Feedback report:
AIDS – Can we win?
Global Connections HIV Forum, March 11 2005

Introduction

This is a summary of discussions and points raised at the Global Connections HIV forum on March 11 2005, and some initial strategic recommendation for Global Connections, (GC) the Christian HIV & AIDS Alliance (CHAA), the Churches Commission on Mission (CCOM), the UK Evangelical Alliance (EA) and member bodies.

Summary

1. Although it has done a lot good work over the years, the UK church (and especially the evangelical church) still needs waking up and mobilising to tackle HIV both within the church and in the wider community, both nationally and globally.
2. Churches, mission and aid agencies need to learn both to work together more and to find ways of working more effectively with secular agencies and non-Christian FBOs in focussed, practical ways. This will mean addressing the issues of the evangelical ghetto, stigma, territoriality and autonomy.
3. We need to build a strong evangelical UK network to enable us to interact with governmental and international bodies.
4. We need to be upfront and visible about what we are doing, but in a way that avoids "bragging" and selling our souls for the sake of acceptability and funding.

Main Plenary & Discussion Groups

The key points raised by Calle Almedal of UNAIDS, and picked up in the small groups and feedback session were as follows:

1. The church in the UK needs to face up to HIV and it's causes.
    a. We need to acknowledge and respond to the hurting churches of Asia, Latin America, Eastern Europe and in particular Africa, that are heavily affected by the virus, and are part of the same body of Christ to which we profess to be members (i.e. 1 Corinthians 12: 26). There is a lack of global solidarity between churches of the North and the South – we should not need HIV/AIDS to bring us together, but it is one reason why we should be!
    b. The evangelical church in the UK also needs to be honest about and acknowledge the sexual behaviours that are actually going on inside our congregations, the abuse and hurt that exists, and the reality that HIV is within our churches – there are people both infected and affected, but they are silent. If we do not start with an effective "in-reach" to our congregations, then our "outreach" will be tainted and dishonest. This needs to start at the level of how we train our ministers and missionaries –

therefore theological colleges must be involved. Sex needs to be talked about honestly, clearly and Biblically, not hidden away and ignored.

c. We need to tackle stigmatising attitudes and actions towards those who are HIV+ within the church, and break down notions of those who are "deserving/innocent victims" and "undeserving/sinners". Theological reflection and teaching vital.

d. Evangelical churches and agencies need to break out of the evangelical ghetto and recognise who we can and should work with, without selling our souls or convictions for the sake of funding and political correctness.

e. We also need to think how the Southern Churches can help us in the North to come to terms with HIV/AIDS, rather than just seeing it as "us" helping "them". We need to see ourselves (both North and South) as the Body of Christ helping and sharing with one another.

f. The Salvation Army's work on AIDS competence in communities and churches (See Appendix 1.B) was seen as a potentially useful programme to start to tackle some of these issues in the churches in the UK. What role can the EA, CCOM/CTBI & GC play in rolling out programmes like this, as well as encouraging partnerships between Northern and Southern churches, etc, etc?

2. We need fewer *networks* and more *networking*, specifically around key issues and projects. Networks are often static and of little value compared to bringing people together to deal with something specific in a specific area at a specific time. Agencies and churches tend not to want to be coordinated, do not in reality cooperate much, and are very prone to territoriality and are wedded to their own autonomy. We need to get around this if we are to be effective tackling HIV and AIDS, and Evangelical agencies and churches in particular need to get out of their ghettoised, "us and them" mentality towards other agencies and affected communities.

3. UNAIDS, DfID, Global Fund, PEPFAR and WHO do not know who to talk to in the UK to reach the evangelical community. Despite the work going on, we remain largely invisible!

    a. There needs to be a representative body or network that can be the initial point of contact. CHAA needs to be strengthened if it is to fulfil this function. It also needs to be linked into the wider mission community (via GC and CCOM) and the wider evangelical church (through EA).

    b. We need leaders in the evangelical community who can stand up and make those inside and outside of the community take notice of what is going on.

    c. We also need to train international and governmental bodies to understand how we think, act and talk. We need to be trained in their organisational cultures as well. We need translators in both camps!

    d. We need to have input into global strategies to tackle HIV – we have working examples to show which strategies can work in which contexts

because the churches in Africa in particular have been doing front line work in care and prevention for over a decade.

e. We need to link in with the press offices of WHO, UN, DfID, etc. This helps get news of what Christians are doing out to a wider audience.

