



ECUMENICAL HIV AND AIDS INITIATIVE IN AFRICA

IMPACT ASSESSMENT, 2002–2009



World Council of Churches

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Photos: African Fathers Initiative, courtesy of Trevor Davies: www.comminit.org; Deolinda Teca holding the CBS manual with Julia Razao (June 2010, courtesy of Deolinda Teca)

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FOREWORD

Is it possible to document the impact of a regional initiative that covers the whole of sub-Saharan Africa? It is certainly a challenge, but this publication shows that the ten-year existence of the Ecumenical HIV and AIDS Initiative in Africa (EHAIA) has changed the scene.

Thousands of church leaders have been trained on HIV and related issues, with the result that clergy in many places in Africa is well informed and stigma in the churches has receded. The close collaboration with people living with HIV and organizations like INERELA+ has helped pastors and congregations to gain a deeper understanding of HIV, of evidence-based prevention and life-long treatment. By getting to know people—sometimes even clergy—living with HIV, many pastors have changed their hitherto stigmatizing attitude and are now convinced that people living with HIV have got the same rights as HIV-negative people and should not be treated differently in or outside of church life.

EHAIA is a learning initiative which has not shied away from dealing with sensitive issues like gender-based violence and sexuality. From merely one workshop on this topic in 2003, it managed to run 24 workshops in 2008. The methodology of using contextual Bible studies has made it possible to even talk about taboo subjects like rape in a church context, as the Tamar Campaign has demonstrated in so many places in Africa.

Innovative work on the issue of masculinity with pastors and correctional services in Lesotho has had impact beyond the church context. Prison wardens as well as prisoners in Lesotho are now trained on masculinity issues; this is felt to have a lasting impact on people's lives and to be more effective in changing behavior than merely a Sunday sermon in a prison.

Ten theological institutions in Central Africa alone have integrated HIV into their curriculum. Publications developed by EHAIA have been distributed worldwide and are deeply appreciated by the readership. These are but a few examples of the impact that the work of the regional coordinators and theological consultants of EHAIA has had.

This publication also shows that the trainings benefitted not only the WCC membership but also a number of other churches and institutions, yet it also highlights that in order to evaluate impact, good recording and follow-up of activities are necessary. Documenting impact is a journey EHAIA has successfully embarked on. We admire and appreciate the progress made and wish EHAIA all the best and God's blessings for the journey ahead.

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INTRODUCTION

About EHAIA

The Ecumenical HIV and AIDS Initiative in Africa (EHAIA) was launched in 2002 under the World Council of Churches' (WCC) Health and Healing Programme in cooperation with the All Africa Conference of Churches (AACC).

EHAIA's stated purpose is to reinforce the HIV and AIDS competence of African churches and theological institutions. The Initiative has pursued this goal by facilitating access by churches and faith-based organizations in Africa to information, training and resources and by helping them to make contact with other churches and bodies working in the same field.

EHAIA conducts workshops and training programmes on a total of 24 sometimes closely related themes ; responds to individual requests for advice and support from churches on church policy development on HIV and AIDS, pastoral training or project planning; and distributes information and resource materials via regional staff and a website and electronic newsletter.

EHAIA staff consists of a project coordinator based at the WCC in Geneva, five regional staff and two theological consultants based in Africa. Each of the eight offices have project assistants and accounts. An International Reference Group comprises 21 representatives from faith-based organizations, non-governmental organizations (NGOs) and UN agencies. Its membership includes representatives of Regional Reference Groups, which in turn are made up of similar sets of stakeholders at the regional level, including sub-regional church fellowships, national councils of churches and associations of people living with HIV. The reference groups provide guidance to EHAIA staff and help give direction to their work.

How EHAIA Came Into Being

As of the early 1980s, many church groups and church-related organizations in Africa were already responding to the HIV and AIDS pandemic. In spite of their commitment, there were a number of notable shortcomings like limited access to relevant information, not enough exchange of experiences with other players, a lack of clear strategies and limited access to resources.

Ecumenical partners in the North offered financial and technical support to some individual programmes in various African countries. But the need for a more concerted response by ecumenical partners became more and more evident.

The ecumenical movement had also been highlighting the HIV and AIDS issue since the early 1980s. The document *AIDS and the Church as a Healing Community* was received by the WCC Executive Committee in 1986. Other important materials addressing the pandemic and possible responses were published by WCC, translated into 55 languages and distributed all over the world.

Another milestone was when African participants at the 1998 WCC Assembly in Harare, Zimbabwe committed themselves "...to do everything in our means to overcome the scourge of HIV and AIDS". The Assembly directed the WCC to adopt a special focus on Africa that would include a joint ecumenical response to the challenge of HIV and AIDS.

In November 2000, a "Concept Paper for a joint HIV/AIDS Initiative" was produced by a joint WCC-Lutheran World Federation (LWF) working group in consultation with UNAIDS.

The desk review and field studies were conducted in 2010 and 2011 to assess the impact of EHAIA's work since 2002.

The 2010 study, undertaken by consultant Jo Kaybryn, consisted of

- a desk review of existing literature, notably the EHAIA annual reports;
- key informant interviews with members of staff and of the EHAIA International Reference Group; and
- a survey of stakeholders (churches, church councils and fellowships, theological institutions, people living with HIV and their networks).

This study was designed to demonstrate the impact and reach of EHAIA's workshops and training programmes, its advice on HIV and AIDS church policy development, its project planning support and its provision of information and resource materials.

The field study in Madagascar was carried out by EHAIA resource team in 2010 and consultants Clement Kwayu, Peter Mashingia and Alice Wainaina, collected additional in-depth data from selected churches, partners and theological institutions through field interviews in Tanzania (2010) and the Democratic Republic of Congo and Lesotho in 2011.. The studies sought to determine whether EHAIA has helped to

- bring about a change in attitudes and a deeper understanding within the churches that “stigma and discrimination against people living with and affected by HIV and AIDS is a sin and against the will of God”;
- ensure that “churches, their leaders and members and other ecumenical partners have a full understanding of the severity and challenges of the HIV and AIDS pandemic in Africa in relation to human sexuality, gender, culture, sexual violence and violence against women and children”;
- enable churches and theological institutions in Africa to “strengthen their capacity to promote and implement

The paper clearly stated that “WCC and the LWF recognize the importance of building networks and coalitions for action to address issues of prevention of transmission and care for people living with HIV/AIDS”. It included an analysis of the pandemic, proposed concrete activities and set priorities by emphasizing the opportunities and special role of churches and faith-based programmes.

In order to keep the process going within existing ecumenical structures, ecumenical partners in the North sought to engage committed and competent staff and consultants to work on HIV and AIDS within the WCC Health and Healing Desk, fund detailed data collection in most parts of Africa and supported regional meetings. To secure the take-off of an Africa-wide Ecumenical HIV and AIDS Programme, a generous funding commitment of about EUR 1.6 million was made for a three-year period by Bread for the World who signed a cooperation agreement with the WCC in November 2000.

The WCC and other partners then sponsored three important regional ecumenical meetings:

- A January 2001 All Africa Conference of Churches (AACC) consultation in Mukono, Uganda, on “Approach to the HIV/AIDS Crisis” was attended by 83 representatives of churches and Christian organizations in Northern, Eastern and Southern Africa.
- A March 2001 joint WCC/South African Council of Churches (SACC)/Fellowship of Christian Councils in Southern Africa (FOCCISA) regional consultation in Johannesburg, South Africa, was attended by 36 representatives of churches, church councils and ecumenical partners in the region.
- In April 2001, 82 participants from 16 countries in West, Central and the Horn of Africa representing churches, church

evidence based prevention..., provide holistic care and support..., reach out and respond to collaborative efforts” and achieve professional levels of efficiency, coordination, capacity-building and communication in all their HIV-related activities.

Note on the Assessment Methodology

As indicated above, the objective of the 2010 assessment was to demonstrate the impact and reach of EHAIA’s work in both quantitative and qualitative terms.

The quantitative data collected relates mainly to the impact and reach of EHAIA’s workshops and training programmes and, in particular, to:

- the number of people trained by category of person and type of training;
- the number of theological institutions and the percentage that have mainstreamed or integrated HIV into their theological curricula;
- the number of churches/places of worship involved in EHAIA training and that have developed a workplace policy on HIV as a result of EHAIA training; and
- the number of publications produced and listed.

The study also presents qualitative information in the form of reports, interviews and other recorded evidence and looks at significant changes that can be attributed to EHAIA’s interventions as well as at what makes EHAIA unique and contributes to its influence among its many stakeholders. The research sought to identify and lift up

- EHAIA’s special achievements and innovative work;
- the impact of EHAIA publications and their distribution;
- whether EHAIA helped to raise the prominence of HIV and AIDS issues at All Africa Conference of Churches (AACC) assemblies and other important international events; and

councils and NGOs, the AACC and ecumenical partners involved in HIV and AIDS work attended a consultation in Dakar, Senegal on churches’ responses to the challenges of HIV/AIDS.

At these meetings, participants recognized the spread of the HIV pandemic in Africa and their respective countries and concluded that:

- The church is uniquely placed to combat HIV and AIDS at all levels from the individual to the global and to protect the marginalized and most vulnerable in society.
- Churches are to integrate HIV and AIDS activities within available church support systems and create new ones where necessary. They should mobilize and train their leaders and laity to run appropriate HIV/AIDS programmes, protect, support and involve the marginalized and most vulnerable in society such as youth, women, PLWA and people with disabilities and condemn and discourage all harmful traditional practices.
- Church leaders should involve themselves directly and act as role models in HIV prevention, AIDS care and support.
- There is an urgent need to develop guidelines for best practices in prevention, sexual education, family life education, HIV prevention, AIDS care and support to orphans.
- Since media play a frontline role in education and dissemination of information, the church should be more media-oriented and aspire to tap the benefits of information technology.
- North-South partnership and collaboration has to be developed and strengthened to bridge existing gaps and to influence jointly national and global health and education policies as they relate to HIV and AIDS.

- EHAIA's collaboration with different stakeholders in the churches, ecumenical development agencies and beyond.

The impact assessment methodology, comprising a desk review of existing literature, key informant interviews with members of staff and the International Reference Group and a survey of stakeholders yielded significant quantitative and qualitative information, but suffered from some limitations.

The extensive review of EHAIA reports and publications was able to ascertain quantitative data on the reach of training activities. A total of 39 documents were reviewed. The project's annual reports were key sources of information from which aggregated and disaggregated data was collected.

The criteria for collecting data included: year the activity took place, geographic region, focus of the training and participant data (gender, age and target group). The data was entered into analysis software in order to facilitate scrutiny. For example, it was possible to disaggregate all the data relating to a particular geographical area or training target group. However, disaggregated data concerning the ages, gender, type and denomination of the participants was not recorded for all activities. This meant that the data provided here is an underestimation of the numbers of people and institutions reached by EHAIA.

Interviews with both members of staff and of the International Reference Group were opportunities to gather information about qualitative impact that may have gone undocumented. The nature of the annual reports and their emphasis on recording quantitative data meant that innovative long-term initiatives or building of key relationships were not always mentioned. All members of staff and the International Reference Group were invited to participate, but not all were available due to work and travel schedules. The methodology aimed to conduct telephone interviews where possible and email where they were not. Six staff and five International Reference Group members provided direct feedback.

These conclusions and recommendations were a challenge to all ecumenical actors to respond with a common approach and joint programmes. In February 2001, the WCC Health and Healing Desk proposed the formation of an International Support Group composed of medical experts, ecumenical partners, representatives of global alliances and of UNAIDS to accompany the process with expertise and assist in mobilizing funds. Efforts were made to contract competent persons as African programme coordinator and theological consultant, respectively. A woman theologian was contracted by WCC in July 2001; her first assignment was to develop adequate curricula for theological institutions as well as produce materials for pastoral use.

Through 2001, continuing discussions between representatives of a wide range of agencies emphasized the need for the participation of African partners in a continental consultation on HIV and AIDS. In June 2001, the WCC invited stakeholders to a "Global Consultation on Ecumenical Response to the Challenge of HIV/AIDS in Africa" in Nairobi from 25-28 November 2001.

From the start of the Nairobi consultation, speakers made it clear that it would aim at a time-bound "Plan of Action" with clear goals, methodology and mechanisms. The resulting Plan of Action—The Ecumenical Response to HIV/AIDS in Africa was the outcome of intensive, open and controversial discussions between churches and related organizations in Africa, church councils, ecumenical partners from different parts of the world, representatives of HIV and AIDS programmes in Africa, People Living With Aids, UNAIDS and others.

The Plan of Action (PoA) is an agreement to:

1. Create a central facilitating point in WCC;

The survey of stakeholders via a questionnaire added an important dimension to understanding the impact of EHAIA. Questionnaire responses provided data on the participants (gender, denomination and type of organization), their interaction with EHAIA (what kind of training they participated in), the impact of their short- and long-term engagement, the numbers of people the participants subsequently reached with information gained through EHAIA and their qualitative assessments of EHAIA's broader impact.

The questionnaire was made available in the three key languages of the regional offices (English, Portuguese and French) and was distributed by email to 60 stakeholders to invite their participation. The limitations of this approach included some participants' lack of access to reliable Internet connections, and their willingness to participate in a survey that may or may not have had direct relevance to their individual work objectives.

