



Faith Based Responses to HIV and AIDS: Examples from JOHAP

Research and report by Cheryl Goodenough

The Joint Oxfam HIV and AIDS Program and JOHAP in South Africa seeks to strengthen societies response to HIV and AIDS through the support of integrated community-based services for HIV prevention and care, including a focus on gender and sexuality and the rights of people living with and affected by HIV and AIDS.



Photos:

Front cover: Zama Magoso (blue top) and Princess Mkhize attend to patients at the Hillcrest Respite Centre.

Photo: Matthew Willman/OxfamAus.

Left: Community members of Kwamakhuta listen to the nurses and YMCA facilitators speak about contraception and STI's.

Photo: Matthew Willman/OxfamAus.

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1. Introduction

Oxfam's approach to development work is multi dimensional and aims to involve and empower communities to take control of their lives and participate actively in addressing and responding to issues affecting them. In the Joint Oxfam HIV and AIDS Program (JOHAP) partner organisations work to achieve change in people's lives rather than through the direct implementation of projects. Partners range in size, scope and influence and include several working from a faith based perspective.

This case study was developed to better understand and share the successes and challenges of these faith-based responses to HIV and AIDS. The study involved documenting the ways in which three faith based partner organisations have responded to HIV and AIDS and how their faith has influenced their response. It aims to record the influence and impact of a faith-based framework on JOHAP-supported HIV and AIDS responses in three partner organisations.

2. JOHAP

JOHAP was established in 1998 by a group of international Oxfam agencies that wished to increase their impact by pooling resources and working collaboratively in response to HIV and AIDS in South Africa. The program provides funding and technical support to non-government organisations (NGOs) and community based organisations (CBOs) in two of South Africa's poorest provinces — KwaZulu-Natal and Limpopo. JOHAP's goal is to ensure that the quality and cohesion of societies responses to HIV and AIDS is improved as a result of its support for the development, documentation, evaluation and dissemination of good practices. This is achieved by providing funding and technical support to partners, and documenting and sharing, linking and learning and building cohesion.

Right: Children at Maganas Primary School attend a lesson organized by the YMCA Amamzintoti on community development, HIV and AIDS and health issues. Here they are working with Mfana Gumede, a trainer at the YMCA and Thabai Zuma an assistant trainer from the YMCA. The children are being taught about team work demonstrated by play actions during the lesson. Photo: Matthew Willman/OxfamAus.



3. The role of faith-based organisations

The role of FBOs in HIV and AIDS care and treatment is becoming increasingly recognised.

In February 2007, the World Health Organisation (WHO) released a report entitled *Appreciating Assets: Mapping, Understanding, Translating and Engaging Religious Health Assets in Zambia and Lesotho*. The report estimates that FBOs currently own between 30% and 70% of the health infrastructure in Africa. WHO research found that FBOs play a greater role in HIV and AIDS care and treatment in Sub-Saharan Africa than previously recognised. The report calls for greater coordination and better communication

between organisations of different faiths and the private and public health care sector.

A director in WHO's Department of HIV and AIDS, Dr Kevin de Cock said: "FBOs are a vital part of civil society. Since they provide a substantial proportion of care in developing countries, often reaching vulnerable populations living under adverse conditions, FBOs must be recognised as essential contributors towards universal access efforts."

The authors of this study argue that health, religion and cultural norms and values define the health-seeking strategies of many Africans. The failure of health policy to understand the overarching influence of religion — and the important role of FBOs

in HIV treatment and care could seriously undermine efforts to scale up health services.

The Firelight Foundation also states in its publication *From Faith to Action* that grassroots and faith-based groups have risen to the challenge of HIV and AIDS in their communities. It states that it is impossible to overemphasise the importance of faith throughout Africa which has some two million churches, mosques, and other places of worship.



The Firelight Foundation argues that the term FBO is used to describe groups with religious affiliations or established by communities of faith:

“They include congregations, their co-ordinating bodies, mission hospitals and schools and faith-driven NGOs and CBOs. FBOs offer some of the most extensive, best organised and most viable networks of community organisations throughout Africa.

They play a significant, though often under recognised, role in responding to the health, education and social welfare needs of children and families.”

*Family Life Education: Teaching Youth about Reproductive Health and HIV/AIDS from a Christian Perspective*¹ states that Christian institutions are places where moral values are formed and strengthened, self-esteem is cultivated, and life’s lessons

are taught using the Bible. “In the public health field, research has found that a connection to religion is a protective factor for youth in terms of healthy behaviours in the future.”

*What Religious Leaders Can Do About HIV/AIDS: Action for Children and Young People*² states that religious leaders and those associated with FBOs throughout the world have risen to the challenge of HIV and AIDS, but that more work is urgently needed to stop its spread and alleviate suffering, using compassion, leadership and sense of moral responsibility. “Religious leaders can be especially instrumental in eradicating the stigma and discrimination faced by people living with HIV and AIDS. Religious leaders are key to mitigating the epidemic because they are trusted and respected members of society and are influential in shaping social values and public opinion. Moreover, they can help find resources for spiritual and social care and promote action through their presence in local communities in every country.”