4. We need to use clear language in our programmes, and be upfront about who we are and what we do.

   a. Be clear what we mean by terms such as "sexual abstinence" – people can define "sex" as anything other than what they actually practice. We cannot be coy; we need to talk in clear, detailed terms.

   b. Be clear with funders where we are coming from, what our aims, values, activities and priorities actually are. Do not skirt around issues like proselytism and church planting – if this is part of what we do, we need to be explicit about it. Avoid fitting what we do to funding priorities of other bodies if this means compromising on what believe we should be doing.

   c. Avoid "bragging" –agencies can all too easily get on a soapbox and exaggerate or over emphasise their successes. We need to be honest and upfront about what we do, what we do well and what we do less well, if we are to be recognised. However, we need to avoid hyperbole and other distortions of truth in raising our profile.

Strategic recommendations

1) A concerted, long-term, nationally planned campaign into the UK church to raise the issue of the Church's response to HIV & AIDS, as well as to start to raise issues of sexual behaviour and sexual health within the Christian community. This could be coordinated through CHAA, EA, CCOM/CTBI, GC and others as appropriate, to enable member agencies to share and cross-fertilise their existing skills, contacts and resources more effectively.

2) A UK network for HIV & AIDS. If CHAA is to grow, there needs to be a programme of action, coordinated with GC, EA and CCOM over the next eighteen months, plus committed funding and other resources for the longer term.

3) Further day conferences or master classes on the following:

   a) Mobilising the UK Church

   b) Clinical management of HIV disease in resource poor settings.

   c) Community mobilisation

   d) Effective prevention strategies – sorting the ideology from what works.

   e) Theological training, both in the UK and overseas, that addresses HIV and AIDS as part of the pastoral training of ministers and missionaries

4) Profile-raising for HIV work done by the World Church –within the UK Christian media, the secular media, with the UK government, and international bodies such as WHO, UNAIDS, etc. This needs to be done collaboratively and strategically between member agencies and networks.

Appendix1: Seminar Notes and Summaries

A: Engaging With International Bodies

1. **Why engage?**
   - 1.1. More money available to faith based organisations
     - Problem not money but how to access it
     - Small organisations don't know where to go or with whom to speak
   - 1.1. Not only money
     - Christians can bring new and different ideas and approaches
     - Can influence both policy and good practice
     - Churches can mediate reconciliation
   - 1.1. Mutuality of interest
     - Christians bring much to the table: a thriving network of churches, community leaders, social infrastructure such as hospitals and schools
   - 1.2. Need for collaboration
     - Not just between Christians: must also involve people of other faiths
     - Working with Christians much easier
     - At grass roots level there is already much ecumenical collaboration

1. **How to collaborate, using HIV/AIDS as an example?**
   - 1.1. Need to examine how the faith-based organisations engage in the three 'ones'
     - One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners.
     - One National AIDS Coordinating Authority, with a broad-based multisectoral mandate.
     - One agreed country-level Monitoring and Evaluation System.
   - 1.2. Christian organisations are not very well connected to current discussions
   - 1.3. In Calle's experience there are more church organisations in 3/one discussions than in other areas
   - 1.4. Where does gender feature in this issue?
   - 1.5. Need to talk about the differences between male and female sexuality
   - 1.6. Faith-based organisations need to establish credibility
     - This a function of size and visibility
     - In Calle's view size is not critical; what matters is visibility and ability to act
   - 1.7. Questioned whether stigma diminished as treatment improved and incidence of disease declined. Changing attitude to TB mentioned. However leprosy is still very much framed by stigma
   - 1.8. DfID welcomes involvement of faith based organisations in development activity, particularly that around HIV/AIDS
     - Values civil society organisations
     - Recognises that the funding process is quite formal and complex
     - Regardless of funding all groups should have access to DfID

1.9. A number of potentially helpful donors mentioned, including Elton John Foundation and Geneva Global. These may not be appropriate or acceptable to all, but they are now funding Christian agencies.

2. **Attracting donors**

2.1. Must not sacrifice core principles in order to attract donors: always stick to your vision. Important sometimes to say no.

2.2. It is possible to influence policy : the example of Franciscans International was quoted

2.3. Evangelicals are not now automatically excluded from either government or private funding. Examples of Comic Relief and DfID quoted.

2.4. Some organisations may chose not to approach particular funding sources, e.g. some agencies will not the Lottery Fund for a variety of reasons.

2.5. Essential to build up a data base of Christian Trusts or foundations sympathetic to faith based organisations

2.6. Where potential funders are only interested in the UK, those working in the international arena might wish to identify ways in which overseas activities could impact on the UK. Bringing speakers to the UK for example.