A Word document version of the survey was also made available to those who had email access but unreliable Internet connection, and those without any email were able to access it in hard copy providing one of the regional staff facilitated its distribution, collection and return to the researchers.

Thirteen responses were received making the response rate 22%. The small size of the sample did not lend itself to statistical analysis. However, despite the small number of responses, they did indicate the extent to which EHAIA's training may have extended beyond the workshops.

The need to further investigate the extent to which this was the case was one of the reasons behind the decision to collect additional in-depth data from selected churches, partners and theological institutions through field studies in the Democratic Republic of Congo, Lesotho and Tanzania (2011 study).

2. Put in place regional resource support and facilitation for churches, ecumenical organizations and church-related organizations;

3. Ensure national capacity for resource support and facilitation for churches, ecumenical organizations and church-related organizations;

4. Use existing structures of churches, ecumenical organizations and church-related organizations (international, regional and national) wherever possible;

5. Provide technical resource support at key points;

6. Ensure creative communication and networking, making best use of electronic communication;

7. Establish an International Reference Group to accompany the implementation of the plan;

8. Ensure fund-raising channels and mechanisms that maximize ease of access to funding and which take into consideration local limitations and realities.

In February 2002, a small group representing the WCC, the Ecumenical Advocacy Alliance (EAA), Dutch and German partners met in Geneva and finalized the proposal in line with decisions taken at the consultation. With the approval of the WCC Executive Committee, the Ecumenical HIV and AIDS Initiative in Africa (EHAIA) had become a reality. An International Reference Group was set up and the project manager took up his position in April 2002. Guided by the Plan of Action and accompanied by the International Reference Group, he set up the required structures and mechanisms and EHAIA began its work.

Helmut Hess
April 2010

QUANTITATIVE IMPACT OF TRAINING

Number of Events, Participants

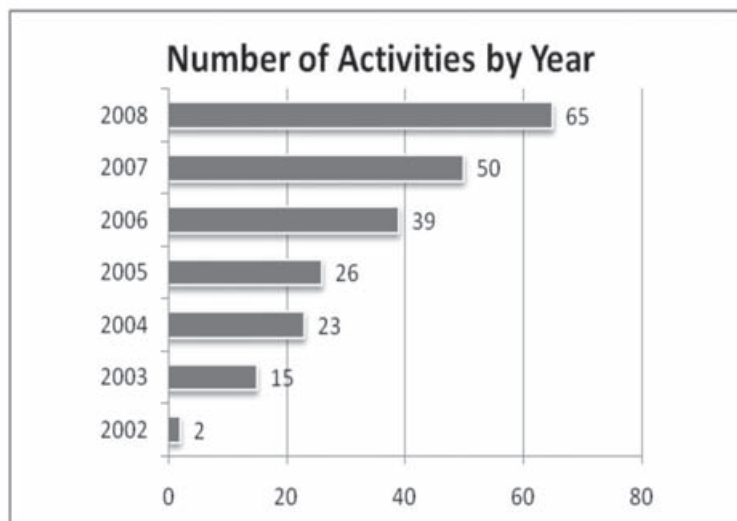
The literature review examined quantitative data from 222 EHAIA training events which took place between 2002 and 2008 and involved 12,082 participants. The data was collected from EHAIA annual reports for 2003-2009. The number of training activities reported increased steadily each year between 2002 and 2008 from 2 in 2002; 15 in 2003; 23 in 2004; 26 in 2005; 39 in 2006; 50 in 2007 to 65 in 2008.

Number of training events	222
Number of participants	12,082

The above figures probably underestimate the total number of training events and participants; two EHAIA staff members alone estimated that they had reached 10,500 people! Assuming that all the regional coordinators reached similar numbers of people, the actual figure could be more than twice that recorded in the literature.

Another important reason for judging that the above figures underestimate the reality is that the information in the annual reports did not always provide comprehensive quantitative data. For example, for 32 training events, the number of participants was not recorded.

Additionally, reporting tended to focus on major events rather than smaller or ad-hoc activities and many of these may not have been recorded in either the regional six-monthly reports or the annual reports.



Regional Data

Geographically speaking, the training events were spread fairly evenly over four regions: 43 in Central Africa, 55 in West Africa, 51 in Eastern Africa, and 57 in Southern Africa. But only two training events were recorded as having taken place in Lusophone Africa.

By Region	Training Events ¹	Participants ²
Southern Africa	57	6,152
Central Africa	43	2,210
Eastern Africa	51	1,391
West Africa	55	2,012
Lusophone Africa	14	497

For the 11,593 participants, the data analysis software was not able to determine whether some attended more than one training event or not.

Among the participants whose gender was recorded, 3,616 were men and 3,037 were women. Gender was not recorded for over one third (4,869) of the participants.

The participants' ages were not often disaggregated, and it was thus assumed that unless otherwise specified, participants were adults aged over 25. While it was estimated that a total of 5,130 participants were adults aged over 25 and that the number of youth recorded was 546, no assumptions were made about the age of a total of 4,640 participants who attended trainings (like national HIV conferences) that targeted a wide range of people or made explicit reference to targeting youth but failed to specify what proportion of the participants were aged under 25.

Southern Africa

Data relating to 57 training events in Southern Africa was analyzed from the annual reports. Seventeen of the workshops included the topic of stigma and discrimination. The role of churches and their leaders in response to HIV was covered in nine workshops. Five workshops looked at contextual Bible study, counselling skills and HIV and AIDS awareness.

The gender of the 6,152 participants was recorded for most of the events: 2,308 men and 2,327 women. A minimum of 164 young people took part in at least nine workshops, although disaggregated data on youth/adult participation was not recorded for 4,471 participants.

The workshops were mainly aimed at church leaders: 405 church leaders (gender not specified), 95 female leaders and 33 leaders living with HIV and AIDS. Participants also included people from prisons/armed services (number not specified) and 120 theological institute lecturers or teachers.

The denominations of the participants included Methodist (60), Evangelical (25), Lutheran (16) and unspecified numbers of representatives from African Independent, Pentecostal and Catholic churches.

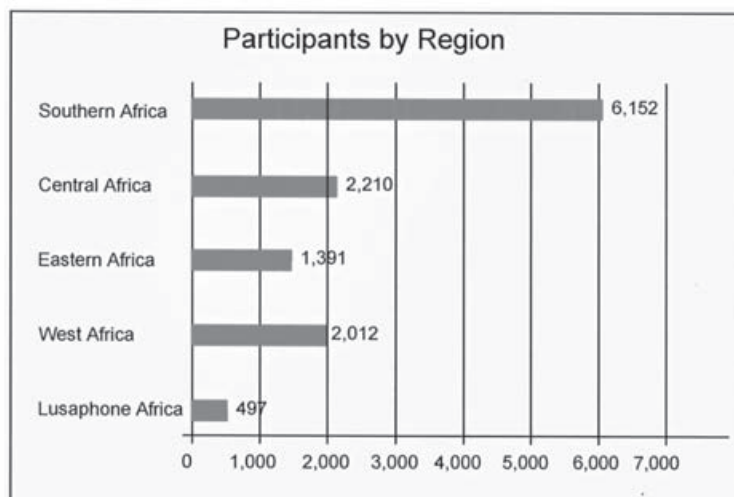
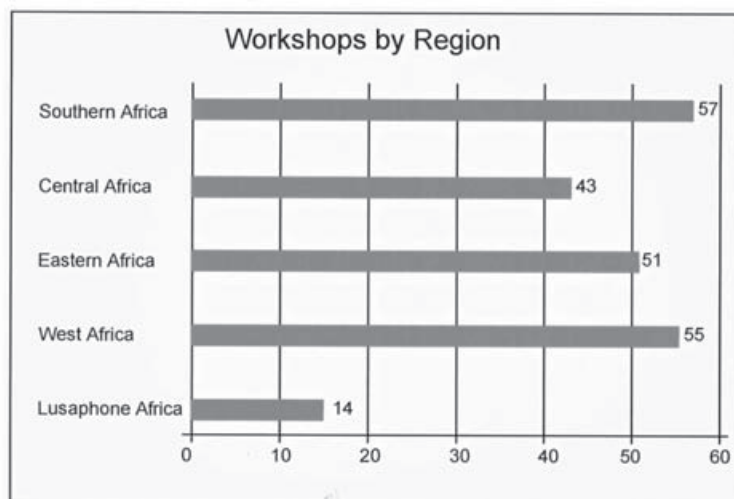
Central Africa

For the French-speaking region of Central Africa, the assessment looked at 43 training events whose most frequent topics were HIV and AIDS awareness (nine workshops), the role of churches/church leaders in the response to HIV (six workshops) and tackling stigma and discrimination (six workshops).

Among the 2,210 people who participated in these workshops, 726 were men, 250 were women; the gender of the remaining 1,234 was not recorded. 227 young people (aged 16-25) attended these workshops.

Among the adult participants, 592 were church leaders (both ordained and lay). This was the largest defined group among the target categories. 24 female church leaders, 18 people living with HIV and 11 theological students also participated. Other participants included government representatives and NGO staff.

Participants represented various Christian denominations, including African Institute Churches and also included Muslims and Baha'i members. As far as Christian denominations were concerned, exact numbers were not always available, but 926 non-denominational or ecumenical Christians, 92 Evangelicals, 137 Lutherans, 17 Catholics and 197 Salvation Army members were recorded.



Eastern Africa

Fifty-one events in Eastern Africa were included in the assessment. The role of churches and church leaders in the response to HIV was the most frequent topic of training (nine workshops). Stigma and discrimination was the focus in seven workshops, and six looked at gender-based violence.

The annual reports recorded the gender of over a third of the 1,391 participants: 217 men and 241 women. Although there were no figures for the number of youth attending, young people took part in at least three workshops.

Almost a third of the adult participants (387) were church leaders. In addition, the participation of 147 female church leaders and five church leaders living with HIV was specifically recorded.

As far as training activities in theological institutions was concerned, participants included 115 teachers or lecturers and 43 theological students. The participants were mainly non-denominational or ecumenical Christians (816), Catholic (124), Pentecostal (123), Anglican (62), Evangelical (59) and Revival (40). Muslims took part in at least one workshop.

Western Africa

Fifty-five workshops in Western Africa were analysed. The 2,012 participants included at least 266 young people, 900 church leaders (gender undefined), 86 female church leaders, 40 Sunday school teachers and 25 church leaders with their spouses.

The recorded denominations of the participants were Christian (925), Methodist (90), Evangelical (72), Pentecostal (69), and Baptist (47). People from other denominations included Anglicans and Catholics and some Muslims also attended (specific data unavailable).

The most frequent topics were stigma and discrimination (16 workshops), youth (seven), counselling skills (seven); and six workshops focused on HIV and AIDS awareness, women and the role of churches and their leaders.

Lusophone Africa

In Portuguese-speaking Africa, fourteen training events were included in this assessment. These workshops recorded the attendance of 497 participants, almost half of whom (215) were Methodists. 165 people were non-denominational or ecumenical Christians, 19 were Evangelicals, nine people were from African Independent churches, nine were Baptists, two were Anglican, two were Pentecostal, two were Presbyterian and a small unrecorded number were Catholics.

The most frequent topics were HIV and AIDS awareness and stigma and discrimination (both included in four of the workshops). Contextual Bible Study, HIV prevention, and the role of churches and their leaders were covered in three of the workshops.

Gender was recorded in only a small proportion of the events; a minimum of 32 young people participated in at least three workshops. A further workshop included 210 women and youth although

the data were not disaggregated. Participants also included 50 people living with HIV, 33 theological students and 22 youth workers.

Training Focus in Relation to EHAIA Themes

The table below shows the numbers and percentages of workshops that included one or more EHAIA theme. Among the 24 categories of training provided by EHAIA, stigma and discrimination was the most frequent focus and was included in 50 (or 24%) of the workshops. The role of churches and their leaders was the next most frequently selected topic (32 or 15% of the workshops), closely followed by HIV and AIDS awareness (28 or 13%). This is hardly surprising—EHAIA’s work is clearly directed at faith leaders with the aim of both increasing and improving their responses to HIV and AIDS.

Alongside this focus is an emphasis on increasing faith leaders’ awareness of HIV and AIDS issues, including fundamental biological facts and social impacts. Ignorance of HIV and AIDS and their impact on people can result in stigmatization of and discrimination against people affected.

Training Focus	%	Count
Stigma & Discrimination	24	50
Role of Churches/ Church Leaders	15	32
HIV & AIDS Awareness	13	28
Gender Awareness	9	20
Sexuality and Sexual Activity	9	20
Contextual Bible Study	9	19
Integrating Theological Curricula	9	18
Sexual & Gender-Based Violence	8	17
HIV Treatment & Care	8	16
Counseling Skills	7	15
Youth	6	13
Women	6	12
Voluntary Counseling & Testing	5	11
Strategic Planning	5	10
HIV Prevention	4	9
Advocacy	4	8
Communication Skills	3	7
Funding & Resource Mobilization	3	7
Ecumenical Approaches	3	6

Addressing Gender-Based Violence



Discussing sex may be awkward or difficult, but for many people discussing sexual violence is strictly taboo. EHAIA has opened the door for religious leaders and communities to address gender-based violence through the use of the contextual Bible study methodology. Put simply, this is the process of using a story from the Bible to initiate discussion and apply analysis to contemporary issues.