Above: Walking in Lower Molweni to a home based carers house. Seen walking is nurse Princess Mkhize from Hillcrest HIV and AIDS centre (in the white shirt) and carer Lindeni Mbutho, whose house they are walking to. Photo: Matthew Willman/OxfamAus.

3.1 The role of FBOs

The role that FBOs play is varied and can encompass almost every aspect of HIV and AIDS care and treatment.

A toolkit entitled *Called to Care*,³ an initiative of the Strategies for Hope Trust, is designed to promote effective, community-based strategies of HIV and AIDS care, support and prevention in the developing world, especially in Sub-Saharan Africa.

Documentation about the toolkit states: “Churches have generally been much less effective, however, in addressing problems such as HIV prevention and HIV-related stigma, shame, discrimination, and cultural and gender issues associated with high-risk sexual behaviour. Denial of the reality of HIV and AIDS within church communities is also widespread. Moreover, although sex is the main means of HIV transmission in most countries, it is rarely discussed in church circles in an open, non-judgemental way. Yet is this particularly surprising. Most of us find it difficult to talk about issues related to sex, gender and death. While our fears and inhibitions prevent us from addressing – or even mentioning – these sensitive topics, our societies are burdened by problems that have their roots in matters related to sexual health and gender imbalances, sexually transmitted infections, unwanted pregnancies, infertility, domestic violence, sexual abuse and HIV and AIDS. We urgently need to ‘break the silence’, not only about

HIV and AIDS, but also about sex, sexual behaviour, and the unequal relationships between men and women.”

The toolkit states that churches have enormous potential for empowering individuals and communities with the knowledge, attitudes, skills and strategies they need to deal with issues related to sex, gender and HIV and AIDS.

“Their institutional infrastructure — extending from the village up to national level — is more extensive than that of any government department. They have buildings where people can meet, administrative and technical staff and contacts with community and political leaders, government officials, business people, NGOs and other faith groups. They have their own publications, as well as radio and television programmes. They operate hospitals, clinics, schools and other training and educational institutions which provide information and services to many millions of people. They have pastors, priests, religious sisters and brothers and other leaders trained to provide pastoral care, social support and information to families and communities. Churches also have long-standing rituals — for example, for birth, marriage, death and sickness — which can provide entry points for new knowledge and skills. Their members are organised into networks of clubs, associations and movements — with their own structures, rules and regulations,

office-bearers and activities for particular sections of the population: children, youth, students, women and men. Moreover, all these social and material assets are already in place, and they are sustainable in the long term. As a whole, churches therefore constitute a huge, but greatly under-utilised, resource for community-based responses to the challenges of the HIV epidemic.”

The African Network of Religious Leaders Living with or Personally Affected by HIV and AIDS, a continental network of African religious leaders from different religious backgrounds, produced a booklet that profiles religious leaders living with or affected by HIV and AIDS in the hope that members of faith communities will be liberated by seeing their leaders talking about their own HIV-positive status. “Those living with HIV will cease to feel stigmatised and the wall of silence within out societies will quickly be breached. Overcoming stigma is just the first phase of a much larger programme – unleashing the full potential of churches and other faith communities in Africa to combat AIDS head-on.”

The Archbishop of Cape Town, Most Reverend Njongonkulu Ndungane says that faith-based institutions can have a “profound impact” on the HIV and AIDS pandemic in various ways. Speaking in July 2003 at a meeting of the Global Fund to Fight AIDS, Tuberculosis and Malaria he encouraged the promotion of:

- **prevention by taking personal responsibility for sexual behaviour, encouraging and supporting loving, just and honest relationships and adopting behaviours that avoid the transmission of HIV**
- **pastoral care and support for all people, especially those living with HIV**
- **counselling for HIV and the establishment of support groups and other counselling services for people who are sick, dying, bereaved or orphaned**
- **training the church to provide holistic care for people who are dying and promoting the well-being and rights of those who survive**
- **encourage leadership on HIV and AIDS and be a voice for the voiceless or those with a lesser voice**

*From Faith to Action*⁴ argues that the most important thing that FBOs can do is to help ensure that every child has a family that is able to provide the nurturing and care that every child needs. It states: “The best way to serve vulnerable children is to strengthen the capacity of families and communities to care for them. Extended family members and other caregivers in the community who are willing to take in children often lack the resources to do so. Many faith based and other community organisations address this issue by providing households with support to meet the material, educational, and emotional needs of children. These local solutions help ensure that every child has a family, while also protecting children from mistreatment or abuse. When the safety net of care is strengthened, fewer children are neglected, abandoned or placed within institutional care.”

A KwaZulu-Natal publication entitled *The Church in an HIV+ World: A Practical Handbook*,⁵ calls on churches to integrate HIV and AIDS into all aspects of the life and ministry of the church, as well as establishing specific HIV and AIDS projects if resources permit.

It states: “This is because HIV and AIDS is not just a problem outside our churches in the communities surrounding us, but is also our own affliction. We ourselves are afflicted, either directly or indirectly.”

