about HIV/AIDS were attended to by officials of RAPAC at the designated centres. However, given the large number of people who attend the religious events, sometimes numbering about 500,000,¹³ the designated counselling and testing centres were observed to be grossly inadequate.

5.3 Effects of AIDS advocacy on RCCG

Involvement in HIV/AIDS work has impacted RCCG in a number of ways. The analysis in this section is drawn from primary data sources, especially interviews, informal conversation and personal observations of the author.

5.3.1 Impact on church community service

RAPAC's HIV prevention strategy broadened RCCG community services, particularly in the area of health care activities. Prior to its HIV/AIDS advocacy, RCCG health care provision was mostly in the area of maternity services to its members. However, due to its HIV/AIDS advocacy, which necessitated an HIV prevention strategy, the scope of RCCG health care services to its members expanded to include Prevention of Mother-to-Child Transmission (PMTCT) of HIV among its members. PMTCT of HIV services were provided at RCCG maternity centres and health clinics, where pregnant women attending antenatal were educated about HIV/AIDS and the risk of transmitting the disease to their unborn babies.¹⁴

HIV tests were also conducted to determine the HIV status of expectant mothers at the maternity centres. In cases of infection, however, the affected mothers and their babies were provided with

¹⁰ Interview with a senior RAPAC Officer at RAPAC Office, Redemption Camp, Mowe, 20 January, 2009. Also, one of the pamphlets that the researcher was given at RAPAC office alludes to this, as the pamphlet was produced by RCCG/RAPAC in collaboration with FHI and funding from USAID/Nigeria under IMPACT Co-operative agreement. The undated pamphlet is titled "Care for Healthy Future? Sexuality Education: A guide for parents"

¹¹ Ibid

¹² Author's personal observation during the church's programmes between 2009 and 2010 revealed that three places within the camp were designated as HIV counselling centres. However, it should be noted that due to the vastness of the venue (the Redemption camp) of most of the church's major religious programmes, it was difficult to ascertain if there were other HIV counseling and testing centers. Two RAPAC staff interviewed suggested that the centers were more than three, but no precise figure was given.

¹³ RCCG (2021), op. cit.

¹⁴ Interview with a senior RAPAC official, Redemption Camp, Mowe, 20 January, 2009

free anti-retroviral (ARV) drugs.¹⁵ However, while free ARV drugs were given to infected nursing mothers and their babies, under the PMTCT scheme, other HIV patients (who were not nursing mothers) were referred to public hospitals,¹⁶ where ARV and related drugs were expected to be provided by the government.

Similarly, the nature and scope of RCCG missionary services have been affected by its HIV/AIDS advocacy, as issues of HIV/AIDS have been integrated into its missionary activities. This is exemplified by the inclusion of HIV prevention teaching skills in evangelism by the Holistic Outreach, an evangelical group in RCCG.¹⁷ Reaching out to the 'out of school youth' and commercial sex workers (CSW) with the gospel message, Holistic Outreach, a senior RAPAC official pointed out,

"assists any of them that convert to Christianity in the area of HIV/AIDS and related problems, and the willing and interested ones among them are rehabilitated and provided with income generating activities (IGA) by Holistic Outreach with support from RAPAC."¹⁸

This shows that RCCG missionary activities have expanded beyond evangelism to include social responsibility. This has been further attested to by the church's series of care and support programmes for children orphaned by HIV/AIDS and other vulnerable children. According to a staff of RAPAC, the programmes, tagged the Basic Care and Support for Orphans and Vulnerable Children (OVC), are targeted at three categories of HIV/AIDS orphans and vulnerable children in RCCG congregation.¹⁹ However, a senior RAPAC official revealed during interview that the care and support programme was not limited to OVC in RCCG congregation. According to him,

"we have a programme in Otumara, an Ilaje Community in Lagos State, as part of our Basic Care and Support programme for children who are not or whose parents are not RCCG members" (Interview with a senior RAPAC staff on 25 February, 2009, Redemption camp, Mowe).