Across Africa, EHAIA introduced the story of Tamar (2 Samuel 13:1-22), who was raped by her half-brother, to religious leaders and community members. Bringing attention to the fact that the Bible includes this account immediately legitimized discussion among workshop participants.

Church leaders told EHAIA that sexual violence has never been mentioned by their congregations.

In addition to these three important foundational themes, EHAIA has also promoted discussion of topics that, traditionally, have proved difficult for churches to tackle. Gender awareness, and sexuality and sexual activity, for example, were the main topics at 20 (9%) workshops. Gender workshops focused on both the status of women and on masculinities, while the focus on sexuality and sexual activity helped participants to discuss the issues openly, often for the first time.

The chart below shows 47 trainings that included the topics of gender, sex and sexuality, women and gender-based violence by year. Although the increase in attention to these themes was not uniform from one year to the next, by 2008 over one-third of all (65) workshops were focusing on these topics.

Additional topics not included in the table included drug use, children affected by HIV and AIDS, disability and HIV and exposure visits to programmes.



The reasons for the culture of silence are many. The leaders are complicit because they do not raise the issues themselves, or they make it clear that they will not discuss rape, incest and child molestation, sometimes on the instructions of their hierarchy. As a result, many leaders felt that there were no problems and thought they did not need to learn about sexual violence.

EHAIA carefully facilitates the initiation of church leaders into the realities of people's lives. Spaces are created for leaders to come together with community members. The safe environment often provides opportunities for people to share personal testimonies that have profound impacts on those present. In Chad, religious leaders came to a meeting sure that the issues of sexual violence had nothing to do with them. During the meeting, a young woman revealed that she was born of an incestuous rape of her mother who was then aged 14. The young woman was also living positively with HIV despite the high levels of stigma and discrimination in Chad.

When confronted with the reality and able to use the Bible as a guide, the religious leaders agreed that they should no longer participate in the conspiracy of silence. This workshop achieved what years of advocacy had not: a change in consciousness. The leaders realised that silence is not an indication of the absence of a problem; instead it is a loud, orchestrated denial of a problem which obviously exists in churches and in the communities at large.

Behaviour change does not happen overnight, but the religious leaders and community members who have participated in these workshops have dramatically increased their understanding of complex gender issues and, equally important, been empowered to openly discuss and begin addressing them.

Target Groups

Given EHAIA's remit to increase AIDS competence within churches, it is not surprising that almost half (44%) of the training events were aimed at and reached 2,295 (male and female) church leaders plus another 354 specifically female church leaders and 38 church leaders living with HIV and AIDS. The available data on participant target groups is recorded in the table below.

In addition to the fourteen participant categories, 996 participants were recorded as "other". They included NGO/FBO workers, health staff, university students (who were not theological students, whose age was not defined and who therefore were not included in "youth"), church congregation members, people with disabilities, traditional healers, journalists, government representatives and UN agency representatives.

In total, 456 people took part in Training of Trainers (ToT) workshops. Of the 23 ToT workshops, six were focused on integrating HIV and AIDS into curricula and mainly targeted theological or higher education teachers. HIV and AIDS awareness was included in four of the ToT workshops; stigma and discrimination and contextual Bible study were both included in three; the role of church leaders and

Target Groups	% of workshops	# of workshops	# of participants
Church Leaders/Pastors/Lay Leaders	44%	89	2,295
Youth	16%	32	634
Trainers (Training of Trainers–TOT)	11%	23	456
Women Pastors/Church Leaders	10%	21	354
Theological & Higher Education Teachers/Lecturers	9%	17	244
Women	8%	16	243
Youth Workers	4%	8	107
Theological Students	3%	6	87
People Living with HIV & AIDS	3%	6	78
Church Leaders & Spouses	3%	5	57
Sunday School Teachers	2%	3	40
HIV-Positive Church Leaders	4%	8	38
Wives/Spouses of Church Leaders	1%	2	n/a
Prison/Armed Service Staff	>1%	1	n/a

gender were included in two. The remaining ToT workshops focused on advocacy; communication skills; counselling skills; sexuality and sexual activity; stigma and discrimination; strategic planning; and youth.

Although one training event specifically targeted prisons/armed services staff and two were designed for wives and spouses of church leaders (as opposed to church leaders and their spouses), specific statistical data relating to these participants was not available.

Disaggregated information about a large number (6,412) of participants was not recorded, partly because some of the events were large-scale ones organized by other organizations such as the Third National AIDS Conference in South Africa, where the regional coordinator estimated he had reached 4,000 people.

Theological Institutions

Twenty-seven workshops explicitly targeted or included people from theological institutions, and eighteen recorded working with 145 different institutions.

The main purpose of working with theological institutions is to encourage and help them to integrate EHAIA's HIV and AIDS curriculum into their own theological curricula. Workshops often conclude with commitments or action plans to do so, but the process can take time. Monitoring whether institutions have actually implemented the HIV and AIDS curriculum thus necessarily takes place at a later date. However, despite the time delay and the challenge of following all these institutions up to monitor progress, the annual reports noted positive confirmations from 15 theological institutions.

In 2003, the Protestant University in the Democratic Republic of Congo (DRC) integrated the HIV and AIDS curriculum into their programme as a separate unit. Ten theological institutions in **Central Africa** also integrated it into their own curricula, and the regional coordinator hosted a 2006 conference in Kinshasa on the process in collaboration with the DRC National Interfaith Platform (Conseil Interconfessionnel de lutte contre le VIH et le SIDA) and UNAIDS. In a later (2008) workshop for nine DRC theological institutions including an Islamic university, two participating institutions confirmed that they had formally mainstreamed the HIV and AIDS curriculum. The outcome of a three-day workshop in Lubumbashi, DRC, the same year was the official integration of an HIV module (15-hour course) into the curriculum of the Institut d'Apprentissage et de Formation Théologique Appliquée.

In **Eastern Africa**, nine students from the Evangelical Graduate School of Theology in Ethiopia took part in a 2008 follow-up workshop to adapt the HIV and AIDS modules for their institutions. This workshop was also attended by 21 theologians, although it is not clear whether all were also from the same school or from more than one institution. St Paul's University in Limuru, Kenya; participated in the survey of stakeholders and its theological faculty was among the first in the region to participate to develop the HIV and AIDS curriculum itself. St Paul's integrated the EHAIA curriculum into its main curriculum and later introduced a postgraduate diploma and MA in (Pastoral Care) HIV and AIDS. Part of the course requires students to work within the community through groups of people infected and or affected by HIV.

In **Southern Africa**, the National University of Lesotho successfully developed and implemented a Diploma course in pastoral care and counseling in 2005. Then it developed a course at degree level.

These courses attracted more students than any other in the faculty of humanities. Many government and non-governmental institutions sponsored students to attend the course. To date (2011) three batches totaling 205 students have graduated. Other schools of theology at Morija, ABC, Kasalis and some mission schools are now offering the same course in their institutions.

This assessment thus noted a total of 16 theological institutions that confirmed their integration of the EHAIA curriculum into their own programmes. This number represents only 11% of the (minimum of) 145 institutions that participated in the training. However, the figure is likely to be an underestimation. Given the importance and difficulties of follow-up and the fact that even if they were able to do it, EHAIA regional staff did not necessarily record their findings in the annual reports, the figure is likely to be higher.

Churches and HIV Workplace Policies

The survey of annual reports recorded 113 different churches or faith-based organizations with which EHAIA had worked. Among the explicitly named churches, 20 were WCC members and 61 were non-members. A full list of the identified WCC member and non-member churches is available in Appendix I.

The survey found nine specific accounts of training and capacity-building related to the development of HIV workplace policies in churches and other religious bodies. The training was usually part of a process of introducing policies and guidance on how to write and adapt them to specific church or national contexts.

Among these reports, one confirmed the introduction of an HIV workplace policy for the Christian Council of Togo. However, key partners surveyed confirmed that they had introduced an HIV workplace policy as a result of EHAIA training in a further five organizations not mentioned in the annual reports. This demonstrates that EHAIA's training had considerable impact, yet that it was difficult to detect without committing extensive resources to monitoring. A further seven organizations were reported to be developing their HIV workplace policies with the support of EHAIA, although full implementation had yet to be confirmed.

Participants' Denominations

The survey of the quantitative data on trainings and workshops investigated the proportion of events that included a range of denominations as well as the number of participants per denomination where this was recorded. In many cases, the denomination(s) were mentioned but actual numbers per denomination were not always disaggregated. The table below displays available data on participants' denominations related to the percentage and number of workshops in which they took part and the percentage and number of participants by denomination where data was available.

The dearth of statistical data in this area was a handicap. For example, at least six workshops included Muslim participants, but the specific number of participants for these workshops was either not disag-

Denomination	% and # of workshops		% and # of participants	
Adventist	1%	2	–	–
African Independent	3%	7	0.1%	9
Anglican	3%	6	0.5%	64
Baha'i	1%	1	–	–
Christian (Ecumenical)	57%	123	35%	4,273
Evangelical	10%	22	2.3%	267
Indigenous/Traditional Faith Leaders	1%	1	–	–
Islamic	3%	6	–	–
Kimbanguist	1%	1	–	–
Lutheran	3%	7	1%	153
Methodist	6%	12	3%	365
Pentecostal	8%	18	2%	194
Presbyterian	2%	5	0.2%	27
Revival	1%	2	0.3%	40
Roman Catholic	7%	15	1.2%	144
Salvation Army	1%	3	1.7%	197
Unspecified	22%	47	51%	6,044
Total		286		11,845

gregated regarding denomination, or no figures were given at all. Similarly, indigenous/traditional faith leaders attended at least seven workshops, but the number of participants appears as zero because exact data were not available. 123 workshops were categorized as ecumenical or “Christian” and denominations were only occasionally explicitly listed. The research did not assume that the 6,044 participants whose denomination was unspecified in the annual reports were Christian although many may have been, and it recognized that secular participants were also included in this category.

The research was particularly keen to identify the frequency of Catholic and Pentecostal participation since members of these two churches had previously been under-represented in EHAIA programme activities. From the data available, it appeared that 15 workshops explicitly included 144 participants from Catholic churches. Most other workshops were ecumenical or interfaith whose denominational data were not disaggregated. Thus the number of 144 recorded Catholic participants is probably another underestimation. Three workshops were organized exclusively with Catholic participants. And while eighteen workshops explicitly recorded 194 participants from Pentecostal churches, this figure is again an underestimation since data from ecumenical workshops were not always disaggregated. Two ecumenical workshops had no quantitative data associated with them at all.

Interfaith activities were also of interest, and at least six workshops included Muslim participants. A total of 468 people took part in these workshops, but there is no quantitative data regarding the numbers of Muslim participants. Similarly, one workshop included Baha'i participants and seven included participants from African Independent Churches.

The Ongoing Impact of EHAIA Training

The survey questions sought to ascertain whether the impact of EHAIA's training extended beyond the workshops coordinated by the regional staff. The respondents confirmed that they used the information gained through EHAIA trainings to inform others.

Many worked with modest numbers of people directly, such as the youth officer of the Salvation Army in DRC who trained 80 people after attending EHAIA training on gender and sexuality, AIDS awareness, HIV prevention and stigma and discrimination. Others achieved much greater reach: the programme coordinator at the Council of Anglican Provinces of Africa and his fourteen colleagues used information gained through EHAIA training to reach 150,000 people starting in 2006. The form of this outreach included speaking at churches and cathedrals as well as at training events.

NetACT, an ecumenical network in South Africa, was introduced to EHAIA in 2009 and reached 927 people with training gained through EHAIA. Among the 13 partners who responded through the online survey, the total number of people they recorded reaching was 154,000.

Impact of EHAIA Publications and Website

The feedback from stakeholders consistently cited EHAIA's publications as being of extremely high quality, in particular for their ability to cover a wide range of issues; their quality helped to make EHAIA's impact unique. The theological analysis provided in the resources was greatly appreciated, and EHAIA was one of the few organizations that distributed its materials free of charge. This undoubtedly helped to increase readership. For example, PPAAT (Public Personalities against AIDS Trust) in Zimbabwe distributed EHAIA resources—including more than 1000 EHAIA books to over 700 school children from rural schools—at the 2009 Zimbabwe International Book Fair.

Title of Resource	Cited by # of Respondents
<i>Mainstreaming HIV and AIDS in the Theological Education: Experience and Explorations</i> (by Ezra Chitando)	8
<i>Beacons of Hope: HIV-Competent Churches—A Framework for Action</i> (by Sue Parry)	6
<i>Facing AIDS: Education in the Context of Vulnerability</i> (1999 WCC)	6
<i>Living with Hope: African Churches and HIV/AIDS 1</i> (2007 WCC)	5
<i>Africa Praying: A Handbook on HIV/AIDS-Sensitive Sermon Guidelines and Liturgy</i> (2003)	5
<i>Responses of Faith-Based Organizations to HIV/AIDS in Sub-Saharan Africa</i> (2003)	5
<i>Acting in Hope: African Churches and HIV/AIDS 2</i> (2007 WCC)	4
<i>Resource Material for Churches and Communities</i> (2006, CD-ROM)	5
<i>HIV and AIDS Curriculum for Theological Education by Extension in Africa & 10 HIV and AIDS Modules</i> (2007)	4
<i>Learning about HIV and AIDS: A Manual for Pastors and Teachers</i> (2006)	4
<i>AIDS-Related Stigma—Thinking Outside the Box: The Theological Challenge</i> (2005)	4
<i>Listening with Love</i> (2005)	4
<i>HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Programmes</i> (2003)	4
<i>Love in a Time of AIDS: Women, Health and the Challenge of HIV</i> (1995 WCC)	4

A full list of publications and the survey respondents' use of them is available in Appendix III.

