

WHAT IS THE PLIGHT OF CHURCH INTERVENTIONS IN VIEW OF DWINDLING RESOURCES

Can and will they survive?

In most of Africa, the Church represents the biggest constituency of members that walk through its doors every Sunday and are either infected or affected by the HIV and AIDS pandemic. The Church by its design is more uniquely placed than any other organization to communicate valuable insights to its millions of congregants regarding the HIV and AIDS. More than anything, it is correct, timely and effective communication that has the priceless capacity to influence and direct behavior be it for prevention purposes or the management of people living with HIV, AIDS or the stigma that sometimes comes with it.

In Zambia, the Expanded Church Response to HIV and Aids is an organization which was set with the sole aim of providing active interventions in the fight against HIV and providing relief and care to those infected and affected. As a faith based organization in the third world, the ECR does its work on the frontline by working with local communities located in towns that are being devastated by AIDS by providing HIV prevention, testing, treatment and care directly to the people that are in the greatest need. The strength and unique placement of churches and or faith based organizations can not be over emphasized. Their local knowledge and inter personal skills put them in a unique position to identify problems and identify all that needs to be done at the grassroots. The effectiveness of the global fight against HIV and AIDS really boils down to the work that churches, other faith based organizations and smaller community organizations do. However, the sustainability of these practical teams continues to depend of donor funding. If donor funding is halted or reduced, so will the impact of these organizations with regard to their work in the community. Now the church must deal creatively with the impact of donor fatigue during the ongoing economic slowdown.

A Trusted Partner

The Church because of its set up and its general reason for existence as an extension of the expression of the love of God automatically places truth as its foremost guiding principle. Its principles and beliefs clearly place it in a position of integrity. Integrity is not only an important attribute of the church; it is what the entire community expects of them. The Churches role of working in love, truth, integrity has made them a trusted partner in management of resources for the fight against Aids. The church has earned its trust and is trusted not only by the donor

community but also by the community that it is meant to reach. In Zambia, the Expanded Church Response has carried its mandate in a responsible manner and has usually met with listening ears when dealing with donors. The Church has earned its trust because of the following factors:

- Proven compliance and accountability
- Cost effectiveness over larger international NGO
- Retention rate of community workers
- Second to none in mobilizing volunteer human capital

Doubts

If there have been doubts with regards to the suitability of partnering with the Church in the fight against HIV, they have arisen in the past because of two possible reasons.

- A. The competence of the Church. Since the Church primarily exists for spiritual reasons, many have doubted its ability to meet the needs of physical beings. However, the Ministry of the church and indeed the essence of Christianity is to minister to the whole person (Spirit, Body and Soul). Wrong perceptions by those who do not understand the mandate of the church in the world have given room to doubts with regards to the suitability of the church in the fight against HIV. It is an undeniable fact that all workers in this fight need training to effectively deal with the pandemic. The church does not entirely depend on its counseling capacity in spiritual matters but has also armed itself with information that other organizations that are set up entirely for this fight use. The church has also engaged trained professionals within itself to take the lead.
- B. Perceived inconsistency in beliefs. The thorny issue that has seemingly created a difference between the Church and other players in the fight against HIV has been the issue of reconciling beliefs and some of the strategies being employed in the fight. The Church has made it clear, that although condom use is a proven intervention in the fight against HIV and Aids, the Church will not go out and preach that message. Instead, the Church will preach abstinence which a much safer option. While the church has not taken a stand against those that advocate condom use, it has limited itself to what is within their biblical guidelines for life and living.

