Evaluation of the impact of Christian Aid's support of faith-based responses to HIV

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Introduction

Christian Aid has been working with faith leaders and faith communities as part of its response to HIV since 2003. Since July 2009, Christian Aid has received funding from DFID specifically for faith-based responses to HIV. This evaluation focused on this period, and additionally considered the history of Christian Aid's partnerships in this area of work, which stretches back eight years, to a period when two of its key faith-based partners were founded: the International Network of Religious Leaders living with and affected by HIV and AIDS (INERELA+)[1] and the Ecumenical HIV and AIDS Initiative in Africa (EHAIA). The evaluation included visits to both these organisations, plus Christian Aid partners based in South Africa and Kenya at local, national and international levels.

The evaluation focused on the reasons for working with faith leaders: it is often assumed that faith leaders are an obvious target of information, but they are less frequently seen as active partners or leaders in the response to HIV. The unique credibility of faith leaders among their peers means that they can influence each other as well as their congregations. INERELA+ conceived the SAVE methodology: a broad set of messages around HIV prevention, treatment and care, which are suited to addressed HIV within faith contexts. Christian Aid has adopted the approach and between Christian Aid and its partners, SAVE has been promoted widely and proved highly effective in engaging faith leaders and faith communities. It contributes significantly to increasing understanding about HIV and AIDS, and has helped reduce HIV related stigma, including that propagated by faith leaders themselves. The impact of SAVE has been widespread reaching faith and to a lesser extent secular audiences. Its compatibility with public health messages means that it has the potential to gain recognition and acceptance among secular and national HIV actors as a more comprehensive strategy to educate about HIV than prevention messages alone. Some challenges remain with the SAVE methodology and the evaluation found that it is still possible for a minority of faith leaders exposed to it to maintain an avoidance of achieving deeper understanding of HIV and AIDS.

In addition to genuinely reducing stigma through promoting the SAVE methodology and other programme initiatives, Christian Aid's work has seen faith leaders begin to address other HIV related

[1] INERELA+ was originally formed as the African Network of Religious Leaders Living with HIV and AIDS (ANERELA+)

areas that were previously seen as taboo, such as sexuality including homosexuality. Also related to its HIV work is Christian Aid's ethos of partnership with faith-based organisations which manifests in long-term relationships which go far beyond a conventional funding agreement. Christian Aid places trust in partners and builds their capacity by supporting the personal and professional development of individual staff members. Christian Aid's impact is increased through its approach to facilitating connections between its partners, and effectively navigating multiple relationships within multi-layered structures within the Anglican Church.

Overall this evaluation found that faith groups have a distinctive role in the HIV response, and that Christian Aid provides a unique bridge between faith and secular actors, as well as between faith actors. The added value of faith groups is their extensive reach and their intimately linked role in the lives of community members.

Methodology and participants

The evaluation reviewed the existing relevant documentation including policy and programme reports, and theological reports. In addition to interviewing key stakeholders by telephone, the evaluation included in-country visits to programme partners in South Africa, Zimbabwe and Kenya. South Africa and Zimbabwe were selected because the presence of key regional partners, namely the secretariat of INERELA+, Christian AIDS Bureau of Southern Africa (CABSA) and Christian AIDS Resource and Information Service (CARIS) and the Southern Africa regional coordinator of the Ecumenical HIV and AIDS Initiative in Africa (EHAIA). Kenya was identified as a focus of the research in part because of the level and complexity of the faith-based response to HIV that has evolved there. While Christian Aid and partner organisations in other countries and regions have achieved considerable success as well, the Kenya context provides an example of Christian Aid's engagement with partners that are members of overlapping international and national networks and structures, which also clearly link to the South Africa and Zimbabwe partners.

The consultant used an interview framework to ask participants about aspects of their HIV working including their historical and present relationship with Christian Aid, their approaches to working with faith communities and faith leaders and their experience of implementing the SAVE methodology. The evaluation included staff from partner organisations working at local, national, regional and international levels, and Christian and Muslim faith leaders.

International and Africa regional organisations

Council of Anglican Provinces in Africa (CAPA): Based in Nairobi, CAPA coordinates the work of national level Anglican councils across the 12 Anglican African provinces.[2] CAPA's HIV work focuses on promoting the SAVE approach among its 400 Anglican Bishops and Archbishops, but does not confine its work exclusively within the Anglican Church. It promotes a multi-faith response to HIV and had led the coordination of interfaith dialogues in Nigeria, Kenya and DRC in collaboration with INERELA+, Christian Aid and the national AIDS control councils.

INERELA+ (International Network of Religious Leaders Living with and Affected by HIV and AIDS): INERELA+ was officially launched in 2003 with financing from Family Health International. The secretariat is based in South Africa and promotes international advocacy, training of faith leaders and the establishment of ongoing support of national chapters. Globally INERELA+ has

[2] The twelve provinces are designated as follows: 1. Tanzania, 2. Sudan, 3. Nigeria, 4. DRC, 5. Burundi, 6. Kenya, 7. Southern Africa, 8. Indian Ocean (Mauritius & Madagascar), 9. Uganda, 10. West Africa, 11. Central Africa, 12. Zambia, Zimbabwe and Malawi.

approximately 10,000 members. Christian Aid was its second donor and provided core funding until 2010. In 2010 core funding a grant specifically focussed on HIV and faith leaders was provided.

CABSA (Christian AIDS Bureau of Southern Africa) and CARIS (Christian AIDS Resource and Information Service): CABSA was formed as the result of a member of the Dutch Reform Church in South Africa being diagnosed with HIV in 1987. The organisation was officially registered in 2001 and created the *Churches: Channels of Hope* training programme and accompanying manual. To ensure the integrity of this intensive transformational process, CABSA retains copyright of the course and licenses its use to other organisations. World Vision is licensed to implement the training and regularly runs training courses as does CABSA. CARIS is the resource sharing aspect of the organisation and disseminates faith-sensitive resources and information through its comprehensive website.

EHAIA (Ecumenical HIV/AIDS Initiative in Africa): EHAIA was launched in 2002 as a programme of the World Council of Churches and has since become an independent organisation delivering training and providing resources to faith leaders and faith communities across Africa. Sub-regional coordinators often work in close collaboration with INERELA+ secretariat and national chapters as well as Christian Aid staff, and frequently recommend that individuals participate in CABSA or World Vision Channels of Hope training programmes. EHAIA is well known for producing and disseminating theological literature on HIV and AIDS. Christian Aid has funded EHAIA since its inception and continues to serve on the 21 member International Reference Group.

National level organisations

INERELA+ South Africa (also known as SANERELA+): INERELA+ South Africa is based in Johannesburg and was established in 2007.[3] Current membership is approximately 500. INERELA+ South Africa has received direct funding support from Christian Aid for institutional strengthening including the recruitment of the current national coordinator who has developed the governance structure through convening the board. The organisation has ongoing programmes which focus on marginalised and key affected populations (men who have sex with men, LGBT (lesbian gay bisexual and transgender) communities, sex workers and migrants).

