



**TOGETHER** we have a voice



## **WORKING TOGETHER?**

**Challenges and opportunities  
for international development  
agencies and the church in the  
response to AIDS in Africa**

**TEARFUND**



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## Foreword

I welcome this report which highlights the importance of the church in the response to HIV and AIDS in Africa. Tearfund is a Christian development agency with a strong desire to work with and through local churches. We are seeking to increase significantly our work in HIV and AIDS. We are therefore keen to explore the current and potential role of the church in combating the epidemic, particularly in Africa. Research highlighted in this report shows that the church is doing much, and could do much more. There are failures of communication between churches and international development agencies which need to be addressed. By working together, these two important groups could increase their joint impact. Tearfund is committed to promoting such cooperation.

I hope that you find this report stimulating. If you would like an electronic copy of this report it can be downloaded at [www.tearfund.org/hiv](http://www.tearfund.org/hiv).

A handwritten signature in black ink that reads "Peter Grant". The signature is written in a cursive, slightly slanted style.

International Director, Tearfund

# Working together?

## Challenges and opportunities for international development agencies and the church in the response to AIDS in Africa

Tearfund HIV and AIDS briefing paper 7

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## Acronyms

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>CAFOD</b>	Catholic Agency for Overseas Development
<b>CARICOM</b>	Caribbean Community and Common Market
<b>CCM</b>	(Global Fund) Country-Coordinating Mechanism
<b>DFID</b>	(UK) Department for International Development
<b>FBO</b>	Faith-based organisation
<b>HAPS</b>	(Irish Aid) HIV/AIDS Partnership Scheme
<b>HIV</b>	Human Immunodeficiency Virus
<b>MAP</b>	(World Bank) Multi-Country AIDS Program
<b>MTCT</b>	Mother-to-child transmission (of HIV)
<b>NGO</b>	Non-governmental organisation
<b>PANCAP</b>	Pan Caribbean Partnership Against HIV and AIDS
<b>PEPFAR</b>	(US) President's Emergency Plan for AIDS Relief
<b>PMTCT</b>	Prevention of mother-to-child transmission
<b>THE GLOBAL FUND</b>	The Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>UN</b>	United Nations
<b>UNAIDS</b>	Joint UN Programme on HIV/AIDS
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	United States Agency for International Development
<b>WCRP</b>	World Conference of Religions for Peace
<b>WHO</b>	World Health Organisation

## Executive summary

The AIDS pandemic demands a more effective response. The church in Africa offers much but needs help. International development agencies and the church need to work together. However, they must address their differences and suspicions if they are to achieve more in the response to AIDS.

The church in Africa was slow to acknowledge AIDS. It was uncomfortable talking about sex, and parts of the church saw AIDS as a judgement from God. The process of recognising that AIDS is affecting the church and that Christians can make a positive difference has taken time and been uneven. In many places, attitudes remain unchanged. Whilst many Christian organisations, including Tearfund, accept that condoms should form part of a necessary harm reduction approach, many parts of the church in Africa are deeply unhappy about any use of condoms, claiming that they lead to promiscuity. In addition, the church often acts in isolation, failing to engage with secular initiatives.

Where the church has responded to HIV and AIDS, it has demonstrated many advantages over secular efforts. Congregations reach into many communities that are not touched by other agencies, whilst church health facilities provide a ready-made infrastructure. Church members are motivated by their faith, giving time, resources and commitment. Church members usually initiate activities without external facilitation or support, and will continue beyond any formal funding arrangement. Those affected by AIDS appreciate church responses because they come with shared spiritual values, such as prayer and messages of hope, from which people draw strength in such times.

International development agencies are increasingly recognising that faith is important to poor people, that faith groups<sup>1</sup> play a critical role in poverty reduction, and that faith groups have distinctive characteristics. There is an acknowledgement that faith groups are important for providing services to poor people, shaping values, and influencing the powerful. However, there is little evidence that international development agencies have a clear strategy to systematically engage with faith groups to strengthen the response to AIDS.

Engagement between international development agencies and the church appears to be weak. There is a sense that international development agencies do not fully understand the church with its distinctive values and approaches. Meanwhile, the church is suspicious of international development agencies. Both parties need to face up to some distinctive challenges to a deepened relationship. These concern what drives the institutions, the role of faith, time frames, what they are looking for in their work, and what they want in a relationship.

Tearfund has experience of twenty years of working through church-based partners in responding to AIDS. While there are some exemplary responses in which thousands of volunteers provide care for those affected by HIV and AIDS, at the same time, Tearfund is deeply concerned at the positions found within some parts of the church on critical issues

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1 In this paper, the term 'faith group' is defined as a group of people who share the same faith, such as a congregation or denomination. 'Faith-based organisation' (FBO) is defined as a non-governmental organisation or community-based organisation with a faith basis, which is a subset of the term 'faith group'.

such as gender, stigma and the use of condoms. Given the role and extent of the church in Africa and the interest of international development agencies in working with faith groups, Tearfund commissioned this report to better understand how international development agencies and the church can work together more effectively in the response to AIDS.

## Recommendations

### General

- **International development agencies** must ensure that all key staff become ‘faith literate’ through training and support. Then they will be able to:
  - recognise the role of faith in development in policy and practice
  - appreciate the distinctive contributions of faith groups in providing services, shaping attitudes and influencing the powerful
  - appreciate the centrality of faith to faith groups and the implications of this.
- **International development agencies** should acknowledge the distinctive and significant contribution that the church could make in the response to AIDS in Africa, and strategise how to support this in partnership.
- **Key components of the church** need to seek understanding of, and partnership with, international development agencies. They need to be open to international development agencies’ perspectives and understand the relative urgency of responses to AIDS.
- **Key components of the church** and **international development agencies** need to open a dialogue about responses to AIDS. This would involve developing an understanding of the nature of the church and international development agencies and their approaches to interventions.
- **The church** and **international development agencies** should identify specific countries in Africa where they would pilot dialogue and partnership in response to AIDS.
- **Intermediaries** that have the trust of the church, and understand the position of both international development agencies and the church, must bring the two parties together for dialogue.

### Prevention

- Recognising the significant potential of the church to influence, **international development agencies** should provide constructive challenge and space for the church to review what it is saying about gender, sex, and stigma, how it could speak with more effective messages, and deliver these messages.
- **The church** needs to have courage to reflect, be open to change, and speak out.