Dwindling Resources

ARV treatments are costly and have become far more expensive, surpassing the means of developing countries to afford. Groupings that have been working to provide support to the

fight against HIV and Aids like “Doctors without Borders” have warned of a looming funding gap and an unavoidable withdrawal of donor support. International Aids funding provides for over 90% of disbursements into organizations that are involved in the fight against HIV in the developing world. This funding comes from three main sources:

- I. Donations from National Governments – These funds are usually channeled from one government to another. The United States of America is the largest government donor in the world accounting for more than 50% of disbursements by the government to other governments. This funding has provided much relief in the fight against HIV and care for affected ones. However, because it is channeled through a government, it is subject to political reasoning and prejudices.
- II. Funding from the Private Sector – Religious groups, non governmental organizations, corporate donors and philanthropists all make up contributions that are channeled either directly to players on the ground in the developing world or through mother organizations.
- III. Multilateral funding organizations – The Global fund and the world bank are two of the largest funders in this section. They obtain their funding from other government and generate some of their own. These multilateral funders are unique and important as they are not subject to political prejudices.

The slump in the world economy now poses a serious challenge to all three sources of HIV funding with the resultant effect of reduced funding for the fight. This raises the question of higher competition for resources to service the communities that are already dependant on the church for provision of treatment, testing, care and prevention interventions. The Church must now work with the different factors both on the donor side and the service they provide to communities to reduce or eliminate any adverse effects of reduced donor funding. The reliance on big donors and not smaller potential donors will have to be reviewed as there is a likely clear shift in the priorities of big donors in light of dwindling resources. The staff in faith based organizations is already spread thinly and is overwhelmed with pressures of meeting the program monitoring and compliance requirements. The challenges of being a small organization working in the community are further complicated because individual Churches are too small for direct support and must rely on NGO's who already take the bulk of administration allowances, leaving little for organizations they sub grant to.

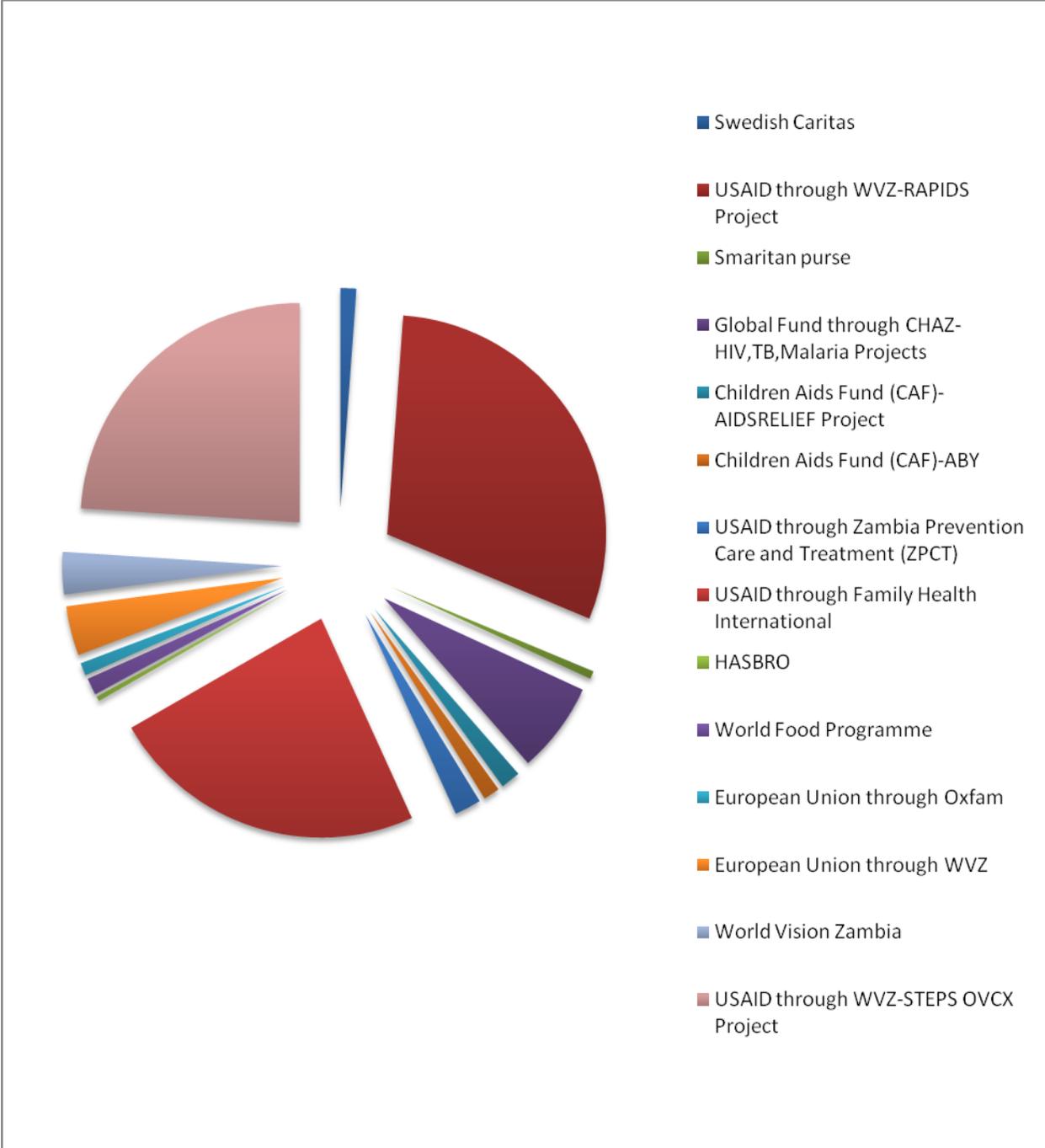
Faith based organizations and Churches also face the threat of qualified personnel leaving for greener pastures because of limited financing. Most FOB's cant pay or have minimal support for board allowances because it is not an allowable cost and less restrictive funds to cover operational costs are difficult to come by. There is little or no funding for capacity building