INERELA+ Kenya (also known as KENERELA+): INERELA+ Kenya was initially established in 2003 although significant initiatives did not take place until the organisation was revitalised and re-launched in 2007 with the appointment of the current national coordinator. It now has over 2,700 members. The organisation provides counselling services to its members, facilitates outreach to

[3] Registered in South Africa in 2008

new religious leaders, and promotes advocacy initiatives on emerging issues. While the majority of members are from protestant churches, INERELA+ Kenya promotes ecumenical and interfaith engagement and has developed constructive relationships with Islamic leaders and conventionally hard to reach sections of society such as Masai religious leaders. INERELA+ Kenya works at local level with (Christian Aid partner) BIDII and has a funding relationship with Christian Aid through which it has received seed funding and programme funding.

ACK (Anglican Church of Kenya): ACK has been responding to HIV for over twenty years through prevention, care and support, promoting comprehensive treatment in hospitals and health facilities, and building the capacity of congregations to respond to HIV. ACK has a dedicated HIV team which works closely with CAPA at international level and simultaneously promotes HIV responses among the 30 Anglican dioceses in Kenya. It is also a member of the National Council of Churches in Kenya (NCC). ACK has been a partner of Christian Aid since 1991 working on emergency relief efforts[4], and more recently received funding for HIV stigma reduction work from Christian Aid indirectly through CAPA. ACK also receives technical support from Christian Aid's regional office in Nairobi.

NCCK (National Council of Churches in Kenya): NCCK has been in existence for over 100 years and brings together the collective efforts of protestant churches in Kenya. Many of its members have been involved in HIV work for decades and NCCK has adopted the SAVE methodology. It works with other protestant national and regional organisations as well as secular agencies such as the National AIDS Control Council. It provides coordination, advocacy and liturgical resources disseminated through its many member churches in Kenya. NCCK regularly brings faith leaders together for training, advocacy and to draft statements on HIV. NCCK is, and some of its members are, engaged in Christian Aid's Filling the Gaps project (aimed at reaching faith leaders with HIV messages), and receives direct financial and technical support from the Christian Aid regional office in Nairobi.

Local organisations

BIDII (Benevolent Institute for Development Initiatives): BIDII is a local NGO and community based organisation in Machakos, Kenya and was founded in 1997[5] by local entrepreneurs to respond to the poverty and development needs of the community. HIV is one of several organisational priorities and BIDII takes an integrated approach which means that all the coordinators and field workers are skilled in all the thematic areas. BIDII works closely with local religious leaders through Christian Aid funding of the Filling the Gaps programme and collaborates with INERELA+ Kenya to promote the

[4] Christian Aid Anglican Partner Mapping, 2010
[5] Registered in 1999

SAVE approach. BIDII is a faith-based community organisation and works with faith communities as well as secular organisations such as the district health providers who have also adopted SAVE.

IDCSS: IDCCS is a local diocesan-based organisation in Nyanza province in Kenya. It responds to HIV through community based care for 4000 orphans and vulnerable children and 1500 caregivers, implementing the Filling the Gaps project (targeting 7000 people living with HIV), and broader health work through the Rural Transport Network (RTN) enterprise for health which reaches rural households with medical supplies , hygiene products and health education. IDCSS also implements a solar energy project which provides lighting to poor communities and supports the livelihoods of solar entrepreneurs. IDCSS has partnered with Christian Aid since 2005. As a diocesan project it is also part of structure of the Anglican Church in Kenya (ACK).

Evaluation participants

International	INERELA+ • JP Mokgethi-Heath (Acting Executive Director) • Thabo Sephuma (Consultant)	
Africa regional	Council of Anglican Provinces in Africa (CAPA) • Emmanuel Olatunji (Executive Director)	
	Ecumenical HIV Initiative in Africa (EHAIA) • Dr Sue Parry (Southern Africa Regional Coordinator)	
	CARIS & CABSA • Nelis du Toit (Executive Director) • Lyn Van Rooyen (CARIS Director)	
National	INERELA+ Kenya • Jane Ng'ang'a (National Coordinator) • Dr Mohamed Karama (Principal Research Officer, Kenya Medical Research Institute and representative of Muslim Supreme Council to INERELA+ Kenya)	
	INERELA+ South Africa • Ivan Lloyd (National Coordinator)	
	Anglican Church of Kenya • Joseph Wangai (HIV Coordinator) • Rhoda Luvuno (Project Officer)	
	National Council of Churches in Kenya • Phyllis Kamau (Coordinator) • Doreen Mgenda	
Local	BIDII (Benevolent Institute of Development Initiatives), Machakos, Kenya • Margaret Kisilu (Executive Director) • Edward Muiruri (Coordinator) • Dorcas Masai (Field Officer) • Josephat Mulonzi (Field Worker)	
	IDCCS, Kenya • Florence Oduor Achapa • Samwell Ormondi	
Faith leaders (Kenya)	Major Rose Mbula Musyoka	Salvation Army
	Sylvester Muthama Kiilu	Africa Brotherhood Church
	Bishop Joseph Mophat Kilioba	Anglican Church
	Pastor Onesmus Mzuki	Anglican Church
	Sheikh Saidi Omari Abdallah	Machakos Mosque
	Stephen Maweu	Africa Inland Church
	Rebecca Muthama	Africa Inland Church
	John Obanda	Africa Inland Church
	Reverend Joseph Njakai	Anglican Church/Daystar University
	Bishop James Okombo	Free Christian Assemblies

Why work with faith leaders on HIV?

Increasingly secular development discourse and policy recognise both the role that faith-based organisations play in responding to HIV, and the need to engage with faith contexts. Importantly this recognition of the role of faith-based agencies has become more constructive rather than confrontational, as arguably had been more frequently the case in the recent past.[6] This changing environment reflects a willingness of secular organisations, including governments, donors and NGOs, to engage with faith-based agencies despite, or even because of, the potential challenges[7] as illustrated by the words of UNFPA Executive Director Thoraya Ahmed Obaid in 2005:

> Oftentimes, political debates and decisions on these issues have cultural undercurrents that could delay [the] achievement [of MDGs], but other times we find support for change in cultural values and practices and religious interpretations. To make progress, we need to understand these currents. We need to discuss these issues openly. And we need to identify the positive cultural values and religious interpretations which would facilitate moving forward in the promotion of human rights, including the right to reproductive health.
>
> Thoraya Ahmed Obaid, Executive Director, UNFPA, 2005

The challenge for secular and faith-based development agencies is to find ways of engaging meaningfully with each other. By recognising religiosity as a form of culture, secular agencies can begin to move towards understanding the local and national contexts more comprehensively. Organisations like Christian Aid, as both a faith-based and professional development organisation, are already fully immersed in both the development and faith worlds. By including a specific focus on faith leaders within its HIV work, Christian Aid demonstrates its ability to bridge the (perceived and/or real) divide between approaches. There seems to be barriers between faith and development which are borne largely out of misunderstanding, particularly as the two perspectives often use different language which makes finding common ground difficult, and which can lead to a level of suspicion and mistrust on both sides.

