UK | Consortium on AIDS and International Development

DFID, faith and AIDS: A Review for the Update of *Taking Action*

A Desk Review prepared for:
UK Consortium on AIDS and International Development
Faith Working Group
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Members of the Faith Working Group are: CAFOD, Caritas Internationalis, Catholics for AIDS Prevention and Support, Christian Aid, Christian HIV/AIDS Alliance, Ecumenical Advocacy Alliance, Hindu Council, Mildmay International, Muslim Council of Britain, Progressio, Religions for Peace UK, Salvation Army, Samaritans Purse for International Relief, Strategies for Hope Trust, Tearfund, UNAIDS & World Vision. Individual members: Calle Almedal, Jill Lewis, Sue Lucas, Gillian Patterson, David Ryall & Nigel Taylor (independent consultant).

List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CAFOD	Catholic Agency for Overseas Development
CARICOM	Caribbean Community and Common Market
CHASE	(DFID) Conflict, Humanitarian and Security Department
CON	Church of Nigeria Anglican Communion
CSO	Civil Society Organisation
DFID	(UK) Department for International Development
ECWA	Evangelical Church of West Africa
FBO	Faith-based Organisation
MDG	Millennium Development Goal
NACO	National AIDS Control Organisation (India)
NACP2	National AIDS Control Programme 2 (India)
NACP3	National AIDS Control Programme 3 (India)
NAO	National Audit Office (UK)
NFACA	National Faith Based Advisory Committee on HIV/AIDS
NGO	Non-governmental organisation
OVC	Orphans and Vulnerable Children
PANCAP	Pan Caribbean Partnership Against HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
PPA	(DFID) Programme Partnership Agreement
PRBS	Poverty Reduction Budget Support
PRSHH	Promoting Sexual and Reproductive Health and HIV/AIDS Prevention Programme (DFID Nigeria)
RCSHA	Resource Centre for Sexual Health and AIDS
RPC	Research Programme Consortium
SACA	State Action Committees on AIDS (Nigeria)
SACS	State AIDS Control Society (India)
SNR	Strengthening the National Response (to HIV and AIDS) (DFID Nigeria)
The Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
UNICEF	United Nations Children's Fund
US	United States (of America)
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation
YWCA	Young Women's Christian Association

Religion can build upon its moral and value-based leadership, trust garnered over generations, and channels of communication and organization, in order to have a tremendous influence over cultural norms that guide individual and community behaviour. Faith based organizations (FBOs) are important stakeholders in prevention, care, treatment, support and advocacy in the context of HIV/AIDS. There has been an increasing recognition about the contribution of faith-based communities and organisations and their work in confronting the HIV epidemic with a sustainable and efficient HIV and AIDS response.

DFID India Resource Centre for Sexual Health and AIDS E-mail Update No. 73, June 1-15, 2007[1]

Executive Summary

Religion is a key element in individual's lives, community organisation and social structures worldwide. Alongside the social importance of religion per se, faith and faith-based organizations make distinctive contributions to the response to HIV and AIDS in terms of:

- The provision of services (both formal and community-based);
- Giving a voice in advocacy to those living with or affected by HIV; and
- Setting the underlying values which influence people's behaviour, and their attitude to someone living with HIV.

This review considers the extent to which DFID has supported faith-based organizations in line with commitments made in *Taking Action*, and what DFID should say about support for faith groups within the updated *Taking Action.* Given difficulties in measuring DFID support to civil society organisations, particularly faith groups, this study has attempted to carry out a qualitative review based upon review of documentation and telephone interviews with key DFID staff for a representative sample of countries: India, Nigeria and Zambia.

The evidence from the review is that:

- DFID contacts in many countries provided a good understanding of the role of faith and faith groups in relation to HIV and AIDS. However, others indicated that they had had to learn about the importance of faith in their context.

- Many DFID staff in affected countries saw faith groups as an important part of the response to AIDS, and believed that the national response should include them for pragmatic reasons, rather than because they were religious per se.

- However, DFID staff expressed frustration with some of the attitudes and behaviours of faith groups.

- There are many examples of where DFID has directly supported faith groups in terms of broad support, support as distinct service providers, to provide leadership in advocacy, and to address underlying values, particularly stigma and discrimination. There are also many cases where national responses supported by DFID (for example, through sectoral support) include faith groups. As indicated above, it is very hard to quantify this support. However, there are strong indications that DFID's support – direct and indirect - is not proportionate to all that faith groups could contribute to the response. Furthermore, DFID's support does not appear to be systematic, but instead, fragmented, and probably

dependent on the understanding and interest of relevant DFID staff. So, DFID is not seeing the best return from the potential of faith groups.

- The scope for DFID to strengthen its support to civil society organisations, and faith groups in particular appears to be weakening as the pressure to reduce transaction costs increases.

The key issue for DFID's consultation on updating *Taking Action* is **how DFID works with civil society** given its acknowledgement of the important contribution that civil society makes, but concern about transaction costs. Within this, a pertinent question is **how does DFID understand faith entities as a distinctive part of civil society** with their own modes of operation, underlying values and assumptions, and motivation?

Key recommendations are:

1. DFID needs to establish ways of identifying its support to civil society in general, and faith entities in particular, in order to monitor whether this is at an appropriate level to achieve objectives for which civil society, and faith groups in particular, offer specific competences. In particular, given their significant potential, the final evaluation of Taking Action needs to consider DFID's commitments to FBOs.

2. DFID should make a clear statement in the updated *Taking Action* confirming that there is a business case for increased support for faith groups in the response to HIV and AIDS.

3. It is important to acknowledge the frustrations that DFID staff members feel around some of the values and behaviours of faith groups. These should not be allowed to become a blockage to support for the positive aspects of faith contributions, and the potential impact if unhelpful attitudes were reversed.

4. Civil society, including FBOs, need to make imaginative but realistic proposals as to how DFID could strengthen its support to community responses within the framework of support for country-led responses.

