TOGETHER we have a voice

Working together?

A summary of challenges and opportunities for international development agencies and the church in the response to AIDS in Africa

www.tearfund.org/hiv
Tearfund is an evangelical Christian relief and development agency working with local partners to bring help and hope to communities in need around the world.

Tearfund has over twenty years experience of working through church-based partners in the response to AIDS.

Twenty-five years on from the first recognition of AIDS, its devastating impact continues to grow, particularly in sub-Saharan Africa. There are now nearly 39 million people living with HIV worldwide. In 2005, another 4.1 million people became infected, and 2.8 million died of AIDS-related illnesses. Effective interventions to address the causes and consequences of HIV and AIDS are desperately needed.

‘The role of African faith-based organisations (FBOs) in combating HIV and 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.’

Exploring the potential of a church-based response

There is growing recognition among international development agencies that faith-based organisations can play a critical role in poverty reduction, particularly in the response to HIV and AIDS. In 2005, Tearfund commissioned research on the distinctive role of the Christian church in responding to AIDS in Africa, and how international development agencies and the church could work together more effectively to scale up responses to AIDS. The research drew on Tearfund’s experience with church-based partners, research visits to Ethiopia and Zimbabwe, and discussions with practitioners and policy-makers.

Some of the key findings are presented here, but for the full analysis, please see the report, which can be downloaded in electronic format from www.tearfund.org/hiv

The report points to significant potential benefits of strengthening a church-based response to the pandemic. Key opportunities include:

- the unique reach of the Christian church, especially in Africa, where it represents an independent civil society network already established at both grassroots and international levels
- the church’s ready-made infrastructure which is able to mobilise large numbers of volunteers for service provision, and has the potential to scale up national responses through denominational networks that link hundreds of local churches
- the church’s potential to change behaviour since church leaders are in a key position to influence critical choices around sexual practice
- the church’s faith-based motivation that means volunteers will persevere despite few resources and difficult circumstances.

The report also acknowledges that there are clear challenges that need to be addressed if the church is to realise its potential. These include:

- unhelpful attitudes within the church on gender, stigma and condom use
- failures of communication and lack of cooperation between churches and international development agencies
- problems in formally monitoring and documenting church responses
- ongoing capacity of voluntary church responses in the face of chronic need.

The report highlights the need for better understanding between international development agencies and the church so as to work together more effectively, and increase their joint impact.

‘Religion can be a force for good or bad in African development, but can’t be ignored.’

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Comparative advantages of a church-based response

Unique reach

Currently, Christianity is seeing an unprecedented period of expansion in Africa, with 360 million adherents. In countries in southern Africa, the epicentre of the AIDS pandemic, over eighty percent of the population identifies with Christianity. The church therefore has the potential to mobilise vast numbers of volunteers and to influence a wide-spread people movement for change.

The church is already involved in communities that other agencies do not reach – there are local congregations in remote rural areas, and informal peri-urban settlements. These congregations represent organised civil society groups that have an identity, meet regularly, and have a tradition of members working together. The church already has a long-established network of facilities providing education and healthcare to local communities.

The communication networks of church denominations, as national organisations with links to hundreds of local churches, also provide a unique opportunity to scale up responses. For example, the Ethiopian Orthodox Church has 44 million followers organised into 35,000 parishes. In the response to HIV and AIDS the church represents a key community-based institution to convey information and organise group activities to provide care and support.

CASE STUDY  ZOE: Envisioning local churches in Zimbabwe

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

ZOE, which is a small Christian organisation, established in 1993, is committed to securing the well-being of orphans and vulnerable children through envisioning local churches throughout Zimbabwe. ZOE first 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 through over 600 churches. These churches are now supporting more than 100,000 orphans in community-based care.

Sustainability and service provision

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.

Across Africa, church congregations have mobilised many to provide care and support for people living with, or affected by AIDS, from their own resources. A UNICEF/WCRP study confirms the critical role of faith groups, particularly churches, in the response to orphans and vulnerable children, with more than 9,000 volunteers caring for over 156,000 children. Church health facilities have been involved in making prevention of mother-to-child transmission (PMTCT) services available and in providing treatment for opportunistic infections. They have often led the way in making anti-retroviral treatment accessible, and in introducing better management regimes. A survey of churches in Namibia showed that 87% had initiated some kind of response to HIV and AIDS. In Ethiopia, the government has mandated the Kale Heywet Church to provide PMTCT services for the whole of Addis Ababa. Individual church members are motivated by their Christian faith. They put significant time into activities without expecting to receive any remuneration, and will persevere despite few resources and difficult circumstances.

‘NGOs pack up their work after programmes finish; churches will never leave the community.’

7 Bishop in Zambia
8 Foster G (2004) Study of the response by faith-based organisations to orphans and vulnerable children UNICEF and World Conference of Religions for Peace
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 is well positioned to contribute to this. It reaches both urban and remote rural communities, it has the trust of its members, underlying values around justice, and an acknowledged position within national structures, as well as links to an international network. To date, the church has not yet fulfilled its potential as an advocate against injustice and needs to be challenged to do more to hold governments accountable.

Influencing the powerful

‘Faith leaders have great influence on shaping social attitudes, community relationships, personal responsibilities and sexual morals.’

‘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.’

Shaping attitudes and behaviour

For many people, their Christian faith informs much of their daily lives. People also turn to the church for the major events of life, and in times of crisis. The church reaches key population groups, and is trusted within the local community. People respect church leaders and look to the church to provide a moral framework. Churches are therefore well positioned to influence attitudes and facilitate behaviour change around critical issues including gender equality and sexual behaviour.

‘Faith leaders have great influence on shaping social attitudes, community relationships, personal responsibilities and sexual morals.’

‘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.’

‘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.’