Christian Aid's role has earned the trust and respect of both secular development and faith actors. For this reason it has been able to support the capacity building of faith responses, and also bring

[6] References: Green 2003; Wolfensohn 2004; Tearfund 2006; UNFPA 2004
[7] References: Haddad B, Olivier J, De Gruchy S. 2008

about greater appreciation of the role of faith leaders and faith-based organisations responding to HIV.

As secular agencies increasingly walk across the bridge, it seems that faith leaders are increasingly prepared to meet them half way. Faith leaders have begun to publically recognise and acknowledge their actions in the HIV response which has created problems rather than solutions.[8] Increasingly religious leaders have revealed how HIV has affected them personally, and collectively have spoken out on related issues, such as criticising the Ugandan government's proposed bill to increase judicial punishment for homosexuality in 2009.[9]

The influence of faith leaders

"They used to fear us." Sheikh Saidi Omari Abdallah

One of the seemingly obvious reasons for working with faith leaders is their sphere and level of influence among their constituents. While it is true that the attitudes and views of many faith leaders are taken seriously by their congregations, a significant reason for this is often overlooked. Returning to the UNFPA quote above, Thoraya Ahmed Obaid's statement acknowledges faith as a cultural phenomenon. This means that faith is part of the cultural lens through which individuals view their world. Faith values are not invoked once a week at a religious service; they permeate people's lives, decision making and processes of understanding. For this reason, working with communities where faith is a significant aspect within the culture, a response to HIV which does not communicate with relevance to faith has a potentially much more difficult route to achieving its aims.

The influence of faith leaders in relation to HIV can be misused, both intentionally and unintentionally. In a 2008 study by Christian Aid of HIV related stigma in Sudan, community members believed that some faith leaders were quick to take up warning messages about HIV because they aligned with their views on the sinfulness of adultery or sex before marriage.[10] In other cases, faith leaders' own fear of HIV and a lack of information about HIV and appropriate responses were the main factors for condemning people living with HIV. Among the ten local faith leaders (all based in Kenya) who participated in this evaluation, all were well aware of their influence, both positive and negative, among their communities. Muslim leader Sheikh Saidi Omari

[8] For example, The Church in Africa in the face of the HIV/AUDS pandemic: "Our prayer is always full of hope", Symposium of Episcopal Conferences of Africa and Madagascar (SECAM), 2003

[9] Ugandan church leader brands anti-gay bill 'genocide', The Guardian, Liz Ford and Emma Pomfret, 4 December 2009

[10] Condemned, invisible and isolated: Stigma and support for people living with HIV in Khartoum, Christian Aid 2008

Abdallah in Machakos, Kenya, initially faced huge resistance among his mosque congregation to accepting people living with HIV, in large part because he had himself had previously explicitly expressed condemnation and moral judgement. Sheikh Abdullah realises the impact that he and other faith leaders had on people living with HIV when he admitted: "They [people living with HIV] used to fear us." Encouragingly, Sheikh Abdullah's statement is in the past tense. He changed his attitude after participating in training facilitated by INERELA+ Kenya and BIDII, and subsequently changed the attitudes of his community.

Reverend Joseph Njakai, an Anglican priest based at Daystar University, was under no illusions about his power and influence. He suggested that when he speaks to a congregation to persuade them to accept people living with HIV rather than reject them, that perhaps 50% will hear and understand him, while the other 50% accept his words solely as "blind faith", meaning that they do not genuinely believe what he says, but they accept it anyway because he is a recognised religious authority. He acknowledges that he relies on this blind faith to some extent, but because he recognises it for what it is, he ensures that he relies on it only as a starting point to engage communities in discussion and education and as a route to meaningful change in the long term.

Christian Aid's recognition of the role and influence of faith leaders stretches across Africa: a recent mapping of its Anglican partners[11] showed that it has 33 diocesan, provincial and national Anglican partners in nine African countries.[12] Its commitment to working with faith leaders in response to HIV also extends beyond Africa. Christian Aid has funded Koinonia in Brazil to raise awareness of HIV among faith leaders since 2003. As of 2010 Koinonia has trained over 200 faith leaders, and is currently engaged in established Latin America's first national chapter of INERELA+.[13] Christian Aid is also partnering with the Asian Interfaith Network on HIV and AIDS to facilitate the first national chapter of INERELA+ in India.

Peer education combined with religious authority

Another important rationale for working with faith leaders is the qualified evidence for the impact of peer education. Most of the faith leaders had participated in workshops and training delivered by Canon Gideon Byamugisha, a prominent faith leader living with HIV and founding member of ANERELA+ (which has since become INERELA+). Canon Gideon has been working with Christian Aid since 2006 and is currently the organisation's Goodwill Ambassador on HIV and AIDS. He is

[11] Christian Aid Anglican Partner Mapping 2010
[12] Burundi, DRC, Kenya, Nigeria, Rwanda, Sudan, Tanzania, Uganda and Zambia
[13] Brazil: the big picture, Faith leaders and HIV: report 4 of 4, Christian Aid, 2010

renowned for confronting participants with his personal reality and discussing HIV and sexuality comprehensively and explicitly. For religious leaders who attend these workshops, they are faced with both a peer and a religious authority, because they also take the words of other faith leaders seriously. By the time of this evaluation, and with 25 years of HIV messages, there is perhaps an expectation that everyone in HIV affected areas to have a high level of knowledge about HIV, about personal vulnerability and risk, and an expectation that everyone is be equipped to respond to HIV professionally and compassionately. But for many faith leaders, as Bishop Okombo pointed out, to even say the word 'condom' or to mention sex is "ungodly", and therefore they cannot begin to have a frank open discussion about HIV prevention for fear of evoking these immorally-associated words and issues.

Nine of the local faith leaders (seven men and two women) who participated in this evaluation were from Christian denominations, and one was a Muslim Sheikh. While all were working in unique communities and differing contexts, the unanimous feedback about the training they received was that it was personally transformative for them, and in some cases dramatically so. Some, such as Major Rose Mbula Musyoka, were already active HIV educators, and most had received education on HIV issues prior to the training. But the uniqueness of the training from Canon Gideon was both his credibility (as a faith leader himself and as a person living with HIV) and his comprehensive delivery. Some of the faith leaders shared unforgettable memories from the workshop which initially shocked them and many other participants but simultaneously provided them with unequivocal understanding. For example, to challenge the myths and rumours that circulate and become excuses for not using condoms (particularly that they have holes or are too small to wear), Canon Gideon took a condom and filled it with more than one jug of water. It inevitably expanded grossly but retained the water, and Canon Gideon challenged anyone in the room to suggest their penis was bigger than the inflated condom. This combination of humour, practical demonstration and explicit discussion has had profound impacts on workshop participants' ability to engage in previously taboo issues. But it was Canon Gideon's personal experience of stigma, and the day-to-day reality of his life as someone living with HIV, which presented unavoidable truths to faith leaders, many of whom had misguidedly perpetuated fear and discrimination themselves.