The three categories of HIV/AIDS orphans and vulnerable children targeted under the Basic Support for Orphans and Vulnerable Children in and out of RCCG congregation are OVC under 5 years of age, particularly from 6months to 5years old, OVC between 8 and 14 years that are school dropouts, and OVC between age 10 and 14 that have never been in school.²⁰

OVC in the first category were identified by RAPAC and handed to 'Care Givers' for care and proper upbringing. The Care Givers were any interested RCCG member that was willing to assist in raising the OVC.²¹ To ensure proper care for the OVC, the 'Care Givers' were given child care training and supplied with food and materials for the OVC in their care. Similarly, the 'Care Givers'

¹⁵ Ibid

¹⁶ Ibid

¹⁷ Ibid

¹⁸ Ibid

¹⁹ Interview with a staff of RAPAC office, Redemption Camp, Mowe, 25 February, 2009

²⁰ Ibid

²¹ Ibid

were trained in one or more income generating activities (IGA) and given take off grants in the area(s) they have been trained.²² For instance, some 'Care Givers' were trained and assisted to start small scale businesses such as tailoring, marketing of telephone cards, and managing telephone call centres. The rationale for this was that the empowerment of the 'Care Givers' would eventually remove the burden for the care of the under 5years OVC in their custody from the RCCG.

For the second category of OVC between age 8 and 14 years that are school dropouts, RAPAC provided psychosocial support such as referral; scholastic materials including school bags, sandals and stationery; and with nutritional support. The support and care given to this category of OVC were geared toward re-integrating them back into the school system.²³ It is believed that when the factors that necessitated their withdrawal from school are taken care of, it would be possible for them to return back to the classrooms. However, for the third category, that is OVC between age 10 and 14 that have never attended school, RAPAC in conjunction with donor partners, such as WINROCK, provided them with nine-month literacy training. Under the literacy scheme, learning centres were established to provide numeral and literacy education.²⁴ The learning centres, called 'Acada Learning Centres', were equipped with teachers employed and paid by RAPAC. After the nine months literacy training at the learning centres, the OVC were reintegrated into the mainstream public school system.²⁵ It was however revealed by a RAPAC staff during interview that the reintegration of the OVC was not carried out in all the states and communities where the learning centres were located. According to the RAPAC staff,

"it was restricted to public primary schools in Lagos State, because the government runs a free education programme in its public primary schools. But whenever there is need for payment of fees, RAPAC and WINROCK would give Block Grant, in form of executing a particular project in the school in lieu of the fees" (Interview with a staff of RAPAC, 25 February, 2009, Redemption camp, Mowe).

5.3.2 Impact on personnel/training of RCCG leaders

Another effect of RCCG's HIV/AIDS advocacy has been the increased HIV/AIDS awareness and a flurry of HIV/AIDS activities by RCCG members, which resulted from the HIV prevention training programmes of RAPAC. The prevention strategy/approach of RAPAC focused on training RCCG officials, including parish pastors, workers, and interested non-official members on HIV/AIDS and related issues.²⁶ The strategy was intended to equip RCCG officials with basic facts on HIV/AIDS, reproductive and family health, and skills for interpersonal counselling. It was envisioned that the trained officials would be able to handle issues related to HIV/AIDS and reproductive health in the larger RCCG congregation, especially in their parishes and official assignments.

Non-official RCCG members trained under the HIV prevention programme however became peer educators. These were used to educate the larger RCCG community and members of the public about HIV/AIDS. To make the HIV prevention by training strategy effective, the peer educators

²² Ibid

²³ Ibid

²⁴ Ibid

²⁵ Ibid.

²⁶ Personal communication with a staff of RAPAC at an interview on 25 February, 2009, Redemption camp, Mowe

were classified into age groups and trained accordingly.²⁷ For instance, youth peer educators were trained on HIV/AIDS and strategies of sexual abstinence and good conduct, including assertiveness, negotiation and goals setting.²⁸ A number of these peer educators were used in training and teaching HIV/AIDS and sex education at schools and HIV counselling and testing centres.²⁹

But while the peer educators were trained to emphasize to RCCG members the 'ABC rule' of 'A' for abstinence by youths/unmarried people, 'B' for be faithful by married couples and 'C' for conduct yourself by youths/unmarried and married people, they were trained to substitute 'C' for conduct yourself with 'C' for condom to non-RCCG members.³⁰ The reason for the difference in approach by the peer educators to RCCG and non-RCCG members is because of RCCG policy not to promote the use of condom by its youth, because it is considered as a way of encouraging promiscuity. It however does not insist on sexual abstinence by non-RCCG youth because of what it perceives to be the futility of such position, and the fact that it will undermine its drive to check the spread of HIV.³¹

Also, RAPAC's HIV prevention strategy led to the inclusion of HIV/AIDS education in the curriculum of RCCG Bible College (a seminary for training church workers, pastors etc.), which was unprecedented in the history of the church and the seminary. This resulted in increased HIV/AIDS awareness among seminarians, and equipped graduates of the seminary with relevant skills on how to tackle HIV/AIDS issues in their future assignments.