Although many of the above resources focus specifically on Christianity, other FBOs need to be mentioned. For example, an article written by Gerald Clarke and published in the *Journal of International Development*, draws attention to five types of FBO and argues that all are becoming increasingly important to development and play an active role in the lives of poor people.



3.2 Some Issues requiring attention

The WHO report states that its research is the first serious study of FBO engagement in HIV and AIDS. WHO’s Ted Karpf said: “We have only scratched the surface of what is happening and it is already clear that there is so much more to learn. Donors and health care funders need to take the role of FBOs into account. Without them, the hope of universal access to prevention, treatment and care is lost.”

The WHO study calls for greater dialogue and action between religious and public health leaders and suggests the need for the following:

- **formal courses, joint training and shared materials to improve understanding between FBOs and public health agencies;**
- **community workshops to engage more FBOs in community health work and bringing together religious and public health leaders to encourage long-term collaboration in policy-making and project implementation;**
- **health mapping to identify FBOs that could help in scaling up services, strengthening community support groups and linking them to nearby state-run hospitals, clinics and dispensaries; and**
- **further research in other African countries and low and middle income areas of the world.**

From Faith to Action states that one of the greatest challenges faced by FBOs and community groups serving children in Africa is that their work is under recognised and under funded. The publication calls on donors and direct service providers to recognise the critical role that people of faith have to play in addressing the HIV and AIDS crisis and its impact on children in Africa. It states that the question we must all ask is, “How can we respond in ways that best support children’s needs and rights, while addressing the immense challenges that poverty and HIV and AIDS present?”

Above: *People listen while Lindiwe Khela, a facilitator for YMCA support groups, chats to the community gathered about contraception and STIs. Photo: Matthew Willman/OxfamAus.*

The following section focuses on the work of the following FBOs that are JOHAP partners:

- Hillcrest AIDS Centre Trust
- Amanzimtoti YMCA
- KwaZulu-Natal Regional Christian Council (KRCC)

It serves to document the ways in which these FBOs have responded to HIV and AIDS and how they have used their faith to influence their response.

4.1 Hillcrest AIDS Centre Trust

4.1.1 Introduction

The Hillcrest AIDS Centre Trust is a registered non-profit organisation that was established by a minister from the Hillcrest Methodist Church in 1991. The work of the organisation is focused in the outer west region of Durban and particularly around the Valley of a 1000 Hills where HIV rates and poverty levels are high.

The Hillcrest centre has evolved over time, largely when a need has been observed and a plan has been put in place to meet that need.

The Centre is involved in education projects including talks at schools, churches and businesses, the distribution of posters and pamphlets and HIV and AIDS counselling courses. In addition, the organisation provides home-based care through trained volunteers and registered nurses, offers counselling in isiZulu and English, conducts voluntary counselling and testing and operates a feeding scheme. The centre also teaches crafts as part of an income-generating project, operates a nursery and horticulture project and assists families through a funeral and school fee fund. It also operates a respite unit which is currently situated at the Hillcrest Hospital.

At the beginning of 2007, the centre had a permanent staff of 25 and 70 volunteers.

4.1.2 Nature of faith based influence

The Hillcrest centre staff state that the organisation's mission is to "do as Jesus did" and show unconditional love to all.

The centre was previously based on the Hillcrest Methodist Church property but was re-located on premises in the centre of Hillcrest as their work grew.

One staff member says that working for an FBO has different meanings for different people. She regards herself as being "employed" by two people — her employer and God.

"I have to be accountable to my employer, but also more importantly to God. The way we do our work is different to the way another organisation might operate because we are guided by God in whatever we do."

One employee said that when doing home-based care she helps patients physically, but also talks to them about their spiritual carer. She said that she had recently looked after her own daughter who subsequently died. "This taught me a lot. Now I am able to give more to the people I'm looking after." She also said that as people of faith, their approach is that everyone goes through death and death is not a bad thing if you have faith.

According to one staff member, guidance for their work comes from the Holy Spirit, that the only way as a Christian to give people with AIDS support is to know that God can help them. "People come with pleading eyes."

This staff member regards Christianity as the foundation of life and through her work with the community shares this foundation with others. "We find a lot of people, especially the young, who have lost track of what they learned [about Christianity] at home. I ask them if we can pray together. They tend to cry a lot, but at the end they feel as if the load on their shoulders has decreased."

One employee compared working at the centre to other places of employment. She described how she was cared for and given support by people at the centre when she was caring for her sick daughter. She said "People wondered how I managed and it was because of the support I got from the people that I work with. My spiritual faith also helped me."



Photo: Lindeni Mbutho's standing at the entrance to her house in Lower Molweni. Photo: Matthew William/OxfamAus.



4.1.3 JOHAP work

The JOHAP funded project focuses on two primary and two secondary schools in the area. Two grades are being targeted in each school and it is expected that just over 900 children will benefit from the project. The children in the primary schools are aged between nine and 16 years and those in the secondary schools between 13 and 19 years.

Many of the children are exposed to poverty, domestic violence and sexual, drug and alcohol abuse. A large number live with grandmothers or other extended family members as a result of parents having died, or working on a migrant basis. Some live in child-headed households. In a baseline study, the children indicated that there were between six and 19 people in each household and several of the children had very sick people in their homes that they cared for when not at school.

