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SNAPSHOTS FROM THE FIELD



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Cover photo: Young women in a Muslim school in Kano, Nigeria. IMPACT works with Muslim organizations in Nigeria to introduce peer AIDS education into Islamic secondary schools and women's adult literacy schools.  
Video still: Robert Ritzenthaler/FHI

**R**eligion is a powerful force in human society. Churches, mosques and temples are central to the spiritual, social, educational and cultural lives of their communities. Religious leaders and the institutions they serve provide guidance and support to millions of people, in every part of the globe.

At the heart of the world's major religions is the tenet that people of faith show compassion to those who need help: the sick, the weak, the poor. Religious institutions were thus among the first to provide care and support to individuals and families affected by AIDS. Now, faith-based organizations (FBOs) from Thailand to Nigeria to Haiti take increasing responsibility for designing and managing HIV/AIDS prevention, care, support and treatment interventions. In many AIDS-affected regions of the developing world—particularly in rural areas—FBOs serve as the primary and sometimes the only providers of HIV/AIDS services. Their unique and indispensable role in the global battle against the epidemic is widely recognized by governments, international public health agencies, donors and the medical community.

“The faith groups—the churches, the mosques—have the opportunity both to have a very strong role in preventing HIV/AIDS by teaching their own faith orientation and rules of living, and then to put that very closely together, marry it with the compassionate care for those who have gotten HIV/AIDS,” says Dr. E. Anne Peterson, assistant administrator of USAID’s Bureau for Global Health.

Since 1991, Family Health International (FHI) has collaborated with dozens of FBOs on community-based AIDS programs. These programs have involved religious leaders in strategic program planning, educated home-based care providers, facilitated creation of services for children affected by and infected with HIV, applied assessment methodologies and other kinds of research to determine community needs, strengthened FBO networks within and across countries, and trained peer educators to reach youth, community members and others at risk. These partnerships, based on acceptance of the FBOs’ values and moral strictures, forge effective program approaches that respect the community’s religious beliefs and cultural sensibilities.

## **COMMITTED CAREGIVERS**

Since the 1990s, the Buddhist monks of Wat Kien Kes Temple in Battambang Province, Cambodia, have devoted themselves to AIDS education, care and support activities in their community. With technical support from USAID’s Implementing AIDS Prevention and Care (IMPACT) Project (managed by FHI), the monks and members of a volunteer network based at the temple assessed community needs as a first step in creating programs to provide people living with HIV/AIDS (PLHA), orphans and vulnerable children with counseling, vocational training and income-generation opportunities, including modest grants of materials, seeds and animals. FHI also helped the temple’s volunteer network strengthen program management and community mobilization programs, including educational campaigns to reduce the widespread stigma that isolates individuals and families affected by AIDS.

“We have been focusing on making villagers understand people with HIV, not to hate them but to support them,” says the Venerable Khut Ong, the temple’s spiritual leader.

In late 2002, FHI expanded its care and support work in Battambang, partnering with Catholic Relief Services to open an HIV testing and counseling clinic, increase the capacity of referral

hospitals and health centers to treat opportunistic infections, and mobilize community care to support families, orphans and vulnerable children.

Care for PLHA is also the primary activity of St. Paul's Trust in Samolkot and Peddapuram, towns in Andhra Pradesh state, India, which have some of the highest HIV prevalence rates in the country. With support from IMPACT and Catholic Relief Services, St. Paul's provides clinical care, offers nutritional support to children and families and coordinates income-generating activities. As in Cambodia, combating stigma within the community is extremely important to the success of care and support activities.

“Our staff members repeatedly go to the houses of HIV-infected and -affected and also talk to the nearby houses ... and this has helped in removing stigma and discrimination,” says Dr. K.I. Jacob, chief executive of St. Paul's Trust. “Now, HIV-infected children are able to go to school.”