5. DFID needs to ensure that its staff within country have the appropriate skills to influence country-led processes from the evidence-base that faith groups and community groups may make an important contribution to the response to AIDS if given appropriate support.

6. DFID staff responding to HIV and AIDS need to become more literate about faith in their context to be effective in their roles.

7. Members of the UK Consortium's Faith Working Group need to support their partner organisations in countries affected by HIV and AIDS:
   - To better articulate their potential contribution to the national response,
   - Contribute to DFID's understanding within that country of the role of faith so that this is better reflected in key DFID positions.

8. There should be bi-annual meetings between DFID staff and members of the Faith Working Group to share learning and experience concerning DFID's support for faith groups in the response to HIV and AIDS.

1. Introduction

Faith is closely connected with all aspects of HIV and AIDS – it often sets the underlying values around gender and sex that influence people's behaviour, and how people respond to those living with HIV. Faith motivates institutions to provide quality health services, and thousands of volunteers to care for the sick and dying and those left behind; and faith provides the inspiration to speak with and on behalf of the poor. Against this background, in October 2006, the UK Consortium on AIDS and International Development launched an Faith Working Group to "create a platform where faith-based groups and organisations working on faith, HIV and AIDS and its global impact could come together to develop strategies to engage with and influence the thinking and policies of religious organisations, leaders and development partners."

May 2007 saw the coincidence of the release of the findings of the interim evaluation of the UK's strategy to respond to HIV and AIDS in the developing world *Taking Action* and the launch of the DFID consultation on an "updated" strategy to run from May 2008.[2] This has provided a critical opportunity for the Faith Working Group[3] to engage with DFID on how faith and faith groups will feature in the updated strategy. To provide evidence for this engagement, the Faith Working Group commissioned this review of faith in DFID's response to HIV and AIDS since 2004 leading to recommendations for the updated strategy.

2. The distinctiveness of faith and faith groups in the response to AIDS

Religion is a key element of individual's lives, community organisation and social structures worldwide. Seventy percent of the world's people identify themselves as members of a faith community. In Southern Africa, the epicentre of the pandemic, over eighty percent of the population see themselves as Christian. In India, the presence of religion - whether it is Hinduism, Islam, Sikhism or Christianity - is always felt. Even in countries of the former Soviet Union, religion plays a prominent public role - in Russia, there are an estimated 3-15 million practising followers of the Russian Orthodox Church, and 3 million practising Muslims.

Alongside the social importance of religion per se, faith and faith-based organizations make distinctive contributions to the response to HIV and AIDS in terms of:

- The provision of services (both formal and community-based);
- Giving a voice in advocacy to those living with, and affected by HIV; and,
- Setting the underlying values which influence people's sexual behaviour, and their attitude to someone living with HIV

2.1 Providing services

You are our star players. You are doing wonderful service in the fight against AIDS…. HIV affected people respond to drugs much better when they get care and love.

Sujata Rao, director general of the Indian government's National AIDS Control Organization[4]

Services are provided in two contexts – many faith organizations have established hospitals and clinics that are critical contributors to formal health provision, whilst members of local congregations provide the bulk of care in the community.

Health facilities

It is widely recognized that faith organisations are at the forefront of providing health services, particularly to marginalised communities that otherwise would be unreached. According to the World Bank, for instance, faith groups accounted for half the education and health care provision in Sub-Saharan Africa[5]. In Zambia, the government officially recognises the role of members of the Churches Health Association of Zambia within the Health budget, and formally contracts its members to provide services to rural areas. It is similar in many other countries in Southern and Eastern Africa. As anti-retroviral therapy has become available, such structures have often led the way in making this accessible, and in introducing better management regimes.[6] Furthermore, patients are drawn to faith-based services because the quality of care, and availability of medical supplies, is often better than that in the public sector. In 2006, a study for WHO indicated that Christian hospitals and health centres are providing about 40 percent of HIV care and treatment services in Lesotho and that FBOs run almost a third of the HIV & AIDS treatment facilities in Zambia[7]. Even in India, the Catholic Church is the single largest non-governmental HIV and AIDS care provider[3]. Overall, WHO estimates that one-fifth of all organisations engaged in HIV programming are faith-based[8], whilst one estimate is that the Roman Catholic church alone covers more than 25 percent of global care and treatment for people living with HIV and AIDS[9].

Community-based care

The study in Lesotho and Zambia also mapped approximately 500 religious and partner organizations working in the area of HIV and AIDS, some 350 at the local level[6]. Other studies have confirmed the critical role of locally based faith groups in providing home-based care, and support for those affected by HIV and AIDS, with a particular focus on orphans and vulnerable children[10]. Thousands of volunteers deliver such services with quality and compassion, motivated through their religious convictions. In some cases, these initiatives receive external support – but most started as a local response to need and have existed on contributions from within the community. This raises concerns about their long-term sustainability in the face of chronic needs[11]. Such groups are seldom seen by policy-makers and often remain unknown even to their formal religious structures.

2.2 Advocacy ("Giving a voice")

….Civil society groups such as trade unions, co-operatives and faith groups press for better public services.
DFID White Paper 2006: *Eliminating World Poverty - Making Governance Work For The Poor.* [Para 2.21][12]

Faith groups reach those who would otherwise be untouched and are the institutions that people most trust in times of hardship. They have structures which link far-flung congregations to national leaders, whilst their teachings call for concern for the poor. Faith groups, therefore are well placed to bring the perspective and experiences of those living with HIV into planning and implementation, and to advocate for improved service delivery. However, in practice, with some notable exceptions, faith groups in affected countries have been slow to engage in this way. This appears to be because these faith groups have been more comfortable with providing services, rather than engaging in what they consider "political activity"; and have a history of being independent of government. Also, their model of advocacy is less public than that of the North – working through private meetings of faith leaders with government, rather than open criticism. However, there appears to be a growing recognition among faith groups and

faith leaders of their potential influence, and of the call to translate their affinity with those who suffer beyond care into challenge of the powerful.