In addition to surveying stakeholders on their use of EHAIA publications (and key WCC publications that EHAIA distributed), an Internet search on the resource titles gave an indication of where they were additionally available or promoted. For example, the search on *Responses of the Faith-Based Organizations to HIV/AIDS in Sub-Saharan Africa* by Sue Parry (2003) returned over 150 results; the publication was listed or referenced on the websites of NGOs, Faith-based Organizations (FBOs), UN agencies and universities.

Publications like *Facing AIDS: Education in the Context of Vulnerability* (WCC) have been available since 1999 and *Facing AIDS* was cited as a key resource on the website of UNICEF, Christian Connections for International Health, Quakers Canada and Camden Theological Library. EHAIA's 2006 resource *Learning about HIV and AIDS: A Manual for Pastors and Teachers* was listed on the website of Tangaza College Library (Kenya) and on the Tearfund International Learning Zone (online resource site).

From the interviews and surveys with key stakeholders, the quality and accessibility of EHAIA's resources were consistently cited as an organizational strength. The materials equipped their users with practical tools to deal with sensitive and crucial issues related to HIV including sexuality, gender-based violence and theological approaches to responding to AIDS.

Among the stakeholders surveyed, nearly all were aware of EHAIA's website and visited it to access materials. Only one person reported not being aware of the website.

QUALITATIVE IMPACT OF EHAIA'S WORK

The 2010 study interviews with members of both staff and of the International Reference Group and the survey of stakeholders via a questionnaire were opportunities to gather information about the qualitative impact of EHAIA's work. An effort was made to identify any significant changes that could reasonably be attributed to EHAIA's interventions as well as what made EHAIA unique and contributed to its influence among its many stakeholders.

The in-depth data collected on projects and case studies drawn from the additional 2011 field studies in the DRC, Lesotho, Tanzania and Madagascar (2010) provided further evidence of significant qualitative changes.

Special Achievements and Innovative work

Mainstreaming of HIV and AIDS into the Curricula of Theological Institutions

One outcome of the work with theological institutions was a number of initiatives to mainstream HIV and AIDS into their curricula. Some initiatives with long-lasting implications were implemented almost immediately. For example, the theological faculty at St Paul's University in Limuru, Kenya, was among the first in East Africa to participate in HIV curriculum development. The faculty integrated HIV and AIDS into its main curriculum and later introduced a Postgraduate Diploma and MA in Community Pastoral Care and HIV and AIDS in which students worked within the community with grassroots groups of people infected and/or affected with HIV. As a result, the graduates became more open to discussing HIV and gender-based violence, and St Paul's reported that the new course had attracted many additional students.

In Central Africa, the Christian University of Kinshasa in 2008 integrated HIV and AIDS modules into some of its courses on Old Testament and New Testament exegesis, systematic theology, evangelism, practical theology and missions. There was a challenge to hold a workshop to link pastors with theological institutions, and EHAIA came to the assistance of the university. Students as well as lecturers undertook research on HIV and AIDS and the churches' response. Theology students began writing and defending their theses on HIV and AIDS—a development echoed by other theological institutions in the DRC.

In Southern Africa, the Association of Lesotho Theologians (ALET) was formed as a result of a Training of Trainers (ToT) workshop on integrating HIV and AIDS into theological curricula. The association embraced the issue of “transformative masculinities” to increase dialogue and action around men as part of the solution to the pandemic. It also mainstreamed HIV and AIDS into the theological curriculum at the National University of Lesotho.

ALET's membership is broad, inclusive and very ecumenical. It has different levels of membership so that non-academic pastors do not feel intimidated or excluded. It has provided a platform and space

for ecumenical debate and discussion on issues of HIV. And most importantly, it is locally owned and driven. Research on theology and HIV is now part of its remit, and it continues to develop this area of work.

Out of ALET emerged a journal on HIV issues specific to Lesotho. LeJot has been sent to theological institutions in other countries as a resource material and has been well received. As an independent entity, ALET can speak for theologians in Lesotho. It has been invited to join the Council of Churches of Lesotho (CCL) and is recognized by the government and UN agencies as a voice of the religious leadership in Lesotho.

Background information on how ALET came into being reveals the efforts behind this significant achievement: when EHAIA first started work in Lesotho, it sought to awaken people to the reality of HIV and the issues surrounding it, the seriousness of the situation in their country and the role, responsibility and opportunity for the church to respond. Church leaders showed interest and gratitude, but much remained to be done to move on to action and to disentangle the deep-rooted cultural obstacles to change.

Subsequent follow-up by EHAIA sought to build on what had already been covered, deepen knowledge and respond to expressed needs and requests. EHAIA sought to contextualize the trainings as much as possible, involving local doctors, UNAIDS, NAC, CCL and theologians to share on issues of culture, introduce reading of the Bible in the era of HIV and provide accurate up-to-date statistics and information. People living with HIV were brought in to share testimony and give a human face to the statistics.

It took a considerable amount of encouragement, sensitivity and patience to coax the process along, always seeking to empower those who showed most conviction and commitment. EHAIA was commended “for not giving up when so many others would have done so”.

Deepening the Theological Understanding of HIV and AIDS

Many people participating in the impact assessment study emphasized that EHAIA had made a significant contribution to the theology of HIV and AIDS. EHAIA theological publications were instrumental in creating dialogue where previously there was none or very little. Further, mainstreaming the HIV curriculum into a number of theological institutions and faculties did much to create discussion and lift taboos around sex and sexuality among student and ordained religious leaders.

The Contextual Bible Study methodology used by EHAIA was a simple and yet highly effective tool for raising challenging issues among community members and religious leaders. The Bible is a resource for many Christians, and EHAIA helped people to read it through the lens of HIV. Bringing the story of Tamar to workshop participants had profound effects—the fact that the Bible includes a story about sexual violence instantly removed the barriers to discussing the issue. Facilitating analysis of people’s actions in the story further allowed participants to recognize the issues in their own contexts and simultaneously enabled them to understand how to interpret stories in the Bible in relation to contemporary life.

Six national EHAIA workshops on the theology of compassion for those living with HIV and AIDS were held in Madagascar between 2005 and 2009; 546 participants from 32 denominations—including church officials, those involved in education of young people, journalists and radio programme producers—attended these workshops. Participants’ comments pointed to changes in the theological understanding of HIV and AIDS gained from these workshops. One member of a women’s group who participated in the 2006 workshop noted, for example, that “An HIV+ African pastor gave his testimony to the Malagasies and to churches full of people who do not believe in this disease, but especially to those people who make harsh judgments about those who are living with the AIDS virus.” In Lesotho, hearing about a theology of compassion in relation to HIV and AIDS as well as about positive masculinities encouraged new attitudes. “Many have seen and been instrumental in their church’s abandonment of a ‘holier than thou’ attitude,” the Lesotho field study noted.

As a Roman Catholic theologian from the DRC aptly put it, “EHAIA helped us to demystify theology in the context of HIV, to get rid of theology that people living with HIV are lost. EHAIA helped us to build a theology of love, solidarity and suffering.”

Multifaith Approach

EHAIA’s multifaith theological approach was also an important strength. Using this approach, the Initiative was able to work with faith leaders in countries including those where WCC has less presence, such as Chad and the Central African Republic. In this way, EHAIA was able to act as a catalyst for interfaith responses to HIV and AIDS as well as interfaith dialogue and common action in general while simultaneously increasing the visibility of the WCC.

The DRC field impact study describes efforts to found a theologians’ association, comprised of Catholics, Protestants, Salvation Army, Orthodox, Independent, Revival and Kimbanguist churches and the Muslim community of Congo. At the time of writing (early 2011), the association’s constitution had been approved and was to be submitted to the leaders of the main faith-based organizations.

Also cited in the DRC field study is the Imam from the Islamic University who recalled that “During the ‘Candle Lighting’ at the 2008 workshop, when we were asked to think about people affected or who had died from AIDS, I remembered my

The Building of a Robust Ecumenical space for Collaboration: Partnership with the Circle of Concerned African Women Theologians



The Circle of Concerned African Women Theologians was formed in 1989 by 70 women. The Circle currently has approximately 600 members—women rooted in Islam, Christianity, Judaism and African Indigenous Religions. It promotes research and publishes theological literature by women theologians. The Circle had already completed significant work related to theological reflection on violence against women when EHAIA was formed in 2002. It became interested in EHAIA’s work because African women realised that HIV particularly affects them and they saw a need to be actively involved in the response. The Circle saw EHAIA as a partner they could work with to fight against HIV.

mother who died of AIDS. I was moved to act. In my work as an Imam, I challenge Muslims not to think of HIV as sin. It leads to stigma and discrimination—a chain that must be broken.”

Testimony from Jehovah’s Witnesses in the DRC provides yet another example of EHAIA’s multifaith approach. After hearing about EHAIA activities, denomination leaders participated in EHAIA-related workshops.

After attending a workshop on transformative masculinities, a Jehovah’s Witness explained that “EHAIA helped us to become known and visible. Our current partners are National AIDS Programme, AIDS Council, GTZ, UNFPA and UNICEF. Silence is broken. Where people living with HIV were considered as more or less dead, they are now treated with compassion and accepted in their families and communities.

Incidence of HIV as well as teen pregnancies is reduced with distribution of condoms in the academic institutions. Each church seeks to create space to speak on HIV. The church accepts the use of condoms in family planning and in prevention.”

Free Distribution of High-Quality Publications

On a practical level, EHAIA distributes its materials completely free of charge. This is unusual; many organizations engaged in raising awareness and distributing information about HIV and AIDS request some payment for their publications, even if this is no more than a token amount. By committing to share its resources for free, EHAIA ensures that no one is excluded from accessing them.

The high quality of the resources was consistently cited as a major asset and strength of EHAIA. The publications had an effect on those who read them personally and motivated people to use them with others, especially in churches and with faith-based groups.

The Rossignol de Sion music group in the DRC, for example, used messages drawn from EHAIA publications in composing the lyrics for its music. One of the group’s recordings explained how HIV is contracted and transmitted and another was entitled “The Church is HIV+”. The group gave popular performances in the Lingala language with one-on-one counseling after the performances.

There were important mutual benefits of collaboration. The two organizations worked closely together to publish materials such as Africa Praying and the Theology Manual on HIV. They continue to cooperate by choosing topics of common interest and presenting discussion papers in shared forums to influence each other’s thinking. This multifaith collaboration has enhanced the quality of EHAIA’s materials and theological evolution. The partnership has also paid dividends to the Circle: despite being educated and respected women theologians, members of the Circle found that their access to their churches was as congregation members while their influence of hierarchies was limited. Linking with EHAIA, the Circle could distribute its theological reflections and information at a much higher level in church structures.

The Circle takes its relationship with EHAIA seriously. One of the Circle members sits on the EHAIA International Reference Group and uses each EHAIA meeting as an opportunity to gather Circle members in the country of the meeting to keep EHAIA and the Circle mutually informed and linked through EHAIA projects.

“The books and documents distributed during the training sessions played a major role in increasing people’s knowledge through youth groups within the churches,” said a pastor in Madagascar’s Eglise adventiste du Septième Jour. “The literature distributed allowed us to organize a day of reflection on HIV and AIDS, stigmatization and discrimination in each suburb with groups of women, men and young people,” reported a pastor of the Eglise épiscopale Malagasy. “The books and publications that we have received have been beneficial to our teaching. They are particularly useful for the fourth-year students who will be the future pastors assigned to the 36 synods on the island,” explained a pastor from the FJKM Mahafaly Madagascar Church.

Such comments were frequently reported in the field studies and it was observed that, in general, “The literature developed so far addresses issues which had been either ignored or taken for granted... What had been learnt in theology in the past had not addressed: human sexuality, gender, culture or the fast-disintegrating society in the wake of the pandemic. EHAIA publications are addressing these issues as practically as possible. African theology has been revisited and revitalized. The church leadership can answer questions from youth, women, and various other publics. ...In various seminars where these publications are distributed, many pastors take advantage, read them and use the materials for preparation of their own teaching materials. There are a number of very practical materials produced for use in the churches and institutions and in some cases reduced to easy-to-read posters.”

Progress against Objectives

EHAIA’s stated purpose is to reinforce the HIV and AIDS competence of African churches and theological institutions. Reflection on this goal led the WCC and its partners to articulate a number of specific objectives for EHAIA as essential building blocks toward attaining the overall goal.

Objective 1: The teaching and practice of churches indicate clearly that “stigma and discrimination against People Living with HIV is sin and against the will of God.”

