

2010 Update:

**Report on the
Involvement of
Faith-Based Organizations
in the Global Fund**



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

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List of Acronyms

ACT	Artemisinin-Combination Therapies
AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral drugs
CBO	Community-Based Organization
CCM	Country Coordinating Mechanism
CHAK	Christian Health Association of Kenya
CRS	Catholic Relief Services
CSO	Civil Society Organization
DOTS	Directly Observed Therapy, Short-course
DTF	Dual-Track Financing
EFR	Enhanced Financial Reporting
EHA	Emmanuel Hospital Association (India)
FBO	Faith-Based Organization
FSW	Female Sex Workers
GFSU	Global Fund Support Unit
GMS	Global Fund Grant Management System
HIV	Human Immunodeficiency Virus
HSS	Health Systems Strengthening
IDU	Injection Drug Users
IHRN	International Harm Reduction Network
LLIN	Long-Lasting Insecticidal Nets
LMI	Lutheran Malaria Initiative
MDR-TB	Multi-Drug Resistant Tuberculosis
MSM	Men who have Sex with Men
NGO	Non-Governmental Organization
NRASD	National Religious Association for Social Development (South Africa)
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PERDHAKI	Association of Voluntary Health Services of Indonesia
PLHIV	People Living with HIV
PLWD	People Living With of Affected by the three Diseases
PMTCT	Prevention of Mother To Child Transmission
PQR	Global Fund Price and Quality Reporting
PR	Principle Recipient
RCM	Regional Coordinating Mechanism
SADC	Southern African Development Community
SDA	Service Delivery Area

SR	Sub-Recipient
STRC	State Training Resource Centers
TB	Tuberculosis
UMC	United Methodist Church
UNICEF	United Nations Children's Fund
UNODC ROSA	United Nations Office on Drugs and Crime Regional Office for South Asia
WHO	World Health Organization
WVI	World Vision International

1. Background and Summary

Since its inception in 2002, the Global Fund has worked closely with faith-based organizations (FBOs) as key partners in Global Fund governance and implementation. FBO representatives have served as members of Country Coordinating Mechanisms (CCM) and as beneficiaries of Global Fund grants, both as Principal Recipients (PRs) and Sub-Recipients (SRs).

In 2008 the Global Fund released the *Report on the Involvement of Faith-Based Organizations in the Global Fund*. This report drew from quantitative analysis of the Global Fund's CCM database and results from a 2006 survey sent to Principal Recipients to highlight the involvement of FBOs as CCM members, PRs and SRs.

Since the 2008 report was released, the Global Fund has explicitly recommended a system of Dual Track Financing to increase the number of grants given to civil society and the private sector and developed an improved system of tracking expenditures at the sub-recipient level – the Enhanced Financial Reporting (EFR) system. Moreover, since the 2006 Principal Recipient survey was conducted and analyzed, additional funds have been disbursed and more FBOs have been chosen by their countries' CCMs as PRs across the globe.

Data for this updated report has been drawn from an extensive review of the Global Fund's CCM database, an analysis of the Global Fund's grant portfolio for PRs and an in depth analysis of the EFR database for expenditures made to FBOs. The analysis showed that FBOs continue to administer grants in many countries and remain an essential part of the governance of Global Fund programs in most countries through their involvement in CCMs. Through Round 9, 44 FBOs have served as Principal Recipients in 22 countries compared with 2006 when only 11 FBOs received funds as PRs in 11 countries. By 2010, the disbursements of the Global Fund to FBOs either directly as PR and SR or as support to FBO managed health facilities in the form of drugs and health commodities increased to \$645,080,571 which represents about 5% of the current portfolio. While the percentage appears to be at a similar level compared to previous reports due to the large volume of Global Fund disbursement, this amount represents a seven fold increase in volume of funding disbursed to the FBO sector through the Global Fund since 2006. The findings also demonstrated that 99 out of 128 CCMs (77.3%) with active Global Fund grants had at least one representative from an FBO. In addition to funding, resources allocated to FBOs in the form of drugs, commodities, and other supplies and equipment are quite significant, particularly in sub-Saharan Africa.

The Global Fund has continued to engage in a number of activities to encourage the full participation of FBOs as partners and implementers. In addition to organizing and presenting at consultations, workshops and meetings, the Global Fund has supported the development of materials and resources to educate FBOs and other members of civil society on how to best engage with the Global Fund.

2. Faith-Based Organizations as Principal Recipients and Sub-Recipients

Overview

Since its creation in 2002, the Global Fund has become the dominant multilateral financier of programs to fight AIDS, tuberculosis and malaria, with approved funding of US\$ 21.7 billion for more than 600 programs in 150 countries. To date, programs supported by the Global Fund have saved a total of 6.5 million lives through providing AIDS treatment for 3 million people, anti-tuberculosis treatment for 7.7 million people and the distribution of 160 million insecticide-treated bed nets for the prevention of malaria.

As a partnership between government, civil society, the private sector and affected communities, the Global Fund represents an innovative approach to international health financing. The Global Fund's work in all its structures is guided by seven general principles. These are to:

- operate as a financial instrument, not an implementing entity;
- make available and leverage additional financial resources;
- support programs that reflect national ownership;
- operate in a balanced manner in terms of different regions, diseases and interventions;
- pursue an integrated and balanced approach to prevention and treatment;
- evaluate proposals through independent review processes; and
- operate with transparency and accountability.

Principal Recipients (PRs)

For each grant, the CCM¹ nominates one or more public or private organizations to serve as the PR. The PR is legally responsible for local implementation of the grant, including oversight of SRs and grant funds, and communications with the CCM on grant progress. After a proposal is approved, the nominated PR works with the Global Fund Secretariat to develop a two-year grant agreement that sets program targets to be achieved over time. Over the course of the grant agreement, the PR requests additional disbursements based on demonstrated progress towards these intended results. This performance-based system of grant-making is key to the Global Fund's commitment to achieving concrete results.

Sub-Recipients (SRs)

PRs work with Sub-Recipients (SRs) to implement the grant. It is the responsibility of the PR to ensure that its SRs have the capacity to implement the program activities assigned to them. Article 14 of the grant agreement outlines the PR's responsibilities with respect to SRs, including the PR's responsibilities in assessing and evaluating SRs:

From time to time, the Principal Recipient may, under the Global Fund Agreement, provide Grant funds to other entities or make direct payments on behalf of such entities to carry out Program activities ("Sub-Recipients"), provided that the Principal Recipient:

- (a) Assesses the capacity of each Sub-Recipient to implement Program activities and report thereon, makes such assessments available to the Global Fund upon request, and selects each Sub-Recipient based on a positive assessment of that Sub-Recipient's capacity to carry out to the Program activities that are being assigned to it and in a transparent documented manner;*

¹ CCM is explained more in detail on page 11

- (b) *Enters into a grant agreement with each Sub-Recipient creating obligations of the Sub-recipient to the Principal Recipient that are generally equivalent to those of the Principal Recipient under this Agreement, and which are designed to facilitate the compliance of the Principal Recipient with the terms of this Agreement. Such obligations shall include, but not be limited to, a requirement that the Sub-recipient employ all Grant funds solely for Program purposes, and use reasonable efforts to ensure that Grant funds are not employed to support or promote violence, to aid terrorists or terrorist related activity, to conduct money-laundering activities or to fund organizations known to support terrorism or that are involved in money-laundering activities;*
- (c) *Makes a copy of each Sub-Recipient grant agreement available to the Global Fund upon request; and*
- (d) *Maintains and complies with a system to monitor the performance of Sub-Recipients and assure regular reporting from them in accordance with this Agreement.*

The Principal Recipient acknowledges and agrees that providing Grant funds to Sub-Recipients or making payments on behalf of Sub-Recipients to implement Program activities does not relieve the Principal Recipient of its obligations and liabilities under this Agreement. The Principal Recipient is responsible for the acts and omissions of its Sub-Recipients in relation to the Program as if they were the acts and omissions of the Principal Recipient.

Dual-Track Financing

As a part of the Global Fund's commitment to strengthening the role of civil society (including FBOs), at its 15th meeting in Geneva from 25-27 April 2007, the Global Fund Board decided to establish a Dual-Track Financing system. Under this system, proposals for Global Fund grants are strongly encouraged to include both government and non-government PRs, which could also include FBOs. Prior to this board decision, this option was previously available and working in countries such as Zambia and Sri Lanka.

The Global Fund began implementation of Dual-Track Financing in Round 8. The goal of Dual-Track Financing is to increase the representation of civil society organizations across the entire Global Fund portfolio. The Global Fund recommends the submission of proposals with both government and non-government PRs. If a proposal does not include both, a rationale needs to be included. The possible benefits to be achieved through Dual-Track Financing include increased absorptive capacity from taking advantage of all sectors, accelerated implementation and grant performance, and the strengthening of weaker sectors in the community. Since implementation of Dual-Track Financing has begun, there has been a steady rise in the number of civil society PRs, including FBOs.

Tracking Funding to PRs and SRs – Enhanced Financial Reporting

In an effort to better track the amount of money, commodities and other information expended by PRs and SRs, the Global Fund began implementing its new Enhanced Financial Reporting (EFR) system in November 2007. Through this system, the Global Fund is better able to capture the amount of resources going to FBOs and other recipients. The EFR system entails requesting from PRs once per year a minimum set of budget and expenditure information, including cost category, program activity and implementing entity. The system is an important tool in improving monitoring and evaluation of the impact of the Global Fund programming.

Faith-Based Organizations as PRs and SRs

Faith-based organizations are critical providers of rural health care and orphan care in many parts of the developing world and play an important role in serving the hard-to-reach and poorest population groups. Recognizing the unique advantages of FBOs, the Global Fund encourages FBO participation in all grants, both as PRs and SRs. As part of the civil society sectors, NGOs, FBOs, Communities of people living with or affected by the 3 diseases and the private sector have implemented 29.4% of Global Fund grants since the Global Fund's inception.

The findings indicate that a significant number of FBOs are implementing programs as PRs and SRs with financial support from the Global Fund. Since its inception in 2002, 44 grants have been signed with FBOs as PRs in 22 different countries. FBOs serve as PRs in every region where the Global Fund operates and in every disease component. The total number of FBO PRs has also notably risen since the recommendation of Dual-Track Financing.

In addition to disbursements made to FBOs as PRs, over 566 FBOs have received funding from the Global Fund as Sub-Recipients. The exact number of FBO SRs is difficult to quantify, as some countries grouped expenditures to various FBOs together in the EFR system. For example in Zambia, it was noted that Sub-Recipient disbursements are made to over 200 different mission hospitals and FBOs. Globally, FBOs have received over US \$514 million in Global Fund grants since the Global Fund's inception, funding projects in 77 countries.

The data show that there is a presence of faith-based work in each region where the Global Fund operates, but the level of support differs by region. For example, expenditures to FBOs were highest in the Middle East & North Africa (8.5%), Southern Africa (8.3%) and in Latin America and the Caribbean (7.0%) – regions where there is a greater number of health-related FBOs in operation. The total figure was lowest in Eastern Europe and Central Asia (0.8%), South Asia (1.4%) and East Asia and the Pacific (2.4%) – regions where FBOs are less active overall.

3. Examples of FBOs as PRs and SRs

National Religious Association for Social Development (NRASD) in South Africa: An FBO Network Receiving Round 9 HIV Funding

The NRASD is a network of religious organizations, established in 1997, with the aim of fostering the role of religious organizations in social development projects. NRASD believes in placing people first as they partner with a wide variety of institutions to develop policy and implement practical programs. They work primarily in the fields of education, health and housing, executing projects via faith communities, as well as the capacity-building of faith-based bodies.

NRASD's thinking and actions are guided by the inputs of national religious leaders (Christian, Hindu, Islamic, Jewish, Baha'i and Buddhist) the wealth of expertise within faith communities and the extensive experience of religious organizations who have been providing care to people over centuries. In the field of HIV and AIDS, they have formed the Religious Sector HIV&AIDS Task Team, comprised of the national directors of faith-based HIV and AIDS programs, in order to coordinate the work of the Religious Sector.

As a Principal Recipient of a Global Fund grant in South Africa, NRASD cooperates with different sectors (government, business, civil society, FBOs) in the field of HIV and AIDS. Their focus areas include behavior change (modification), communication, voluntary counseling and testing, home and community-based care, workplace interventions, orphaned and vulnerable children, institutional capacity-building and the strengthening of M&E capacity. Their work in all of these focus areas involves the participation of religious leaders and faith communities, as both beneficiaries and implementers of programs.

NRASD's programs generally focus on health, education and community development. They are likely the largest civil society network in South Africa – mainly because of the number of African Independent Churches (the largest churches in South Africa) that are members.

Catholic Relief Services, a Global Fund Principal Recipient and/or Sub-Recipient in 7 Regions²

Catholic Relief Services (CRS) was founded in 1943 by the US Conference of Catholic Bishops to assist the poor and disadvantaged overseas. CRS' mission statement calls the agency to alleviate human suffering, advance full human development, and foster charity and justice in the world. CRS has been managing Global Fund resources since 2002 when the Global Fund began disbursing funding. Since that time, CRS has been awarded over \$85 million to support 28 projects in 19 countries across seven of the eight Global Fund regions. CRS' collaboration with the Global Fund is one facet of its long history of engaging with a variety of partners in the fight against AIDS, TB and Malaria, as well as poverty.

CRS country programs are supported by the Global Fund Support Unit (GFSU) based in CRS headquarters, which is comprised of three full-time senior staff with extensive experience in management and program quality. The GFSU also offers assistance to CRS country programs in the startup and management of grants funded by the Global Fund. In addition, the unit reviews all Progress Updates and Disbursement Requests to ensure that there is evidence of performance and quality disbursement systems and that financial reporting is clear, accurate and fully documented. The GFSU facilitates learning through sharing knowledge and experiences from across the globe where CRS manages Global Fund awards.