The project raises issues relating to HIV and AIDS, education, facilitation, prevention, support and pro-active care involving counselling, testing and referral for treatment where necessary.

4.1.4 Project details

The centre hopes that the work with schools will affect behaviour change and have a positive effect on other students as well. The sessions with the children are interactive and conducted in a relaxed environment which allows them to express their feelings and emotions and ask questions without feeling intimidated. During some of the discussions the children are split according to their gender as children, especially the younger girls, can be quite shy when talking about sexual health and gender issues.

The centre's staff hope to empower the students to be able to say "no" to men if they do not want to have sex, or to use a condom when participating in a sexual relationship. Activities include helping the children make puppets and setting up a puppet show and writing short stories based on what they have learned in the classes taught by the centre's facilitators. The centre's horticulture department has been instrumental in talking to the children about establishing food gardens, as well as discussing the importance of eating fresh vegetables.

The project does have numerous challenges. The high school children are less interested in "being told how to behave" and in activities such as establishing food gardens and the large number of children in a class, 83 in one and 92 in another, make it very difficult for the staff to run an interactive learning session. Although the class was intended to be divided into smaller groups, there are seldom spare rooms for these sessions to take place. In addition, teachers often want to use the life orientation period to teach examinable subjects because the Department of Education has become tough on schools where students are not performing well. However, the life orientation teachers, who are often uncertain as to what content to include in the life skills classes, do welcome the centre's intervention.

However, they have found that children have responded to the calls for HIV testing and some centres are providing counselling for some of those who are found to be living with HIV. As part of the project a person living openly with HIV was also brought to the schools to talk about how to live positively with HIV. The centre staff believe that even if a few children learn from the project, it will have been a success. In addition, they emphasise that even though some learners, the older children, in particular, argue that they are 'sick and tired' of hearing about HIV and AIDS, people still continue to be infected and to die.

The centre's staff have found sexual abuse to be prevalent in the communities in which this project is operating. Often the children are abused by family members or other adults living in their home such as their mother's boyfriend, and sometimes in return for money. The children battle to understand the concept of sexual abuse, and those who support themselves with money paid by an adult in return for sex are reluctant to report the abuse to the authorities.

Students from one Grade 6 class talked quite openly as part of this study about some of the things they had learned in classes run by centre staff. They mentioned that the ways HIV could be transmitted included: "blood to blood"; mother to child, sex and breastfeeding. They had also learned about physical abuse where a parent might hit a child badly or sexual abuse by someone like a neighbour. They had learned about "wet dreams where boys dream about sex and wakes up wet." They had learned about the signs of puberty which included pubic hair, smelly underarms and, for girls, menstruating. They said that some people might deliberately infect others in order to transmit the virus. They were also told that if you are in a relationship with someone and they tell you that they love you, you do not have to have sex with them.

Photo: Lindiwe Khwela from YMCA talks with community members at KwaMakhutha Community Centre. Photo: Matthew Willman/OxfamAus

4.2 Amanzimtoti YMCA

4.2.1 Introduction

The Amanzimtoti YMCA operates in the southern regions of the eThekweni Municipality, focusing specifically on the communities in Folweni, Adams Mission, Umgababa, Magabheni, KwaMakhutha, Ezimbokodweni and Nsimbini.

Clinic statistics suggest that about 35% of the people living in these areas are HIV positive. However, there is much stigma and lack of respect relating to the epidemic. People are even discouraged from going to the local clinics for assistance because of the sign on the door which reads 'HIV/AIDS and TB patients'. In addition, the clinics report that the rate for sexually transmitted infections is also high which suggests that people are not practicing safer sex.

People living with HIV have difficulty accessing basic services such as disability grants from government. Poverty levels are high due to unemployment and there is a high default rate amongst people on antiretroviral treatment.

The original objective of the Amanzimtoti YMCA was to provide accommodation for young people who could not afford houses, and to provide a rehabilitation centre for young people who had become addicted to drugs or alcohol. However, the organisation



responds to and is driven by the needs of the community and, as a result, the focus has shifted over the years to include providing educational opportunities empower young girls.

The organisation continues to run a half-way house for youth and children at risk in conflict with the law. In addition, it facilitates the operation of six support groups for young people infected and affected by HIV and AIDS and runs a project concerned with edutainment, youth clubs and youth entrepreneurship. A range of topics

including gender-based violence and HIV and AIDS issues are addressed as part of the edutainment work. The drama group which has been established is invited by churches, schools, clinics and networking partners to conduct performances.

4.2.2 Nature of faith based influence

The vision of the Amanzimtoti YMCA, which was formed in 1973, is to develop young people holistically in order to transform their communities into places where Christian values and principles are practiced. As a Christian organisation, the Christian faith underpins their approach towards engaging with communities. However, while the YMCA is Christian based, it is not aligned to any specific denomination.

All half-way house residents attend church and some participate in sporting activities with church youth.