5.3.3 Impact on church services/activities

Furthermore, RAPAC HIV enlightenment strategies featured in RCCG religious events. This was evident in that, in a bid to enlighten and increase HIV/AIDS awareness among the church members and worshippers, HIV/AIDS advertorials and jingles were aired during major congregational events.³² Attendees of the church's religious events, such as monthly congregational night vigil services and the annual Holy Ghost Congress in December, were informed about the need to ascertain their HIV status and avoid risk behaviours. The HIV/AIDS advertisements and jingles, for example, were aired during 15minutes break period at the monthly congregational night vigil services.³³

In the same token, the leader of the RCCG, Pastor Enoch Adeboye, like some other prominent Nigerians, was part of the National Agency for the Control of AIDS (NACA) HIV/AIDS television advertorials.³⁴ The NACA-sponsored advertorials were aired during the daily 9pm national network news of the Nigerian Television Authority (NTA), which other state-owned television stations were

²⁷ Ibid.

²⁸ Ibid.

²⁹ Ibid.

³⁰ Ibid.

³¹ Ibid.

³² Author's personal observation during the period of the fieldwork (2009-2010)

³³ Ibid

³⁴ Ibid

obliged to broadcast. In the television advertorials, the RCCG leader encouraged his listeners to go for HIV counselling and test; declaring he had ascertained his own status.³⁵ It is important to note that advertorials on social issues during RCCG religious events are not new, as there are other announcements that are taken during congregational worship, such as the Federal Inland Revenue Service advertorial on tax payment by Pastor Adeboye. However, the rationale for the involvement of the RCCG leader in the television advertorials was in view of the fact that as a prominent and highly revered religious figure, his views in the advertorials would promote the government HIV/AIDS advocacy among the Christian community in the country. This however points to a number of things, including boosting the public image of RCCG, and government recognition of the role of the church in the fight against HIV/AIDS crisis in the country. Nevertheless, it should be noted that there is no evidence to suggest that RCCG engagement with secular authorities has in any way affected the internal dynamics of the church in terms of its core beliefs.

6. Gaps in RCCG engagement in AIDS advocacy

RCCG's engagement in HIV/AIDS advocacy had some gaps in it. First, although responding to a societal problem, the advocacy brought to the fore, and to public consternation, the fact that RCCG has an official policy that mandates compulsory HIV test before marriage for members. A respondent to a question on the issue of HIV test before marriage in RCCG remarked that

“Yes, the practice is on. It is on. You must do HIV test and produce an HIV certificate before marriage. You cannot be joined in our church without it” (Interview with an RCCG Parish Pastor, 10 February, 2010, Ibadan).

Under the policy, members who wish to be married in any parish of RCCG was expected to undergo HIV test, while those who do not wish to undertake the test are free to marry elsewhere. The result of the test was however subject to discussion by the intending couples, leaving them with the right to go ahead or discontinue with the marriage, even where the result was positive (IRIN, 2008). This policy of ‘no HIV certificate, no marriage’ is not only at variance with global practices, and unethical, and which should be discouraged, it contradicts the official policy of HIV/AIDS international donor agencies. Thus, while the policy points to a gap in RCCG HIV/AIDS advocacy, it equally reveals the contradiction in donor activities. This has however exposed RCCG to a barrage of attacks and criticisms by human rights and HIV/AIDS groups, and members of the public, demanding the abrogation of the policy.

Similarly, the provision of free ARV drugs to only RCCG members who are mothers and babies under the PMTCT programme, while referring other patients to government hospitals, as shown above, was improper. This is because the practice discriminates against members that are not mothers or babies, and HIV-infected non-members, contrary to the goal of global HIV/AIDS advocacy. This shows the narrowness of RCCG HIV/AIDS advocacy, which also manifests in fewer counselling and testing centres in states despite its large followership across the country.