### Treatment

- **International development agencies** should provide resources, training and support for treatment, particularly anti-retroviral treatment, through church health structures. **The church** should be open to dialogue with international development agencies and national governments on how to make its provision of treatment more effective.

### Care and support

- **International development agencies** should develop a partnership with the church to provide resources to extend reach and improve the quality of care and support, while addressing sustainability issues around voluntary assistance. This must be done in a way that is consistent with the values of the church.
- **International development agencies** need to review and adapt their mechanisms for disbursing their resources given the lack of evidence that these are reaching local initiatives.
- **The church** should be open to dialogue with international development agencies and national government on how to make its care and support more effective.

### Advocacy for an effective response

- **International development agencies** need to recognise that the church could be a significant advocate around issues of governance, accountability and service delivery. They need to encourage church leaders to recognise the church's role to speak out on behalf of the poor and to inform and influence policy and practice, and provide resources for this.
- **The church** should acknowledge that part of its mission is to speak up for justice, which requires it to engage with government and international development agencies on behalf of the poor. In particular, it needs to draw upon its contact with marginalised communities and those affected by AIDS, to inform and challenge national policy and implementation both locally and nationally.

WORKING TOGETHER?

# 1 Introduction

Twenty-five years on from the first recognition of AIDS, its devastating impact continues to grow, despite hopes that HIV infection rates are slowing. In 2005, approximately 4.1 million people became infected and 2.8 million died of AIDS-related illnesses. There are now nearly 39 million people living with HIV worldwide.<sup>2</sup> Sub-Saharan Africa continues to bear the brunt of the pandemic, with over 2 million deaths in 2005 and 24 million people living with HIV, nearly 60 percent of whom are women. Furthermore, 700,000 children became infected in 2005 – 15 percent of all new infections. As it becomes clear that the consequences of HIV and AIDS will remain for decades, and will only worsen without critical interventions now, the need to maximise the potential of all players becomes more immediate.

Against this background, international development agencies are showing increasing commitment to addressing the causes and consequences of HIV. In early 2006, UNAIDS facilitated an unprecedented exercise to identify the way forward to attaining universal access to prevention, treatment, care and support by 2010.<sup>3</sup> This recognised the need for provision of a comprehensive package combining prevention, treatment, care and support with a renewed emphasis on prevention. It also recognised the need to address the cultural and social attitudes which underlie the pandemic, and for country-level targets with a strong emphasis on accountability on progress and spending.

International development agencies are increasingly recognising that nearly all poor people relate to a faith, and that faith has a role in development – for good and bad. In 2006, the UK government's Department for International Development (DFID) released a position paper which acknowledges that faith groups play a critical role in poverty reduction, particularly in providing services for poor people, shaping attitudes, and empowering the poor so their voices are heard.<sup>4</sup>

For Tearfund, a UK-based international development agency with an evangelical Christian basis of faith, HIV and AIDS is now its top priority area of work. Tearfund has twenty years of experience of working through church-based partners in responding to AIDS. The Christian church has tremendous reach, especially in Africa where thousands of volunteers provide care for those affected, without any remuneration. At the same time, Tearfund is deeply concerned about the positions within some parts of the church on critical issues such as gender, stigma and the use of condoms. It is working to address these.

Tearfund believes there is a desperate need for a more effective response to AIDS. In late 2005, it commissioned research to better understand the distinctive role of the church in responding to AIDS in Africa and how international development agencies and the church could work together more effectively in the response to AIDS. Drawing from Tearfund's experience with church-based partners, research visits to Ethiopia and Zimbabwe, and

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2 UNAIDS (2006) *Report on the global AIDS epidemic*, New York, May 2006

3 United Nations General Assembly (2006) *Towards universal access: assessment by the Joint United Nations Programme on HIV/AIDS on scaling up HIV prevention, treatment, care and support*, 24 March 2006, A/60/737

4 DFID (2006) *Faith in Development Position Paper*, London

discussions with practitioners and policy-makers, this report points to the significant opportunities that cooperation between international development agencies and the church would bring and the challenges to such cooperation that need to be overcome. Tearfund believes it can play a vital role in facilitating such cooperation.

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- 5 United Nations General Assembly (2006) *Towards universal access: assessment by the Joint United Nations Programme on HIV/AIDS on scaling up HIV prevention, treatment, care and support*, New York, 24 March 2006, A/60/737.
  - 6 African Union (2006) *Abuja Call for accelerated action towards universal access to HIV and AIDS, Tuberculosis and Malaria services in Africa*, Addis Ababa

## 2 Setting the scene: international development agencies, faith groups, and the response to AIDS

### 2.1 Responding effectively to AIDS

At the 2005 World Summit in September 2005, member states of the United Nations committed themselves to:

*‘Developing and implementing a package for HIV prevention, treatment and care with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all those who need it, including through increased resources, and working towards the elimination of stigma and discrimination, enhanced access to affordable medicines and the reduction of vulnerability of persons affected by HIV/AIDS and other health issues, in particular orphaned and vulnerable children and older persons.’*

Therefore, there is high-level political commitment to ‘universal access’ – the idea that everyone affected by HIV should be able to receive what he or she need in terms of prevention, treatment, care and support.

There is consensus about the basis for an effective response to AIDS.<sup>5,6</sup> The call is for effective, collaborative, country-driven processes for scaling up HIV prevention, treatment, care and support.

#### An effective response to AIDS

Important elements are:

- **Governments should take the lead** in developing clear plans and coordinating responses.
- There should be provision of a **comprehensive package of support** combining prevention, treatment, care and support. Within this:
  - there needs to be renewed emphasis on **prevention** due to the financial, logistical and social challenges of providing treatment. Entrenched attitudes and sexual practices need to be challenged, and there should be increased take-up of interventions to prevent mother-to-child transmission (PMTCT)
  - the momentum should be maintained for making **treatment** available
  - **care and support** needs to be enhanced in order to address low coverage, and due to the synergies between treatment, prevention and care.
- Universal access is reliant on the provision of **decent healthcare** for all, which requires addressing the shortage of health workers in many affected countries.
- **Addressing cultural and social attitudes** which are critical in the AIDS pandemic:
  - Stigma and discrimination drive the pandemic and act as a barrier to accessing treatment and PMTCT.
  - Unequal gender relationships underlie continuing infection.
- **Country-level targets** are needed with a strong emphasis on **accountability on progress and spending**.