The Christian emphasis in Amanzimtoti YMCA's work may not be as strong as some would like it to be. Meetings are started with a prayer and extensive work is done with churches and a local church leaders' forum. However, the organisation does not discriminate against people who are not Christians and believes that not dwelling on faith or Christianity ensures that they avoid discriminating against non-Christians. One of the support groups that the YMCA assisted indicated that they intended to hold a prayer meeting for churches as an opportunity to discuss the HIV and AIDS work, as well as to educate church leaders and congregations on HIV and AIDS related issues.

Being part of an international organisation, the Amanzimtoti YMCA is required to respond to certain issues in line with the national and regional council of YMCAs. However, there are some issues on which they have taken a stand even though it may be viewed by some church organisations as controversial. They make condoms available to the people with which they work.

Photo above: The corridor of Hillcrest Respite Centre. Photo: Matthew Willman/OxfamAus.

4.2.3 JOHAP work

The Masibambane project which is funded by JOHAP facilitates six support groups consisting of people who are HIV positive in different communities. Amanzimtoti YMCA staff provide support and assistance in a number of different areas — accessing disability or child support grants, successfully using antiretroviral treatment, practical skills such as establishing income-generating projects and conducting lobbying and advocacy. In addition, the support groups hold discussions on life skills issues such as decision-making and peer pressure. Staff assist the support group members by ensuring that government services are made available to communities.

In addition, JOHAP funds drama work. This has seen drama group of about seven members conduct performances throughout the area as well as further afield. The group has performed at churches and schools, an annual YMCA festival in Johannesburg and at a corporate function.

4.2.4 Project details

At the start of this project, the Amanzimtoti YMCA consulted with communities who appreciated the organisation's efforts to find out the needs of the community rather than making assumptions. It was evident from these discussions that there is a need for programs to be based in the communities and that different organisations need to collaborate with one another rather than competing against each other.

A stakeholders meeting held to identify HIV and AIDS work done including home-based care and assisting children orphaned as a result of AIDS revealed a large amount of work being done in the community in which Amanzimtoti YMCA operates. This meeting also provided a platform for the Department of Welfare and Social Development to provide information on funding applicant's regarding procedures. As an outcome of this process, the Amanzimtoti YMCA suggested that it could assist towards building the capacity of grassroots organisations, particularly relating to applying for funding.

Consultation with support group members, has suggested that pre-and-post-test counselling is not effective, as most beneficiaries did not know what to do after they received their results. A need for discussions on gender issues was also exposed by the discovery that young women were often unable to negotiate sex.

One of the challenges of conducting support groups is that the members leave after learning how to apply for grants, access antiretroviral treatment or how to care for HIV-infected family members. The YMCA has found that much needed skills are lost in this process and the support groups are losing valuable members.

The support groups are encouraged to register as a close corporation so that they can see the group as an income-generating initiative.

At the time of this research, the support groups had recently decided only to include as members people who are HIV positive as previously some of those that were affected, and not infected, would reveal the identity and status of those infected. Potential members undergo voluntary counselling and testing and show the test results to the other members of the support group, as a result of this decision.

The members of one support group interviewed said they had learned to do beadwork and just that morning someone had taught them how to crochet so that they could make blankets to sell. Some people who disclosed their status were still discriminated against, but the members found that their knowledge of HIV and AIDS assisted them to encourage people in their community to have tests and to help them understand what it means to live with HIV and AIDS.

Many of the women in the group said that they had no other way of making money and had previously relied solely on "grants and boyfriends". However, by selling their craft work they were able to become more independent and to earn an income to support themselves and their children. They talked about the benefits of being independent and not having to rely on men who refused to use condoms as they wanted "flesh to flesh". In addition, the support group members said that some women who wanted to join the group decided against it because they are scared of losing the support and shelter that they receive from their partners.

Men are not excluded from joining the support groups,⁵ but it is a big challenge to get their interest, according to the support group members. Of the two who have been members, one had died. The other remained an active member and even did craftwork.

The HIV and AIDS drama activities focus on issues such as reducing stigma, gender based violence and substance abuse. One staff member says children enjoy doing drama and it builds confidence.



*Photo: The drama group after a performance at Maganas primary School in KwaMakhuta.
Photo: Matthew Willman/OxfamAus.*

4.3 KwaZulu-Natal Regional Christian Council (KRCC)

4.3.1 Introduction

The KwaZulu-Natal Regional Christian Council (KRCC) is a not-for-profit organisation that operates in the rural districts of uThungulu, Zululand and uMkhanyakude. It aims primarily to increase the involvement of the churches in the community's day-to-day challenges.

High unemployment levels, poverty and certain cultural beliefs, including multiple partners and wives and male dominance, are prevalent in the area and promote the spread of HIV and AIDS. There has also been an increase in the number of child-headed households in the area.

KRCC projects include HIV and AIDS related work, programs related to women and children, a democracy program which encourages church leaders to participate in matters of democracy and governance and a JOHAP funded gender project which is aimed to transform the attitudes, beliefs and behaviour of men towards women.

Photo: Lindeni Mbutho's grandson.

Photo: Matthew Willman/OxfamAus.