The reach of work with faith leaders

The number of faith leaders reached with training and appropriate HIV messages is difficult to quantify, as is the number of people they in turn reach. INERELA+ estimates that it has 10,000 members worldwide. Currently most members are in Africa, and membership varies between countries. INERELA+ Kenya has over 2,700 members while INERELA+ South Africa's current

membership is estimated at 500. CAPA has brought the SAVE message to 400 Anglican bishops from its nine provinces, which have the potential to mobilise the clergy below them in the hierarchy to reach up to 40 million people. However challenges remain in quantifying the number of people actually reached and what impact the training of faith leaders have in their communities. Much of the evidence gathered in this evaluation relied on anecdotal data rather than robust quantitative sources. The 2009 assessment of EHAIA attempted to gauge the impact of its HIV through collecting data from monitoring reports and surveying EHAIA's key stakeholders.[14] It found that between 2002 and 2008 EHAIA had held 222 trainings which included 12,000 participants. The assessment was not able to determine whether the number of participants included individuals who had been on more than one training course, and was not able to find the numbers of participants of at least 32 training events. Of the data available, the assessment found that almost half (44%) of training events were aimed at faith leaders, and reached 2,295 (not sex-disaggregated) Church leaders plus another 354 specifically female Church leaders and 38 Church leaders living with HIV and AIDS. The assessment attempted to discern the exponential effect of its work with faith leaders. Most of EHAIA's stakeholders estimated that after their training from EHAIA they reached between 100 and 1000 people. CAPA, however, was confident that given the numbers of staff doing outreach, and knowing how many churches and cathedrals they have spoken at, that it has reached 150,000 people with the SAVE message.

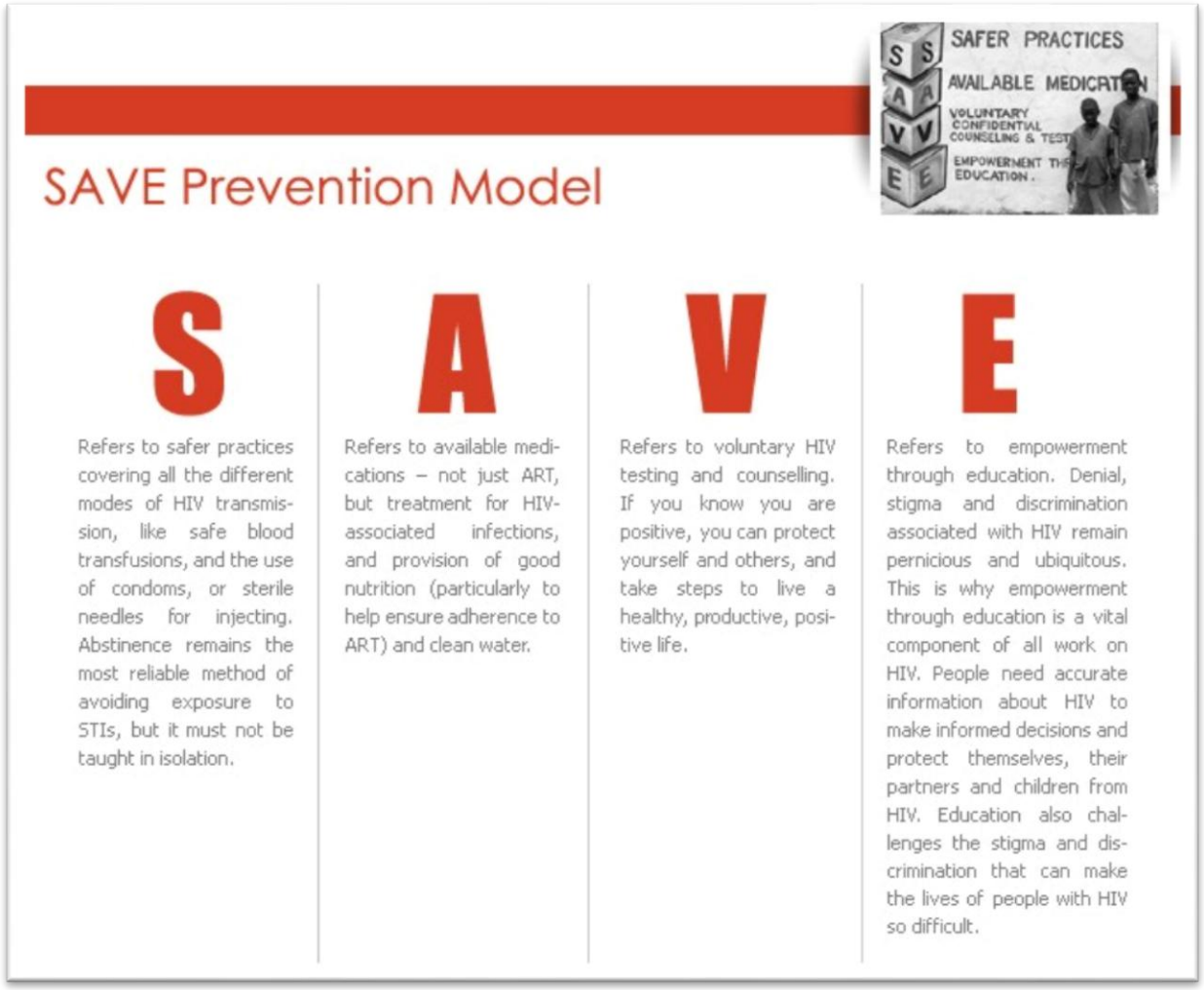
Christian Aid does not require its partners to use a standardised monitoring approach, and nor are baseline surveys of attitudes and levels of understanding consistently implemented in its HIV and faith work. To gain a clearer picture of the reach of its HIV and faith work, minimum requirements for monitoring and some common indicators across the programmes (such as number of people trained, sex, age and denomination) would help gain quantitative data. The numbers of people that go on to benefit from these initial inputs remain difficult to quantify, and the question of attribution is even more challenging when individuals access multiple sources of support, of which Christian Aid and its partners may only be one.

Christian Aid can increase its effectiveness, and that of its partners, and first should introduce more systematic approaches to monitoring and collecting baseline data. While this kind of quantitative information collection may not necessarily capture the long term impacts, it will help to measure the scale of its response, and identify areas where programmes are working most or least effectively.