## 2.2 International development agencies and the role of faith in development

*'Religion can be a force for good or bad in African development, but can't be ignored.'*<sup>7</sup>

In recent years, many international development agencies have recognised that faith is important to poor people, that faith groups play a critical role in poverty reduction, and that faith groups have distinctive characteristics. Some international development agencies are beginning to acknowledge the need to work with faith groups, but often struggle with differences in understanding and approach.

Well developed analyses include those from initiatives such as the World Bank's Development Dialogue on Values and Ethics, PEPFAR, the Commission for Africa, and DFID's Faith in Development Position Paper. These analyses concur that faith groups impact upon development in many areas, including through:

### Providing services

*'Faith groups have historically played an essential role in providing services and relief to poor people. They often run the only schools and health clinics in rural communities and in sub-Saharan Africa. They have been estimated to provide 50% of health and education services. They are significant providers of services in fragile and weak states and provide a large share of the home-based care for people living with AIDS.'*<sup>8</sup>

*'Local community- and faith-based organisations remain an underutilised resource for expanding the reach of quality services. They are among the first responders to community needs, with a reach that enables them to deliver effective services for hard-to-reach or underserved populations, such as people living with HIV/AIDS and orphans.'*<sup>9</sup>

### Shaping attitudes

*'Faith leaders have great influence on shaping social attitudes, community relationships, personal responsibility and sexual morals.'*<sup>10</sup>

In Africa, people's attitudes and behaviours are largely determined by the values and norms of the society in which they live. Their faith group, and particularly the faith leader to whom they relate, plays a major role in shaping this, for good or bad. This is important in the context of AIDS because stigma, discrimination, and the unequal position of women and girls, make it more difficult to fight the disease. Views on sexual practice, particularly on expectations of men and women, and the use of condoms, are critical. Some faith groups have strong and influential positions on these issues.

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7 Commission for Africa (2005) *Our Common Interest*, London. p129

8 DFID (2006) *Faith in Development Position Paper*, London

9 PEPFAR (2005) *The President's Emergency Plan for AIDS Relief: Community and Faith-based Organisations*

10 Commission for Africa (2005) *Our Common Interest*, London, p31

11 DFID (2006) *Faith in Development Position Paper*, London

### Influencing the powerful

*'The development of effective and accountable states is important for poverty reduction and this in turn requires effective civil society. Faith groups make a significant contribution to poverty eradication through empowering the poor so their voices are heard when decisions that affect their lives are made.'*<sup>11</sup>

In some situations, faith groups have been at the forefront of social and political reforms. However, faith groups have also colluded with oppressive regimes. Furthermore, some forms of faith produce great passivity and fatalism, with an emphasis on the future life detracting from concerns for justice now.

## 2.3 International development agencies and the role of faith in the response to AIDS

All the international finance mechanisms responding to HIV and AIDS acknowledge a role – to a greater or lesser extent – for **faith-based organisations** (FBOs), usually in the provision of services. Some look beyond these relationships to also engage with other **faith groups** (such as churches) and **faith leaders**, particularly around shaping attitudes and influencing the powerful.

### 2.3.1 Working with FBOs

International development agencies are interested in supporting FBOs in the response to AIDS for the following reasons:

- Traditional mechanisms that international development agencies have used to address the AIDS pandemic are not sufficient.
- FBOs are seen to have a role in facilitating behaviour change.
- International development agencies appreciate what many FBOs have already been doing.
- FBOs are often the only civil society organisation present in remote areas and are able to reach where governments cannot.
- FBOs have an understanding of, and acceptance within, the community.
- Some religious coordinating bodies (such as dioceses) have the capacity to reach from a major city, accessible to international development agencies, to a large number of grassroots institutions.
- FBOs are usually seen to be reliable and trustworthy.

The emphasis is usually on grants, particularly for provision of services such as support for orphans and vulnerable children, provision of voluntary counselling and testing and anti-retroviral therapy, and prevention messages. The relationship is contractual, often with clear statements of the expected results. Experiences of this, and the implications, will be explored later in the context of the church.

Two significant proponents of working with FBOs are the World Bank and PEPFAR. The World Bank stresses that it seeks to be 'faith-blind'. The importance of FBOs must be in their results, rather than that they have a faith basis. Whilst PEPFAR is also results-focused, there is recognition that their faith basis is critical to many FBOs.

## The World Bank and FBOs

The World Bank Multi-Country AIDS Program (MAP) recognises the important part that FBOs can play and has sought to engage them:

*'The role of African faith-based organisations in combating HIV/AIDS is widely recognised as having growing significance, but, at the same time, one which is not fully exploited given the influence and reach of FBOs in African societies. Their impact at the community and household levels and their well developed on-the-ground networks make them uniquely positioned to influence values and behaviours and to mobilise communities.'*<sup>12</sup>

MAP believes that a significant proportion of its 50,000 sub-projects are faith-based. Early reviews of MAP suggested that FBOs were not involved in MAP projects as they should have been. MAP responded by actively identifying and starting to address the reasons.

The Bank's most recent strategy document in relation to AIDS – *The World Bank's Global HIV/AIDS Program of Action* – was published in November 2005. This retains commitments to working through FBOs and to understanding how the Bank can best work with faith leaders and institutions on HIV and AIDS. However, there are suggestions that these are routine, and that the Bank's enthusiasm for working with faith groups has weakened.

Other international development agencies do not have specific strategies to engage with FBOs, but acknowledge their potential:

- Irish Aid recognises the distinctive contribution of FBOs. It funds several Irish-based NGOs with a faith basis through its HIV/AIDS Partnership Scheme (HAPS). However, Irish Aid accepts that so far, it has not systematically addressed how to work with faith groups in the response to HIV and AIDS.
- The Global Fund anticipates that faith-based organisations will be included amongst the recipients of its grants, and that faith-based organisations would be amongst the sectors represented on the Country Co-ordinating Mechanism (CCM).<sup>13</sup> However, since the operating principles state that it can only react to proposals from the CCM, it cannot proactively pursue partnerships with FBOs.

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- 12 World Bank (2004) *Concept note for HIV/AIDS Workshop for Faith-based Organisations and National AIDS Council*, Accra, Ghana. January 12–14, 2004.
- 13 The Global Fund (2006) *Guidelines for Proposals: Sixth Call for Proposal*, Geneva
- 14 Foster G (2004) *Study of the response by faith-based organisations to orphans and vulnerable children*, UNICEF and World Conference of Religions for Peace
- 15 An international research collaboration working on the interface of religion and public health, with a focus on Africa.
- 16 Kelly MJ (2003) *The role of religion in the HIV/AIDS epidemic (with special reference to Christianity and Islam)*, Lusaka
- 17 UNAIDS (2005) *AIDS in Africa: three scenarios*, Geneva
- 18 DFID (2004) *Taking Action. The UK's strategy for tackling HIV and AIDS in the developing world*, London
- 19 Speech by Rt Hon Hilary Benn MP about HIV and AIDS at the Church of England General Synod, 12 February 2004.