4.3.2 Nature of faith based influence

The KRCC is a multi-denominational church council which consists of church representatives as members who make the decisions, are the "owners of the council" and have the voting power. It is the 'grandson' of the South African Council of Churches and holds monthly meetings with the KwaZulu-Natal Council of Churches. It is located in Zululand in order for staff to have first-hand experience of the challenges in the area.

Although the KRCC may be doing similar work to that done by other organisations, it works with for and through the church, and the church.

The JOHAP project works with 30 different ministers' fraternals, consisting of more than 19 different denominations and about 300 senior church leaders, as well as ecumenical leaders' groups consisting of more than 20 people.

KRCC also works closely together with the Pietermaritzburg Agency for Christian Social Awareness to develop bible studies that churches and youth groups can use. These give a deeper understanding of gender imbalances to church leaders.

4.3.3 JOHAP work

The JOHAP-funded project focuses on masculinity, gender, HIV and AIDS and is implemented in rural villages surrounding Melmoth, about 220km north of Durban. It considers aspects of gender in the context of HIV and AIDS and also focused on poverty alleviation. The project seeks to work with rural people, using various strategies to raise awareness on the necessity for gender equality and initiate processes that will encourage its practical use. The link between gender, male behaviour, power and sexuality and the spread and impact of HIV and AIDS, are focus areas of the project, as is the need for developing indigenous alternative ways of improving the position of women in the community.

4.3.4 Project details

The KRCC has worked with men for some time. The JOHAP-funded project come out of a growing understanding among the men with which the KRCC worked, that there was a need to discuss 'the role of men' in the HIV and AIDS crisis. KRCC staff have found that in the rural areas of KwaZulu-Natal, gender programs are often met with strong resistance.

KRCC's strategies aim to address inequalities in a context where power relationships are far from equal. Women are generally poorer than men, do not have their own means of production and are politically and culturally marginalised. Notions of manhood and masculinity are skewed. Men are socialised into believing that hitting a woman is an acceptable way of inculcating discipline that women are raped because of the way they dress or where they go, and that obscure arrangements regarding home finances are a way of asserting manhood. KRCC has found that the spread of HIV and AIDS is exacerbated by gender-related issues. These include men having more than one wife, or mistresses as well as a wife, and the wife being unable to challenge her husband because of his position as family breadwinner. Even when a child is molested by a father, there may be a reluctance for the matter to be reported, because if the father is jailed, the family will not have money to buy food.



KRCC aims to teach men how to care for orphans and vulnerable children, encourage men to go for voluntary counselling and testing and encourage them to be faithful and abstain from casual sex. In addition, the project hopes to recognise the contribution made by women, particularly with regards to development in rural areas. In summary, the particular focus is on change of attitudes and change of behaviour of men.

The KRCC has conducted women's nights awareness sessions in schools as well as with traditional leaders and faith-based leaders. In addition, presentations on theology and gender are conducted in churches and congregants, including men, are being encouraged to care for vulnerable children.

KRCC has found it challenging to work in an environment where strong cultural systems make talking about manhood and masculinity difficult. The definitions of masculinity and manhood are complex. In addition, many men see a link between 'manhood' and HIV status and are concerned that being positive, or even going for voluntary counselling and testing, may imply that they are less 'manly'.

The KRCC approach is rights based, focusing on the rights of women in an HIV and AIDS context, including the right to equality, to express themselves, be heard and be safe.

The program specifically focuses on issues of gender socialisation within both Christian religious and African traditional contexts that influences gender issues in relation to gender-based violence, domestic abuse, inequality and the spread of HIV and AIDS.

Working with church leaders results in access to a congregation, that is ready to receive a message. In addition, the KRCC has encouraged men to debate issues at regular meetings and educational workshops. Working primarily with community leaders in various capacities enables the KRCC to equip them with the skills necessary to positively impact the community.

The KRCC also tries to mobilise resources to help with gardening projects, particularly women-led projects that will benefit children who do not have access to sufficient food. In addition, the organisation works with community networks that are mostly operated by volunteers and provide care to people in their immediate area. A teacher at a crèche who does volunteer work for one of these organisations, noticed that many of the children live in poverty and did not have the necessary documents to access grants.

The co-ordinator of another project said that he started by focusing on orphans and voluntary counselling and testing. The work then progressed to income-generating projects for women including beadwork. The project is supported by the KRCC in terms of capacity building, fundraising, financial management, psycho-social support and grants for home-based care givers. This organisation works with 114 volunteers to assist about 1,880 orphans. Most of the volunteers are from churches, including some church leaders. The church or faith is central to this work, according to the coordinator.

The KRCC identified need to mobilise clergy to transform church communities as a key priority. This is done in the form of workshops and bible studies where clergy have the opportunity to influence their congregations to spread the word of God in a way that does not discriminate against women.

*Photo right: Manager of Amantintoti YMCA, Sizwe Hlatshwayo attends a community meeting at Kwamakhuta.
Photo: Matthew Willman/OxfamAus.*

5. Challenges facing FBOs

One of the challenges that FBOs face is the attitudes and behaviour of church leaders and the church community. For example, working with church leaders FBOs have found that issues relating to sex and condom use are sometimes seldom discussed.