Impact against Objective 1 was mentioned by several stakeholders. For example, at an EHAIA workshop for church members of the Entente des Eglises et Missions Evangéliques du Tchad (EEMET) held in N’Djamena, Chad, in 2005 and a follow-up workshop in 2006, monitoring of the entrance tests of both workshops showed increased knowledge: 60% of the participants in the first workshop considered HIV a punishment for sinners whereas only 15% of participants in the second workshop held the same view. Participants’ statements showed (positive) changed relations with children and spouses after the first workshop. From survey participants, there was anecdotal evidence: “Today, the stigma and discrimination in my church has declined while people living with HIV are accepted in the community.”

The field impact study in Lesotho offered the following evidence on stigma reduction: “Participants in the January 2011 evaluation workshop in Maseru reflected on their ten-year experience in HIV and AIDS since 2002 when EHAIA began work in Lesotho. They stated that they had begun very negatively, regarding HIV and AIDS as a curse and punishment from God and a disease of sinners—prostitutes and promiscuous people

The African Network of Religious Leaders Living with HIV (ANERELA+)

From its inception, EHAIA has ensured the meaningful involvement of people living with HIV. Canon Gideon Byamugisha, who later became one of the founding members of ANERELA+, was a keynote speaker at EHAIA’s formation in

brought into the country by foreigners. Fear, stigmatization, rejection and condemnation of the victim were the order of the day.

“The story of Shanka is typical of the earlier period. Shanka, an elderly member of a local church, fell sick and was soon bedridden. She received hardly any care from her husband, relatives or even the church. Finally, she died. The cause was not disclosed, although rumours had spread that she was suffering from the deadly new punishment disease of loose people. Later, Shanka’s husband got sick. He did not want to be supported by the church. He soon died.

“These attitudes brought frustrations and confusion among people, separation within families, church and society at large. This led to further divisions, hatred and divorce.

“Gradually change came about. Training in workshops, seminars, meetings and conferences coupled with the bare fact that the people who were dying were friends, relatives and colleagues led to revisiting theologies which regard God as compassionate and the only judge.

“The Church of Yesterday (CY) story is another typical case. The Church had a new department started by one of its pastors, Rev Ikunda. Each time he addressed the general Church Conference on HIV and AIDS, his colleagues walked out. For the next conference, he invited a guest speaker who encouraged members of the church living with HIV and AIDS to stand up for support. About 20% of the congregation stood up. At the next Executive Council meeting, Rev. Ikunda encouraged the participants to go for testing. 99% of the pastors went. A revolution had taken place. The pulpit messages have since then changed from condemning to encouraging.”

Individual remarks cited in the field impact studies were also revealing. Among them, this testimony from the DRC: “To speak from the pulpit on HIV was not easy, but now over 60% of the church leaders do it. Sexual taboos were broken.

2001 and has collaborated closely with EHAIA ever since by speaking at high-profile EHAIA events, contributing to the development of materials including the theological curriculum and participating in training theological institutions.



Canon Gideon Byamugisha

EHAIA provided funding and a platform for the formation of ANERELA+ which is a unique network of religious leaders living with HIV. Such a network could have been sidelined or dismissed by the HIV sector or by other religious leaders, but EHAIA affirmed its importance, thus paving the way for ANERELA’s success. From its start with 42 religious leaders living with HIV in 2003, the network now has more than 3,500 members in 18 countries across Africa.

EHAIA also supported the formation and development of national networks of religious leaders living with HIV such as KENERELA+ (Kenya) and MANERELA+ (Malawi). As a result, these networks are now known and appreciated in their countries.

Their use of EHAIA materials has increased their credibility, resulting in greater support from governments and stronger partnerships with other actors in the HIV response, all contributing to the acceleration of reducing stigma and discrimination.

As a result of EHAIA’s efforts, Kenyan Anglican Archbishop Benjamin Nzimbi in 2006 made the first public apology by a religious leader in the region for stigmatizing people living with HIV. The apology had a profound effect on religious leaders and people living with HIV. As a result and despite having experienced extreme rejection by the church in the past, people like Kenyan Bishop Okombo were encouraged to become much more open about their HIV status.

“In cities, breaking the silence is easier than in rural areas. One must know the language to use or people will not attend church because of offense. Today, men and women speak freely in the local language. Pastors and laity can both speak on HIV from the pulpit. The Evangelical Church of Kwango now has an HIV School where church leaders talk about HIV 52 Sundays a year.”

Or from Madagascar: “I realized that some of my friends were HIV+ and also that anyone can be struck down by this disease. The seminar also had an impact on my own life; I can say that it has changed many things for me, especially my own view of people affected by the virus. Now I understand that these people need my support.” (Young member of the FMTA Mission).

“Beforehand, like the man in the street, I had thought that this disease was a problem only of people who committed adultery or who led a rather impure life. But later, after the training workshop, I realized that anyone can be affected by this disease and that, moreover, you may not be aware that you are already carrying the virus” (Radio Fahazavana programme producer).

Objective 2: Churches, their leaders, members and ecumenical partners have a full understanding of the severity and challenges of the HIV and AIDS pandemic in Africa, with special attention to human sexuality, gender, culture, sexual violence and violence against women and children.

And “At the start, the Lutheran Church’s position was problematic. The majority of our worshippers considered that people with AIDS were adulterers and bad people involved in prostitution. In the end, the church’s task is to put right the belief that AIDS is not only transmitted by adulterous acts but can be passed on in other ways.” (Malagasy Lutheran Church pastor).

Objective 2 was cited by the highest number of stakeholders and survey participants as having been attained. EHAIA achieved progress against this objective in a number of ways. The training and materials it provided were very effective. But stakeholders also commented on the way that EHAIA organized itself, communicated its agenda to partners and mapped out its target audiences. Staff ensured that their interactions in each context were culturally relevant. EHAIA staff worked as mobilizers rather than implementers, which meant that they were able to harmonize the efforts of multiple organizations through increasing cooperation.

One church stakeholder reported noticing increased awareness of gender-based violence because of the Tamar campaign, which helped to demystify sexual violence and allowed people to talk about rape and other forms of gender-based violence. The survey participant reported attending three church services in December 2009 to talk about gender-based violence; in each, men and women stood up to say they had been violated or had participated in covering up sexual violence. The fact that they could voice their experiences in public was a significant indicator that the cultural taboo of silence around the issues was diminishing.

There were many similar stories from stakeholders and EHAIA staff members about the increasing numbers of church leaders who had accepted the severity of HIV and were now willing to openly discuss sexual and gender issues in their churches.

In Tanzania for example, EHAIA in collaboration with the YWCA conducted seminars for Evangelical Lutheran Church of Tanzania (ELCT) church leaders and pastors using Contextual Bible Studies (CBS). HIV and AIDS subsequently became not only a pulpit issue but a subject often discussed in the church, sometimes under the leadership of invited experts. For two years running, the ELCT used CBS on 2 Samuel 13 in a special Sunday service in all its congregations as a response to gender-based violence.

The field impact study in Tanzania provided the following accounts of this lifting of barriers of silence within the church:

“At times the entire congregation is involved. Often the congregation is divided into groups of youth and adults or men and women. Human sexuality, gender-based violence, medical facts about AIDS, socioeconomic implications and compassionate care are widely taught and discussed.”

“A pastor in Arusha town told seminar participants that rape exists in married couples despite their marriages having been consecrated in church. The seminar was conducted using Contextual Bible study. A newly married young man came forward and said that after hearing the story of Tamar, he wondered how many times he had been raping his wife. A woman participant said the words of the pastor gave her courage to continue fighting this injustice to married women.”

“339 participants, among them 74 widows, attended a seminar for married couples and widows on the theme “Be careful - HIV is here and present within us”. At the end of the seminar, the couples were asked to talk to each other privately and share the good and bad things they had done in their married life. The conference hall roared with tears and laughter with all asking for mercy from the bad things they had done and requesting reconciliation. But at midnight, a couple called the pastor: the husband had asked his wife for forgiveness for having fathered a child with his half-sister. The wife’s condition was that he make his confession before the pastor. They were called to the church office, were reconciled by the pastor and at the end committed their lives to Christ. The child and mother are now being supported by family relatives, the church and the community.”

In the DRC, “the RERAC (Revivalist) Church could not speak on or participate in HIV programmes. Today, they speak and are extending their field of influence at the grassroots level. 680 pastors, comprising 80% of the clergy, are now speaking openly on HIV and the use of condoms. 53 pastors went for testing. Among them, 16 were found to be HIV- positive. As a result, 14 post-test clubs were started. 512 members have been trained in Voluntary Testing and Counselling, while pastoral care has been extended to 200 people living with HIV and AIDS.”

A pastor in the Malagasy Lutheran Church admitted that “Being a pastor, at the start, I knew almost nothing about AIDS. I didn’t even believe this disease existed. Following the training about HIV and AIDS, I am convinced I must share my knowledge with others.” And a journalist with Madagascar’s Radio Fahazavana reported that “I found the training on HIV and AIDS was very comprehensive because there were medical specialists who gave basic knowledge on the virus and methods of trans-

mission. Also, on the spiritual level, this training about HIV and AIDS was unique as there were biblical studies offered which led to the strengthening of faith. This is of great importance to us at Radio Fahazavana as we aim at the holistic development of the individual, that is to say, of the mind, the soul and the body.”

Objective 3: Churches in Africa reach out and respond to collaborative efforts, reinforcing efforts where they already exist in the field of HIV and AIDS.

Impact against Objective 3 was mentioned by several stakeholders. EHAIA’s role as a catalyst for bringing diverse churches together was mentioned repeatedly by participants in this assessment. An example from Central Africa showed that church leaders were able to unite forces in Cameroon, Congo/Brazzaville and the DRC. In Cameroon, six mainstream churches, namely, the Cameroon Baptist Convention, the Presbyterian Church of Cameroon, Anglicans, Methodists, the Evangelical Church of Cameroon and Catholics came together to form the Christian HIV Initiative in Cameroon (CHIC) in order to tackle HIV. The Evangelical Church in Tanzania works hand in hand with The Tanzania Commission of AIDS (TACAIDS) and the National AIDS Control Program (NACP).

In Congo/Brazzaville, the Coordination de la Réponse Commune des Confessions religieuses du Congo/Brazzaville face au VIH et au SIDA (COREC) was created as an outcome of firm commitments by mainstream churches, Muslims and other faith groups to tackle HIV. In the DRC, the Catholic, Protestant, Kimbanguist, Salvation Army, Orthodox, Revival and African Independent churches formed the Conseil Interconfessionnel de Lutte contre le SIDA (CIC). These interfaith and interdenominational platforms were formed with EHAIA input and support.

Empowerment of women pastors and clergy

EHAIA’s team in Madagascar consists largely of women pastors. Whilst they are trained or ordained, most women are not assigned a parish. This means that their skills and time can be under-utilised. EHAIA’s Southern Africa coordinator recognized the potential of this group and invited them to participate in HIV and AIDS training. As a result, these women pastors embraced the issues and committed themselves to responding. They now have a mission and an identity: the whole island is their parish. By skilling up this team, faith-based responses to HIV in Madagascar are not solely reliant on EHAIA’s regional coordinator but can turn to the EHAIA in-country resource team.

EHAIA’s work to empower women pastors included concerted efforts to bring people together at regional levels. 48 women clergy, pastors and theologians from Protestant and Catholic Churches in East Africa participated in a regional workshop in Kenya in 2008. The meeting aimed to consolidate efforts to respond to HIV and AIDS by emphasizing elements of service, self-commitment and visionary leadership. After five days of intensive sessions, the participants declared the creation of the Africa Clergy Women, Pastors and Theologians Network. Under the clarion call We Need Each Other, participants agreed that the network would address empowerment, networking, nurturing HIV and AIDS intervention activities.

A woman participant in a 2006 EHAIA workshop in Madagascar commented on the benefits of collaboration on HIV and AIDS in simple terms: “It was truly important that the different churches and groups collaborated, that there were no distinctions between the different denominations. This allowed us to make new acquaintances and to cause the distance between these entities to disappear. That contributed to the opening up of the churches and made easier the carrying out of the work within those

churches.” The Madagascar field impact study found that “the collaborative efforts between traditional, charismatic and evangelical churches in joining hands and working together in the fight against HIV as a result of EHAIA activities encouraged the churches to commit themselves strongly to the fight against HIV.”

Another example of churches collaborating with other efforts in HIV and AIDS (mentioned below under the heading of “Multiplier Effects”) was that of the Association of Lesotho Theologians (ALET) with the state Correctional Services, armed services, radio and television and the National AIDS Commission.

In reference to a 2008 national EHAIA workshop on “Transformative Masculinities” organized by ALET, the Lesotho field impact study cites the following comment: “We had a very successful conference... The quality and networking is what mattered most. Already, the Correctional Services’ second-in-command has shown appreciation by inviting us to hold similar exercise for their top management first and then inmates. A representative from the armed forces has expressed similar interest. We have been mandated to organize similar conferences in the districts, after which a rally or demonstration can be held to raise awareness about responsible masculinities. Panels of four are going on radio for two consecutive Saturdays to talk about responsible masculinities. We are organizing similar panels for TV in the coming weeks to address the same issue. We have also written a press statement due for release anytime from today. The Christian Council of Lesotho has promised to help financially with other conferences. We hope to approach National Aids Commission to help. We are beginning to see the light at the end of the tunnel.”