### 2.3.2 Engaging with the wider faith constituency

Some international development agencies take a more comprehensive approach that recognises the additional opportunities of working with faith groups other than FBOs and faith leaders.

Some UN agencies have taken specific initiatives:

- UNICEF collaborated with the World Conference of Religions for Peace (WCRP) to support a study of the responses of religious organisations in east and southern Africa in caring for children affected by AIDS.<sup>14</sup>
- WHO is funding the African Religious Health Assets Program<sup>15</sup> to map religious health assets in Lesotho and Zambia.
- UNAIDS commissioned research on the role of religion in the AIDS epidemic<sup>16</sup> when developing scenarios for HIV and AIDS in Africa.<sup>17</sup>

Despite this, UN agencies do not appear to have a coherent strategy for engagement with faith groups on HIV and AIDS. The perception is that UN organisations still look to FBOs to deliver services, rather than considering how to engage more broadly with other types

#### **DFID, faith groups and AIDS**

The UK government's strategy for tackling AIDS in the South, *Taking Action*,<sup>18</sup> acknowledges the important roles that FBOs and faith leaders could play in the response to AIDS, particularly in terms of providing care for vulnerable households, combating stigma and discrimination, and creating a demand for better leadership and holding governments to account.

DFID has supported a variety of FBOs, and also engaged with faith groups through funding arrangements and some dialogue with leaders. For example, in the Caribbean, in 2004, DFID organised, together with CARICOM/PANCAP, the conference *Champions for Change – Reducing HIV and AIDS related stigma and discrimination in the Caribbean*. As a follow-up activity, CARICOM/PANCAP organised a conference with faith leaders and faith-based communities (predominantly Christian) in 2005, discussing their role in addressing stigma and discrimination and preventing the further spread of HIV and AIDS.

Through partnership arrangements DFID has supported Christian Aid to work on an interfaith dialogue on HIV and AIDS, focusing particularly on stigma, prevention, and support of people living with HIV and AIDS. It has provided funding to allow CAFOD to promote and facilitate region-wide exchanges and capacity-building among faith communities, church leaders and theologians in Latin America.

DFID recognises the important role that faith groups play as a distinctive part of civil society, particularly in informing and challenging decision-making. It is likely to strengthen its support to the sector following the publication of the National Audit Office's report *DFID: Working with civil society*.

Beyond funding, DFID Ministers have supported and challenged faith groups in speeches. Secretary of State Hilary Benn has praised the church for its lead in caring for people, but encouraged it to speak out more effectively on stigma, sexual practice and gender.<sup>19</sup>

Although DFID recognises the role that faith groups may play in responding to AIDS at policy level, there is no evidence of a clear strategy for systematic engagement. Instead, it seems to be based upon ad hoc arrangements.

## The US and faith groups in the response to AIDS: PEPFAR

*'We will encourage and strengthen faith-based and community-based non-governmental organisations.'*

*Faith-based and community-based organisations were among the first responders to HIV/AIDS, caring for fellow human beings in need. Their reach, authority, and legitimacy identify them as crucial partners in the fight against HIV/AIDS. We will encourage their involvement, and, in particular, we will welcome new partners with innovative ideas.'*<sup>20</sup>

The US government has been at the forefront of recognising the potential contribution of faith groups to the response to HIV and AIDS. Even before the President's Emergency Plan for AIDS Relief (PEPFAR) was launched in 2003, it funded strategic planning for the response to AIDS of the Anglican Church in southern Africa. The US government acknowledges the concept of 'spiritual care', allows organisations to retain a mission statement advocating advancement of their faith, and does not require organisations to utilise approaches that they find morally objectionable (used by some faith groups to opt out of condom provision). At the same time, there are guidelines that religious activities should be kept separate – in time or location – from secular activities, and that federal funds may not support any 'inherently religious' activity.

PEPFAR represents a substantial US government initiative to turn the tide of the AIDS pandemic. It commits US\$15 billion over 5 years to achieve ambitious '2-7-10' targets.<sup>21</sup> Faith-based groups are identified as priority local partners due to their reach and sustainability.<sup>22</sup> In the fiscal year 2005, 18 of PEPFAR's 243 prime partners and 213 of its 919 sub-partners were faith groups. However, the former were mostly large US-based organisations with a Christian basis and many of the latter were church hospitals. There were few awards directly to faith groups in Africa. Whilst some faith groups welcome PEPFAR's perceived emphasis on abstinence and fidelity over condoms, others are reluctant to become a sub-contractor for the US government, with what appear to be onerous reporting and accounting requirements.

of faith groups around their influence. Similarly, although the US government has a strong commitment to working through faith groups, has engaged with faith leaders, and allows faith groups to retain faith characteristics, the relationship seems to be primarily based on funding for results, rather than a partnership around seeking synergy. DFID has shown a strong policy-level understanding of the distinctive nature of faith groups and the roles they can play in responding to AIDS, but it has had limited engagement with faith groups in their own right to challenge them on established values. There is no evidence yet of a clear strategy to systematically take forward the analysis of the Faith in Development Position Paper with faith groups to significantly strengthen the response to AIDS.

20 Office of the United States Global AIDS Coordinator (2004) *The President's Emergency Plan for AIDS Relief: US Five-Year Global HIV/AIDS Strategy*, Washington DC, p9

21 In 15 focus countries PEPFAR's targets are to:

- provide treatment to two million people living with HIV and AIDS
- prevent seven million new HIV infections
- provide care to 10 million people infected or affected by HIV and AIDS, including orphans and vulnerable children.

22 PEPFAR (2005) *The President's Emergency Plan for AIDS Relief: Community and Faith-based Organisations*

## 2.4 The Christian church in Africa as a faith group responding to AIDS

So far we have discussed the interest that international development agencies have shown in the contribution of faith groups to responding to HIV and AIDS. We now turn to the Christian church which is significant in many parts of Africa. Given its particular faith basis, Tearfund has asked the questions: *How do faith and development interrelate on the ground?* and *What could international development agencies and the church do together to enable more effective prevention, treatment, care and support in response to AIDS in Africa?* The following sections explore these important issues.