[14] EHAIA Impact Assessment 2002-2008, (2010)

The SAVE approach

SAVE encompasses a broad ranging HIV message which promotes prevention, treatment, testing and empowerment. The SAVE acronym stands for: Safer practices, Available medication, Voluntary counselling and testing, Empowerment. INERELA+ introduced SAVE in 2003, and Christian Aid adopted it in 2005.



The 2009 evaluation of SAVE found that NGOs, communities, religious leaders and other HIV responders have embraced the SAVE approach for several reasons.[15] Firstly, SAVE expands the presentation of information about HIV to include treatment, testing and empowerment in addition to prevention messages. Secondly the SAVE message originates from a faith-based source i.e. INERELA+ allowing faith based organisations and faith leaders to assume a level of compatibility with their faith and therefore gives confidence to those who use it.

[15] Harriet Jones and Katie Chalcraft, SAVE: A comprehensive approach to HIV prevention, care & support: An independent evaluation of the SAVE approach, 2009

INERELA+ Kenya holds one-day 'open days' which invite religious leaders to discuss the SAVE approach. While Christian Aid itself promotes a comprehensive, rights and evidence based perspective to HIV, INERELA+ Kenya has found that in the context of working with faith leaders, it needs to begin conversations about modes of HIV transmission which challenge attitudes about HIV, sex and sin, by starting with less common modes of transmission in order to introduce non-judgemental thinking around sexual transmission:

- How can a child born with HIV have contracted HIV through sexual intercourse [and therefore through immoral actions]?
- What about a doctor who gets a needle-stick injury while at work?
- What about someone who has a serious accident and receives a blood transfusion with HIV infected blood?
- What about a woman who remains faithful to her husband and he doesn't know his HIV status and causes his wife to become HIV positive?

Sexual transmission remains the most common mode of HIV transmission, and while the SAVE approach does not shy away from discussing ABC, it simply starts from a different place. The sub-heading often printed on SAVE materials reads: HIV is a virus, not a moral issue. The training aims to help religious leaders come to this conclusion. The challenge is ensuring that people do come to the conclusions that the training aims to present. Arguably there is a false logic to the approach of beginning a conversation on HIV transmission by examining the modes of transmission which account for often less than 5% of infections. However, as the Executive Director of the Council of Anglican Provinces in Africa pointed out, even the phrase "HIV is not a moral issue" is so challenging to some faith leaders, that seeing it on promotional material deters them from attending training. In this context, where faith leaders will only engage in a very narrow range of issues, the SAVE approach has to begin the conversation within the narrow confines of the faith leaders existing views.

Hiding behind the SAVE message

The SAVE approach provides the opportunity for engaging faith leaders in deeper discussion and challenging stigmatising or limited understandings of HIV. It cannot, of course, guarantee that faith leaders undergo a personal transformation and build their capacity to respond appropriately to people living with HIV. Much is dependent on the resources (financial, time and expertise) and tools available for training, and the willingness of faith leaders to participate. But it is also possible that some faith leaders welcome the SAVE message because the non-controversial expansion (i.e. Safer

practices, Available medication, Voluntary counselling and testing, Empowerment) allows them to avoid discussing the more difficult issues rather than confront them. So while the SAVE methodology is largely used as an entry point to achieve deeper understanding, some faith leaders participating in this evaluation acknowledged that a number of faith leaders may have become attached to the top level messages.

High expectations on the few

The advocates of the SAVE approach have collectively strived to reach as many faith leaders as resources will allow with its core messages. An unintended consequence of this outreach approach is that the depth of training is not necessarily as great compared to interventions which work with a smaller number of faith leaders more intensely. Therefore building the capacity of faith leaders sufficiently enough that they can take on the role of trainer seems to have less focus than is otherwise needed. As a result the pool of highly experienced faith leaders able to implement workshops, although growing, remains relatively small.

Initial training requires several days for participants to gain a comprehensive understanding of the wide range of issues the SAVE message encompasses. The time and resources are not always available to complete the training within a given time frame, or to ensure that every participant has fully grasped the key information. This may result in faith leaders communicating half-understood messages or incomplete information, or lacking the confidence to communicate messages at all. The two faith leaders who are members of INERELA+ Kenya and implement training reported that they frequently receive a large volume of follow up phone calls from participants who want to clarify a piece of information about treatment, or on a much more personal level, calling late at night to ask them to explain to their wife why they should now use a condom. The trainers are personally committed to delivering HIV information and training, and so always do their best to respond to requests for further information and help. But as members of their national chapter of INERELA+ (which places demands on them to contribute to regional and international processes), and with local parish responsibility, the workload on the relatively small number of people is high.

At international level high expectations are also placed on the key representatives of INERELA+, particularly the Acting Executive Director of the secretariat and Canon Gideon Byamugisha, both of whom continue to be seen as the most public faces of the INERELA+ movement.

Widening the reach of SAVE

The SAVE message combines faith and public health messages in several ways: its faith-based origin (i.e. INERELA+) gives it immediate credibility and legitimacy among faith leaders and communities.

Previously many faith-based agencies have been hesitant to or unsure about adopting HIV messages in case there is ambiguity or incompatibility with religious beliefs, doctrines or teachings. Faith-based organisations have trusted the source of the SAVE message which has made them feel safer in raising the issues of HIV prevention, treatment, care and support. FBOs have increasingly been able to discuss the intimate issues of sex, and advocate the use of condoms. This may not seem logical as the SAVE message contains no public health messages that cannot be found elsewhere. But perception and trust are highly subjective. The very fact it originates from INERELA+ allows people to begin a discussion rather than avoid one. For this reason alone, the impact of SAVE cannot be underestimated.

At the same time, SAVE does not contain a religious message, making it wholly compatible with public health messages. Secular and faith-based organisations can and do promote its holistic approach. SAVE has become popular and used among faith-based and secular organisations alike in several countries (e.g. Kenya, Uganda, Rwanda and Sierra Leone).

More recently, the National AIDS Commission in DRC has officially adopted the SAVE approach in its national HIV strategy. INERELA+ and Christian Aid in DRC have been collaborating to promote the SAVE message. This advocacy culminated in an INERELA+ member spending six months working with the National AIDS Commission on the development of its HIV strategy. The local health services in Machakos, Kenya have also adopted the SAVE approach. With support from Christian Aid, Machakos partner organisation BIDII formed partnerships with the local health providers and advocated for and promoted the SAVE message to them. These agencies and services have adopted SAVE because of close collaboration with faith-based organisations and faith leaders which have funding and partnership relationships with Christian Aid.

But SAVE's links to faith may prove a barrier to other secular bodies and institutions. In some cases secular actors may have prejudices about faith-based responses to HIV, or they may simply assume that a HIV message originating from a faith source will not have relevance for the wider response. INERELA+, Christian Aid and others who would like to see SAVE adopted more thoroughly will have to work hard to present SAVE as appropriate for all contexts, as well as provide the technical resource people willing to work alongside policy development processes, organisations and services.