Throughout Africa, IMPACT collaborates with many FBOs involved in care and support programming for families, orphans and vulnerable children, including home-based care. In Côte d'Ivoire, IMPACT has provided funding to Hope Worldwide, founded by the

International Churches of Christ, to mobilize neighborhoods in Abidjan to support families and children affected by HIV, especially the children of PLHA. In Namibia, IMPACT is a member of the national task force that coordinates all programs for HIV-affected children and that includes many FBOs. As part of the task force, IMPACT provides technical assistance to strengthen existing home-based care programs by including support for children. IMPACT also gave technical and financial assistance to two FBOs in Namibia, Catholic AIDS Action and Philippi Namibia, to develop a psychosocial training curriculum promoting resiliency, enhancing coping skills and increasing community support for affected children. Together, both organizations serve more than 18,000 needy orphans and vulnerable children annually. As one offshoot of these activities, Catholic AIDS Action ensures free attendance at local primary schools for more than 8,000 Namibian orphans and vulnerable children, half of whom also receive free school supplies and uniforms.



*Buddhist monks of the Wat Kien Kes Temple in Cambodia care for people with AIDS.*

Photo: Sok Somart

## **ENCOURAGING BEHAVIOR CHANGE**

Faith-based organizations around the world are dedicated to promoting safer behaviors to avoid HIV transmission, particularly among young people. In Rwanda, IMPACT has launched several community-based prevention projects for youth in partnership with Catholic organizations and dioceses in the nation's capital of Kigali and throughout the country. These FBOs are among the strongest community-based organizations in Rwanda and have had considerable success in reach-

ing youth and other audiences with behavior change interventions. Many use a peer education strategy, recruiting and training young people to reach out to others their age with prevention education.

In 2000, an IMPACT-supported project with Jeunesse Ouvriers Chrétiennes (JOC)—a Catholic organization that provides vocational training for youth—developed a training manual that provides peer educators with skills to facilitate 10 one-hour participatory sessions discussing values, sexuality and HIV/AIDS. Word of the project spread, and soon Catholic dioceses throughout Rwanda began offering the peer education course. More than 1,800 JOC-trained peer educators have reached more than 200,000 young people.

One popular prevention strategy used by JOC and many other behavior change programs is known internationally as ABC: A for Abstinence, B for Be faithful and C for Condom use. Many FBOs have incorporated ABC into their prevention messages, often stressing the A and B over the C, in accordance with their religious teachings. In Rwanda and elsewhere, IMPACT staff have found that allowing FBOs to determine their own level of comfort with condoms is the best approach. Many of IMPACT’s Catholic partners in Rwanda and elsewhere now include condom *education*—as opposed to condom *promotion*—within their prevention and peer education programs. Other FBOs may be less ready or willing to stray too far from traditional religious values about sexuality, so sensitivity and respect are important to building and maintaining these partnerships.



*A staff physician at St. Paul's Trust in Andhra Pradesh, India, counsels a client.*

Video still: Robert Ritzenthaler/FHI

“All *ulamas* [Islamic religious leaders] ... agreed that we—the medical doctors, the nurses and other elements of the government—should fight this disease together,” says Dr. Tarmizi Taher, former Indonesian Minister of Religious Affairs. “But we got a warning from them that we must combine religious values and medical values.”

IMPACT also has worked closely with *ulamas* in Nigeria and with the Muslim Sisters Organization in the northern city of Kano to develop behavior change interventions and materials, create a peer education manual with an Islamic sensibility, air radio and television discussions on HIV/AIDS, introduce peer education into Islamic secondary schools and hold sensitization seminars in Islamic women’s adult literacy schools.

Nigeria’s Christian FBOs are also strong partners in IMPACT’s prevention activities in that country. With support from IMPACT, the Redeemed Christian Church of God conducts sensitization training for church leaders, offers a peer education program and pastoral counseling, and produces dramas about HIV/AIDS. IMPACT also supports the work of the Presbyterian Church of

Nigeria, several Catholic archdioceses, the United Methodist Church of Taraba State and the Christian Reformed Church in peer education, counseling, training of clergy in HIV/AIDS issues and integrating HIV/AIDS into theological training curricula.

In some countries, FBOs have become involved in prevention programming for high-risk populations. In Indonesia, FHI provides funding and technical assistance to more than 28 FBOs that target sex workers, their clients and injection drug users. IMPACT also works in Zambia with World Vision and in Nepal with the Adventist Development and Relief Agency to assess the prevention needs of cross-border truck drivers and provide appropriate interventions.