### 3 Capturing the reality: the church response to AIDS in Africa

#### 3.1 The Christian church in Africa

Most people in Africa engage in some form of spiritual practice, and many profess membership of formal religious organisations, with the majority identifying with forms of Islam (320 million), Christianity (360 million) or traditional religions (100 million).<sup>23</sup> In many southern African countries, the epicentre of the AIDS pandemic, over eighty percent of the population identifies with Christianity. Church growth is around two or three percent per annum, particularly within evangelical Pentecostal churches.<sup>24</sup> There is significant diversity in the form of Christianity followed. Some writers present evidence that membership of different Christian traditions may be associated with different outcomes in respect of HIV and AIDS,<sup>25,26,27</sup> but others suggest that the evidence is inconclusive.<sup>28</sup> This overview acknowledges this research but does not differentiate between different church traditions.

In many contexts, particularly rural ones, church membership is highly differentiated by gender and age. Men see church to be the place of women and children. Women therefore comprise ninety percent of adults in congregations in some locations, with the few men taking positions of leadership.

People turn to the church at the major events of life, and in times of crisis. This is especially important for women – for many, especially in rural areas, church membership may be the only form of non-kin association, and increasingly the only reliable source of spiritual, psychological, social, and even material support.

In a society where individuals' decisions reflect their understanding of the expectations of their community, church leaders may influence critical choices around sexual practice through what they say, or model, or through a silence taken to mean agreement with the wider values of society.

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- 23 Reliable statistics on religious affiliation in Africa are difficult to find. These figures are estimates from: Barrett DB, Kurian GT, Johnson TM (eds) (2001) *World Christian Encyclopedia: A Comparative Survey of Churches and Religions in The Modern World*, Oxford University Press (USA), New York
- 24 Commission for Africa (2005) *Our Common Interest*, London, p128
- 25 Garner RC (2000) 'Safe sects? Dynamic religion and AIDS in South Africa', *Journal of Modern African Studies* 38(1):41-69
- 26 Gregson S, Zhuwau T, Anderson RM, Chandiwana SK (1999) 'Apostles and Zionists: The influence of religion on demographic change in rural Zimbabwe', *Population Studies* 53:179-193
- 27 Agadjanian V (2005) 'Gender, religious involvement, and HIV/AIDS prevention in Mozambique', *Social Science and Medicine* 61:1529-1539
- 28 Trinitapoli J, Regnerus M (2005) 'Religion and HIV Risk Behaviors among Men: Initial Results from a Panel Study in Rural sub-Saharan Africa', Unpublished manuscript.
- 29 *Kenya church makes AIDS apology*, BBC News website, 16 March 2006

### The church: some definitions

It may be helpful to distinguish the following:

**THE CHURCH** is the broad community of Christians. This encompasses different entities: denominations, different tiers within denominations, and structures carrying out work in God's name.

**A CONGREGATION** is the local community gathering of believers. It meets regularly (usually weekly). It is the basis for people to associate, to worship, to receive direction from leadership, and for people to connect around responses to spiritual and social needs.

**THE COORDINATING BODY** may be sub-national, national or even have a regional tier. In some traditions, the diocese or district is the basis of congregational association and management. In others, there are alliances or associations that are the basis for working to common agendas across denominations or congregations.

**A CHRISTIAN DEVELOPMENT ORGANISATION** is an NGO that implements development work with a distinct Christian basis. Some are linked to particular denominational structures, others are independent. They operate at different levels from local through to international.

**A CHRISTIAN COMMUNITY-BASED ORGANISATION** is a local group set up through a church to respond to needs within the community. It is differentiated from a NGO as it generally does not employ full-time staff.

## 3.2 History of the church response to AIDS in Africa

### 3.2.1 Perspectives on AIDS: sex, stigma and condoms

*'Our earlier approach in fighting AIDS was misplaced, since we likened it to a disease for sinners and a curse from God.'* Archbishop Benjamin Nzimbi of Kenya, March 2006<sup>29</sup>

The position of the church with regard to HIV and AIDS has changed for the better over the past twenty years. However, in some critical areas, further change is required for an effective response.

When AIDS was first acknowledged in the mid-1980s, the church said little and did little:

- Sexual issues had long been taboo within the church.
- Church leaders had a mind-set that HIV and AIDS was linked to promiscuity, and that the church, which was a meeting place of God's people, was above such things.
- The link with promiscuity was developed so that AIDS was viewed as a judgment from God for sinful behaviour. People living with, or affected by, AIDS were stigmatised.

The church then began to notice that people within it were infected with HIV, and affected by AIDS. The process to acknowledge that AIDS is within the church, and that stigma is wrong, has been slow and uneven. It requires space to reflect and courage to admit that previous positions were wrong. In many situations, even where church leaders at national level have spoken against silence and stigma, the attitudes and practices are perpetuated at local level.

A related issue, with high media profile, is the church's position on the use of condoms to prevent transmission of HIV. Many Christian organisations – including Tearfund – aspire to people keeping abstinent before marriage and then being faithful, but recognise the reality of discordant couples and that many people's sexual behaviour is contrary to these principles. For such organisations, condoms form part of a necessary harm reduction approach. However, many other parts of the church, especially in Africa, are deeply unhappy about any use of condoms, claiming that they lead to promiscuity.<sup>30</sup>

### 3.2.2 Church interventions: prevention, care and treatment

The church's contribution to the prevention of HIV transmission has been patchy, and in many cases, unhelpful. It has ranged from silence (leaving people assuming that the church agrees with the values of society which often encourage men to have many sexual partners and women to be submissive), through promotion of abstinence and faithfulness (which are not perceived as relevant or possible for everyone), to campaigns reflecting good practice.

Church health institutions have played a significant role in providing **treatment** for the sick. As anti-retroviral therapy has become available for those living with HIV and AIDS, and to prevent mother-to-child transmission (PMTCT), such structures have often led the way in making this accessible, and in introducing better management regimes. In Ethiopia, the government has mandated the Kale Heywet Church to provide PMTCT services for the whole of Addis Ababa.