Impact of HIV and faith work

Reducing stigma

The faith leaders participating in the evaluation all reported that as soon as they spoke out about HIV and let people know that they do not judge people living with HIV and instead began promoting the support and inclusion of people living with HIV, they quickly found that congregation members began approaching them in private to seek advice. The more they spoke out, the more people come to see them.

"We have seen people change their attitudes and their character once we have talked them. We find people open up and say, we have not had this truth before." Bishop James Okombo

Reverend Njakai described the situation before he began his regular sermons encouraging supportive and non-discriminative attitudes towards people living with HIV. There had been high levels of fear and stigmatisation of people living with HIV. When a counsellor from the local voluntary testing and counselling centre spent two days trying to encourage people entering and leaving the university to get tested for HIV with zero uptake, Revered Njakai suggested that he speak to his congregation about testing. The following Sunday he mentioned to the congregation that the testing counsellors were outside the Church building and people were welcome to meet them, and he assured the congregation that there was no obligation to get tested. Sixty people opted for testing immediately after the service.

While the influence and power of faith leaders is significant, it does not always immediately persuade people to change their attitudes. Pastor Onesmus Mzuki described how it took a long time to convince his congregation to stop discriminating. As he began to speak about HIV and openly support people living with HIV, members of the congregation accused him of being HIV positive and hiding his status. They remained afraid of him for some time until his persistence in eliminating the "them and us" divide eventually yielded results. Where once members of the congregation refused to eat with others that they knew or suspected were living with HIV, now they accept that their attitudes were judgemental and their fears ungrounded.

In Reverend Njakai's experience, the process of changing attitudes takes time, and he is no longer disappointed when others at first do not accept the information he provides. He has patience and understands that it may take several conversations or interactions for change to take place.

The methodology that the faith leaders are using is the SAVE approach which presents HIV prevention, care, treatment and empowerment messages in a way that directly reduces self-stigma and stigmatising attitudes. The broader emphasis on a range of safer practices immediately opens up discussion of alternatives to sexual transmission which removes the automatic moral judgments about sex and HIV. However, it also deepens understanding about circumstantial and structural societal issues that facilitate HIV transmission through sex, but again removes morality judgements. Arguably, this is what many HIV policies and programmes have been trying to achieve for over 25 years.

Increasing discussion on sexuality

The reports from Christian Aid partner organisations and faith-leaders all centred on the profound impact that reducing stigma has on people's attitudes towards testing, on their ability to seek the treatment and care they need, and on the collective support that communities begin to provide. But for many faith leaders, the journey has only started and they found that the SAVE approach allows them to open up further avenues for discussion on issues such as sexuality and sexual orientation. Reverend Njakai described his ambivalence towards the issue of lesbian, gay, bisexual and transgender sexuality when INERELA+ included it as a key thematic strategy. Initially he could not imagine the relevance of LGBT sexuality but because he trusted INERELA+'s processes he made a commitment to learn as much as he could. He described how he initiated a working group to discuss LGBT at the university which also began learning and found that young students began to approach the group's members to disclose their sexuality and seek advice and support.

The challenge with this kind of journey is that not all the travellers are going at the same pace. The decision of INERELA+ to develop its work in key areas that desperately needed responses (such as men who have sex with men and lesbian, gay, bisexual and transgender sexuality) encouraged several donors to contribute funds to these thematic areas. However, not all national chapters are sufficiently established to be able to take on these areas of focus. INERELA+ South Africa has been faced with capacity issues impacting on the financial management of the organisation. It has since instituted robust accountability reforms and new resource people. Earlier decisions to accept programme responsibility for sexuality initiatives place INERELA+ South Africa in a difficult situation: very few resources have been invested in supporting the members while the external perception of the organisation is that it focuses on specific sexuality issues only. These two factors potentially deter prospective members from joining, and leave the national chapter with something similar to an identity crisis as it struggles to demonstrate its relevance to faith leaders in South Africa but cannot show how it responds programmatically to issues more pressing to faith leaders, such as

vulnerable children affected by HIV. Funding decisions about programmes for national chapters of membership organisations need to take into account the existing capacity of its members to embrace the themes, and/or the capacity of the coordinators to facilitate the journey among its members.

Tackling local issues: divine healing

Bishop Okombo has been sufficiently motivated to challenge "divine healing", particularly among faith leaders who discourage their congregants from taking HIV treatment medication either out of misguided beliefs or out of charlatanry.[16] The approach is to educate both faith leaders and community members on the role of HIV: what aspects of HIV require medicinal treatment and which aspects can be helped with spiritual 'treatment'. The enthusiasm of the Bishop to take on this issue independently of financial support is commendable. Bishop Okombo shared some of the participants lists of the meetings he has held to advocate the messages about appropriate spiritual and medical responses. Consistently over 50% of participants are local religious leaders, demonstrating that as a member of the clergy the Bishop is able to attract and reach other clergy members.

Faith appropriate responses

Faith leaders are able to identify issues specific to their communities, and in some cases, specific to their faiths. Dr Mohamed Karama represents the Muslim Supreme Council of Kenya on the board of INERELA+ Kenya. He explained that the close engagement with INERELA+ encouraged Muslim leaders to look at HIV from a new perspective. Discussions on treatment adherence led to greater scrutiny of the causes and impacts of Muslims not taking anti-retroviral therapy despite being prescribed it. The Muslim leaders realised that deaths were increasing during and just after Ramadan because people on treatment were fasting, and therefore not taking their medications which must be taken with food. With this finding, the Muslim leaders agreed that fasting requirements must accommodate people on life-saving medication and they actively shared the message within communities that women and men on ART do not undermine their religious convictions by eating during Ramadan and should continue to adhere to their treatment. According to Dr Karama, this approach was effective in reducing the higher death rates at Ramadan among Muslims.

[16] Anecdotal reports suggest that some individuals have somewhat elaborate and sophisticated schemes designed for financial gain, whereby they charge people living with HIV a fee for a 'healing' session. The person is then required to take a HIV test whereby the test results are falsified and for this 'proof' of healing another fee is levied.

The impact of partnerships

A less tangible and measurable aspect of Christian Aid's HIV work is the value of its relationships with partner organisations. This section looks at the interaction between Christian Aid and local, national and international faith-based organisations.

Personal and professional development

The Benevolent Institute for Development Initiatives (BIDII) is a local organisation in Machakos, Kenya. Christian Aid was one of its first funders enabling BIDII establish a small office and facilitate staff to find solutions to local issues, and to source further donors. The organisation has grown to 11 full time staff and focuses on a range of development responses including: conservational and environmental water, HIV and AIDS, agriculture and food security, micro savings and credit, income generating, and governance and advocacy. Its other funding relationships include Elton John AIDS Foundation, EU, Concern Universal, and funding has also been received from USAID via Christian Aid.