Objective 4: Churches in Africa strengthen their capacity to promote and implement evidence-based prevention of HIV taking into consideration pastoral, cultural and gender issues.

Objective 5: Churches in Africa mobilize and utilize their resources and structures efficiently and effectively, collaborating with other service providers where appropriate to provide holistic care and support for people living with and affected by HIV.

Impact against Objectives 4 and 5 was mentioned by some stakeholders. Again, partners and stakeholders affirmed their witness of progress being made toward these objectives. For example, PPAAT described itself as having “worked closely with the church towards achieving objectives 2 and 5.” What is interesting about this and other comments from stakeholders is that they saw their work as contributing to EHAIA’s objectives. The fact that these organizations either shared the same goals or had taken up EHAIA’s goals as their own since becoming engaged with the organization should be acknowledged, and the commitment of such partners needs to be harnessed.

As already mentioned above, several stakeholders reported implementing an HIV workplace policy as a direct result of EHAIA training. Doing so has had an impact on church leaders’ actions; according to one ecumenical network, having a policy in place guides churches’ HIV and AIDS interventions.

The field impact studies yielded anecdotal evidence—such as the two following accounts from the DRC—of holistic care and support being provided by churches and faith-based organizations involved in EHAIA training.

“Papa Jean’s wife died and Papa Jean was now a widower and HIV+. A group of Salvation Army peer educators contacted health officers after their training and got a list of people living with HIV. They came to Papa Jean’s home and gave him pastoral counseling. Papa Jean felt comforted and encouraged and accepted to be their client for care. He has since received training in microcredit. He got a loan for a fish business. From the profits, he bought a freezer and land where he is building his own house. He got married to a woman who is HIV+. They have a normal life as a couple. Papa Jean came back to life.”

“EHAIA in Kinshasa has supported capacity-building through seed grants to OJVS, an organization of people living with HIV. OJVS has lifted many a person living with HIV from despair, desperation, dejection, dependency and being an outcast to hope, dignity, self-reliance, renewed self esteem and confidence. An OJVS member shared her story: ‘The OJVS president Maguy Mfumu kept on counseling and encouraging me. I gave birth to a child and she supported me with food, continued with counseling and home visits. She told me not to worry because there were ARVs and my status was no longer a death sentence. I would live to take care of my child. I have continued to attend the monthly meetings and OJVS assists me with paying rent. I now have two children and am expecting a third. I’m no longer worried. I’m living positively. I feel very healthy. I only remember I am HIV+ when I go for medical checkup.’”

Multiplier Effects

The field studies in Lesotho, DRC and Madagascar provided information on the multiplier effects of EHAIA’s training beyond the workshops coordinated by the regional staff. Many people who attended training events confirmed that they had used the information gained to train or inform others.

In the DRC, for example, Presbyterian Action Against HIV, set up in Kinshasa in 2001 with support from EHAIA, ran a series of activities to raise awareness in schools and communities that included the use of posters, television and radio programmes and organizing football matches, while youth, pastors and other focus groups were encouraged to themselves raise awareness on HIV after attending training workshops.

A member of the RERAC or Revivalist Church in the DRC reported that “One day I went to Hendrew (Mr Hendrew Lusey Gekawaku, EHAIA Central Africa coordinator) to ask him to come and train, and he told me: ‘For many years you have been with me, you are a trainer of trainers. Go train and call me when in difficulty’. With my team, we have been in the field now from August 2004.”

Also in the DRC, the Evangelical Church of Kwango (CEK) HIV coordinator organized training of 53 peer educators in 2003 after participating in an exchange visit to Uganda. Following a 2004 EHAIA workshop, he trained 25 counselors in Voluntary Counseling and Testing (VCT) as well as 20 church

leaders in pastoral counseling on how to build bridges. He also organized a workshop on how to break the silence, and HIV committees were set up in each of the CEK's ten parishes.

In Lesotho, a 2008 national EHAIA workshop on “transformative masculinities” organized by the Association of Lesotho Theologians (ALET) and involving the state correctional services, the police and the taxi/transport services triggered off a range of spin-off training activities and programmes. Testifying to the “ripple effect of one workshop into the National Correctional Services,” EHAIA regional coordinator for Southern Africa Dr Susan Parry reported that “from that one workshop, the senior staff in ALL the correctional services in Lesotho greatly changed their approach to both the staff and the inmates of the prison services.” These services subsequently incorporated the training into their programme for staff and their rehabilitation programme for inmates.

“The senior staff is frequently invited by the government educational services to address schools on crime prevention issues. The speakers talk about HIV and AIDS, positive masculinity (as many crimes happen because of a negative masculine role), the socialization of sex abuse, alcoholism, criminology and juvenile delinquency.”

An individual member of ALET who attended the workshop said that “The time spent in this workshop (transformative masculinities) was worth it. To witness, this year I am intending to hold one to two workshops each month on transformative masculinities. I have already held one in January working with my brothers from ALET. If all goes according to plan, I would like to form a male drama group. The workshop enhanced my capacity to talk HIV issues with men—the most difficult target group to convince because of culture, tradition and, nowadays, the challenges of HIV and AIDS.”

Also in Lesotho, the pastor in charge of an Apostolic Church in Maseru who attended an EHAIA workshop several years back reported that the parish was work-

Transformative Masculinities Workshops



EHAIA staff quickly realized that although issues like gender inequality cannot be fully addressed without considering the roles and responsibilities of men, they were seldom given the space in which to discuss key issues that affect them and increase their own vulnerability to the pandemic. The workshops held on the theme of masculinities offered rare and often unprecedented opportunities for men to discuss male archetypes, stereotypes and their experiences of living with both.

The Transformative Masculinities workshops tackled the roots of contemporary societal expectations of boys and men, both positive and negative. After examining the influences of the Bible, the family and the media, workshop participants discussed evidence that gender inequality starts at birth, that scriptures portray male authoritative hierarchies and that society constructs gender. From an early age, boys are socialized to be aggressive, avoid sharing feelings or tears; simultaneously, many grow up without father figures. The expectations that men should be strong and show no weakness affect their risk-taking behaviour, their ability to admit vulnerability and their likelihood of accessing health services.

EHAIA has been able to create a space where faith-based leaders can discuss masculinities and their impacts. Its approach also brings

ing alongside ALET to prepare teaching materials for both the parish and the Bible school while his church adopted an HIV and AIDS policy and was collaborating with the University of Lesotho in its training activities.

EHAIA training activities facilitated the mainstreaming of HIV and AIDS teaching, skills and practices into the work of Lesotho's Scripture Union (SU), a national non-denominational institution working with children and youth throughout the country. With the aim of equipping young people with life skills, SU staff visit schools and hold holiday training camps where they enjoy leisure activities but also do Bible study and receive instruction on work, responsible behavior and hygiene. Teaching and discussion on HIV and AIDS is part of camp programmes; youths are challenged to commit themselves to abstaining from sex until marriage. EHAIA supported the SU with print and electronic teaching materials; SU in turn produced teaching materials for use by other institutions.

pastors and clergy together with others who work with men like the staff of prisons and correctional services. A 2008 workshop in Lesotho hosted by the Association of Lesotho Theologians included participants from ministries of Education and Training, Defence and National Security, the Lesotho Correctional Services, taxi associations as well as faith networks, universities and the National AIDS Commission.

Some of the male participants were able for the first time to express the pain they experienced in growing up without a father. The correctional facility staff asked the faith leaders how they were helping prepare the incarcerated and disenfranchised inmates beyond a weekly mass at the prison. The faith leaders realized that they have a significant role to play in supporting men. One of the action plans defined as a result of the workshop was an initiative to hold Responsible Masculinity Forums beginning with the Lesotho Correctional Services and the Lesotho Defense Force.

In Madagascar, a member of the Union des Groupes bibliques de Madagascar (UGBM) reported that "We gave over the whole of 2008 to the fight against the transmission of HIV and the propagation of the disease. To achieve that, teaching, camps and various types of training were organized. And not only for the university students but also for the friends of the UGBM and the parents, who are partners in the association. A second campaign was carried out among secondary school pupils and the third campaign was among the academics in particular.

A radio programme producer with Madagascar's Radio Fahazavana explained that "After these training sessions, I concentrated on producing radio broadcasts. I gave out information on the ways HIV can be transmitted. This was presented by lessons, by inviting people from outside with varying opinions, by testimonies from people living with AIDS, by Christian leaders who presented their views and approaches within their churches. In fact, we assembled everything we could find to do with AIDS, all the campaigns being organized at national level by the churches and different Christian groups.

In Ghana, a 2004 training workshop on the theology of compassion had both an immediate and long-term impact: one Methodist member was trained and became a national trainer for both the government and the churches. She was able to advocate for an HIV unit, which every month meets the needs of 1,200 new cases and provides care, treatment and support.

Highlighting HIV and AIDS and Faith-Based Responses at Major Church and International Events

At church-based meetings, EHAIA raised the profile of HIV and AIDS while at secular HIV meetings it raised the profile of faith-based responses. The annual reports cited eight examples of EHAIA's contributions to international events. For example in 2003, EHAIA facilitated a meeting between faith-based agencies and larger donors to increase access to funding and resources. In the same year, all EHAIA staff participated in the AACC General Assembly in Yaoundé, Cameroon. Each coordinator facilitated participation from a person living with HIV from their region to act as a resource person and share their testimonies. EHAIA staff was involved in the AACC Assembly programme, which included one full day committed to HIV and AIDS issues. It was at this meeting that many delegates met people opening living with HIV for the first time.

At an International AIDS Conference in Toronto in 2006, 80 people attended skills-building workshops during an ecumenical pre-conference focusing on "The Key Role of Religious Leaders in Overcoming Stigma." At the ninth WCC Assembly in Porto Alegre, Brazil in 2006, EHAIA provided input to workshops, seminars, cultural events and exhibitions. In 2007, the Initiative contributed to both the International Trade Union Confederation African Regional Organization (ITUC-Africa) (organized labour for Africa and the Indian Ocean) International Conference and the World YWCA inaugural International Women's Summit.

In 2008, the Lusophone regional coordinator and the Christian Council in Mozambique (CCM) maximised the occasion of the AACC Ninth General Assembly to bring together Lusophone participants to share experiences on ecumenical responses to the HIV pandemic in their respective countries. This enhanced collaborative efforts within countries and across the Lusophone region. Most of the 17 participants represented theological institutions and church networks on HIV, peace and community development and UNAIDS from Mozambique, Angola and Sao Tome. The participation of young women living with HIV enriched the workshop. The EHAIA project coordinator attended the workshop and noted that EHAIA had played a critical role in creating a platform for effective networking and collaboration.

At the 2008 International AIDS Conference in Mexico City, two of EHAIA's staff served on the advisory committee organizing the ecumenical pre-conference. The pre-conference created a space for almost 480 faith-based delegates to share their experiences and learn from one another through worship, plenary presentations and workshops. Five EHAIA staff attended the pre-conference and were involved in workshops on HIV competence among FBOs; mainstreaming HIV in theological programmes; and response of the churches to gender-based-violence.

EHAIA Collaboration with Stakeholders in the Churches, Ecumenical Development Agencies and Beyond

EHAIA collaborated with 41 governments and ecumenical, international and UN agencies in 24 separate events, workshops or meetings over the period reviewed. Among these were five UN agencies (UNAIDS, UNDP, UNFPA, UNICEF, WHO), two major donors (USAID and the Global Fund to Fight AIDS, Tuberculosis and Malaria) and nine faith-based NGOs (Bread for the World, Catholic Relief Service, Christian Aid, Danchurchaid, Islamic Relief Worldwide, Norwegian Church Aid, Progressio, Nordic FOCCISA Cooperation on HIV and AIDS, , Strategies for Hope Trust and Tear-Fund). Ecumenical and faith-based bodies included the AACC, the Alliance of Evangelical Churches (AEC), , the Lutheran World Federation in Angola and the Organization of Instituted African Religions (OAIIC).. A full list of the international organizations with which EHAIA collaborated is available in the appendices.

Examples of constructive collaboration between EHAIA and international agencies included participation in an East and Southern Africa Regional consultation in Pretoria, South Africa (March 2008) between UNAIDS, faith-based organizations (FBOs) and nine regional organizations. This was the first of an anticipated series of meetings for ongoing collaboration. The meeting focused on the exchange of strategic information between UNAIDS and FBOs on current and emerging issues and processes; it sought to reach agreement on actions at regional level that would add value to country-level processes. An action point from the conference was to appoint the EHAIA East Africa and South Africa offices as lead coordinators for FBOs coordination mechanisms. EHAIA's role was therefore to be both participant and leader in the regions.

CHALLENGES

Recurrent requests and suggestions on how EHAIA could most effectively pursue its goal of reinforcing the HIV and AIDS competence of African churches and theological institutions in the future were heard and recorded in the study interviews with key informants, its survey of stakeholders and the additional field impact studies.

Underlying many of these comments was the concern that EHAIA budgets had declined in recent years while the expectations from stakeholders were increasing. Financial constraints were seen as limiting church and faith-based organizations' efforts to participate effectively in combating the HIV and AIDS pandemic in all its forms and effects.

The following comment from Tanzania, for example, was indicative: "Tanzania is a large country and EHAIA's involvement has been limited to the ELCT and the YMCA. If assistance could be extended to more churches and the theological institutions in the country, its impact would be tremendous."