#### **The church and sexual activity amongst its young people – research in the Anglican Diocese of Cape Town<sup>31</sup>**

*'Most weekends we are burying our youngsters.'* Anglican priest, Nyanga, Cape Town

In late 2004, Fikelela, the HIV and AIDS outreach programme of the Anglican Diocese of Cape Town, conducted research on the sexual experiences of 1,300 young people aged 12–19 attending Anglican confirmation classes or youth groups. The results were sobering. Thirty percent were sexually active, and of these, 66 percent had had more than one sexual partner. The results were similar to the official figures for the area. Although 72 percent of respondents had received some teaching on sexuality in church, and 22 per cent had received specific sexuality training, this did not appear to have any impact. Some respondents volunteered an attitude:

*'My church's teachings do not influence my choices on sex. I do not think about what the church says.'*

Respondents challenged the way in which messages around sexuality were presented, and the tone of the messages themselves. Very few mentioned HIV and AIDS, even though South Africa is in the grip of a pandemic.

Fikelela has reflected on many of the issues arising from the research, and is proposing that the Anglican Church takes a new approach to engaging with its young people about sex. This would include using peer educators, engaging with parents, ensuring that young people receive correct information, empowering girls, promoting 'secondary virginity' for those who regret their sexual experience, and approaching abstinence as a goal rather than a method.

### **ZOE: Envisioning hundreds of churches in Zimbabwe to respond to over 100,000 children affected by AIDS**

At 20 percent, Zimbabwe has one of the highest national adult HIV prevalence rates in the world. There are around 1.1 million children orphaned by AIDS in Zimbabwe, out of a total population of 8.5 million people.

ZOE, a small Christian organisation, is committed to bringing about complete well-being of orphans and vulnerable children through envisioning local churches throughout Zimbabwe. ZOE gains the commitment of church leaders. Churches then mobilise volunteers and ZOE provides them with training.

By mid-2006, ZOE had trained 3,000 volunteers in over 600 churches. These churches are now supporting more than 100,000 orphans in community-based care.

The church's attitudes to HIV and AIDS have impacted upon many infected, or affected, by AIDS. Some have felt unable to seek help, or have even been driven out of the church. Other churches have responded with generosity, dedication and compassion to provide **care** for the sick and dying and **support** for families affected by AIDS, including orphans. There is widespread acknowledgement of the critical role of the church in providing home-based care, right through to death, with Christian compassion involving listening, spiritual counsel and prayer. The UNICEF/WCRP study confirms the critical role of churches in the response to orphans and vulnerable children, with more than 9,000 volunteers supporting over 156,000 children.<sup>32</sup> Similarly, ZOE, a Christian NGO, has mobilised congregations to care for nearly 100,000 children in Zimbabwe. Nearly all of this care and support has been resourced from within the church – international funding has perhaps reached only ten percent of those in need.

## **3.3 Key characteristics of the church's response**

### **3.3.1 The church's comparative advantage**

**Reach** Not only do churches have many members. They also reach into areas that are not touched by other agencies, such as in remote rural areas and informal peri-urban settlements. Often these churches are part of a denomination, allowing resources to flow from city through to marginalised community. Such congregations have an identity, meet regularly, and have a history of members working together. They therefore provide an opportunity for passing on information and teaching, and organising group activities to provide care and support.

30 See, for example, *Tanzania: Church still opposes condoms, sex education – The Anglican Church is opposed to condoms*, PlusNews, Dar es Salaam, 1 June 2006

31 Mash R, Kareithi R (2005) *Fikelela AIDS Project Youth and Sexuality Research Ages 12–19 years in the Diocese of Cape Town, South Africa*, Cape Town

32 Foster G (2004) *Study of the response by faith-based organisations to orphans and vulnerable children*, UNICEF and World Conference of Religions for Peace

The church has often been at the forefront of providing health and education – it still accounts for between thirty and sixty percent of provision in many countries. It therefore maintains a network of health facilities that reach communities that government does not access. Often these are the facilities of choice for poor people because the quality of treatment and care is perceived to be better. Therefore there is a ready-made infrastructure, which poor people trust, available to deliver services in response to HIV and AIDS.

Motivation *'As a church we had to do something.'* Pastor, Zimbabwe

*'They don't expect to receive anything back from you, except perhaps a smile. They have been very kind to me, very kind to me and my family.'* Person living with HIV, Zimbabwe

Many church members understand that the church does not exist for itself, but to serve others. Often, church members' activities are characterised by kindness and compassion without expecting to receive remuneration. Such characteristics are not, of course, unique to people of faith. However, research respondents noted how Christians continued to care for people through death and bereavement – a time when secular NGOs often, understandably, have less spiritual support to offer. Words used to describe the church response included *spontaneity, creativity, energy, perseverance* and *dedication*.

Sustainability *'NGOs pack up their work after programmes finish. Churches will never leave the community.'* Bishop in Zambia

*'I have two degrees and a teaching background. I am not in this work for the money. I have an inner calling to do something about HIV and AIDS.'* Diocesan HIV and AIDS coordinator, Zimbabwe

At the community level, church members initiate activities out of a desire to respond to pressing needs within their community. This is usually without significant external facilitation or financial support, depending instead on resources raised locally. The response often precedes any formal funding arrangement, and will continue after it has come to an end. Such interventions tend to be small-scale, reactive and flexible in response to need. As the interventions come from within the community, they reflect community values and priorities, and community members 'own' them.

Individuals' motivation from their Christian faith means that they will persevere despite few resources and difficult circumstances. Church responses endure when others tire, drop out, or shift energies to other crises.

Shaping attitudes and behaviour Churches are well positioned to directly or indirectly influence people around critical issues including gender and sexual behaviour. They reach key population groups, such as young adults, and people look up to church leaders and expect the church to provide a moral framework. People's individual decisions draw upon religious frameworks.<sup>33,34</sup>

Shared values with those affected Research has highlighted how those affected by AIDS value church responses because they come with prayer and messages of hope, which people draw strength from in such times.<sup>35</sup>

### 3.3.2 Challenges that the church response faces

Attitudes and values: sex, gender and stigma *'The church is very good at talking about moral values and family life, but one of the many challenges that AIDS poses is the need to speak about sex in different ways.'*<sup>36</sup>

As indicated above, in many contexts, the church has failed to give a helpful lead in shaping values around gender and sex. It has often stayed silent on – or appeared to support – traditional attitudes to gender and sexual practice. These encourage 'machismo', which reduces sex to physical activity and male dominance, prowess and control on the one hand, and 'feminismo', which portrays sexuality in a girl or woman as docile, submissive, yielding and accepting of whatever comes from the male, on the other.<sup>37</sup> Such values drive the disproportionate impact of HIV and AIDS on women and girls.

Due to its discomfort with talking about sex, the church has failed to help young people understand and manage their sexuality. Often, it has ignored, or opposed, the role of condoms in preventing HIV transmission.