2.3 Setting the underlying values

Our earlier approach in fighting AIDS was misplaced, since we likened it to a disease for sinners and a curse from God.

Archbishop Benjamin Nzimbi of Kenya, March 2006[13]

With the renewed prioritization of prevention of HIV transmission, there is also growing awareness that approaches focusing exclusively on expectation of individual behaviour change are unlikely to produce substantial improvements in sexual health status[14]. There is a need to modify social norms and tackle the structural factors that lead to risky behaviour. Religions make an important contribution to setting these social norms.

In many contexts, conservative interpretations of the scriptures have become intertwined with traditional values to produce underlying beliefs that are at variance with other, more compassionate scriptures[15], and are unhelpful in the context of HIV and AIDS. For example, these values may contribute to the spread of HIV by accepting traditional gender roles such that both men and women may view the man as the dominant and determining partner in a sexual relationship and expect a man to have multiple partnerships. They may also reinforce the attitude that sex is somehow "dirty" so that those who become infected with a sexually transmitted disease such as HIV are seen to have been promiscuous, and/or under God's judgement – as in the quotation from Archbishop Nzimbi. Such attitudes within society reinforce the stigma and discrimination associated with HIV that critically reduces uptake of VCT, ART and PMTCT. Other attitudes to sex may mean that faith leaders are uncomfortable to speak about sex to their congregations, or to accept that young people within their congregation could be sexually active. This can lead to a lack of guidance and even opposition to sex education within schools. Finally, conservative values amongst certain faiths mean that leaders are deeply unhappy about any discussion of the use of condoms, claiming that they lead to promiscuity[16].

There is evidence that with the right encouragement, faith leaders have begun to use their significant influence to transform deep-rooted traditions that impact on HIV and AIDS. There is a growing force of religious leaders who are challenging stigma and discrimination - in the Caribbean, the DFID supported Champions for Change process has seen conservative faith leaders realise that "not everyone who has AIDS has caught it in evil ways" and move onto challenge prejudice within their societies (see Box 5). In Kenya, members of the Muslim Council of Imams and Preachers of Kenya are using sermons at Friday prayers to challenge acceptance of the practice of female genital mutilation that may make a woman more vulnerable to HIV infection.[17] In Thailand, the Sangha Metta project has provided training and support to over 4000 Thai monks and nuns since 1996. This training presents HIV and AIDS within the framework of the four noble truths of Buddhism. It covers awareness raising; prevention education; social management skills and tools; encouraging tolerance and compassion for people affected by HIV in the community; and providing direct spiritual and economic support to people affected by HIV and AIDS.[18] Beyond faith leaders, groups with strong faith connections such as YWCA, the Mothers' Union and the Circle of Concerned African Women Theologians have played a significant role in raising issues of gender and HIV and AIDS.

3. DFID, faith and HIV and AIDS

Given the distinctive contributions, and potential, of faith groups in the response to HIV and AIDS, there are strong grounds to expect international donors to provide substantial support on pragmatic grounds – because of what faith groups do, and could do – rather than because they are religious. DFID made commitments to working with faith-based organisations (FBOs) in *Taking Action* (see below). This review looks at what has happened in practice, and what DFID, the world's second largest government funder of HIV and AIDS, with its distinctive ways of working, and comparative advantages, could say about faith in the updated strategy.

The outline uses the following sequence:

- DFID's position on faith and development
- Faith in *Taking Action*
- Faith in DFID's response to HIV and AIDS since 2004
- The Consultation to update "Taking Action" – where would HIV and AIDS fit in?
- Recommendations: DFID, faith and AIDS in the updated *Taking Action*.

3.1 DFID's position on faith and development

For some years, DFID has shown an awareness of the importance of faith in development through isolated activities, rather than a systematic approach – particular projects were funded for their value in a specific context, rather than because DFID had a strategy to engage with faith entities. So, for example, DFID has signed Programme Partnership Agreements (PPAs) with a number of UK-based FBOs (Aga Khan Foundation, CAFOD, Christian Aid, Islamic Relief, Progressio, World Vision UK) and funded FBOs through the Civil Society Challenge Fund and CHASE. In some PPAs, the rationale makes reference to the faith basis of the organization (see Box 1), confirming that DFID accepts that there is a distinctive role for FBOs.

Box 1

Faith in Programme Partnership Agreements[19]

"**CAFOD** is uniquely placed to contribute significantly to DFID's understanding of the role of faith-based civil society organisations and communities in development and poverty eradication." [Para 3.4]

The Goal of the PPA with **Islamic Relief** is that based on the principles of Islamic humanitarian values and global partnership, Islamic Relief will utilize its expertise and experience to promote and to contribute to achieving the MDG.

"[The PPA is] …an opportunity for **World Vision** to demonstrate to DFID and others the value-adding role of faith based organisations within civil society, and that Christian faith can be an asset to poverty reduction and development." [Para 3.4]

DFID has also supported specific projects that acknowledge the added value of faith groups. It has provided a grant of over £3 million through Christian Aid to strengthen the response to HIV and AIDS of the Anglican Communion of Southern Africa, and

financial and other support to the Acholi Religious Leaders' Peace Initiative in northern Uganda[20].

In 2004, DFID commissioned the Centre for Development Studies at the University of Wales Swansea to "assist DFID to develop an awareness of the nature of its past engagement with faith groups and of the opportunities and challenges which engagement represents for its poverty reduction objectives"[19]. Subsequently, DFID developed a position paper on faith in development. The final version of this position paper of May 2006 also acknowledged the important role of faith groups particularly in respect of providing services, especially to vulnerable groups; providing humanitarian assistance; empowering the poor so that their voices are heard; and helping to reduce conflict. Although the Under Secretary of State (Gareth Thomas MP) reiterated the first two points in an answer to Parliamentary Questions on 9th May 2007[21], the fact that the Position Paper has never been launched has created doubt externally as to whether DFID feels able to have a public position on faith in development. The White Paper of May 2006[22] said little to assuage this concern – there are just seven passing references to faith as a part of civil society.