2.7. Some agencies are endeavouring to attract support of people who are sympathetic to Christian work but not practicing Christians

2.8. Seek out people that have visibility and connections and get them to speak on your behalf

3. **Building alliances**

3.1. Emerging trend of increased collaboration between agencies.

3.2. There is a need for small faith-based organisations to establish consortium through networks such as CHAA (Christian HIV & AIDS Alliance)

4. **Miscellaneous**

4.1. CHAA now advertising for a full time director. The current contact person is Steven Fouch of the Christian Medical Fellowship

5. **Conclusion**

5.1. Churches are becoming HIV/AIDS literate, but there is still much to be done

5.2. We need to start collaborating through sharing problems

5.3. HIV/AIDS has changed the whole nature of development

- few are aware of its profound impact
- can one talk about sustainability in countries with infection rates of 40% and increasing?
- Has this been factored in to the planning of governments and development agencies

B: Community-Based Mobilisation Strategies in Prevention and Care

Alison Rader Campbell and Sue Lucas

Two workshop sessions were closely linked, but the focus of the first was on learning from local action and experience, and the second looked at organisational response.

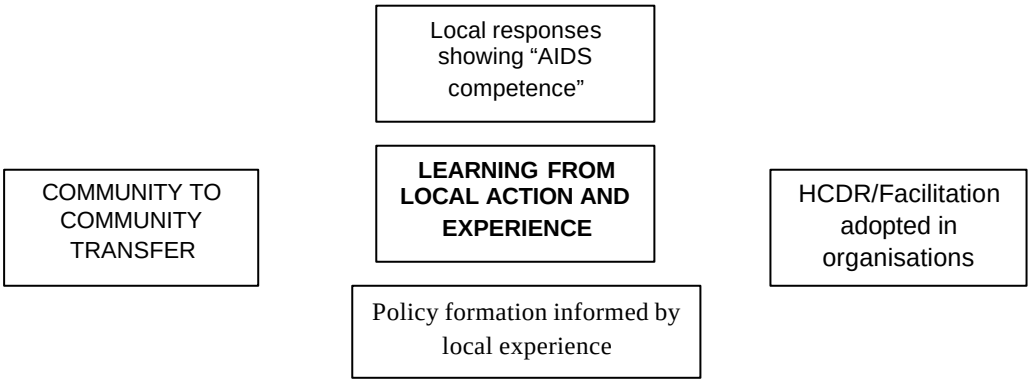
Seeking a personal response to HIV, each session started with an introductory question for discussion:

Answers to the first question, " *what is my (personal) concern about HIV?"*

- It is difficult to "get real" within the church
- We are affected personally – friends, family, country
- Concern for the future and children – there will be an impact on our children
- Helplessness: we have compassion but how to engage?
- How little people in UK know, compared to the size of the problem in the world.

In the second session, the question was: *what is my hope in relation to HIV?*

- Disappearance or removal of stigma
- God can use this to reach people who don't know God
- Save the next generation
- People with HIV can feel whole, hopeful, valued, and able to contribute.
- Fair treatment and access
- Support to people to keep going, especially in the midst of poverty
- People to become connected on a more genuine basis, especially from rich countries to poorer countries, and among people of faith



NB (The original style of this graphic, but not the wording contained in it, has been modified because the original was causing download problems – RS, Global Connections)

The diagram illustrates the five essential dimensions of an HCDR approach, each of which interact to stimulate the development of the others. The expansion of local responses and community to community transfer of action and response is enhanced by facilitation, rather than implementation approaches by organisations. Learning from local action is the medium through which organisations understand the dynamic of community response and therefore adopt approaches and adopt HCDR based policies. Through participation in facilitation teams, people from organisations are exposed to learning for local responses, and by applying this learning organisational communication and service provision become responsive to community leadership.

The Salvation Army approach is illustrated by the diagram above, which was a central part of both sessions. This diagram shows the links between local responses, which are the basis of a community-led approach to HIV, a facilitation approach in organisations, influence on policy and, in order to scale up, facilitated transfer of concepts, approaches and actions. Through a facilitated approach, communities themselves can decide what action to take and each response is closely linked to the local context and culture.