Furthermore, the association of HIV and AIDS with promiscuity has fuelled stigma and discrimination. The church's view has often synergised with values within society entrenching stigma and a consequent fear of disclosure. The latter poses a major threat to the uptake of testing, treatment for those with AIDS, and anti-retroviral drugs for PMTCT.

Cooperation between the church and secular organisations Many church leaders are suspicious of secular organisations, seeing them as having values which are a threat to those of the church. The controversy over the position of significant parts of the church on condoms confirms this in their eyes. If the church moves further away from engagement with secular agencies, there may be serious implications for coordination and planning around national and local strategies for responses to AIDS.

Monitoring and quality *'There is a paucity of quality data available. The programmes are there but documentation is a problem.'*<sup>38</sup>

Most people involved in church responses to AIDS do not have the time, inclination or skills to detail their activities, or communicate about them, particularly using the language of international development agencies. Whilst there is often on-going reflection about the response, and how it could be improved, this may not go beyond local perspectives and could be heavily influenced by entrenched values. Meetings of stakeholders may well

33 Smith DJ (2004) 'Youth, sin and sex in Nigeria: Christianity and HIV/AIDS-related beliefs and behaviour among rural-urban migrants', *Culture, Health and Sexuality* 6(5):425-437

34 Agadjanian V (2005) 'Gender, religious involvement, and HIV/AIDS prevention in Mozambique', *Social Science and Medicine* 61:1529-1539

35 Thomas L et al (2006) *'Let us Embrace': The Role and Significance of a Faith-based Initiative in HIV and AIDS Work*, ARHAP Research Report: Masangane Case Study, Cape Town

36 Speech by Rt Hon Hilary Benn MP on HIV and AIDS at the Church of England General Synod, 12 February 2004

37 Kelly MJ (2006) *Faith and AIDS in Zambia*, Jesuit Centre for Theological Reflection, Lusaka

38 Parry S (2002) *Responses of the churches to HIV/AIDS: Three Southern African Countries*, World Council of Churches, Ecumenical HIV/AIDS Initiative in Africa, Southern Africa Regional Office, Harare and Geneva

evaluate an intervention, but the basis of evaluation could be different from the expectations of Northern donors.

The lack of documentation may fuel the concerns of international development agencies around quality. They hold suspicions that a response based upon the spontaneous response of volunteers may not meet standards of good practice, and there is nothing to prove this wrong.

Capacity and long-term sustainability in the face of chronic need

*'These structures are straining under this weight. It is clearly a case of the very poor helping the destitute. It is imperative that new ways be found to reduce the share of total AIDS spending by the poor.'*<sup>39</sup>

The church response to AIDS is rarely well resourced. It pays low salaries, so often struggles to retain skilled staff. Many churches are isolated from the technical and financial resources available from international development agencies.<sup>40</sup> Nearly all the care provided through the church is by volunteers, usually women, who give freely of their time. Tearfund's research raised concerns about the sustainability of this resource in situations of chronic and deepening need. Poor people may only provide from their own resources for so long.

Speaking out

International development agencies are looking to civil society in the South to speak out about AIDS – to bring the perspective and experiences of those living with AIDS into planning and implementation and to advocate for improved service delivery. The church should be well positioned to contribute to this. It has reach from city to deep rural community, the trust of its members, underlying values around justice, and an acknowledged position within many societies. National AIDS structures recognise this. The National AIDS Commission and the Global Fund Country Co-ordinating Mechanism usually have places reserved for representation of the Christian church. However, with a few notable exceptions, there is little evidence of the church playing a significant part in advocacy around HIV and AIDS. Why is this?

First, a Northern model of advocacy including policy lobbying and mass action does not always sit easily with African approaches. For many within the church in Africa, the call for justice is equated with an exceptional person speaking out and challenging with a 'prophetic' voice, rather than ordinary church members. Furthermore, within Africa and parts of the church, there is unease about public criticism of leadership. Undoubtedly, church leaders are involved in such advocacy, but by its nature it is not publicised. Many parts of the church focus on saving souls for heaven and do not acknowledge a role in addressing issues on earth. The church may be so focused on its own world that it fails to see a role in engaging in the broader picture.

39 Foster G (2005) *Bottlenecks and Drip-feeds: Channelling resources to communities responding to orphans and vulnerable children in southern Africa*, Save the Children, London

40 Taylor N (2005) *The warriors and the faithful: The World Bank MAP and local faith-based initiatives in the fight against HIV and AIDS*, Tearfund HIV/AIDS Briefing Paper 5, London

## 4 Working together?

### The experience and the potential

#### 4.1 The church, international development agencies and the response to AIDS so far

At policy level, international development agencies acknowledge the response of the church to AIDS in Africa and hint at its potential. However, their engagement appears to be patchy. It is difficult to uncover clear evidence of the relationship as international development agencies rarely break down their information on a basis that would allow this, and the term 'FBO' may cover a diverse range of organisations. Overall, there is a sense that international development agencies do not fully understand the church with its distinctive values and approaches:

- Christian organisations have benefited from funding on the basis of their reach as service providers, but there is little evidence that external resources are getting through to much of the community-based care and support.
- International development agencies have funded the church to carry out behaviour change activities and challenge stigma, but have not always addressed whether these will be effective or challenged the church's messages on underlying issues of gender and sex.
- They have looked to the church to advocate in respect of more effective responses to AIDS, without perhaps understanding how the church perceives advocacy.

#### **DFID, the church and responses to AIDS in Nigeria**

Nigeria already has nearly three million people living with HIV and over 900,000 children orphaned through AIDS. In some states the prevalence is around ten per cent. The challenge is to curb the epidemic before it spirals out of control. Faith groups – especially Christian and Islamic – are very important in society, and tend to hold conservative values that contribute to stigma.

DFID is funding two programmes responding to AIDS in Nigeria. Each is implemented through a consortium of agencies, which includes international NGOs. Structures of the Christian and Islamic faiths are important stakeholders.

ActionAid International Nigeria, one of the implementing agencies, works to sensitise the leadership of faith groups to understand HIV and AIDS and its implications, to develop a strategic plan for AIDS and to support the implementation of this plan. The intention is to mainstream responses to AIDS through the faith groups' structures, rather than to establish a separate AIDS unit. A particular interest is to see the faith groups challenge stigma, rather than remain silent or maintain a position of linking AIDS with immorality and punishment.