3.2 Faith in DFID's response to HIV&AIDS since 2004

3.2.1 Faith in "Taking Action"

The strategy had five Priority Actions for the UK government, *Taking Action*:

- To close the funding gap
- To strengthen political leadership
- To improve the international response
- To support better national programmes
- Taking Action in the long term

It also made over 130 commitments on different issues, including five relating to FBOs:

Box 2

Commitments to FBOs in *Taking Action*

- "We will strengthen support to networks of people with HIV and AIDS, faith-based organisations and community leaders." (p3)
- "Civil society, groups of people with HIV and AIDS, other community groups, NGOs, the medical and scientific community, faith-based organisations, businesses and the media all have important roles to play in creating a demand for better leadership and holding governments accountable. We will support them to raise awareness, disseminate information and stimulate debate." (p28)
- "We will work with governments and faith-based organisations, in particular, to strengthen the ability of communities to respond to and support families affected by AIDS to protect and care for their children." (p49)
- "In South Africa, we will continue to support civil society and faith-based organisations such as the Nelson Mandela Foundation and the Anglican Church. These organisations carry significant leadership and influence." (p50)
- "We will support the engagement of faith-based organisations that are addressing stigma and discrimination." (p51)

In summary, there was a broad statement of support for FBOs amongst a range of civil society actors; two acknowledgements of a role in providing leadership, especially for accountability on delivery; and specific references to community-level responses to OVC and addressing stigma and discrimination. The commitments are found throughout the document, but relate largely to the Priority Action to "Take Action to support better national programmes."

3.2.2 Difficulties in assessing progress on DFID's commitments to FBOs

The interim evaluation acknowledges difficulties with the nature of *Taking Action* as it includes many elements of an external position paper along with some strategic choices. As such, it provided a menu of UK positions on different issues, but was not clear about how as a strategy it would be taken forward and how progress would be measured. Assessing progress on the commitments to FBOs is particularly difficult because of two other factors:

Taking Action's priority concerns focused on the UK's international role

In many ways, *Taking Action* as a strategy was most relevant to DFID's work from the UK, as four of the five priority actions were about the UK's international role in promoting a more effective international response to HIV&AIDS. There is an emphasis on finances and aid instruments rather than critical issues in implementation of responses within country. Consequently, the priority arena is different from that in which faith groups have a distinctive role. This is reflected in faith being largely invisible in the interim evaluation: when the lead issues for the evaluation were identified, consideration of the role of faith and DFID's response to this was not a priority, and in the entire evaluation report faith is mentioned only once in a footnote

DFID's approach within a country

With DFID Country Offices having a high degree of decentralisation, *Taking Action* provided a broad framework that could be used to guide decision-making in the national context, rather than a set of requirements. Under this arrangement (which has many advantages) there is less requirement to satisfy centrally generated policies, and it is more difficult to appraise the extent to which commitments in *Taking Action* have been adopted. Furthermore, in recent years, DFID's strategy in many key countries affected by HIV&AIDS has been to promote country-led approaches through instruments such as Poverty Reduction Budget Support and pooled funding (along with other donors) supporting sectoral approaches. This has meant that there has been reduced scope for direct funding of civil society, including faith groups. So, the articulation of *Taking Action's* commitments in relation to support for better national programmes has largely been through government initiatives. Although some of these have a civil society component, the detail of this is largely hidden because it is one stage removed from DFID.

3.2.3 Reviewing DFID's commitments to FBOs under *Taking Action*

Given these factors, beyond the PPAs and specific projects described above, DFID's support for faith entities under *Taking Action* is not clear. The interim evaluation report[23] indicates that DFID does not systematically monitor the two thirds of its spending on CSOs that goes through national programmes (estimated at over £150 million per

annum). Given issues around definition, deriving a figure for the faith component seems near impossible. Therefore this study has attempted to carry out a quick qualitative review based upon review of documentation and telephone interviews with key DFID staff for a representative sample of countries: India (predominately Hindu, with important Islamic, Christian and Sikh minorities), Nigeria (Christian and Islamic) and Zambia (overwhelmingly Christian but with many different interpretations). India and Zambia were chosen in part because they provided case studies for the interim review. Nigeria was known to be a country where DFID's programmes had a faith component. As the study developed, other countries came to the attention of the reviewer because of relevant projects. So, the sample became even more skewed to where DFID had acknowledged the role of faith in its programming for HIV and AIDS.

With a focus on these three countries, the review has assessed DFID's progress on the five commitments in *Taking Action*, broadly categorised as:

- Broad support for FBOs
- Support for FBOs as distinctive service providers
- Support for faith groups and leaders in providing leadership on advocacy.
- Support to set appropriate underlying values.

The findings are presented below, with reference to particular interventions that DFID has supported.

Broad support for FBOs

Although faith is not visible in the interim evaluation, and other analyses of DFID's response to HIV and AIDS, what has been striking in this study is that DFID contacts in many countries provided a good understanding of the role of faith and faith groups in relation to HIV and AIDS. DFID staff described the high level of identification that people in general have with faith communities; the role of FBOs in providing services, especially for the marginalized; identified the potential (often not borne out in practice) to advocate for vulnerable groups; and the potential to work with faith groups to move from problematic messages to harnessing their influence to address underlying values, particularly stigma. Faith groups are seen as an important part of the response for pragmatic reasons, rather than because of a policy position to provide support to FBOs.

Given this, there was some evidence of interventions because of the added value of faith-based organisations. As indicated above, DFID has signed PPAs with a number of UK-based FBOs. In the case of CAFOD, Progressio and World Vision UK, the PPA makes specific reference to their faith basis and to interventions in response to HIV and AIDS. *Taking Action* made a specific commitment that DFID would continue to support the Anglican Church in South Africa and DFID has confirmed in writing that it will provide another £6 million over 5 years from 2007. In Nigeria, DFID's two HIV and AIDS programmes have engaged with institutions from the two major faiths – Christianity and Islam – by helping to them to develop strategies to respond to HIV and AIDS (see also below on stigma and Box 4). In India, DFID established the Resource Centre for Sexual Health and AIDS. This has supported the All India Interfaith Coalition on HIV and AIDS (see Box 3).