In relation to budget constraints, EHAIA could focus more on equipping its partners and stakeholders to enable them to increase their funding revenues; increased access to resources by partner organizations would mean less financial demands on EHAIA. One viable means to do this would be for stakeholders to engage in national-level advocacy for increased and efficient public service delivery to make governments act on their commitments to fight HIV and AIDS, and undertaking such advocacy would imply capacity-building by EHAIA." However, with fewer resources at EHAIA's disposal, regional staff would find it difficult to include this kind of capacity-building activity in its work.

Monitoring in Madagascar

To effectively capture EHAIA's impact in Madagascar, the regional coordinator for Southern Africa enlisted the in-country team to implement an evaluation through the medium of film rather than a written report. The film recorded testimonies from a sample of workshop participants about the impact of EHAIA's training on them personally and on their programme activities.

"I must admit that it was at this training session that I made a discovery about myself. It was the first time I had met a person living with HIV. So there was a personal questioning. I asked myself if in my ignorance before this training, I wasn't one of those people who rejected people living with AIDS."

"After these training sessions, I concentrated on the domain of producing radio broadcasts. Therefore I gave out information on the ways HIV can be transmitted."

The process of inviting participants to talk about the workshops served as a vehicle for both recording EHAIA's work and its impact, but also as a follow-up mechanism. It encouraged people to think about the work they had done and how they measure their own impact. The result was a visually appealing and accessible report on film.

To conduct the evaluation, the regional coordinator had to cancel a workshop to re-allocate the resources to the monitoring process. This was a difficult choice to make because every workshop brings important training to new groups of people. However, monitoring and evaluating work and understanding its impact are also crucial components to any programme. The effectiveness of the programme cycle of learning about strengths cannot be underestimated. It is equally important to create permanent records of EHAIA's work.

Interview and questionnaire respondents mentioned a number EHAIA activities that they would like to see strengthened. These included:

Monitoring

Ongoing monitoring is vital for EHAIA to understand the impact of its work. EHAIA staff made consistent efforts to collect quantitative data on how many people attended workshops, trainings and other events; the programme coordinator is currently developing standardized reporting forms that should increase the consistent monitoring of measurable data.

However, several respondents mentioned that strategies to record qualitative impacts were needed as well. Such strategies would include the building and nurturing of relationships and initiatives, for example, follow-up with participants some time after their initial involvement in EHAIA events. Such follow-up already happens, but if staff were enabled to establish such follow-up contacts more consistently, it would not only keep better track of multiplier effects but also stimulate participants' motivation and progress towards EHAIA objectives. Increasing staff efforts in this direction would imply committing more resources to this activity, however.

Reaching Rural Areas, Grassroots Levels and Multifaith Audiences

Stakeholders specifically requested that EHAIA work with the lower and middle levels of church leadership in order to have impact on the grassroots level. The Initiative had done a significant amount of work with individual pastors but could be more strategic, for example, by targeting all the levels of the church in a given area or province.

In the DRC for example, many respondents mentioned the need to strengthen the response in the rural areas. In Tanzania, it was reported that recent studies had indicated that HIV and AIDS were on the increase among married couples; therefore, building the capacity of church leaders at local levels, notably the rural areas, to handle these cases should henceforth be a major EHAIA focus.

Impact study consultant Kaybryn also noted that stakeholders working in interfaith contexts had requested that materials be adapted for mixed audiences. For example, references to God were not problematic, but some facilitators were less able to think on their feet and adapt references to Jesus. Learning to do so would also give them the confidence to approach faiths they had not yet worked with such as Hindus and Buddhists.

Teaching Materials in Local Languages

The need to further develop indigenous HIV and AIDS teaching materials in simple forms and local languages for wider use was mentioned quite often. In Madagascar, the publication of several texts in Malagasy as well as the magazine *Gazety Famonjena* (Salvation for Everyone) undoubtedly increased the impact and outreach of EHAIA's work there.

CONCLUSION

The church is uniquely placed to combat HIV and AIDS at all levels from the individual to the global and to protect the marginalized and most vulnerable in society.

When the 1998 WCC Assembly in Zimbabwe recommended adoption of a special focus on Africa that would include a joint ecumenical response to the challenge of HIV and AIDS, its decision was based on recognition that churches and faith-based programmes have a special role to play in responding to the challenge of the HIV and AIDS pandemic.

Out of this recommendation and of subsequent preparatory work, EHAIA was born in 2002 as an effort to reinforce the HIV and AIDS competence of African churches and theological institutions.

In launching EHAIA, the WCC was to some extent venturing into uncharted territory. While many secular and faith-based organizations in Africa were already responding to the HIV and AIDS pandemic, EHAIA's focus on raising awareness and changing attitudes as a necessary prerequisite to more effective practice and its emphasis on a more concerted response by ecumenical partners was an effort to do something that no one else had yet attempted to do in a systematic way.

In 2009, after seven years of work in the field, the time had come to undertake a first evaluation of EHAIA's impact in relation to its goal and objectives.

The impact studies on which this summary report is based have yielded encouraging evidence on the effectiveness and reach of EHAIA's workshops and training programmes, its advice on HIV and AIDS church policy development, its project planning support and its provision of information and theological resource materials.

The literature review, interviews and survey as well as the additional field studies found substantial evidence of

- changed attitudes and deeper understanding in relation to stigma and discrimination within the churches (as indicated, among others, by the mainstreaming of HIV and AIDS into theological institutions' curricula and a new willingness to "break the silence" on hitherto taboo topics like gender-based violence or alternative masculinities);
- creation of life-giving theologies and liturgical materials;
- recognition by churches, their leaders and members and other ecumenical partners of the severity and challenges of the pandemic in relation to sexuality and sexual activity, sexual and gender-based violence and social injustices;

- increased collaboration and coordination between churches and faith-based organizations (as seen, for example in the creation of inter-church and inter-faith coalitions or platforms);
- strengthened capacity to promote and implement evidence-based prevention and provided holistic care and support together with other service providers;
- the multiplier effects of EHAIA training;
- a higher profile for HIV and AIDS at church-based meetings and for faith-based responses at secular HIV meetings;
- EHAIA collaboration with church stakeholders, ecumenical, national and international development agencies and structures.

EHAIA has endeavoured to mobilize and empower transformational leadership and to nurture creative and collaborative HIV interventions that address the intersection of the HIV pandemic, gender disparities, sexual and gender-based violence in the churches and theological institutions.

The evidence collected indicates that EHAIA is making good progress towards realizing its goal and objectives and that this important task needs to be pursued. The need to incorporate more, and more effective, monitoring procedures and measurement tools into the programme should also be noted. This report provides a strong argument for the continued support that will allow EHAIA to pursue its work.

APPENDICES

Appendix I **Churches, Church-Related Organizations and Other** **Faith-Based Organizations with Whom EHAIA Has Worked**

1. Adventist Church of DRC
2. African Inland Church (AIC)
3. African Instituted Churches of Angola
4. Anglican Church of Kenya
5. Anglican Diocese of Zimbabwe
6. Angolan National Council of Churches (CICA)
7. Baptist Church of DRC
8. Baptist Church of Togo
9. Catholic Church of Angola
10. Catholic Church of DRC
11. Catholic Church of Eritrea
12. Catholic Church of Ghana
13. Catholic Church of Kenya
14. Catholic Church on Togo
15. Christian Council of Ghana (CCG)
16. Christian Council of Togo
17. Church of God of East Africa (Uganda Chapter)
18. CICA, Angola
19. Congregational Church of Angola (IECA)
20. Eglise du Christ au Congo
21. Entente des Eglises et Missions Evangélique du Tchad (EEMET)
22. Evangelical Alliance of Angola
23. Evangelical Church of DRC
24. Evangelical Church of DRC
25. Evangelical Church of Eritrea
26. Evangelical Church of Kenya
27. Evangelical Church of Uganda
28. Evangelical Fellowship of Kenya

29. Evangelical Lutheran Church of Kenya
30. Evangelical Lutheran Church of Namibia (ELCIN)
31. Evangelical Lutheran Church of Swaziland
32. Evangelical Lutheran Church of Tanzania
33. FEMEC, Cameroon
34. Full Gospel Churches of Kenya
35. Guinea Council of Churches
36. Jehovah Witnesses of DRC
37. Kaaga Synod Methodist Church of Kenya
38. Kenya Assemblies of God Church
39. Kenya Evangelical Lutheran Church
40. Kimbanguist Church of DRC
41. Liberia Council of Churches
42. Lutheran Church of DRC
43. Lutheran Church of Kenya
44. Lutheran Church of Mozambique
45. Lutheran Communion in Southern Africa (LUCSA)
46. Malagasy Lutheran Church (FLM), Madagascar
47. Mennonite Central Committee of Burkino Faso
48. Methodist Church African Zion, Angola
49. Methodist Church Ghana
50. Methodist Church of Benin
51. Methodist Church of DRC
52. Methodist Church of Ghana
53. Methodist Church of Kenya
54. Methodist Church of Togo
55. Methodist Church of Zambia
56. Methodist Church of Zimbabwe
57. National Council of Churches of Burundi (CNEB)
58. National Council of Churches, DRC
59. National Council of Churches, Mozambique
60. Orthodox Church of Eritrea
61. Orthodox Church of Kenya
62. Orthodox Church of Kenya
63. Pentecostal Church of Angola
64. Pentecostal Church of DRC
65. Pentecostal Church of God in Uganda

66. Pentecostal Church of Kenya
67. Pentecostal Church of Sudan
68. Pentecostal Church of Togo
69. Pentecostal Church of Uganda
70. Power Revival Church of Kenya.
71. Presbyterian Church of DRC
72. Presbyterian Church of East Africa (PCEA)
73. Presbyterian Church of Ghana
74. Reformed Church of DRC
75. Rwanda Council of Protestant Churches
76. South African Church Leaders Association (SACLA)
77. Sudan Council of Churches
78. United Methodist Church of Angola
79. United Methodist Church of Ivory Coast
80. United Methodist Church of Zimbabwe
81. United Methodist Church of Zimbabwe

Appendix II

Governments, Ecumenical, International and UN Agencies in Collaboration with EHAIA

1. ACET Uganda (AIDS Care, Education and Training)
2. All Africa Conference of Churches
3. Alliance of Evangelical Churches (AEC)
4. ANERELA+
5. Bread for the World
6. Catholic Relief Service
7. Christian Aid
8. Communauté Evangélique du Kongo (CEK)
9. Congo Brazzaville government
10. Danchurchaid
11. Family Health International
12. Friends of Canon Gideon Foundation (FOCAGIFO)
13. Global Fund to Fight AIDS, TB & Malaria
14. HAMSET
15. ICCO
16. Islamic Relief Worldwide
17. Kenya Evangelical Lutheran Church (KELC)
18. Lutheran World Federation in Angola
19. MAP International
20. Mission 21
21. Nordic-FOCCISA Cooperation on HIV and AIDS
22. Norwegian Church Aid
23. Organisation of Instituted African Religions (OAIC)
24. PACANeT
25. Pan African Institute of Community Health (IPASC)
26. Progressio
27. Salvation Army (DRC)
28. Sudan Ecumenical Network of Theologians in HIV and AIDS (SENTHA)
29. Strategies for Hope Trust
30. Sudan Council of Churches (SCC)
31. Sudan Ministry of Guidance and Endowment
32. Sudan National AIDS Control Programme (SNAP)
33. TearFund

34. UN Congo Brazzaville national office
35. UNAIDS
36. UNDP
37. UNFPA
38. UNICEF
39. USAID
40. WHO
41. World Vision

Appendix III

List of EHAIA Publications

Title	# of stakeholders who identified each publication
“Theological Series” or “Risk Book Series”	
<i>Compassionate Circles: African Women Theologians Facing HIV</i> (2009)	1
<i>Troubled but Not Destroyed</i> (2009)	2
<i>Window into Hope: An Invitation to Faith in the Context of HIV and AIDS</i> (2009)	3
<i>Living with Hope: African Churches and HIV/AIDS 1</i> (2007 WCC)	5
<i>Acting in Hope: African Churches and HIV/AIDS 2</i> (2007 WCC)	4
CD-ROMs	
<i>Theology in a Time of AIDS</i> (2008)	2
Resource material for churches and communities (2006)	4
Teaching and Training Materials	
<i>Mainstreaming HIV and AIDS in the Theological Education: Experience and Explorations</i> (by Ezra Chitando)	8
<i>Beacons of Hope: HIV-Competent Churches—A Framework for Action</i> (by Sue Parry)	6
<i>HIV and AIDS Curriculum for Theological Education by Extension in Africa & 10 HIV and AIDS Modules</i> (2007)	4
<i>Into the Sunshine: Integrating HIV/AIDS into Ethics Curriculum</i> (2006)	1
<i>Learning about HIV and AIDS: A Manual for Pastors and Teachers</i> (2006)	4
<i>AIDS-Related Stigma—Thinking Outside the Box: The Theological Challenge</i> (2005)	4
<i>Integrating HIV/AIDS into the Ethics Curriculum: Suggested Modules</i> (2005)	2
<i>Youth Manual on Anti-Stigma Messages</i> (2005)	3
<i>Listening with Love</i> (2005)	4
<i>Vaincre le VIH/SIDA—Jalons pour de nouvelles méthodologies de l’enseignement théologique en Afrique</i> (2004)	1
<i>HIV/AIDS Curriculum for Theological Institutions</i> (2003)	3
<i>HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Programmes</i> (2003)	4
<i>Facing AIDS: Education in the Context of Vulnerability</i> (1999 WCC)	6
<i>Guide pratique: Accompagnement Pastoral Contexte du VIH/SIDA</i> (2005)	0
<i>Guide Pour L’Accompagnement Pastoral Des Personnes Touchees par le VIH/SIDA</i> (1990)	1