CRS is currently Principal Recipient in two countries from Round 7 for Malaria (Benin and Niger), and was Principal Recipient in Round 2 for HIV in Madagascar. In Benin and Niger CRS is playing a vital role in strengthening the health systems by improving the monitoring systems within the Ministry of Health and in community capacity building. As Global Fund Principal Recipients in Benin and Niger, CRS currently manages seven sub-grants to local and international organizations. CRS directly supports local partners,

² Adapted with permission from *Engaging with the Global Fund to fight AIDS, Tuberculosis and Malaria: A Primer for Faith-Based Organizations*. Second Edition. 2009: Friends of the Global Fight, Center for Interfaith Action on Global Poverty and World Vision.

helping develop their capacities to acquire and manage donor resources and to achieve their operational goals, while providing both technical and managerial oversight to ensure sound program implementation and accountability to donors. Partner agencies include religious and nonsectarian non-governmental organizations (NGOs), community groups, and host country governments.

Operating under an agreed upon Procurement and Supply Management Plan, CRS ensures that all grant recipients adhere closely to Global Fund policies and procurement practices including proper storage and distribution of health products. CRS' strong systems and procedures ensure it has the capacity to closely oversee and monitor procurement by sub-recipients or to procure directly, and to efficiently manage and monitor the transport, storage, and distribution of goods. With support from its headquarters' procurement staff, CRS country program staff work hand in hand with sub-recipients to ensure that health products arrive to the intended recipients in a timely manner.

Using well-documented behavior change principles CRS promotes the use of Long-lasting Insecticidal Nets (LLIN) through its vast network of partners. In Niger, as Principal Recipient for Round 7, CRS is working with the National Program against Malaria under the Ministry of Health, Caritas Niger and several other local NGO Sub-Recipients to increase the number of pregnant women and children under five who sleep under a bed net. CRS oversaw the nation-wide distribution of more than 2.8 million treated nets in April 2009 and implemented large-scale, behavior change communication activities in the same communities through June 2010 under this program.

In Benin, also a Round 7 Principal Recipient, CRS manages five Sub-Recipients including the National Malaria Control Program and both local and international NGOs. The program targets over two million children under-five years of age with the correct treatment of malaria at the community level using artemisinin-based combination therapies (ACT) within 24 hours following appearance of symptoms. The program includes the creation and training of a cadre of community health workers to identify symptoms and treat malaria at the household level, as well as refer complicated cases to the local health center.

PERDHAKI: A Round 8 Malaria PR in Indonesia

A Catholic-affiliated organization, the Association of Voluntary Health Services of Indonesia (PERDHAKI) serves as an association of voluntary health services in Indonesia. Prior to becoming a Global Fund PR for malaria in Round 8, PERDHAKI served as a SR. Under its Round 8 grant, PERDHAKI has two operating units: health care units and parishes/sub-parishes. Within the health care units are hospitals, maternity clinics and general poly-clinics. Parishes and sub-parishes are Catholic Church organizations, mostly located in remote areas, which are largely engaged in community-based voluntary social work.

The role of PERDHAKI's health care units includes microscopic examination of the blood of persons suspected to have malaria, malaria medical treatment to those found to be infected, hospital care for severe cases, malaria training programs for village cadres, and malaria health education to the community. Parishes and sub-parishes distribute bed nets to households, perform malaria health education for village people, mobilize village people to assist in eradication of mosquito breeding places, and refer malaria-suspected persons to health workers to be tested and/or treated for malaria.

Since implementation of this grant has begun, the capacity of health personnel in the diagnostic and treatment of malaria has increased through improved training. Additionally, the capacity of health units to diagnose and treat malaria has also increased, as these facilities have become equipped with microscopes, laboratory equipment and anti-malaria drugs. At the community level, there has been an increased knowledge of malaria, allowing village people to prevent themselves and their families from malaria infection. Overall, Global Fund grants have strengthened the community-based organization, and they can also use their new skills for other social mobilization purposes.

Emmanuel Hospital Association in India: A Round 9 HIV/AIDS PR

Emmanuel Hospital Association (EHA) was founded in 1969 as an indigenous Christian health and development agency serving the people of northern India. Its primary focus is the poor, largely in rural areas.

With a catchment population of nearly seven million, EHA treats more than 500,000 patients each year in some of India's most needy areas.

Prior to becoming a Global Fund Principal Recipient, Emmanuel Hospital Association worked on HIV and AIDS interventions targeted among high risk groups through its 30 community health and development projects and 20 hospitals in north, north east and central India. In 1995 EHA started the first Needle and Syringe Exchange Program in the state of Manipur. Later EHA initiated similar work among high risk groups including injection drug users (IDUs), female sex workers (FSWs) and men who have sex with men (MSMs) in Bihar along the Indo-Nepal Border. Currently their project known as Project ORCHID covers 18,000 IDUs, 5,000 FSWs and 1,000 IDUs in these two states.

In 2009 when the Global Fund Round 9 had a component on IDU, EHA became the natural choice to be the civil society PR. This consensus was arrived at by UNAIDS India Country office and representatives of National AIDS Control Organization and civil society, who are actively leading interventions among the IDU. The grant was signed in September 2010.

HIFAZAT is the name coined by EHA for the HIV IDU Project of Global Fund Round 9. Two technical partners have been named and contracted, namely the United Nations Office on Drug and Crime Regional Office for South Asia (UNODC ROSA) and Sharan – a civil society IDU pioneer organization. Another organization that will work closely with the later has also been contracted – Indian Harm Reduction Network (IHRN).

HIFAZAT will also work with 5 medical colleges to train doctors and nurses on harm reduction and 10 or more State Training Resource Centers (STRCs) that are the training units identified and funded by NACO to add capacity building on harm reduction among the NGO/Community-Based Organization (CBO) targeted implementations.

Non-Cash Distribution

Global Fund expenditures to FBOs extend far beyond actual cash received. In addition to monetary resources, especially in sub-Saharan Africa faith-based health facilities also receive additional commodities purchased in bulk by countries through Global Fund financing. For example, according to Global Fund expenditure targets for Rounds 1 to 9, approximately 40% of expenditures are set aside for consumable items such as health products, health equipment and pharmaceutical products (medicines).

Typically, government PRs such as the Ministries of Health in many countries will purchase these commodities and distribute them to local health clinics and non-governmental organizations, including FBOs. These commodities include ARVs, HIV test kits, anti-malaria drugs, and bednets. Since the FBOs receive support from the Global Fund, U.S. President's Emergency Fund for AIDS Relief (PEPFAR), United Nations Children's Fund (UNICEF), and the World Health Organization (WHO), as well as other donors, it may be difficult for them to distinguish which commodities are purchased with funds from specific donors. This information may reside with the individual PR which purchased the items in bulk to reduce overall costs.

In sub-Saharan Africa, Ghana, Kenya, Lesotho, Liberia, Malawi, Namibia, Nigeria, Sierra Leone, Sudan, Tanzania, Uganda, Zambia and Zimbabwe have a high rate of FBO involvement in health services. The Global Fund Price and Quality Reporting (PQR) shows that procurement expenditure for ARVs, anti-malaria medicines, anti-TB medicines, condoms, bed-nets and rapid diagnostic tests delivered to PRs in those 13 countries from 1 January 2009 to 31 December 2010 amount to US\$ 327 million. According to the 2006 study "*Appreciating Assets*"³ released by the WHO, "Christian hospitals and health centers are providing about as

³ African Religious Health Assets Programme (ARHAP). 2006. *Appreciating Assets: The Contribution of Religion to Universal Access in Africa*. Report for the World Health Organization. Cape Town: African Religious Health Assets Programme.

much as 40 percent of *HIV care and treatment* health services in some countries in sub-Saharan Africa”. Assuming this ratio applies equally to Global Fund programs, 40% of the health equipment and pharmaceuticals mentioned above (accounting for US\$ 131 million of the total value for that period) was distributed to FBOs. Table 1 below shows the amount of commodity expenditures in each of these countries.

Table 1: Expenditures for ARVs, Anti-Malaria Medicines, Anti-TB Medicines, Condoms, Bed-Nets and Rapid Diagnostic Tests Delivered to PRs in Select Sub-Saharan African Countries, 2009-2010

Country	Total Product Cost
Ghana	\$6,101,938
Kenya	\$10,053,825
Lesotho	\$6,497,998
Liberia	\$4,892,698
Malawi	\$24,690,968
Namibia	\$15,391,152
Nigeria	\$45,135,085
Sierra Leone	\$4,077,463
Sudan	\$52,400,590
Tanzania	\$81,610,401
Uganda	\$9,054,566
Zambia	\$56,786,572
Zimbabwe	\$10,219,073
Total	\$326,912,327

Disbursements and Expenditures to FBOs by Sector

Worldwide, the Global Fund disburses 56% of its grants for HIV and AIDS, 28% to malaria and 16% to tuberculosis.⁴ For this research, data was analyzed on the disbursements made to FBOs in each of the three disease components, both as PR and as SR. The findings are displayed in the tables below and data on specific grants is included in Table 14 in Appendix B.

As with Global Fund grants in general, FBOs received the largest amount of disbursements for HIV and AIDS initiatives (47.6%); this was followed by disbursements for malaria (30.8%) and tuberculosis (21.6%). On the SR side, FBOs again received the majority of their funding for HIV and AIDS programs (60.7%). Interestingly, the total amount of funding for tuberculosis programs at the SR level (21.3%) exceeded the total level of funding for FBO malaria programs (18.0%), which is in contrast to the Global Fund average.

⁴ *Global Fund Core Presentation Set*. PowerPoint compiled by the Global Fund Technical Publications and Learning Team, 10 December 2010.

Table 2: Disbursements to Faith-Based Principal Recipients by Sector

Disease Component	Amount Disbursed to FBOs by Disease Component	Percent of Total Disbursement to FBOs by Disease Component	Comparison to Overall Global Fund Percentage by Disease Component
HIV and AIDS	\$187,420,201	47.6%	56%
Malaria	\$121,567,492	30.8%	28%
Tuberculosis	\$84,707,218	21.6%	16%

Table 3: Expenditures to Faith-Based Sub-Recipients by Sector⁵

Disease Component	Amount Disbursed to FBOs by Disease Component	Percent of Total Disbursement to FBOs by Disease Component	Comparison to Overall Global Fund Percentage by Disease Component
HIV and AIDS	\$92,275,502	60.7%	56%
Malaria	\$27,426,851	18.0%	28%
Tuberculosis	\$32,307,506	21.3%	16%

In order to identify what Service Delivery Areas (SDAs) were mentioned by Faith-Based PRs, data from the Global Fund Grant Management System (GMS) was analyzed and summarized into macro-categories as shown in Table 4 below. The most frequently mentioned SDAs can be categorized under “Prevention” followed closely by “Supportive Environment”.

Types of activities by Service Delivery Area include:

- Care and Support: Care and Support for Families and Communities Affected; Community TB Care; Support for Orphans and Vulnerable Children; Care and Support for PLHIV; Care and Support for the Chronically Ill; Home-Based Care Strengthening; Supporting Patients through Direct Observation of Treatment
- Health Systems Strengthening (HSS): Human Resources; Procurement and Supply Management; Service Delivery; Community Systems Strengthening; Infrastructure; Information System and Operational Research; Skills Building for Service Delivery, Advocacy and Leadership; Monitoring and Evaluation; Information, Education and Communication
- Prevention: Behavioral Change Communication; Condom Distribution; PMTCT; Counseling and Testing; Blood Safety and Universal Pre-Cautions; STI Diagnosis and Treatment; Youth Education and Prevention; Community Outreach; Insecticide-Treated Nets; Indoor Residual Spraying / Vector Control; Prediction and Containment of Epidemics; Prevention of Malaria in Pregnancy; Identification of Infectious Cases

⁵ \$14,968,615 in sub-recipient expenditures to FBOs is drawn from the 2006 Principal Recipient Survey and the 2008 *Report on the Involvement of Faith-Based Organizations in the Global Fund*. In the 2008 report, disbursements by disease component were not noted, and thus this amount is excluded from the data analysis.

- Supportive Environment: High-Risk Groups; Social Mobilization; Stigma Reduction; Coordination and Partnership Development; Monitoring and Evaluation and Operations Research; Monitoring Drug Resistance; Health Systems Strengthening; Human Resources; Community TB Care; Advocacy, Communication and Social Mobilization; Strengthening of Civil Society and Institutional Capacity Building; Patient Support; Income-Generating Activities; Program Management and Administrative Costs; Policy Development, including Workplace Policy
- TB/HIV Collaborative Activities: HIV Care and Support for HIV-positive TB Cases; Prevention of TB in PLHIV
- Treatment: Anti-retroviral Treatment and Monitoring; Prophylaxis and Treatment for Opportunistic Infections; Anti-Malarial Treatment; Diagnosis; Home-Based Management of Malaria; High Quality DOTS; Timely Detection and Quality Treatment of Cases; MDR-TB; Control of Drug Resistance; Improving Diagnosis; Standardized Treatment and Patient Support; Systematic Monitoring of Performance in Case Management

Table 4: Service Delivery Areas (SDAs) Performed by Faith-Based Principal Recipients, Rounds 1-9

SDAs (Macro-categories)	Percentage of SDAs (out of all grants with FBO PR)
Care and Support	5.79%
Health Systems Strengthening (HSS)	14.29%
Prevention	33.20%
Supportive Environment	22.01%
TB/HIV Collaborative Activities	3.09%
Treatment	21.62%

Summary of Findings

Data from the EFR system through May 2010 were analyzed and are presented in Appendix B. The data contain the following information by country:

- **Table 5** lists total funding approved and disbursed to all faith-based PRs since the Global Fund's inception through the end of 2010 (Round 9).
- **Tables 6-13** include data obtained from the EFR system through May 2010. This is presented by country and region as total number of FBOs receiving funding as PRs and SRs and total amount disbursed and expended to FBOs.
- **Table 14** is a global analysis reflecting the disbursement and expenditure of funds to FBOs as Principal and Sub-Recipients.
- **Table 15** lists by country all FBO Principal and Sub-recipients that have received funding through May 2010, the total amount they received, and the disease component and round for which they have been funded.