BIDII's partnership with Christian Aid has contributed the professional evolution of both the organisation and the individual staff members. The initial activities focussed on a baseline study and an exchange programme whereby students from of the UK visited Machakos to support the research as well as contribute to their studies. This relationship with Queen Mary University resulted in BIDII staff attending development courses in Belfast, including three staff gaining post graduate diplomas and two gaining Master-level degrees. Christian Aid continued to support BIDII to develop through international exposure and invited the organisation to visit South Sudan to build the capacity of other Christian Aid partners. The commitment to BIDII's development has resulted in the organisation increasing its funding diversity and becoming highly respected and often cited as a good example of a professional local NGO.

Christian Aid has invested in organisations like BIDII because of a commitment to developing meaningful partnerships. BIDII staff admitted that initially they were not sure of the meaning of Christian Aid's representation to them as a 'partner' rather than a 'donor'. But over time began to realise that Christian Aid showed a high level of interest in and commitment to the organisation's development and professionalization. Christian Aid relies on implementing organisations in the field to work towards development goals, and can turn to agencies like BIDII to manage challenging work, including the HIV work with faith leaders. BIDII implements the "Filling the Gaps" project which augments the work of INERELA+ Kenya. At district level BIDII mobilised faith leaders (collectively responsible for 13,000 constituents) and their spouses for intense five-day workshops in 2007 and

2009. These training sessions (which included Canon Gideon Byamugisha as a facilitator) had transformative effects on the participants. By focussing on a small geographic area, the project aimed to reach faith leaders comprehensively. It is in Machakos that the district health service has adopted the SAVE approach as its HIV message as a result of the Filling the Gaps initiative.

Technical support and mentoring

The Anglican Church of Kenya (ACK) has responsibility for 30 dioceses and the HIV team works at Diocesan level, at national level (e.g. with INERELA+ Kenya and as a member of NCCK) and at international level (e.g. with CAPA). Much of the engagement with Christian Aid is at a strategic level in which Christian Aid financially supported and participated in the development of strategic plans, and national and regional consultative meetings with faith leaders on HIV. ACK has received financial support for HIV interventions from Christian Aid as a partner of CAPA. But despite not having a direct funding relationship, ACK has received technical support from the Christian Aid regional office in Nairobi particularly on developing written materials and resources.

INERELA+ Kenya was initially founded in 2003 but without consistent leadership and core funding (financial support for everyday operations) its activities and impact were curtailed. The organisation was reinvigorated in 2007 with the appointment of the National Coordinator who received mentoring support from Christian Aid's regional office in Nairobi. The governance was re-established with a new Board of Trustees, and monitoring and evaluation systems were put in place. As a result, INERELA+ Kenya now has over 2,700 members. 256 members are religious leaders who are active in the chapter's activities; many are living with HIV, all are affected by HIV and AIDS, and all are confident to speak from their personal experience to reach out to their congregations and others. A further 700 members are religious leaders living with HIV with whom INERELA+ Kenya is working to build their capacity. These members are "in the valley of decision making" according to the National Coordinator meaning they are not yet sufficiently confident to speak openly about their experiences and their HIV status. The membership's remaining 1,800+ members are friends of INERELA+: religious leaders who are not living with HIV but want to show their support for the organisation and their HIV positive friends and colleagues. The Coordinator was able to turn both to the INERELA+ secretariat and Christian Aid for direct support when she needed it.

In fact, all of the organisations that participated in the evaluation cited at least one individual staff member at Christian Aid whose relationship they particularly valued because of the personal commitment the staff members have taken to support them. Christian Aid staff have prioritised responding to partner requests for support in numerous areas including those where partners have not necessarily expected Christian Aid to be able to help. Much of the interaction between Christian

Aid and partner staff takes place on an ongoing basis, and is impossible to quantify. But the partner staff were unanimous that the partnerships go well beyond a contractual donor-recipient relationship. While one might expect that inevitably a power balance may persist between donor organisation and recipient organisation, the partner staff were candid with the evaluator about any critiques they had in regard to their relationships with Christian Aid.

Commitment to HIV and faith initiatives

Christian Aid has consistently demonstrated its willingness to commit to untested processes simply because it recognised the need to work with faith leaders. INERELA+ (then known as ANERELA+) was founded in 2003. By March 2004, while INERELA+ was still laying the groundwork to become a membership organisation for religious leaders living with HIV, it entered into a funding relationship with Christian Aid who continued financially supporting the secretariat regularly until 2010. Christian Aid was equally committed to the work of the Ecumenical HIV and AIDS Initiative in Africa (EHAIA), then a programme of World Council of Churches (WCC) and later becoming an autonomous organisation. EHAIA focussed on providing training and capacity building for faith leaders initially on HIV, and later on sexuality, and gender (including masculinities). From CABSA's perspective the relationship with Christian Aid has been one of trust. CABSA was already established when Christian Aid offered to provide core funding with the expectation that it would continue its work.

Increasing donor diversity

Christian Aid was by no means the only financial contributor to organisations such as INERELA+ and EHAIA but its financial commitment at their early stages was highly relevant to how quickly they were able to establish themselves and begin making significant impacts. In the case of INERELA+ Christian Aid was instrumental in increasing and diversifying the organisation's funding streams by hosting donor meeting to introduce INERELA+ and promote its work to other potential funders. At local level BIDII was also encouraged and supported to find new and additional donors.

Beyond funding

There has been significant impact on individuals working in partner organisations of the relationships with staff at Christian Aid. The organisational commitment to HIV and faith contexts has been consistently upheld by the ongoing decisions made by and support from individual members of staff. The personal level of accompaniment that many partner staff members have felt from their relationships with Christian Aid staff was frequently mentioned. In addition some partner organisations have found they have been able to get support from unexpected sources within the wider capacity of Christian Aid. When EHAIA's Southern Africa Regional Coordinator explained her

challenges in attempting to coordinate the first Lusophone regional conference for faith leaders on HIV, she found support through Christian Aid's Mozambique Programme Officer. Christian Aid staff were ready to help even though they had no financial investment in the conference. EHAIA's Coordinator believes that without his translation support, general advice and help, she would not have been able to organise the seminal Lusophone meeting.

The benefits of individual relationships with Christian Aid staff members are the very personal commitments that staff members make to partners, in addition to organisational strategic decisions to provide funding and other capacity. Where this can have a disadvantage is if the relationship effectively isolates the partner from wider communication with other sections of Christian Aid. While it is important that lines of communication are clear, and that partner staff know their key contacts, there can be a sense of disorientation when, for example, Christian Aid staff change roles or leave the organisation. The risk for partner organisations of relying on an individual member of staff, is that the same level of commitment may not be able to be maintained by another Christian Aid staff member. One partner staff member commented that they did not have a sense of Christian Aid as an organisation – its size, its strategic objectives etc – so the sense of partnership was limited to the individual staff member at Christian Aid rather than the organisation as a whole. Arguably partners also have a responsibility to increase their understanding of Christian Aid as an organisation and make connections with Christian Aid staff and partners as appropriate.