Research shows that people affected by AIDS value church responses because they provide spiritual as well as material support. Prayer, and the hope that faith can provide, are things that people draw strength from in such times, and often help to give people living with HIV and AIDS stronger motivation for living. In addition, because the local church is made up of local people, not outsiders, their support is usually culturally appropriate, and churches are probably the most accessible of all social institutions to poor people. Local church responses tend to be strongly relational, valuing the individuals as friends and neighbours, to be cared for holistically. Crucially, church involvement and care for people continues through death and bereavement – a time when secular NGOs, understandably, have less spiritual support to offer.

12 PLHA, Zimbabwe
Facing the challenges to a church-based response

Attitudes and values – gender, sex, condoms and stigma

The church has power to shape attitudes and values, both positively and negatively. However, often what it has said – or failed to say – means that the church has seemed to condone harmful traditional attitudes to gender and sexual practice. In many places, the church has failed to challenge the stigma that acts as a barrier to many interventions.

While Tearfund, and many other Christian organisations, agree that condoms should form part of a necessary harm reduction approach, many churches in Africa associate condoms with promiscuity, and have ignored, or opposed, the role of condoms in preventing HIV transmission. This is a key issue that needs to be addressed.

Cooperation between the church and secular organisations

Many church leaders have failed to engage with secular organisations because they consider their differing values as a threat to the church. They may also have little experience in dealing with the sophisticated bureaucracies of international development agencies, which work within short-term, fixed project cycles, while the church feels unappreciated for its long-term commitment.

Secular organisations may in turn doubt the effectiveness of the church, and be uncomfortable about the spiritual emphasis. This lack of trust and understanding can have serious implications in terms of co-ordination and planning around national and local strategies for responses to AIDS.

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

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

Many church-based responses to AIDS are by local volunteers, who do not have the time, inclination or skills to detail their activities, or the ability to communicate them in the language of international development agencies. The lack of documentation may fuel concerns around quality and good practice. International agencies require measurable results, and adherence to policies and regulations. For the church, convictions and relationships are key.

Many of the distinctive contributions of the church are intangibles, such as dignity for the dying or prayers with the sick, and so are difficult to monitor or evaluate.

Capacity in the face of chronic need

In its response to AIDS, the church lacks the technical and financial resources available from international development agencies. Most of the practical care and support 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. The addition of external resources would mean being able to extend reach, and address volunteer fatigue.

‘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.’

‘There is a paucity of quality data available. The programmes are there but documentation is a problem.’


Janet Nyonyintono, 58, is a volunteer on a church HIV and AIDS programme in the village of Ivunumba, in Uganda
Working together effectively would significantly improve and scale up responses

The AIDS crisis is such that urgent steps must be taken now to turn the high-level political commitments into an effective response. The church offers a unique opportunity to reach many marginalised communities with services, reshape people’s attitudes and practice on sensitive but crucial issues around gender and sex and stigma, and influence the powerful for greater accountability.

The Christian church is significant in the lives of hundreds of millions in many parts of Africa most affected by AIDS. The church is already responding to the pandemic – by communicating prevention messages and mobilising large numbers of volunteers to provide care and support. However, the church has yet to fulfill its potential as an advocate against injustice, and lack of resources and unhelpful messages around gender, sexual practice and stigma must be addressed in order to reduce infection and improve take-up of services.

International development agencies are increasingly recognising that the church can play a critical and distinctive role in poverty reduction. However, better mutual understanding, communication and a clear strategy are needed if the agencies are to systematically engage with the church to strengthen the 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.

Effective cooperation between international development agencies and the church has the potential to significantly improve and scale up responses to HIV and AIDS.

‘Faith-based and community-based organisations were among the first responders to HIV and AIDS, caring for fellow human beings in need. Their reach, authority and legitimacy identify them as crucial partners in the response to HIV and AIDS.’

Conclusions

## Specific recommendations

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<td><strong>GENERAL</strong></td>
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<td>• Acknowledge the distinctive and significant contribution that the church could make in responding to AIDS in Africa, and strategise how to support this in partnership.</td>
<td>• Seek understanding of, and partnership with, international development agencies.</td>
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<td>• Develop an understanding of church approaches, and ensure key staff become ‘faith literate’.</td>
<td>• Be open to international development agencies’ perspectives and understand the relative urgency of responses to AIDS.</td>
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<td><strong>PREVENTION</strong></td>
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<td>• Provide constructive challenge and space for the church as to how it could deliver more effective prevention messages.</td>
<td>• Have the courage to review what it is saying about gender, sex, and stigma, be open to change, and speak out.</td>
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<td>• Be open to challenge on its own values and messages.</td>
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<td>• Provide resources, training and support for treatment, particularly anti-retroviral treatment, through church health structures.</td>
<td>• Partner with international development agencies and national government to improve service delivery.</td>
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<td><strong>CARE AND SUPPORT</strong></td>
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<td>• Develop a partnership with the church to provide resources to extend reach, improve the quality of care and support, and address sustainability issues around voluntary assistance.</td>
<td>• Partner with international development agencies and national government to make care and support more effective.</td>
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<td>• Review and adapt mechanisms for disbursing resources.</td>
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<td>• Recognise the potential of the church as a significant advocate around issues of governance, accountability and service delivery.</td>
<td>• Acknowledge that part of its mission to speak up for justice requires it to engage with government and international development agencies on behalf of the poor.</td>
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<td>• Encourage and resource churches to speak out on behalf of poor people and to inform and influence policy and practice.</td>
<td>• Draw upon its contact with marginalised communities and those affected by AIDS, to inform and challenge national policy and implementation both locally and nationally.</td>
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‘If you want to go fast, then go alone. If you want to go far, then you must go together.’

* African proverb
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