4. Faith-Based Organizations in Country Coordinating Mechanisms

Country Coordinating Mechanisms (CCMs) are central to the Global Fund's commitment to local ownership and participatory decision-making. CCMs include representatives from both the public and private sectors, including governments, multilateral and bilateral agencies, non-governmental organizations, academic institutions, private businesses and people living with the diseases. The purpose of these country-level partnerships is to develop and submit grant proposals to the Global Fund based on priority needs at the national level. After grant approval, CCMs oversee progress during grant implementation. For each grant, the CCM nominates one or several public or private organizations to serve as a PR. According to the Global Fund's *Guidelines and Requirements for Country Coordinating Mechanisms* (page 3):

The Global Fund recognizes the importance of national contexts, customs and traditions, and therefore does not intend to prescribe specific CCM compositions. However, in accordance with its guiding principles, the Global Fund expects CCMs to be broadly representative of all national stakeholders in the fight against the three diseases. In particular, the Global Fund encourages CCMs to aim at a gender balanced composition. The CCM should therefore be as inclusive as possible and seek representation of all key stakeholders that are relevant in the fight against the three diseases in the national context.

To this end, the Global Fund recommends that all countries strive to include the following actors in their CCMs:

- Academic/Educational Sector;
- Government;
- NGOs/Community-Based Organization;
- People living with HIV/AIDS, TB and/or Malaria;
- Key Affected Populations;
- Private Sector;
- Religious/Faith-Based Organizations; and
- Multilateral and Bilateral Development Partners in-country.

The Global Fund guidelines strongly recommend that all CCMs have at least 40% of its membership as civil society members, which would include FBOs. As a part of the grant approval process, the Global Fund assesses the composition of each CCM that submits a proposal to ensure that the CCM is complying with the established composition guidelines. If for any reason the CCM does not meet the composition guidelines, it must provide an explanation or risk having its proposal rejected.

In most instances, the CCMs operate at the national level. In regions with a high composition of small nations or territories, such as in the Caribbean and the Western Pacific region, regional CCMs exist in place of national structures. Regional CCMs also exist to monitor and implement regional grants, such as the Meso Regional Coordinating Mechanism (RCM) in Central America, the Andean RCM in South America and the Southern Africa Development Community (SADC) RCM in Southern Africa. In a few countries, especially where the political climate has created divisiveness, sub-CCMs exist. Examples include southern Sudan, BRCE and Tomsk-Oblast (Russian Federation), and Zanzibar (Tanzania).

Of the 128 CCMs included in this research, 99 have at least one representative from an FBO, or 77.3% of all CCMs. Many countries have more than one FBO representative serving on the CCM and 12 CCMs have an FBO representative who serves as Chair or Vice Chair of the CCM. Faith-based representatives comprised nearly 6% of total CCM membership worldwide. FBO representation is highest in African countries and lowest in Eastern Europe. These trends are also reflective of the general involvement of FBOs in health care delivery

in the different regions of the world. Countries where there are no faith-based representatives on the CCM are predominantly seen in countries which have historically not had a significant portion of health care services provided by FBOs.

In the 2008 *Report on the Involvement of Faith-Based Organizations in the Global Fund*, representatives from governmental ministries of religious affairs and religious leaders representing other sectors were included in the methodology as faith-based representation on CCMs; this is not the case with the current report. For purposes of this research, only representatives from FBOs that meet the above definition were included as faith-based representation. It is important to note that when data on faith-based representation in governmental and other sectors are excluded, the overall percentage of CCMs with an FBO representative remains virtually the same. The new methodology therefore shows an overall increase in FBO representation on CCMs in recent years.

Summary of Findings

Data on faith-based involvement in Country Coordinating Mechanisms is presented in **Tables 16 and 17** in **Appendix C**.

5. Faith-Based Organizations as Resource Mobilization Partners

Faith-based groups represent a potent source of both potential contributions and advocacy with donor governments, and thus should be considered key partners in resource mobilization.

Certain Christian groups are already donors to the Global Fund. In 2010, The United Methodist Church, Lutheran World Relief and Lutheran Church-Missouri Synod committed to raise resources to help the fight against malaria in Africa with the Global Fund as one of their main beneficiaries.

“Imagine No Malaria” is an initiative of the people of The United Methodist Church (UMC) to raise resources to help eliminate malaria deaths in Africa by 2015. With more than 11.5 million members across the globe, including a strong membership presence on the continent of Africa, the people of The United Methodist Church are working to engage the entire denomination in the fight against malaria to make a life-changing difference.

The **“Lutheran Malaria Initiative (LMI)”** is a movement led by Lutheran World Relief and the Lutheran Church-Missouri Synod to mobilize the nearly 8 million U.S. Lutherans in the global fight against malaria.

Through fundraising campaigns and educational activities within the Methodist and Lutheran communities throughout the United States of America, both efforts will support United Methodist and Lutheran malaria projects and programs in Africa and establish a strategic partnership between The United Methodist Church, the Lutheran Malaria Initiative and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Both initiatives are expected to lead to up to US\$ 41.5 million in additional resources for Global Fund-supported malaria programs in Africa between 2010 and 2013.

The United Nations Foundation has been instrumental for both UMC’s Imagine No Malaria and the Lutheran Malaria Initiative both as advisor and as a facilitator for building the partnership with the Global Fund. The United Nations Foundation’s own *Nothing But Nets* initiative will also be a beneficiary of the resources raised through both campaigns.

The Global Fund is keen to reach out to a range of supportive religious groups on a non-sectarian basis. For example, the Global Fund has signed a memorandum of understanding with the Islamic Development Bank, and participates regularly in such forums as the World Council on Muslim Philanthropists. We can hope that Islamic organizations may be included in non-government donors in the coming years.

6. Actions Taken by the Global Fund to Enhance Faith-Based Involvement

Since its inception, the Global Fund has worked to ensure that faith-based organizations are engaged in multiple levels of its model. This includes developing requirements around the diverse composition of CCMs, a Dual-Track Financing system to encourage the nomination of non-governmental Principal Recipients, and numerous workshops and materials to educate FBOs and other members of civil society on how to best engage with the Global Fund.

Through its innovative model promoting public-private partnerships and country ownership, the Global Fund provides FBOs a seat at a table from which they have traditionally been excluded. The CCM guidelines developed by the Global Fund requires the CCM to be representative of all national stakeholders, specifically people living with the disease(s), as well as government and civil society representatives – including FBOs. Through the CCM, FBOs are able to participate in developing proposals, nominating Principal Recipients and monitoring grants.

According to the Global Fund's *Guidelines and Requirements for Country Coordinating Mechanisms* (page 7), Religious and Faith-Based Groups are one of the types of civil society listed as valuable to CCMs:

In many settings religious and faith based organizations play a vital role in reaching communities infected and affected by the three diseases. Not only do these organizations and groups provide crucial services but some are instrumental in convincing political leaders at the national, regional and local level [sic] prioritize the needs of affected populations. They are increasingly becoming involved in implementation of interventions and provide a valuable role in the development of effective proposals.

Additionally, the Global Fund has hosted several workshops and events to specifically engage with FBOs, enabling them to be an active partner of the Global Fund. Since 2008:

- In April 2008, the Global Fund convened a meeting in Dar es Salaam, Tanzania with FBO representatives from sub-Saharan Africa. The meeting was attended by 120 FBOs, making it the largest meeting ever co-organized by the Global Fund to address the specific needs of the faith-based community. The meeting was co-organized with the World Council of Churches and the Christian Health Association of Kenya (CHAK). Partners including UNAIDS, the World Health Organization and PEPFAR provided technical support. The meeting gave a platform for sub-Saharan faith-based organizations working in malaria, TB and HIV/AIDS to share their experiences of engaging with the Global Fund. Participants were able to discuss strategies for scaling up their involvement as well as their demand for resources for implementation of programs. Specifically, the meeting reviewed:
 1. Contributions made so far by FBOs, either as Principal Recipients or Sub-Recipients;
 2. Increasing recipient demand and highlighting new avenues for increasing the role of FBOs as PRs and in scaling up Global Fund resourced programs;
 3. Better engagement of FBOs in CCMs;
 4. Engaging the proposal development processes at country level; and
 5. Global Fund's minimum requirements for assessments of principal recipients and monitoring and evaluation of community-based groups.
- The Global fund provided support to the Council of Anglican Provinces of Africa during its annual meeting in June 2008 in Nairobi through a skills building workshop. Representatives from 13

countries received an orientation on the Global Fund's architecture. This included in depth group discussions on how representatives could engage with the Global Fund in their countries.

- A manual⁶ designed to educate FBOs on how to engage with the Global Fund as grant recipients, members of CCMs and through Board delegations, originally launched in 2007, was updated and re-launched in 2009.
- In August 2008 the Global Fund participated in the Ecumenical Pre-Conference: Faith In Action Now! To the XVII International AIDS Conference in Mexico City. Through two interactive workshops, representatives of the Global Fund Secretariat shared examples of FBOs' successes in engaging with the Global Fund and provided information for FBOs on how to access Global Fund resources.
- In March 2011, the Global Fund presented a workshop at the Ecumenical Advocacy Alliance's HIV and AIDS consultation in Chang-Mai, Thailand.
- Catholic Relief Services (CRS) and World Vision (WVI) are active members of the Civil Society Principal Recipient Working Group. Additionally, many FBOs actively engage in Global Fund stakeholder meetings at the regional level.
- CRS is a member of the Developed Country NGO delegation and WVI serves on the Developing Country NGO delegation.

⁶ *Engaging with the Global Fund to fight AIDS, Tuberculosis and Malaria: A Primer for Faith-Based Organizations*. Second Edition. 2009: Friends of the Global Fight, Center for Interfaith Action on Global Poverty and World Vision.

Appendix A: Methodology on Data Gathering for the Report⁷

For purposes of this research, the following definition of faith-based organization was used:

- Religious and religion-based organizations and networks;
- Communities belonging to places of worship;
- Specialized religious institution and religious social services agencies; and/or
- Registered and unregistered non-profit institutions that have a religious character or mission.

For Principal Recipient data, the Grants Portfolio Commitments and Disbursements database on the Global Fund website was accessed to obtain the most up-to-date information on the total funding that has been approved, signed and disbursed to Principal Recipients since the Global Fund's inception through December 2010. For sub-recipient data, the Global Fund database containing data from the Enhanced Financial Reporting (EFR) system was extensively reviewed to obtain data on specific allocations to sub-recipients through May 2010. While the EFR system is the most extensive database containing details on sub-recipient disbursements, in some instances disbursements to FBO sub-recipients from the 2006 Principal Recipient Survey have been added to this analysis. Faith-based principal recipients and sub-recipients identified met the definition of faith-based organization as described above.

To obtain the latest on CCM membership, individual country pages on the Global Fund website were extensively reviewed. Faith-based representatives identified met the definition of faith-based organization as described above. In some instances, CCMs had identified faith-based representatives as NGO or PLWD representatives. Although the CCM database does not allow for multi-sectoral representation, all representatives from faith-based organizations meeting the above definition are included in this analysis. Those listed as simultaneously representing other sectors are indicated with an asterisk (*) next to their organization in Table 15.

Lastly, a number of FBO Principal Recipients and Sub-Recipients were invited to submit short reports on their work to be featured in this report. The purpose of these case studies is to showcase the work that is being done at the country and community levels by FBOs in response to receiving grants from the Global Fund.

⁷ Source: *Scaling up effective partnerships: A guide to working with faith-based organizations in the response to HIV and AIDS*. Ecumenical Advocacy Alliance, 2006.

Appendix B: Summary of Findings on FBOs' Access to Global Fund Resources

Table 5 lists total funding approved and disbursed to all faith-based PRs since the Global Fund's inception through the end of 2010 (Round 9). **Tables 6-13** include data obtained from the EFR system through May 2010. This is presented by country and region as total number of FBOs receiving funding as PRs and SRs and total amount disbursed and expended to FBOs. **Table 14** is a global analysis reflecting the disbursement and expenditure of funds to FBOs as Principal and Sub-Recipients by region. **Table 15** lists by country all FBO Principal and Sub-recipients that have received funding through May 2010, the total amount they received, and the disease component and round for which they have been funded.