*Nuns at a Catholic health facility in Andhra Pradesh nurse clients with AIDS.*

Video still: Robert Ritzenthaler/FHI

## **FBO INITIATIVES IN TESTING, COUNSELING AND TREATMENT**

As access to antiretroviral (ARV) therapy expands in the developing world, FBOs have become increasingly involved in designing and implementing new ARV programs. In 2001, for example, Caritas Internationalis, a Catholic umbrella organization that focuses on health and development, sponsored a workshop for its members to design a global strategy to make ARV therapies more accessible. As one of the first organizations anywhere to adapt ARV programs to developing world settings, FHI was an important participant in the workshop, sharing expertise and lessons learned.

In Rwanda, IMPACT established the first USAID-funded ARV therapy program at a Catholic health facility, the Biryogo Medical and Social Center in Kigali, which began offering free treatment in February 2003. Later that year, the program launched three more sites throughout the country.

“I want to advise other people who have AIDS not to despair but to be strong and have hope,” said Eliza, one of the first four Rwandan clients to receive ARVs at Biryogo. “I can come back to work now that I feel strong again.”

With IMPACT support, the Biryogo Center began its pioneering journey three years earlier as a provider of HIV testing and counseling services. Testing and counseling, which enables people to learn their HIV status and respond appropriately to safeguard their health, is an essential first step in determining who needs treatment and in building demand for ARV programs.

IMPACT has worked with FBOs around the world to create HIV testing and counseling services. In addition to the testing and counseling center that IMPACT and Catholic Relief Services started in Cambodia, FHI began working in the Dominican Republic with the FBO Fundación



*A Catholic priest in Rwanda celebrates Mass. Working with IMPACT, the Catholic Church and Catholic organizations in Rwanda have become involved in a wide range of prevention, care and treatment activities.*

Video still: Robert Ritzenthaler/FHI

works across and within countries, with a focus on action at the local level. Participants shared information about their HIV/AIDS activities and received training in assessment and planning tools they could apply at home.

Such gatherings engage religious leaders—who are enormously influential in the political arena in addition to their traditional roles as moral and spiritual authorities—in raising community awareness about HIV/AIDS, encouraging safer behaviors and influencing policy to combat the epidemic. Leaders can also use their position to reduce social stigmatization of PLHA.

In Senegal, FHI has worked with FBOs since 1994 to involve religious leaders, who play a huge role in national and local policymaking, in HIV/AIDS prevention activities. Two national meetings supported by FHI in the mid-1990s—one each for Muslim leaders and Christian leaders—led to the creation of a formal prevention strategy that included conferences, educational activities and media spots to disseminate HIV/AIDS messages. FHI continues to enlist Senegalese religious leaders in policy dialogue and advocacy against HIV/AIDS.

In July 2004, IMPACT, ELCIN AIDS Action (an FBO affiliated with the Evangelical Lutheran Church in Namibia) and King Josia S. Taapopi, a traditional leader, co-sponsored Namibia's first HIV/AIDS conference for religious and traditional leaders in the northwestern provinces. With financial support from the U.S. President's Emergency Plan for AIDS Relief, more than 500 leaders, government officials, community members and others attended the conference, where panelists presented information about the epidemic, discussed the impact of AIDS on local communities and fostered new partnerships between religious and traditional leaders and HIV/AIDS FBOs. Community response to the conference was almost immediate: Only days after the conference ended, the waiting room of the local hospital was filled with new clients seeking HIV testing and counseling.

Genesis to manage a new testing and counseling network. Testing and counseling is also a key feature of HIV/AIDS services offered by the International Nepal Fellowship, an FBO, in Nepal's Pokhara Valley.

## **STRENGTHENING NETWORKS, MOBILIZING LEADERSHIP**

The capacity of individual FBOs to work effectively on HIV/AIDS activities is multiplied significantly when they collaborate through networks and committees to share ideas and materials, plan joint activities and advocate for funding and other forms of support. In 2002, IMPACT facilitated a workshop for FBO representatives entitled *Strengthening Networks and HIV/AIDS Prevention, Care and Support across Faith-Based Communities*. The gathering brought together participants of different faiths from East and Southern Africa to strengthen institutional net-