Churches may also be reluctant to focus on societal challenges and to play a role in addressing problems relating to violence, abuse and human rights issues. Instead they focus only on bible matters. The Amanzimtoti YMCA has found that church leaders regard many social issues as politics and argue that the church and politics should not mix.

Some churches also perpetuate gender discrimination by believing that the place of women in a church is at the back, where they should sit and be quiet, not be at the front of the congregation and not address men. Women are still not permitted to address some community meetings, particularly when traditional leaders are present. Although the KRCC has found

that progress is being made in this regard, its own executive committee, which consists of representatives from churches, was previously 90% male but at the time of this study was 50% female. In addition, the KRCC has seen women playing an increasing role in some churches in the area in which the organisation operates.

The Hillcrest AIDS Centre Trust staff stated that they have been subjected to criticism by Christians who regard HIV and AIDS as "God's way of punishing people." The centre believes in being compassionate towards all people including those who are HIV positive or have AIDS.

In addition, Christians have argued that the centre staff should be more evangelical in their approach. However, the centre staff respond saying that it is not possible to simply lead someone to Christ when they are concerned that they are going to die, or when they cannot eat due to oral thrush. The centre operates on the premise that Christ is central to everything and its

ministry is one of compassion for those infected and affected by HIV and AIDS. Similarly, the Amanzimtoti YMCA opens meetings with a prayer, but does not dwell on faith or Christianity in order to avoid discriminating against those in the group who are not Christians. "We don't do things that impose our belief on other people," said a staff member.

KRCC has found that some of the faith-based contexts within which KRCC works entrench gender stereotypes. This may occur in the bible is read or sermons are preached to deliberately portray women as inferior to men.

The Amanzimtoti YMCA has also found that being a FBO may exclude the organisation from obtaining funding for some of the work that the organisation does. Some funders simply exclude FBOs.

6. Successes achieved by FBOs

Working with people who are infected and affected with HIV and AIDS is challenging work and staff at the Hillcrest AIDS Centre Trust say that having faith in God helps them to cope with the day-to-day tasks. Their faith gives them strength, helping them to deal with the realities of the society in which they work. The centre believes that their success is a result of the spirit with which the staff go about the work that they do. "God makes things happen and the driving force for the employees is not concerned with personal gain, but because most people working here are passionate about what they do. They are driven by their faith," said a staff member.

The common faith shared by employees from FBOs means that there is a special bond within the workplace that ensures staff members feel that they have support from those with whom they share their work environment.

KRCC finds that working with influential church leaders contributes to the success of their JOHAP work. These leaders meet with their congregations every Sunday and sometimes during the week as well. The messages that they share are heard and respected by members of their congregations. KRCC believes that this has enhanced their chances of success in changing attitudes towards women.

In addition, KRCC has staff members who are church leaders making it easier to reach out to other church leaders in the community. KRCC says that this has increased the chances of success because such KRCC employees understand the language and protocols of church leaders with whom the project is working. Similarly, the Amanzimtoti YMCA has found that it is necessary to observe protocol such as the regional leadership of a church needs to be approached before the local pastor, for a particular proposal not to be rejected outright.

The Amanzimtoti YMCA finds that being an FBO contributes to its success in working with other FBOs. The general community often also has more faith in an FBO than it does in an organisation that is not faith-based. The YMCA finds that people come to the organisation to share their problems as they believe that they will accept anyone and "offer sympathy beyond the call of duty."

Photo: A drama group from Amanzimtoti YMCA perform a HIV and AIDS related production at a local school. The group is lead by Drama instructor Pres Myingwa. Photo: Matthew Willman/OxfamAus.



7. Conclusion

It is evident that there are numerous challenges faced by the JOHAP-funded FBOs working on HIV and AIDS issues. However, FBOs certainly are well placed to implement these projects and they have a significant role in the community. As argued by FBOs most Africans are religious and church work should be concerned, not only with praying and attending church services, but improving the lives of those in the community.

List of people interviewed

John Lund, Financial Manager, Hillcrest AIDS Centre Trust

Cwengekile Myeni, Nurse, Hillcrest AIDS Centre Trust

Princess Mkhize, Nurse, Hillcrest AIDS Centre Trust

Julie Hornby, CEO Hillcrest AIDS Centre Trust

Zandile Shange, Education Manager, Hillcrest AIDS Centre Trust

Children at Sizimisele Primary School in Molweni

Sizwe Hlatshwayo, Manager, Amanzimtoti YMCA

Peggy, Nurse, Hospice, involved with Amanzimtoti YMCA support groups

Members of Amanzimtoti YMCA support group

Press Nyingwa, Amanzimtoti YMCA

Mxolisi Nyuswa, Manager, KwaZulu Regional Christian Council

Rev. Bheki Buthelezi, Program Coordinator, KwaZulu Regional Christian Council

Jabulile Biyela, Home Based Carer, Thubalethu Creche, Thubalethu outside Eshowe

Archbishop Dr Manqamu Myekeni Ntshangase, KwaZulu Help Ministries Institute, Eshowe

Resources

1. *Family Life Education: Teaching Youth about Reproductive Health and HIV/AIDS from a Christian Perspective*. Published by FHI/YouthNet

This manual, which is obtainable from www.fhi.org, aims to educate youth about reproductive health and HIV and AIDS issues and to provide adult facilitators with evidence based training resources that helps them to communicate more effectively with youth about these issues, within the context of shared faith. The manual includes many Bible passages, to frame discussions in language that is comfortable for Christians. These passages are optional and may help youth and adult facilitators reflect on challenging issues. The manual is intended for use by any church or organisation wanting to build knowledge, attitudes and skills of young people related to reproductive health and HIV and AIDS.