thereby making this area of work a very unattractive market for progressive professionals. For some donors, like global fund in Zambia, finance compliance and regulations drive the program, and not strategic programming to make the most difference on the ground. This is often reactionary to prevent misappropriation that has been done somewhere else or in the past. The Global Fund in the most recent past does not allow funding for training of caregivers. This drastically affects the quality of service and sustainability of the program after the funding period has ended. When the community is trained, they keep the skill for a long time and this affects practices forever. Another challenge that the church faces is consistency of funding with the likes of Global Fund. It does not seem to be a priority as all things halt if there is a problem with a principal recipient; a broad brush usually paints the problem across the whole country.

FBO's accept funds out of desperation as there are no viable alternatives and these results in a work ethic that suggests that recipients should do their best even if it's not practical because something, no matter how minimal is better than nothing. This however leads to compromised standards of service provision and if not checked could lead to sub standard care to the people who need it.

The following shows the funding patterns of the Expanded Church response from inception to date.

EXPANDED CHURCH RESPONSE TO HIV/AIDS FUNDING PER DONOR FROM INCEPTION TO DATE	
Name of Donor	Amount in USD
Swedish Caritas	79,431.82
USAID through WVZ-RAPIDS Project	2,064,360.00
Smaritan purse	40,000.00
Global Fund through CHAZ-HIV, TB, Malaria Projects	459,337.04
Children Aids Fund (CAF)-AIDSRELIEF Project	100,210.79
Children Aids Fund (CAF)-ABY	82,967.41
USAID through Zambia Prevention Care and Treatment (ZPC)	134,731.14
USAID through Family Health International	1,610,111.06
HASBRO	24,300.00
World Food Programme	86,566.67
European Union through Oxfam	64,185.00
European Union through WVZ	250,791.00
World Vision Zambia	213,333.33
USAID through WVZ-STEPS OVCX Project	1,642,491.00
TOTAL	6,852,816.26



Strategies for sustainability.

The good news is that the HIV prevalence has began to drop. This means the budget for taking care of people on treatment will stop going up as less and less people get infected