<i>Education Chrétienne et VIH/SIDA oser en parler: Manuel de formation à l'usage des responsables d'éducation chrétienne</i> (2005)	1
<i>Qu'est-ce que le SIDA? Manuel à l'usage des soignants</i> (2003)	2

Liturgical Resources

<i>Africa Praying: A Handbook on HIV/AIDS-Sensitive Sermon Guidelines and Liturgy</i> (2003)	5
<i>Modèles de prédications et de méditations bibliques dans le contexte du VIH/SIDA en Afrique</i> (2003)	3

Materials in African Languages

<i>Sida, Koyeba, Koyebisa: Learning about AIDS</i> (in Lingala 2005)	1
<i>Ny Fanambin'ny Fiangonana: The Challenges to the Churches</i> (in Malagasy 2005)	1
<i>Ukimwi Ni Nini: Learning about AIDS</i> (in Swahili 2005)	2

Other Documents and Publications

<i>CONTACT Magazine</i>	2
EHAIA Newsletters	3
EHAIA Introductory Leaflet (2007)	1
<i>Review of the Progress Made toward the Implementation of the UNGASS Declaration and WCC Workplace Policy by the Churches</i> (2006 WCC publication)	1
<i>Toward a Policy on HIV/AIDS in the Workplace</i> (WCC 2006)	0
<i>Responses of the Churches to HIV and AIDS in South Africa</i> (2006)	2
Epidemiological Data of some Western African countries (2005)	1
Responses of Faith-Based Organisations to HIV/AIDS in Sub-Saharan Africa (2003)	5
<i>Love in a Time of AIDS: Women, Health, and the Challenge of HIV</i> (1995 WCC publication)	4

Appendix IV: Questionnaires

1. Questionnaire for EHAIA Staff

Key Stakeholder Interviews

EHAIA IMPACT ASSESSMENT

FEBRUARY 2010

EHAIA staff members



Your name	
How long have you worked for EHAIA and in what capacity?	
What have been the most successful areas of your work that have created the most significant impact?	
What are the challenges of recording and monitoring impact of your work?	
Are there impacts that have gone unrecorded, for example, long term changes, new relationships with organizations?	
I have seen the annual reports that EHAIA produces - Are there reports that you have submitted to EHAIA Geneva, quarterly, six monthly, annually, that has more detailed or disaggregated data? (please can you email me copies)	
We are collecting case studies on the following key areas of impact – do you have any examples that you would like to suggest a case study for one or more of the themes?	
• Women's empowerment	
• Gender-based violence	
• Work on masculinities	
• Impact outside of Africa (e.g. with African Diaspora communities in Europe)	
• The building of robust ecumenical spaces for collaboration	
• Work on sexuality with young people	
• Working with people living with HIV and AIDS	
Are there any key partners that you would like to suggest I hold an interview with who could add further insight into EHAIA's impact?	
Is there anything else you would like to add or discuss regarding EHAIA's impact?	

Thank you for taking the time to participate in the impact assessment. Please return this completed interview form along with any additional reports or information to Jo Kaybryn jo@plurpol.org by Wednesday 10th March 2010

2. Questionnaire for Stakeholders

Please tell us about yourself and your organisation

Your name

Your email address

Your phone number

Gender

Female

Male

What region are you in?

Central Africa

Eastern Africa

Lusaphone Africa

Southern Africa

West Africa

Other (please specify)

Which country are you in?

The name of your organisation, church or group:

Your job title or role in your organisation, church, or group:

How would you describe your organisation?

Church

Mosque

Temple

Other Government ministry or department

National NGO

International NGO

Network of People Living with HIV

Youth organisation

UN agency

Correction/prison service

Ministry of Health

National AIDS Council

NGO network or consortium

Community based organisation

- Organisation of People Living with HIV
- Theological/religious department within a university
- Theological educational institution
- Ecumenical or Interfaith network or forum
- Other (please specify)

Is your organisation faith-based, ecumenical, or interfaith?

- Christian
- Muslim
- Jewish
- Hindu
- Buddhist
- Interfaith
- No - my organisation is secular not faith-based
- Other (please specify)

The Denomination of Your Organisation

Which denomination(s) does your organisation represent?

- Adventist
- African Independent (please specify)
- Anglican
- Baptist
- Indigenous/traditional faith (please specify)
- Kimbanguist
- Lutheran
- Methodist
- Roman Catholic
- Salvation Army
- Shi'a
- Sunni
- Christian (nondenominational)
- Christian (ecumenical)
- Evangelical
- Pentecostal
- Presbyterian
- Revival
- Sufi
- Wahhabi
- Other (please specify)

Your Organisation's Engagement with EHAIA

Did you or others in your organisation participate in training or workshops provided by EHAIA?

Yes

No

If No, please tell us how you worked or collaborated with EHAIA

The Impact of EHAIA Training

Did you participate in any of the following training on HIV information and services?

Advocacy

Communication skills

Counselling skills

HIV & AIDS awareness

HIV prevention

HIV treatment & care

Living positively with HIV

Stigma & discrimination

Did you participate in training on organisational strengthening?

Funding on organisational strengthening?

Funding & resource mobilisation

National HIV policies & strategies

Policy writing

Strategic planning

Other (please specify)

VCT (voluntary counselling & testing)

Working with Youth

Other (please specify)

Did you attend an EHAIA Training of Trainers (TOT) workshop?

Yes

No

Have you been able to use the training you received to pass on information to others?

Please tell us how many people (approximately) you have forwarded information onto.

Approximate number of people in total you have reached []

Approximate number of men you have reached []

Approximate number of women you have reached []

Have you implemented a HIV workplace policy as a result of EHAIA training or input?

Yes

No

Was there any immediate impact or short term impact (within 1 year) of the training on yourself and/or your organisation?

Yes

No

If yes, please tell us about the impact. If No, please tell us the reasons why there was no immediate impact

Have there been any long-term impacts as a result of the training (changes that took place one year or more after the training)?

Yes

No

If Yes, please tell us about the impact, if No, please tell us why there was no impact that took place one year or more after the training

Impact and Reach of EHAIA Resources

EHAIA has produced a number of publications and resources. We're interested to find out whether you have used them in your work.

You can view EHAIA materials and publications here: <http://www.oikoumene.org/gr/programmes/justice-diakonia-and-responsibility-forcreation/hivaids-initiative-in-africa-ehaia/documents.html>

Which of the following “Theological Series” or “Risk Book Series” have you used in your work?

Compassionate Circles: African women theologians facing HIV (2009)

Troubled But Not Destroyed (2009)

Window Into Hope: An invitation to faith in the context of HIV and AIDS (2009)

Living with Hope: African Churches and HIV/AIDS 1 (2007 WCC)

Acting in Hope: African Churches and HIV/AIDS 2 (2007 WCC)

Which of the following CD-ROMs have you used in your work?

Theology in a time of AIDS (2008)

Resource material for churches and communities (2006)

Which of the following teaching and training materials have you used in your work?

Mainstreaming HIV and AIDS in the Theological Education: Experience and Explorations (by Ezra Chitando)

Beacons of Hope: HIV competent Churches A Framework for Action (by Sue Parry)

- HIV and AIDS Curriculum for Theological Education by Extension in Africa & 10 HIV and AIDS Modules (2007)
- Into the Sunshine: Integrating HIV/AIDS into Ethics Curriculum (2006)
- Learning about HIV and AIDS. A manual for pastors and teachers (2006)
- AIDS-related stigma—Thinking Outside the Box: The Theological Challenge (2005)
- Integrating HIV/AIDS into the ethics curriculum: suggested modules (2005)
- Youth manual on anti-stigma messages (2005)
- Listening with love (2005)
- Vaincre le VIH/SIDA - Jalons pour de nouvelles méthodologies de l'enseignement théologique en Afrique (2004)
- HIV/AIDS curriculum for theological institutions (2003)
- HIV/AIDS and the curriculum: Methods of integrating HIV/AIDS in theological programmes (2003)
- Facing AIDS: Education in the context of vulnerability (1999 WCC publication)

Which of the following liturgical resources have you used in your work?

- Africa praying: a handbook on HIV/AIDS-sensitive sermon guidelines and liturgy (2003)
- Modèles de prédications et de méditations bibliques dans le contexte du VIH/SIDA en Afrique (2003)

Which of the following materials in African languages have you used in your work?

- W Sida, Koyeba, Koyebisa: Learning about AIDS (in Lingala 2005)
- Ny Fanambin'ny Fiangonana: The challenges to the churches (in Malagasy 2005)
- Ukimwi Ni Nini: Learning about AIDS (in Swahili 2005)

Which of the following other documents and publications have you used in your work?

- CONTACT magazine
- EHAIA Newsletters
- EHAIA introductory leaflet (2007)
- Review of the progress made towards the implementation of the UNGASS declaration and WCC workplace policy by the churches (2006 a WCC publication)
- Toward a Policy on HIV/AIDS in the Workplace (WCC 2006)
- Responses of the churches to HIV and AIDS in South Africa
- Epidemiological Data of some Western African countries (2005)
- Responses of Faith-Based Organisations to HIV/AIDS in Sub-Saharan Africa (2003)
- Love in a Time of AIDS: Women, Health, and the Challenge of HIV (1995 WCC publication)

How useful have you found EHAIA's website?

- I have never visited the website

- I regularly visit the website
 - I regularly access or download EHAIA materials from the website
 - I sometimes visit the website
 - I sometimes access or download EHAIA materials from the website
 - I think there is a good amount of information on the website
 - I think there could be more information on the website
- What would you like to see on the EHAIA website that is not already there?

Please tell us how useful EHAIA staff have been as resource persons

- EHAIA staff have provided or arranged training for my organisation
- EHAIA staff have supported me outside of formal training or workshops
- EHAIA staff have helped me network with others (through organising events or putting me in touch with people directly)
- EHAIA staff have provided me with resources and materials
- Other (please specify)

Is EHAIA meeting its objectives?

EHAIA's overall goal is to develop HIV-competent churches and theological institutions. To achieve this goal, EHAIA has five objectives. Please tell us whether you have seen or are aware of EHAIA's impact in relation to the five objectives.

Which objectives do you associate most closely with the work of EHAIA?

Objective 1: The teaching and practice of churches indicate clearly that “stigma and discrimination against People Living with HIV is sin and against the will of God”.

Objective 2: Churches, their leaders, members and ecumenical partners have a full understanding of the severity and challenges of the HIV and AIDS pandemic in Africa, with special attention to human sexuality, gender, culture, sexual violence and violence against women and children.

Objective 3: Churches in Africa reach out and respond to collaborative efforts, reinforcing efforts where they already exist in the field of HIV and AIDS.

Objective 4: Churches in Africa strengthen their capacity to promote and implement evidence-based prevention of HIV taking into consideration pastoral, cultural and gender issues.

Objective 5: Churches in Africa mobilise and utilise their resources and structures efficiently and effectively, collaborating with other service providers where appropriate, to provide holistic care and support for people living with and affected by HIV.

From your experience, has there been progress towards reaching any of these objectives? Please explain and give examples, if possible.

Your constructive feedback on EHAIA and its effectiveness

What does EHAIA provide that is unique?

What does EHAIA do well?

What does EHAIA not do well?

How can EHAIA increase its effectiveness?

What impact would you like to see EHAIA make in the next five years?

NOTES

1. See list of themes in table on pages 15-16.
2. See EHAIA objectives on pages 29-35.
3. See Appendix IV.
4. EHAIA Central Africa coordinator Hendrew Lusey estimated reaching 5,500 and EHAIA staff for West Africa Ayoko Bahun-Wilson estimated reaching 5,000.
5. This column adds up to 208 due to two training events being unassigned to a region because the detail of its location was missing.
6. This column adds up to 11,773 due to double counting of participants at events that took place across more than one region.
7. The names of the churches were compared to the list on the WCC website last updated January 2006.
8. NetACT in Southern Africa, St Paul's University Limuru Kenya, Churches United against HIV and AIDS in Eastern and Southern Africa, Salvation Army and La Borne Eglise du RDC in the DRC.
9. Nairobi Pastors Tackling HIV and AIDS (NAPASTA), ANERELA+, Ethiopian Catholic Church, Christian Council of Tanzania, Church of Uganda, Anglican Church of Kenya, Full Gospel Churches of Kenya.
10. Ref. Appendix IV op. cit.
11. Ny fanambin'ny Fianganana (The Churches' Challenges), 2005; Tanora mandresy ny fanavakavahana (Young people conquering stigma and discrimination), 2007 and Tsy hifampitsara isika (We should not judge each other), 2008.
12. See sidebar "How EHAIA Came into Being" on 2001 regional meetings (page 6).