Table 5: Total Amount Approved, Committed and Disbursed to Faith-Based Principal Recipients between 2002 and 31 December 2010

Region	Country	Organization	Grant Type	Round	Approved	Committed	Disbursed
East Asia & the Pacific	Indonesia	PERDHAKI (Association of Voluntary Health Services of Indonesia)	Malaria	8	\$63,486,150	\$9,259,404	\$6,706,180
East Asia & the Pacific	Indonesia	Central Board of Aisyiyah	TB	8	\$24,141,410	\$5,816,935	\$5,348,487
East Asia & the Pacific	Indonesia	Nahdlatul Ulama (NU)	HIV/AIDS	9	\$8,407,733	\$2,679,296	\$921,475
East Asia & the Pacific	Thailand	World Vision Foundation of Thailand	TB	6	\$16,933,406	\$8,194,442	\$6,509,481
Eastern Europe & Central Asia	Armenia	World Vision International – Armenia Branch	HIV/AIDS	2	\$19,827,591	\$9,105,913	\$9,104,989
Global	Global	Lutheran World Federation	HIV/AIDS	1	\$700,000	\$700,000	\$700,000
Latin America & the Caribbean	Guatemala	Fundación Visión Mundial Guatemala	HIV/AIDS	3	\$85,088,239	\$42,599,326	\$42,115,161
Latin America & the Caribbean	Guatemala	Fundación Visión Mundial Guatemala	Malaria	4	\$20,146,315	\$13,750,042	\$12,870,952
Latin America & the Caribbean	Guatemala	Fundación Visión Mundial	TB	6	\$7,375,024	\$3,988,413	\$3,469,323

Caribbean	Guatemala						
Latin America & the Caribbean	Suriname	Medische Zending – Primary Health Care Suriname	Malaria	4	\$5,112,463	\$4,857,904	\$4,857,904
North Africa & the Middle East	Chad	National Union of Diocesan Associations (UNAD)	HIV/AIDS	8	\$33,453,304	\$6,978,232	\$2,599,129
North Africa & the Middle East	Niger	Catholic Relief Services (CRS)	Malaria	7	\$38,944,339	\$31,105,963	\$27,666,907
North Africa & the Middle East	Somalia	World Vision – Somalia	TB	3	\$13,825,351	\$13,825,351	\$13,661,443
North Africa & the Middle East	Somalia	World Vision – Somalia	TB	7	\$22,263,886	\$22,263,886	\$14,940,717
South Asia	India	Emmanuel Hospital Association	HIV/AIDS	9	\$21,000,206	\$4,700,873	\$1,150,288
South Asia	India	Caritas India	Malaria	9	\$35,368,172	\$5,156,680	\$0
South Asia	India	World Vision India	TB	9	\$69,477,410	\$3,362,441	\$1,321,372
South Asia	Sri Lanka	Lanka Jatika Sarvodaya Shramadana Sangamaya	Malaria	1	\$7,253,635	\$5,176,412	\$4,633,887
South Asia	Sri Lanka	Lanka Jatika Sarvodaya Shramadana Sangamaya	TB	1	\$5,465,034	\$475,020	\$268,292
South Asia	Sri Lanka	Lanka Jatika Sarvodaya Shramadana Sangamaya	Malaria	4	\$3,697,315	\$1,347,200	\$1,152,684
South Asia	Sri Lanka	Lanka Jatika Sarvodaya Shramadana Sangamaya	TB	6	\$9,203,971	\$957,593	\$624,995
South Asia	Sri Lanka	Lanka Jatika Sarvodaya Shramadana Sangamaya	Malaria	8	\$21,630,381	\$5,970,720	\$1,471,303

East Africa	Burundi	CED – Caritas	Malaria	9	\$21,578,809	\$3,139,962	\$1,709,069
East Africa	Congo (Democratic Republic)	CORDAID	HIV/AIDS	8	\$71,309,902	\$6,932,753	\$3,953,291
East Africa	Congo (Democratic Republic)	Eglise du Christ au Congo (ECC)/SANRU	HIV/AIDS	8	* ⁸	\$8,014,408	\$5,385,016
East Africa	Congo (Democratic Republic)	Eglise du Christ au Congo (ECC)/SANRU	Malaria	8	\$138,332,628	\$35,441,397	\$30,026,877
East Africa	Ethiopia	Ethiopia Inter-Faith Forum for Development, Dialogue and Action (EIFDDA)	HIV/AIDS	7	\$81,331,285	\$13,802,195	\$13,802,195
East Africa	Madagascar	Catholic Relief Services (CRS)	HIV/AIDS	2	\$1,439,778	\$1,439,778	\$1,439,778
Southern Africa	South Africa	National Religious Association for Social Development (NRASD)	HIV/AIDS	9	\$42,577,518	\$12,331,525	\$4,422,523
Southern Africa	Zambia	The Churches Health Association of Zambia	HIV/AIDS	1	\$90,325,778	\$22,840,611	\$22,840,611
Southern Africa	Zambia	The Churches Health Association of Zambia	Malaria	1	\$39,273,800	\$3,382,500	\$3,382,491
Southern Africa	Zambia	The Churches Health Association of Zambia	TB	1	\$47,337,256	\$10,364,690	\$10,364,690
Southern Africa	Zambia	The Churches Health Association of Zambia	HIV/AIDS	4	\$205,198,428	\$71,400,023	\$64,751,973
Southern Africa	Zambia	The Churches Health Association of	Malaria	4	\$42,721,807	\$12,497,995	\$12,209,555

⁸ Same as \$71,309,092 above. Includes grant shared with The United Nations Development Program and CORDAID.

	Zambia						
Southern Africa	Zambia	The Churches Health Association of Zambia	Malaria	7	\$22,533,194	\$5,225,953	\$3,443,251
Southern Africa	Zambia	The Churches Health Association of Zambia	TB	7	\$13,716,900	\$1,874,509	\$1,518,189
Southern Africa	Zambia	The Churches Health Association of Zambia	HIV/AIDS	8	\$129,368,645	\$31,289,518	\$11,488,454
Southern Africa	Zimbabwe	Zimbabwe Association of Church Related Hospitals	HIV/AIDS	5	\$59,932,023	\$1,392,404	\$1,265,360
Southern Africa	Zimbabwe	Zimbabwe Association of Church Related Hospitals	TB	5	\$11,686,597	\$3,525,547	\$2,747,744
West & Central Africa	Benin	Catholic Relief Services – USCCB	Malaria	7	\$15,778,957	\$12,056,410	\$9,367,750
West & Central Africa	Cote d'Ivoire	CARITAS	TB	S	\$4,217,446	\$2,660,632	\$0
West & Central Africa	Gambia	Catholic Relief Services	Malaria	S	\$5,469,143	\$4,101,726	\$2,068,682
West & Central Africa	Ghana	Adventist Development and Relief Agency (ADRA) of Ghana	HIV/AIDS	8	\$49,350,970	\$4,746,831	\$1,479,958
West & Central Africa	Nigeria	Christian Health Association of Nigeria (CHAN)	TB	5	\$35,927,023	\$23,932,485	\$23,932,485
Total					\$1,662,199,222 ⁹	\$494,665,938	\$393,694,911
Percent Total to FBO PRs					7.7%	2.8%	3.0%

⁹ Includes multiple Principal Recipients of the same grant, some of which are not FBOs.

Table 6: East Asia and the Pacific Disbursements and Expenditures to FBO Principal Recipients and Sub-Recipients

Country	Number of FBO Recipients	Amount Disbursed to FBOs
Cambodia	6 SR	\$3,803,197
Indonesia	3 PR 6 SR	\$13,542,279
Lao	3 SR	\$3,599,445
Mongolia	2 SR	\$65,857
Multi-Country Western Pacific	1 SR	\$12,525
Papua New Guinea	5 SR	\$5,039,596
Philippines	6 SR	\$4,510,907
Thailand	1 PR, 9 SR	\$12,757,787
Timor-Leste	2 SR	\$246,718
Total	4 PR, 40 SR	\$43,578,311

Table 7: Eastern Africa Disbursements to FBO Principal Recipients and Sub-Recipients

Country	Number of FBO Recipients	Amount Disbursed to FBOs
Burundi	1 PR 2 SR	\$1,778,618
Comoros	2 SR	\$6,666
Congo (Democratic Republic)	3 PR 15 SR	\$46,922,203
Eritrea	3 SR	\$34,374
Ethiopia	1 PR 7 SR	\$14,010,815
Kenya	10 SR	\$1,419,892
Madagascar	1 PR 6 SR	\$5,019,322
Tanzania	22 SR	\$16,039,023
Uganda	16 SR	\$4,697,115
Zanzibar	4 SR	\$159,786
Total	6 PR 86 SR	\$90,087,814

Table 8: Eastern Europe & Central Asia Disbursements to FBO Principal Recipients and Sub-Recipients

Country	Number of FBO Recipients	Amount Disbursed to FBOs
Albania	1 SR	\$12,600
Armenia	1 PR	\$9,104,989
Bosnia and Herzegovina	1 SR	\$164,265
Bulgaria	2 SR	\$37,713
Kyrgyzstan	1 SR	\$8,192
Macedonia	1 SR	\$15,688
Romania	1 SR	\$21,572
Russian Federation	1 SR	\$49,235
Tajikistan	1 SR	\$4,399
Ukraine	6 SR	\$46,277
Total	1 PR 15 SR	\$9,464,930

Table 9: Latin America & the Caribbean Disbursements to FBO Principal Recipients and Sub-Recipients

Country	Number of FBO Recipients	Amount Disbursed to FBOs
Argentina	1 SR	\$23,362
Bolivia	1 SR	\$105,670
Colombia	2 SR	\$278,175
Dominican Republic	5 SR	\$944,144
Ecuador	1 SR	\$51,731
Guatemala	3 PR 2 SR	\$58,455,436
Haiti	3 SR	\$356,349
Honduras	2 SR	\$426,574
Jamaica	5 SR	\$531,431
Multi-Country Americas (Meso)	1 SR	\$252,141
Nicaragua	1 SR	\$107,892
Peru	4 SR	\$3,148,328
Suriname	1 PR 1 SR	\$4,908,743
Total	4 PR 29 SR	\$69,589,976

Table 10: Middle East and North Africa Disbursements to FBO Principal Recipients and Sub-Recipients

Country	Number of FBO Recipients	Amount Disbursed to FBOs
Algeria	1 SR	\$104,960
Chad	1 PR 2+ SR ¹⁰	\$2,822,272
Egypt	1 SR	\$18
Jordan	1 SR	\$1,295
Mauritania	1 SR	\$71,275
Niger	1 PR 5 SR	\$29,072,525
Somalia	2 PR 3 SR	\$29,247,679
Sudan	11 SR	\$5,256,963
Total	4 PR 25+ SR	\$66,576,987

Table 11: South Asia Disbursements to FBO Principal Recipients and Sub-Recipients

Country	Number of FBO Recipients	Amount Disbursed to FBOs
Bangladesh	9 SR	\$1,478,528
Bhutan	1 SR	\$12,624
India	3 PR 5 SR	\$6,221,702
Sri Lanka	5 PR 4 SR	\$8,151,161
Total	8 PR 19 SR	\$15,864,015

¹⁰ Chad's funding to FBOs as sub-recipients is divided amongst numerous small organizations. In their response to the 2006 PR survey, they indicate this as 'divers FBOs,' and the precise number of FBOs funded as SR is not available.

Table 12: Southern Africa Disbursements to FBO Principal Recipients and Sub-Recipients

Country	Number of FBO Recipients	Amount Disbursed to FBOs
Angola	1 SR	\$4,932,725
Botswana	1 SR	\$37,508
Lesotho	5 SR	\$994,349
Malawi	39 SR	\$1,881,573
Namibia	3 SR	\$3,909,586
South Africa	1 PR 8 SR	\$10,485,442
Swaziland	20 SR	\$1,197,991
Zambia	8 PR 200+ ¹¹ SR	\$129,999,214
Zimbabwe	2 PR 2 SR	\$5,875,809
Total	11 PR 279+ SR	\$159,314,197

¹¹ Sub-recipient funds in Zambia are disbursed to over 200 mission hospitals and faith-based organizations.

Table 13: West and Central Africa Disbursements to FBO Principal Recipients and Sub-Recipients

Country	Number of FBO Recipients	Amount Disbursed to FBOs
Benin	1 PR 2 SR	\$9,602,982
Burkina Faso	1 SR	\$2,338,197
Cameroon	17 SR	\$298,380
Central African Republic	13 SR	\$932,539
Congo (Brazzaville)	2 SR	\$76,323
Cote d'Ivoire	1 PR ¹²	\$0
Gambia	1 PR 2 SR	\$7,604,631
Ghana	1 PR 5 SR	\$8,394,566
Guinea	0	0
Guinea-Bissau	3 SR	\$171,396
Liberia	4 SR	\$889,530
Nigeria	1 PR 1 SR	\$23,932,485
Sao Tome & Principe	2 SR	\$37,531
Senegal	6 SR	\$3,220,376
Sierra Leone	14 SR	\$1,405,405
Total	5 PR 72 SR	\$58,904,341

¹² At the time this report was prepared, Caritas had just signed on as a PR in Cote d'Ivoire and no funds had yet been disbursed.

Table 14: Global and Regional Analysis of Disbursements to FBO Principal Recipients and Sub-Recipients

Region	Total Amount Received	Number of FBO Recipients	Amount Disbursed to FBOs	% of Total Funding to FBOs
East Asia & the Pacific	\$1,832,329,395	4 PR 40 SR	\$43,578,311	2.4%
Eastern Africa	\$3,369,231,793	6 PR 86 SR	\$90,087,814	2.7%
Eastern Europe & Central Asia	\$1,148,856,506	1 PR 15 SR	\$9,464,930	0.8%
Global (Lutheran World Federation)	\$700,000	1 PR	\$700,000	100%
Latin America & the Caribbean	\$994,616,593	4 PR 29 SR	\$69,589,976	7.0%
Middle East & North Africa	\$783,649,413	4 PR 25+ SR	\$66,576,987	8.5%
South Asia	\$1,142,889,870	8 PR 19 SR	\$15,864,015	1.4%
Southern Africa	\$1,915,748,747	11 PR 279+ SR	\$159,314,197	8.3%
West & Central Africa	\$1,954,069,426	5 PR 72 SR	\$58,904,341	3.0%
Total	\$13,142,091,743	44 PR 565 SR	\$514,080,571	3.91%

Table 15: Faith-Based Organizations Receiving Funding as Principal Recipients and Sub-Recipients as Defined by Enhanced Financial Reporting System Database through May 2010

Country	Organization	Principal Recipient Amount	Sub-Recipient Amount	Sector	Round
Albania	CARITAS		\$12,600	HIV/AIDS	5
Algeria	SCOUTS MUSULMANS ALGERIENS		\$104,960	HIV/AIDS	3
Angola	CUAMM		\$4,932,725	TB	4
Argentina	Iglesia Evangelica Pentecostal Luz Eterna (avalista)- Frente de Artistas Intramuros (ejecutor)		\$23,362	HIV/AIDS	1
Armenia	World Vision International – Armenia Branch	\$9,104,989		HIV/AIDS	2
Bangladesh	RDRS		\$211,525	TB	3
Bangladesh	LAMB		\$109,366	TB	3
Bangladesh	HEED		\$790,721	TB	3
Bangladesh	Salvation Army		\$612	TB	3
Bangladesh	LAMB		\$24,823	TB	5
Bangladesh	HEED		\$65,000	TB	5
Bangladesh	RDRS		\$191,549	TB	5
Bangladesh	PIME SISTERS		\$55,714	TB	5
Bangladesh	Heed-Bangladesh		\$29,218	Malaria	5
Benin	Organisations confessionnelles		\$235,232	TB	2
Benin	Catholic Relief Services – USCCB	\$9,367,750		Malaria	7
Benin	CARITAS BENIN		\$157,618	Malaria	7
Bhutan	Dratshang Lhengtshog (Monk Bodies)		\$12,624	HIV/AIDS	6
Bolivia	Various FBOs		\$105,670	HIV/AIDS	3
Bosnia and Herzegovina	World Vision – Bosnia and Herzegovina		\$164,265	HIV/AIDS	5