Relationships between Christian Aid partners

The partner organisations in Kenya, whether local, national or international, all cited at least one other Christian Aid partner as a key stakeholder in their work. In most cases they reported close collaboration with multiple other partners of Christian Aid. While these organisations may have built relationships with each other regardless of their funding relationships, there is evidence of the coordinated approach that Christian Aid has taken to reach a wide range of actors, particularly focussed on the SAVE approach and initiatives like the Filling the Gaps project. Strategically this allows for sharing and pooling of resources, but it also increases the effectiveness of the HIV and faith response as lessons are shared and the links between organisations grow beyond the initial programme priorities.

While within Kenya there was evidence of partner networking and collaboration, there was much less awareness between countries and regions among Christian Aid's partners about initiatives that have the potential to increase impact further. As CABSA's name suggests it has a Southern Africa focus, but much of its enormous database of resources have relevance to faith-based organisations

responding to HIV across Africa. Few of the partner organisations in Kenya were aware of CABSA and CARIS and were keen to hear of it during the evaluation and to access their resources.

Navigating multiple relationships within a network

There is a high level of collaboration and partnerships between the various international, national and local organisations. This brings opportunities for strategic partnerships between Christian Aid and its partners as well as between Christian Aid's partners. The evaluation was able to gain a sense of the interconnectedness of the partners' work particularly in Kenya. Every partner organisation and individual faith leader seemed to have at least one or more connections with one of the other partner organisations. For example, Revered Njakai based at Daystar University just outside Machakos works at national level as part of INERELA+ Kenya and cited BIDII as a close working partner. ACK is a member of CAPA at international level and a member of NCCK at national level, and IDCSS is one of its diocese programmes.

These overlaps are not without challenges however. Nearly all the partner organisations regardless of geographical responsibility (i.e. whether they covered a district, the national level or more than one country) would prefer a direct funding relationship with Christian Aid. Organisations such as INERELA+ (secretariat) and ACK would prefer that funding is channelled through them e.g. to national chapters and dioceses respectively. One of the reasons for this is so that these coordinating agencies with secretariat functions can increase much needed core funding levels. But financial security is by no means the only reason, and it would be a disservice to these organisations to suggest that finances are the sole motivation. In the case of INERELA+ the national chapters are growing in number and yet still rely on the secretariat, particularly when they face challenges, be they resource or capacity issues. Christian Aid national offices are increasingly entering strategic and direct funding relationships with INERELA+ national chapters, and the secretariat expressed some frustration that it has been called on to re-negotiate partnerships in which it effectively has no authority to intervene. In the case of ACK, there is a sense that the autonomy of diocesan programmes to enter into funding relationships means that the national level organisation is not involved as much as it would like to be and therefore misses out on valuable learning from the programme. Additionally, where more than one diocese is funded, the ACK sees it could have a role in streamlining monitoring for both Christian Aid and the dioceses by taking responsibility for reporting.

Ultimately these are issues that the partners who are part of networks will need to make final decisions themselves related to balancing the role of the coordinating mechanisms within their structures and the autonomy and independence of their affiliated entities. However, Christian Aid,

as a key donor to these organisations who are at separate levels within one or more hierarchies, needs to be aware of the differing perspectives in general, and determine whether it can offer specific technical support to help its partner organisations to come to agreements on organisational policies around funding. Christian Aid must ultimately make decisions based on which funding relationships will have the most or best impact, and communicate its rationales for decisions to partners so they have the opportunity to make changes in their approaches to increase the likelihood of accessing funding.

Summary: the added-value and distinctive role of faith groups

Christian Aid's work over the last year particularly, but throughout its history of HIV work, illustrates that faith groups have a particular role in development that complements the broader secular response. Given the immersion of communities in religious practices and the faith lens through which many individuals view their worlds, faith-based organisations are able to communicate development messages more directly and effectively. They are able to open the door to discussions by having faith-based credentials and therefore credibility, and secondly they are able to follow this up with constructive engagement because their language and approaches are culturally acceptable. At the local level, faith-based responses to HIV are desperately needed to reach faith leaders who have either been bypassed by conventional awareness raising or have rejected secular messages. Faith-based development organisations and programmes like BIDII and IDCCS as well as membership organisations such as INERELA+ national chapters provide a direct link to faith leaders and effectively engage them as partners in the response.

The unique contexts of faiths also mean it is important to engage faith leaders, as the example of the Muslim Supreme Council's analysis of the impact of fasting during Ramadan for people on anti-retroviral therapy.

Another important role of faith-based organisations applies to Christian Aid which is immersed and established in both the faith and development sectors. Many organisations similarly navigate their dual identity as professional and faith-based development agencies perfectly well. But Christian Aid has a unique opportunity to build bridges between secular and faith actors providing a cultural translation role, which brings development messages to faith groups, and demonstrates the validity of faith responses to HIV among development agencies. The extent to which Christian Aid performs this role was not the subject of this evaluation, but given the wide range of partnerships that Christian Aid has among both faith and secular organisations it is likely that it is already doing this at many levels even if this is not an articulated strategic aim.

What is clear from the evaluation is that the faith groups that participated in the research are more effective in the sense that they engage sectors of society that secular agencies have been less able to reach. For example, it would be difficult to identify another organisation which has direct and ongoing access to the 400 Anglican Bishops with whom CAPA engages across sub-Saharan Africa through its regional meetings, or an organisation which has access to all of the protestant churches who are members of NCCK in Kenya.

The reach of Christian Aid through its partner organisations, particularly in relation to the promotion of the SAVE message is difficult to quantify overall, but given the anecdotal evidence gathered, the mobilisation of faith leaders in the response to HIV seems unprecedented. With the forthcoming publication of the SAVE manual to accompany the training, Christian Aid and the partner organisations have an opportunity to reflect on the future engagement, and what balance of resources should be prioritised for continuing to reach new audiences and developing the capacity and skills of those already reached.

Christian Aid's commitment to its partners is demonstrated through its immediate response to newly formed organisations, its ongoing partnerships with organisations, and its holistic approach to capacity building. This level of commitment to creating meaningful partnerships affects others positively as partner organisations translate this level of engagement to their other relationships with local partners.

Overall Christian Aid's HIV work with faith leaders has seen substantial support to organisations at international, national and local levels, which are interconnected and whose areas of responsibility and programming overlap. This has resulted in a coordinated approach to promoting the SAVE methodology and also promoting the role of faith leaders in the response to HIV. Much remains to be done, both in terms of supporting its partners to develop their monitoring and baseline data collection processes, and developing the training manual to provide a resource for both trainers and participants to further promote SAVE.

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