In addition, parish autonomy on HIV/AIDS issues was a dent on RCCG HIV/AIDS advocacy. While seminarians at the church's Bible College were taught about HIV/AIDS, they were not obliged to implement the HIV training at their duty posts.³⁶ This stems from the fact that RCCG did not have

³⁵ Two staff of RAPAC explained during interviews that the advertorials were the product of collaboration between RAPAC and NACA.

³⁶ Personal communication with a staff of RAPAC, 20 January, 2009, Redemption camp, Mowe

a policy that mandate its parish pastors, who are products of its Bible College, to adopt or partner with RAPAC on HIV/AIDS. As a respondent pointed out:

“Issues of HIV/AIDS are only discussed occasionally during some of our parish events such as family weekend/family week, health weekend, and Youth/Singles Week programmes” (Interview with an RCCG Parish Pastor in Ibadan, 10 February 2010).

This suggests that little attention was paid to HIV/AIDS issues in parishes. This was in spite of the epidemic nature of HIV/AIDS in the country at the time and RCCG overt engagement with HIV/AIDS, exemplified by its close relationship with government and international donor agencies.

7. Conclusion

RCCG's HIV/AIDS advocacy is undeniably unprecedented in the history of Pentecostal FBOs engagement with AIDS in Nigeria, and in the history of RCCG itself. Whereas Pentecostal FBOs in Nigeria are known for their emphasis on spirituality and faith in God for miraculous healing of diseases and sicknesses, RCCG has succeeded in combining emphasis on faith and efficacy in tropical medicine and secular methodologies in its HIV/AIDS advocacy. This is underscored by prayers for HIV sufferers during religious events, distribution of ARV drugs to infected mothers and babies, development of non-religious strategies as part of its advocacy, and collaboration with state institutions such as NACA.

Similarly, to say that HIV/AIDS advocacy has impacted the RCCG is not an overstatement. Prior to its HIV/AIDS advocacy, which began with the establishment of RAPAC, RCCG had no known history or accessible records of extensive collaboration with secular authorities in Nigeria and international donor organisations. But since its HIV/AIDS intervention began, there has been a close relationship between RCCG and Nigerian government and international donors. This has brought about a number of changes to RCCG, including the multiplicity of its community services, as HIV-related programmes have been developed and executed in partnership with government and donor partners, which has contributed to growing popularity of RCCG, and the increasing public interest in its activities and association with secular authorities and international donors. Besides becoming influential among FBOs and Nigerian Christian community, RCCG's close association with secular authorities in Nigeria has attracted criticisms, including allegations that it has lowered Christian virtues for patronage from the government.

In the same token, HIV/AIDS advocacy has exposed RCCG to donor influences, particularly from the foreign donors, as it became vulnerable to donors' willingness or unwillingness to support its HIV/AIDS programmes. This was because RAPAC, during the period understudy, depended to a large extent on funding for its HIV/AIDS programmes from some major international and local donors, particularly USAID, fhi/GHAIN and WINROCK. For instance, WINROCK was the major sponsor of RAPAC's basic care and support for OVC programme, while USAID and fhi/GHAIN sponsored its PMTCT programme.³⁷ The implication however, was that the budget of RAPAC, and the extent it was able to meet its targets, was dependent on the goodwill of its donor partners and financiers. The dependence on donor agencies led to the stoppage of some of the church's HIV programmes, because donors either withdrew or reduced their financial commitment to the

³⁷ Ibid.



programmes,³⁸ even though the HIV/AIDS crisis had not abated. But though reduction in funding for HIV activities was not peculiar to RCCG, as even the United States government has reduced its intervention in HIV/AIDS to Africa, the point is that FBOs should not be dependent on donors, especially foreign donors, if their involvement in provision of social services will be as meaningful and impactful as expected.

It is therefore better and more preferable for FBOs to look inward, exploring and effectively utilising donations (tithes, offerings, material and cash gifts) from their members in the fight against the HIV/AIDS scourge, and other scourges, and in the provision of social services in general. This makes them to be independent and free from possible manipulations by international donors.

³⁸ Ibid. Also, interview with a staff of RAPAC, 25 February, 2009, Redemption camp, Mowe

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