Botswana	BOCAIP	\$37,508		
Bulgaria	YMCA Russe	\$21,150		
Bulgaria	Samaritani Foundation	\$16,563		
Burkina Faso	PAMAC	\$2,338,197	TB	4
Burundi	Adventist Development and Relief Agency (ADRA)	\$9,323	HIV/AIDS	5
Burundi	CED – Caritas	\$60,226	HIV/AIDS	5
Burundi	CED – Caritas	\$1,709,069	Malaria	9
Cambodia	Sihanouk Hospital Center of Hope (Hope Worldwide)	\$2,215,036	HIV/AIDS	4
Cambodia	Sihanouk Hospital Center of Hope (Hope Worldwide)	\$603,806	HIV/AIDS	5
Cambodia	Sihanouk Hospital Center of Hope (Hope Worldwide)	\$323,858	TB	5
Cambodia	Catholic Relief Services (CRS)	\$276,958	Malaria	7
Cambodia	Methodist School of Cambodia (MSC)	\$184,263	Malaria	7
Cambodia	World Vision Cambodia	\$199,276	Malaria	7
Cameroon	Association Schilo	\$4,950		
Cameroon	Jape Ebamina	\$5,000		
Cameroon	CLS-CPS	\$28,280		
Cameroon	CDLS (Yokadouma)	\$31,774		
Cameroon	Hopital Protestant Garoua Boulai	\$4,996		
Cameroon	UVRES Sainte Marthe	\$5,497		
Cameroon	Action Chrétienne pour le Dév.	\$8,320		
Cameroon	Fondation BETHLEEM de Mouda	\$3,770		
Cameroon	OSEELC Meiganga	\$5,000		

Cameroon	C/S Mission Plein Evangile	\$9,058
Cameroon	Conseil des Eglises Protestantes du Cameroun	\$5,000
Cameroon	One Love Association (P+ Association) / St. Theresa Catholic Medical Centre Mambu-Bafut	\$5,000
Cameroon	Muslim Students Association Bamenda – Cameroon	\$45,466
Cameroon	Catholic Relief Services Cameroon and Diocese of Kumbo Department of Family Life Office	\$13,146
Cameroon	World Health Missionary Service	\$36,000
Cameroon	CBC – Cameroon Baptist Convention	\$43,400
Cameroon	Centre Chrétien de Developpement	\$43,723
Central African Republic	Association Mama Theresa (AMT)	\$59,470
Central African Republic	CARITAS Bangui	\$404,336
Central African Republic	CARITAS Bambari	\$48,350
Central African Republic	CARITAS Bria	\$47,650
Central African Republic	CARITAS Bosangoa	\$50,069
Central African Republic	CARITAS Bouar	\$54,230
Central African Republic	CARITAS Berberatie	\$42,522
Central African Republic	Société Saint Vincent de Paul (Nola)	\$44,617
Central African Republic	Comité Islamique pour la Lutte contre le Sida (CILS / Mobaye)	\$24,618

Central African Republic	Groupe des Chrétiens pour les Œuvres Sociales (GCOS/Bria)	\$24,635		
Central African Republic	Action Chrétienne pour la Compassion (ACC)	\$39,102		
Central African Republic	ASSOCIATION DES ŒUVRES MEDICALES DES EGLISES POUR LA SANTE EN RCA (ASSOMESCA)	\$58,441	Malaria	4
Central African Republic	CARITAS BAMBARI	\$34,499	Malaria	4
Chad	UNAD	\$212,755		
Chad	Divers FBOs	\$10,388		
Chad	National Union of Diocesan Associations (UNAD)	\$2,599,129	HIV/AIDS	8
Colombia	Fe y Alegria	\$216,031	HIV/AIDS	2
Colombia	Parroquia San Andres de Tumaco	\$62,144	HIV/AIDS	2
Comoros	MOUFTORAT	\$536	Malaria	2
Comoros	MOUFTORAT	\$6,130	HIV/AIDS	3
Congo (Brazzaville)	EEC	\$65,802	HIV/AIDS	5
Congo (Brazzaville)	COREC	\$10,521	HIV/AIDS	5
Congo (Democratic Republic)	ACPS	\$59,740	HIV/AIDS	3
Congo (Democratic Republic)	ARMEE DU SALUT	\$576,777	HIV/AIDS	3
Congo (Democratic Republic)	CIELS	\$53,373	HIV/AIDS	3
Congo (Democratic Republic)	CKLMA	\$355,962	HIV/AIDS	3
Congo (Democratic Republic)	CBCA	\$145,046	HIV/AIDS	3

Republic)				
Congo (Democratic Republic)	LE DIOCESE DE KISANTU		\$634,015	HIV/AIDS 3
Congo (Democratic Republic)	MINISTERE DE L'EGLISE DU CHRIST AU CONGO		\$69,051	HIV/AIDS 3
Congo (Democratic Republic)	CORDAID		\$3,430,560	HIV/AIDS 3
Congo (Democratic Republic)	Armee du Salut		\$776,104	Malaria 3
Congo (Democratic Republic)	CORDAID		\$224,223	Malaria 3
Congo (Democratic Republic)	Catholic Relief Services (CRS)		\$860,465	Malaria 3
Congo (Democratic Republic)	CBCA		\$30,944	HIV/AIDS 7
Congo (Democratic Republic)	CORDAID		\$109,517	HIV/AIDS 7
Congo (Democratic Republic)	DIOCESE DE KISANTU		\$59,685	HIV/AIDS 7
Congo (Democratic Republic)	ECC IMA		\$171,557	HIV/AIDS 7
Congo (Democratic Republic)	CORDAID	\$3,953,291		HIV/AIDS 8
Congo (Democratic Republic)	Eglise du Christ au Congo (ECC)/SANRU	\$5,385,016		HIV/AIDS 8
Congo (Democratic Republic)	Eglise du Christ au Congo (ECC)/SANRU	\$30,026,877		Malaria 8
Dominican Republic	Prosolidaridad		\$367,560	HIV/AIDS 2
Dominican Republic	Pastoral Juvenil		\$470,800	HIV/AIDS 2

Dominican Republic	Iglesia de Jesucristo de los Santos de los Ultimos dias	\$18,157	HIV/AIDS	2
Dominican Republic	Visión Mundial	\$29,443	HIV/AIDS	2
Dominican Republic	Iglesia Cristiana	\$58,184	HIV/AIDS	2
Ecuador	Catholic Relief Services (CRS)	\$51,731	HIV/AIDS	2
Egypt	Caritas	\$18	HIV/AIDS	6
Eritrea	Eritrea Catholic Secretariat	\$9,967	HIV/AIDS	5
Eritrea	Evangelical Lutheran Church	\$9,946	HIV/AIDS	5
Eritrea	Eritrean Orthodox Tewahdo Church	\$14,461	HIV/AIDS	5
Ethiopia	Ethiopia Inter-Faith Forum for Development, Dialogue and Action (EIFDDA)	\$13,802,195	HIV/AIDS	7
Ethiopia	Ethiopian Orthodox Church	\$76,106	HIV/AIDS	2
Ethiopia	Ethiopian Muslims Development Agency	\$38,995	HIV/AIDS	2
Ethiopia	Christian Relief and Development Association	\$6,140		
Ethiopia	Afar region sub-recipients – faith-based organizations	\$35,920		
Ethiopia	Oromia region sub-recipients – faith-based organizations	\$17,816		
Ethiopia	SNNP region sub-recipients – faith-based organizations	\$28,253		
Ethiopia	Tigray region sub-recipients – faith-based organizations	\$5,390		
Gambia	Catholic Relief Services	\$4,323,973	Malaria	3
Gambia	Catholic Relief	\$1,211,976	Malaria	6

	Services				
Gambia	Catholic Relief Services	\$2,068,682	Malaria	S	
Ghana	Various FBOs	\$1,148,948			
Ghana	Women in Lord's Vineyard	\$40,000			
Ghana	Strong Tower	\$40,000			
Ghana	Various FBOs	\$5,310,383			
Ghana	Various FBOs	\$375,277	HIV/AIDS	5	
Ghana	Adventist Development and Relief Agency (ADRA) of Ghana	\$1,479,958	HIV/AIDS	8	
Global	Lutheran World Federation	\$700,000	HIV/AIDS	1	
Guatemala	Fundación Visión Mundial Guatemala	\$42,115,161	HIV/AIDS	3	
Guatemala	CRS/ Hospicio San Jose	\$155,825	HIV/AIDS	3	
Guatemala	Asociación CRS	\$74,657	HIV/AIDS	3	
Guatemala	Fundación Visión Mundial Guatemala	\$12,870,952	Malaria	4	
Guatemala	Fundación Visión Mundial Guatemala	\$3,469,323	TB	6	
Guinea-Bissau	Various FBO Associations	\$6,449	TB	3	
Guinea-Bissau	Various FBO Associations	\$107,173	HIV/AIDS	4	
Guinea-Bissau	Various FBO Associations	\$57,774	Malaria	4	
Haiti	World Relief	\$160,970	HIV/AIDS	1	
Haiti	World Vision	\$38,642	HIV/AIDS	1	
Haiti	Caritas	\$156,737	Malaria	3	
Honduras	BOLSA SAMARITANA	\$390,611	HIV/AIDS	1	
Honduras	CARITAS	\$35,963	HIV/AIDS	1	
India	ST. JOSEPH'S LEPROSY HOSPITAL	\$109,222	HIV/AIDS	4	

India	DEVELOPMENT ASSOCIATION OF NAGALAND	\$76,887	HIV/AIDS	4
India	Catholic Bishops Conference Of India	\$2,956,006	HIV/AIDS	6
India	Catholic Relief Services, New Delhi	\$592,110	HIV/AIDS	6
India	College of Nursing, Christian Medical College Vellore	\$15,817	HIV/AIDS	7
India	Emmanuel Hospital Association	\$1,150,288	HIV/AIDS	9
India	World Vision India	\$1,321,372	TB	9
Indonesia	Central Board of Aisyiyah	\$5,348,487	TB	8
Indonesia	PERDHAKE	\$6,706,180	Malaria	8
Indonesia	Nahdlatul Ulama (NU)	\$921,475	HIV/AIDS	9
Indonesia	Church World Service	\$27,462		
Indonesia	World Vision International	\$259,179		
Indonesia	Persatuan Dharma Karya Kesehatan Indonesia (PERDHAKE)	\$31,810	TB	1
Indonesia	HOPE Worldwide Indonesia	\$27,222	TB	1
Indonesia	Muhammadiyah	\$156,964	TB	1
Indonesia	PBNU	\$63,500		
Jamaica	Bethel Baptist Church	\$15,380	HIV/AIDS	3
Jamaica	Hope Worldwide Jamaica	\$379,358	HIV/AIDS	3
Jamaica	Whole Life Ministries	\$36,874	HIV/AIDS	3
Jamaica	Campus Crusade for Christ	\$55,673	HIV/AIDS	3
Jamaica	Hope Worldwide Jamaica	\$44,146	HIV/AIDS	7
Jordan	Caritas Jordan / Volunteers Center	\$1,295	HIV/AIDS	6
Kenya	Christian Health Association of Kenya	\$894,084	HIV/AIDS	2

	(CHAK)			
Kenya	National Council of Churches in Kenya	\$113,280	HIV/AIDS	2
Kenya	Christian Women Partners	\$31,290	HIV/AIDS	2
Kenya	World Vision Kenya	\$11,071	Malaria	2
Kenya	NAHWO	\$18,082	Malaria	2
Kenya	NAHWO	\$6,328	TB	5
Kenya	Christian Health Association of Kenya (CHAK)	\$270,340	Malaria	4
Kenya	Christian Community Services	\$1,322	Malaria	4
Kenya	NAHWO	\$23,216	Malaria	4
Kenya	World Vision Kenya	\$50,879	Malaria	4
Kyrgyzstan	Unspecified FBO	\$8,192		
Lao	National Tuberculosis Center	\$2,333,048	TB	4
Lao	Norwegian Church Aid (NCA)	\$144,982	HIV/AIDS	6
Lao	National Tuberculosis Center	\$1,121,415	TB	7
Lesotho	Hope of the World	\$107,716	HIV/AIDS	2
Lesotho	World Vision	\$415,287	HIV/AIDS	2
Lesotho	Catholic Relief Services	\$255,595	HIV/AIDS	2
Lesotho	CHAL	\$122,546	HIV/AIDS	2
Lesotho	CHAL	\$93,202	TB	2
Liberia	Various FBOs	\$315,917	Malaria	3
Liberia	CATHOLIC	\$106,500	HIV/AIDS	6
Liberia	SMRT PURSE	\$447,639	HIV/AIDS	6
Liberia	CHAL	\$19,474	HIV/AIDS	6
Macedonia	Various FBOs	\$15,688	HIV/AIDS	3
Madagascar	Catholic Relief Services (CRS)	\$1,439,778	HIV/AIDS	2
Madagascar	SALFA (Sampan'Asa Loterana Momba ny)	\$1,490,146	Malaria	3