Whilst these projects demonstrate that DFID acknowledges the distinctive role of faith groups in the response to HIV and AIDS, the amount of funding is relatively small in each context. For example, the funding in India totalled "tens of thousands of dollars" in an estimated total programme spend (NACP 2) of £90 million.

Support for FBOs as distinctive service providers

With the emphasis on country-led strategies, the opportunities for direct support to FBOs as distinctive service providers are closing. For example, in India, DFID's second phase of support for responses to HIV and AIDS included a Programme Management Office that ran a challenge fund for civil society. In the forthcoming NACP3, most DFID funding will be sub-sectoral support to the India government's National AIDS Control Office and there will be no challenge fund. So, whilst one DFID adviser described FBOs as "key actors", others also articulated how DFID's support should reflect the priorities of the country, and be through PRBS and sectoral support. Within this context, many saw that DFID's role should be one of monitoring and influencing country-led strategies to ensure that faith groups received support commensurate with their potential. Similarly, there has been no evidence of DFID directly supporting FBOs working with communities to support OVC. However, in **Malawi, Zambia and Zimbabwe** DFID funding does flow through pooled arrangements to eventually reach such projects.

Box 3

DFID India's support for the All India Interfaith Coalition on HIV and AIDS

DFID's second phase of response to HIV and AIDS (NACP2) has four components of significance: funding for NACO, which is largely used for prevention work, with an emphasis on commercial sex workers; an out-sourced challenge fund for civil society, which supports around 50 CSOs, mostly for innovative prevention work with groups that have not been the government's priority – MSM and IDUs; an outsourced national Resource Centre for Sexual Health and AIDS (RCSHA); and funding for various UN agencies. The emphasis is on prevention rather than care and support because of the stage and nature of the epidemic. NGOs carry out interventions under contract to State AIDS Control Societies (SACS), most are secular.

DFID India established RCSHA as a national centre tasked with strengthening capacity and systems in NACO and eight particular SACS. RCSHA has also provided technical and financial support to the Interfaith Coalition in order to:

- Bring together religious leaders to develop a greater understanding on HIV related issues, and develop common, "minimum" values on contentious issues. In this, its strategy has been that an interfaith forum might provide a conducive environment for faith leaders to review conservative perspectives, and adopt less prescriptive ones.
- Build capacities of FBO partners for Prevention, Care and Support targeted at the secondary level religious leaders
- Initiate the development of HIV and AIDS policy by different faith groups and by movements.
- Develop appropriate life skills material to use with youth people attending the many educational institutions that have a faith-basis.

The Interfaith Coalition is an umbrella organisation of religions, faith movements and FBOs. RCSHA's first contact with the Interfaith Coalition was through a funding proposal that NACO was unable to consider, and passed on. The Resource Centre was attracted to the Interfaith Coalition because it recognised the crucial role of faith groups in relation to stigma, care and support; and saw the advantages of an interfaith grouping in the Indian context.

Support for faith groups and leaders in providing leadership in advocacy for those living with, or affected by, HIV&AIDS

Again, in the focus countries, there was no evidence of direct DFID support for this role. However, this may be more to do with the difficulty of unpacking what happens with pooled funding, than an absolute failure to progress this commitment. Furthermore, one DFID Adviser commented on the contrast between the political force of churches in many developing countries, and their quietness in AIDS accountability structures. It could be that faith leaders need encouragement and support to recognise their potential, and that DFID's approach of providing funding through competitive processes such as challenge funds doesn't fit well with this.

There was a consistent view that faith leaders and groups had a significant role to play in addressing underlying values, particularly stigma and discrimination. Many DFID staff saw this an entry point for engagement with faith groups. In India (see Box 3 above), the RCSHA has provided support to the Interfaith Coalition for a series of conferences to enable them to adopt a common line on previously sensitive issues. In Nigeria, it is DFID's underlying rational for engagement with faith groups (see Box 4). In the Caribbean, DFID has learnt about the significance of faith groups through supporting the Champions for Change process for FBOs (see Box 5). Despite the positive examples, DFID does not systematically seek to use faith leaders to address underlying values, and many DFID staff remain concerned about the inconsistency they see between tenets of faith (such as sexual abstinence before marriage, and fidelity in marriage) and the practice of many adherents, and problematic messages on issues such as condoms.

Box 4

DFID Nigeria's engagement of faith leaders and groups in country programmes

Nigeria is a highly religious country, with its population split mostly between Christianity and Islam. Faith leaders have significant influence at national and local level. Conservative tendencies dominate both Islamic and Christian theology. These are mutually reinforced with conservative cultural values. Within a long-standing, but relatively low HIV prevalence, these 'traditional norms' continue to perpetuate stigma; a silence on high levels of infidelity, and an unease in talking about condoms. DFID has two programmes in response to HIV and AIDS in Nigeria. Both have engagement with faith leaders and faith groups built into their strategies.

The **Promoting Sexual and Reproductive Health and HIV/AIDS Prevention** (PRSHH) **Programme** aims "to increase behaviours conducive to sexual and reproductive health among poor and vulnerable populations in Nigeria" in both the "Muslim" North and "Christian" South. It is contracted out to a consortium of international NGOs and service providers. From the outset, the Programme recognised the important role that faith leaders could play in addressing critical attitudes and behaviours, especially within Islam. The Programme held an early roundtable discussion with Islamic Scholars from Northern Nigeria[24], with a view to facilitating the development of a realistic Islamic oriented response. This was seen as a significant first step in the Islamic response to HIV and AIDS in Nigeria. The programme later partnered the two key Islamic organisations in Nigeria - Jama'atu-Nasril Islam (JNI) and the Ansar-Ur-Deen Society of Nigeria (AUD) – along with two key Christian denominations (Church of Nigeria Anglican Communion (CON) and Evangelical

Church of West Africa (ECWA)) in a specific advocacy strategy to reduce the negative impact of religious beliefs and teachings on safer sex practices.