2. *What Religious Leaders Can Do About HIV/AIDS: Action for Children and Young People*

The idea for this publication grew out of the African Religious Leaders' Assembly on Children and HIV and AIDS in June 2002. Religious leaders called for tools and resources to use in responding to the HIV and AIDS crisis. The publication was produced collaboratively by UNICEF, the World Conference of Religions for Peace

and the Joint United Nations Programme on HIV/AIDS. The booklet talks about the experiences of 12 Christian and two Muslim African religious leaders who are either living with HIV or are personally affected by HIV and AIDS. Of the 14, 11 are HIV-positive. The other three have been affected by caring for a close friend, relative or colleague who has died of AIDS-related illness. They describe how HIV has profoundly affected their lives and how their religious faith has enabled them to face up to the challenges it has brought.

3. *'Called to Care'* toolkit Produced by Strategies For Hope:

The first three of these practical, action-oriented booklets for church leaders are entitled *Positive Voices, Making it Happen* and *Time to Talk*. The materials are designed for pastors, priests, religious sisters and brothers, lay church leaders, and their congregations and communities. Strategies For Hope also advocate the materials for other faith communities, and non-religious organisations.

4. *From Faith to Action: Strengthening Family and Community Care for Orphans and Vulnerable Children in Sub-Saharan Africa*. Published by the Firelight Foundation

This publication is for faith-based groups and donors seeking to help children and families affected by HIV and AIDS. It discusses the remarkable proliferation of African faith-based and community groups that are responding to the needs of orphans and vulnerable children.

The publication suggests 12 strategies for supporting orphans and vulnerable children: These strategies are based on principles that have been agreed upon and endorsed by a broad constituency of community and faith-based organisations, foundations, and international agencies serving children. They serve as a guide to 'best practice' for those who are funding or implementing responses to children in need.

1. focus on the most vulnerable children, not only those orphaned by HIV/AIDS.
2. strengthen the capacity of families and communities to care for children.
3. reduce stigma and discrimination.
4. support HIV prevention and awareness, particularly among youth.
5. strengthen the ability of carers and youth to earn livelihoods.
6. provide material assistance to those who are too old or ill to work.

7. ensure access to health care, life saving medications and home-based care.
8. provide daycare and other support services that ease the burden on caregivers.
9. support schools and ensure access to education, for girls as well as boys.
10. support the psychosocial, as well as material, needs of children.
11. engage children and youth in the decisions that affect their lives.
12. protect children from abuse, gender discrimination, and labour exploitation."

5. *The Church in an HIV + World: A Practical Handbook*. Edited by Daniela Gennrich and published by Cluster Publications.

This is a comprehensive handbook that aims to challenge Christians and churches to look at HIV and AIDS in a new light and consider fresh ways to respond to this humanitarian and theological crisis in South Africa. Although it is aimed at churches, it also offers practical guidelines that will help anyone meet the real needs of people living with HIV and AIDS.

The publication states: "It is important for churches to integrate HIV and AIDS into all aspects of the life and ministry of the church, as well as establishing specific HIV and AIDS projects if resources permit. This is because HIV and AIDS is not just

a problem outside our churches in the communities surrounding us, but is also our own affliction. We ourselves are afflicted, either directly or indirectly.

6. *Advancing Reproductive Health and Family Planning through Religious Leaders and Faith-Based Organizations*. Published by Pathfinder International

This publication, available from www.pathfind.org, describes how Pathfinder has engaged the support of religious leaders through training and sensitisation, to spread knowledge and acceptance of family planning and to challenge harmful traditional practices. Pathfinder found that working with FBOs and religious leaders help establish credibility in traditional communities and provided a solid, established network for collaboration and dissemination of information and services.

Contact details

The JOHAP program currently operates in two provinces; Limpopo and KwaZulu-Natal.



Photos

Photo right: A baby sleeps while Lindiwe Khela (a facilitator for YMCA support groups) talks with community members about HIV and AIDS related issues. Photo: Matthew Willam/OxfamAus.

Back cover: Zama Magora in the small chapel that has been set up to provide caregivers, nurses, staff and patients with a place for prayer and reflection. Hillcrest AIDS Centre Trust. Photo: Matthew Willam/OxfamAus.

Oxfam Australia
132 Leicester Street,
Carlton, Victoria, Australia 3053
Telephone +61 3 9289 9444
www.oxfam.org.au
ABN 18 055 208 636