	Fahasalamana)			
Madagascar	SALFA	\$658,106	TB	4
Madagascar	ECAR	\$703,343	TB	4
Madagascar	SAF	\$578,522	TB	4
Madagascar	AMCM	\$97,992	TB	4
Madagascar	SALFA	\$51,435	Malaria	7
Malawi	Lifeline Malawi; Partners in Hope; Christian Health Association of Malawi (CHAM); Katete AIDS Project; Bowe Home Based Care; Shuluti CBO; Mdabwi CBO; Mother Mary; 23 additional faith-based health facilities	\$221,449	HIV/AIDS	1
Malawi	Malawi Council of Churches	\$265,427	HIV/AIDS	7
Malawi	Evangelical Association of Malawi	\$492,956	HIV/AIDS	7
Malawi	Seventh Day Adventist	\$177,411	HIV/AIDS	7
Malawi	ELCM	\$339,593	HIV/AIDS	7
Malawi	Episcopal Conference of Malawi	\$9,842	HIV/AIDS	7
Malawi	Quadria Muslim Association of Malawi	\$94,795	HIV/AIDS	7
Malawi	ACM	\$188,534	HIV/AIDS	7
Malawi	Muslim Association of Malawi	\$91,566	HIV/AIDS	7
Mauritania	ASSOCIATION DES OULEMA	\$71,275	HIV/AIDS	5
Mongolia	World Vision International (WVI)	\$22,368	TB	1
Mongolia	Trust and Faith	\$43,489	HIV/AIDS	7
Multi-Country Americas (Meso)	Visión Mundial	\$252,141	HIV/AIDS	4
Multi-Country Western Pacific (MWP)	Various FBOs	\$12,525	Malaria	2

Namibia	Catholic AIDS Action	\$1,459,601	HIV/AIDS	2
Namibia	Philippi Trust Namibia	\$1,328,562	HIV/AIDS	2
Namibia	Council of Churches	\$1,121,423	HIV/AIDS	2
Nicaragua	VICARIATO DE BLUEFIELDS	\$107,892	HIV/AIDS	2
Niger	ORPHELINAT	\$435,739	HIV/AIDS	3
Niger	Catholic Relief Services (CRS)	\$27,666,907	Malaria	7
Niger	CRS SR Diffa	\$178,524	Malaria	7
Niger	CRS SR Maradi	\$392,243	Malaria	7
Niger	CRS SR Niamey	\$10,780	Malaria	7
Niger	CRS SR Tahoua	\$388,332	Malaria	7
Nigeria	Christian Health Association of Nigeria (CHAN)	\$23,932,485	TB	5
Nigeria	The Leprosy Mission Nigeria	\$1,284,046	TB	5
Nigeria	NSCIA	\$144,853	TB	5
Papua New Guinea	Anglicare	\$431,661	HIV/AIDS	4
Papua New Guinea	Hope World Wide	\$107,915	HIV/AIDS	4
Papua New Guinea	Catholic Health Services	\$3,237,459	HIV/AIDS	4
Papua New Guinea	World Vision International	\$1,179,466	TB	6
Papua New Guinea	Hope World Wide	\$83,095	TB	6
Peru	CENTRO PARROQUIAL ECUMENICO ROSA BLANCA	\$588,172	HIV/AIDS	2
Peru	MHOL	\$326,210	HIV/AIDS	5
Peru	Asoc. Solas y Unidas	\$1,004,547	HIV/AIDS	5
Peru	Asociación de Enfermos de Tuberculosis Aset Comas	\$1,229,399	TB	5
Philippines	World Vision	\$2,261,509	TB	2

Philippines	World Vision Development Foundation, Inc.	\$949,094	TB	2
Philippines	World Vision	\$1,288,404	TB	5
Philippines	Agape Rural (Health) Program	\$1,881	Malaria	6
Philippines	Catholic Relief Services	\$5,298	Malaria	6
Philippines	CHESTCORE, Inc.	\$4,721	Malaria	6
Romania	Ecumenical Association of Churches in Romania-AIDRom	\$21,572	HIV/AIDS	6
Russian Federation	Caritas-West: Catholic Charity Organisation (Kaliningrad)	\$49,235	HIV/AIDS	4
Sao Tome and Principe	ADRA	\$31,987	Malaria	4
Sao Tome and Principe	Cáritas	\$5,544	HIV/AIDS	5
Senegal	SIDA SERVICE	\$233,671	HIV/AIDS	1
Senegal	Alliance des religieux	\$662,090	Malaria	4
Senegal	63 Districts Sanitaires (FBO)	\$1,639,078	Malaria	4
Senegal	SIDA SERVICE	\$160,258	HIV/AIDS	6
Senegal	RESEAU ISLAM SIDA	\$38,475	HIV/AIDS	6
Senegal	Districts sanitaires (FBO)	\$486,804	Malaria	7
Sierra Leone	Council of Churches In Sierra Leone	\$436,020	TB	2
Sierra Leone	Adventist Relief Agency	\$69,854	HIV/AIDS	4
Sierra Leone	Council of Churches Sierra Leone	\$71,933	HIV/AIDS	4
Sierra Leone	Christian Health Association Sierra Leone	\$43,849	HIV/AIDS	4
Sierra Leone	Methodist Church Sierra Leone	\$107,902	HIV/AIDS	4

Sierra Leone	United Methodist Church	\$103,922	HIV/AIDS	4
Sierra Leone	Young Women's Christian Association	\$96,237	HIV/AIDS	4
Sierra Leone	World Vision Sierra Leone	\$166,580	HIV/AIDS	4
Sierra Leone	Council of Churches Sierra Leone (CCSL)	\$30,617	HIV/AIDS	6
Sierra Leone	Christian Health Association Sierra Leone (CHASL)	\$2,867	HIV/AIDS	6
Sierra Leone	Catholic Relief Services (CRS)	\$104,913	HIV/AIDS	6
Sierra Leone	Methodist Church Sierra Leone	\$45,576	HIV/AIDS	6
Sierra Leone	United Methodist Church (UMC)	\$72,867	HIV/AIDS	6
Sierra Leone	Young Women's Christian Association (YWCA)	\$52,268	HIV/AIDS	6
Somalia	World Vision International	\$336,078	Malaria	2
Somalia	World Vision – Somalia	\$13,661,443	TB	3
Somalia	World Vision – Somalia	\$14,940,717	TB	7
Somalia	Muslim Aid	\$227,043	TB	7
Somalia	World Vision (WV)	\$82,398	TB	7
South Africa	Youth for Christ – South Cape	\$158,735	HIV/AIDS	3
South Africa	Nazareth House	\$68,790	HIV/AIDS	3
South Africa	Youth for Christ – George	\$233,623	HIV/AIDS	3
South Africa	Youth for Christ – Knysna	\$112,249	HIV/AIDS	3
South Africa	YMCA	\$272,479	HIV/AIDS	3
South Africa	Catholic Health Care	\$2,686,896	HIV/AIDS	6
South Africa	Hope Worldwide	\$2,110,379	HIV/AIDS	6
South Africa	South African Council of Churches	\$419,768	HIV/AIDS	6

South Africa	National Religious Association for Social Development (NRASD)	\$4,422,523	HIV/AIDS	9
Sri Lanka	Lanka Jatika Sarvodaya Shramadana Sangamaya	\$4,633,887	Malaria	1
Sri Lanka	Lanka Jatika Sarvodaya Shramadana Sangamaya	\$992,368	Malaria	1
Sri Lanka	Lanka Jatika Sarvodaya Shramadana Sangamaya	\$268,292	TB	1
Sri Lanka	Lanka Jatika Sarvodaya Shramadana Sangamaya	\$1,152,684	Malaria	4
Sri Lanka	Lanka Jatika Sarvodaya Shramadana Sangamaya	\$924,282	Malaria	4
Sri Lanka	Lanka Jatika Sarvodaya Shramadana Sangamaya	\$624,995	TB	6
Sri Lanka	Lanka Jatika Sarvodaya Shramadana Sangamaya	\$129,708	TB	6
Sri Lanka	Lanka Jatika Sarvodaya Shramadana Sangamaya	\$89,534	TB	6
Sri Lanka	Lanka Jatika Sarvodaya Shramadana Sangamaya	\$1,471,303	Malaria	8
Sudan	World Vision	\$2,529,302	Malaria	2
Sudan	World Relief Services	\$828,569	Malaria	2
Sudan	ADRA	\$666,305	Malaria	2
Sudan	World Vision	\$86,689	TB	2
Sudan	Diocese of Rumbek	\$805,317	TB	2

Sudan	Sudan Council of Churches	\$45,536	HIV/AIDS	3
Sudan	Christian Aid	\$127,173	HIV/AIDS	3
Sudan	Diocese of Torit	\$17,227	HIV/AIDS	4
Sudan	Muslim Aid	\$51,260	HIV/AIDS	5
Sudan	Catholic Diocese of Torit	\$92,095	Malaria	7
Sudan	Diocese of Torit	\$7,490	TB	7
Suriname	Medische Zending – Primary Health Care Suriname	\$4,857,904	Malaria	4
Suriname	IRIS	\$50,839	HIV/AIDS	5
Swaziland	Hope House; Nazarene Task Force; RFM; Scripture Union; Africa Evangelical; Anglican United Against HIV/AIDS; Church Forum; Parish Nursing; Faith Bible School; Evangelical Church; World Teach; Salvation Army; The Voice of the Church; Shiloh Counseling; Mpolonjeni – Salvation Army; Shewula Nazarene	\$801,917		
Swaziland	Caritas	\$39,986	HIV/AIDS	7
Swaziland	Church Forum	\$18,211	HIV/AIDS	7
Swaziland	Council of Churches	\$19	HIV/AIDS	7
Swaziland	World Vision	\$337,858	HIV/AIDS	7
Tajikistan	Caritas Lux	\$4,399	TB	6
Tanzania	Ifakara Health Institute	\$674,130	Malaria	1
Tanzania	World Vision Tanzania	\$1,950,051	Malaria	1
Tanzania	Shree Hindu Mandal	\$462,824	HIV/AIDS	3
Tanzania	World Vision	\$193,444	HIV/AIDS	3
Tanzania	CSSC	\$2,197,926	HIV/AIDS	3

Tanzania	ELCT Kagera	\$404,931	HIV/AIDS	3
Tanzania	PASADA	\$570,373	HIV/AIDS	3
Tanzania	KCMC	\$536,796	HIV/AIDS	3
Tanzania	Bugando Medical Centre	\$569,999	HIV/AIDS	3
Tanzania	ACT	\$503,202	HIV/AIDS	3
Tanzania	Marangu Hospital	\$68,835	HIV/AIDS	3
Tanzania	Machame Hospital	\$76,918	HIV/AIDS	3
Tanzania	Ndanda Hospital	\$91,671	HIV/AIDS	3
Tanzania	Kibosho hospital	\$80,669	HIV/AIDS	3
Tanzania	Evangelical Lutheran Church of Tanzania - East of Lake Victoria Diocese(ELCT/ELVD)	\$1,700,394	HIV/AIDS	4
Tanzania	Roman Catholic Songea	\$628,260	HIV/AIDS	4
Tanzania	Roman Catholic Kigoma	\$706,400	HIV/AIDS	4
Tanzania	Kanisa Katoliki na UKIMWI (KAKAU)	\$132,710	HIV/AIDS	4
Tanzania	Roman Catholic Shinyanga	\$858,035	HIV/AIDS	4
Tanzania	World Vision Tanzania	\$1,784,031	HIV/AIDS	4
Tanzania	Interchurch Medical Assistance (IMA)	\$128,811	HIV/AIDS	4
Tanzania	CSSC Group	\$1,718,613	HIV/AIDS	4
Thailand	Young Muslims Association of Thailand (YMAT)	\$428,148	HIV/AIDS	1
Thailand	Norwegian Church Aid (NCA)	\$1,530,179	HIV/AIDS	1
Thailand	Norwegian Church Aid (NCA)	\$390,467	HIV/AIDS	1
Thailand	World Vision Thailand - Ranong (WVI-Ranong)	\$184,716	TB	1
Thailand	World Vision Thailand - Phang-nga (WVI-Phang-nga)	\$151,644	TB	1

Thailand	Kwai River Christian Hospital	\$127,264	TB	1
Thailand	Suratthani Catholic Foundation	\$346,767	HIV/AIDS	2
Thailand	World Vision Foundation Thailand	\$2,507,121	HIV/AIDS	2
Thailand	World Vision Foundation of Thailand	\$6,509,481	TB	6
Thailand	World Vision Foundation of Thailand	\$1,362,481	TB	6
Timor-Leste	World Vision International	\$60,449		
Timor-Leste	Catholic Relief Services (CRS)	\$186,269	HIV/AIDS	5
Uganda	All Saints Cathedral	\$10,726		
Uganda	Bishop Masereka	\$40,281		
Uganda	Catholic Relief Services	\$410,378		
Uganda	Deliverance Church Uganda	\$8,825		
Uganda	Golgotha Mission	\$10,771		
Uganda	Inter-Religious Council	\$494,710		
Uganda	Islamic Medical Association	\$61,648		
Uganda	Lutheran World Federation	\$60,113		
Uganda	Mild May International	\$2,632,588		
Uganda	Teso Gospel Foundation	\$19,898		
Uganda	Uganda Muslim Tabliq	\$26,171		
Uganda	Uganda Catholic Secretariat	\$102,229		
Uganda	Uganda Muslim Rural Development Association (UMURDA)	\$36,027		