Strengthening Nigeria's Response (SNR), seeks to enhance the capacity development of State Action Committees on AIDS (SACA). A major pre-entry activity for SNR was to conduct an organizational capacity assessment of key stakeholders. This included 36 FBOs (24 Christian groups and 12 Islamic groups). In year 2 of the SNR programme, training was organised for Youth Leaders of Christian FBOs on how to teach Family Life Education to young people in line with their faith at the community level. Training for Islamic Youth Leaders is proposed for the next quarter of the current programme period. Although the emphasis is on the government response, faith groups are included in recognition of their reach to large numbers, and influence.

DFID Nigeria staff have played a significant part in promoting the involvement of faith groups, with a key role in convening the first national interfaith forum which resulted in the inauguration of the National Faith Based Advisory Committee on HIV/AIDS (NFACA). The approach of the DFID Nigeria programme has enabled a growing understanding of some of the challenges of working with faith groups, whilst harnessing their potential for influence and impact. The strategy to involve faith leaders and groups is attributed to the Nigerians involved in the design processes – for them; faith was a critical factor to be addressed across the programmes.

Box 5

DFID support for faith leaders and faith groups as Champions for Change - tackling stigma and discrimination in the Caribbean Region[25]

"Champions for Change" was conceived as a branded approach to promote the reduction of stigma and discrimination across the Caribbean Region. Given the conservatism of the region, and hence the sensitivities associated with stigma and discrimination, it was felt that the use of "Champions", particularly those in prominent positions, to advocate for change could have a positive impact.

The initial activity was a Conference held in November 2004 to brainstorm, open up dialogue, and set the agenda. It involved a diverse group of high level stakeholders including parliamentarians, policy makers, representatives of youth organisations, faith groups, the private sector and civil society; sport and cultural icons and people living with HIV and AIDS. For many of the Christian clergy involved it was their first contact with AIDS activists. They were initially uneasy, because of perceived associations with gay rights organisations. However, for some Christian leaders, the meeting was sufficient to convince them that their condemnation of those living with HIV was ill founded.

At the initial conference delegates quickly recognised the unique position of faith groups in reaching large communities throughout the region. In November 2005 a second conference specifically for faith groups was held. Over 100 representatives of the faith groups of the Caribbean – Baha'i, Christianity, Hinduism, Islam and Rastafarianism - met to identify the challenges, share the experiences of FBOs, identify their role and propose solutions to reduce HIV and AIDS related stigma and discrimination. Two priests from Africa who live with HIV spoke of their experiences. The Caribbean Council of Churches has coordinated follow up activities to Champions for Change II, including the establishment of committees in many countries, translation of guidelines in developing policies and action plans from English to Spanish, Dutch and French, and training for home-based care programmes.

DFID provided significant funding for the Champions for Change process through the CARICOM Pan Caribbean Partnership against HIV and AIDS (PANCAP). The process was only defined as it advanced, but this was possible because the DFID Regional Programme had delegated authority to make decisions. For DFID staff, the FBO track revealed the significant role that faith groups play in setting social norms within the Caribbean, faith leaders' conservativism, and the scope to work with them.

3.2.4 Re-occurring Challenges

Two consistent challenges arose from the review:

How to progress the commitments to support the distinctive contribution of faith groups in service provision and addressing stigma within the context of DFID's emphasis on country-led strategies and reducing transaction costs?

It was notable that where DFID offices had been successful in engaging with faith groups to address stigma, this had been in the context of "projects" (RCSHA, the Nigeria programmes – SNR and PRSHH, and Champions for Change in the Caribbean). The current trend towards country-led strategies based upon PRBS threatens the possibility of such approaches in future unless a mix of instruments remains permissible.

The interim evaluation report acknowledges the need for DFID to continue to respond to HIV and AIDS through different instruments:

"In most settings, the national response to HIV and AIDS will require financial support through other aid instruments alongside PRBS. This is the approach that the UK has been following in many countries (see Box 14, p62). Such a 'twintrack' approach is also advocated in a review of DFID country evaluations conducted in 2005/6 where capacity building through budget support is supplemented by alternative means focused on the achievement of key lagging MDGs, including on HIV and AIDS." [Para 6.22]

and raises concerns about ensuring support for civil society:

"CSOs play critical roles in the response to HIV and AIDS. These roles include voice and accountability and provision of vital services that may be difficult for government to deliver effectively…. DFID and other donors need to ensure that adequate funds reach these organisations for provision of these services. Although this is beginning to happen, e.g. channelling funding to civil society through the Global Fund, there is a risk that too early reliance on this method of funding may increase bottlenecks. Effective mechanisms of direct funding to civil society still need to be identified and supported." [Para 6.47]

However, it does not address how such support may be provided, especially in a context of increasing emphasis on reducing transaction costs.

Some DFID Advisers see part of DFID's role within the country-led strategy approach to be one of influence – using DFID's not insignificant contribution to buy a stake at the country-level negotiations. Within this, DFID would seek to ensure that the role of civil society, and faith groups in particular, in the outworking of the national plan was appropriate. However, it is not clear whether DFID Advisers are recruited for this sort of role, or have adequate leverage on government should it not deliver.

This leads to consideration of an issue that the National Audit Office raised in its review in 2006 of DFID and civil society.[26] The NAO indicated that DFID needed to be better at assessing within country the roles and capacity of civil society organizations to contribute to poverty reduction. By extension, DFID needs to improve its assessment of the particular roles that could be played by faith entities as a distinctive part of civil society[27]. The DFID Civil Society Team plans to enable staff to appreciate the role of faith groups through issuing a *How to relate to civil society* note in late 2007. This would include a section on faith groups, which would probably cover that faith groups are important; a distinctive part of civil society with a distinctive role and legitimacy; that they are diverse; that DFID is already working with them; the importance of understanding the positive and negative aspects of working with them; and practical ways to engage.