Four concepts, *care, community, change* and *hope* are key to stimulating and transferring local responses, and these were demonstrated through using photographs to find an illustration for discussion in small groups. *Care* is mutual, it means listening and sharing, and through care there is a potential for neighbourhood action. *Community* means belonging. It is inclusive of different generations, sexes and ages, in which everyone has contact and accountability to each other. Communities have a sense of activity and acting together. *Change* can be passive, and undesired, as is happening in much of Africa where families are changing and people have to take on new roles and expectations. But change can also bring people together, and change can be active and positive. Change can come from loss. Change is not always linear – it can happen in different dimensions at the same time. *Hope* is associated with joy and expectation. A child is a representation of the future, and of hope for the future. Making a strategy and influencing change are expressions of hope, and also a result of hope.

Learning from local action and experience is the means through which the four concepts can be transferred and lead to action and change. Photographs were used to illustrate the concepts in the session, which also illustrate local responses – from a family coming together to change their lives for the better in Zambia, to a group of displaced women in the outskirts of Khartoum who have together started to care for the sick including people with HIV, and have embraced opportunities for learning from others and the possibilities of sharing what they are doing. Group members had examples of local responses in their own work.

The final question for the first session was *to apply the idea of learning from local action to our own situations – how do we do this now, and how could we do it better?* Suggestions and observations from small groups included

- Working with particular places where a response is happening
- People are not connecting to each other – with better local connections people could learn better
- It takes more time to bring out strengths in local settings
- Agencies could be helped to learn more from each other rather than just sharing activities.

A Human Capacity Development (HCD) approach, which is based in learning from local action and responses, and in facilitating community-led action, is built through a facilitation approach. The second session included a depiction of facilitation put into practice through teams, which visit locations to encourage the local response, and to learn from what people are doing.
The facilitation method is based on the tool of SALT:
S Support and Stimulate
A Appreciate and help Analyse
L Learn
T Transfer

The final question for the second session was, *how would this approach fit in our organisation?* Reflections from that discussion:
"The principles can work. It is possible, and better, to get together with people and talk through issues and gradually reach conclusions, instead of producing a plan and beginning with it."
"The challenge is in the shift of control, from us to the local response."
"There can be discomfort at first, to adjust to the approach."
"It's good to start with strengths and with what people are doing, so strengths are affirmed."
Two experiences of exchange were shared, which had a positive impact on those who participated. One was between Uganda and KwaZulu Natal; the other between Ecuador in Latin America, and Africa.
"The approach is key to sustainable community action."

An invitation was extended to the participants:
If you are interested in the facilitation approach, it could be possible to join a facilitation team in a particular region
OR
If you are interested in a process locally, to include a session to try the self-assessment tool followed by another session including a SALT visit
Contact:
sue@lucases.cix.co.uk or Ian_Campbell@salvationarmy.org

Appendix 2: - Evaluation Summary

(29 returns out of 65 = 44%)

Morning: Overall, most feedback suggested that the opening plenary section had been very useful - 16 out of 29 (55%) rated the content as "Excellent" (5/5), 11 (38%) as very good (4/5). Although some commented that it was a bit negative, and should have focussed more on good practice, most felt that it had been a fruitful time, both in the plenary and the discussions and feedback session (66% rated the discussion times as very good or excellent, and 52% rated the feedback as good to excellent). Although the idea of splitting into small groups for a more focussed discussion was welcomed, the main criticism was that there was not enough time for groups to discuss in much breadth or depth.

The main suggestions for further action arising out the morning were:

- Biggest challenge – how to engage UK churches.
- Focus on good practice, some strategies/ideas.
- Invite government agencies to meetings to share the Christian ethos in government, or even have a theological discussion on aspects of healthcare.

Afternoon: Feedback in the afternoon was more mixed. Overall satisfaction with what was covered was fairly split – around half of respondents found their seminar useful, half not. There seems to have been some dissonance between what people expected out of the session and what was delivered. Several commented that they could have held the seminar themselves; several others had expected something quite different to what was actually presented. A few respondents felt that the abstracts did not explain fully what was in the seminar.

On reflection, part of the problem was that the day had a wide mixture of delegates – some highly experienced in HIV work, some not. The day had been pitched primarily at drawing in those agencies and individuals who were just trying to engage with HIV as an issue, and those who came from that background seem to have got more out of the day than those who were more experienced. This suggests that we need to think about meeting these different needs through different types of events, e.g. master class workshops for those with more experience, and further events pitched at the level of this day for a wider audience.

The most common comment at the end of the day was that people wanted more practical examples of what worked, especially in the area of mobilising the church. Delegates also felt they wanted more strategic ideas and recommendations coming out of the whole day in the closing plenary.