Uganda	Uganda Protestant Medical Bureau	\$21,618		
Uganda	Watoto Child Care Ministries – KPC	\$611,229		
Uganda	World Vision	\$149,903		
Ukraine	CF “Nazareth”	\$10,844	HIV/AIDS	1
Ukraine	Charitable organization “Christian Rehabilitation Center “Blagodat”, Odesa	\$7,133	HIV/AIDS	1
Ukraine	Charitable organization “Christian Rehabilitation Center “Blagodat”, Odesa	\$4,177	HIV/AIDS	1
Ukraine	Charitable organization “Christian Rehabilitation Center “Blagodat”, Odesa	\$720	HIV/AIDS	1
Ukraine	Charitable organization “Christian Rehabilitation Center “Blagodat”, Odesa	\$4,357	HIV/AIDS	1
Ukraine	CF "Caritas Donetsk"	\$19,046	HIV/AIDS	6
Zambia	The Churches Health Association of Zambia	\$22,840,611	HIV/AIDS	1
Zambia	House Franciscan Missionary Sisters	\$37,007	HIV/AIDS	1
Zambia	Jesus Cares Ministries	\$4,694	HIV/AIDS	1
Zambia	New Horizon Ministries	\$5,353	HIV/AIDS	1
Zambia	YWCA - Kitwe	\$10,340	HIV/AIDS	1
Zambia	Various FBO Sub-Recipients	\$14,486,783	HIV/AIDS	1
Zambia	The Churches Health Association of Zambia	\$3,382,491	Malaria	1
Zambia	Various FBO Sub-Recipients	\$1,997,733	Malaria	1

Zambia	The Churches Health Association of Zambia	\$10,364,690	TB	1
Zambia	Various FBO Sub-Recipients	\$4,946,302	TB	1
Zambia	The Churches Health Association of Zambia	\$64,751,973	HIV/AIDS	4
Zambia	Various FBO Sub-Recipients	\$19,284,580	HIV/AIDS	4
Zambia	The Churches Health Association of Zambia	\$12,209,555	Malaria	4
Zambia	Various FBO Sub-Recipients	\$1,576,989	Malaria	4
Zambia	The Churches Health Association of Zambia	\$3,443,251	Malaria	7
Zambia	Church Health Institutions and Faith-Based Organizations	\$181,037	Malaria	7
Zambia	The Churches Health Association of Zambia	\$1,518,189	TB	7
Zambia	Church Health Institutions and FBOs	\$130,544	TB	7
Zambia	The Churches Health Association of Zambia	\$11,488,454	HIV/AIDS	8
Zanzibar	ANGLICAN	\$58,682	HIV/AIDS	2
Zanzibar	CATHOLIC	\$19,821	HIV/AIDS	2
Zanzibar	MUFTI	\$69,881	HIV/AIDS	2
Zanzibar	ZAIDA	\$11,402	HIV/AIDS	6
Zimbabwe	Zimbabwe Association of Church Related Hospitals	\$1,783,525		
Zimbabwe	Zimbabwe Association of Church Related Hospitals	\$1,265,360	HIV/AIDS	5
Zimbabwe	Zimbabwe Association of Church Related	\$79,180	Malaria	5

Zimbabwe	Hospitals			
	Zimbabwe Association of Church Related Hospitals	\$2,747,744	TB	5

Appendix C: Summary of Findings on Faith-Based Participation in Country Coordinating Mechanisms

Table 16 includes a breakdown on the number of persons representing faith-based organizations per each CCM. **Table 17** includes a listing of individual CCM members representing FBOs. It should be noted that in the CCM database, a number of FBO representatives are listed as representing other sectors, especially NGOs/Civil Society Organizations (CSOs) and persons living with or affected by the 3 diseases (PLWD). While the CCM database system does not allow for multi-sectoral representation, these individuals also represent organizations that meet the definition of FBO. These organizations are indicated with an asterisk (*) in **Table 17** below. The **Title** column on **Table 17** also indicates instances where an FBO representative serves as Chair or Vice Chair of the CCM.

Table 16: Country-Level Data on Faith-Based Representation in CCMs

NAME OF COUNTRY OR CCM	TOTAL # OF MEMBERS ON CCM	# OF PERSONS REPRESENTING FBOs
Afghanistan	29	
Albania	24	1
Angola	28	1
Argentina	18	
Armenia	32	2
Azerbaijan	31	
Bangladesh	30	4
Belarus	30	1
Belize	22	2
Benin	46	3
Bhutan	19	1
Bolivia	29	
Bosnia and Herzegovina	31	1
Botswana	20	1
Brazil	28	1
Bulgaria	39	
Burkina Faso	43	4
Burundi	23	3
Cambodia	20	

NAME OF COUNTRY OR CCM	TOTAL # OF MEMBERS ON CCM	# OF PERSONS REPRESENTING FBOs
Cameroon	47	3
Cape Verde	25	2
Central African Republic	32	2
Chad	34	4
Chile	21	
China	23	
Colombia	23	1
Comoros	21	1
Congo (Brazzaville)	25	1
Congo (Democratic Republic)	39	6
Côte d'Ivoire	25	2
Cuba	25	
Djibouti	29	1
Dominican Republic	18	1
Ecuador	17	
Egypt	27	2
El Salvador	18	1
Equatorial Guinea	27	2
Eritrea	16	1
Ethiopia	16	2
Fiji	29	2
Gabon	32	3
Gambia	28	3
Georgia	27	1
Ghana	24	1
Guatemala	30	2
Guinea	36	2
Guinea-Bissau	23	2
Guyana	23	1
Haiti	24	2
Honduras	13	
India	40	3
Indonesia	26	2

NAME OF COUNTRY OR CCM	TOTAL # OF MEMBERS ON CCM	# OF PERSONS REPRESENTING FBOs
Iran (Islamic Republic)	26	
Iraq	26	3
Jamaica	39	3
Jordan	26	1
Kazakhstan	20	
Kenya	26	3
Korea (Democratic People's Republic)	32	
Kosovo	32	
Kyrgyzstan	23	1
Chuya Sub-CCM ¹³	15	
Lao (People's Democratic Republic)	29	1
Lesotho	25	3
Liberia	23	5
Macedonia (Former Yugoslav Republic)	32	3
Madagascar	30	2
Malawi	20	1
Maldives	21	
Mali	26	1
Mauritania	26	1
Mauritius	26	1
Mexico	19	
Moldova	32	1
Mongolia	23	2
Montenegro	31	2
Morocco	25	
Mozambique	19	1
Multi-Country Africa (Lubombo – RMCC)	23	
Multi-Country Americas (Andean)	9	

¹³ Sub-CCM in Kyrgyzstan

NAME OF COUNTRY OR CCM	TOTAL # OF MEMBERS ON CCM	# OF PERSONS REPRESENTING FBOs
Multi-Country Americas (CARICOM / PANCAP)	16	1
Multi-Country Americas (Meso)	17	1
Multi-Country Americas (OECS)	15	1
Multi-Country Western Pacific	25	1
Myanmar	29	1
Namibia	23	1
Nepal	29	
Nicaragua	21	1
Niger	28	2
Nigeria	22	1
Pakistan	29	2
Panama	16	2
Papua New Guinea	25	5
Paraguay	24	1
Peru	28	3
Philippines	22	2
Romania	35	
Russian Federation	30	
BRCE Sub-CCM ¹⁴	18	
Tomsk-Oblast Sub-CCM ¹⁵	12	
Rwanda	24	3
Sao Tome and Principe	37	2
Senegal	48	3
Serbia	31	2
Sierra Leone	26	4
Solomon Islands	15	2
South Africa	18	1
Sri Lanka	22	2
Sudan	29	2

¹⁴ Sub-CCM in the Russian Federation

¹⁵ Sub-CCM in the Russian Federation

NAME OF COUNTRY OR CCM	TOTAL # OF MEMBERS ON CCM	# OF PERSONS REPRESENTING FBOs
Sudan Southern Sector Sub-CCM	26	2
Suriname	12	2
Swaziland	16	2
Syrian Arab Republic	20	2
Tajikistan	19	1
Tanzania	19	2
Thailand	26	1
Timor-Leste	21	3
Togo	38	4
Tunisia	53	
Turkmenistan	26	1
Uganda	27	3
Ukraine	31	1
Uzbekistan	23	1
Viet Nam	25	
Yemen	21	
Zambia	23	2
Zanzibar	22	2
Zimbabwe	20	2
Total	3291	193

Table 17: List of Faith-Based Representatives who are Members of CCMs – Listed Alphabetically by Country

COUNTRY	NAME	ORGANIZATION	TITLE
Albania	Donika Godaj	Young Women's Christian Association of Albania*	Executive Director
Angola	Ernesto Afonso René	Hope Network	Member
Armenia	Graham Strong	World Vision Armenia	National Director
Armenia	Viktoria Avakova	UMCOR (United Methodist Committee on Relief)*	Health Programme Coordinator
Bangladesh	Archbishop Paulinus Costa	Dhaka Catholic Archdiocese	Archbishop of Dhaka
Bangladesh	Joydatta Barua	Buddhist Religious Welfare Trust	Secretary
Bangladesh	Nasimul Gani Khan	Islamic Foundation Bangladesh	Deputy Director (Islamic Mission)
Bangladesh	Swami Sthiratmahananda	Ram Krishna Mission	Assistant Secretary
Belarus	Nickolai Matrunchik	The Diocese of Minsk	Chair of the Brotherhood of Vilen Martyrs
Belize	Abel Vargas	Hand in Hand Ministries*	Director
Belize	Leroy Flowers	Council of Churches	President
Benin	Ephrem Djibode Aplogan	Conférence Episcopale de l'Eglise Catholique du Bénin	Coordonnateur Diocésain du SCDIH
Benin	Nicodème Alagbada	Eglise Protestante Méthodiste du Bénin	Président de l'Eglise Protestante Méthodiste du Bénin
Benin	Soulé Gougbe	Organisation de la Communauté Religieuse Musulmane	Secrétaire chargé de Mission de l'Imam de la Mosquée Centrale de Cadjèhoun
Bhutan	Tashi Galay	Dratsang Lhentsho	Senior Project Officer
Bosnia and Herzegovina	Pavle Kaunitz	Inter-Religious Council BiH	MRV BiH
Botswana	Irene Mpho Kwape	Botswana Christian AIDS Intervention Programme	National Coordinator
Brazil	Manfred Gobel	Assoc. Alemã de Assistência Hansenianos e TB (DAHW)*	Member
Burkina Faso	David Lompo	Conseil National des évangéliques pour lutter contre le SIDA (CNELS)	Président
Burkina Faso	François Sedgo	Comité National Catholique de lutte contre le SIDA (CNCLS)	Président
Burkina Faso	Moise Napon	Christian Relief and Development Organisation (CREDO)*	Secrétaire Général; Also representing PLWD on CCM
Burkina Faso	Moussa Semde	Coordination Islamique des Actions de Lutte contre les IST et le SIDA (CIALIS)	Représentant
Burundi	Hamza Burikukiye	Communauté Islamique du	Representative

		Burundi (COMIBU)	
Burundi	Perpétue Kankindi	Conseil National des Eglises (CNEB)	Representative
Burundi	Térence Ntintangirageza	CED Caritas	Representative
Cameroon	Banoufe El Hadj Hamadou	Association Culturelle Islamique du Cameroun	Secrétaire Permanent
Cameroon	Leslie Chingang	Catholic Relief Services*	Health & HIV/AIDS Program Manager
Cameroon	Paul Ngando Mbende	Conseil des Eglises Protestantes du Cameroun	Secrétaire Executif
Cape Verde	Antónia Silva	CARITAS Capverdienne	Représentante de l' Eglise Catholique
Cape Verde	Irlando Pina	Eglise Adventiste	Pasteur
Central African Republic	Oumar Iman Kobine Layama	Confession religieuse	Iman à la mosquée Centrale
Central African Republic	Sébastien Dackpa	Association des Oeuvres Médicales des Eglises pour la Santé en Centre Afrique (ASSOMESCA)	Directeur Exécutif à ASSOMESCA
Chad	Abdoulaye Ousman Cheikh Abbadayim	Conseil Supérieur des Affaires Islamiques du Tchad	Secrétaire Général
Chad	Monique Monohodjial	AILS (Association Interdiocésaine de Lutte contre le SIDA)	Coordinatrice
Chad	Ndoloum Bénayal	Entente Paix et Justice / Entente des Eglises et Missions Evangéliques au Tchad (EEMET)*	Coordonnateur
Chad	Yola Bactar	Entente des Eglises et Missions Evangélique au Tchad (EEMET)	Directeur du BAC
Colombia	Ros Mary Rincón	Iglesia Evangélica Luterana de Colombia	Psicóloga Implementadora - Centro de Apoyo y Referencia ASIVIDA
Comoros	Mohamed Mohamed Ahmed	Mouftorat	Directeur de Cabinet
Congo (Brazzaville)	Premier Claude Franck Kipemosso	Réseau des Confessions Religieuses	Secrétaire chargé des relations avec les Départements
Congo (Democratic Republic)	Albert Kalonji	Eglise du Christ au Congo	Coordanateur Principal
Congo (Democratic Republic)	Albert Kankienza Muanambo	Conseil des Eglises du Reveil au Congo	President
Congo (Democratic Republic)	David Nku Imbie	Armée du Salut	Directeur
Congo (Democratic Republic)	Donatien Abbé Nshole	Eglise Catholique	Secrétaire de la Conference Episcopale du Congo
Congo (Democratic Republic)	Gamal Sheih Lumumba	Communaute Musulmane	President