How does DFID balance understandable frustration with the some of the attitudes and behaviours of faith groups, with the need to harness their significant influence to promote helpful messages?

In balance, there seems to be more willingness to recognise the potential of faith groups, and find ways of engaging with them, than to write them off. However, there is inconsistency within DFID on this. For example, DFID had written to one faith group to say that it could not fund a process to open up discussion on contentious issues because of their current positions, particularly on condoms.

3.2.5 Research programme consortia

Since 2004, DFID has contracted two research programme consortia (RPC) with briefs that are potentially relevant. The Religions and Development Research Programme[28] led by the University of Birmingham is reviewing the role of faith in development. The research interests of the Addressing the Balance of Burden in AIDS (ABBA) RPC[29] led by the Liverpool School of Tropical Medicine, include the social, economic and institutional factors that place the livelihoods of vulnerable and neglected groups at increased threat from HIV and AIDS, and identifying which institutions and programmes are best placed to alleviate those threats. The RPCs are intended to be practically orientated, and so should provide useful guidance for DFID on these issues. A number of the ABBA RPC's partners had a good analysis of the issues of faith and HIV and AIDS, but it is not a part of the research agenda.

Box 6

Conclusions: DFID, faith and AIDS under *Taking Action*

It is difficult to assess progress on DFID's commitments to FBOs in *Taking Action* because the strategy (and interim evaluation) emphasised DFID's international role. Furthermore, DFID's strategy in many key countries of emphasizing PRBS and sectoral support through pooled funds means that it is nearly impossible to derive figures for the amount spend on civil society organisations, particularly faith groups. The evidence from the review is that:

- DFID contacts in many countries provided a good understanding of the role of faith and faith groups in relation to HIV and AIDS. However, others indicated that they had had to learn about the importance of faith in their context.
- Many DFID staff in affected countries saw faith groups as an important part of the response to AIDS, and believed that the national response should include them for pragmatic reasons, rather than because of they were religious per se.
- However, DFID staff are also frustrated with some of the attitudes and behaviours of faith groups.
- There are many examples of where DFID has directly supported faith groups in terms of broad support, support as distinct service providers, to provide leadership in advocacy, and to address underlying values. There are also many cases where national responses supported by DFID (for example, through sectoral support) include faith groups. As indicated above, it is very hard to quantify this support. However, there are strong indications that DFID's support – direct and indirect - is not proportionate to all that faith groups could contribute to the response. Furthermore, DFID's support does not appear to be systematic, but instead, fragmented, and probably dependent on the understanding and interest of relevant DFID staff. So, DFID is not seeing the best return from the potential of faith groups.
- The scope for DFID to strengthen its support to civil society organisations, and faith groups in particular appears to be weakening as the pressure to reduce transaction costs increases.

3.3 The Consultation to update *Taking Action* – where would Faith fit in?

3.3.1 DFID's fundamental approaches

It is important to acknowledge some of the fundamental approaches likely to underpin the updated strategy:

I. Although DFID's funding will increase in coming years, there is continuing pressure to reduce staffing costs. So, DFID will continue to seek ways of disbursing large amounts of funding with low transaction costs. This lends itself to contributions to multi-laterals (such as UNICEF and the Global Fund) and to PRBS and sectoral support, rather than funding discrete civil society initiatives.

II. There will be a stronger emphasis on DFID's comparative advantage. This could lead to a pullback from faith because of the strong emphasis on support for FBOs in current US government policy (see below).

III. There is a view that *Taking Action* said too many things, and yet didn't set out what DFID stood for on key issues. There could again be a pressure for DFID to be more focussed.

IV. DFID will continue to move the focus of its funding to the poorest countries, reducing commitments to middle-income countries in terms of funding and staffing (and closing some offices so as to have no presence.) It may seek to influence other donors and multi-laterals to adopt the same position.

V. DFID will continue to reflect the emphasis of the third White Paper (of 2006) on improving governance and accountability. This lends itself to finding ways to support civil society to promote this.

3.3.2 DFID's consultation issues

Against this background, DFID's document to guide the consultation[30] raises a number of issues concerning the response within countries, all of which could lead to a stronger acknowledgement of the role of faith.

The Consultation Paper then highlights four specific issues. Drawing upon Section 2, the potential response of faith groups may be summarised as:

- The key issue for this is **how DFID works with civil society** given its acknowledgement of the important contribution that civil society makes, but concern about transaction costs. Within this, a pertinent question is **how does DFID understand faith entities as a distinctive part of civil society** with their own modes of operation, underlying values and assumptions, and motivation?

- **Children Affected by AIDS:** faith groups have distinctive roles to play in relation to support for OVC; addressing the stigma and discrimination that limit take up of PMTCT; providing quality treatment, and strategies for prevention

amongst youth such as addressing gender values adopted by children in formative years.

- **Tackling stigma and discrimination:** Faith leaders have significant influence. In many contexts the inter-twining of traditional attitudes with religion led to them being at the forefront of promoting the stigma and discrimination of those living with HIV. However, DFID has demonstrated that faith leaders may change their attitudes and become champions to challenge, rather than, reinforce, stigma and discrimination.

- **Prevention:** the distinctive influence of faith leaders and groups needs to be marshalled to address underlying attitudes to sex and gender which are the drivers of infection, and support prevention strategies such as the provision of condoms. Some have taken a lead, many continue to promote unhelpful values and need space and support to review their positions.

- **Strengthening health systems:** FBOs play the key role in providing health services in many key countries, and could benefit from better coordination of all players at national level. They could be more active in providing a voice for the marginalized at local and national level to promote greater accountability.

It is important to review the issue of "comparative advantage" in the context of working with faith groups. Although the US government has an explicit policy position of supporting FBOs, it would disadvantage DFID's achievement of its broader long-term agenda if it used this as a rationale to reduce DFID interest in FBOs:

- Following the US elections of late 2008, there is a high possibility that policies associated with the current administration will fall from favour.
- The implementation of this US policy in tandem with policies relating to prevention (emphasizing "A and B") and prohibiting certain evidence-based strategies (such as needle exchange) tends to bring support to faith-based organisations with conservative values which are counter to DFID values.