The approach of the programme means that some of the challenges of working with faith groups are understood, such as the tensions that may arise if a dedicated AIDS structure was established. There is space to engage with maturing groups that could not have had a direct relationship with DFID, given its reluctance to fund small amounts or have high transaction costs with a stakeholder.

The church seems to be unsure of the value of international development agencies, has not known how to deal with them, or simply has not had them on the radar. It has taken exceptional leaders, or passionate activists, to seek out an engagement.

The box on the previous page describes DFID's responses to AIDS in Nigeria. It is striking that structures of the Christian and Islamic faith are seen as important stakeholders.

## 4.2 International development agencies and the church – distinctive challenges

International development agencies are recognising that faith groups have distinctive characteristics. What has often been overlooked is that faith groups do not see themselves as just other development agents, although they may share common ground with the development agenda. They feel distinct because of their faith. In contrast, international development agencies may see faith groups as a particular subset of the NGO community without recognising their faith dimension.

Similarly, the church has not always understood the particular characteristics and drivers of the international development agencies, and has even shied away from acknowledging them.

The challenges to an expanded relationship are explored in the context of the church in Africa:

Motivation	The church exists to honour God and to be obedient to his call. Convictions and relationships are key. International development agencies look for measurable results, clear accountability and adherence to policies and regulations. The church may not frame proposals in the way that international development agencies require or communicate its activities effectively.
Dividing the indivisible	All that the church does is a response to its calling. In contrast, governments often articulate the separation of faith and state, and look for clear separation of development activities from religious practice.
Time frame	International development agencies think in terms of fixed project cycles. They may not see all that the church did before, or that the church will continue to relate to poor communities long after their funding has finished. The church feels unappreciated for its long-term commitment. International development agencies see the AIDS catastrophe and want to move at a faster pace.
Perceptions	Staff of international development agencies may expect the church in Africa to operate in the same way that they do. It doesn't. International agencies think numbers: 3 by 5, 2-7-10, while the church in Africa emphasises people. Much of its work – care for the dying, prayers with the sick – may be unseen by international development agencies. The church feels unappreciated for what it does best. At the same time, international development agencies may feel that the church wants to do its own thing, not seeing how it could contribute to the bigger picture.

**Needs** The church wants support to do better, but perceives that international development agencies do not have the patience to invest in this over the time required. If the church receives resources, it wants them to supplement what it already has. It is suspicious of being made to fit into an agenda that is not its own. It would prefer a little for a long time rather than huge amounts for a short time. However, international development agencies are often under pressure to spend and to reduce transaction costs.

For an effective response to AIDS in Africa, international development agencies need to work with, and through, the church. The church wants some of the donors' resources – on the right scale. It wants partnership and appreciation, and it needs safe space to reflect on its teaching and influence. For this to happen in a significant way, the fundamental differences need to be shared, understood and addressed.

### 4.3 Conclusions – time to work together

*'If you want to go fast, then go alone. If you want to go far, then you must go together.'*  
African proverb

International development agencies' interest in the contribution of faith groups to development is timely as these offer the potential to reach many with services, reshape people's attitudes and practice on sensitive but crucial issues around gender, sex and stigma, and influence the powerful for greater accountability.

The Christian church is significant in the lives of millions of people throughout Africa. The church is responding to AIDS through treatment, care, support and communicating prevention messages. It has reached many through mobilising large numbers of motivated volunteers. However, much more could be done – more could be reached, with better quality. Unhelpful messages around gender, sexual practice and stigma must be addressed to reduce infection, and improve take-up of services. The church must rediscover God's call to speak for justice.

International development agencies have supported the church in its response, but this has been patchy, often without strategy, and in ways that did not fully appreciate the church's strengths. The distinctives that underlie the church's potential set it apart from international development agencies and NGOs. International development agencies and the church must address their differences and suspicions if they are to work together in order to achieve so much more in the response to AIDS.

## 4.4 Working together – recommendations for the future

### General

- **International development agencies** must ensure that all key staff become ‘faith literate’ through training and support. Then they will be able to:
  - recognise the role of faith in development in policy and practice
  - appreciate the distinctive contributions of faith groups in providing services, shaping attitudes and influencing the powerful
  - appreciate the centrality of faith to faith groups and the implications of this.
- **International development agencies** should acknowledge the distinctive and significant contribution that the church could make in the response to AIDS in Africa, and strategise how to support this in partnership.
- **Key components of the church** need to seek understanding of, and partnership with, international development agencies. They need to be open to international development agencies’ perspectives and understand the relative urgency of responses to AIDS.
- **Key components of the church** and **international development agencies** need to open a dialogue about responses to AIDS. This would involve developing an understanding of the nature of the church and international development agencies and their approaches to interventions.
- **The church** and **international development agencies** should identify specific countries in Africa where they would pilot dialogue and partnership in response to AIDS.
- **Intermediaries** that have the trust of the church, and understand the position of both international development agencies and the church, must bring the two parties together for dialogue.

### Prevention

- Recognising the significant potential of the church to influence, **international development agencies** should provide constructive challenge and space for the church to review what it is saying about gender, sex, and stigma, how it could speak with more effective messages, and deliver these messages.
- **The church** needs to have courage to reflect, be open to change, and speak out.

### Treatment

- **International development agencies** should provide resources, training and support for treatment, particularly anti-retroviral treatment, through church health structures. **The church** should be open to dialogue with international development agencies and national government on how to make its provision of treatment more effective.

### Care and support

- **International development agencies** should develop a partnership with the church to provide resources to extend reach and improve the quality of care and support, while addressing sustainability issues around voluntary assistance. This must be done in a way that is consistent with the values of the church.

- **International development agencies** need to review and adapt their mechanisms for disbursing their resources given the lack of evidence that these are reaching local initiatives.
- **The church** should be open to dialogue with international development agencies and national government on how to make its care and support more effective.

#### Advocacy for an effective response

- **International development agencies** need to recognise that the church could be a significant advocate around issues of governance, accountability and service delivery. They need to encourage church leaders to recognise the church's role to speak out on behalf of the poor and to inform and influence policy and practice, and provide resources for this.
- **The church** should acknowledge that part of its mission is to speak up for justice, which requires it to engage with government and international development agencies on behalf of the poor. In particular, it needs to draw upon its contact with marginalised communities and those affected by AIDS, to inform and challenge national policy and implementation both locally and nationally.

WORKING TOGETHER?



**Working together?**  
**Challenges and opportunities for international development  
agencies and the church in the response to AIDS in Africa**  
**Tearfund HIV and AIDS briefing paper 7**

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