Congo (Democratic Republic)	Jean Paul Divengi Dia Nzambi	Eglise Kimbanguite	Charge de la Maladie
Côte d'Ivoire	Gustave Père Adou	Alliance des Religieux contre le VIH/SIDA et les autres Pandémies (ARSIP)	PCA de l'ARSIP, recteur du Sanctuaire Eucharistique SAINT-PAUL de l'Adoration
Côte d'Ivoire	Mamadou Imam Dosso	Forum des Confession Religieuses	Directeur de Cabinet du Conseil National Islamique, Conseiller spécial du Président du Forum Nation
Djibouti	Ismael Igal Omar	Association Diwane al Zakat	Representative
Dominican Republic	Lorenzo Mota King	National Council of Churches	Executive Director
Egypt	Sohair Aziz	Coptic Evangelical Organization for Social Services	Head of CEOs
Egypt	Youssef Wahba	CARITAS*	Director
El Salvador	Luis Guzman	ICM Misericordia	Director Pastoral de Salud
Equatorial Guinea	Laurentino Ekuaga	Iglesia Catolica	Sacerdote
Equatorial Guinea	Rvdo. Prospero David Sharpe	Iglesia Metodista	Pastor
Eritrea	Mengisteab Tesfamariam	Catholic Church of Eritrea	Bishop
Ethiopia	Meshesha Shewarega	Consortium of Christian Relief Development Association*	Executive Director; Also, Vice Chair of CCM
Ethiopia	Abba Hagos Hayish	Ethiopian Catholic Secretariat	Secretary General
Fiji	Leone Tupua	Adventist Development and Relief Agency (ADRA)*	Project Manager
Fiji	Mereani Utovou	Methodist Church	Reverend
Gabon	Gaspard Obiang	Représentant l'Eglise Protestante	Representative; Also, Chair of CCM
Gabon	Arlette Manomba	Conseil Supérieur des Affaires Islamiques	Member
Gabon	Emeric Mba Ndong	Association des Conférences Episcopales d'Afrique Centrale contre le SIDA	Member
Gambia	Jaineba Dibba	Supreme Islamic Council	Member
Gambia	Joanna Mendy	Gambia Christian Council	Chair of Health and Healing Committee
Gambia	Mary Small	Young Women's Christian Association (YWCA)	Program Manager
Georgia	Vakhtang Akhaladze	Patriarchate Public Health Department	Head
Ghana	Gilbert Buckle	Christian Health Association of Ghana	Executive Director
Guatemala	Mayra Rodriguez	Concejo Ecuménico Cristiano de Guatemala	Representate
Guatemala	Reyna De Contreras	Fundación Vision Mundial Guatemala*	Directora Ejecutiva

Guinea	Albert Guillaume David Gomez	Diocèse Anglican de Guinée	Evêque; Also, CCM Chair
Guinea	Hadja Mariama Sow	Femmes OULEMAS de Guinée	Présidente
Guinea-Bissau	Augusto Ca	Igreja Evangelica	Secretario Ejecutivo/DDS
Guinea-Bissau	Haladje Lamine Sambu	Conselho Nacional Islamico	Chef du Departement des Relations Publique
Guyana	Raymond Yusuf	Guyana Islamic Relief Organization	Representative
Haiti	Hubert Morquette	Eglise Protestant	Représentant Secteur Protestant
Haiti	Soner Alexandre	Eglise Episcopale	Membre
India	Jayaprakash Muliyl	Christian Medical College*	Professor and Head, Community Health Department
India	Swami Shantatmananda	Ramakrishna Mission*	Secretary
India	Varghese Mattamana	Caritas India*	Executive Director
Indonesia	Firman Nefos Daeli	Communion of Churches in Indonesia (PGI)*	Coordination Board
Indonesia	Hisyam Said	Nadlatul Ulama (Islamic Faith-Based Organization)*	Chairman
Iraq	Ali Jooma Zaeer	Shiite Endowment Diwan	Assistant of the Director general of religious education
Iraq	Mustafa Hasan	Sunni Endowment Diwan	Assistant Legal Consultant
Iraq	Rana Sami	Individual Faith-Based Representative	Representative of the Christian Faith
Jamaica	Claudette Patterson	Hope Worldwide Jamaica*	General Manager
Jamaica	Delores Brissett	Bethel Baptist Church	Coordinator
Jamaica	Phillip Robinson	Jamaica Council of Churches	Program Manager; President
Jordan	George Hazou	Middle East Council of Churches	Church Council Member
Kenya	Lattif Shaban	Supreme Council of Kenya Muslims	Vice Chair of CCM
Kenya	Agnes Gatome	Kenya Episcopal Conference	Member
Kenya	Samuel Mwenda	Christian Health Association of Kenya	Executive Director
Kyrgyzstan	Usur aiy Loma	Spiritual Management of Muslims in Kyrgyzstan	Advisor to Mufti
Lao (People's Democratic Republic)	Bouakham Sarybouth	Lao Buddhist Fellowship Association	Vice President
Lesotho	Chandreyee Banerjee	Catholic Relief Services*	Country Representative
Lesotho	Malentsoe Ntholi	Christian Health Association of Lesotho	Executive Secretary
Lesotho	Sejela Mekeleli	Lesotho Inter-Religious AIDS Consortium	National Coordinator
Liberia	Barbara Brillant	Catholic Church HIV Response	Dean; Also, Vice Chair of CCM

		/ Mother Pattern College of Health Sciences	
Liberia	Daniel Dharmaraj	Catholic Relief Services*	Health Specialist
Liberia	Ellen George Williams	Christian Health Association of Liberia*	Executive Director
Liberia	Moses Gobah	Lutheran Church of Liberia	Pastor
Liberia	Sheikh Idrissa Swaray	National Muslim Council of Liberia	Head
Macedonia	Abaz Islami	Islamic Community	Representative
Macedonia	Zarko Gorgievski	Macedonian Orthodox Church	Representative
Macedonia	Zoran Stojanov	Catholic Church	Representative
Madagascar	Denise Anne Claire Esquillan	Eglise Catholique Apostolique Romaine (ECAR)	Secrétaire Générale
Madagascar	Joséphine Rasoampamonjy	Malagasy Lutheran Church (FLM)	Coordonnateur national de la lutte contre le VIH
Malawi	Robert Ngaiyaye	Malawi Interfaith AIDS Association	Executive Director
Mali	El Hadj Sidi Konake	Association Malienne pour l'Unité et la Promotion de l'Islam (AMUPI)	Secrétaire aux Affaires sociales
Mauritania	Baba Ould Mohamed Mata	Union Nationale des Imams de Mauritanie	Secrétaire Général; Also, Vice Chair of CCM
Mauritius	Homa Mungapen	Council of Religion	Coordinator
Moldova	Lilia Bulat	Christian Aid Moldova	Chair
Mongolia	Batnairamdal Chuluun	Dashoiling Monastery	Lama, Buddhist Leadership Initiative
Mongolia	Oddvar Adnanes	Norwegian Lutheran Mission, Mongolia*	Country Director
Montenegro	Marko Djelović	CARITAS	Program Coordinator
Montenegro	Nikola Gačević	Serbian Orthodox Church	Deacon
Mozambique	Octávio Mabunda	National Inter-Religious Council	Representative
Multi-Country Americas (CARICOM / PANCAP)	Nadine Lewis-Agard	Caribbean Council of Churches	Programme Officer
Multi-Country Americas (Meso)	Ramón Jeremías Soto Hernández	Visión Mundial	Asesor VIH-Sida
Multi-Country Americas (OECS)	Leroy Matthew	St. Kitts Evangelical Association	Pastor
Multi-Country Western Pacific	Haweia Jackson	National Council of Churches*	Vice President
Myanmar	Zaw Win Aung	Myanmar Council of Churches	Chairman
Namibia	Maria Kapere	Council of Churches in Namibia	Secretary General
Nicaragua	Rafael Valdez Rodriguez	Asociación San Pablo Apóstol	Director Ejecutivo

Niger	Christian Issifi	Communauté chrétienne	Member; Also, Vice Chair of CCM
Niger	Alassane Cheikh Ali	Association islamique du Niger	Vice-président
Nigeria	Kabir Kassim Muhammad	Nigeria Supreme Council for Islamic Affairs (NSCIA)	Administrator
Pakistan	Francis Ruffi	RASTI Pakistan	Chairman
Pakistan	Hector Nihal	AIDS Awareness Society (AAS)	President
Panama	Isis Navarro	COEPA	Ecumenical Committee Executive Secretary
Panama	Rhett Thompson	COEPA	Panama Methodist Church Pastor
Papua New Guinea	Anna Onguglo	Hope Worldwide (PNG)*	ART Coordinator; Also listed as PWLD Representative
Papua New Guinea	Daniel Hewali	PACSO – FBO	Board Member
Papua New Guinea	Dominica Abo	PACSO – AngliCare Stop AIDS*	Director
Papua New Guinea	Tarcisia Hunhoff	Catholic AIDS Services	Director
Papua New Guinea	Tessa Te Mata	PACSO – Hope Worldwide (PNG)*	Country Director
Paraguay	Carlos Wiens	Asociación Evangélica Memnonita del Paraguay	Director Médico del Hospital Memnonita Km. 81
Peru	Jaime Siancas Adanaque	Iglesia Anglicana	Representante
Peru	Sandra Contreras	World Vision*	Representante
Peru	Sandra Inés Flores Rivera	Conferencia Episcopal Peruana	Secretaria Ejecutiva del Dpto. de Pastoral de Salud
Philippines	Editha Miguel	Agape Rural Program	Executive Director
Philippines	Kim April Pascual	Operation Blessing	Executive Vice President / Chief Operations Officer
Rwanda	Felix Kayihura	EPF (Presbyterian Church in Rwanda)	AIDS Coordinator
Rwanda	Ignace Singirankabo	Religious/Faith-Based Organisations	Coordinator
Rwanda	Oreste Incimatata	CARITAS*	Secrétaire General
Sao Tome and Principe	Máximo Máximo	Community Representative “Caritas”*	Président
Sao Tome and Principe	Sister Fernanda R. da Silva	Catholic Church	Sister
Senegal	Agoustou Gomis	World Vision Sénégal*	Coordonnateur Santé
Senegal	El Hadji Ousmane Gueye	Secrétariat Exécutif de l’Alliance des Religieux	Membre
Senegal	Paul Sagna	Secrétariat Permanent de l’Alliance des Religieux	Coordannateur
Serbia	Daliborka Batrnek Antonic	Ecumenical Humanitarian Organization*	Coordinator
Serbia	Vladimir Markovic	Serbian Orthodox Church	Priest

Sierra Leone	Ahmed Tejan Sheik Sillah	Inter-Religious Council	Representative
Sierra Leone	Alexander Mathew	Catholic Relief Services*	Country Representative
Sierra Leone	Lynda Kerley	Christian Aid*	Country Manager
Sierra Leone	Osman Fornah	Inter-Religious Council	Representative
Solomon Islands	Mary Koete	Mother's Union (Anglican Church)	President
Solomon Islands	Samantha Teitei Bob	Adventist Development and Relief Agency (ADRA)*	Program Manager
South Africa	Canon Desmond Lambrechts	National Religious Association for Social Development	Deputy Chair; Also, Vice Chair of CCM
Sri Lanka	Shirley Tissera	Congress of Religions	Treasurer; Also, Vice Chair of CCM
Sri Lanka	Lalith Chandradasa	Lanka Jathika Sarvodaya Shramadana Sangamaya*	Director, Community Health
Sudan	Ibrahim Hussein	Islamic Action Relief Agency (IARA)*	Head of Health & Nutrition Section
Sudan	Kedienne Alek	Sudan Council of Churches (SCC)	Executive Director for Health & Emergency Program
Sudan (Southern Sector Sub-CCM)	Andrew Rosauer	Catholic Relief Services (CRS)*	Representative
Sudan (Southern Sector Sub-CCM)	Joy Mukayire	Christian Health Association of Sudan (CHAS)	Representative
Suriname	Lakradj Khedoe	Inter-Religious Organization Suriname (IRIS)	Chair of CCM
Suriname	Robbert Bipat	Inter-Religious Organization Suriname (IRIS)	Member
Swaziland	Senzo Hlatswayo	World Vision*	Programme Manager
Swaziland	Khangezile Dlamini	Council of Churches	Representative
Syrian Arab Republic	Elian Wehbe	Antakia Patriarchate for Roman Orthodox	Priest & Physician
Syrian Arab Republic	Mohammad Saadi Sukri	Hifz Al-Neamah Charity Organization	Executive Manager
Tajikistan	Hoji Amon Nematzoda	Ulemah Council of Tajikistan	Chairperson
Tanzania	Adeline Kimambo	Christian Social Services Commission (CSSC), Dar es Salaam	Director; Also, Vice Chair of CCM
Tanzania	Suleiman Lolila	National Muslim Council Tanzania (BAKWATA)	HIV/AIDS Programme Coordinator
Thailand	Pipitsutathorn Phrakru	Interfaith Network on AIDS in Thailand	President
Timor-Leste	Cornelio Alves	Protestant Church in Timor-Leste	Representative
Timor-Leste	Idalia Tavares	Caritas Dili*	Director
Timor-Leste	Shane Lennon	Catholic Relief Services*	Country Representative
Togo	Agbényo Amedodji	EEPT (Eglise Evangélique	Chef Division Aumonerie et

		Presbytérienne du Togo)	Diaconie
Togo	Benoît Abaly Hodanou	OCDI (Organisation pour la Charité et le Développement Intégral)	Secrétaire Général
Togo	Bouraïma Sopho Boukari	UMT (Union Musulmane du Togo)	Président
Togo	Franz Wiedemann	German Leprosy Mission (DAHW)	Representative
Turkmenistan	Suvkhankuli Rakhmanov	Council for Religious Affairs under President of Turkmenistan	Chief Specialist
Uganda	Johnson Masiko	Inter-Religious Council of Uganda (IRCU)	Director of Programmes
Uganda	Lorna Muhirwe	Uganda Protestant Medical Bureau*	Representative
Uganda	Sam Orach	Uganda Catholic Medical Bureau	Executive Director
Ukraine	Andriy Nagirnyak	All-Ukrainian Council of Churches and Religious Organizations	Representative
Uzbekistan	Abdurazzoq Yunusov	Board of Muslims of Uzbekistan	Deputy Chair
Zambia	John Mambo	FBOs Regional Representative	Regional Representative
Zambia	Karen Sichinga	Church Health Association of Zambia	Executive Director
Zanzibar	Issa Ziddy	ZANIFBOPD	Vice Chairperson; Also, Vice Chair of CCM
Zanzibar	Nuhu Salanya	Anglican Church	Executive Committee Member
Zimbabwe	Andrew Anouya Muecheterere	Evangelical Fellowship of Zimbabwe	General Secretary
Zimbabwe	Gordon Chavunduka	Zimbabwe Association of Traditional Healers	President