If it chose to, DFID could develop a comparative advantage of working to harness the influence of faith groups to bring about more progressive values within society given its strengths in terms of innovation, being gender-sensitive, and a history of successfully engaging with faith groups over stigma. There are opportunities to learn from a multi-faith Britain which is home to organisations with diverse bases reflecting all the key world faiths.

4. Recommendations: DFID, faith and AIDS in the updated *Taking Action*

1. Although many DFID staff, especially at country level, recognize the important role of faith groups in the response to HIV and AIDS, DFID's support for this is largely invisible, making it difficult to assess whether there is an appropriate balance of support within DFID's priority approaches based on country-led strategies.

   DFID needs to establish ways of identifying its support to civil society in general, and faith entities in particular, in order to monitor whether this is at

an appropriate level to achieve objectives for which civil society, and faith groups in particular, offer specific competences.

- **In particular, given their significant potential, the final evaluation of Taking Action needs to consider DFID's commitments to FBOs.**

2. DFID's support for faith groups is not systematic, and may well be dependent on the understanding and interest of DFID staff.

   DFID should make a clear statement in the updated *Taking Action* confirming that there is a business case for increased support for faith groups in the response to HIV and AIDS.

3. There is an underlying acceptance by many within DFID, especially those concerned with the response at country level, that faith groups play an important role in service delivery. This is often tempered by frustrations at the attitudes and behaviours fostered by some faith leaders and groups.

   It is important to acknowledge these frustrations, but not to allow these to become a blockage to support for the positive aspects of faith contributions, and the potential impact if unhelpful attitudes were reversed.

   - **Many DFID programmes show the way to this with their positive engagement with faith groups to address stigma and discrimination. This engagement with faith groups should be extended to dialogue on attitudes to gender, sex and condoms.**

4. DFID has stated that it wants to provide support to civil society, particularly community-based responses to HIV and AIDS. At the same time, it continues to seek to reduce transaction costs. The consequence of the latter appears to be reduced support for civil society.

   Civil society, including FBOs, need to make imaginative but realistic proposals as to how DFID could strengthen its support to community responses within the framework of support for country-led responses.

   DFID needs to ensure that its staff within country have the appropriate skills to influence country-led processes from the evidence-base that faith groups and community groups may make an important contribution to the response to AIDS if given appropriate support.

5. Not all DFID staff understand the distinctive nature of faith groups, their importance within communities in developing countries, and the differences within the faith sector (for example, between different strands of Christianity.)

   DFID staff responding to HIV and AIDS need to become more literate about faith in their context to be effective in their roles.

6. The report of the National Audit Office on DFID and civil society has considerable weight. The requirement that DFID demonstrate a considered response provides an opportunity to strengthen DFID's approach to understanding and assessing civil society in key countries.

The distinctiveness of the faith component of civil society needs to be acknowledged and explained in DFID's follow up to the NAO report.

7. DFID looks to faith groups to provide a voice for the marginalized. In many contexts, the advocacy of faith groups is weak, failing to reflect the potential of their constituency and their access to key information about the situation of marginalized people.

   DFID and international civil society organisations need to find ways to encourage and support the realisation of this potential to provide an informed and effective voice.

8. In many contexts, faith groups are not adequately represented in the national response to HIV and AIDS.

   Members of the UK Consortium's Faith Working Group need to support their partner organisations in countries affected by HIV and AIDS:
   - **To better articulate their potential contribution to the national response,**
   - **Contribute to DFID's understanding within that country of the role of faith so that this is better reflected in key DFID positions.**

9. **There should be bi-annual meetings between DFID staff and members of the Faith Working Group to share learning and experience concerning DFID's support for faith groups in the response to HIV and AIDS.**

10. **Ensure a robust set of indicators are developed to track commitments, including spending, to civil society groups. Civil society does not represent a homogenous group; indicators need to be disaggregated to reflect the diverse range of civil society actors involved in the response to HIV, including faith based organisations.**

Appendix 1: Persons Contacted

Name	Position
DFID:	
Jane Armstrong	Head of Regional Programme, DFID Caribbean
Mike Battcock	Civil Society Team
Sutapa Choudhury	AIDS & Reproductive Health Team
Julia Compton	Senior Evaluation Adviser, Evaluation Department
Anna de Cleene	Health Adviser, Malawi
Emma Fraser	HIV AIDS Policy Officer, Pan-Africa Strategy Department
Abdulkareem Lawal	Social Development Adviser, Nigeria
Susan Mshana	HIV&AIDS Adviser, Nigeria
Jane Miller	Health and HIV&AIDS Adviser, Zambia
Malcolm McNeil	Senior Health & Population Adviser, Latin America and Caribbean Department
Dr Tom Philip	DFID India Resource Centre on Sexual Health and AIDS
Rehema Shabaya	AIDS & Reproductive Health Team
Silke Seco-Grutz	Head, DFID AIDS Task Team, India
Eamoinn Taylor	Senior Adviser, Communication for Effective Development
External:	
Dr Rachel Baggaley	Head HIV Unit, Christian Aid
Courtney Bain	Religions and Development Research Programme University of Birmingham
Rob Cunningham	Programme Manager - South Africa, Christian Aid
Roger Drew	Independent Consultant: lead writer, report of interim evaluation of *Taking Action*
Peter Grant	Tearfund International Director (ex DFID Director: International)
Dr Dave Haran	Addressing the Balance of Burden in AIDS (ABBA) Research Programme Consortium Liverpool School of Tropical Medicine
Sally Smith	UNAIDS Partnerships Adviser
Helen Stawski	International Development Programme Officer - Lambeth Palace
Willem van Eekelen	Head, Policy & Research Unit, Islamic Relief
Dr Brian Walker	Religions for Peace, UK

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